



**ARTS FOR HEALTH**

# **PAINTING**

**FRANCISCO JAVIER SAAVEDRA-MACÍAS  
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# PAINTING

# PRAISE FOR *PAINTING*

This is a book beautifully written for readers eager to learn more about health humanities. With a focus on creative practices and well-being, this book describes and explains the positive impact that painting can have on people's cognitive function, social interaction, emotional regulation and psychological well-being. For practitioners, this book offers valuable examples of painting workshops delivered in different contexts and with different populations. Overall, this is a must-read book for those interested in painting as an intervention for well-being.

**Professor Elvira Perez Vallejos**, School of Medicine and  
School of Computer Science, University of Nottingham, UK

This important text examines the significance of painting to human beings throughout history and at different developmental stages. Painting is framed via a psychological lens with contemporary examples shared, exploring its use in clinical and community settings. The chapter on working with undocumented migrants and refugees draws on the author's expertise in this realm and is particularly timely and important. The text is likely to be valuable for scholars and practitioners alike.

**Professor Victoria Tischler**, Faculty of Health and  
Medical Sciences, University of Surrey, UK

# ARTS FOR HEALTH

**Series Editor:** Paul Crawford, Professor of Health Humanities, University of Nottingham, UK

The *Arts for Health* series offers a ground-breaking set of books that guide the general public, carers and healthcare providers on how different arts can help people to stay healthy or improve their health and well-being.

Bringing together new information and resources underpinning the health humanities (that link health and social care disciplines with the arts and humanities), the books demonstrate the ways in which the arts offer people worldwide a kind of shadow health service – a non-clinical way to maintain or improve our health and well-being. The books are aimed at general readers along with interested arts practitioners seeking to explore the health benefits of their work, health and social care providers and clinicians wishing to learn about the application of the arts for health, educators in arts, health and social care and organisations, carers and individuals engaged in public health or generating healthier environments. These easy-to-read, engaging short books help readers to understand the evidence about the value of arts for health and offer guidelines, case studies and resources to make use of these non-clinical routes to a better life.

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INVESTOR IN PEOPLE

We dedicate this book to all our students and participants in our workshops and interventions. Without their inspiration and encouragement this book would not have been possible.



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## SERIES PREFACE: CREATIVE PUBLIC HEALTH

The ‘Arts for Health’ series aims to provide key information on how different arts and humanities practices can support, or even transform, health and well-being. Each book introduces a particular creative activity or resource and outlines its place and value in society, the evidence for its use in advancing health and well-being, and cases of how this works. In addition, each book provides useful links and suggestions to readers for following-up on these quick reads. We can think of this series as a kind of shadow health service – encouraging the use of the arts and humanities alongside all the other resources on offer to keep us fit and well.

Creative practices in the arts and humanities offer a fantastic, non-medical, but medically relevant way to improve the health and well-being of individuals, families and communities. Intuitively, we know just how important creative activities are in maintaining or recovering our best possible lives. For example, imagine that we woke up tomorrow to find that all music, books or films had to be destroyed, learn that singing, dancing or theatre had been outlawed or that galleries, museums and theatres had to close permanently; or, indeed, that every street had posters warning citizens of severe punishment for taking photographs, drawing or writing. How would we feel? What would happen to our bodies and minds? How would we survive? Unfortunately, we have seen this kind of removal of creative activities from human society before and today many people remain terribly restricted in artistic expression and consumption.



I hope that this series adds a practical resource to the public. I hope people buy these little books as gifts for family and friends, or for hard-pressed healthcare professionals, to encourage them to revisit or to consider a creative path to living well. I hope that creative public health makes for a brighter future.

Professor Paul Crawford

## ACKNOWLEDGEMENTS

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# INTRODUCTION

Let us begin by briefly describing three situations that are very distant from each other in time and space but that share the same action, painting or drawing. For the first scene, we will have to travel back in time more than 60,000 years, for example, to the Ardales cave in Andalusia (Spain). Imagine one of our relatives, perhaps a Neanderthal, although this fact is disputed, entering a cave on the edge of a hill. His aim was to colour stalagmites using his fingertips with an ochre-based pigment. According to some researchers, these ancestral pictorial practices confirm that these hominids already enjoyed symbolic intent. In the Ardales cave, it is possible to find more than a thousand less abstract pictorial motifs, for example, airbrushed hands in black pigment from around 30,000 years ago.

The second vignette takes us to Palermo, specifically to Palazzo Chiaramonte Steri, which was the seat of the Inquisition from 1600 until its abolition in 1782. About a decade ago, a large amount of graffiti painted by prisoners (including many women, whose time in this prison is documented in the archives of the Inquisition) could be found behind numerous layers of plaster on the walls of its cells. The graffiti and epigrams, a humble Sistine chapel of anguish, consist of prayers, resigned confessions, sarcastic or even angry messages by which the prisoners vented their sorrows. Today, the Chiaramonte palace, home to the University of Palermo, can be visited including the cells with the paintings.

Finally, we can imagine a child of about three or four years of age scribbling self-absorbedly on a blank piece of paper with a felt-tip pen. The shapes of his drawings are not interpretable, there is no obvious pattern, yet the child at intervals looks at the accompanying adult and sometimes points to the scribbles waiting for a response.

The adult congratulates him on his work, applauds him, asks if it is this or that and sometimes takes the felt-tip pen to draw easily identifiable objects as well. In this way, the adult and the child establish a strange and exciting dialogue around the paper and the shapes that are reproduced there.

These three scenes are very different. To begin with, the first is the product of the actions of one of our ancestors, tens of thousands of years back in time, which are difficult to interpret, but which allow us to affirm that these hominids were attracted to and interested in reproducing forms by means of pigments. In the second, in the modern age of our history, the paintings on the walls of the cells have a clear expressive, if not cathartic, character, by means of which the inmates tried to maintain a certain balance and contact with reality. In the last vignette, we simply observe the psychomotor activity of a child of a few years old, but, and this is very important, in an interactive context with an adult.

Despite all these differences, they also have something in common: they all revolve around an activity that has psychological and social repercussions of great relevance for human beings. We are referring to painting, the activity of printing shapes and colours on a material.

In this book, we deal with the question of the use of painting as a health tool. It is necessary to clarify that our concept of health does not strictly correspond to the biomedical one. That is, we do not understand health as the correct functioning of the physiological mechanisms that regulate our organism and the absence of symptoms. Closer to other approaches to health (Antonovsky, 1987; Engel, 1977; Saavedra, Arias-Sánchez, Bascón, & Cubero, 2021), we understand health as a complex state in which the person enjoys a meaningful place in the community where he or she lives and carries out valued activities that give meaning to his or her existence. Undoubtedly, the absence of pain and the enjoyment of adequate cognitive capacities are an essential part of this complex state, but they do not, or only in extreme cases, determine people's health. As Toombs (1988) states,

*Illness is experienced not so much as a specific breakdown in the mechanical functioning of the body's biology, but*

*primarily as a disruption of the self and a disintegration of the world. (p. 202)*

In Chapter 2, we will deal with some of these issues in a little more depth.

In this book, we will address some interventions related to health or well-being in non-clinical settings. In other words, even if we are working with people who have diagnoses such as schizophrenia, the context of intervention will not be healthcare, but community. As we will see, these community and social frameworks have in themselves a lot of potential when working with vulnerable groups. Most of these interventions could be included in the categories of ‘health promotion’ or ‘secondary prevention’ from a public health perspective. In this sense, we feel closer to artistic mediation than to psychotherapy. Although, logically, we recognise the value and functions of the latter. Artistic mediation is understood as a form of social intervention in which an artistic work becomes the mediator between the participants, their life experiences and institutional contexts. Through this mediation, which is always non-hierarchical, there are dialogues, new knowledge, changes of perspective, in short, new experiences that can be healing.

In Chapters 3, 4 and 5, we will describe three examples of interventions in socio-community contexts: popular painting workshops for children and elderly people in public social services, painting workshops as an emergency intervention for irregular migrants and creative workshops for people with severe mental disorders in a contemporary art museum.

Our proposal relates to the ‘Health Humanities’ tradition (Crawford, Brown, Baker, Tischler, & Abrams, 2015). This can be seen as a new approach to the training of professionals involved in health and social care that includes a deep understanding of human experience provided by the arts and humanities. Health Humanities places particular emphasis on the psychological health benefits of participation in creative activities by family carers, professional carers and users of health and social care services. At the same time, it makes an effort to empirically demonstrate the efficiency and effectiveness of these practices in improving the health of the population. In this sense, we will base our assertions on the scientific evidence.

Finally, the ‘Health Humanities’ strives to democratise ‘therapeutic’ interventions wherever possible beyond the specialised professions. Health is too important to be left to doctors and psychologists. And, in the same way, art should not be left to artists, but should be considered a right of all citizens.