

Health Improvement and the Role of Art in 'Getting the Message Across'

Using the 'Artist – Art Form – Viewer' relationship as a model for effective messaging in Health Promotion.

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Introduction

Art is not only the origination of new ideas but also the relationship between the 'artist' the 'art form' and the 'viewer'.



Health Improvement (the desire to change individual and population behaviour) is also based on a relationship – that of the 'health professional' the 'health message' and the 'public'.



This mirroring can provide a useful model in the use of 'the arts' in this field. If the emotional resonance created between the 'artist' and their 'art work' can have a similar powerful effect on the relationship with the 'viewer' then a creative relationship between the 'health professional' and the 'health message' can do likewise.

The Make it Reel project invited young people in Hull to create their own short 'TV' adverts on healthy lifestyle issues that directly affect them. Their personal creativity – the relationship between themselves and these issues - resulted in 27 original short films. These films (messages) have a powerful effect on their peer group (the 'viewer') as the intensity of the creator – created relationship is projected out and experienced by the audience.

This presentation will explore this project and the underlying dynamics of these 'relationships' and its implication for the field of health improvements and the arts.

The 'Make it Reel' Project

Background



The project wanted to get the 'Healthy Living' message across to young people in Hull in three health areas:

- Smoking Cessation
- Healthy Eating
- Physical Exercise

In doing this, the project decided upon two working concepts:

- 1) That young people themselves would be invited to 'get the message across' to other young people.
- 2) We would let them work as 'artists'/ 'creatives' to do this.

The first was chosen because in many ways young people are best suited to communicate with their peers.

The second was chosen in the belief that by allowing the health message to be presented through a creative medium we were more likely to encourage behavioural change in the chosen population.

This presentation will look at this second issue and will argue that:

- 1) Health promotion is about changing behaviour
- 2) Change in behaviour is best produced by changes in feeling (affective - attitudinal)
- 3) Art intrinsically creates emotional reactions in the viewer

Therefore-

By making a 'health message' into a 'creative object' we can better initiate attitudinal change and therefore behavioural change in the public

1) What is – Health Improvement?

The field of Health Improvement (promotion) covers a wide area. The following definition is useful:

“ ...health promotion includes a technology to assist citizens to take control over and improve their own health through behaviour and lifestyle change...”

Maurice B. Mittelmark
Research Centre for Health Promotion, University of Bergen, Norway
IUHPE Global Vice President for Scientific Development

2) How Best to Encourage Behavioural Change?

People operate through a triangular relationship between: attitudes, beliefs and behaviour.



Figure 1

Our attitudes relate to our emotions -our feelings about things. Our beliefs are cognitive – what we factually know about them. Our behaviour is our actions. The three are bound up together. We know for instance that changes in behaviour will retrospectively cause changes in our thoughts and feelings about an issue.

However, enforcing behavioural change (such as the recent smoking ban in enclosed public places) is not a path that health improvement tends to take. Instead we focus on changing behaviour through *choice*.

This means that we address our health messages at a cognitive or attitudinal level in the hope that behavioural change will then take place.

Given this the central question is:

If we want to effect behavioural change in people which is most likely to have the greatest effect?...

Messages that are aimed mainly at people's cognitive understanding or messages that are aimed mainly at their emotional understanding?

In the field of human psychology there are many theories of behavioural change including:

- Social Cognitive (Learning) Theory
- Theory of Planned Behaviour
- Health Belief Model
- Transtheoretical Model
- Relapse Prevention Model

Each views the subject from differing perspectives and approaches. However, after moving on from a behavioural based model set in the 50's, psychology has remained wedded to a mainly cognitive viewpoint of human behaviour. As such, research (and therefore theories) of human understanding focus, in the main on cognitive processes at the expense of research and understanding of the critical role that peoples feelings and emotions play on their decision making process. Much perspective from psychology still views human decision making as based on mainly rational criteria.

Indeed the issue of 'which comes first – cognition or emotion?' is still an issue of confusion in psychology. The fact is that, the field of psychology is not creating enough research in this area of human behavioural change for it (yet) to provide us with a balanced understanding of this issue.

However one area is.

It spends billions on research every year. It is highly competitive. It only has time for success and it doesn't like wasting its money.

It's the advertising industry.

A Look at Marketing Theory and behavioural change: Emotional Marketing

Marketing research has increasingly turned its attention to the use of 'emotional marketing' as the most effective means of 'getting the message across' which basically means affecting people behaviour so they buy/ desire a certain product.

The following press release shows this latest research.

The message in advertising is irrelevant, new research shows

Creativity and emotion are what makes advertising successful, not the message it is trying to get over, new research shows. Dr Robert Heath, from the University of Bath's School of Management, found that advertisements with high levels of emotional content enhanced how people felt about brands, even when there was no real message.

"It has been believed in the advertising industry for some years that the creative idea gives the brand a competitive edge, and that the claims in advertising are often there just to allow the brand to set up a dialogue with the consumer.

"Our research findings seem to indicate this is true. In advertising, it appears to be the case that it's not what you say, but the way that you say it, that gets results."

According to Dr. Heath, the Level of Attention is the amount of conscious 'thinking' going on when an advertisement is being processed; while the Level of Engagement is the amount of subconscious 'feeling' going on when an advertisement is being processed.

Engagement works entirely in the subconscious. Attention works entirely in the conscious.

Engagement is an emotional construct. Attention is a rational construct.

Dr Robert Heath: University of Bath
Journal of Advertising Research, Dec 2006

So – according to the advertising industry: If you want to alter people's behaviour, the most effective way is to communicate via the emotions.

Of course this is not new, philosophers, artists and thinkers throughout history have taken this view, it's just that we now have an evidence base.

"People don't ask for facts in making up their minds. They would rather have one good soul-satisfying emotion than a dozen facts."

Robert Keith Leavitt

"The emotions aren't always immediately subject to reason, but they are always immediately subject to action."

William James

"Your vision will become clear only when you look into your heart. Who looks outside, dreams. Who looks inside awakens."

Carl Jung

"..emotion is a specific manner of apprehending the world."

J P Sartre

"There can be no knowledge without emotion. We may be aware of the truth, yet until we have felt its force, it is not ours. To the cognition of the brain must be added the experience of the soul."

Arnold Bennett

Behind all of this is the idea that cognition lets us know things about the world but it is our emotional relationships that give us a sense of *meaning*, of personal understanding to what we relate to in our world experiences. In particular, Arnold Bennett's quote reflects this idea, that only through feeling something can we 'own it'.

So, in the context of getting people to 'own' health messages, to personally relate with them, emotionally - how best to do this?

3) Art as Emotional (Affective) Communication

"An art which isn't based on feeling isn't an art at all ... feeling is the principle, the beginning and the end; craft, objective, technique - all these are in the middle."

Cezanne

"A painting is good not because it looks like something but rather because it feels like something."

Phil Dike

"Art is a human activity consisting in this, that one man consciously by means of certain signs, hands on to others feelings he has lived through, and that others are infected by those feelings and experience them."

Leo Tolstoy

"If you are not going to get a thrill, how can you give someone else one? You must feel the beauty of the thing before you start."

Charles Hawthorne

This view - that 'art' is, above all, the communication of emotions between humans has been articulated over the years. Three main view points are as follows:

Expression as Evocation or Arousal: the work of art produces emotions in members of the audience. (Tolstoy)

Expression as Self-Revelation: the artist reveals or manifests his emotion in making the work of art. (Collingwood)

Expression as Embodiment: the work of art contains or embodies emotion. (Hospers)

As a trained Creative Therapist, this view of embodied emotion in the arts object (we use the word object a lot in therapy) is central. If we take a look at the dynamic relationship that goes on in Creative Therapy I can illuminate the importance of this idea.

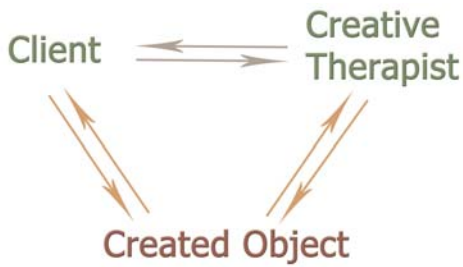


Figure 2

Figure 2 shows the triangular relationship that exists between the CLIENT the CREATED OBJECT that they produce and the CREATIVE THERAPIST.

In practice the main dynamics that are working are represented in figure 3. The therapist tends to focus on working with the client *through* the created object.

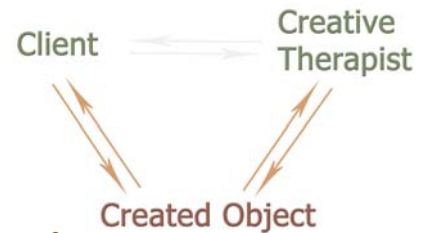


Figure 3

This is because the therapist understands that the created object contains embodied themes and emotions that exist in the client (Figure 4). The client projects these into the created object. By definition they are latent (unconscious and pre-verbal). The client is usually unaware of this embodied meaning. Through *reading* the meaning the therapist gains understanding of the unconscious themes and feelings that are causing the client problems. The therapist will then work with these, sometimes bringing them into the awareness of the client, or not depending on the fragility of the client and the therapeutic aim.

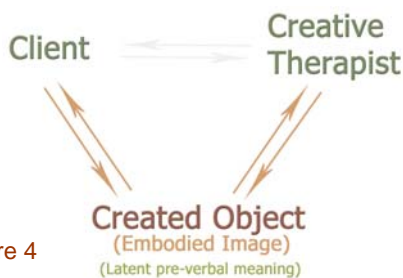


Figure 4

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This dynamic is not confined to 'pathological' conditions. It exists in the relationship between the ARTIST, the CREATED OBJECT and the AUDIENCE.

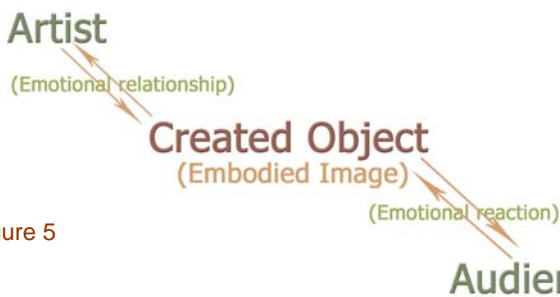


Figure 5

(Figure 5) The Artist has an emotional relationship with their work of art. These feelings and themes resonate with the audience who then have their own emotional reaction to the piece.

This relationship is fairly complex. If we go back to the therapeutic relationship, figure 6, shows that the therapist actually has *two* types of reactions (or responses) to the work created by the client.

They have the *embodied reaction* which I've already discussed. They also have a *personal reaction* which brings in their own experiences, feelings and themes which they may project into the clients work. Creative Therapists go through a lot of training and continued supervision so they can recognise the difference between

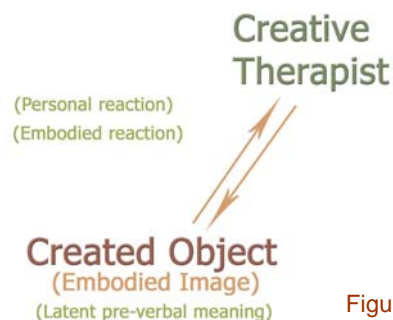


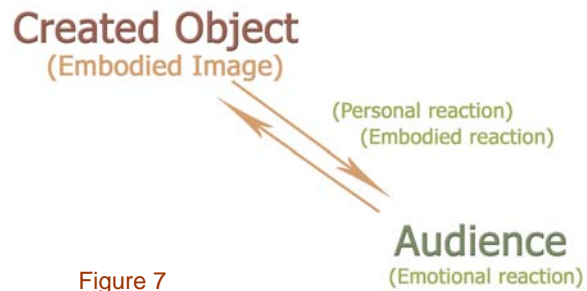
Figure 6

'what the client is telling them' – through the embodied messages and what is in fact their own material that they are 'putting onto' the clients work. As you can imagine, if the therapist confuses the two then the therapy can be potentially damaging to the client.

So, if we finally go back to the relationship between artist and audience, figure 7, we can see that the audience also has two reactions to the created art work.

They have both an *embodied* and a *personal* reaction.

This is important when we think about our desire to change behaviour in a health improvement model: *Because we want to change it in the direction that we want it to change.*



To paraphrase Dorothy Heathcote we are in the business of 'benign manipulation' and the more we can ensure that the audience has an embodied reaction, the more we can be sure they are taking on our intended emotional message. In the words of Tolstoy, they are "Infected by those feelings and experience them." If an audience (the public) are mainly reacting at a personal level then different individuals will be taking on differing messages, which is not what we want.

I would also argue that in this type of work the medium of drama (especially when recorded on permanent media – a film) is the most powerful. For a start it draws on the other arts as and when it needs -it can use: music; movement and a range of visual arts within its work.

It also has two types of narrative. A *conscious* or *explicit* narrative, which tells a story and of which the audience is aware of, and a *theme* or *latent* narrative. This works at a pre-verbal level and carries the embodied emotions and themes we have been looking at.

The explicit narrative is what draws all types of people into a dramatic story. They are interested in this at a conscious level. This is the 'level of attention' that Dr Heath describes. Art forms that do not have this can feel too abstract and challenging for many people and they will 'switch off'. The underlying emotive themes then create the 'level of engagement' and it at this level, as we have seen' that people are most affected.

As such, Drama can also have 'emotional flow'. It is a dynamic medium with a time line. The audience goes on a journey – controlled by the dramatist. Their emotions change at each turn of the story and the dramatist plays with this to create deep and lasting reactions in their audience. Fear may turn to triumph, hope to despair, hate to affection. The

emotional flow can create the classic 'rollercoaster' ride that a powerful story creates.

Great theatre is pure manipulation.

To return to the Make it Reel project:

I've talked a lot about 'manipulation' which is indeed what marketing (and a great deal of art) is about. But I want to make it clear that the objective somewhat detached approach I have brought to this presentation is not what the young people brought.

The young people who took part weren't cynically manipulating their peers, rather they were embedding into their created pieces all the passion and all of the emotions such as: fear, hope, pleasure, desire, need and loss that they genuinely feel. These feelings sit deeply within their creations are then picked up by their audience, an audience just like themselves who resonate with every emotive message.

Other young people are *engaged* - the message *has* got across and as marketing research tells us, this is far more likely to effect behavioural change than any number of facts.

We can now look back at the two relationships of:



As we have seen, we can use the dynamic relationship of the first, which we know causes emotional reactions in the viewer and which, if powerful enough will lead to affective change in our audience. We also know that affective change is more likely to lead to behavioural change than by working at a cognitive level with people.

To re-cap:

Allowing the health professional to work as 'artist' - embedding the health message as a creative object will, in turn lead to a greater chance of effecting positive behavioural change in the population.

*"If you are not going to get a thrill, how can you give someone else one?
You must feel the beauty of the thing before you start."*

Charles Hawthorne

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Dec 2007

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