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Understanding and building resilience with art: A socio-ecological approach

Meagan Shand
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UNDERSTANDING AND BUILDING RESILIENCE WITH ART: A SOCIO-ECOLOGICAL APPROACH

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ABSTRACT

Resilience is a widely researched phenomenon, it means different things to different people and is perceived and measured according to the theoretical lens being applied. The following thesis reviews the theoretical development of resilience that has led to contemporary understandings, to establish a platform for the research topic - understanding and building resilience with Art. Narrative research methods are combined with art processes to illuminate the stories of eight culturally diverse women participating in a community based mental health art program, in Western Australia. Fifteen resilience themes emerged from the collective experience, and are presented in a socio-ecological framework to understand the complex interplay between the individual and their environment. Six key learnings that illustrate the unique contribution art has to make to building individual, social and community resilience in the Australian policy context are explored and discussed.

The discussion revisits a strengths approach to resilience, and through metaphor and symbol it reminds us that resilience in its most basic form is *strength during difficult time*. Social, cultural and spiritual aspects of strength and resilience are highlighted; and the concept of *resilient places* is introduced and the crucial role they have to play in social inclusion and social support is discussed. It brings to light evidence that not all people in Australia have equal access to social networks and the need to bridge the gap to community for people who live with complex needs and are separated from family, friends and other natural support systems. By presenting resilience within a socio-ecological framework, the social and community aspects of resilience cannot be ignored.

The strength of this research is the creative use of art and narrative to illuminate the lived experience and communicate findings to a wider audience. The use of a public exhibition and the publication of a colourful resource book and its wide dissemination via the World Wide Web; projected the science in the lime light, inviting a broader and more diverse audience to engage with the stories of resilience, enhancing the potential of the findings to influence community attitudes as well as policy and practice. This research demonstrates that art is much more than 'a means to an end', it is valuable research tool that can be used to explore, embody and express complex and challenging social phenomenon, such as resilience.

DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

(i) incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education;

(ii) contain any material previously published or written by another person except where due reference is made in the text; or

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CHAPTER 1. LITERATURE REVIEW

Resilience is a widely researched phenomenon; it means different things to different people and is observed and measured according to the theoretical lens being applied. The following literature review explores the theoretical development of resilience that has led to contemporary understandings, and positions resilience in a socio-ecological framework to establish a platform for the research topic. The art literature is then presented with the aim to understand how art interacts with resilience in the Australian context. This is by no means a comprehensive review combining the art and resilience literature; both are complex subject matters. Nor does it engage in a deep theoretical debate; rather the literature review seeks to bring into focus converging research and practice to demonstrate the use of a multidisciplinary framework to explore the unique contribution that art has to make to understanding and building resilience.

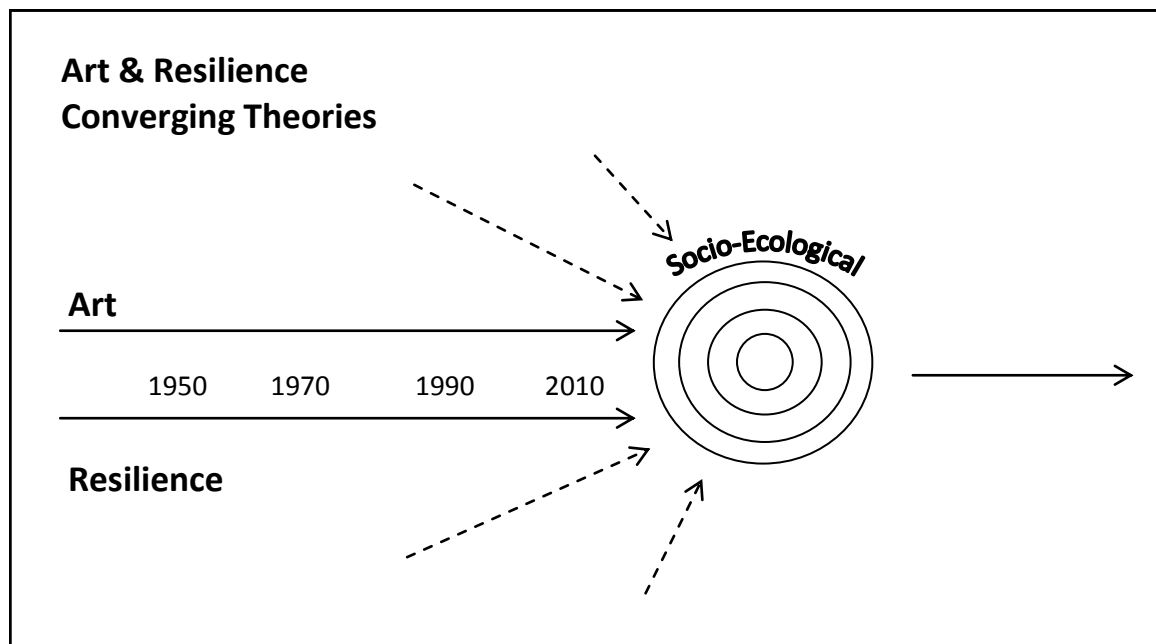


Figure 1.1 Converging Theories of Art and Resilience

Figure 1.1, page 1, represents the notion of theories converging together to the present point in time. The focus in this research is on art and resilience; however, the dotted lines represent the number of different theories and approaches that connect to understand and build resilience. The arrow continues in time towards the future when new ideas and ways of thinking will emerge.

UNDERSTANDING RESILIENCE

Individual Perspectives

The quest to understand human resilience can be traced back to post-World War II, when researchers grappled with the reasons why some men experienced “combat-induced” trauma and others didn’t (Grinker & Spiegel, 1945, cited in Hobfoll, 2002, p.308). The main body of resilience research, however, emerged in the field of psychology from 1970s studies of children who grew up in adverse situations (Werner & Smith, 1992; Werner, 2000). Despite being exposed to extreme circumstances, many of these children achieved ‘normal’ developmental milestones (Bonanno, Westphal, & Mancini, 2012; Hobfoll, 2002). The question resilience researchers asked was how do children facing so many challenges manage to grow up to ‘love well, work well, play well, and expect well?’ (Saleebey, 2006, p. 199).

Werner and Smith’s 1992 longitudinal cohort study of the developmental pathways of a culturally and linguistically diverse (CaLD) group of 505 high-risk children in Hawaii is referred to as “a groundbreaking investigation” (Cicchetti, 2010; Werner & Smith, 1992). Using case studies and statistical analysis, the study systematically searched protective forces that differentiated children with healthy adaptation profiles from those who were less well adjusted over a 32-year period. The evidence that many children thrived, despite experiencing adversity, led to increased research efforts to understand individual variations in response to adversity, and the development of adaptation models based on “self-righting” theories that work on the theory that by balancing protective processes over risk factors, adaptive developmental pathways will be achieved and can serve as a “protective buffer” in the face of future adversity (Werner, 2000).

In this context, resilience is viewed as a developmental process, in which individuals faced with significant adversity or exposure to stressful and adverse life experiences will recover functioning or adapt effectively over time (Cicchetti, 2010). At this point in time, resilience was no longer viewed as something “extraordinary”, and a wave of psycho-social research and debate emerged based on the notion that resilience rises from normative functions of human adaptation systems, positioning resilience as an “ordinary phenomenon”, an everyday resource that everyone has access to (Cheeseman, 2010; Kelley, 2005; Masten, 2001).

The 2001 September 11 terrorist attacks on the World Trade Center in New York sparked a resurgent interest and debate in human resilience in the US, and a shift back to researching adults who experience acute or extreme adversity, such as post-traumatic episodes (Newman, 2005). One of the key developments in this field of research has been the identification of a number of recovery pathways or resistance trajectories. Whether a person displays one trajectory or another depends on many different factors; spanning person-centred (personality, coping style), contextual (social support, additional life stressors), and event-specific (degree of exposure, severity) predictors. A resilience trajectory is characterised by initial symptoms followed by recovery and improvement to levels that indicate absence of psychological symptoms (Herrman, Stewart, Diaz-Granados, Berger, Jackson, & Yuen, 2011, p. 2).

Leading adult resilience researcher Bonanno identified the resilient trajectory in a wide range of people and situations, including people experiencing the death of a spouse, traumatic injury, chronic illness and cancer, the unemployed and deployed soldiers. This confirmed to the researcher that resilience is not a “rare phenomenon”; most people recovering from adversity follow a resilient pathway and manage to maintain a relatively healthy functioning and positive adaption in the face of adversity (Bonanno et al., 2012; Newman, 2005; Kelley, 2005; Bonanno, 2005). More recently, Hobfoll and others (Hobfoll, Palmieri, Johnson, Canetti-Nisim, Hall, & Galea, 2009) question Bonanno’s findings specific to people who experience acute events. In their longitudinal study of resilience trajectories of Jews and Arabs exposed to ongoing terrorism in the West Bank and Gaza, they found that resilience outcomes were markedly reduced for people who continue to experience stress (Hobfoll et al., 2009).

Hobfoll et al.'s (2009) findings suggest that people who are faced with ongoing or chronic stress are less likely to demonstrate the resilience trajectory and it declines with continued trauma exposure. That is, as severe threat continues chronically, those who were originally resistant may become less resistant and less resilient (Hobfoll et al., 2009). This research has led to current resistance theories that suggest the capacity to manage adversity depends on the frequency, intensity and duration of adverse events (Hunter, 2012; Herrman et al., 2011; Cheeseman, 2010); and the understanding that resilience is not about thriving in the face of threat or loss, it relates to being able to retain relatively good levels of functioning despite enduring stressful life situations (Hobfoll et al., 2009; Bonanno, 2005). Technological advances in neuroimaging are providing additional evidence that stressful life experiences can lead to “substantial and enduring changes in brain function” (Herrman, et al., 2011, p. 29).

Much of the resilience research has emerged and continues to be situated in a psychological framework, which focuses on the use of empirical research to investigate and identify individual psychological and emotional traits and protective factors that are related to the successful adaptation of individuals (Zhang, DeBlois, Deniger, & Kamanzi, 2008). The positive psychology movement, led by Martin Seligman, for example, places resilience in the context of positive emotions, positive individual traits and strengths of character (Seligman, 2005; Seligman, 2006). Recent publications, including the *Handbook of Adult Resilience*, edited by Reich, Zautra, and Hall demonstrates that psychological, individually based perspectives still feature in research and practice (Reich, Zautra, & Hall, 2010; Skodal, 2010).

Social and Systems Approaches

Psycho-social theories began to emerge in the 1970s, highlighting that resilience was a product of the social, political, and cultural environment (Herrman et al., 2011; Runswick-Cole & Goodley, 2013). A major body of social research arose in the field of social work, giving rise to strengths-based approaches (Saleebey, 2006). Strengths-based approaches developed as an alternative to “psychopathology”, which only highlights problems and deficits of the individual. They are based on the notion that most people will do well, despite exposure to adversity, and it is our strengths that make us resilient in periods of adversity (Norman, 2000, cited in Guo & Tsui, 2010, p.234).

Strengths-based approaches work on the theory that by increasing the balance of protective factors over risk, the potential for resilience increases (Bernard, 2006; Cicchetti, 2010; Hunter, 2012). Protective factors that build resilience can be grouped into individual, family and social domains (Guo & Tsui, 2010), and include, for example, individual coping mechanisms; having a positive relationship with a parent or parental role model; and having adequate social supports; and are identified in the strengths literature as protective factors that build resilience (McMurray, Connolly, Preston-Shoot, & Wigley, 2008; Greene & Greene, 2009). The study of these protective factors within family and social systems and how these contribute to resilience has dominated much of the research within the social context (Kirmayer, Sehdev, Whitley, Dandeneau, & Isaac, 2009; Bernard, 2006; Saleebey, 2006).

Systems theory expands the concept of resilience to focus on the “person-in-environment” and highlights the synergistic relationship between people and the systems in their environment — social, families, services, groups, and communities. According to Judith Landau (2010) “as human beings we rely on family and community connections to survive both normal stressors and unexpected traumatic events”; however, modern living is seeing ‘the dissolution of the traditional family and community’, people are far more isolated, and social support is often perceived as unavailable or inaccessible (p. 522). Landau presents the LINC model as a way of strengthening family, community and natural support systems, as a critical aspect of fostering resilience. It is grounded in the idea that “individuals, families, and communities are intrinsically healthy and competent”; and with the right “guidance, they can access their inherent resilience to resolve their own problems” (Landau, 2010, p. 517). The approach uses assessment tools and community development strategies to mobilise support systems and facilitate access to resources; and has been applied across a number of different contexts, including response to political unrest and economic crisis in Argentina; child welfare in Romania; and public mental health in post-war Kosovo (Landau, 2010).

Facilitating access to social and material resources and engaging people in community living is a key goal of social and mental health policy in Australia (Australian Social Inclusion Board, 2012; Department of Health & Ageing, 2009; Council of Australian Governments, 2006). Captured more recently under the goals of a social inclusion agenda, the policy aims to give every

Australian the help they need to access the support and opportunities our society has to offer (Australian Social Inclusion Board, 2012). The policy is built on the recognition that access to resources is not equitable, and that some people and communities face considerable disadvantage, including people who live with disability and mental illness, and migrants and refugees. In the context of social inclusion, resources are the skills and assets people have and the various types of capital they have access to, including human, economic and social capital. Employment, housing, health and quality of life, education and social and community participation are indicators of social inclusion (Australian Social Inclusion Board, 2012).

Measures of social inclusion and social capital are also seen as indicators of community resilience. Communities with high levels of social capital, measured by levels of trust, social networks, social support and social participation, are said to more resilient (Friedli, 2009; Hobfoll, 2002). There is a wide range of research that demonstrates that people who have access to social networks and social support manage better, and that this is protective across all cultures and social classes (Friedli, 2009; Hobfoll et al., 2009; Buikstra, et al., 2010; Herrman, et al., 2011; Landau, 2010). For some “the links between social networks and health are as strong as the evidence linking smoking with health” (Lunbbsen & Gironde, 2004, cited in Stickley & Duncan, 2007, p. 26). Social capital is found in relationships and is facilitated through social structures such as family, friends and social networks (Zhang, et al., 2008). There is growing evidence, however, that inequity to resources is a major contributor to poor health and wellbeing, and it is the inequities within societies that have a greater impact on health and resilience (Friedli, 2009).

In a World Health Organization report on mental health, resilience and inequities, Dr Lynne Friedli (2009) raises the question “does social capital mediate the effects of material deprivation?” (p. 3). To demonstrate her point, she highlights the growing evidence that high levels of social capital may explain why one poor neighbourhood does better than another equally deprived neighbourhood, but it does not explain why neither does as well as more affluent communities. In a longitudinal study of trajectories of resilience and resistance in Israel, Hobfoll et al. (2009) found that belonging to a majority group and greater socio-economic status were the most consistent predictors of resilience. In this study, Arabic people who had a history

of discrimination, were more likely to experience social exclusion and social isolation, and had access to fewer social and material resources than the majority of the population. Friedli (2009) asserts that socio-economic inequities are emerging as the biggest threat to health and wellbeing, and the most important strategy for building resilience is to reduce inequities, or develop programs that enhance ways of coping with inequity (p. 33).

Resilience and Culture

Cultural researchers highlight that much of the research in resilience ignores the cultural context, and assumes that findings from one study will generalise to other cultures and times (Trickett, 2009; Ungar, 2008; Friedli, 2009; Runswick-Cole & Goodley, 2013). Bonanno et al. (2012) use the example of the 2004 Southeast Asian tsunami disaster as an example of how cultural variability can influence understanding of mental illness, and responses to grief and loss. “Western mental health professionals” who went to the regions to provide aid made the assumption that there would be “mass psychological casualties” who require psychological interventions such as counselling. However, when disaster victims were asked what they needed, counselling was the last thing on their minds. Bonanno insists that all resilience-building programs need to consider the cultural background of its participants and whether the aims of the program might conflict with or enhance their mental health (Bonanno, et al., 2012).

One of the major challenges with culture is that communities are not homogenous. According to Trickett (2009) “globalisation and immigration has complicated culture”. Traditionally, culture was found in long-standing patterns of thought and behaviour and passed down from generation to generation through community institutions, art and ceremonies. Now culture is dynamic in nature and ever-changing (p. 257). Australia has one of the most culturally diverse populations in the world. One in four Australians are born overseas from more than 200 different countries across the world (Jamleoui, 2009). In the state of Western Australia, almost 30% of the population is born overseas, which is roughly 7% higher than the national average (Department of Immigration and Citizenship, 2009). According to the World Health Organization, migrants and refugees are some of the most vulnerable people in the world, with 50% of migrants experiencing mental health problems. If we fail to consider cultural understandings of resilience, health and wellbeing we potentially fail to meet the needs of a

large proportion of the Australian population, and local cultural groups (Mental Health Council of Australia, 2007).

Evidence exists that demonstrates that a sizeable number of people from CaLD backgrounds are not having their mental health needs met in Australia (Mental Health Council of Australia, 2007). Without the right support and services, many people who live with mental illness from CaLD communities experience isolation and social exclusion. This social exclusion is exacerbated by feelings of alienation from mainstream society, having English as a second language, and limited knowledge of Australian health systems (Peterson, Barnes, & Duncan, 2008; Department of Health & Ageing, 2007). Culture can strongly influence understandings of mental health and mental illness, and ways of coping (Blignault, Woodland, Ponzio, Ristevski, & Kirov, 2009; Bonanno, et al., 2012; Friedli, 2009). Negative perceptions may create a level of blame for those who experience mental health problems, and as a consequence, people fear talking about their mental health problems, are less likely to ask for help and support from friends and family, or seek professional help (Parham & Patterson, 2008). This lack of community support has a greater potential impact on people from collective societies, in which the family and community support is valued more than self-coping and self-reliance that dominate individualistic societies (Ramsey, 2012)

Leading author and cultural resilience researcher Michael Ungar (2008) reinforces that to understand the influence of culture we must move away from individual theories of resilience. He argues that “there has yet to be presented a coherent understanding of resilience that captures the dual focus of the individual and the individual’s social environment and how the two must be accounted for when determining the criteria for judging outcomes and discerning processes associated with resilience” (Unger, 2008, pp.223–225). In his cultural research with youth, Unger identified seven tensions that people must negotiate in the process towards positive health and wellbeing: Access to material resources including basic needs for living, employment and education; Relationships with significant others and community; Identity; Power and control, caring for oneself and others; Cultural adherence, values and beliefs; Social justice and social equity; and Cohesion, sense of responsibility to self and others and feeling part of something bigger. Unger views resilience as a dynamic process that involves negotiation between individuals and their environments (Unger, 2008).

Runswick-Cole and Goodley (2013) add an interesting perspective to Ungar's tensions in their work that considers people with a disability in the resilience concept. They question the notion of cultural adherence, suggesting that it may be understood as the requirement to appear 'normal' or adhere to the dominant culture. By listening to the individual stories of young people with disabilities, the authors gained insight into the significant barriers they faced in their interactions with the cultural, social and political environment. They highlight that resilience is often based on "normative adaption, [which is] problematic" when considering people with disabilities, who exist outside of what is viewed as "normal" and are often excluded from the notion of resilience (p. 72). Runswick-Cole and Goodley (2013) replace cultural adherence with community participation, and suggest that "seeking to build resilience in the lives of disabled people, will never be as simple as building individual capacity or family support, it must also be a case of challenging social, attitudinal and structural barriers which increase adversity in the lives of disabled people" (p. 73). These concepts can easily be applied to people who live with mental illness and people from CaLD backgrounds and reinforce the need to account for personal experiences and cultural contexts in research and practice.

Socio-Ecological Perspectives

Considering Runswick-Cole and Goodley's (2013) perspective above, it is very easy to see that changes in individual health and wellbeing is difficult to sustain in the absence of changes to the environment that supports them (Trickett, 2009). Socio-ecological approaches allow for the "intricate relationship and interdependence" between people and their environment to be investigated in multifaceted political, physical and cultural contexts (Trickett, 2009). According to Stephen Cork (2009), this multi-levelled approach is required to understand complex health and social problems we face today. Cork presents the socio-ecological approach as the convergence of Australia's most innovative resilience thinkers, showcasing the views of seven leading researchers in a report commissioned by Australia 21, a not-for-profit organisation that brings together researchers, community and business leaders, and policy makers to 'germinate' new research on topics of significance to Australia's future (Cork, 2009).

In the report by Australia 21, prominent social analyst Richard Eckersley (2009) argues the case for broader population and public health approaches. Eckersley critiques the dominance of

biomedical models of health and wellbeing that see “ill-health” as an attribute of the individual, using examples of increasing rates of psychological distress in young Australians and the broader societal factors such as social cohesion, economics and education, that contribute to this declining health and resilience. According to Eckersley, “we need to think of health not just as an individual illness that requires treatment, but also as an issue having national, even global, causes and consequences” (p. 40). Bonanno et al. (2012) set a cautionary approach to public health approaches to resilience, and make the point that if most people respond to adversity with resilience, who precisely are national and global public health resilience-building programs designed to influence?

Bonanno et al. (2012) argue that not enough evidence exists that proves that population-based approaches work and that resilience programs might in fact render people “less resilient”. They propose that a “more logical approach” to resilience building involves developing resilient factors in people who lack them and that more longitudinal and prospective research is required, to identify resilient factors and predict resilient outcomes, before investing in resilience-building interventions (Bonanno, et al., 2012). One might argue that Bonanno’s view is dominated by an individual psychological view of resilience and misses the point about broader approaches, which are based on population psychology models that suggest that small improvements in population-wide levels of wellbeing will reduce levels of mental illness and bring overall positive mental health benefits, as well as building resilient individuals and communities (Friedli, 2009). Friedli (2009) warns that a preoccupation with individual symptoms may lead to a “disembodied psychology”, which separates what goes on inside people’s heads from the broader social structure and context.

According to Friedli (2009), individually based psychological approaches interventions become more about changing the way people think and developing psychological skills and attributes, rather than considering the cultural, economic or political circumstances in which people live, and access to resources within these environments that contribute to mental health and wellbeing. What is needed, according to Friedli, “is a shift in consciousness and a recognition that mental health is a precious resource to be promoted and protected at all levels of policy and practice” (2009, p. V); and this must be supported by structural, multileveled approaches to

understanding and building resilience. The UK has led the way in large-scale public health research and practice. In 2005, the Scottish National Programme for Improving Mental Health and Well-Being published a report identifying the following resilience risk and protective factors (Myers, McCollam, & Woodhouse, 2005):

Risk Factors

- The incidence or the impact of negative life events and experiences for individuals, for example, abuse, relationship breakdown, long-term illness or disability.
- Social isolation and exclusion.
- The impact of deprivation and structural inequalities in health.

Protective Factors

- Psycho-social, life and coping skills of individuals, for example, increasing a sense of self-esteem and autonomy.
- Social support as a buffer against adverse life events, for example, self-help groups, someone to talk to.
- Access to resources and services which protect mental wellbeing, for example, increasing benefit uptake and increasing opportunities for physical, creative and learning activities.

In Australia, mental health promotion is a key policy direction focused on assisting people to become emotionally resilient, cope with negative experiences and participate in their communities (Department of Health & Ageing, 2009; Mental Health Commission, 2010). Using multidisciplinary approaches, derived from public health psychology, social and behavioural science, systems thinking and community development and participation, mental health promotion focuses on the social and structural determinants of health to empower individuals and communities to increase resilience and reduce vulnerability to mental health problems at individual, social and community levels. At the individual level, this may include the development of personal skills and self-esteem, which lead to an increased capacity to cope with life transitions and stresses. At a community level, it seeks to build healthy environments (for example, schools, workplaces), and to foster inclusive and supportive social networks (Department of Health & Ageing, 2009).

There are good examples of health promotion campaigns that aim to promote resilience as part of positive mental health (Anwar-McHenry, Donovan, Jalleh, & Laws, 2012), however a report on mental health promotion in Australia suggests that more research is required to understand the way local communities understand resilience and what they perceive is needed to build more resilient individuals and communities (Parham & Patterson, 2008). A participatory action research study in rural Australia by Buikstra et al. (2010) provides an excellent example of how local community experience and knowledge becomes an important source of information for resilience-building initiatives. Researchers worked collaboratively with the local community to explore their understanding of individual and community resilience and used this understanding to identify potential solutions for building a more resilient community. The research resulted in a comprehensive framework of resilience with 11 major resilience factors across individual, social and community systems. These included, in order of importance: social networks and support; positive outlook; learning; early experience; sense of purpose; diverse and innovative economy; embracing differences; beliefs; leadership; environment and lifestyle; infrastructure and support services. The study resulted in a toolkit that was implemented and evaluated in the community, and was used as a valuable resilience-building tool across number of rural communities in Australia (Buikstra, et al., 2010).

Resilience and Art

The impact of art on resilience has only recently become the focus of study in the UK (Macpherson, Hart & Heaver, 2012; Winter, et al., 2012). In general the literature cites resilience as a mental health or social outcome, rarely have the indicators of resilience been identified or tested. Much of the “hard evidence” for the health and social benefits of art is found in the field of arts and mental health (Putland, 2008). In a review of the Australian literature, Creamer (2009) concludes that art is a cost-effective way to combat mental illness, and promote mental health and wellbeing; identifying the following three main benefits:

1. Mental health — improving individual coping mechanisms, self-confidence and esteem.
2. Physical and mental activity through participation.
3. Social connection — building social capital, inclusion and connectedness.

The arts have emerged in two dominant fields in Australia: the community arts movement and the health perspective. The health perspective has its roots in the field of art therapy, which was introduced to complement “talking based” mental health therapies, such as counselling (Elmendorf, 2012). Art therapy is said to be “underdeveloped” in Australia (Sweeney, 2009), however the international evidence on its “healing role” has been mounting since the 1940s and it is now well established as “a gentle and effective approach” to address psychological problems and promote wellbeing at the individual level (Elmendorf, 2012; Putland, 2008). Art therapy is a form of psychotherapy that uses images to explore and express emotions, thoughts, memories and ideas. Traditionally it was facilitated by a trained therapist in the health care setting, and mostly accessed by health service users. More recently, however, it is moving into community-based mental health settings, and the evidence is gathering on its benefits (Elmendorf, 2012). A recent case study of a community-based art therapy program in the UK, for example, found improvements in self-esteem and self-confidence (Heenana, 2006). Other UK studies have revealed the social benefits of art therapy based programs in the community setting (Markin & Gask, 2011).

Advances in policy and practice in the UK, has boosted the development of arts and health practice over the last decade (Markin & Gask, 2011). AoP programs, for example, have been established as an adjunct to traditional mental health therapy, such as counseling, and highlight the therapeutic and social benefits of participating in art (Bungay & Clift, 2010; Markin & Gask, 2011; Stickley, 2010; Stickley & Duncan, 2007). Programs involve a referral process, whereby health and social care providers refer people who experience mental illness to community-based art programs. A study by Markin and Gask (2011) researched the “added value” of AoP to “talking-based” therapies on mental health recovery. Findings from in-depth interviews with 15 participants revealed therapeutic benefits of being absorbed in an activity that distracted participants from mental health symptoms, increased self-esteem by doing something creative; and also reported social benefits of engaging with others. The authors conclude that “talking therapies’ alone are not ‘sufficient to achieve recovery” (Markin & Gask, 2011, p. 65); and highlight the limitations of individual art-based therapies located in the health care context, asserting that just as “making friends and building social networks is clearly impossible in one-to-one therapies”, so is social inclusion, addressing stigma and community participation (p. 74).

Milner and Kelly (2009) raise concerns about the effectiveness of social inclusion policy in the UK, suggesting that, despite three decades of community living policies, people with disabilities are still absent from some of the more social and intimate relationships characterised by community membership and belonging. They describe the social position of people with disabilities as a “socially distant stranger” — “living in but not of” their local community. A study by Dorer, Harries, and Marsten (2009) provides evidence to support this position for people who live with psychiatric disabilities and mental illness in the UK. Using staff surveys, the researchers gathered data on levels of occupation and social engagement of 199 mental health service users. Results revealed that people still spent most of their time engaged in passive activities in the home or day centres — where their time was occupied by sleeping, personal care and passive leisure activities. Social inclusion and opportunities to engage with the community were limited as most activities were still positioned in mental health services or hospital settings and not open to the general public. The study identified the need for mental health professionals to be more inclusion-focused by forming closer links to a range of community facilities and creating more opportunities for community participation (Dorer et al., 2009).

In an effort to demonstrate the potential of art and health projects to meet social inclusion outcomes in the UK, Stickley and Duncan (2007) document the development of the Arts in Mind project. Arts activities were situated in an independent art studio located outside the traditional health care setting and were designed to support connection to local community. An ethnographic study by Howells and Zelnik’s (2009) in the USA provides a more comprehensive example of how the creation of an inclusive (accessible and open to all) art studio can extend the health and social outcomes for people who live with mental illness. The art studio in their study was fundamentally established for people living with mental illness, but offered classes for all members of the community. Findings from semi-structured interviews with 20 participants demonstrated that participation in the inclusive art studio enabled participants to develop new identity and roles; and through participation in “mutually meaningful activities” with other community members, people began to see themselves differently. According to the authors, the studio became “a place that offered validation of their developing role and identity” and “a community of artists evolved” (p. 220). The inclusive art studio was referred to as “a bridge to

community”, which provided a place for diverse members of the community to connect, participate in a shared activity, and transform their views of others (p. 220).

In Australia, specialised, community-based organisations such as Arts Access Australia and Disadvantaged in the Arts Disabled in the Arts WA, exist to facilitate participation and social inclusion in the arts for ‘people on the margins of community’ (DADAA, 2006). These organisations work predominately in social justice frameworks, but have situated themselves across both health and social contexts of the arts, and health and wellbeing (Wreford, 2010). There is some debate about who is best situated to deliver art and health-based activities in the community setting (Arts & Health Foundation, 2012; Elmendorf, 2012; Wreford, 2010; Putland, 2008). What is evident from the literature, however, is that traditional, individually focused art and health therapies are not enough to bring about the required social changes in health and wellbeing (Putland, 2012; Howells & Zelnik, 2009; Argyle & Bolton, 2005). Although they provide an important stepping stone between the health care setting and community, they do not facilitate the connection of people into the community, required to meet broader determinants of mental health and wellbeing, such as social inclusion and participation (Howells & Zelnik, 2009).

Community art, according to some, provides a more versatile approach and has both individual and social benefits, such as raising self-esteem, facilitating social engagement and relationships; social empowerment and social inclusion (Argyle & Bolton, 2005; Markin & Gask, 2011). Emerging in Australia in the 1960s alongside the community health and women’s health movement, community art has its roots in cultural and community development (Putland, 2008). Traditionally community art involved academically trained fine artists working with a variety of people in a variety of community settings. At its basic level, it involves people coming together to do art in the community setting; however, it often has a wider social agenda, of raising awareness of social issues, and facilitating the visualisation of solutions to community problems. The artwork created is often publicly shared and focuses on community engagement and participation (Putland, 2008; CANWA, 2012). In community-based art, people choose to be involved and it is often fun and playful. Playfulness, according to Argyle and Bolton, “can enable

healing” by allowing “deeper levels of exploration and expression and creating social and psychological bonds” between people (2005, p. 342).

Research exists that demonstrates the capacity of community based art to engage people who are traditionally difficult to engage in health and community interventions (Wakholi & Wright, 2012; Anwar-McHenry, 2011a; Anwar McHenry, 2011b; Washington & Moxley, 2008; Carson, Chappell & Knight, 2007). Canadian researchers Carson, Chappell and Knight (2007), for example, use a socio-ecological approach to follow the establishment of an inclusive arts centre in a disadvantaged urban setting as part of a larger, longitudinal, intervention-based health-promotion project. Data was gathered from over 500 community members engaged in 25 different courses, workshops and events, at the centre. The centre was particularly successful at engaging First Nation peoples, as it focused on traditional activities, carving and drum-making, and enjoyable activities, such as storytelling and visual art. The findings highlighted the importance of “building community first” through engagement in positive activities, such as art, rather than using social interventions to solve health and social problems (Carson et al., 2007).

More recently, a shift in art policy and restructuring of national funding organisations in Australia, has positioned the arts in the broader context of social health and wellbeing, and a shift towards the social capital agenda (Wreford, 2010). Evidence demonstrates the positive impact of participation in the arts on key indicators of social capital(AEGIS, 2004a; AEGIS,2004b), including and not limited to: social relationships, social support and social networks (Molitor, Rossi, Branton & Field, 2011; Carson, Chappell & Knight, 2007); identity and belonging (Macpherson, Hart & Heaver, 2012; Winter et al., 2012; Reynolds & Vivat, 2010; Stacey & Stickly , 2010; Stickley, 2010; Howells & Zelnik, 2009;) social cohesion demonstrated through shared norms, trust, reciprocity (Lowe, 2000) community engagement and membership (Mulligan & Smith, 2010; Wright & Palmer, 2007; South, 2006), social inclusion and participation (Anwar McHenry, 2011a, 2011b; Stickley, 2010; Howells & Zelnik, 2009; Stickley & Duncan, 2007) According to Putland (2008) however, despite considerable investment in arts in Australia, the evidence of the social and health impact is still weak. One reason for the lack of evidence, she says, is that much of the research takes place in practice evaluation, which lacks the rigorous design required to provide “hard evidence” as seen in the context of health and medicine.

Putland (2008) raises concerns about linking art to the social capital agenda. She says most social impact studies say more about participation and engagement rather than the benefits of art, and argues that while art is shown to be an “effective vehicle at engaging people” and communities, “it is arguable that football and bingo” are too (p. 271). Putland (2008) fears that efforts to meet the policy agenda may see the art “lost in translation”, adding that art is more than a tool to achieve other ends: it is ‘a medium, a meaning, method and outcome’ (Putland, 2008). UK researchers Stacey and Stickley (2010) hold a similar view and caution that attempts to satisfy the social impact agenda could be counterproductive to the creative process and art philosophy. In an effort to shift the attention from participation the authors promote narrative approaches to explore the significance of art to mental health service users. The central focus of these enquiries is on the person’s narrative around the meaning they give to participation in art. Outcomes demonstrated the “very unique and individual meaning” people attach to art and the complex interplay between the creative process and participation (Stacey & Stickley, 2010).

Australian authors White and Hede (2008) also use narrative methods to situate the individual at the centre of the research, to understand the participation and meaning of art; and argue the case for a broader approach to studying the impact of art, one that incorporates intrinsic values from the individual as well as the social impact of art. A “community of interest” has united to advance art research and practice in Australia (Arts & Health Foundation, 2012). This new “arts and health movement” addresses health and wellbeing across the spectrum of prevention, treatment and recovery; and includes representatives from across all disciplines (Putland, 2012). According to Putland (2008) the movement has struggled to find shared meaning and intent and a framework to form the basis for research and academic debate. More recently, Australia’s Health and Cultural Ministers (2010) have united to promote collaborative efforts in arts practice and help to develop an “interdisciplinary theoretical framework” for research and practice. They highlight the need for strategic alliances across all spheres of government, community and non-government sectors.

PRESENT RESEARCH

The current research project aims to use narrative-based research methods within a socio-ecological framework to explore the very unique contribution art has to make to understanding and building resilience. Narrative-based research techniques are used to gain insight into the unique experiences of eight CaLD women participating in a community-based mental health art program in Fremantle, Western Australia. The research asks — how do people from a CaLD background engaged in a community-based mental health art program, understand and experience resilience? What do they believe is needed to build more resilient people and communities? And, how does participation in a community-based mental health art program, contribute to building resilience?

CHAPTER 2. METHODOLOGY

This study uses narrative enquiry research methods within a socio-ecological framework to understand resilience in the context of a community-based mental health art program. Narrative enquiry methods were chosen for their potential to place the individual at the centre of the research and “bring forth” a deeper understanding of resilience through the individual experience (Riley & Hawe, 2005; Ungar, 2003; White & Hede, 2008; Washington & Moxley, 2008). By using these methods, the researcher could place herself ‘in the shoes of each participant’ and walk alongside her for a period of time to develop deeper insight into their lived experience. Leading resilience researcher Unger (2003) emphasises the strengths of using qualitative methods to build trust, add power to minority voices, promote tolerance and bring forth thick descriptions that avoid generalisations (p. 86). In the current research, narrative methods are combined with art; this combination, according to Washington and Moxley (2008) ‘illuminate ways of understanding ... that other enquiry methods cannot’ (p. 165).

A socio-ecological framework was chosen for its potential to capture the multiple levels of resilience at each stage, from information-gathering through to analysis and discussion. Socio-ecological research reflects the dynamic relationship between the individual and their environment and the need to understand the interrelatedness of all aspects of resilience to build stronger people and communities. According to Carson et al. (2007), ecological approaches “are grounded in the notion that multilevel intervention ... will have greater impact than the more traditional approach of working on behavioral changes in isolation from life context” (p. 367). Combined together, doing narrative research within a socio-ecological framework ensures that lived experience and diverse accounts of resilience are considered in the public and political discourse.

Multiple data collection methods were used: semi-structured interviews; direct participation and observation; photographic records, field notes and a reflection journal of the experience; interpretation of artworks and short stories are used to observe and document the lived stories of eight women participating in a mental health art program. The findings are interpreted and then presented in meaningful ways to appeal to different audiences. Firstly, a public exhibition

for key stakeholders, family, friends and immediate networks was undertaken. The reach was then expanded to a broader audience by presenting the findings in a bold and colourful story book, designed to inform and inspire practitioners and policy makers. Underlying this research, is a four-stage enquiry process, beginning with collecting narrative data, conducting a thematic analysis, followed by interpreting the data and presenting it in a narrative form. A basic outline of the research and artistic process can be found in Figure 2.1 on page 21.

CONSULTATION

The researcher visited the Multicultural Centre in September 2009, with the aim to learn more about the centre and look for opportunities to connect. The researcher had no previous relationship with the centre or centre staff at the time, and had minimal knowledge about the programs it implemented. The motivation to visit the centre came after meeting a program worker at a cross-sector mental health promotion training workshop. The worker spoke enthusiastically about some of the innovative approaches taking place at the centre, with clients from CaLD backgrounds. The research project developed after a meeting with the manager of the Mental Health Access Service, who invited the researcher to consider the art class for her resilience investigation.

The Mental Health Access Service was established in the year 2000 as part of the Department of Health of Western Australia's commitment to equitable and timely access to mental health services for people from CaLD backgrounds. This ongoing commitment sits within a broader mental health policy reform agenda that shifts the focus from acute hospital-based treatment to community mental health-based settings; and a move towards prevention and early intervention, which targets interventions towards those "at risk" in the community (Mental Health Commission, 2010; Department of Health & Ageing, 2009). The centre is of non-government status and also provides a range of accommodation and settlement services, employment and training, and social support for migrants and their families.

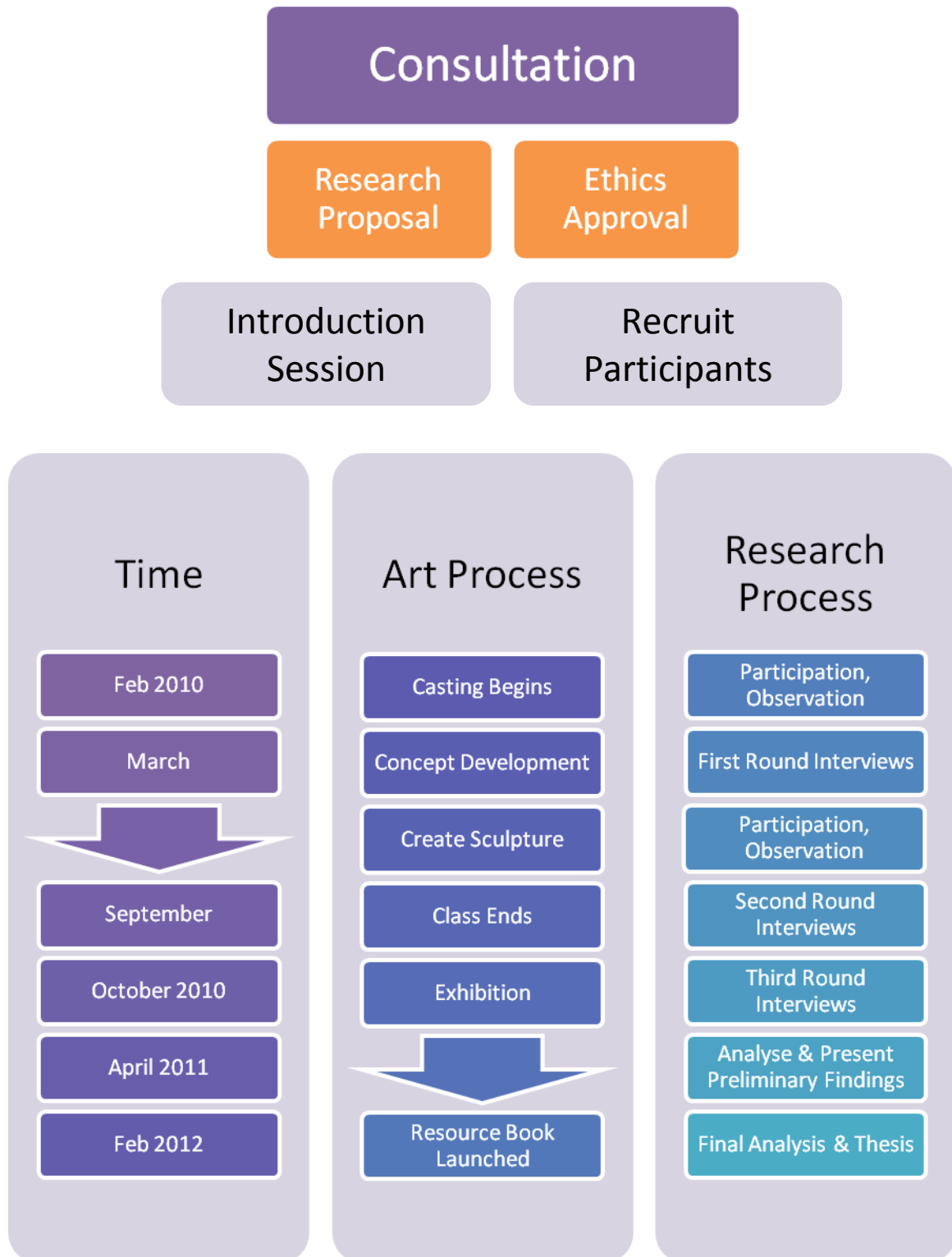


Figure 2.1 Sharing the Journey — Basic Process 2010–2012

The art class is one of the early intervention and mental health promotion activities offered at the centre. It aims to bring together people from CaLD backgrounds, who experience mental health problems or illness, to participate in art in a safe and nurturing environment; develop personal skills and confidence, and engage in the community in positive ways. The class was primarily established to provide for the mental health needs of clients from the centre and had been running for approximately 12 months. Classes were held at the centre every Wednesday afternoon for three hours and were free of charge. A variety of art activities are offered on a project-by-project basis, including painting, sculpture and drawing. The activity room that the art class took place in could accommodate a maximum of 15 people.

RESEARCH PROPOSAL AND ETHICS APPROVAL

A research proposal was developed and presented to research peers at Edith Cowan University in October 2009. Once the proposal was accepted, an ethics application was made to the Human Research Ethics Committee at the University. Guidelines within the National Statement on Ethical Conduct in Human Research were considered, and the project was deemed as low-risk research after considerations were made for informed consent, emotional safety of participants and potential language barriers. The need for language interpreters was considered in consultation with the program manager at the centre, who advised that all the participants spoke English as a first or second language, and that there had been no need for the use of interpreters in the art class to date.

Participants in the art class were people who had experienced some form of mental health challenge, and therefore emotional safety was an important ethical consideration. Some clients had diagnosed mental illness, but information about individual diagnosis was not disclosed to the researcher, as it was not relevant to the current research project. The emotional safety of all participants was considered and a risk management plan was created, outlining activities to minimise and prevent harm. These included: conducting interviews in a familiar place to the women, at the centre and giving them the choice to have a telephone interview outside of class time. Before interviews, participants were reminded of their right to stop the interview at any time; and during interviews the researcher paid close attention to signs of emotional distress.

Generally, the subject matter within the interviews had a positive focus and a protocol was developed to ensure that the researcher checked with the participant if negative experiences or emotions emerged, and refrained from pursuing the sensitive area in more depth or detail. Protocols were also established to refer participants to the program manager for assistance, if emotional discomfort was experienced.

The Research was explained in detail to participants and signed informed consent was obtained. The written consent form (Appendix 2) detailed privacy and confidentiality and the choice to participate and withdraw without prejudice at any time. Participants were also given the choice to participate in the art class without participating in the research; and reassured that withdrawal would not affect their involvement in the class. The consent form also outlined how the data would be used, sought permission for digital recording and dissemination of information in journal articles and at conference presentations, and outlined how data would be stored and disposed of, in accordance with the Australian Code. The data from this project is to be destroyed five years after collection, and will not be used for any other purposes.

Other barriers to participation were discussed in consultation with the program manager and artist. Cultural attitudes and beliefs towards mental illness were considered, and due to the potential for negative perceptions and sensitivity towards mental illness in some cultures, the program manager advised that the term *mental* be avoided. The research was framed around positive understandings of mental health and wellbeing, and presented and discussed in generic terms such as *health and happiness*. Gender was also considered as a barrier to participation. Historically the class included both men and women; however, because of the sensitive nature of the art process (outlined on page 27), and the knowledge that gender can influence workshop attendance and involvement in some cultures (Scotland Health, 2008), a decision was made to run a *women only* class.

RECRUITMENT PROCEDURE AND INTRODUCTION SESSION

The research project started at the beginning of a new art activity at the centre in February 2010. A flyer was developed to promote the class and research, and distributed to existing art class members and extended to external agencies, via the Multicultural Centre's networks. These networks included mental health, CaLD and other settlement agencies and organisations. Interested people were invited to a one-hour introductory session at the centre, to meet the researcher and learn more about the art project. A copy of the flyer can be found in Appendix 1. Eleven women attended the introductory session. Three of the women had not attended the centre or class before, one was referred by an external agency and two were referred by friends within the class. Information about the original referral source for the remaining eight women was also gathered, and the majority were referred through a linked agency or professional. A summary of the referral source is outlined in Table 2.1 below.

Table 2.1 Referral Source

No	Referral Source
1	Government psychiatric hospital: social worker
1	Government employment rehabilitation program
2	Referred by friend
1	English classes
1	Women's health clinic
2	Existing clients from the Multicultural Centre

At the introductory session, the artist described what was involved in the art process, and the chosen project of making a body sculpture. The researcher outlined the purpose and ethics of the research and what it would involve. Each woman was given an Introduction Pack (Appendix 1) and the option to participate in the art class with or without taking part in the research. Eleven women started the project and all agreed to be part of the research. Three women subsequently withdrew from the project. Two left shortly after the first-round interviews: one cited competing demands as her reason for leaving (that is, she had chosen to study yoga instead); the second woman did not feel comfortable with the art process that was taking place. The third woman withdrew midway through the project due to health reasons. The narrative data from the participants who withdrew has not been included in the findings.

Research Participants

Research participants were culturally diverse, from eight different countries of origin. One woman was born in Australia and the other seven were born overseas; their countries of origin included Portugal, Venezuela, the Philippines, America, Palestine, Bulgaria, and Ireland. Of the seven immigrating women, the majority had come to Australia in the last five years (four of the seven), with marriage and family reunion as the most common reasons for immigrating. All the women had experienced some form of depression, grief, anxiety, loss of self-esteem and confidence, loneliness and isolation; these resulted from a challenge or illness they faced. These challenges followed similar themes and were grouped together as:

1. Family and relationships.
2. Mental health problems.
3. Physical illness or injury.
4. Impact of migration.

Some women experienced a combination of all four, that is, their migration experience was exacerbated by a complex set of physical and social challenges, family and relationship breakdown, and spiritual doubts. The level of threat or challenge the women experienced was not qualified and was not the main concern of the study. The main focus of the study was to investigate how the women managed these challenges, in an effort to understand how they experience resilience, and if and how participation in the art class contributed to resilience.

Regardless of the type of challenge the women faced, social isolation and loss of social support networks was a common experience for all and social support and connection to others was one of the main reasons for joining the art class. Other motivations for joining the class were to manage emotional/mental health and wellbeing; to do art and be creative; and for cultural and spiritual connection. One woman referred to the class and art as a “safe route” for healing; another wanted to get in touch with her spiritual side through creativity; and two identified themselves as professional artists wanting to create with others, hoping the class would unlock “artist’s block”.

The Researcher as a Participant

The artist invited the researcher to participate in the art class with the women, and the participants supported this, once consulted. The researcher had some concerns about participating in the art activity, mainly “getting lost” in the art process and not being able to sustain her ethical boundaries as a researcher, and also if her participation would influence the behaviour of participants and outcomes of the project. The researcher consulted with her supervisor who approved this approach. Participating in the art activity gave the researcher firsthand experience of the process and regular and personal contact with the participants, something that could not be achieved through interviews or observation alone. Participating alongside the women enabled the researcher to build trust based on a more equal experience, rather than being in the position of an outside ‘expert’ observer and investigator; the researcher became part of the group.

Just as the women shared their personal stories, the researcher shared her own lived experience...

It was a personal experience with adversity in 1997 that launched my journey to discover how and why some people manage challenge and adversity better than others. I spent a number of years exploring the concept of resilience as an area of personal and professional interest. After years of volunteering and working in the field of human services, sharing the lives and stories of people who seemed to have an unfair share of hardship, I came to the understanding that we all face challenges at some point in life and that resilience is a key factor in surviving these times. Resilience enables us to deal with the ups and downs of life and, for some, extreme circumstance and challenge. In 2009, I enrolled in a Master of Social Science at Edith Cowan University, launching my formal research into resilience.

The researcher’s intention for sharing her lived experience was to be open about her motivation for being involved in the research and in an effort to build trust and rapport.

THE ART PROCESS

The art process was developed by the class facilitator, Dawn Meader. Dawn is a qualified fine artist with a background in general nursing. Her early career experience in a caring role has given her a special interest in the “healing” aspects of art. Dawn’s work at the Multicultural Centre was motivated by personal experience of migration and experience in international community art projects. Dawn brings together visual art, culture, dance and spirituality in a unique way and focuses more on the experience of expression and less on teaching artistic techniques. She bases her teachings on “the belief that everybody can create and that art is more about the experience of opening the heart and mind than about technique” (D.Meader, personal communication, June, 1, 2010). A basic outline of the art process can be found in Figure 2.1 on page 21.

The art process started with body casting. This involved each woman’s upper body being cast by a group of two or three women. The woman being cast took off as many clothes as she felt comfortable with and lay on her back on a table. A sense of ceremony was created, as group members layered wet plaster bandage over the body torso, each woman was honoured for her past and present, through a verbal message, followed by the singing of a “hue” or three chords in repetition. The casts were removed as they hardened, then left to cure. As the body casts were drying, creative visualisations and reflections were used to draw and discuss how each woman’s story and gifts could be embodied in the sculptures. Each woman drew a concept or image of how she would like the sculpture to look, then went about gathering materials for her project.

As the class came together each week, a routine was created, starting with music and group dancing as a warm-up activity, followed by a guided visualisation. The artist used these techniques to build trust and encourage connection to self and others. Emphasis was placed on “opening the heart and mind” and tapping into intuition, which she described as ‘one of our greatest resources’ (D.Meader, personal communication, June, 1, 2010). The visualisations were meditative in style and enabled the women to connect to their ‘inner worlds’ to find inspiration about aspects of self and their life story they wanted to incorporate into their sculpture. After the warm-up, each woman worked individually on their body sculpture, and the artist moved

through the class, working one-on-one to teach and assist with different artistic and technical aspects of the piece. Sometimes the women helped each other with their art piece, helping to paint a section of the sculpture, or preparing materials, that is, cutting and pasting. The process of art making took place over a 21-week period, which was far longer than the artist had planned. Originally, eight weeks had been scheduled to complete the sculptures, and delays were attributed to the complexity of the sculpture and inconsistency of participant attendance.

In July 2010, the art group applied for a Celebrate WA community grant to organise an exhibition in WA Week. The application was successful and a small grant was received to exhibit the works at KULCHA Multicultural Arts of WA Inc, in Fremantle, Western Australia. The women assisted with the planning and organisation of the event. The event was planned for Sunday 24 October 2010 and promoted widely. A letter of invitation was sent to special guests; a flyer sent via staff and personal email networks; and a press release was sent to the local community newspaper. Over 200 people attended the exhibition, including the president of the Multicultural Centre and the local mayor. The funding allowed for a professional photographer to document the event, and the photos were used for presentations and in a story book.

Building on the success of the exhibition, the Mental Health Commission of Western Australia was approached for funding of a resource book based on the research. On 29 February 2012, the Mental Health Commissioner launched the resource at a small gathering at King Street Art Centre in Perth City. *Sharing the Journey — a community art resource for building resilience* (Shand, 2012) combines powerful stories of strength and hope with evidence-based research to create a colourful journey of an artist, a researcher, and eight diverse and talented women united by a vision to connect and create together. Also included are preliminary research findings; guidelines for building resilience; and practical resources and links to community information to build the capacity of communities and agencies wanting to implement art and cultural programs that promote resilience and protect mental health and wellbeing.

Project participants, as well as the artist and program manager, were consulted in the process of developing the resource and their preferences were used to guide its evolution. A draft copy of the resource book was produced and sent to an expert panel for a review. The panel included a psychologist, a community mental health worker, and a mental health researcher. A professional editor and designer were contracted to develop the resource into a professional publication and a pre-print copy was distributed to each project participant for feedback and approval before final publication. At this stage, each woman was given information on their rights in relation to copyright. A licence agreement was developed in consultation with a lawyer, in which participants were provided with the opportunity to stipulate how and when their personal material could be used by the centre. The women were also given the opportunity to choose the name they wanted published alongside their work in the book. Some chose to use an alias to protect their identity. Copies of the signed licence agreement were stored on file at the centre.

Three-thousand copies of the book were printed and distributed to key mental health and community cultural organisations across Western Australia. The resource was published through the ISBN catalogue and a copy sent to the state and national libraries. An e-book was published on the centre's website, and within six months had received over 8000 views by local, national and international audiences. The stories from the e-book are presented in the findings section of this research paper and can be accessed at www.fmcwa.com.au/Home/sharing-the-journey

THE RESEARCH PROCESS

In-depth, semi-structured interviews were conducted at three stages throughout the research period. First-round interviews occurred at the beginning of the project and explored the concept of resilience through the telling of life stories. Second-round interviews were implemented immediately after the art project, capturing participants' experience in the art class and exploring components of community and individual resilience in more detail. Third-round interviews took place after the public exhibition, and captured the final chapter of their story, consolidating the experience of participants and their understanding of resilience.

Interview Questions

Semi-structured interview questions were prepared for each interview using a grid to ensure that questions remained relevant to the overall research goals. Because resilience is a complex “Western construct” the word resilience was not used directly in initial interviews; rather questions were structured on commonly accepted meanings of resilience, for example overcoming challenges and adversity (Herrman et al., 2011). Questions were also framed around positive understandings of mental health and wellbeing, for example: What do you do to look after your health and happiness? Prompts were used to bring forth holistic responses and explore broader understandings of resilience — physical, emotional, mental, social or spiritual. Narrative responses were captured by asking participants *to share a story of a time when or tell me a story*. For example:

- Can you remember what it was like when you first came to Australia? Were there any problems or challenges? Tell me a story; give me an example.
- Can you share a story about someone you know in your community, who has coped well, despite facing many challenges?
- Can you tell me a story about when strength or being strong has made a difference for you?

A checklist was developed and taken into each interview to guide the question process (Appendix 3 Table 2.2: Interview Grid). In appearance, it would seem that the interviews were quite structured. It is important to note, however, that the order or wording of these questions was not strictly adhered to. Rather they served as a guide or checklist to ensure all the women were asked similar questions in a similar way. The interviews were semi-structured in nature, allowing space to explore each participant’s individual story and respond to what was significant to them personally. The research questions have been included in Appendix 3 to demonstrate the types of questions asked and so the reader can openly scrutinise the researcher’s frame of reference.

First-Round Interviews

First-round interviews were scheduled in the first two weeks of commencement of the art project. Class members were given two options for interviews, a face-to-face interview in

private at the centre during class time or a telephone interview outside the centre at a time that suited them. One hour was scheduled for each interview and each participant was given a copy of the information and consent form and asked to bring it to the first interview (Appendix 2 Consent and Ethics Forms). Interviews started with reviewing the information and consent form. Confidentiality and the choice to withdraw was explained verbally at this time. Interviews were digitally recorded and care was taken to inform clients of their right to ask for the interview to be stopped at any time.

First-round interviews began with questions about country of origin and the migration experience. These questions were not included to study the impact of migration; rather they were included as a gentle introduction to the interview process, allowing the women the space to talk about their culture; and for the researcher to gain insight into the historical and cultural context of the women's stories. These discussions proved useful as some of the women made comparisons to their home country and made meaning of the challenges they were experiencing in their new place of residence, through this comparison. For example, Ela from Portugal compared the difference in neighbours and neighbourhoods; and Criselda from the Philippines talked about the different family structure and how it impacted on her feelings of loneliness and isolation.

A thematic analysis of the initial data was conducted before commencing second-round interviews. This involved transcribing each interview verbatim, then creating an electronic spreadsheet, using Word Excel. Data relating to the research question was identified and manually cut and pasted from the transcription into the Excel spreadsheet. Forty individual and community factors were identified that helped overcome the challenges they faced. These were then grouped together under eight themes: relationships with others; community; cultural and family of origin; home and financial resources; professional support; health and wellbeing activities; self-management or personal skills and attributes; religion and spirituality. The same process was used to group common content or descriptors from the stories describing someone who was resilient. From these, two dominant themes emerged: the women most often associated resilience with *strength and being strong*; and relationships were identified as the most common factor in building resilience.

Second-Round Interviews

Second-round interviews commenced in September 2010 (weeks 18–21). At this point most of the artworks were completed or near completion. Like the first-round interviews, class members were given two options for an interview: a face-to-face interview in private at the centre during class time or a telephone interview at another time. One hour was scheduled for each interview and semi-structured interview questions were prepared using a grid to ensure that interview questions remained relevant to the research questions.

Second-round interview questions were developed to explore the two most common themes identified in the first-round interviews in more depth. For example, the notion of strength and resilience was explored using the following question: *A number of people in the class have described resilient people as strong ... resilience as having strength. What do you think they mean by this, what does strength mean to you? Can you tell me a story about when strength or being strong has made a difference for you?* Focus questions were also developed for each individual participant to follow up on aspects of their personal story in more depth; and questions were asked about their sculpture. Participants brought their sculpture to the second interview and were asked to describe what aspects they liked and what it meant to them. The women were able to point to markings, colours and symbols they had incorporated into the sculpture, and describe why they included them. This process enhanced the interview technique, by providing an objective medium to tell personal stories through. One woman described it as, like “working on a little me”.

Second- and third-round interviews also explored aspects of personal change. For example, in interview three, the question was asked: *How do you feel now? Has anything changed for you since we last spoke?* Although not the initial intention of the current research project, the longitudinal design of the study provided an opportunity to record change to explore the impact of participating in the art class. A similar methodology was adopted in a narrative study of an AoP program in the UK. Stickley (2010) used the findings to identify change and to justify the role of art in ‘restoring identity’ and building a sense of belonging in the community. In the

current research, data from responses to the change questions were compared with each woman's original reason or motivation for joining the class to understand if they had achieved what they wanted from the class and if it was making a difference to them individually.

A number of the women had achieved the change they were seeking by participating in the class. Nancy, for example, had "come to terms" with her fertility challenge through the art process; Erin got over her artist's block by creating with others; and Emily met her aim to "get out in the world", she said ... "I'm realising now that I want to move on with my life. I know I've still got certain health problems, but I've decided I'm not going to be ruled by doctors' appointments anymore. That I will just go on with my life!" Participants were also asked about their experience in the class to understand what positive or negative factors contributed to that experience. For example, questions were asked about what aspects of the class they would change, to determine what factors contributed to a less positive experience.

Third-Round Interviews

A third round of interviews were conducted in November 2012 (week 37), to explore the women's experiences of the art exhibition and ask final questions around the theme of strength and resilience. This third set of interviews was not part of the original research plan, as an exhibition of the works was not confirmed until the end of the project. The decision to delay introducing the idea of a public exhibition was made by the artist and her concern that creating art for an exhibition can create a competitive environment in which participants are more focused on the quality of the final art piece rather than the experience of art making. Interview three asked participants to look back on their experience and describe, *how participating in community art programs helps to build more resilient (stronger, healthier and happier) people, and communities?* By this time, the researcher was able use the term resilience, as the women had begun to use the word informally in discussions in the classroom and also in interviews, it was apparent that over time they had begun to make some personal understanding or meaning of the concept.

Data Analysis and Preliminary Findings

Transcribed data from interviews two and three were analysed using a similar process as previously outlined on page 32. Where possible, data was listed under existing themes identified in interview one. Data from all three interviews was supplemented with observations from class and of the visual artworks; and grouped together into 11 preliminary resilience themes:

1. Family and Significant Others
2. Social Networks and Social Support
3. Mental Health Confidence
4. Personal Health and Wellbeing
5. Professional Support Services
6. Formal Groups
7. Community Centres
8. Religion and Spirituality
9. Community Attitudes
10. Neighbours and Neighbourhoods
11. Economic and Material Resources

These preliminary findings were presented back to research participants and staff at the Multicultural Centre for feedback. Two separate presentations were organised at the centre, one for staff and one for participants. The session for participants was organised first, so that the women could be the first to see the information and have the opportunity to discuss the findings in a private and supported environment. An electronic slide presentation was created using PowerPoint, and projected on a large screen. The presentation included photos from the art class, direct quotes to demonstrate the above themes and some early comparisons with the academic literature were made. For example, the themes were compared with Ungar's 7 Tensions, and the protective resilience factors identified in the Scottish National Programme for Improving Mental Health and Well-Being research as listed on page 11 (Myers et al., 2005). Similarities were discussed in an effort to *normalise* the women's experience and provide examples of how the research could be used academically.

The women were also asked to provide feedback on the accuracy of their stories and the information presented; and were encouraged to contact the researcher by telephone if they would like to discuss anything in private. One-on-one meetings were organised to present the findings to two women who were unable to attend the session. The preliminary findings were received well, and no requests for changes were made.

Final Analysis and Thesis

Final analysis involved considering the two main research questions, that is, Understanding Resilience; and Building Resilience with Art. To understand the construction of resilience, each interview phase was named, and the main focus of the resilience questions and discussion recorded. Common themes were then identified within each phase. These findings are presented in Table 3.1, on page 39. To understand how participation in art contributed to resilience for this group of women, the common themes and preliminary findings were grouped into a socio-ecological framework and applied to the art experience, thus becoming a collective resilience lens to analyse, present and discuss major findings. The findings from the analysis are summarised and presented in Table 3.2, on pages 54–55; and presented for discussion in schematic form in Figure 4.1 on page 75. The discussion, summary and considerations for future practice are considered in the chapters to follow.

LIMITATIONS

This research project is the first attempt of an early career researcher to adopt narrative techniques to gather individual stories and develop collective meanings of resilience, within complex and underdeveloped theoretical frameworks. To follow is a discussion about some of the strengths and limitations.

The participation of the researcher in the art class had strengths and weaknesses. It enabled the researcher to build trust and rapport with participants quickly, which helped in the interview situation. The researcher witnessed tensions ease over time, as each participant became more comfortable with the interview process. The intimate nature of the group, however, meant that the relationship that developed between the researcher and participant was

influenced by friendship, in which a sense of loyalty to the researcher could potentially limit the expression of negative experiences and opinions (Argyle & Bolton, 2005). Direct participation actually counteracted this, as it allowed for the researcher to see for herself the negative and positive experiences, and hear and witness social interactions and conversations that would not have emerged in interviews. Notes from observations recorded in a reflection journal, combined with narratives from private interviews, allowed the researcher to identify contradictions between what was witnessed and experienced in the class or group setting, and what was said in the privacy of an interview.

The researcher also recognises the limited use of the narrative, and the potential for more creative interpretation of the personal and political discourse. Hopkins (2009) draws attention to the different ways that a story can be analysed and interpreted, and advises that researchers need to think more deeply about the way they read narratives. Hopkins (2009) presents work from Cranny-Francis et al. on three relationships that the reader has with text: compliant or mainstream; resistant reading, which challenges the mainstream meaning it generates; and tactical reading, which poaches text to support an argument. On review of this work, the researcher can see that there has been a tendency to read and interpret the narrative in a compliant way, then “tactfully” used the text to support understandings of resilience and, in retrospect, the preference would have been to use a far less intrusive approach.

One may also question if the reliability of data could have been improved by using a software package such as Nvivo to analyse the data. The use of software to analyse qualitative data is open to debate, although it is said to increase confidence, add rigour to analysis, reduce human error and is more efficient when analysing large volumes of data. Some argue that computer-assisted technology produces the “wrong kind” of analysis and that manual methods are sufficient for small amounts of data (Welsh, 2002). In the current research project, an Excel spreadsheet was created to analyse the data; each transcription was thoroughly read and data related to the research question was identified and manually cut and pasted from the transcription into the Excel spreadsheet. As similar data emerged from each transcript, it was grouped together and named under an emerging theme. Ideally, a combination of manual and computer methods would have produced more confidence in the data analysis.

The findings in this research are exploratory and limited to the research context. The strength in this research, however, lies in the publication and dissemination of the results to different audiences, which includes this thesis, the story book created, and the e-book which has spread across the world via the internet. It is hoped that the integrity of the narrative and the voice of experience is saved by the publication of the story book, which allows the reader to interpret for themselves what the stories mean.

CHAPTER 3. FINDINGS

The following findings are presented under two main headings that relate to the research question: Understanding Resilience; and Building Resilience with Art. The first is mainly to do with how resilience was constructed and understood by this group of women; the second presents findings on how resilience was experienced in the context of the art class. At this point, the findings are presented with limited discussion. Discussion of the findings will follow in Chapter 4.

UNDERSTANDING RESILIENCE

The following presents the common understandings of resilience that emerged through the research process. Table 3.1 on page 39 summarises the main findings: it lists and names each interview stage (Column A); the focus of the interview or art process (Column B), and the common understanding of resilience emerging at each stage (Column C). Stage one began with reflecting on personal stories to gain an understanding of how each woman coped or managed challenges; from this individual, family and social aspects of resilience emerged. Stage two involved a deeper exploration of strength and social resilience; and aspects of culture, identity and spiritual resilience emerged through the art experience. Stage three explored the experience of the public art exhibition, at which time aspects of community resilience emerged, finishing with a consolidation of the women's stories in print and sculpture.

From the onset, the women expressed an understanding that managing challenges involved much more than individual traits and attributes. All the women discussed the importance of their relationships with family, friends and significant others. Eight of the women were living in a marriage relationship, and four found the relationship mostly supportive, while for the others the marriage relationship was the source of the problem or challenge they faced. Common to all of the women was the significance of their relationship with parents, siblings and family of origin. All but two of the women who lived away from family had regular contact with their families via telephone and the internet, and some made regular trips back to their home country to spend time with their family.

Table 3.1. Understanding Resilience

A. Interview Stage	B. Focus	C. Common Understanding Emerging
Interview 1 Reflection	Reflecting back on personal stories to gain an understanding of how they coped or managed challenges	Resilience is found in individual, family and social domains
	Prompts were used to illuminate a holistic understanding of ‘health and happiness’	Resilience can be physical, emotional, mental
	Reflecting on the characteristics and behaviours in others who were seen to cope or manage well	Strength is a common characteristic of resilience
Interview 2 Exploration	Exploring understandings of strength and resilience	Strength is an inner resource related, and is natural
	Exploring social aspects of resilience further	Connection to others, social support and networks are vital for resilience
	Exploring the art experience and artworks (the product)	Culture, identity and spirituality are important aspects of resilience
Interview 3 Consolidation	Exploring the experience of the exhibition	Resilience is found in connection to and participation in community
	Making sense of resilience — consolidating the stories and the experience	Strength, confidence and resolution come with resilience

Ela from Portugal (Figure 3.1), for example, who had been living in Australia for 28 years, visited her family back home every two years. Ela immigrated to Australia with her husband, who came in search of employment, and he continued to be her greatest source of support. She also spoke about the importance of good neighbours and friends:

That is me and my husband dancing in the boat. My husband is my other side ... you know what they say, ‘my other half’. If I can, I go home to Portugal every two years. I love to go there to see Mum, my brothers, my sisters. I go in summer time, July, August, September. My husband — he needs the holiday, because he works so much. When I go to Portugal I feel good. In Portugal people are friendly. Everybody knows you in your country, here nobody knows you; sometimes you don’t even know your neighbours.
(Ela, Figure 3.1. p.47)

In contrast, Criselda (Figure 3.2) had lost contact with her family when she left the Philippines to live with her husband in Australia. Criselda lived with mental illness and spent much of her time

isolated in her home; her husband was the primary relationship in her life. Here Criselda reflects on the isolation she is experiencing and the distance between herself and her family and how much she misses them:

My husband told me once that when he has a lot of problems, when he misses his family he goes and watches the sea. Watching the sea always moving, sorts out your brain, your problems ... the problems slow down. When I look at the sea, I can look far away from me across the water and see the Philippines. Sometimes my family look like they are there ... I miss them ... In the Philippines when you grow up, doesn't matter if you marry or have children, you stay in the one house. Here in Australia it is different, when you get married you separate, you get your own house, you get everything and you live separately. I really miss my family. (Criselda, Figure 3.2, p.48)

Sofia from Bulgaria (Figure 3.3) had mixed feelings about keeping in contact with family back home. She said when she talked to her family on Skype she got more upset "... so I get people here, my friends. I can see them, I can talk to them and they help me. I found it easy to make friends here". She said:

You need to have a good friend, sometime you need to have emotional help, not just physical, no money. Emotional is someone to say 'oh that's OK' or give you help. Everyone have a difficulty, life is not perfect. We should help each other. If we have a challenge and we need some support get some people that you feel secure with, confident. (Sofia, Figure 3.3, p.49)

In the absence of family, the women identified friends and neighbours as a vital source of social support. For Erin from Northern Ireland (Figure 3.4, p. 50) "good female friends" were like a family to her. She said, "my friends, well, my friends are my family. Any time I have a problem I talk to them ... good female friends are very, very, very important".

In the quote above, Sofia makes the distinction between different types of support: financial resources and emotional support. The women were prompted to reflect on a holistic sense of self and most often made sense of the emotional or psychological aspects of strength and coping. Some discussions on the physical aspects did emerge and materialise in sculptures. Here Laleh from the Palestine, Israel, Lebanon and later Qatar (Figure 3.5) compares the notion of emotional and physical strength through paint and nature:

If I put it in a picture it would be the base colour, if I put it in a tree it's the roots underneath the ground. It's just a thing that can't be moved. [In a person] it would be emotion, if you're not ready for storms and ups and downs, it's your emotion. I'm not gonna say if you have strong muscles or build up, if you're not emotionally ready for anything, it makes you down. That has to be strong ... if you are emotionally ready for anything. (Laleh, Figure 3.5, p.51)

Nicole (Figure 3.6) questioned the notion of emotional strength and explores the relationship between physical and psychological health:

I was talking about an emotional, psychological strength. Psychological strength is more all encompassing, emotional strength I don't even know what that means. I mean I have strong emotions but that doesn't necessarily make me resilient. Psychological strength is to do with resilience that's for sure. I think that sometimes strength is physical and that when it's not there, it means that your brain is not functioning at a level that it needs, so you're just not able to take the blows of life, you don't have the means. [Does it happen the other way round ... mental affects physical strength?] Certainly, yes, I'm not sure that there's a cause and an effect, I think they might come together, that one is symptomatic of the other. You may not see one for a whole, but they are both happening together. [I think that strength] means that your energy is flowing the circuits are on. (Nicole, Figure 3.6, p. 67)

To explore the idea of coping and challenge further, the women were asked to share a story about someone they knew who had coped well despite facing many challenges. The person they most often described was their mother or a female who had faced a similar challenge or experience to their own. When asked to describe this person and the things they do, the words they most frequently used were: coping, independent, firm, self-aware, confident, committed, dedicated, positive, happy, gentle, genuine, wise, and strong.

Criselda named a person who had also immigrated from the Philippines, but had family living in Australia. She said:

She was living here for 10 years; it's not hard for her because she had a couple of sisters living here already. For me I have no family, it's very hard. Looks like she *coping*, because she got a family here.

Ela described her mother as, *very independent*. She found herself alone and she had to start looking after herself and her younger brothers and sisters. She was 12 when she started work. From really young she had to take care of herself'.

Erin said her mother, "had quite a lot of *self-knowledge* there. She's got this ability to articulate who she is. But she is also very *firm* ... she doesn't go into devastation; she doesn't take any nonsense from others ... She's gentle and soft but has *firm* boundaries".

Kylie from Australia said:

My mum, recently she's gone through a difficult time with depression, they call it carer's depression. She found her way. She's *strong*. *Strong-willed*. *Strong-minded*. Very *independent*. She says ... If the hit doesn't kill you, it will make you *strong*. As long as you are alive, you have another chance. (Figure 3.7, p. 68)

The word *strong* and notions of *strength* were most often used to describe resilience. It appeared in the first-round interviews as an emerging theme and was explored in more depth in the second and third interviews, when the women were asked what strength meant to them.

Laleh (Figure 3.5) used a tree as a metaphor to describe what strength means:

When you have an internal sense of coping ... which is *strength*. *Strength* means that you can't be blown over. Weakness means the least little thing will take you down. *Strength* means that your roots grow deep and the winds won't blow you down. In the face of adversity you hold your own. *Strength* and resilience go hand in hand.

Laleh continued to use this metaphor throughout the art and research process. She actually made herself a tree because she wanted to be “strong”, her entire sculpture was covered in twigs and bark from a tree, she said:

I decided to be a tree because trees are another living thing. The tree is life and we always connect to earth again and when we were made we always, no matter what religion we are, we always thought that we came from earth and back to earth when we are done. It doesn't look very fancy — there's tree bark all over it but for me I see in it *strength*, life and there's a light. I added some light at the back, that's the soul. So when I light it up it's my soul attached to the tree and its light ... hope.

Other women related to nature and trees in their sculptures too. Dawn the artist's sculpture (Figure 3.8, p. 69), had a head made from branches and bird nest at its core; she was “surprised” how much nature was in her sculpture and said it reflected, “how much I need nature and balance and solitude. I think a lot of it is about balance”. The yellow feathers in Adriana from Venezuela's (Figure 3.9, p. 70) sculpture represented healthy roots. The use of nature and natural objects in the artworks not only reflects the significance of connection to nature as an important aspect of wellbeing, but it could also reflect the notion that resilience is an innate and natural resource.

The art process was built on the belief that “our inner world is one of our greatest resources”. Dawn the artist used visualisations and meditation as part of the class routine to “help people connect to and access their inner resources” (D.Meador, personal communication, June, 1, 2010). The light in Laleh’s artwork, for example (Figure 3.5), was a physical light that was plugged into an electrical socket and illuminated the sculpture from behind; it represented her hope and “soul”. Kylie and the researcher (Figure 3.10) also revealed stories of hope and transformation in their sculptures.

Kylie described her journey as a “rebirth ...a kind of release ... from my body, release from my cancer”. Her sculpture was “full of colour and life... beads and butterflies”; the process “made” her “confront” herself and “realise that I do love myself and my life”. She said the experience “made her want to celebrate her life”. Similarly, the researcher experienced a sense of transformation:

I was surprised by the bright colours that surfaced ... I did not set out to create something beautiful, but like a butterfly from a cocoon it emerged. Now when I look at the sculpture I see beauty. The message it sends to me is ... you are a unique and beautiful human being. You are beautiful just the way you are ... just be you. (Meagan, Figure 3.10, p. 71)

Reflected in these stories and common to all the women’s narratives was an exploration of self and identity. For some there was a search for spiritual identity, discussed in more detail in Adriana’s story on page 58; for others it was a search for self in recovery from illness (as per Kylie and the researcher’s examples above), and the expression of self through cultural identity. Ela’s whole sculpture, for example, was a celebration of her cultural identity; it took us on a journey back to when she was “young and living in Portugal” (Figure 3.1). On it, she painted an image of a Portuguese port wine boat with her husband and her dancing in traditional dress.

Erin and Laleh shared stories of the challenge of integrating their past identity with the new Australian identity. Erin's journey (Figure 3.4) "began as a means of trying to reconcile the person" she had been living in Ireland, with the person she was now in Australia. In her sculpture, she used "a combination of plants from Australia and plants from Ireland ... as a metaphor for the constant connection to something I associate strongly with my traditional Celtic roots". The sculpture had a long tail like a mermaid to represent her "desire to be water-familiar" and "less afraid of water", something she believed she needed to adapt to life in Australia. Laleh (Figure 3.5) shared a journey of self-discovery that took her across four nations, from Palestine, Israel, Lebanon and Qatar, to Sydney and her chosen destination Perth, Western Australia:

For most of my life, I have felt like I did not belong anywhere. I did not feel in control of my life; my past and future depended on the decisions of others and I lost track of myself. My destiny changed a long time ago when my grandparents emigrated from Jaffa to Lebanon, pulling out our roots and leaving behind our land, our heritage, and who we are. I have spent most of my life moving around searching for myself in different cultures and beliefs. It has been very hard to find myself, and I felt fragile, like a delicate autumn leaf blown about by the wind. Building my image in the body sculpture gave me the way to find some answers ... it was telling me 'you'll find yourself inside yourself'. Finding myself helped me to know me; knowing myself helped me to know what I want; knowing what I want helped me to belong. (Laleh, Figure 3.5, p. 51)

Within Laleh's story there also lies the search for belonging through connection to self. Connection to self and others emerged as a common theme of resilience. The art class provided an important source of social connection and support for all the women. Criselda, for example, was very lonely in Australia, and said she "felt better for attending the class ... because I see the girls and they help me with the projects. I really look forward to it every week. I can share my troubles; they are good friends". Friendships developed in some shape or form for all the women, even those who did not originally join to connect to others.

Connecting to formal and informal community groups like the art class emerged as an important aspect of resilience in all three interviews. All the women at one point in the interviews said that community centres like the Multicultural Centre were important community resources for building resilient people and communities, and it is indicative of their participation in the art class. Adriana believed that making cultural connection with people who had shared a common experience of migration was important. She said “... we are looking to make a connection ... It’s like when a person immigrates they make friends with a person who has also immigrated instead of the local people, because you have that bond, you are in the same situation”. For Laleh, it was connecting to people who shared a common passion towards art “... they feel towards art the same way I feel towards art. That makes me alive. I love them so much — it’s so important”. What was of most interest to the researcher was what aspects and processes of the art class contributed to social resilience and if relationships developed beyond the classroom, supporting notions of bridging social capital? These findings are presented in the following section on how participation in art contributes to resilience, page 52.

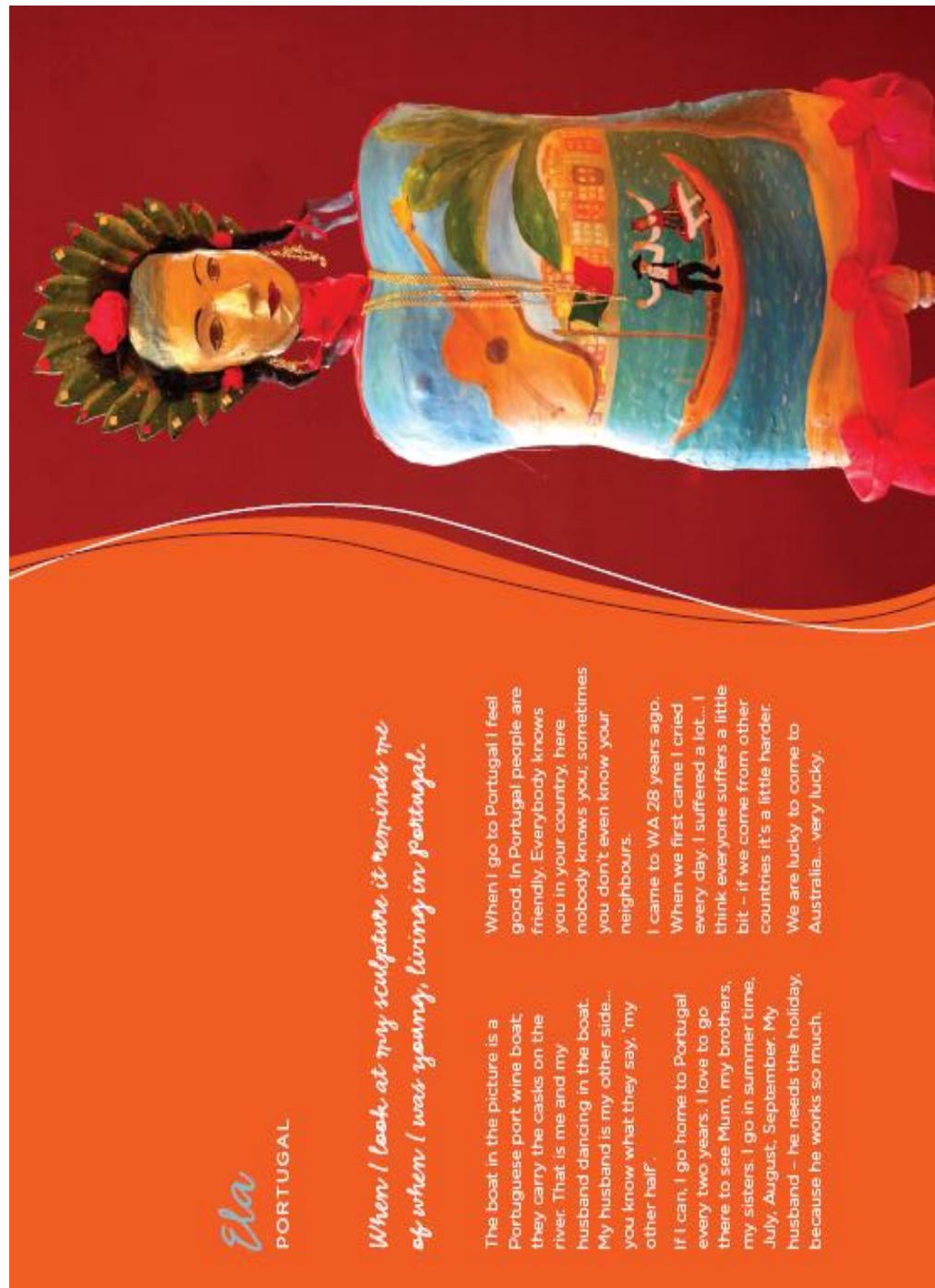
Participating in the public art exhibition provided an opportunity for all the women to reflect on their own experience of connecting to the community through art, and what impact this had on the community. These findings are also presented on page 52 in the next section on how participation in art contributes to resilience. What was most significant was the sense of change in the women’s stories after the exhibition. It appears that giving the women the time and support to take their artwork to the level of completion, ready for exhibition, being involved in organising the exhibition and then receiving positive feedback from the experience created a sense of consolidation and resolution in their stories. Nicole felt like she had “succeeded at what she was trying to do” and felt “good about taking the work to its natural completion”. Kylie was ready to move on; she said, “how I feel now — I feel a lot different. I think like I am moving forward, forward, forward. Like a teenager leaving home, I’ve got that confidence — I can take on the world”. The most powerful story of resilience arose through Criselda’s journey from disability and dependence to strength and resilience.

Criselda lived with Obsessive Compulsive Disorder and anxiety, and when she first came to class her symptoms were so disabling that she relied on group members to “take care of her”.

Criselda would “get stuck”, counting and distracted during class activities, was unable to make a coffee for herself or go to the bathroom on her own. Over time, with support from the artist and other group members, her confidence grew and eventually she achieved independence. In the final interview, Criselda confidently used the word resilience in a sentence, suggesting that her understanding of resilience had developed over time:

There have been a lot of big changes. I never thought that we would go so far... the exhibition; people expecting and wanting to see more. I’m stronger. I am proud that I can do a lot of good things ... I feel resilient — I feel I can cope better.

Figure 3.1 Ela's Story



Ela
PORTUGAL

When I look at my sculpture it reminds me of when I was young, living in Portugal.

The boat in the picture is a Portuguese port wine boat; they carry the casks on the river. That is me and my husband dancing in the boat. My husband is my other side... you know what they say, 'my other half'.

If I can, I go home to Portugal every two years. I love to go there to see Mum, my brothers, my sisters. I go in summer time, July, August, September. My husband - he needs the holiday, because he works so much.

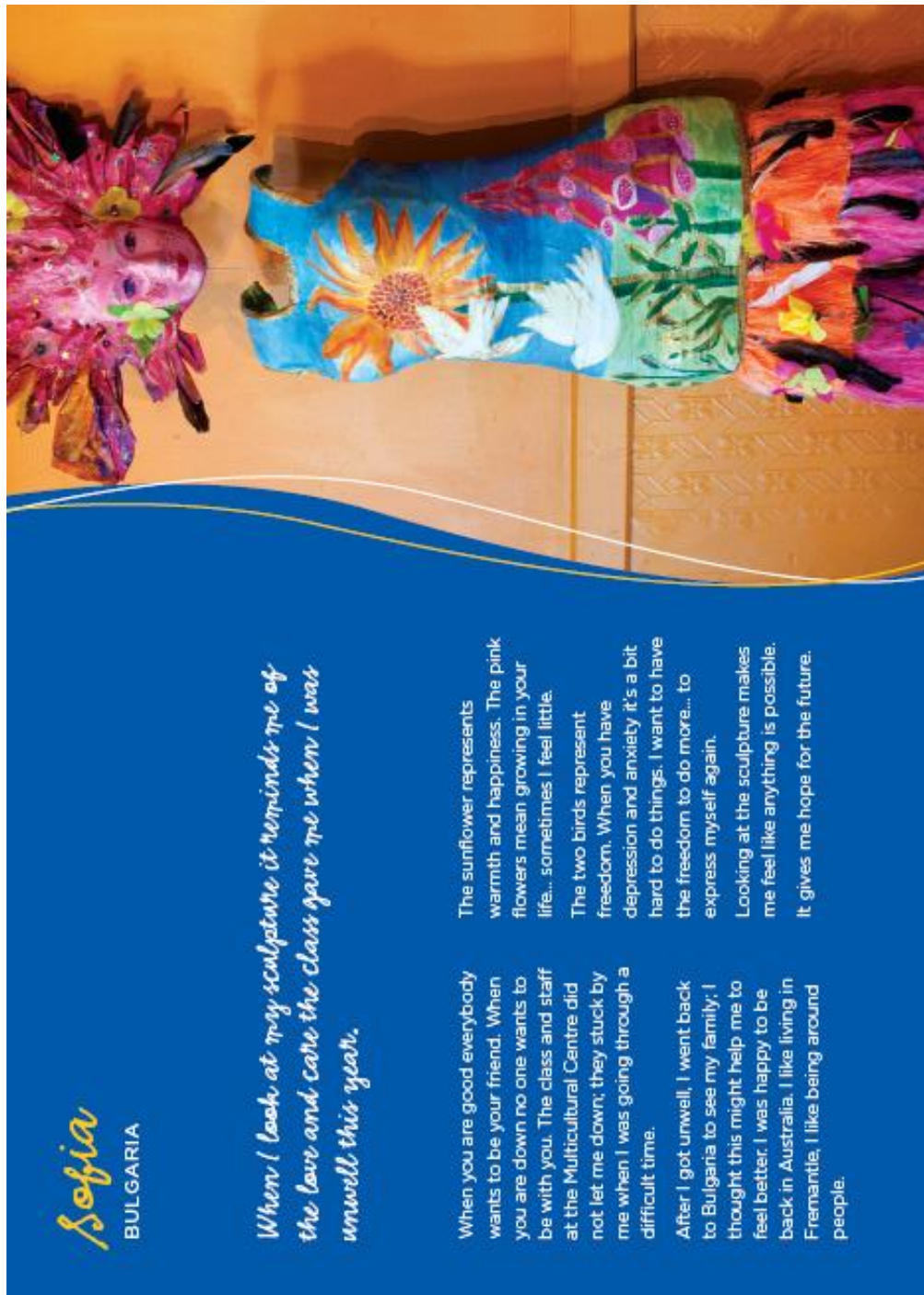
When I go to Portugal I feel good. In Portugal people are friendly. Everybody knows you in your country, here nobody knows you; sometimes you don't even know your neighbours.

I came to WA 28 years ago. When we first came I cried every day. I suffered a lot... I think everyone suffers a little bit - if we come from other countries it's a little harder. We are lucky to come to Australia... very lucky.

Figure 3.2 Criselda's Story



Figure 3.3 Sofia's Story



Sofia
BULGARIA

When I look at my sculpture it reminds me of the love and care the class gave me when I was unwell this year.

When you are good everybody wants to be your friend. When you are down no one wants to be with you. The class and staff at the Multicultural Centre did not let me down; they stuck by me when I was going through a difficult time.

After I got unwell, I went back to Bulgaria to see my family; I thought this might help me to feel better. I was happy to be back in Australia. I like living in Fremantle, I like being around people.

The sunflower represents warmth and happiness. The pink flowers mean growing in your life... sometimes I feel little.

The two birds represent freedom. When you have depression and anxiety it's a bit hard to do things. I want to have the freedom to do more... to express myself again.

Looking at the sculpture makes me feel like anything is possible. It gives me hope for the future.

Figure 3.4 Erin's Story

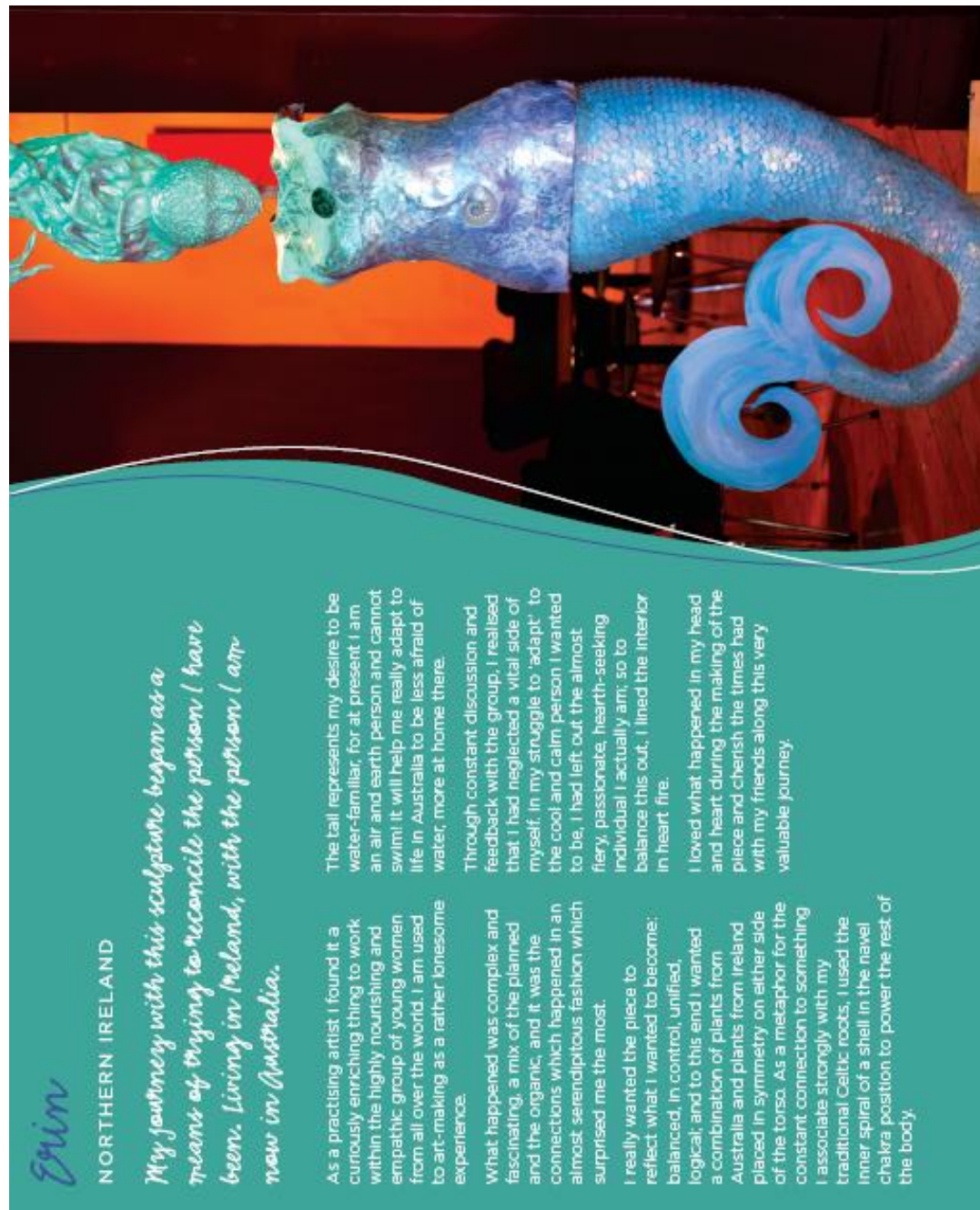
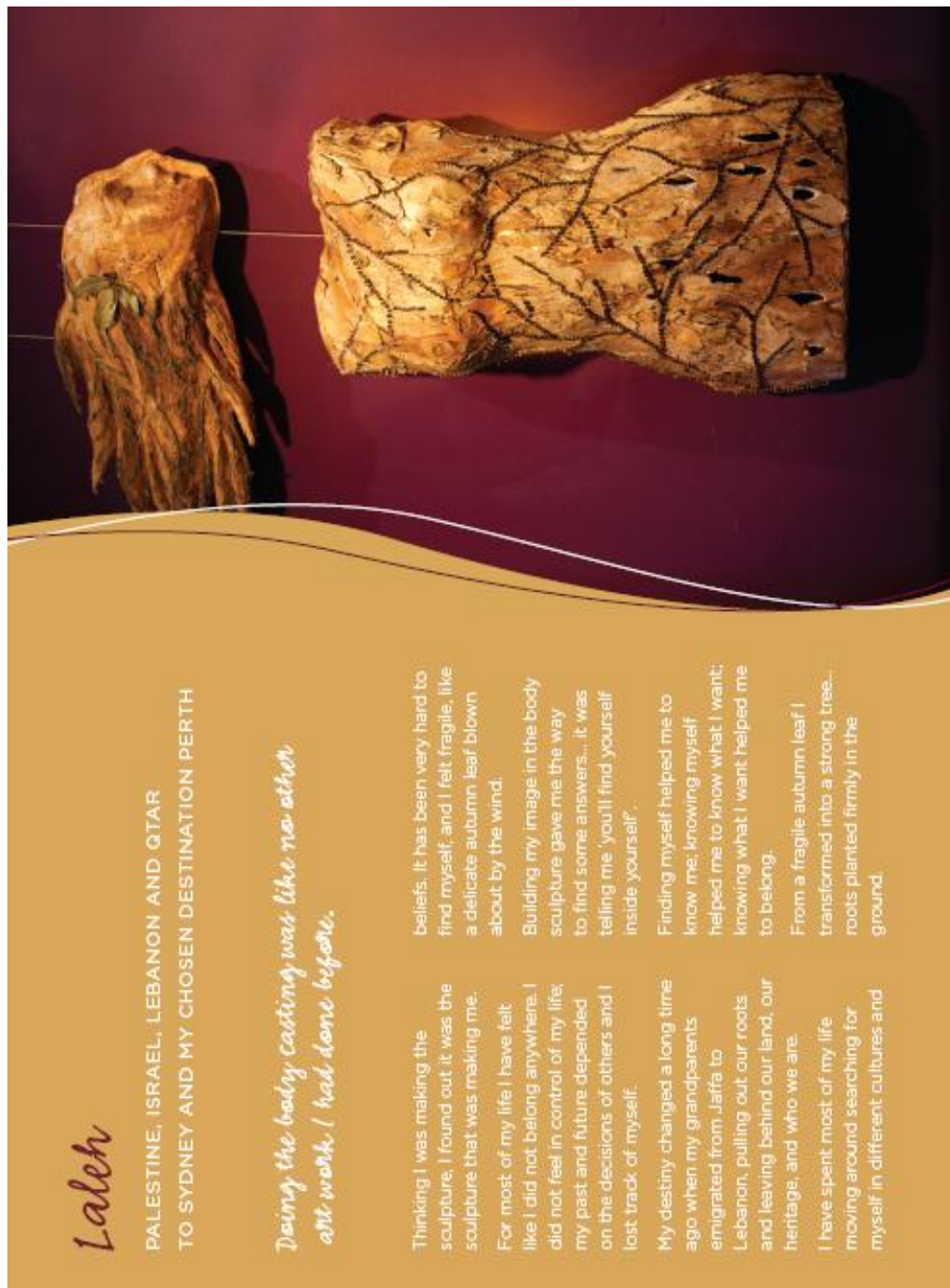


Figure 3.5 Laleh's Story



BUILDING RESILIENCE WITH ART

To understand how participation in art contributed to resilience for this group of women, the preliminary resilience themes that emerged were grouped within a socio-ecological framework, then applied as a lens to analyse the experience of participating in the art class. Table 3.2, on pages 54—55, presents a summary of these findings: column A includes examples from the women's stories of coping and challenge shared in interviews; and column B includes examples from the art experience. The table is not intended to reduce or minimise the experience; it has been included to make sense of the large volumes of data gathered and present an overall snapshot of the experience for interpretation within the socio-ecological framework.

The findings presented focus on the individual, social and community domains of resilience; and include references to the cultural and political environment. Some aspects of the physical environment emerged in interviews such as access to housing, and natural resources like parks and beaches; however, because much of the art happened within the community centre, aspects of this environment are presented within the community domain. It is recognised, however, that art can influence our built (Jamleoui, 2009) and natural environments (Hartley, 2009). Similarly, relationships with family did emerge as significant to resilience in the narratives; however, because the research did not have insight into family life, it is presented from an individual perspective, rather than within a separate context of the family domain. In addition, one might expect that the domain of work and employment would emerge as a resilience theme; however, as the majority of women were not working or actively seeking employment, it did not feature in their narratives, nor did financial factors. The main focus of the following findings is the experience of the women in the setting or context of the art class within the Multicultural Centre.

Table 3.2 Domains and Major Themes of Resilience and Art

Resilience Domains and Themes	A. Examples from Interviews	B. Art and Resilience Experience
Individual		
Physical health and wellbeing	<ul style="list-style-type: none"> Physical activity Swimming, walking Going to the beach 	<ul style="list-style-type: none"> Art activity was a form of stress management/relaxation Active participation in dancing and other activities
Mental health competence	<ul style="list-style-type: none"> Life and coping skills Self-confidence and self-esteem Self-identity 	<ul style="list-style-type: none"> Exploring self and identity Confidence building, exploring strengths Problem solving Assisted some symptoms of mental illness, i.e. OCD
Emotional wellbeing	<ul style="list-style-type: none"> Relationships with spouse and significant others 	<ul style="list-style-type: none"> Expressing and processing difficult emotions Exploring relationships with significant others
Spirituality and religion	<ul style="list-style-type: none"> Going to church Practising meditation and yoga 	<ul style="list-style-type: none"> Exploring inner resources Fostering spirit and hope
Social		
Family and home life	<ul style="list-style-type: none"> Relationships with family back home, spouse, and significant others 	<ul style="list-style-type: none"> Family involvement in exhibition The art class was like a 'family' and 'home' for some
Friends and social support	<ul style="list-style-type: none"> Friends and quality relationships Someone to talk to, share problems 	<ul style="list-style-type: none"> Friendships developed in class High levels of trust and intimacy developed All the women benefited from social support
Social networks and groups	<ul style="list-style-type: none"> Informal groups and networks; for example, artist networks Connecting on common interest and experiences 	<ul style="list-style-type: none"> Connected on the common interest — art Some friendships extended beyond class Participation in external art networks Building relationship with those who moved into neighbourhood or live nearby

Resilience Domains and Themes	A. Examples from Interviews	B. Art and Resilience Experience
Community		
Community centres/groups	<ul style="list-style-type: none"> Formal or organised groups such as recreation, cultural and support groups Sense of community and connection to others Cultural centres such as the Multicultural Centre 	<ul style="list-style-type: none"> The art class as a formal group in a community centre Safe and supportive environment — culture security Cultural identity, expression and exchange of ideas, values, customs and beliefs Facilitators skills Women only/gender sensitive
Professional treatment and support services	<ul style="list-style-type: none"> Counselling, women's refuges, employment rehabilitation services Psychiatric care, drug therapy 	<ul style="list-style-type: none"> Support and referral services were available at the centre
Community participation — social and cultural inclusion	<ul style="list-style-type: none"> Opportunities for people to participate in community 	<ul style="list-style-type: none"> Pros and cons of Inclusive space/cultural diversity celebrated/mental illness challenging A sense of community formed — sharing resources and materials; social exchange and reciprocity Making links and connections to others beyond the art class Participation in an art exhibition and book launch
Community attitudes and beliefs	<ul style="list-style-type: none"> Education and awareness of the needs of others 	<ul style="list-style-type: none"> Stigma towards people with mental illness Influencing community attitudes and beliefs — art exhibition and book Sharing hope and inspiration with others
Environmental		
Housing/neighbourhoods	<ul style="list-style-type: none"> A physical premise and its location Neighbourhood design Relationship with neighbours 	<ul style="list-style-type: none"> Not applicable
Economic and material resources (Infrastructure)	<ul style="list-style-type: none"> Access to basic services like food, transport, medical services 	<ul style="list-style-type: none"> Not applicable
Physical environments	<ul style="list-style-type: none"> Parks, community and open spaces 	<ul style="list-style-type: none"> Not applicable
Natural environments	<ul style="list-style-type: none"> The beach 	<ul style="list-style-type: none"> Not applicable

Individual Domain

Participation in this art class contributed to four aspects of individual resilience: physical health and wellbeing; mental health competence; spirituality and religion; and emotional wellbeing. The mental health and wellbeing benefits were discussed most often. The wellbeing aspects were expressed in terms of relaxation and stress management. Laleh, for example, said that she “came out of the class much more relaxed”. She said it gave her “energy” and allowed her to “forget about life for two or three hours ... forget about everything”. Participation in the class also helped Kylie to “switch off”; she said it was the visualisations that had “been helpful with [her] depression ... It makes you think of different things and you feel more relaxed”. Kylie had found the visualisations so useful that she said she used the techniques in situations where she was feeling stressed outside of the class, such as waiting in busy supermarket queues. Sofia also liked the visualisations and requested a recorded copy of them on CD to use at home. For Criselda, it was the music and dancing that she enjoyed the most and was one of her main reasons for coming to class.

These findings suggest that the unique techniques the artist used to build trust and encourage connection to self and others were making a positive contribution to the women’s general health and wellbeing. Participation in the art class also contributed to mental health in specific ways. These aspects have been grouped together in terms of mental health competence, and include self-exploration and identity, problem-solving, confidence-building, and assisting with some mental illness symptoms. Criselda’s journey is one of the most notable. At the beginning of the project, Criselda’s OCD symptoms and behaviours affected her participation in the class, she struggled with the art activities, she would “get stuck” counting and become frustrated, sometimes “acting out” and disturbing other class members. Over the project period, the artist used trial and error, to find techniques to keep Criselda distracted from repetitive behaviours and focused on making art. Eventually she discovered that Criselda was able to copy from photos and pictures and, using this technique, she could keep focused for short periods of time. Criselda said that going to class kept her “brain busy” and her “OCD and counting is less”.

By the end of the project, Criselda had found a “quiet ...happy...peaceful” self, and the artwork and looking at the artwork become a trigger for relaxation, she said:

Every time I look at the sculpture, I’m thinking of me. When I look at this I feel relaxed because I’m seeing the fish and the nice sea, the sun, the colour, the yellow and green make me feel more relaxed, in myself. It is beautiful. I feel like I am looking at me — quiet and peaceful and happy. Makes me feel more happy. In addition to feeling happy and relaxed, Criselda felt stronger and more confident by the end of the project. She said I’m stronger. I am proud of myself that I can do a lot of good things.

Other women experienced an increase in confidence as a result of participation in the art class. Kylie talked about the experience being a “launching pad to make myself more confident”; she said, “it’s brought my confidence level back”. For Laleh, the increase in confidence came from doing something positive and rediscovering her strengths, she said:

Any positive experience does help you, especially if it is something you are interested in, like art. I have always enjoyed art, art is my hobby. Doing what you like, it kind of makes you feel stronger because you are good at it. You think, oh, I do have a strength in this area; I am not hopeless at everything.

The art project enabled Laleh to identify her strengths and weaknesses, and work on ‘fixing’ them. She described the sculptural process like working on a “little model” of herself, one that she could use her “arms and fingers to work on”. She said it was like “looking in a mirror”, she could see herself and her problems “clearly for the first time”. The art process became like a problem-solving activity for Laleh. She said:

For the first time I realised I don’t know me ... you can’t fix a thing if you don’t know what is it ... by working on the project I can work on me in real life and find other ideas or ways of doing things. In this way building my image in the body sculpture gave me the way to find some answers ... it was telling me ‘you’ll find yourself inside yourself’.

All the women experienced some sense of resolution during the process. Criselda found strength and resilience, Erin reconciled her Celtic origins with her new Australian identity, and Nicole faced the challenges of infertility and identity in her sculptural piece. Included in her sculpture were small wheels and cogs that represented an urge to get the “life force spinning”. This did not happen and there is a sense of despair in the narrative she shares as she tries to make meaning of this:

In making the work, I contemplated the sacrifices women make at the altar of motherhood: ways in which mothers put their bodies, spirits, and lives on the line in order to have and care for their offspring, as well as the psychological and physical effects of assisted conception. I also considered the ways in which the Western world whitewashes motherhood and the land of the nursery, glossing over or sometimes ignoring entirely the fact that it is the inner world of the primary caregiver that becomes the child’s actual world for their crucial first years. And on the heels of my own experiences of loss, I asked myself: how does one — as one must — remobilise a life force that seems to have ceased its spinning?

The art process enabled Nicole to express and start to process the difficult emotions she was feeling. Other women also expressed emotions through the process. Erin confronted the “guilt” she experienced for leaving her family members behind in Northern Ireland. Her sister was terminally ill and Erin felt like she had “abandoned her” when she came to live in Australia with her husband. The broken glass in Adriana’s sculpture (Figure 3.9) was an outlet for the anger and frustration she was experiencing in her marriage, she said:

Breaking the glass was a great feeling, because I had so much anger inside. I smash it and then I got a hammer, I got anger relief. In a way I could get out the things. When you have so much anger or when someone hurts you, you need to get the things out.

Adriana used the art process as an opportunity to explore her spiritual side, which she described as a source of *strength* when you are going through difficult things. Her whole sculpture was a reflection of this journey, she said:

I think with the sculpture I was trying to create some words ... to connect to it ... I don't know what to look for. Sometimes I feel like 'who is there' 'what is out there' ... In the bottom I tried to create the universe. In the middle I was trying to connect with this goddess which is called Sophia, which is related to wisdom. She has three daughters who are faith, hope and love ... When you are going through difficult things ... It is like the *strength* or something out there that is going to help you. [It was part of] being connected ... I am getting there. It opened me up just a little bit, in some ways it has given me more *strength*. (Adriana, Figure 3.9, p.70)

A spiritual understanding of resilience grew throughout the process. Initially in first-round interviews the common themes focused on more organised religious practices such as going to church. The spiritual nature of the art class and creation of the artwork offered access to a deeper and more personal experience of spirit, and this emerged in the spoken and sculptural narrative. As discussed in the previous section, this was much to do with the beliefs and attitudes of the artist and the techniques she employed to encourage the women to connect to their "inner worlds".

In summary, participation in the class contributed to individual resilience through wellbeing activities such as visualisation, dancing and singing. It built mental health competence through self-exploration, building strengths and confidence, and solving problems; and contributed to emotional wellbeing through the expression of and for some processing of difficult emotions and relationships; and enabled spirituality and inner resources to be explored.

Social Domain

Participation in the art class contributed to building friendships, social support and social networks; and for some the class became like a family away from home. As discussed in the previous section on Understanding Resilience, family and significant others emerged as an important factor in resilience; however, in the absence of family, friends became an important source of support. The following findings focus on the relationships that formed within the class, and what aspects and processes of the art class contributed to this.

The women liked that the group was exclusive to women only, as it provided an opportunity to talk about “women’s problems” and concerns. Kylie described the class as being like “... early primitive communities — the women always looked after each other ... they would have their own time and do their own things ... I just like the fact that I’ve got a women’s group type thing. I like the camaraderie”. Laleh said she felt “alive” in the company of the other women, it was “... a place to go where we are safe and we can talk about things. We know no one’s going to say anything else to anyone else. If you went to some places ... you probably wouldn’t be so open”.

Levels of trust and intimacy grew quickly in the class. In general, there was a lot of physical touching, people hugged on greeting, held hands while dancing, and massaged each other’s shoulders as part of a warm-up ritual. These practices were instigated by the artist, and eventually became part of group norms. The body-casting process was very intimate and required instant trust from all participants. The process involved each woman’s upper body being cast by a group of two or three women. The woman being cast took as many clothes off as she felt comfortable with and lay on her back on a table, as group members layered wet plaster bandage over the body torso. After the body cast was removed, the women helped bath and wash the person who had been cast.

There were mixed feelings about the casting; it was confronting and challenging, and nurturing at the same time. Adriana described the process as, “... gentle, I felt a lot of love”. Laleh said, “... to tell you the truth I didn’t think I would enjoy it ... but I’m glad that I did it and I didn’t change my mind ... I loved it.” Kylie said it was “really cool” but then compared it to being “like a wake

but for a living person ... then I felt like it was like being on an operating table and I made a joke of it.” The researcher felt uncomfortable and vulnerable about exposing her body and being touched by people she had only just met. For another participant, the situation was too confronting, and she chose to do the cast outside the classroom in a personal space. The confronting and challenging nature of the body-casting process raises concerns about the suitability of some art processes in the community art space, and highlights the need for careful consideration of techniques that could potentially alienate or harm participants. The use of the body-casting process was a choice made by the artist, and a reflection of her own personal comfort with physical intimacy and body image.

As previously indicated, social support from the group was important to all the women, but for some it was vital for their mental health and wellbeing. For the women who lived with mental illness, for example, the group played a crucial role in their recovery. With the support of the group, Criselda moved from disability and dependence towards strength, confidence and resilience (outlined on page 47). For Sofia, the support of the group was crucial when she became mentally unwell and attempted to end her life. Class members actively supported Sofia through her recovery. They visited her in hospital; if they were unable to do this physically, they rang or texted her by mobile phone. Once out of hospital, the artist facilitated her inclusion back into the class, arranging a transport schedule to pick her up and drive her home after class. Once in class, they welcomed her with love and care, physically hugging her; they supported her to do art activities and helped her to complete her art piece. Her sculpture became a reminder of the love and care she received from the group:

When I look at my sculpture it reminds of the love and care the class gave me when I was unwell this year. When you are good, everybody wants to be your friend. When you are down no one wants to be with you. The class and staff at the Multicultural Centre did not let me down; they stuck by me when I was going through a difficult time ... The class is very therapeutic, the people how they talk to me, how they inspire me to go on. Yeah, everybody have [*sic*] a problem in their life but you need to move on. It's very good to come here. It's helping me to move on and not think about it too much.

The other women in the class were deeply affected by the experience; for some it put their own problems into perspective, others described it as “unhealthy” and “disturbing”, which raises concerns about the role of inclusive groups in mental health recovery and resilience, and how these groups are managed. Nicole said:

At some point, it felt a little bit unhealthy ... maybe with what happened to Sofia and Criselda. Sometimes it was disturbing. Yeah, because maybe you want to go there and have a good time and have your two or three hours of fun. It could be a bit distressing watching Criselda’s disorder. When Sofia lost it ... I thought, oh my god she’s been here for three years, she’s suppose[d] to be at that point where it’s now OK. I thought it was going to get better and, look, it got worse. In a way it can be bad too, because you not only see people ahead of you coping, you also see people ahead of you who are not coping. Being around mentally ill people you realise there is this susceptibility that this could happen to me. So that is disturbing.

In contrast, Erin said, having people with “serious” mental health concerns around helped her put things into perspective; she could see mutual benefits from the situation:

There were individuals who were needy at various stages of the group, people being unwell. There was a sense of mutual dependency and that isn’t common in any of the groups that I have worked with. I don’t like other people suffering; everybody was carrying their own little burdens and own little unhappinesses at some stage ... I never felt other people’s problems were a burden. Sometimes I remember thinking — kick yourself out of your own life, girl, and be aware of other people’s problems too. Sofia’s case was really sad, I think it was important that everyone came together — it was a good thing — I could see the support.

As suggested by Erin, there was a sense of mutual support and dependency in the group. The women openly supported each other while in the classroom: they shared problems and offered solutions; they shared music, food and recipes; and resources and information, on events happening in the community. When Laleh moved into the local neighbourhood, for example, the class shared information about where to go to buy food and find medical services, and arranged to take her to local festivals and arts activities, suggesting that in some cases bridging social capital was being built. However, when asked about the potential of relationships growing outside of class in interviews, a different story emerged. A definite line was drawn between people who lived with mental illness and people who didn't, with one woman stating that she would not share her phone number with a person who she perceived as having a mental health problem. This suggests that the potential to build social networks beyond the centre was limited for people who experienced mental illness.

There was evidence that attitudes and beliefs towards mental illness within the group did shift over time. At the beginning of the research project there was heightened awareness about not using the terms mental illness or mental health, based on the understanding that in some cultures there is stigma around the subject. Research questions were developed to avoid the use of the language and the women were not directly asked about their mental illness or diagnosis. After a while, discussions about mental illness emerged naturally and by the end of the project the women were openly discussing their mental health challenges and concerns in class and during interviews. This suggests that some sense of self-acceptance and understanding from others had emerged throughout the course of the project.

In summary, all the women expressed and experienced mutual benefits from the social and emotional support the group offered. For some of the women who lived with mental illness, the group was vital for their recovery; for one woman it was 'life saving'. Some relationships extended beyond the classroom; however, mental illness did create a barrier for connection. There was some evidence that attitudes towards mental illness within the group did shift over time; however, the experience revealed some positive and challenging aspects of participation in an inclusive community group, which are discussed in more detail in the following section.

Community Domain

Four main themes emerged in the community domain: community participation (social and cultural inclusion); community centres; community attitudes and beliefs; and professional treatment and support services. All of the women believed professional services were important for resilience, and all had sought support and counselling for their problems at some point in time. Some also used drug therapy overseen by a psychiatrist. In relation to the art class, the women had access to the mental health support and referral services at the centre and some were existing clients of the service; others were referred to the centre by another professional or community service.

All the women at one point in the interviews said that community centres like the Multicultural Centre were important community resources for building resilient people and communities, and it is indicative of their participation in the art class. What made this centre different was that it created a welcoming and culturally secure place for people to create in. Nicole acknowledged the artist for her ability to create this safe space. She said, "It's not just about the people — I've got a place to go where I can say anything I want and know I am not going to be judged. Dawn, the artist, is providing a safe place in which people can share their experience and be creative ... it's very welcoming the atmosphere's very welcoming". Erin said, "I think for the most part it's a place where I feel like I can go and it's a safe place — I feel safe with those people to be however I am, I feel free to be myself, which is empowering. It's relaxing, and that's why I make time for it".

Having a culturally and mentally healthy aware art facilitator was an important ingredient in this community space. Dawn, the artist, role modeled positive attitudes and behaviours towards cultural and personal difference, and was able to facilitate discussions, which helped people to deconstruct and process complex concepts. Interactions were inquisitive in nature, and often fun and playful. Universal activities like music and dancing were included, and cultural and language differences were made light of as the women shared the way things were done in their country of origin. For Australian-born Kylie, the multicultural aspect of the group was a new experience and she liked the opportunity to be with a group of people she wouldn't usually spend time with:

The art's good, but I think it's mainly the people we meet. We're all from different backgrounds, we probably wouldn't have met. We all have different circumstances, so we've all come from different walks of life and I think that's what makes it work too ... cause we're different.

Cultural diversity was embraced in the class and cultural expression and exchange was encouraged by the artist. The women shared cultural traditions around family, marriage, birthdays and religious festivals such as Easter or Christmas; and also shared music and recipes. Food was probably the most common topic of exchange, with some women preparing food and bringing it to class. When these results were presented to staff members at the centre, they were reminded that even though the majority of the work they do is challenging at times (such as finding emergency support, basic needs and housing for people) it is sometimes the simplest acts that can make a difference in the lives of the people they work with, such as doing something social and creative together, like art making or cooking and sharing a meal.

The group was inclusive in other ways besides culture. It also welcomed people of varying levels of art skills and abilities; and varying levels of mental health, including severe, diagnosed mental illness. The varying levels of artistic ability did not appear to be of concern in the group; the women helped each other with their artworks, and shared material and resources. A collective sense of community emerged as a variety of beads, buttons, fabrics and odds and ends were added to a communal box. Special gifts were exchanged from one class member to another and these gifts were incorporated into the sculptures. In the final sculptures, the shared resources could be seen in other's sculptures, reflecting the social exchange and reciprocity within the group.

As previously discussed, there were mixed feelings about the impact of other group member's mental health problems. One woman was frustrated by some of the "more needy" class members taking up the attention of the artist. Others felt like their personal space was being intruded upon. One woman, for example, who experienced anxiety, felt like her personal security was at risk. Some of the women were aware of the impact of their mental health on

other group members. Kylie, who lived with depression, for example, made a conscious choice not to attend class when she was experiencing an episode:

I haven't been coming because I m not well in myself sort of thing, even though Dawn says I'm welcome even if I'm not feeling well. I don't want to come when I'm not feeling well, cause I don't want to bring the group down. I don't want to bring everyone down.

The choice was not as easy for Criselda and Sofia, who both lived with serious mental illness, had no family living in Australia, experienced difficult spousal relationships, and had very limited friendships outside the class or centre. These women relied on the class for social support; it was vital for their mental health recovery and illness management. Table 3.3 below summarises some of the positive and challenging aspects of the inclusive space.

Table 3.3 Inclusive Groups — Pros and Challenges

Positive aspects	Challenging Aspects
Cultural exchange and understanding	Working with varying abilities, literacy and engagement levels
Mental health awareness — created opportunities to talk about mental illness	Mental illness and managing challenging behaviours

Other aspects of community resilience that emerged included connection to neighbours and having a good neighbourhood; and community awareness and attitudes. In Kylie's experience, a lack of understanding in the community was a problem "... especially with things to do with mental problems, they don't understand and kind of gloss over it". She believed that people in the community needed to "be more educated and realise that it's out there and they need to be understanding and not be too quick to judge". As discussed earlier, this stigma towards mental illness emerged as a barrier to participation and social inclusion within the group itself.

Participating in the art exhibition provided an opportunity for the women to connect to the community and reflect on the influence their stories and works had on others. Laleh said, "... it gave hope for a lot of women — seeing how hard our lives were. It wasn't easy and we did survive — we did leave that or survive this situation. It leaves them *stronger*. If we did it, why can't they?" Adriana said, "... Some of (the stories) were really *strong*; they made me cry. I think at the end they give a positive message, because whatever you are going through you are trying to make the best of it". A guest book was displayed at the exhibition and the comments suggest that the exhibition did have some impact on people who attended:

- Congratulations! I feel honoured to have had the opportunity to be part of this event.
- For someone who works in health promotion the support for resilient people and healing is wonderful.
- Very moving! Awesome and inspiring.
- Inspiring, heart wrenching, very real, very poignant.
- Amazing ... very good to see women having fun and bonding in such an amazing way.
- Awesome — I wish I knew you guys were here when I arrived.
- Vibrant, soulful, a true celebration of self and life.
- Every time the sculptures and stories are exhibited, you will make a difference.

The development of the art resource/story book created another opportunity to connect to the community and explore community resilience. Three-thousand copies were printed and distributed to mental health and cultural organisations throughout Australia and the e-book had received over 8000 hits, from local, national and international visitors, within six months of being published to the World Wide Web. By sharing their stories beyond the art room, the potential to create awareness and influence community attitudes and public perceptions increased.

In summary, all the women believed that community centres like the Multicultural Centre were important for creating stronger communities; and access to professional treatment and support was one aspect of this. Participation in the art class provided a safe and welcoming space for cultural expression and exchange, and an opportunity for community participation and inclusion; however, some aspects of inclusivity were more challenging than others. Mental illness and stigma created a barrier; however, the social support of the class was vital for the women who lived with mental illness. Taking the art beyond the centre provided connection to the community and an opportunity to explore the potential to create awareness and influence community attitudes and public perceptions

Figure 3.6. Nicole's Story



Nicole

AMERICA

*Did you think I could leave you crying, when
there's room on my horse for two?*

When I moved to Perth last year to marry, I gave up both studio and career, anticipating that we would get pregnant. We did not. This deepened the unsettling impact of culture shock, as I became not the mother I expected, but a virtual fertility specialist instead.

While grieving the loss of country, family, friends, livelihood and identity – a culture shock I experienced as an endless series of perceived failures, large and small – I found myself needing to come to terms with loss of physical well-being as I underwent treatment, as well as loss of the dream of a family. Failing to get pregnant, month after month, further eroded my chance at an Australian identity.

In making the work, I contemplated the sacrifices women make at the altar of motherhood: ways in which mothers put their bodies, spirits,

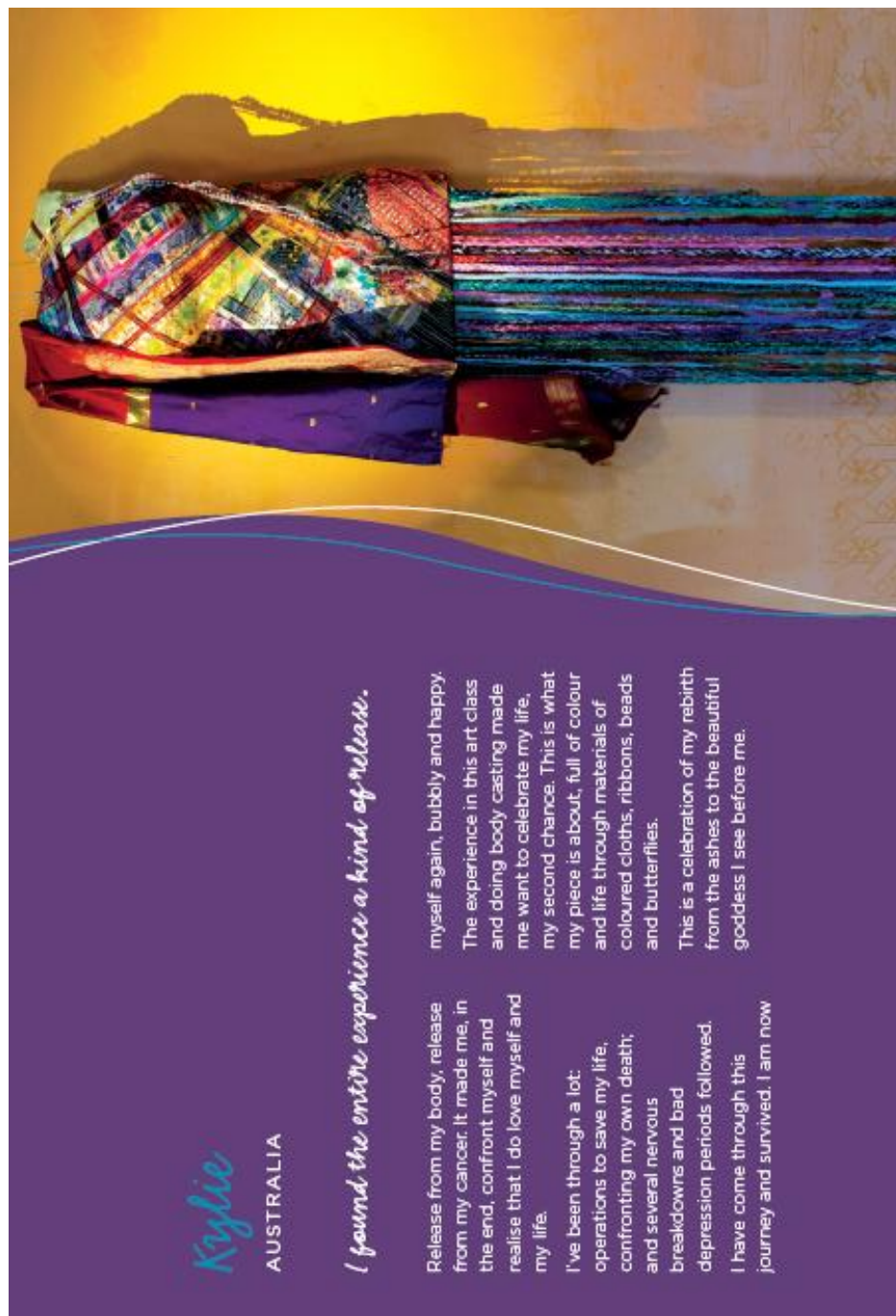
and lives on the line in order to have and care for their offspring, as well as the psychological and physical effects of assisted conception.

I also considered the ways in which the Western world whitewashes motherhood and the land of the nursery, glossing over or sometimes ignoring entirely the fact that it is the inner world of the primary caregiver that becomes the child's actual world for their crucial first years.

And on the heels of my own experiences of loss, I asked myself: how does one – as one must – remobilise a life force that seems to have ceased its spinning?

The title of the sculpture is from a the chorus of a Rolf Harris song 'Two Little Boys'. In this case I use it to refer to the tremendous revitalizing power of the smallest acts of kindness when one is in need.

Figure 3.7 Kylie's Story



Kylie

AUSTRALIA

I found the entire experience a kind of release.

Release from my body, release from my cancer. It made me, in the end, confront myself and realise that I do love myself and my life.

I've been through a lot: operations to save my life, confronting my own death; and several nervous breakdowns and bad depression periods followed. I have come through this journey and survived. I am now

myself again, bubbly and happy. The experience in this art class and doing body casting made me want to celebrate my life, my second chance. This is what my piece is about, full of colour and life through materials of coloured cloths, ribbons, beads and butterflies.

This is a celebration of my rebirth from the ashes to the beautiful goddess I see before me.

Figure 3.8 Dawn's Story

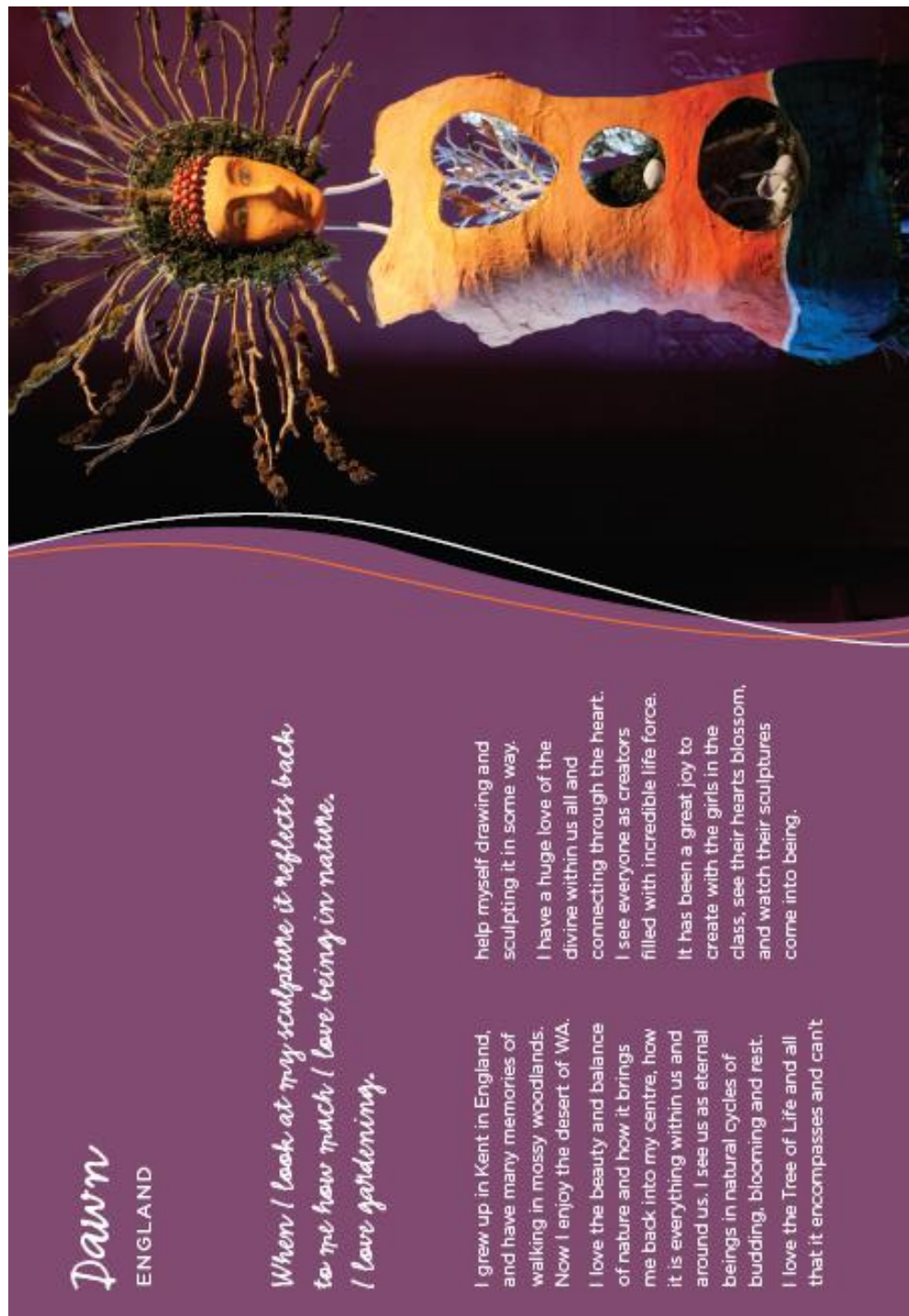


Figure 3.9 Adriana's Story



Figure 3.10 Meagan's Story



CHAPTER 4. DISCUSSION

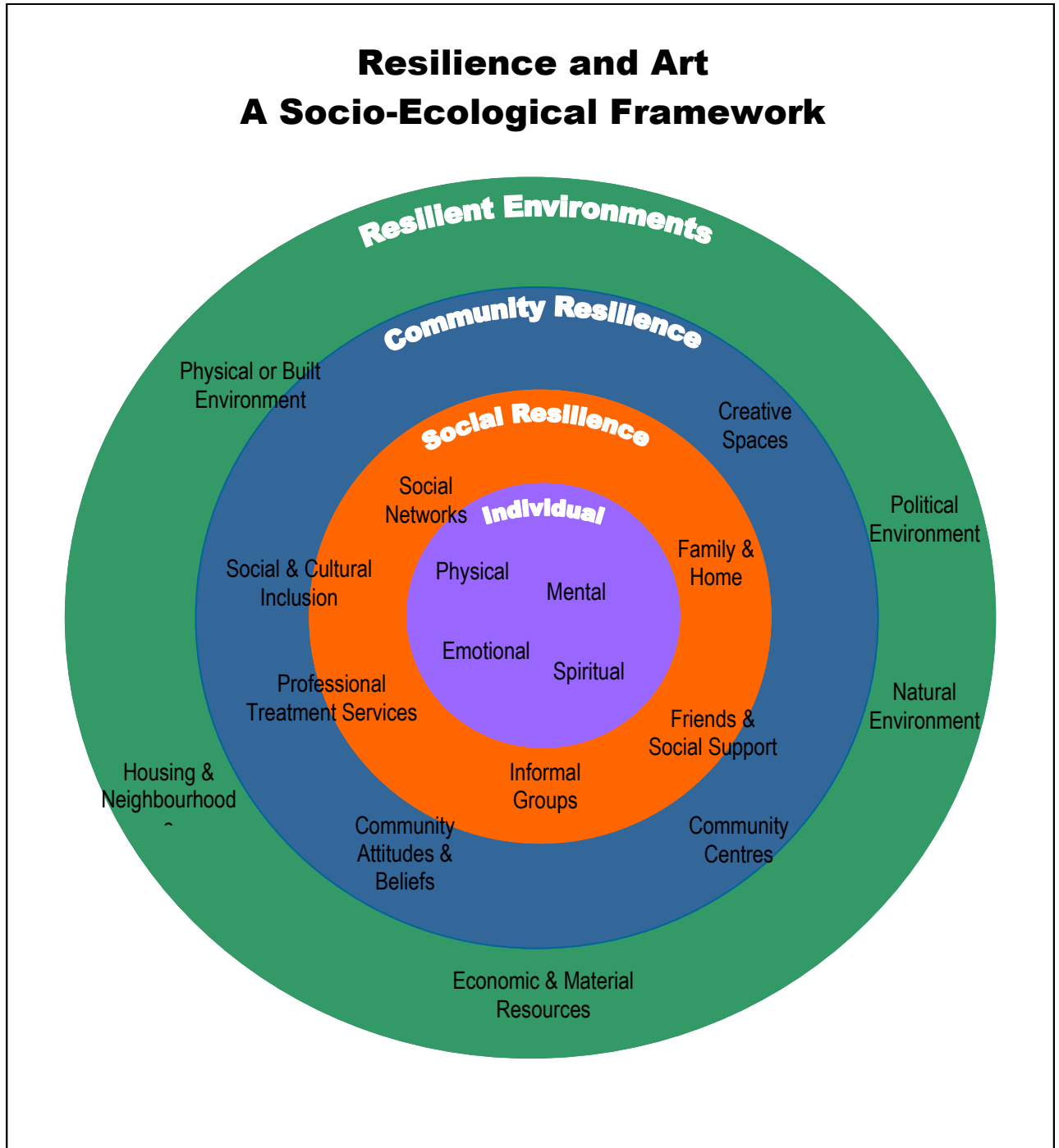
The findings from this research support the idea that resilience is a multifaceted, multileveled concept (Trickett, 2009; Cork, 2009; Eckersley, 2009; Friedli, 2009; Buikstra, et al., 2010). Figure 4.1 on page 75 provides a visual representation of resilience within a socio-ecological model that encapsulates the 15 themes that emerged from the research as seen in Table 3.2, on pages 54–55. The following discussion explores key learning in light of the reviewed literature to illustrate the unique contribution art has to make to individual, social and community resilience in the Australian policy context. It revisits a strengths-based approach to resilience; illuminates the spiritual dimension of resilience; reinforces the role of art in the domain of culture and identity; discusses creative spaces and their role in social inclusion and participation; and discusses how art is ideally positioned to influence community attitudes and address stigma.

RESILIENCE, ART AND STRENGTH

I made myself a tree ... I want it strong. Strength means your roots grow deep and the winds won't blow you over. In the face of adversity you hold your own. Strength and resilience go hand in hand. (Laleh)

The women in this project often used notions of *strength and being strong* to describe resilience, and clearly expressed an understanding that managing problems and challenges involved being strong in the face of adversity. This understanding fits well with existing strengths approaches, which are based on the view that it is our strengths that make us resilient (Saleebey, 2006; Bernard, 2006; Ungar, 2008; Cicchetti, 2010; Guo & Tsui, 2010; Hunter, 2012; Ramsey, 2012). In simple strengths terms, resilience can be defined as *staying strong in the face of stressful or adverse experiences*. The notion of *staying strong* also aligns with the understanding that resilience is a dynamic, lifelong process that involves *staying strong* despite facing stressful circumstances (Ramsey, 2012; Hobfoll et al., 2009; Bonanno, 2005).

Figure 4.1 Resilience and Art: A Socio-Ecological Framework



Strengths-based language allows for a simple and inclusive dialogue around resilience. It enables rather than alienates; builds understanding rather than barriers to understanding; and has the potential to elicit a broader and more holistic discourse around resilience. For example, asking someone what keeps them *strong and resilient* can include physical, mental, social, emotional and spiritual responses, such as:

- Physical — keeping strong and healthy — going to the gym.
- Mental — a strong mind free from stress and staying positive.
- Social and emotional — my family, friends, work, and other aspects of social life.
- Spiritual — a strong spirit, inner strength, my religion, having faith in myself and other.

The concept of strength and being strong can also be applied across individual, social and community understandings of resilience. For example, understanding and building resilience in strengths-based terms could include:

- Individual resilience — How do you stay strong and healthy?
- Social resilience — Who helps you to stay strong?
- Community resilience — What do we need to build a stronger and more resilient community?

Strengths-based language allows for a simple and inclusive application of what has become a complex construct. Over the years, the academic debate around resilience has complicated resilience, taking it beyond its common and natural roots. Strengths-based approaches and language remind us to get back to grass roots, which is critical for undertaking culturally relevant interventions that enable the voices of diverse people to be heard and communities to be part of the resilience solution.

Art creates a way to include people of all abilities and backgrounds in building resilience. In this project, the art enabled the women to express, explore and embody their understanding of strength and resilience through symbols and metaphors in their artwork. Such is the example of Laleh, who made herself a tree, covering her entire sculpture with bark and leaves gathered from her natural surroundings. Laleh said, “I made myself a tree ... I want it strong. Strength

means your roots grow deep and the winds won't blow you over. In the face of adversity, you hold your own. Strength and resilience go hand in hand." Other women used references to nature in the artworks, an analogy that is found in other resilience and art studies. For example, a woman in the study of Bedouin women living on the margins of society in south Israel by art therapist Ephrat Huss (2007), drew a tree and described the image as, "trying to be strong and connected to the ground although my branches feel the wind" (p. 310). According to Huss (2007), creativity provides a way to understand complex circumstances and emotions and express lived experience or stories through symbols on the page. Similarly, in her work with trauma survivors, art therapist Dena Lawrence says that, "when words are not enough we turn to images and symbols to tell our stories" (Lawrence, 2012).

In the struggle to define resilience, researchers and practitioners themselves have created metaphors of a tree blowing in the wind to symbolise human strength and resilience (Ramsey, 2012). A search of the internet reveals a number of therapy and faith-based sites that use trees and nature to describe resilience. A website called *How to Flourish*, includes images of trees growing in challenging places to demonstrate the ability of trees to change and adapt when facing stressful circumstances and remind us of our own natural ability to "weather the storms" (Hart-Weber, 2011). The Steinhardt Educational Institute uses the following analogy to describe resilience, "like the tree whose branches bend and sway in a storm rather than crack under pressure, we have the power to remain flexible and *strong* amid life's challenges ..." (Steinhardt, n.d.). This use of metaphors from nature, such as 'weathering the storms' reinforces the notion that resilience is not simply about overcoming adversity, it is a dynamic, lifelong process that involves *staying strong*, despite facing stressful circumstances (Ramsey, 2012; Hobfoll et al., 2009; Bonanno, 2005). Metaphors from nature also remind us that resilience is common and natural, an "ordinary phenomenon", an everyday resource that everyone has access to (Cheeseman, 2010; Kelley, 2005; Masten, 2001).

The Dulwich Centre (2008) also uses the tree analogy to facilitate culturally inclusive, strength-based art and resilience programs across the world. Children in the program are asked to draw

their own tree of life to talk about the “storms” they face and how they will “weather” them. The analogy is taken one step further by facilitating children to join their artworks together to form a “forest of trees” and share stories of resilience with others from across the world. The notion of the forest fits well with socio-ecological approaches to resilience (Cork, 2009): it reminds us that we are all connected. People, like trees, cannot thrive on their own; they rely on a complex social and ecosystem to thrive and grow. The *tree of life* approach also provides an example of culturally based practice; the process encourages the exploration of history and cultural *roots*, as part of the resilience narrative. According to the Dulwich Centre (2008), art allows access to a “dimension of human experience” and a form of self-expression and symbolic communication that is accessible to most people.

The tree of life is an ancient symbol that also has spiritual significance across many different cultures (Dulwich Centre, 2008; Larkin & Wagner, 2013). Spirituality emerged as a significant theme throughout the current research. It featured in the women’s stories and materialised through symbols in their artworks. Spirituality, like culture, is a neglected area of research and practice, and, according to gerontologist Judith Ramsey (2012), both art and narrative techniques provide a gateway for understanding spirituality. Stating that narrative is where the spiritual dimensions of life can be discerned; “imaginative use of the arts” and metaphors, help people make meaning, make sense of the world around them (p. 137). In the current research project, a combination of narrative and art techniques facilitated understanding of resilience and spirituality, the techniques enabled the women to explore, express and embody resilience in different ways and, as a result, a broader and more holistic understanding of individual health and wellbeing emerged; one that included emotional, psychological, physical and spiritual aspects of strength and resilience.

RESILIENCE, ART AND SPIRITUALITY

I think with the sculpture I was trying to create some words... to connect to it. In the bottom, I tried to create the universe. In the middle, I was trying to connect with this goddess which is called Sophia, which is related to wisdom. She has three daughters who are faith, hope and love. That’s what I wanted to create in my womb, or stomach to get connected with that. (Adriana)

Spirituality in art is nothing new. The connection between art and spirituality can be linked back to early Zen Buddhist paintings which depict spirit rather than form; to 19th century Pre-Raphaelites who painted spiritual purity through close observation of nature; and to complex modern art, which creates the spiritual content of art from the subconscious mind (Little, 2004). Spirituality in health and social research, on the other hand, is something unique and rare (Spirituality & Health, 2005; Yuen, 2007).

Much of the research on spirituality exists in the field of gerontology and pastoral care; a time, according to Ramsey (2012), when people face illness and make meaning at the end-stage of life and “questions about human suffering, death and life meaning are raised”. Ramsey (2012) explains that these questions go beyond “scientific explanations” and require spiritual strategies to make meaning. In a review of ageing and spirituality, Ramsey discusses the concept of ‘spiritual resilience’ and describes the “spiritually resilient person”, as someone who is “resilient because they have survived and grown after serious life challenges and/or traumas”. According to Ramsay, older people often cite spirituality as a source of strength and resilience. For example, a study of older HIV-positive gay men, found “overwhelming evidence that spirituality leads to increased resiliency and creates the ability to cope with impending death”. Spiritual beliefs and practices, she says, lead to hope that transcends the most difficult, even tragic realities (Ramsey, 2012, p. 139).

A study by Thomas, Burton, Quinn Griffin, and Fitzpatrick (2010) also concluded that spiritual wellbeing and spiritual practice was a significant part of transcendence over illness. They investigated the spiritual practices of women recovering from breast cancer using a Spiritual Practices Checklist scale, designed by Büssing, Matthiessen, and Ostermann (2005). In a sample of 87 older women who had been diagnosed with breast cancer, the most frequent forms of spiritual practices used were prayer, helping others, and listening to music. Interestingly, listening to music was the only activity in the scale that related to art; there were no items that reflected art making and creativity, such as painting, drawing and other creative activities. These results also focus only on personal aspects of spirituality. Ramsey (2012) reminds us that

resilience and spirituality are understood as social and communal phenomena in many cultures; however, the research is dominated by Western individual approaches to both (p. 234).

Ramsey makes an important distinction between individual-based resilience versus social resilience, saying that, despite the dominance of individual therapies and approaches to resilience, older people are “more likely to mention other people, not cite their own personal strengths, as the source of their resiliency” (Ramsey, 2012, p. 146). In a cross-cultural narrative study, Ramsey gathered stories of “spiritually resilient” older adults in the US and Germany, and discovered that “being anchored in a spiritual community” was a central theme in the narratives. According to Ramsey (2012), spiritual communities, such as the church and other religious-based groups, provide both spiritual and social support; and rituals and familiar practices create a place of personal safety, “comfort, meaning and familiarity”, which satisfies a basic human need to belong to a group with shared values and beliefs (Ramsey, 2012).

The art class at the Multicultural Centre was like a ‘spiritual community’ in the way it established rituals and norms of behaviour that were inherently spiritual in nature. Each class started with music and dancing, the same dance and music every week, followed by a guided visualisation that was based on helping people to connect to their ‘inner guide’ as an inner resource of strength. The art class provided a unique and accessible space in the community for people to explore and express their spiritual identity creatively and freely. Such is the case of Adriana, whose whole sculpture was an exploration of her spiritual side (Figure 3.9; p. 70). Cultural resilience researcher Michael Ungar (2008) ties spirituality to cultural identity, describing spirituality or religion as “expressions of culture”. He also highlights the dominance of “Western investigators”, stating that resilience is a “culturally and contextually sensitive construct”; and that researchers must work across culture to “capture the nuances of culture and context” (p. 234).

RESILIENCE, ART AND CULTURE

The Philippines and Australia are different. In the Philippines when you grow up, doesn't matter if you marry or have children, you stay in the one house. Here in Australia it is different, when you get married you separate, you get your own house, you get everything and you live separately. I really miss my family. (Criselda)

Participation in the art class provided a safe and supportive place to explore and express culture freely. The women shared cultural traditions, learned about local customs and beliefs, and expressed different aspects of culture in their sculptural pieces. For some, their whole sculpture was an expression of their culture of origin; for others it was a way to integrate their past cultural identity with the new. The integration of self and identity reconstruction are important for people who have experienced illness and trauma and art provides a way to express and embody this process (Wakholi & Wright, 2012; Stickley, 2010; Reynolds & Vivat, 2010; Huss, 2007). Reynolds and Vivat's (2010) UK study highlighted the contribution of visual art making to developing a positive sense of self and identity reconstruction for women living with chronic illness, while the study by Stickley (2010) demonstrates the specific role of art for positive personal and social identity reconstruction in recovery from mental illness. Wakholi and Wright's (2012) participatory action research study of a group of young African descendants in Western Australia, focuses on culture and the use of performance-based art to process bi-cultural identity challenges to build a positive sense of self. The research clearly outlines the role of art as a "means' to facilitate bicultural socialization" and "bicultural competence"; described as the process and ability to maintain ones culture of origin while adapting to a new "culture of residence".

In the context of resilience, Ungar (2008) uses the term "culturally grounded" to describe the "state of knowing who you are and where you came from"; and the term "cultural grounding" to describe the process. Cultural grounding, according to Ungar, enables people to manage cultural transition and change, and is one of the 12 essential transitions required to build resilience. Cultural grounding was evident in the current research project, as the women shared their

stories of migration and the struggle to adapt and change to their new situation. Cultural discussions were encouraged and the women shared cultural traditions and stories of their country of origin, and aspects of culture materialised in their sculptural pieces and narratives.

Criselda, as quoted above, makes comparisons between the social aspects of her culture of origin and her new life in Australia. Erin, a professional artist (Figure 3.4, p. 50) consciously used the art experience to merge her Celtic roots with the new Australian identity and highlighted how the social aspects of the group contributed to the process. Erin said that the social interactions with other class members helped her to move through the process and highlighted that this is not something that you find in other activity-based community groups, such as sports groups, where the focus is on physical activity.

All the women valued cultural discussions within the class and some expressed a deeper understanding and appreciation of other's cultural beliefs and traditions. Australia has one of the most culturally diverse populations in the world (Jamleoui, 2009) and strengthening acceptance and understanding of diversity is a key policy strategy in the formation of a multicultural national identity in Australia (Department of Immigration and Citizenship, 2011). Mulligan and Smith (2010) remind us of the importance of capturing diverse stories to build a more inclusive identity. The current project reinforces the role that art can play in nurturing diversity and facilitating cultural understanding and development. It provided a form and forum to express, embody and celebrate culture and diversity; it facilitated cultural understanding, identity and transition; and it gave voice to people from diverse cultural backgrounds who were isolated and typically not heard.

The capacity for the women's voices to be heard was extended through the public exhibition of works and the publishing of a story book. The creative use of narrative, first-person accounts of resilience, and colourful artworks captured a broader audience, including the WA Commissioner for Mental Health who was invited to launch the book. Anecdotal evidence suggests that the Commissioner himself presented the book to staff as an example of good practice, providing a

gateway to the political process and giving more power to the women's stories. Wright and Palmer (2007) discuss the power of personal stories to influence the public and political discourse in their evaluation of the Big *hART* community arts. Interviews with "outside" observers most often cited personal stories to recall aspects of art productions. Citing Lakoff (2004) the authors coin the phrase "the art of narrative", highlighting the way that personal stories infiltrate "the heads and hearts" of people and are a powerful persuasion tool in modern politics (Wright & Palmer, 2007).

At a conference to find solutions to the complex needs of marginalised people in Australia, the Honourable Mark Butler (2013), former Federal Minister for Mental Health and Social Inclusion, reinforced the need to find more creative ways to promote the voice of people marginalised by mainstream society, to build cultural identity and stronger and more resilient communities (Butler, 2013; Australian Social Inclusion Board, 2012). The current research project along with others (Wakholi & Wright, 2012) demonstrate the unique contribution that art can make to ensure culture is seen in research, policy and practice. Art has its roots in cultural development in Australia however work is still required to establish a research and practice agenda that supports health and social outcomes. Currently, Australia's Health and Cultural Ministers are working towards an interdisciplinary framework and highlight the need for strategic alliances across all spheres of government, community and non-government sectors. The current research project demonstrates how art, health and culture can co-exist within a socio-ecological framework where the complex interplay between the individual's health and wellbeing can be seen within the broader social, political, cultural and physical context.

By ensuring the influence of culture is seen in research and practice, we can then develop more culturally relevant responses to understanding and building mental health and resilience. Evidence shows that mental illness is "feared" in some cultures (Blignault, et al., 2009) and, as a result, people can lack help and support from friends and family, are less likely to accept they have a problem and seek professional help. Data from the current study demonstrates that if the right environment exists then discussions around mental health and illness can emerge naturally; and is discussed in more detail in the section on Resilience, Art and Stigma on page 91.

RESILIENCE, ART AND SOCIAL INCLUSION

Yeah, everybody have [sic] a problem in their life but you need to move on. It's very good to come here. It's helping me to move on and not think about it too much. (Sofia)

There is a wide range of research that demonstrates that people who have access to social networks and social support manage better, and this is protective across all cultures and social classes (Friedli, 2009; Hobfoll et al., 2009, Buikstra, et al., 2010; Herrman, et al., 2011, Landau, 2010). A recent report by the Australian Social Inclusion Board indicates that people who live with illness and migrants not proficient in English have relatively low levels of access to social support, compared to the majority of Australians who do (Australian Social Inclusion Board, 2012, p. 55), suggesting that more can be done to facilitate social inclusion, for these 'marginalised people' in Australia. Data from the current research project showed that participation in the art class provided an important link to community, friendships and social support. All the women developed friendships in some shape or form, and for some, these friendships extended beyond the classroom. The data revealed, however, that this extension of social networks was not equal for all members of the group; and additional barriers existed for people who lived with mental illness, thus the following discussion focuses on this aspect of inclusion.

Connecting people who live with mental illness to friends, family, culture and community is one of the six key areas of focus for new National Mental Health Commission (Kruk, 2013). A closer look at the policy reveals, however, that the main focus of the policy is on connection with families and family inclusion or participation in service delivery; other references to social participation focus on peer-based activities (National Mental Health Commission, 2012). Although the important role of family and peers cannot be dismissed, the experience of the women in the current research project highlights that family support is not an option for everyone. The majority of participants in the art class were separated from family, and the art class played a pivotal social support role in their absence. This was demonstrated when one of the women became mentally unwell and attempted to end her life. The artist mobilised the

group to provide support, organising visits to hospital, and social and practical support when she was discharged. Eventually the woman returned to the class, where others helped her to complete her art piece and participate in the art exhibition. The women were deeply affected by this event, but despite some of the challenges it evoked, the group functioned as a vital support network for mental health recovery and resilience in the absence of family.

The limited focus on social inclusion and community participation for people with mental illness in the National Mental Health Commission report card (Kruk, 2013), leaves one wondering how well are we doing at including people who live with mental illness and complex needs in Australia? Evidence from the UK suggests that, despite a decade of social inclusion policy, people with disability and mental illness are still absent from some of the more social and intimate relationships characterised by community membership and belonging (Milner & Kelly, 2009; Dorer, et al., 2009). Runswick-Cole and Goodley (2013) highlight the challenge of social inclusion for people who live with illness, advocating that “it will never be as simple as building individual capacity or family support ... it must also be a case of challenging the significant social, political and cultural barriers they must negotiate to participate” (p. 73). If we are to build resilient people and communities, then there needs to be a concentrated effort to include people marginalised by mainstream society.

The LINC model developed by Judith Laudau (2010) provides a good example of how social support systems can be “engineered” in situations where traditional family networks have been broken or challenged through stress and trauma. Using a community leadership-based model, the program recruits and coaches trusted community members who demonstrate leadership qualities to facilitate links between the individual and professional-based services. Although not designed in this way, the artist in the current research project played an essential leadership role in the resilience process, and the art class become an important place of social, cultural and community connection; for some it even became a *family away from home*. Suggesting if managed well, community art projects can adopt leadership models and be more proactive in facilitating social inclusion for the most vulnerable and socially isolated people in our communities.

There is emerging evidence that community-based art and health initiatives can support social inclusion and build social capital for diverse members of community. The US study by Howells and Zelnik (2009), for example, demonstrated how an inclusive community art studio provided “a bridge” for all members of the community to connect, participate in a shared activity, and transform their views of others. The authors suggest, however, that very few programs exist in the US that address the needs of people to become engaged with community, and that most are still focused on symptom treatment and management (Howells & Zelnik, 2009). In the UK, a shift in health policy has seen significant investment in community-based activities, with arts for community cohesion and social inclusion becoming common place. These art and health programs, much like the art class under study, are designed specifically ‘to bridge divisions of class, culture and ability’ (Stickley, 2010, p. 31).

There are examples of successful inclusive arts practice in Australia (DADAA, 2006; Arts & Health Foundation, 2012); however, places like the art class at the Multicultural Centre that provide supportive and inclusive spaces are rare in Western Australia (Arts and Mental Health Network, 2012). This current research project demonstrates social inclusion for people who live with mental illness and marginalisation is not simply *a hop, step and a jump* from isolation to mainstream community; and art has a unique and powerful contribution to make to this process. However, concentrated effort is required to build ‘bridges’ to community, backed by significant investment in inclusive creative responses to ensure that the process is ‘engineered’ in the right way.

RESILIENCE, ART AND SUPPORTED CREATIVE SPACES

I’ve got a place to go where I can say anything I want and know I am not going to be judged. I think for the most part it’s a safe place ... I feel safe with those people to be however I am ... I feel free to be myself, which is empowering. (Nicole)

One of the key ingredients for resilience in the current research project was having a safe and supportive environment, where the women could connect, create and express freely. Two

factors in this space emerged as being most significant: gender and the artist's ability to facilitate the space. Participants liked that the class was exclusive to women, not just because the art process was intimate, but because it provided an opportunity to talk about 'women's problems' and concerns. According to Huss (2007), gender-sensitive approaches are particularly relevant for women who have experienced illness, trauma or marginalisation. In her study of Bedouin women in south Israel, Huss shares a powerful example of how art in a secure and supported place was important for women who had been displaced and marginalised by political conflict and oppression. Space in Israel, she says, is a "symbolic and political issue", a safe creative space enabled the women in her study to express their stories, without fear of judgement or persecution and imagine possible solutions to the crisis in their lives (Huss, 2007).

The importance of space has been highlighted in a number of local and international art, health and community studies (Wakholi & Wright, 2012; Howells & Zelnik, 2009; Markin & Gask, 2011; Carson et al., 2007; Stickley & Duncan, 2007; Wright & Palmer, 2007). Participants in an AoP study in the UK, for example, described 'how the class allowed them to be themselves — in a non-threatening and non-competitive environment, people could relax and be themselves' (Markin & Gask, 2011, p. 72). In Howells and Zelnik's (2009) US study of a community art program, the studio was described as a "good space" and a "safe place in which to create art" (p. 219). The Quadra Art Centre in a Carson et al.'s (2007) Canadian study, was established because the community believed 'a place to do art' was important for improving the health of their neighbourhood. One participant described the space as being "safe and encouraging"; she said, "I was comfortable to be myself — it made me feel healthy and happy" (p. 372). In Australia, arts researcher Peter Wright reinforces the role of space in the evaluation of the Big hART arts and cultural development project (Wright & Palmer, 2007) and a study of defining culture and identity with art (Wakholi & Wright, 2012). In both projects spaces were established with the intention to build trust, relationships and community, while engaging people in art.

The process of building a relationship between community and a space is known as place making (Jamleoui, 2009). Jamleoui (2009) says a sense of place grows from the experiences we have in a space, "as we get to know a space better and endow it with value and meaning it

becomes a place” (p. 7). Place-making is a key strategy for community and cultural development in Australia, and the Big *h*ART cultural development project provides a good example of how art can be used to create a sense of space and belonging in community. In their evaluation Wright and Palmer (2007) outline significant learnings from the process, including the role of visibility and timing. The art took place in and around the community centre where community members could observe its development, and time was taken to nurture community engagement. In negotiating funding contracts the project managers were “adamant” that they would spend no less than three years in the community, Artists took care not to push the process, and relationships developed with community over time. The authors reinforce the ‘patience’ and time required to nurture and build community with art.

Similarly, the experience of the women in the current research project highlighted the significance of consistency and familiarity of place and space. The art class was held on the same day, at the same time, at the same location; the women could come and go when they wanted, and they knew they had somewhere to go if they needed. This was fundamental to the women who lived with mental illness, relapse kept some people away, and having a place they could return to was essential for their recovery and resilience. This need for consistency is reinforced by the findings from the comprehensive study of art for social capital programs in US, by Molitor, Rossi, Branton & Field, (2011). The authors conclude that art activities that are designed with a specific focus on establishing and maintaining relationships among participants and across communities appear to have the greatest impact on social capital. The lack of opportunities for people who live with mental illness to participate in supported community art spaces in Western Australia is a of concern, and more investment is required to establish and maintain creative spaces that provide a safe and security.

The key themes in this discussion are comfort and security. The women in the current research project highlighted the ability of the artist to create a welcoming and secure or safe place to express oneself freely. The need for safe and supported spaces is a common finding in a number of community based art projects (Wakholi & Wright, 2012; Howells & Zelnik, 2009; Markin & Gask, 2011; Carson et al., 2007; Wright & Palmer, 2007; Stickley & Duncan, 2007). With some

highlighting the risk to safety if these spaces are not managed well. Tucker (2010), Milner and Kelly (2009) draw attention to the risks of participating in “mainstream” community spaces for people who live with illness and disability, suggesting that social settings can be a major source of stress and anxiety; with some environments triggering the very mental health problem that caused the illness in the first place (Milner & Kelly, p. 59). In relation to building resilience, if we take the view that resilience can be weakened by exposure to more stress or trauma (Hobfoll, et al., 2009); then it is easy to see that care needs to be taken when developing strategies to connect vulnerable people to community, to ensure psychologically and emotionally secure aspects of connecting are managed well. This is relevant to all people who have experienced trauma, whether through illness or through a traumatic experience, such as migration and resettlement.

The current research demonstrated how art can provide a positive and fun way for people to connect and create; however, there is a serious side of art that needs consideration. Art practice taps into deep emotions and subconscious thoughts that can trigger past experiences, good and bad; and if not managed well they can be psychologically damaging (Macpherson, Hart & Heaver, 2012; Middleton, 2010). What is of concern, and as previously discussed, is that art programs can be underfunded and under-resourced and, at times, left to the unskilled worker or volunteer who does not necessarily have the right competencies to manage potential threats to the safety of participants (Macpherson, Hart & Heaver, 2012; Winter, et al., 2012). There are a number of projects that point to the crucial role of artists in this space (Mulligan & Smith, 2010; White & Robson, 2009; South, 2006); however, the work done under the banner of Arts in Mind in the UK provides one of the most practical applications, including a guide to resilience in art which outlines the skills for “good” practice (Macpherson, Hart & Heaver, 2012; Winter, et al., 2012; Stickley & Duncan, 2007).

The Visual Arts Practice for Resilience guide (Winter, et al., 2012) has been developed from findings of a wider research project that focused on the potential resilience benefits of visual art for young people who lived with disability or mental health challenges. Although targeted to working with young people, the principles and application are relevant across multiple settings

and age groups; and aim to demonstrate how to put resilience theory into practice. Providing a safe and secure space is the basic first step in the guide and includes ensuring that workers and volunteers are trained to work with people with mental health challenges. Other resilience and art guidelines entail creating a sense of group belonging and inclusion, supporting problem-solving skills, and building identity. Underlying the framework is a Resilience Therapy Model, which features four noble truths as follows: 1. Enlisting the right people to 'role model' resilient ways of working; 2. Acceptance and a non-judgemental attitude; 3. Commitment to the project, essential for creating security; and 4. Conserving or finding the best in everyone. The authors insist that the resource has not been designed to replace the work of art therapists, adding that if "in the wrong hands we understand it is possible that art workshops with vulnerable people may cause more harm than good" (p. 5).

There is some debate about who is best positioned to facilitate art and health activities in the community. Traditionally, community art was the domain of fine artists; however, with the move beyond treatment-focused institutions and into community living, art therapists are also looking towards the community setting. In a review on the role of art therapists in community settings, Elmendorf (2012) also outlines a number of skills and competencies art facilitators need to have in the community setting. They require an ability to deal with complex emotions; an understanding of the psychological aspects of the art process; and group facilitation skills, such as establishing safety procedures and other ground rules that will create a safe environment necessary for a positive art experience (p. 42). An Australian Study of Wellbeing Art Therapy groups (Sweeney, 2009) demonstrates the value of having trained art therapists operating in community spaces. The Wellbeing groups were established in an effort to attract an inclusive and diverse group of people who would not normally seek therapy or counselling. One of the key roles of the art therapist was to identify the signs and symptoms of people experiencing mental illness and "gently" facilitate access to psychological support (Sweeney, 2009). Just like the art class in the current research project, the Wellbeing Art Therapy groups provided an important "stepping stone" between the clinic and the community, and a creative solution for health promotion and early intervention.

What is clear from this discussion is that vulnerable people need the right space and right support to build resilience and participate in the community; and this requires professional people with the right skills and competencies to support them. At present there are limited opportunities for vulnerable people to participate in supported community art spaces in Australia, and significant investment is required to develop resilient programs and resilient places, that are psychologically safe and welcoming to all people of all abilities and cultural backgrounds.

RESILIENCE, ART AND STIGMA

Amazing — very good to see women having fun and bonding in such an amazing way ... every time the sculptures and stories are exhibited, you will make a difference. (Exhibition Guest Book)

Stigma and discrimination and the resulting social exclusion and isolation are major contributors to mental health problems in Australia (Australian Social Inclusion Board, 2012; Department of Immigration and Citizenship, 2011). For people from CaLD backgrounds, the risk of mental health problems is exacerbated by separation from families, friends and culture; feeling alienated from the mainstream society; language and cultural barriers and prejudice and discrimination by the host population (Department of Health & Ageing, 2007). Participation in this art project demonstrated the potential for art to address stigma towards mental illness and ethnicity at the individual, social and broader community level. The following discussion focuses on the potential of art to address stigma towards mental illness, because mental illness emerged as one of the more challenging aspects of participating in the art class.

Addressing stigma around mental illness and helping people to manage and overcome its effects are known strategies for building resilience (Scotland Health, 2008; Department of Health & Ageing, 2007; Blignault, Woodland, Ponzio, Ristevski, & Kirov, 2009). Opening up the dialogue around mental illness is one way of doing this; “the more people disclose their experiences, the more normal mental illness becomes in society” (Peterson, et al., 2008, p. 71). Discussions around mental illness become challenging in cultures where negative perceptions of mental

illness exists, and more culturally sensitive approaches are required (Blignault, Woodland, Ponzio, Ristevski, & Kirov, 2009). In the current research project, stigma towards mental illness was the catalyst for a decision not to focus on mental illness in the research process. In the initial stages of the research, the term *mental* was not used, and the women were not directly asked about their mental health or mental illness status in class discussions or interviews.

Throughout the project, conversations about mental illness emerged on their own, triggered by observable behaviours of others, such as the behaviours associated with OCD; and through a crisis when one of the women attempted to take her life. By the end of the project, the women were openly naming and discussing their mental health challenges and concerns in class and in interviews; this suggests that if the right environment exists, then discussion will emerge naturally. Howells and Zelnik's (2009) study of an inclusive art studio in the US had similar findings. By design the art studio offered classes and open studio time for all members of the community; mental illness or diagnosis was not the focus, rather people connected on the shared interest of doing art. The researchers found that although participants were initially concerned about who may or may not have a mental illness or worried that others in the class might think it was them, as relationships developed, a culture of trust and acceptance evolved, and participants become less focused on a need to categorise other participants, and more focused on the art activity at hand. According to Howells and Zelnik (2009), as a sense of community develops in groups, "stigma and discrimination dissolve". Through participation in "mutually meaningful activities", participants find a new sense of identity, and it changes the way they interact with others, and the way that others view them (p. 220).

In creative communities the art becomes a common point of connection and interest, rather than shining the spotlight on illness and treatment; such is the case of programs that use diagnosis as the basis for membership. Arts in Mind projects in the UK, have been developed on the recognition that some people who live with mental illness may not want or need formal or peer-based support, and the knowledge that "being labeled with a diagnosis can itself be stigmatising" (Stickley & Duncan, 2007, p. 29). Inclusive community art spaces are created to support people who live with mental illness to build confidence and self-esteem to tackle stigma

and discrimination themselves. Participants in the project reported that they gained a sense of respect not previously experienced in mental health care settings. In Australia, organisations like Arts Access Australia and Disadvantaged in the Arts Disabled in the Arts Western Australia (DADAWA) exist to include people with disabilities in the arts (DADAA, 2006). Both organisations generate high-quality art installations that not only have the potential to change the experience of the participant, but transform the view of the public.

Art provides a universal language that all members of the public can engage with and a very powerful way to shift personal and public perceptions and community attitudes towards mental illness and difference. People who are engaged in art become artists, and others see them for their artistic skill and ability; if artworks are exhibited to the public, the impact has a broader influence in the community (Stacey & Stickley, 2010; Howells & Zelnik, 2009; Vic Health, 2009; Washington & Moxley, 2008; Carson, et al., 2007; Wright & Palmer, 2007; Argyle & Bolton, 2005). In the current research project, the most significant change came from taking the art beyond the art room and into the community. A public exhibition and a celebration was organised as part of a national week celebrating diversity. Over 200 community members attended the exhibition, including important dignitaries such as the local town mayor. Feedback was gathered in a guest book, and it was positive in general — some comments such as “very poignant” and “very moving”, suggest that a deeper emotional shift occurred for some audience members. The greatest shift, however, came about for the women; there was a real sense of change in their stories and it appears that giving the women the time and support to take their artwork to the level of completion ready for exhibition, being involved in organising the exhibition and then receiving positive feedback from the experience created a real sense of accomplishment and resolution.

There is some debate among arts practitioners about exhibiting works publicly, with concerns about the risk of negative implications for the health and wellbeing of individuals exhibiting the works (Stacey & Stickley, 2010; Howells & Zelnik, 2009; Argyle & Bolton, 2005). According to Stacey and Stickley (2010), exhibiting the externalised product to an audience can create tension and conflict; however, the judgement and feedback of work encourages growth and is an

important part of the creative journey. The majority of participants in Argyle and Bolton's (2005) study hoped to exhibit their finished work in some form at the end of the project, with some highlighting the significance of promoting their 'collective voice and experiences of oppression'. Participants in the inclusive art studio study by Howells and Zelnik (2009), "desired honest feedback about their work" ... responses to the artwork people created ... and for some the purchase of their creations was a validation of the skills and competency they had developed' (p. 219–220). One participant said, "the thing that sticks out in my mind is being part of public art ... I was proud and took my kids to see it" (p. 220). Similarly, in the current research project, Criselda expressed a real sense of pride about her achievement; she did not imagine "it would go so far".

The personal and social benefits of exhibiting works are often underestimated, with many arts projects not making it into the public arena. For some it is the quality of the artworks that becomes significant if works are to be exhibited and challenge public perceptions. The production of quality artworks has a positive impact on the creator's self-esteem and it creates a positive attitude towards the creators from others who view it; poor-quality work has the potential to reinforce negative perceptions of people already marginalised by community (Stacey & Stickley, 2010). In the current project, much care was taken to ensure that the exhibition and the resource book were produced in an ethical and professional way, and this took significant time, additional resources and relied on the experience of the artist and others to make it happen. According to Milner and Kelly (2009) "it takes great artistic vision and/or clever crafting' to take artworks to a level that will 'challenge the disabling attitudes of society'; and there is the need for considerable investment in community art projects to ensure they are managed professionally and efficiently (Mulligan & Smith, 2010).

Washington and Moxley (2008) document a powerful example of how the arts and social science can be used to communicate lived experience and enrich public understanding of complex social issues. Similar to the current research project, the researchers used photographs and interviews to portray the experience of homelessness among African American women in

the city of Detroit, USA. The stories were exhibited and presented in a catalogue, stimulating public awareness and understanding about homelessness, as well as broadening the dialogue or discourse with decision makers and key stakeholders. The researchers promote the role of the arts in research; visual portrayals they say can capture aspects of human experience that social science cannot (Washington & Moxley, 2008, p. 165). More importantly, when combined together, narrative and arts-based research can 'illuminate ways of understanding social issues' that highly structured social science research cannot do alone. In the current research project, the art itself became a powerful research tool, providing a unique vehicle to exhibit and publish the results to different audiences, across the world. It seems that when arts and social research are combined, the possibilities to influence the public agenda are amplified.

CHAPTER 5. SUMMARY AND CONSIDERATIONS

The *Understanding and Building Resilience with Art* research project set out to use a socio-ecological framework to explore how eight CaLD women participating in a community-based art class understood and experienced resilience, and how participating in art contributed to resilience. Narrative research methods combined with art processes were used to illuminate the lived experience of these women, and thematic analysis revealed 15 resilience themes from the collective experience. These themes were presented in a socio-ecological framework to understand the complex interplay between the individual and their environment, and six key learnings were discussed to illustrate the very unique contribution art has to building resilience in the Australian policy context.

This research showed that art is much more than a ‘means to an end’ and has the potential to contribute to individual, social and community resilience research and practice. At the individual level, it reinforced some of the mental health benefits already demonstrated in the art and health literature including: increased self-esteem and confidence; mental health competence such as problem-solving skills; and health and wellbeing through stress management and relaxation. Most prominent, however, was the way art created access to a deeply personal dimension of self, enabling expression and processing of difficult emotions, identity exploration and restoration after illness and trauma, and exploration of spiritual dimensions of self, including identifying inner resources as strength for resilience. These findings suggest that art may well provide a gateway to spirit not easily achieved in other forms of health and social research, and this deserves further investigation and comparison to other community-based activities, such as ‘football and bingo’.

The *Understanding and Building Resilience with Art* research project demonstrated how art created access to a symbolic language, which allowed a complex construct such as resilience to be investigated. Through symbol and story, the women expressed a grass roots understanding of resilience based on notions of *strength and being strong* through difficult times. What emerged was a simple commonsense understanding of resilience, which can be defined as *staying strong in the face of stressful or adverse experiences*. Over the years, the academic

debate has complicated resilience, taking it beyond its common and natural roots; simple, commonsense definitions of strength and resilience remind us to get back to grass roots in the pursuit of resilience. It situates resilience in the context of everyday life circumstances. It enables people rather than alienate and builds understanding rather than barriers to understanding. All of these approaches are fundamental for doing culturally and contextually relevant research, and enabling people and communities to be part of the resilience solution.

Much of the resilience research to date has been dominated by Western psychological approaches to resilience, focusing on empirical research to investigate and identify individual psychological and emotional traits and protective factors that are related to the successful adaptation of individuals (Zhang, et al., 2008; Ungar, 2008; Ramsey, 2012). By using narrative methods within a socio-ecological approach, the current research project facilitated a broader and deeper understanding of resilience, one that embraced the lived experience of the individual as well as the social, cultural and policy context. It demonstrated how community art can be used to engage people from diverse backgrounds in a positive and creative way and ensure cultural expression is encouraged and valued. It reinforced the significant role social connection, social support and social inclusion has to play in building stronger and more resilient people and communities. It revealed that not all people have equal access to social support, and a potential policy gap for people who live with mental illness and people who are separated from friends and family and other natural support systems. It highlighted that if social inclusion is to be a priority in policy and practice, models that can engineer social support networks are required to ensure those who are most vulnerable receive the support they need.

This research stressed the importance of creating safe, supportive, community spaces. It introduced the idea of resilient spaces; that is safe, inclusive (shared) community places that support social connection and inclusion. It drew attention to two factors that contributed to this sense of security: gender and the artist's ability to facilitate the space. Concerns was raised that a lack of investment in community-based creative places means community-based mental health art programs are often underfunded and under-resourced and at times left to the unskilled community worker or volunteer in an organisation, who does not necessarily have the

right competencies to manage potential threats to the safety of participants (Winter, et al., 2012). The research pointed to studies in the UK which provide evidence on how investment in good policy and practice can support art for resilience (Stickley, 2010); and the resulting guidelines that have been developed to ensure workers and volunteers are equipped with the *right skills and competencies* to create safe and supportive environments. It is recommended that all researchers and practitioners who are looking to engage creative methods, regardless of their background or qualifications, consider the guidelines available. However, to ensure these standards are met they need to be included in policy, funding and service agreements, as well as research ethics agreements.

This research also highlighted the debate around the 'sensitive nature' of exhibiting works publicly, and the concerns about the risk of negative implications for the health and wellbeing of people participating; as well as public perceptions if the art work is of poor quality (Stacey & Stickley, 2010; Argyle & Bolton, 2005). The evidence from this research project suggests that the benefits of taking the art works to the level of exhibition outweighed any risks. Feedback from the community was positive and the women experienced significant personal change. There was a sense of resolution in their stories and increased confidence and self esteem. Two factors contributed to the success of this exhibition, the skill and artistic vision of the artist, and the extra funding and support provided to do the exhibition. Reinforcing the importance of investing in community based art programs to ensure that good-quality artwork can be produced and exhibited. This is most important if we are to shift both personal and public perceptions towards marginalised people and mental illness.

Stigma and the resulting social exclusion and isolation are major contributors to mental health problems in Australia. In the current research project, stigma towards mental illness was the catalyst for a decision not to focus on mental illness. In the initial stages of the research, the term 'mental' was not used, and the women were not directly asked about their mental health or mental illness status in class discussions or interviews. Throughout the project, conversations about mental illness emerged on their own and by the end of the project the women were

openly naming and discussing their mental health challenges and concerns in class and in interviews. Suggesting that, if the right environment exists, then discussion around sensitive issues such as mental illness will emerge naturally. If we are to address stigma and build more resilient people and communities, then we need to encourage discussions around mental health and illness rather than avoiding them. Again, this needs to be facilitated well and it requires facilitators with the right skills and competencies, and the creation of inclusive supportive spaces that welcome people of all abilities and backgrounds.

What is of concern is that access to inclusive creative spaces is limited and a focus on peer-based activities in mental health policy creates a lack of opportunity and potential gap in services for people who live with mental illness. More opportunities need to be created that enable people to connect on common interests rather than disability, illness, treatment, or ethnic background. In creative-based communities, the art becomes a common point of connection and interest, rather than shining the spotlight on illness and difference; people participating in art project are seen as ‘artists’ regardless of their illness, gender or cultural background. There are examples of inclusive arts practice in Australia; however, the current policy climate means that many are underfunded and rely on short term funding. The experience from the women in the current research project suggests that having a consistent and familiar space that they could *drop in* to was integral to their recovery and resilience. Knowing that they had a place to go to was essential for their sense of belonging. If we are to build resilient people and communities then efforts must be made to find long term funding solutions.

In the *Understanding and Building Resilience with Art* research project the potential to influence public perceptions and community attitudes was extended through the development of a resource/story book. The bright, colourful and visual portrayal of the narratives projected the social science into the limelight, capturing a broader and more diverse audience to engage with the stories of resilience. Anecdotal evidence suggests that the WA Mental Health Commissioner himself presented a copy of the book to his staff as an example of good practice, creating direct access to the political process. Without the story book, the reach would have been limited to

academic words on paper or an oral presentation to a select few. Researchers interested in exposing their work to a broader audience should seriously consider the use of art and narrative in their research methods; it seems that when arts and social research are combined, the possibilities to influence the public agenda are amplified.

The *Understanding and Building Resilience with Art* research project has its strengths and limitations. However, by situating resilience within a socio-ecological framework, one can clearly see the complex interplay between the individual and their social, cultural and political environment; and the need for multi-leveled resilience-building interventions in response. Resilience may mean different things to different people, but we all need to work together to find creative solutions for resilience research and practice. This includes connecting to the voice of experience and appreciating the way local communities understand strength and resilience. The *Understanding and Building Resilience with Art* research project demonstrates how art and social research combined can tap into the very heart and soul of our community, and enable hidden stories to be revealed in the public discourse. We all have a story to tell and each one has a crucial role to play in creating a stronger and resilient community for all Australians.

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APPENDICES

Appendix 1 Introduction Pack

Flyer — Advertising Project

STAYING HAPPY AND HEALTHY

Come and join this **free** art course to explore and develop these skills.
Starting Wednesday Feb 24th at the XXX Multicultural Centre,
with artist Dawn Meader



This is a special project* in which we will explore our personal strength and power through art. You will create a sculpture over 12 weeks to help you express your experience and feelings, and learn more about keeping healthy: mentally, physically, emotionally and spiritually. The focus of the class is fun, we will use dance movement to warm up with and music to create a place in which you can tune into your creative spirit.

* This is a special research project created in partnership with Meagan Shand, Masters of Social Science student, Edith Cowan University.

What to Bring: Nothing! All materials are provided. No art experience is necessary

Time: 12.45 - 4pm every Wednesday, Feb 24th – April 28th

Venue: XXX Multicultural Centre, XXXXXXXXXXXXXXXXX

A free information session will be held Wednesday Feb 17th at 1.00pm.
For more information call XXXXXXXXXXXXXXXXX

Introduction Pack: Information sheet distributed at Briefing Session

STAYING HAPPY AND HEALTHY

A free art course with artist XXXXX in partnership with Meagan Shand, Masters of Social Science Candidate, Edith Cowan University.

This is a special project in which we will explore our personal strength and power through art. You will create a sculpture over 12 weeks to help you express your experience and feelings, and learn more about keeping healthy: mentally, physically, emotionally and spiritually.

TIME: 12.45 - 4pm every Wednesday, Feb 24th - May 12th

VENUE: XXXXXXXXXXXX Multicultural Centre, XXXXXXXXXXXXXXXXXXXX

IMPORTANT DATES

Project Start: Wednesday Feb 24

Project Finish: Weds May 12

Interview 1: Feb 24- March 10

Interview 2 : April 28 - May 12

WHAT TO BRING

- Your enthusiasm and commitment.
- All materials are provided.
- Completed CONSENT FORM and INTERVIEW BOOKING SHEET

ABOUT THE ART WORKS

- You will create a sculpture that is based on a body cast of yourself, it will be a celebration of you.
- No art experience is necessary
- The focus of the class is fun, we will use dance movement to warm up with and music to create a place in which you can tune into your creative spirit.



THE EXHIBITION

- It is proposed that the works will be exhibited at the end of the project.
- You can choose to exhibit your artwork or not.
- More information and date of Exhibition is to be advised.

ABOUT THE RESEARCH

- This project will involve a research component.
- It is the first of its kind, as far as we know this type of research project has not been done anywhere else in the world.
- The aim of the research is to learn more about what you need to stay happy and healthy, how you cope with the ups and downs of life, and how you express all of this through art.



- By being involved you will be helping yourself by learning more about staying happy and healthy and helping us to help others to stay happy and healthy.
- To be involved in the research you must complete a CONSENT FORM and bring it to next weeks class.
- Your participation in this research project is VOLUNTARY. You can choose to withdraw your consent at any time, you will not have to explain your reason for withdrawing and you can still be involved in the art class.

WHAT THE RESEARCH INVOLVES

- A 30-60 minute interview with Meagan Shand before and after the project.
- Participating in group discussions during class.
- Keeping a diary about your thoughts and feelings in between sessions (Optional)
- Your privacy will be respected at all times. All information you provide will be kept confidential.
- Please complete the INTERVIEW BOOKING SHEET and bring to next weeks session.



STORYBOOK PUBLICATION

- At the end of the art classes and research a Storybook will be created that includes images of your artwork and the information gathered from the research.
- You can choose to include your artwork or the information you share in the story book or not.
- Your personal identity will be kept strictly confidential.



IMPORTANT POINTS TO REMEMBER

- This is a womens only class
- Your commitment for the full 12 weeks is essential
- Please bring your completed CONSENT FORM and INTERVIEW BOOKING SHEET to next weeks class.
- Your privacy will be respected at all times. All information you provide will be kept confidential.



CONTACT INFORMATION

- For more information about the Art and Exhibition call XXXXXXXXXXXXXXXXXXXX
- For more information about the Research and Storybook call **Meagan** on XXXXXXXXX
- **Please contact the program manager to discuss any other matters** relating to your involvement in the Project XXXXXXXXXXXXXXXXXXXX

THANK YOU 😊

Appendix 2

Information and Consent Form

HUMAN RESEARCH ETHICS COMMITTEE

Research Ethics Officer
Edith Cowan University
100 Joondalup Drive
JOONDALUP WA 6027
Phone: 6304 2170 Fax: 6304 2661
Email: research.ethics@ecu.edu.au

Project Title: *Understanding and Building Resilience*

Hello, my name is Meagan Shand, I am a research student exploring the process of resilience. This research project is being undertaken as part of the requirements of a Masters degree at Edith Cowan University.

The aim of this research project is to explore how people from diverse cultural backgrounds engaged in an art program, understand and experience resilience and what they suggest is needed to build more resilient people and communities. The information from the research will help to understand the process of resilience better and has the potential to improve services for people from culturally diverse backgrounds, build stronger communities, and assist people to improve their mental health, life and coping skills. You will also have the opportunity to explore your own life and coping skills, and stories of resilience.

You have been selected to be part of the project due to your past participation in art classes at the Multicultural Centre. The research project will run during your usual art class with Dawn Meader, over a 10 week period during February to April 2010. Your involvement will include the usual art activities you do in class, as well as participating in group discussions about your artwork at the end of each class, and participating in a 30–60 minute interview before and after the research project. The interviews will be conducted in private at a time that suits you, face-to-face or by telephone. Some questions in the interviews may be seen as personal and private. You can choose to stop the interview at any time and if you would like, request to speak to the Program Manager XXXXXXXX, about any issues or concerns you may have.

Your participation in this research project is voluntary. You can choose to withdraw your consent and any information or material gathered previous to withdrawal at any time, you will not have to explain your reason for withdrawing and it will not affect your participation in the art class in any way.

Your privacy will be respected at all times. All information you provide is confidential, your name or other information that might identify you will not be used in connection to the research or any publication arising from the research. All data/information collected during the research will be used for this research project only, stored securely in a locked filing cabinet and password protected computer, and only myself and my Research Supervisor Dr. Andrew Guilfoyle will have access to the data. Interviews and discussions will be digitally recorded, and immediately transcribed (transferred to written documents) and destroyed in accordance with the Australian Code for the Responsible Conduct of Research. If you wish to talk to an independent person about data collection and security or how this research project is conducted, please contact the Research Ethics Officer at the Human Research Ethics Committee, Edith Cowan University. (Contact details are included at the top of this page)

Information from the research will be developed into stories and published in a research Thesis. Please note your privacy will be protected and your personal information will not be included. General research outcomes and information from the project will be included in journal articles and conference presentations. Participants will also be given the opportunity to include artworks and/or stories in a Story Book publication. You will have the opportunity to give final consent for your images and artwork to be published in this story book at the end of the project, it will not be used for this purpose unless you give this final consent.

If you would like to participate in this research, please complete the details below. If you have any questions about this project please feel free to contact me, Meagan Shand on XXXXXXXXXX or my Supervisor, Dr. Andrew Guilfoyle 6304 5192. Please note that if you choose not to participate in the research project, you can still participate in the art class as usual.

Declaration

I _____ have read the information above. Any questions I have asked have been answered to my satisfaction. I agree to take part in this research project, however, I know that I may change my mind and stop at any time, without prejudice.

I understand that all information provided is treated as confidential and will not be released by the investigator unless required to do so by law.

I agree that research data gathered for this study may be published provided my name or other information, which might identify me, is not used.

Participant Full

Name: _____

Signed _____ Date: _____

Thank you, please bring your completed form to the next art class, and I will provide you with a copy for your records

Appendix 3 Table 2.2 Interview Grid

Interview	When	Purpose	Guiding Resilience Question Examples
First The Past	Week 4–6	<p>To understand what each women’s pathway to the Art class and their motivation for joining.</p> <p>To establish each woman’s historical and cultural context.</p> <p>To explore the types of challenges and problems participants experience; and how they manage these challenges.</p> <p>To explore the women’s perceptions and understanding of resilience.</p>	<p>When did you join the art class? How did you find out about it? Why did you join the art class? What do you want to happen?</p> <p>Where were you born? When did you come to Australia? Why did you come to Australia? Can you remember what it was like when you first came to Australia? Were there any problems or challenges? Tell me a story, give me an example.</p> <p>What kinds of things do you find most challenging now? How did you cope? What helped? What did you do to look after your health and happiness (physical, emotional, mental, social or spiritual)?</p> <p>Can you share a story about someone you know in your community, who has coped well despite facing many challenges? How would you describe them and the things they do?</p>
Second The Present	Week 18–21	<p>To explore the common themes, validate and follow up details from first round interviews.</p> <p>To explore the meaning of the sculpture and experience in art class.</p> <p>To document any individual experiences of change.</p> <p>To explore what contributes to resilient people and communities.</p>	<p>Tell me about your sculpture and what it means to you? What elements, colours, symbols, patterns did you include? Why? What is your favourite part of the sculpture? Why?</p> <p>Has anything changed in the way you deal with problems and challenges over the past 3 months? Have you done anything differently? Made any changes? Tell me a story, give me an example.</p> <p>In the previous interviews, relationships were often mentioned as important for resilience. What kinds/types of relationships do you think are most important for your health and wellbeing/happiness? Can you tell me a story about a time when relationships were important for your health and wellbeing/happiness?</p>

			<p>How important are the friendships in the art class to you? Tell me a bit more about them — What kind of support do they provide? Can you tell me a story or give me an example give me an example? Do these friendships continue outside the class? How important is it to you that the art class is all women?</p> <p>A number of people in the class have described resilient people as strong ... resilience as having strength. What do you think they mean by this, what does strength mean to you? Can you tell me a story about when strength or being strong has made a difference for you?</p> <p>If you were to tell someone how they could be stronger and more resilient what would you tell them?</p> <p>What do you think is needed in your community to help build stronger communities and stronger more resilient people?</p>
Third The Final Chapter	Week 37	<p>To explore the women's experience of the exhibition.</p> <p>To document any individual experiences of change.</p> <p>To explore in more detail how participating in community art programs helps to build more resilient people and communities</p> <p>To invite any final comments on their experience in the Class and.</p>	<p>How do you feel now? Has anything changed for you since we last spoke?</p> <p>How would you rate your experience in the art exhibition (on a scale of 1–10)? Would you like to see more celebrations, exhibition and other community type activities included in the art program? Why? What difference does it make to you and the other participants? To the community and others who see it? Do you have any ideas for what we could do?</p> <p>Looking back, how do you think participating in community art programs helps to build more resilient (stronger, healthier and happier) people? And communities?</p> <p>Is there anything else you would like to share with me about the Art class or project?</p>