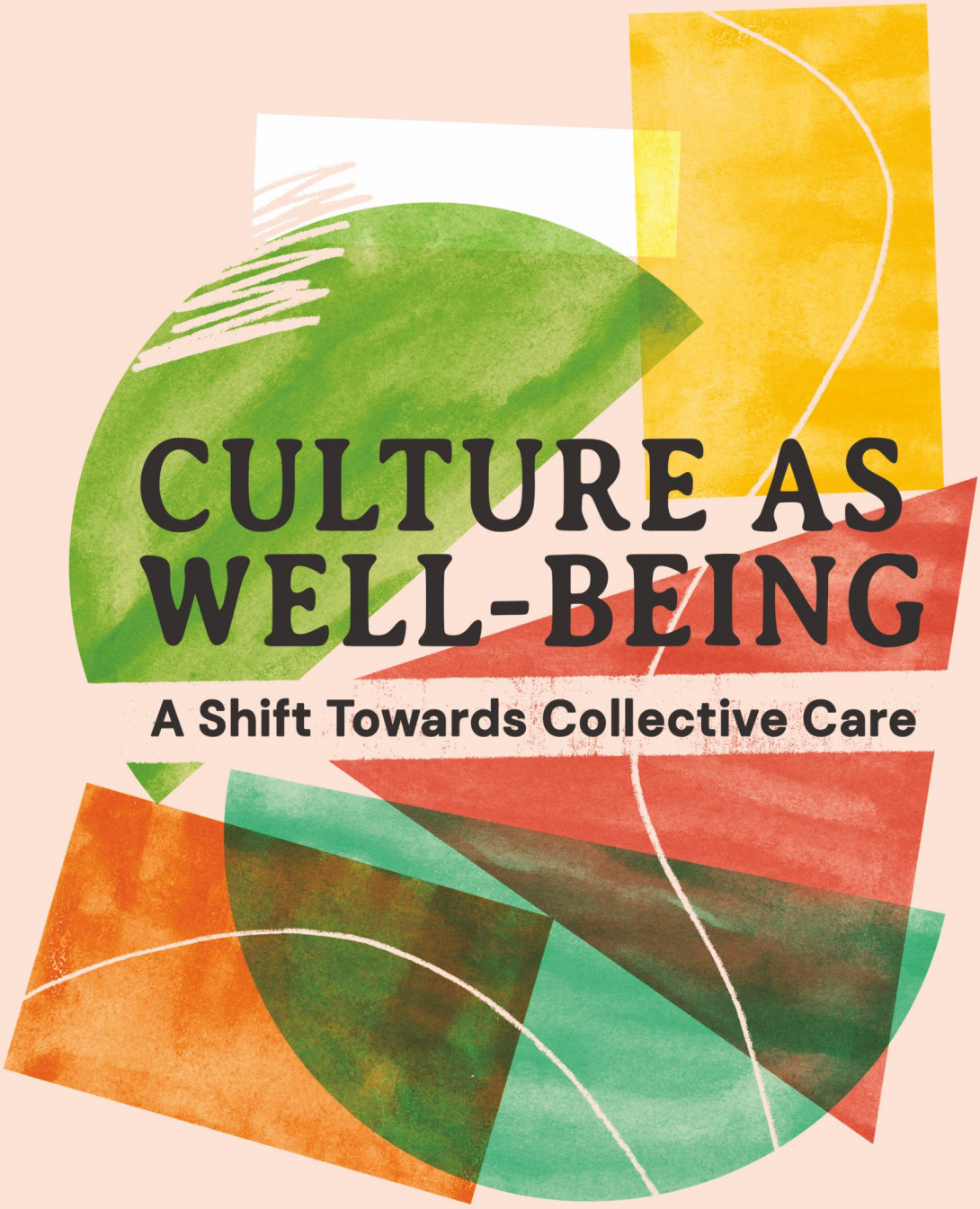
Rarița Zbranca



CULTURE AS WELL-BEING

A Shift Towards Collective Care

Presa Universitară Clujeană

Rarița Zbranca

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Presa Universitară Clujeană
2026

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Introduction

What does it mean to live well? What makes a life meaningful, a community flourish, or a society capable of responding to the challenges it faces? And where does culture belong in our understanding of health, care and well-being?

These questions are becoming increasingly urgent. Mental health challenges, loneliness, social inequalities, demographic change and repeated periods of disruption are testing our systems of care. At the same time, environmental degradation reminds us that human well-being cannot be separated from the conditions of the living world. These challenges are interconnected, yet the systems designed to address them often remain fragmented. Healthcare, education, social protection, cultural policy and environmental policy tend to operate through different institutions, priorities and measures of success.

Culture and the arts occupy an intriguing position within this landscape. They are part of our everyday lives, our identities and our relationships, yet their relevance to health and well-being is not always fully recognised. The arts can offer pleasure, emotional expression, intellectual stimulation and opportunities for connection. They can help people make sense of difficult experiences, encounter unfamiliar perspectives and imagine possibilities beyond the present. Cultural participation can also create spaces in which communities develop shared meanings, explore differences and reflect on the kind of future they want to build.

These qualities make culture relevant to more than the cultural sector itself. They raise questions about how we understand well-being, how we organise care and how we might respond to societal challenges in more holistic ways.

But the relationship between culture and well-being is complex. Cultural experiences are personal and contextual; their effects are not identical for everyone. Access to cultural opportunities is uneven, and artistic practice can reproduce exclusion as well as challenge it. The value of culture may lie in outcomes that can be measured, but also in experiences that resist straightforward quantification. To understand its contribution, we need to consider not only what culture does, but how it is valued, who can participate and what kinds of relationships it makes possible.

This book explores these questions through the emerging field of culture and well-being. It brings together theoretical perspectives, research findings and an examination of the practices and policies through which cultural engagement is increasingly connected to health and wider societal concerns. It considers the evidence on individual outcomes, the significance of cultural experiences during periods of disruption, and the institutional conditions that shape the development of this field.

A central concern is how culture is understood in relation to well-being. Sometimes it is valued as an essential dimension of society, deserving support in its own right. Sometimes it is mobilised to achieve particular objectives in healthcare, education or social care. And sometimes it is understood more broadly as part of the fabric through which people develop their identities, express themselves, relate to others and shape collective life. These perspectives overlap, but they also embody different expectations about cultural value and the role of public policy.

Understanding these differences matters. The way culture is framed influences how its value is communicated, what kinds of evidence are considered relevant, how cultural organisations collaborate with other sectors and which activities receive support. It also influences whether cultural participation is treated as a specialist activity, an intervention for particular groups or a meaningful possibility that should be available throughout everyday life.

The book therefore asks several connected questions. What can culture contribute to societal well-being? What changes are taking place in the way culture and the arts are understood in relation to health? How can assessments of cultural value recognise both measurable outcomes and the

significance people attach to their experiences? What did engagement with the arts during the Covid-19 pandemic reveal about the relationship between cultural participation and well-being? And what conditions are needed for the emerging field to develop in ways that are equitable, sustainable and meaningful?

The inquiry draws on literature review and mixed-methods research, combining qualitative and quantitative analysis. This allows the discussion to move between conceptual frameworks, individual experiences and the wider structures that influence cultural practice. The aim is to make the different dimensions of a complex field more visible and to explore how they might inform one another.

Throughout the book, culture is considered both in its own right and in relation to other dimensions of social life. The intrinsic value of artistic experience remains important, as do cultural rights, access and the sustainability of cultural institutions. At the same time, the relationship between cultural participation and health invites us to consider how cultural experiences may contribute to prevention, emotional resilience, social connection and a more comprehensive understanding of well-being.

The chapters that follow examine these connections without assuming that the answers are simple. They explore the evidence, tensions and possibilities that emerge when culture is considered in relation to well-being, and the implications for the people and institutions working across this increasingly important field.

The invitation is to look at culture not only through the activities it offers or the outcomes it may produce, but also through the meanings, relationships and possibilities it makes available. In doing so, we can begin to ask a broader question: what place might cultural engagement have in the lives we want to live, the communities we want to build and the futures we want to share?

Chapter 1.

Tracking Shifts in the Role of Culture

1.1. Global Challenges and the Rise of Cultural Responses

In response to current global challenges, arts and cultural participation have the potential to provide, among other measures, rich, diverse and accessible pathways for increased awareness, emotional and mental resilience, self-confidence and mutual trust, health promotion and treatment of disease, social inclusion and active participation in community life of people facing illness, disability, social exclusion and loneliness.

Even though artists have always known this to be true, the healing power of the arts is still little acknowledged and explored. After the Covid-19 pandemic, it became clear that there is great potential in culture and the arts to tackle serious challenges in our society. The specific challenges that human society is currently confronting seem to require responses that culture may be able to inspire and catalyse, if not even provide.

The CultureForHealth report [1] identifies eight challenges that arts and cultural engagement can help tackling, these are: the limited focus on health promotion; a crisis in mental health; an aging population; youth mental health and well-being challenges; the ongoing changes to work and economy; the difficulties faced by forcibly displaced people in the EU; health inequalities and unequal opportunities for actively participating in public life for all citizen. These are presented below, together with other issues and gaps that affecting large groups of people.

Mental Health Challenges

Rapid urbanisation and economic growth have led to an unprecedented rise in mental health challenges. Worldwide, depression is the primary cause of disability; from 2005 to 2015, there was an 18% increase in the prevalence of depression. Similarly, anxiety disorders affect an increasing segment of the population (14.9% increase over ten years) [2]. This mental health crisis has been worsened by the Covid-19 pandemic, which has exacerbated already-existing disparities in mental health and caused a significant and rapid decline in mental health in many nations worldwide (J. F. Helliwell et al., 2021). An OECD report estimates that before the pandemic the cost of mental health disorders in Europe amounted to over €600 billion (4% of GDP), consisting of expenditure related to healthcare, social welfare and reduced productivity [4].

Work Related Challenges

Two years after the beginning of the pandemic, burnout and stress levels are reaching unprecedented levels across various occupations, with 79% of employees (participating in a USA survey) experiencing work-related stress [5]. According to the World Happiness Report 2021, while the pandemic caused the largest economic crisis in a generation (with a drop by 5% in global GDP in 2020), life satisfaction decreased significantly for those that lost their jobs, but also for some of those that had to adapt to the new work conditions [3].

Besides these, major changes in the patterns of work due to automation and AI, remote work and the necessary adjustments required by the green and digital transitions are adding pressure on both organisations and individuals.

The Health Sector Strain

While all workforce globally faces challenges, the pandemic's workload and strain on health professionals have resulted in elevated levels of anxiety and depression in comparison to individuals employed in different fields. [6]. Nearly 40% of primary care physicians under the age of 55 reported feeling burned out, and over 10% planned to stop seeing patients in the near future, according to data from ten OECD countries. Furthermore, only one in five physicians expressed a high degree of satisfaction with their work-life balance. [7].

Compared to other occupations, those in the health sector are subject to much greater physical and psychological risks. Nurses reported in 2021 the highest health and safety risks at work, with 69% of nurses in the EU indicating such risks compared to the 34% average across all occupations. 61% of nurses and midwives experiencing moderate to extreme job strain, which is twice the average of 30% for all job categories in the EU. [8].

Limited Health Promotion and Disease Prevention Efforts

Although the medical advancement has been great in the past century, leading to effective solutions for treating a vast range of disease and an overall increase in life span, efforts to promote healthy behaviours and support disease prevention are still rather limited. In 2018, the EU countries allocated only 2.8% of their total health expenditure to preventive care on average. Italy and Finland recorded the highest shares, at 4.4% and 4.0%, respectively. Romania's investment in health promotion is among the lowest in EU, at 1.4% of total health expenditure, alongside countries like Greece, Cyprus and Malta (each allocating 1.3%) and Slovakia (0.8%). [9]

Also, the hyper specialisation of the medical field often results in a focus on treating specific diseases rather than promoting overall health and preventing illness, which resulted, in time, to a lower interest in comprehensive preventive or disease management measures.

Multiple Challenges for the Younger Population

In Europe, 16.3 percent of boys and girls aged 10-19, an approximate of 9 million adolescents, suffer from mental disorders. Already in 2019, suicide was the second most common cause of death for adolescents between the ages of 15 and 19 [10].

The COVID-19 pandemic has significantly impacted youth worldwide, school closure and the shift to online learning have disrupted education and led to an exacerbation of an already existing earning crisis. About 25% of children worldwide are living in poverty [10]. The youth unemployment rate was 14.5% in 2022 in Europe [8].

Half of adult mental health issues begin in adolescence, with recent years seeing a rise in youth mental disorders, worsened by the pandemic. During

the pandemic, mental health issues among young people in Europe, aged 15 to 24, doubled. Compared to adults, young people are more likely to experience loneliness, anxiety, and depression. Lack of access to technology or over use of digital technology are also negatively impacting youth well-being. Social media use is linked to reduced social interaction, anxiety, reduced self-esteem, cyberbullying, and addiction to online activities. These risks are worsened by climate anxiety and fear of loss of biodiversity [11].

An Ageing Population

While the EU population is aging, promoting healthy ageing – including the aims of keeping the elderly active, healthy and autonomous, and ensuring quality of life and dignity in the older years - becomes a key priority. It is anticipated that by 2050, there will be 38.1 million long-term care recipients in the EU, up from 30.8 million in 2019, a 23.5 percent increase [12]. While 40% of the people aged 65+ experience loneliness, up to 17% live in isolation. Social isolation significantly impacts health, increasing the risk of early death by 50%, the risk of a heart attack by 29% and the likelihood of dementia by 64% [13]. Even more concerning, by 2050, it's predicted that dementia cases will double [14].

Other challenges include rising health inequalities due to social exclusion and poverty, the prevalence of apathy in relation to participation in public life and political polarisation, and the difficulties faced by forcibly displaced people due to war [1].

Unprecedented Technological Transformations and Disruptive Events

The accelerated adoption of digital technologies to adapt to the pandemic restrictions has also brought radical transformations in the way we work, learn and connect. Moreover, there have been more breakthrough innovations — such as electricity, the television, the internet — in the past 200 years, than in the previous 2000 years. And, predictions say, that we are about to face more than 150 such radically transforming technological and scientific innovations in the next two centuries [15]. If we consider that the human body has been adapting to its environmental conditions across hundreds of thousands of years, how prepared are we to adapt to such a flooding of

stimuli and fast changing environments? That is, we are living in a volatile, uncertain, complex and ambiguous context, and we need to find ways to accept, adapt and re-invent our strategies as individuals and communities to navigate these new realities.

Increased Complexity

Besides those affected by anxiety and depression disorders, everyone faces disturbances caused by hyper-connectivity, the accelerated rhythm of life, uncertainties, and all the loss we face in our lives. Our everyday life is full of challenges that make us emotionally frail. Yet despite the growing complexity of our realities, our coping strategies, as individuals and as communities, have not correspondingly expanded and renewed. As we grow, we are poorly equipped to face the emotional challenges that are inherent to life.

Our society is also facing a crisis of meaning, with 58% of young people reporting a lack "meaning or purpose" in their lives, not knowing what to do with their lives being tightly connected to mental health conditions [16].

It is in this context that the potential of the arts to stimulate reflection, support emotional regulation, increase social engagement and connection, enable health promotion and prevention and management of diseases, increase resilience and improve the quality of life and of built environments becomes a valuable resource to tap into. The multi-modal and multi-layered nature of cultural experiences have the potential to deliver unique value to individuals — from self-expression, to experience of beauty and catharsis, to increased body awareness, improved perception of otherness, social connections and a sense of meaning. Creativity and cultural awareness are not only important skills for navigating life and achieving success in educational and professional environments [17], they are also key for our capacity to imagine desirable futures. The arts have much to offer; not only because of their range of possibilities, but also because they are — or rather because they could become — widely available to people from all walks of life, all around the world.

1.2. Tracking the Shifts in the Societal Role Played by Culture

The value of culture is discussed in different ways and from different perspectives in cultural, urban and economic studies. First and foremost, culture is a fundamental human right and cultural diversity is one of the most important values of humanity, encompassing a rich variety of traditions, languages, customs, and worldviews that different communities and societies bring together as collective heritage. Culture possesses both intrinsic and extrinsic value, contributing significantly to individuals and societies in multiple ways. Also, in the past decades, culture is increasingly recognised as an essential component of sustainable development, supporting social cohesion, territorial regeneration and innovation. It supports cities and countries advance on the path to achieving the Agenda 2030 and the sustainable development goals.

The Value of Culture

Culture as a Right

Culture is a fundamental human right. The Universal Declaration of Human Rights (UDHR) states in Article 22 that "Everyone, as a member of society, …is entitled to realisation… of the economic, social and cultural rights indispensable for his dignity and the free development of his personality". Further on, the Article 27 states that "everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits" [18].

UNESCO Universal Declaration on Cultural Diversity reinforces this: "the defence of cultural diversity is an ethical imperative, inseparable from respect for human dignity. It implies a commitment to human rights and fundamental freedoms" [19].

The Romanian Constitution also explicitly recognises culture as a right, affirming in Article 33 that "access to culture is guaranteed" and that 'freedom of the person to develop their spirituality and to access the values of national and universal culture shall not be limited" [20].

This right is crucial and is the fundament for ensuring that all individuals can access, participate in, and benefit from cultural activities, which is essential for personal and collective dignity and development.

Holden (2006) identifies three dimensions of cultural value: intrinsic, instrumental and institutional, these dimensions being in close relation to the interests of three main stakeholders: the cultural actors, the audience and the policymakers [21].

The Intrinsic Value of Culture

The intrinsic value of culture refers to its inherent worth, independent of its utilitarian external benefits. This value is often expressed through the enrichment of individual lives, fostering of creativity, and preservation of heritage. According to the UNESCO Universal Declaration on Cultural Diversity, cultural diversity "widens the range of options open to everyone", being "a means to achieve a more satisfactory intellectual, emotional, moral and spiritual existence" and is "necessary for humankind as biodiversity is for nature". The declaration also enshrines that cultural diversity is "the common heritage of humanity and should be recognised and affirmed for the benefit of present and future generations", while stressing that cultural goods and services need to be acknowledged as "vectors of identity, values and meaning" and "must not be treated as mere commodities or consumer goods" [19].

According to Holden (2006), the intrinsic values are "the set of values that relate to the subjective experience of culture intellectually, emotionally and spiritually". He posits that because of this very personal experience, the intrinsic value of culture cannot simply be translated into group or mass outcomes, it is hard to capture through measures. Thus it is only adequately conveyed through personal testimonies and qualitative assessments [21].

Throsby (2001) suggests that cultural value derives from specific characteristics inherent in a cultural activity, these being: aesthetics, authenticity, historical significance, spiritual, social, and symbolic relevance. As opposed to instrumental value, these elements stand out by the fact that they do not generate a 'willingness to pay', but they are key in defining personal identity and meaning [22].

The Institutional Value of Culture

Institutional value, a dimension less theorised and understood, refers to the processes and methods that organisations use to create public value, influenced by their engagement with the public and rooted in a public service ethos. This value is generated through practices and attitudes that foster trust, shared experiences, and sociability. Cultural organisations are seen as active agents in shaping public values, by how they interact with their audience, emphasising inclusion and a commitment to public good. The true measure of institutional value is reflected in public feedback and the organisation's impact on society [21].

Volont and collaborators (2022) explore cultural commoning in urban environments, suggesting that shared cultural practices enhance social cohesion and intimacy within cities. This approach involves the collaborative management of cultural resources, transforming urban spaces into inclusive areas where residents collectively generate and sustain cultural and social capital. Such practices foster a sense of community and identity, countering urban alienation by promoting mutual understanding and cooperation, thereby addressing contemporary societal challenges [23].

Gielen (2015) argues that the arts are a unique domain where various measures — cultural, economic, political, and ethical — can be questioned. He suggests that culture, driven by the arts, is inherently dynamic and plays a crucial role in creating meaning and social order. The arts provide a space to challenge dominant narratives and social structures. Although the arts constitute a small part of the cultural sphere, they can act as a catalyst for social change [24].

The Instrumental Value of Culture

Instrumental value, as defined by Holden, emphasises the effects of culture in relation to social, political, or economic objectives. The instrumental value of culture is frequently quantified in various metrics, such as the number of jobs created, the wealth generated, changes in school attendance rates, or the recovery rates of hospital patients, which can be attributed to cultural interventions. In general, such measures, although sought for by decision

makers or cultural institutions in their effort to (further) legitimise receiving public funding, can point to associative and not causal relations [21].

Socially, culture fosters social cohesion and inclusion. Cultural participation can enhance social bonds and community engagement, reducing feelings of isolation and marginalisation [25]. Gielen (2015) elaborates on this by distinguishing between "bridging" and "bonding" social capital through cultural activities. Bridging refers to the connections formed between diverse groups, enhancing social cohesion across different community segments, while bonding strengthens ties within more homogenous groups. These interactions provide public spaces where diverse groups can interact and share experiences, fostering a sense of community and mutual understanding [24].

Education also benefits from cultural engagement, as exposure to arts and cultural education has been shown to improve cognitive abilities, critical thinking, and academic performance among students [26].

Because culture makes significant contributions to GDP and employment, economic and political stakeholders have consistently paid attention to the economic value of culture. Prior to the pandemic's severe effects, the cultural and creative industries had a turnover of 643 billion euros in 2019. The core activities of the sector represented 4.4% of EU GDP, contributing more to the EU economy than industries like pharmaceuticals telecommunications, automotive or high technology sectors. More than 7.6 million people were employed by sector in 2019. [27].

Holden further analyses the three dimensions of cultural value — intrinsic, instrumental, and institutional — in relation to the context, which is defined by the three stakeholder categories: the public, the politicians & policy-makers, and the culture professionals. He concludes that there are divergent interests that may lead to misalignment of values within the 'cultural system': professionals prioritise intrinsic value, politicians and policymakers are interested in the instrumental outcomes, and the public is motivated by both intrinsic and institutional values [21]. **As such, this framing explains why synchronising public, professional and political interest when it comes to culture is a difficult task.**

Culture and Sustainable Development

Given the various aspects of cultural value, culture is now acknowledged as a catalyst for sustainable development. The relationship between culture and sustainable development has been examined from various viewpoints. Several theories regarding the influence of culture on sustainable development focus on its capacity to enhance economic growth, while others view culture as a form of soft power that connects different segments of society and fosters solidarity, mutual understanding, and empowerment.

One of the earlier theories suggests that culture should be considered as the fourth pillar of sustainable development, alongside social cohesion, environmental responsibility, and economic viability. According to this theory, a community's culture, which encompasses its values, organisational methods, and the open and inclusive expression of these values, must be protected and nurtured in order to maintain a thriving society [28].

Richard Florida's theory on cities and the creative class has had a significant impact on policymakers worldwide, offering an alternative viewpoint. He contends that in the early 21st century, regions are no longer able to rely on material resources and traditional business models as the foundation of their economy. In order to foster growth and progress through knowledge, innovation, and new technologies, regions must actively seek, cultivate, and support talented individuals, particularly those belonging to the 'creative class'. He presents the 'three T's' model of economic growth, which emphasises the importance of talent, tolerance, and technology [29]. The model introduced by Florida was widely adopted by numerous cities, but it also faced significant backlash due to its exacerbation of social and economic disparities through gentrification and the commodification of culture. Florida himself made revisions to his model in a later book, emphasising the importance of social inclusion [30].

Charles Landry was among the pioneers who introduced and advanced the concept of the creative city. Similar to Florida, he made significant contributions to the theoretical framework of urban creativity and provided direct assistance to city governments in developing local strategies. Landry asserts that the creativity and liveliness of a city are not solely determined by tangible factors such as cultural infrastructure and financial backing for

the arts. Rather, they also depend on intangible elements such as the quality of relationships and networks within the city, as well as the collective desire to foster creativity. He delineated seven elements that contribute to urban creativity: the individual qualities of the residents, will and leadership, diversity and access to diverse talents, organisational culture, local identity, urban spaces and amenities, and the dynamic of networks between people [31].

More complex methodologies have been also formulated, examining the interconnectedness between culture and other domains, as well as the relationships between donors, artists and cultural producers, and their audiences.

Sacco (2011) conceptualises the evolution of culture through different stages: Culture 1.0, 2.0, and 3.0, Culture 1.0 refers to traditional, elevated culture, where cultural production is limited to a small, highly specialised group. Culture 2.0 sees the rise of mass culture and the cultural industries, making culture more accessible but still largely one-directional. Culture 3.0 introduces a more participatory model, where the boundaries between producers and consumers blur, and cultural activities become more interactive and collaborative. Culture 3.0 is an emerging paradigm that emphasises the integration of culture with digital technologies and innovation, fostering new forms of cultural expression and economic value creation. Sacco contends that the secondary economic and social impact of cultural participation may surpass the direct market value produced by cultural goods. Consequently, the task lies in developing suitable tools for measuring these effects [32].

Culture also plays a role in achieving the Sustainable Development Goals (SDGs) outlined in the United Nations 2030 Agenda for Sustainable Development. UNESCO developed the Thematic Indicators for Culture in the 2030 Agenda (UNESCO Culture | 2030 Indicators), a framework designed to measure and monitor culture's contribution to achieving the Sustainable Development Goals (SDGs). Culture is explicitly mentioned in Target 11.4 of the 2030 Agenda and contributes to other SDGs both as a sector and across various areas. [33]. Culture has a significant contribution to several SDGs, including Good health and well-being (SDG3), quality education (SDG 4), sustainable cities and communities (SDG 11), and reduced inequalities (SDG 10).

Building on the Agenda 21 for culture, adopted in 2004, UCLG advocates and supports cities across the globe to integrate cultural considerations into local development policies, stressing the importance of cultural diversity,

creativity, and participation in achieving sustainable development. The growing recognition of culture's role in sustainable development has led to calls for culture to be explicitly included as a new Sustainable Development Goal, underscoring its importance alongside economic, social, and environmental dimensions of development [34].

A relevant synthesis of the various models of linking culture to sustainable development is proposed by Dessein and colleagues (2015). They identify three models, culture "in", "for" and "as" sustainable development. The first model, culture in sustainable development, proposes culture as an autonomous, fourth pillar of sustainable development, standing alongside economic, social, and ecological pillars. Culture is seen as essential in its own right, contributing to sustainable development by promoting cultural assets and activities. This perspective though defines culture and its impact rather narrowly, as the contribution of the arts and creative-cultural sector. The second model, culture for sustainable development, suggests that culture serves as a mediator that influences and balances the other three pillars, providing a framework for integrating social, economic, and ecological sustainability and influencing them by the fact that they are culturally coded and require a cultural context.

The third model, culture as sustainable development, positions culture as the foundational structure for achieving sustainable development goals. Here, culture is viewed as inherently intertwined with all aspects of sustainability, emphasising that cultural values and practices are integral to all human decisions and actions, ultimately driving the transformation towards holistic sustainability. Culture informs new values, and new visions of a sustainable society and is key to unlocking humanity’s potential to transit to a sustainable way of life [35].

Connecting the Various Models to Signal an Emerging Paradigm

In conclusion, the intrinsic, institutional, and instrumental values of culture, as articulated by Holden (2006), provide a supporting framework for understanding culture's multifaceted role in sustainable development. When considering the connections between these values and the models linking culture and sustainable development by Dessein et al. (2015), along with Pier Luigi Sacco's (2011) concepts of Culture 1.0, 2.0, and 3.0, a nuanced perspective emerges.

Institutional value, which focuses on the processes and practices through which cultural organisations generate public value, resonates with the 'culture in sustainable development' model and Sacco's 'Culture 1.0'. 'Culture 1.0' views culture as the institutional core of organised cultural practice, in charge with safeguarding the arts and the heritage and having a public mission to bring the value of arts and cultural expression to communities. This perspective aligns with Holden's concept of institutional value by emphasising the importance of cultural institutions in preserving heritage, fostering social cohesion, and enhancing community well-being, thus contributing to sustainable development as a separate, self-standing pillar alongside the economic, social, and ecological ones, as proposed by Dessein's first model.

Instrumental value, highlighting the tangible social, economic, and political benefits that culture can deliver, aligns with the 'culture for sustainable development' model and Sacco's 'Culture 2.0'. 'Culture 2.0' expands culture's role into a broader economic context, highlighting its potential for job creation, economic growth, and social inclusion. This model presents culture as a mediator that influences and balances the other three pillars of sustainability, emphasising its role in achieving instrumental outcomes. This is reflected in the growing understanding and positioning of culture as a factor in sustainable development policies, evident in the last decade.

Intrinsic value, which emphasises culture's inherent worth and its capacity to enrich human experience, closely aligns with the 'culture as sustainable development' model and resonates with Sacco's 'Culture 3.0'. 'Culture 3.0' sees culture as a participatory and co-creative process, deeply embedded in everyday life and driven by grassroots engagement. The 'culture as sustainable development' model views culture as the foundational structure for achieving sustainable development goals, recognising that cultural values and practices are integral to all human decisions and actions. By positioning culture as an essential quality of the social fabric that is inherently informing and shaping human action, including social, economic and ecological behaviours, it shows how cultural engagement and the intrinsic appreciation of culture can drive the transformation towards a holistic and sustainable society.

This points the to the hypothesis that it is mainly the intrinsic value of culture that supports well-being and health, and that thus needs to be further harnessed through adequate policies.

Table 1. *Connecting three models to signal parallel paradigms on culture's role and contribution*

	Paradigm 1	**Paradigm 2**	**Paradigm 3**	**Author**
Cultural Value	Institutional Value Public value generated by cultural organisations	Instrumental Value External economic, social, political value created by culture	Intrinsic Value Intellectual, emotional and spiritual enrichment of individual lives	Holden, (2006)
Cultural system	Culture 1.0 Safeguarding the arts and the heritage The public mission of cultural organisations to bring arts and culture to communities	Culture 2.0 Culture's spill over effects in the economic and social context	Culture 3.0 Participatory and co-creative process, grassroots engagement	Sacco, (2011)
Culture and sustainable development link	Culture in sustainable development Culture as the 4th pillar of sustainable development Culture as a sector contributes to sustainable development by promoting cultural assets and activities	Culture for sustainable development Culture as a mediator of the other three pillars: social, economic, and ecological	Culture as sustainable development Culture as foundation for sustainable development, cultural values being integral to all human decisions and actions	Dessein et al., (2015)

While there is strong evidence and a myriad of applications of culture as instrumental and institutional value, the perspective of translating culture's intrinsic value to society-wide outcomes it is less evident and clearly framed.

There are plenty of arguments for this lack of acknowledgement, and they are partially to be found in the descriptions of these three theoretical models which I here put together.

Firstly, Holden (2006) mentions that intrinsic values "are experienced at the level of the individual, and they are difficult to articulate in terms of mass outcomes". Because the experience of intrinsic value is highly subjective, he suggests that it is more appropriately explained as "the *capacity and potential* of culture to affect us, rather than as measurable and fixed stocks of worth" [21]. This points towards the intangible quality of arts and cultural experiences, and the fact that it depends on the individual and their context what they are going to make of these experiences. As we will later see, the social, educational and cultural capital of one person as well as their place of residence (rural vs urban) have a major influence of how they are going to code/decode cultural experiences and benefit from them. This understanding is becoming more nuanced in time, as studies like Volont's are showing how cultural experiences can lead to a sense of 'urban intimacy' and 'common good' [23]. Thus, there are already ways of capturing and defining intrinsic cultural value at a collective level.

Secondly, as Sacco points out, Culture 3.0 is about distributed creativity, about co-creation. The creative power is not the privilege of the artist, but lies within each of us; facilitated by the possibilities of interaction and collective creation of the new technologies, but not only, as more and more artistic productions, including those of established arts institutions, are tapping into collective memory and imagination, and bring citizens 'on stage' through participatory artworks. Once more, even if everyone is, *potentially*, able to create and benefit form engagement with the arts, this is not an obvious fact, nor is everyone interested to take part. The fact that this intrinsic value is rather a potentiality, makes it much more volatile. It is quite likely that those that had the creative experience to take this value as a given, while those that did not, to discard this possibility without hesitation.

Thirdly, the principles fundamenting the model of culture as sustainable development are not new, they may appear radical in a context where the arts, at least in it dominant forms of governance, inherited from the building of national states, are currently quite a marginal discipline, that does not benefit of great popularity. It is also culture's very large 'container' that makes its power rather invisible, as major factors credited for the multitude of contradictions of our society (both productive and unproductive) are elements of culture like identity, traditions, narratives, beliefs, and value systems.

Moreover, what the authors of these frameworks point out, the three declinations of each of these models are co-existing simultaneously. There is no linear evolution involved. The fact that these three types of value, these three modes of production and three modes of understanding the role of culture for sustainable development are present at the same time, makes the understanding and acceptance of the value of culture a difficult task.

Additionally, we should also keep in mind that while culture has an intrinsic value, this value is not intrinsically good. There are plenty of examples, in time, where the arts have been used as tools of political manipulation and propaganda. Thus the key in unlocking the huge potential of culture lies in the individual capacity to critically assess the contents and formats delivered to them (a certain cultural literacy and proficiency) and depends on a number of contextual factors such as democratic governance, freedom of expression, and access to culture.

Milestones in the Emergence of Culture-Based Approaches to Well-being and Health. Main Programmes and Policies

Roots

In ancient Greece, the interconnections between the arts and health were deeply ingrained in society, supported by the belief that the well-being of the individual and community were tightly connected to the balance of mind, body, and spirit. Philosophers like Plato praised the arts for their moral and therapeutic effects on the soul, suggesting that engagement with beauty

could enhance wisdom and health. The Greek theatre, an integral part of cultural life, served as a means for emotional catharsis and psychological exploration, viewed as essential for mental health. Pythagoras suggested that different musical modes had specific healing properties. The sanctuaries dedicated to Asclepius, the god of medicine, were not only places of worship but also centres for holistic healing, incorporating arts within the healing processes. These sanctuaries often featured theatrical performances and other forms of art, reinforcing the role of artistic expression in physical and spiritual healing. [36].

Even earlier, tribal cultures used music, dance and sculptures in therapeutic rituals. In the early 20th century, psychiatrists like Kraepelin, Jaspers, and Aschaffenburg recognised that the art of institutionalised patients could provide insights into psychiatric diagnoses, setting the ground of what was to emerged in the mid-20th century as art therapy. The cultural and social developments of the 1940s, along with evolving ideas about psychology and the unconscious, also helped establishing the body of knowledge known as art therapy. Figures such as Adrian Hill and Margaret Naumburg further developed the discipline, which now employs various art forms to help individuals express themselves, resolve conflicts, and achieve personal growth. Art therapy integrates creative arts into therapeutic practices to enhance mental health and emotional well-being, being now a regulated discipline of psychology in most countries [37].

By the late 20th century, we encountered what has been termed the cultural turn, characterised by both a substantive transformation in advanced societies where culture extends beyond conventional boundaries and becomes more pertinent to social and economic dynamics, as well as an analytical shift within academia [38]. This turn emphasises the significance of symbols, meanings, and representations in shaping human experiences, rather than solely focusing on economic or political factors [39].

The interest for the arts as significant medium for enhancing people's well-being outside of an art therapy or clinical context has started growing in the 21st century, with books like 'Art as Therapy' [40], looking at the value of arts for educating the young and healing the soul. Theorists exploring the value of culture pointed earlier the potential of the arts to have benefits for human emotions, identities and fulfilment [21], [41].

The field of arts and health grew in prominence, international journals like 'Arts and Health' (2009) and 'Applied Arts and Health' (2010) being established around the same time [42]. In Europe, a substantial growth was registered in UK, with the Culture, Health and Well-being International Conference taking place in 2013 in Bristol, and the Arts Council in England mentioning health and well-being as one of the key strategic areas that culture can contribute to, next to education, social affairs and economy [43]. Around the same time, a number of professional conferences on the subjects of the arts and health have been organised in various areas of the world, from Israel, Canada, Australia, USA, Lithuania, Finland and Uganda. Also, several networks and organisations dedicated to supporting the work and advocacy in this area have been established in the same period, such as The National Alliance for Arts, Health and Wellbeing England, Arts and Health Canada, and Arts and Health Australia [44].

Among the first comprehensive publications addressing the area, is the "Oxford textbook of creative arts, health, and wellbeing: International perspectives on practice, policy and research", edited by Clift and Camic (2016).

World Health Organization

Probably the most significant milestone in the area of research based evidence is the launching in 2019, by the Regional Office for Europe of the World Health Organisation (WHO), of the report "What is the evidence on the role of the arts in improving health and well-being? A scoping review". The scoping review brought together findings from 3000 sources and provided evidence on how the arts can benefit people's well-being and health both at the level of health promotion and disease prevention, and at the level of management and treatment of existing disease [45]. This was just before the Covid-19 Pandemic outbreak, offering a timely resource for health and cultural organisations who considered culture as a suitable medium for supporting people through this difficult period.

Notably, the WHO Regional Office for Europe has a dedicated programme and team for arts and health inside its Behavioural and Cultural Insights Unit. The global organisation of the WHO has been also active in

this area. In 2023, an alliance of the WHO, Community Jameel, Steinhardt School at New York University (NYU), and Culturunners started the initiative Jameel Arts & Health Lab. The lab aims to advance research, support policy development and implementation across the 193 UN member countries.

There is also a growing acknowledgement for the idea that engaging in the arts is a health behaviour [46]. This is building on WHO's support for activities and behaviours that contribute to a fulfilling life — especially in the context of an aging global population. The WHO has prominently featured the motto 'adding life to years, not just years to life' in various campaigns and discussions regarding healthy aging (UN Decade of Healthy Ageing 2021-2030), and the quality of life in later years [47], [48].

European Union

The publication of the New European Agenda for Culture in 2018, following a homonym document launched in 2007, is the first EU document acknowledging the value of culture for health and well-being. Health and well-being are mentioned as part of the social dimension of culture, one of the three strategic objectives of the Agenda, alongside the economic and external relations dimensions [49].

In EU, an accelerated development of the culture, health and well-being policy and practice follows the 2018 Agenda on Culture. In 2019 the EU Parliament and Commision have launched 'Bottom-Up Policy Development for Culture & Well-being in the EU', a preparatory action designed to set the ground for development of policies in this field [50]. The initiative was executed by the CultureForHealth consortium, and resulted in the publication of the CultureForHealth Report (2022), a document including a synthesis of evidence on the contribution of culture and arts engagement to health and well-being and a series of policy recommendations [1]. It also generated a comprehensive mapping of initiatives in Europe and beyond, covering the themes of arts, health and well-being [51].

Following these contributions and rising health challenges, the EU Work Plan for Culture 2023-2026 includes 'culture and health' among the priorities for this period, and provides that EU Member States shall be working

together on this topic in the context of the Open Method of Coordination (OMC). The OMC group has been active since the beginning of 2024, bring together representatives from both the Cultural Ministries and the Health ministries of the EU Member States, to work on the intersections of their fields [52].

In the process of the 'Conference on the Future of Europe', EU citizens called for EU action on mental health [53]. Concurrently, the EU institutions made steps towards addressing rising loneliness challenges, the Joint Research Centre preparing a document that was publishing as a policy brief 'Loneliness and social and civic behaviours. Fairness Policy Brief' [54].

The European Commission issued in June 2023 a communication on the 'Comprehensive Approach to Mental Health' [55], after extensive stakeholder consultations, where culture's potential for integrated approaches to mental health became visible, consequently the document mentions culture across several headings. In November 2023, the 'Council Conclusions on the Comprehensive Approach to Mental Health' recognised the connection between engagement in cultural activities and the improvement of mental health and well-being, as well as reducing the risk of mental health disorders. The Council also invited Member States to promote mental health through cultural participation [56].

In the same year, the Council adopted the 'Conclusions on mental health and precarious work', highlighting the connection between employment conditions and mental health, particularly noting that precarious work can lead to anxiety and depression [57].

While culture is highly relevant for many other policies in Europe linked to the challenges mentioned earlier in this chapter, growing recognition of this potential by integration in different sectors' policies are important steps towards the application of this potential in concrete plans and actions.

National Initiatives

Remarkable developments are also taking place at national levels.

In France, the 'Culture in Hospital' agreement between the Ministries of Culture and Health has been established din 1999, and renewed in 2006 and 2010. Currently named 'Culture and Health', this inter-ministerial agreement

recognises that cultural engagement can alleviate patients' isolation and contribute to their personal, professional, and social well-being and aims to ensure cultural access for everyone, regardless of their circumstances. The programme began with regional agreements in 1998 and the formation of an alliance of private companies and foundations funding cultural activities in hospitals [58].

An All-Party Parliamentary Group on Arts, Health and Wellbeing was established in UK in 2014, with the view to increase awareness of the benefits of arts for health and well-being, and advancing policy and practice across the country [59]. As seen above UK has been nourishing one of the most active scenes, with research, substantial practical projects and programmes and policies.

In Ireland, following intensive smaller scale research and practice, Arts and Health Coordinators Ireland (AHCI), a support professional network has been established in 2003. A first national level policy is launched in 2010: The Arts Council's 'Arts and Health Policy and Strategy' [60]. The matter becomes of interest at inter-department level, with a Memorandum of Understanding and a work programme for 2021-2022. The Healthy Ireland Strategic Action Plan 2021–2025 includes arts and culture as priority focus area [61].

In Finland, the first national arts and health policy programme was launched in 2010, followed by a three-year government project focused on arts and health from 2016 to 2018. The following Government Programme recognised the importance of integrating arts, culture, health, and well-being, and made steps towards the establishing of inter-sector regional and city level plans to promote well-being and health through cultural means [62].

In Italy, following a substantial research effort by a number of scholars in the field of culture, economy, sociology and health, the Cultural Welfare Centre has been created in 2020, at the beginning of the Covid-19 lockdown. The founding group has issued a manifesto on the importance and urgency of including culture for welfare into policies and has been producing a number of research papers and educational actions since [63].

Other national initiatives focusing on research and advocacy are Arts in Health Netherlands, which launched in 2024 a national agenda and a white paper [64]; Arts for Health Austria [65], Taikusydän, the Arts & Health

Coordination Centre in Finland, active since 2015. These are organised as programmes or departments of various universities, as collaborative centres of various stakeholders and associations.

In Romania, while grassroots activities in this field have been unfolding for at least a decade, no policy advancement has been registered. However, Romanian organisations and professionals are actively engaged in local and European practice, research and advocacy. Terapie prin Artă/Art Therapy is a project started by Create.Act.Enjoy Association in 2012 bringing arts in hospital settings in Cluj-Napoca, and later on in various other cities in the country [66]. In 2017, Cluj Cultural Centre, has established Inner Space, a programme, with the view to support advancement of the culture and well-being nexus, at strategic level. The programme includes an annual international conference, the Culture and Well-being Forum, a series of research projects and publications, training programmes for professionals engaged on the field, and a research and development lab, piloting arts interventions for health and well-being [67]. The Centre has been part of the CultureForHealth Consortium, coordinating the mapping and research work, partnered with the World Health Organisation in testing the feasibility of the implementation of a singing intervention for new mother with post-partum depression symptoms [68], and contributes to advocacy at local, national and EU level. In 2024, a study to test the opportunity and conditions for implementing a social prescribing scheme in Romania has been initiated, through the Economic and Social Council of Romania [69].

Chapter 2.

Culture and Well-being as an Emerging Area of Interdisciplinary Action

2.1. Defining the Terms

There are no single and simple definitions of the terms 'culture' and 'well-being'. Therefore, in this upcoming section I aim to clarify the sense used for terms like 'culture', 'arts', 'well-being', 'health', and 'cultural participation'.

Culture and the Arts

UNESCO, in the 2001 Universal Declaration on Cultural Diversity defines culture as the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, that encompasses, not only arts and literature, but lifestyles, ways of living together, value systems, traditions and beliefs [70]. Until 1982, UNESCO worked with "a traditional 'arts and literature' definition of culture", which was changed for an anthropological definition, which remains in use until now through the Universal Declaration on Cultural Diversity [71].

While the anthropological definition is comprehensive and is able to reflect the diversity and fluidity of culture, when attempting to discuss the more concrete applications of culture for health and well-being, a more precise and operable framing of culture is desirable.

One way to narrow this framework to serve the purpose of this study, is to consider culture as the activity of the cultural sector, the experiences of the cultural activities generated by this sector for audiences, and the practice of amateur arts. The term 'culture' is also used in this context in various ways. It refers to the cultural sector (visual arts, performing arts, film, music,

museums, archives, libraries etc.), and the activities delivered by cultural professionals, but is not limited to it. It also encompasses activities that involve arts and creativity carried out by professionals from other sectors and non-professionals.

The European Commission, through its Creative Europe programme defines 'cultural and creative sectors' as "all sectors whose activities are based on cultural values or artistic and other individual or collective creative expressions. The activities may include the development, the creation, the production, the dissemination and the preservation of goods and services which embody cultural, artistic or other creative expressions, as well as related functions such as education or management. They will have a potential to generate innovation and jobs in particular from intellectual property. The sectors include architecture, archives, libraries and museums, artistic crafts, audio-visual (including film, television, video games and multimedia), tangible and intangible cultural heritage, design (including fashion design), festivals, music, literature, performing arts, books and publishing, radio, and visual arts" [72].

In many cases when culture-based practices are referred to in conjunction with health and well-being, the more specific category of 'the arts' is preferred to that of 'culture'.

Here too, the baseline is that 'the arts' have been historically difficult to define and, moreover, that there is a substantial resistance from philosophers and artists to a definition of art [73]. Several universally acknowledged cross-cultural traits of arts are: the art object, which can be both tangible or experiential, and its intrinsic value which is more important than the its mere utility; the capacity to evoke imaginative experiences for both creator and audience; and the capacity to elicit or evocate emotional and cognitive responses. Arts creation involves novelty, creativity, or originality; necessitates specialised skills; and adheres to or diverges from the conventions of form, composition, or expression [45].

Arts Engagement or Arts Participation

Dedicated arts and health literature identifies that arts engagement is key to understanding the arts-health link, and it can be defined by the dimensions

of arts forms, activities and levels of engagement. Following a survey among experts, Davies et al. define arts engagement through five art forms (1) performing arts; (2) visual arts, design and craft; (3) community/ cultural festivals, fairs and events; (4) literature; and (5) online, digital and electronic arts. These are more precisely implemented through 91 activities. In terms of engagement levels, arts activities have been divided into 'active' and 'passive' [74].

The same study identified some non-arts activities, such as using the internet for information, gardening, cooking, being part of a sports club or attending a religious event, that may have also an influence on health. While these activities fall within the anthropological definition of culture and are sometimes included as items in cultural statistics, they are not considered arts engagement [74].

The World Health Organization's 2019 report uses the five categories defined above, with the only distinction that the category 'community/ cultural festivals, fairs and events' is understood as 'culture (e.g. going to museums, galleries, art exhibitions, concerts, the theatre, community events, cultural festivals and fairs)' [45].

The CultureForHealth Report (2022) uses a definition of culture that combines "(a) the cultural and creative sectors as defined by the European Commission in the regulations of Creative Europe; (b) the cultural practices of non-cultural professionals that support goals such as inter-cultural dialogue and heritage protection (…); and (c) other cultural practices led by amateurs", and that also reflects the EU competences in terms of culture [1].

It is important to note that no divide between highbrow art and low brow art is being made in this context, the practice of art forms by non-professionals and amateur artists it is considered a cultural practice with a high level of engagement, therefore very likely to produce effects in terms of health and well-being.

A more recent endeavour to define 'arts participation' in view of public health research, by Sonke and collaborators (2023), has come up with a definition with two sections, (1) *modes of engagement with the arts* and (2) *art forms*, framed broadly and inclusively. Modes of engagement encompass informal and formal, live and virtual, individual and group participation.

They include attending live arts and cultural events; creating, practising, performing and sharing art; participating in social, civic, spiritual and cultural arts practices; consuming arts through electronic, digital or print media; and learning in, through and about the arts. The framework covers a broad range of art forms, including dance and movement, literary arts, media, music, theatre and performance, and visual arts, craft and design. These categories encompass diverse practices, from storytelling, film and music-making to painting, photography, textiles, gardening, architecture and digital art.

This definition envisages participation by creators, collaborators, audiences, observers, and others; and a range of engagement from creation and active experiencing to simply observing the arts. The study leading to the proposal of this definition also aimed to more inclusively incorporate various artistic and creative practices, including those rooted in Indigenous, spiritual, cultural, and social traditions present in the lives of diverse communities. This would enable that more inclusive and equitable public health research is conducted in the long run [75].

Most of the literature differentiates between 'active' engagement with the arts and 'passive' or 'receptive' participation and concludes that active arts activities provide higher levels of engagement than receptive arts activities, and are generally found to better serve well-being and health outcomes [1], [45]. The active arts activities are related to 'making, creating, writing and teaching art' and 'passive' arts activities refer to 'visiting, attending, listening, viewing, watching and discussing art' [74].

All these definitions are useful in the context of this paper. Engagement with the arts is the actual process that may lead to health and well-being benefits. The arts, through various art forms and arts activities create the context for arts engagement. We refer to culture primarily as a sector of activity which can be regulated through policies, but also when we speak about larger societal phenomena and trends. Cultural participation and arts engagement are used as synonyms, the former being more frequently used by cultural professionals in relation to audience engagement and development, the latter being preferred by arts and health studies.

Health and Well-being

Health is defined by the World Health Organization (WHO) in its Constitution as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (*WHO*, 1947).

Well-being has been defined in many different ways and there is no consensus on the parameters constituting well-being. Quite often, the term gets its meaning from the words it is associated with (e.g. subjective well-being, social well-being, psychological well-being).

The past two decades mark a rising preoccupation for well-being. After relying on the gross domestic product (GDP) as the primary measure of progress and prosperity for an extended period, governments came to acknowledge the importance of considering other factors such as quality of life, as well as social and environmental realities. Robert F. Kennedy succinctly encapsulated this idea in 1968 when he remarked that GDP measures everything except that which makes life worthwhile [77]. It wasn't until the 2007 'Beyond GDP' international initiative, led by organisations such as the European Union, the Organization for Economic Co-operation and Development (OECD), and the World Wide Fund for Nature (WWF), that various well-being indices, encompassing both objective and subjective measures, began to be developed [78].

The 4th OECD World Forum on Statistics, Knowledge and Policy on 'Measuring Well-Being for Development and Policy Making' includes in its final statement key aspects for the notion of well-being. Well-being is not simply about the personal conditions, it is tightly connected to the social and environmental factors. In this respect, later on we can argue that environmental sustainability is one dimension of well-being.

"People aspire to a society that allows them to thrive and prosper. Beyond material conditions, people are also concerned about the quality of their life: their jobs and working conditions, their health and skills, the time they devote to their families and friends, their ties with other people in their community, their capacity to act as informed citizens, the quality and security of the environment where they live. They are concerned about the sustainability of natural resources, and have expectations for better governance and more responsive institutions. This requires a new vision that

places the imperative of fostering economic growth within the broader context of societal progress. The notions of well-being and progress thereof are universal and relevant to everyone, everywhere, notwithstanding different cultures, contexts, and levels of economic and social development. Well-being is about meeting people's needs and enhancing their abilities to pursue their own goals, to thrive and feel satisfied" [79].

The CultureForHealth report uses the term well-being to refer to 'a positive state allowing citizens to participate fully in society' [1]. In the report, authors have been concerned not only by the individual dimension of well-being, but also about the social dimension, thus the report chooses to structure the well-being related outcomes that it maps in three main categories: health and well-being, subjective well-being and community well-being (a fourth category of outcomes is related to Covid-19 impacts, thus not relevant for the discussion about the dimensions of well-being) [1].

In the current study**, well-being it is defined as positive state characterised by health, prosperity and satisfaction, allowing individuals and communities to thrive and participate fully in society, having the necessary conditions to fulfil their needs and potential**. In specific cases, well-being will be used in the way the authors of different reports or policies that are cited had been defining the term.

Culture and Well-being

The focus of this research is on the intersection between '**culture' and 'well-being'**. Firstly, I am interested to explore the wider social and political conditions in which 'culture and well-being' emerges as a new discipline and as a paradigm. Secondly, I am looking to understand what are the explored and yet under-explored possibilities of the cultural field, artistic expression and cultural participation, to enable well-being not only for individuals or groups, but for society at large, too. Thirdly, I aim to focus on this emerging discipline and identify how it can develop in order to deliver its promises.

Thus, in this work, I use 'culture and well-being' primarily as a field of work. More precisely: "*Culture and well-being* is an emerging interdisciplinary field supporting cultural participation and the inclusion of cultural practices for improving well-being at the level of individuals, organisations

and communities. It is a field of cross-sectoral action, involving intersections between culture and sectors like health, social care, education and spatial planning" [80].

Concurring framings of this area of work may differ both in the naming and the constitutive elements, reflecting the focus and interest of the organisations proposing the definition. 'Culture for health and well-being', 'Arts and Health', 'Healing Arts' are just a few of the headings used for the discipline. In United Kingdom and Australia the discipline is mostly referred to as 'Arts, Health, and Well-Being', and in Canada and United States 'Arts in Health' is the term more frequently used [81].

Since 2019, the World Health Organization has been dedicating attention to the arts and health link, through research and piloting arts interventions for advancing specific health goals, primarily through its Behavioural and Cultural Insights Unit at the Regional Office for Europe. The WHO refers to: 'innovations incorporating the arts and health' being used with the aim to "enhance physical and emotional support for resilience and well-being in communities, complementing and supporting therapeutic, rehabilitative and preventive efforts, increasing awareness of health and contributing to emergency preparedness" [82].

The CultureForHealth report defines 'Culture for health and well-being' as "an emerging interdisciplinary field supporting the inclusion of cultural practices in treatment and prevention toolkits, built upon: 1) the evidence accumulated by bottom-up actors and researchers of the multidimensional contribution of culture towards health and well-being; 2) and the recognition by policymakers of the sector's potential long-term contribution to the transition towards a well-being economy" [1].

Arts and Health

In its dedicated policy, the Arts Council in Ireland defines 'arts and health' as: "…A range of arts practices occurring primarily in healthcare settings, which bring together the skills and priorities of both arts and health professionals. (…) It aims to promote health and well-being by improving quality of life and cultural access in healthcare settings. It may incorporate different approaches, including conventional arts production and presentation arts participation and environmental enhancement." [60].

It is important to make a distinction between 'Arts and Health' and other practices based on arts, such as 'Art Therapy' and 'Arts and Disability'. 'Arts Therapy' is "a mental health profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship" [83]. While art therapy is practiced by mental health professionals with a diploma in art therapy, arts and health practices involve the work of professional artists, most often in collaboration with medical or social professionals.

'Arts and Health' incorporates both artistic and health aims, while 'Arts Therapy' is exclusively focused on clinical outcomes. Instead, 'Arts and Disability' is a practice promoting the engagement and involvement of people with disabilities in the arts. Additional associated disciplines include 'community-based arts', 'arts and medical humanities', and 'arts and science'. Artists tacking health-related themes in their artworks or creative processes is another type of practice that can be linked to the arts and health nexus. [84].

Cultural Welfare

Strategies aiming to support this type of practices and create formal and functional links between the arts and the health or/and social sector in line with broader policies are being developed in more and more countries.

These strategies are identified as Cultural Welfare, defined as "a new integrated approach to promoting the well-being and health of individuals and communities" [85].

The term was coined by Pier Luigi Sacco and was further conceptualised and put at the heart of the vision and mission of the Cultural Welfare Centre in Italy. As Sacco (2017) proposes, cultural welfare involves "to include the processes of cultural production and dissemination appropriately and effectively within a welfare system and thus make them an integral part of the social welfare and health services that guarantee citizens the forms of care and support needed to overcome critical issues related to health, ageing, disabilities, social integration and all the problems associated with the recognition of a duty of social protection" [86].

Cultural Well-being

Another term emerging simultaneously is that of 'cultural well-being', which is seen as a dimension of well-being, complementary to other indicators of well-being. It is rather a change of perspective, where the focus shifts to the well-being of cultural communities, groups, or identities. It is defined by the Ministry for Culture and Heritage in New Zealand as "the vitality that communities and individuals enjoy through participation in recreation, creatives and cultural activities [and] the freedom to retain, interpret and express their arts, history, heritage and traditions."

Cultural well-being can refer to factors such as cultural identity affirmation, preservation of heritage, access to cultural resources, and the ability to participate in cultural activities. It implies recognising the importance of safeguarding and promoting the well-being of cultural communities as a vital aspect of overall societal well-being. As an example, indicators related to cultural well-being in Wales, include participation in arts, culture and heritage activities, language-related competences, sense of belonging and the status of preservation of heritage. This is conceived both in terms of individual and community cultural well-being [87].

2.2 Theoretical Models Linking Arts and Well-being/Health

A Relational Model for Arts and Health

Following the definitions presented above, one possible model to illustrate the link between the two fields is descriptive in nature, and aims to point at the interconnections and hierarchies of different approaches. The relation between **arts and health** in various settings is changing, not only with the descriptor, but also with the dynamics between the two fields. 'Arts in Health', 'Arts in Medicine' or 'Culture for Health' describe a relation in which the arts are a means to delivering health outcomes. Given the aspiration to establish an equal cooperation between arts and healthcare, reflecting the equal mobilisation of skill, talent and knowledge from the two professional areas, 'Arts and Health' and 'Culture and Well-being' are preferred [60].

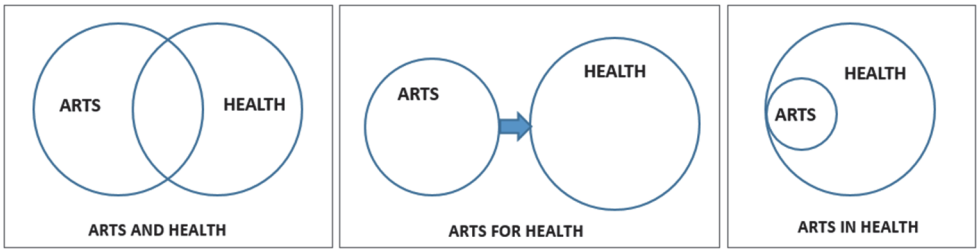


Figure 1. *Illustrating the relation between Arts and Health: 1. Arts and Health, 2. Arts for Health and 3. Arts in Health*

Figure 1 proposes a visual representation of the different interpretations and visions of the relation between Arts and Health. While all three dimensions recognise the connection between arts and health, they differ in their focus and approach. 'Arts and Health' acknowledges the broad relationship between the two fields, 'Arts for Health' emphasises the instrumental use of arts to achieve health-related goals, and 'Arts in Health' underscores the integration of arts within healthcare settings to enhance patient care and well-being.

'Arts and Health' acknowledges the connection between the fields of arts and health, recognising that engagement with the arts can influence various aspects of well-being. It implies a wide range of interactions between arts and health, such as attendance at cultural events, engagement with artistic activities, and the impact of arts on public health initiatives.

'Arts for Health' it is about the purposeful application of arts to achieve specific health-related goals. It views artistic activities or interventions as tools for promoting well-being, focusing on the measurable impact of arts on health outcomes, such as improved physical or mental health, stress reduction, and enhanced quality of life. Examples include art therapy sessions, music therapy for pain management, dance programmes for rehabilitation, and storytelling interventions for mental health support.

'Arts in Health' focuses on the integration of arts into healthcare settings, practices, and environments, relying on artistic experiences, expressions, and interventions to enhance patient care and improve the healthcare experience. It implies a mutual influence between the arts and healthcare, where artistic practices become integral components of healthcare delivery

and contribute to shaping healthcare environments. Examples include arts installations in hospitals, art therapy programmes for patients, music performances for healing, and training programmes integrating arts into medical education.

Models Explaining Impact Enabling Mechanisms

Fancourt and Finn propose in the WHO 2019 report, a logical model connecting arts engagement with health, illustrating the main mechanism enabling arts to generate health outcomes. They describe arts activities as complex, multimodal interventions, characterised by specific mechanisms of engagement that facilitate health and well-being outcomes. These outcomes are not necessarily direct effects of arts engagement, they typically arise from a mix of psychological, physiological, social, and behavioural changes triggered by the arts. The mechanisms through which arts facilitate these changes encompass aesthetic engagement, stimulation of imagination, cognitive stimulation, activation of the senses, social interaction, physical activity, and engagement with knowledge embedded within artworks or arts projects [45].

The sheer diversity of arts and cultural activities, coupled with the multitude of material and cultural contexts in which they occur, make it impossible to formulate simple models or singular mechanisms explaining how arts engagement produces well-being impact. A comprehensive narrative review published in 2021 identifies over 600 mechanisms of action through which engagement with cultural activities lead to health and well-being outcomes [88].

Nevertheless, certain factors have been identified as either enhancing or constraining the effects of arts engagement on well-being. Warran et al. (2022) propose a framework comprising 139 'active ingredients' of arts in health activities. These ingredients are categorised into aspects related to the content of the arts activity itself (project), the dynamics of interaction among individuals engaged in the activity (people), and the environmental factors surrounding the activity (contexts). Moreover, the effects depend not only on these individual ingredients but also on the diverse ways in which they intersect, intertwine, or complement one another [89].

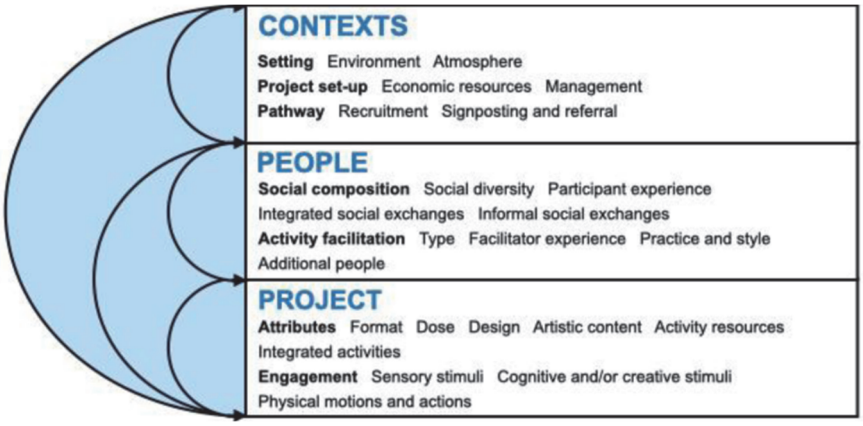


Figure 2. *The INNATE Framework: active ingredient categories, subcategories, interconnections and feedback loops, Source: Warran et al., (2022)*

A Model Illustrating Levels of Impact

Broadly, we can identify three levels of impact: micro level — that of individual, meso level — that of the groups and organisations, and the and macro — that of the society. These are corresponding to individual, organisational and community well-being. This model provides a framework for understanding the multi-dimensional impact of arts engagement on well-being, while also highlighting the different scales at which these impacts occur.

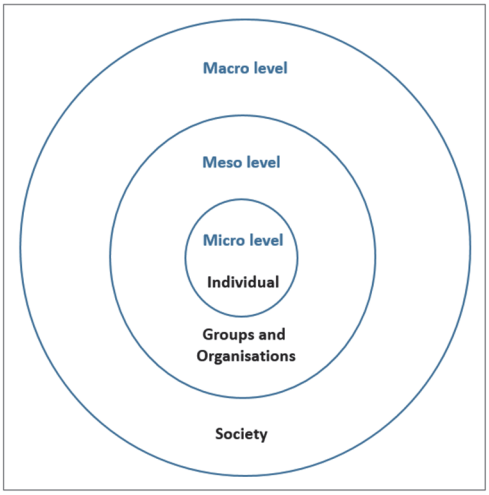


Figure 3. *Levels of impact of culture on well-being*

Micro Level (Individual): At the micro level, the focus is on the impact of arts engagement on individual well-being. This includes emotional, cognitive, and psychological aspects of well-being experienced by individuals through their engagement with the arts. Examples include improved mood, increased self-expression, enhanced self-esteem, and greater sense of purpose and meaning in life.

Meso Level (Groups and Organisations): At the meso level, the focus shifts to the impact of arts engagement on groups and organisations. This includes the collective benefits experienced by groups of individuals who engage in arts activities together, as well as the organisational effects of arts programmes and initiatives. Examples include improved learning environments in schools, workplace well-being, organisational effectiveness and resilience.

Macro Level (Community, Society): At the macro level, the focus expands to the societal impact of arts engagement on broader social, cultural, and environmental systems. This includes the ways in which arts engagement contributes to social change, cultural diversity, and environmental sustainability within society. Examples include improved urban aesthetics and livability, increased citizen participation in community life, improved social cohesion, and social innovation. The well-being of the environment, the planet and non-human life can also be conceived as being influenced by cultural values.

An Evidence Based Framework for the Use of Arts and Culture in Public Health

Golden and colleagues (2024), after extensive efforts and collaborations among experts across sectors developed a framework identifying six primary ways in which arts and culture contribute to public health, detailing 59 specific health outcomes that arts-based strategies can influence. This framework maps evidence-based outcomes and explores the mechanisms through which impacts are generated. The framework demonstrates the connection between arts and culture practices and public health efforts directed to improve community health and promote health equity [90].

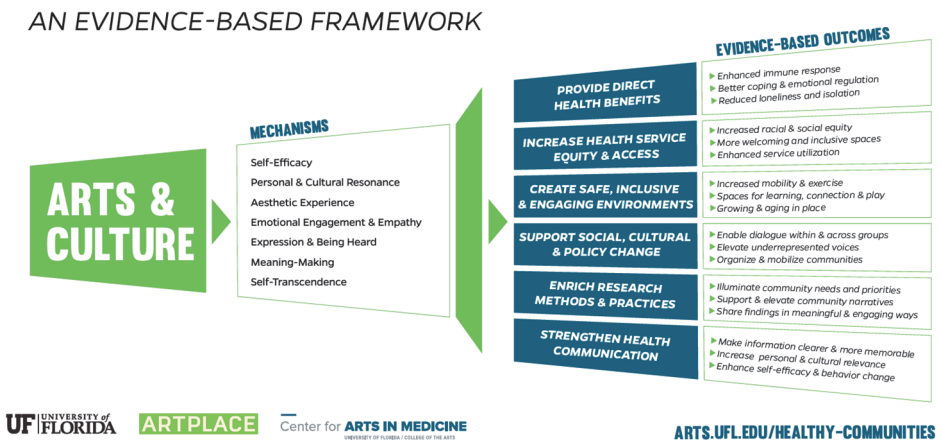


Figure 4. *An evidence based framework, Source: Golden et al. (2024)*

A Socio-ecological Model of Culture and Well-being

While bio-medical solutions focused on the individual continue to be the dominant approach in health and health promotion, the public health field has moved towards a social ecological approach, recognising the impact of social and structural factors [91]. Golden & Wendel (2020) argue that by sticking to a biomedical framework that is constantly patched with new concepts like 'root causes' and 'social determinants', instead of fully transitioning to a socio-ecological perspective, public health limits its effectiveness in promoting broader well-being, health equity and systems-level change.

In order to support a change of paradigm, it is essential to recognise the influence of all contexts, systems, and environments on a person's well-being. The socio-ecological model shifts the narrative from an individual to a systemic perspective, and highlights the importance of diverse strategies, addressing multiple levels at once, to promote well-being and health. Mcleroy and collaborators (1988) argue that "the model assumes that appropriate changes in the social environment will produce changes in individuals, and that the support of the individuals in the population is essential for implementing environmental changes".

Golden's model (**Figure 5**. The social ecological model of health by Golden and Four opportunities for impact of arts in public health, Source:

Golden (2019)) is adapted from the socio-ecological model used by Mcleroy et al. (1988). Mcleroy's model suggests that public health should consider addressing factors at five levels: intrapersonal (individual), interpersonal (relational), organisational, community, and public policy levels [91]. Golden groups the levels of institutions and communities, and adds the layer of Culture. She argues that arts and arts engagement have substantial potential for public health, with various levels of impact that are currently underplayed. Firstly, there are the direct impacts on health of arts engagement (eg. singing for improving respiratory problems). Secondly, there are opportunities for improved and contextualised data about individuals, by using arts to enable self-expression and to record data that is health relevant (eg. the family context of a mental health sufferer), which might also enrich the tools of researchers. Thirdly, arts have been and could be further better used for health communication for to grow awareness and inform health behaviours of larger populations. And fourthly, the power of the arts to stir social, cultural and political change can also support wider change in public health systems [92].

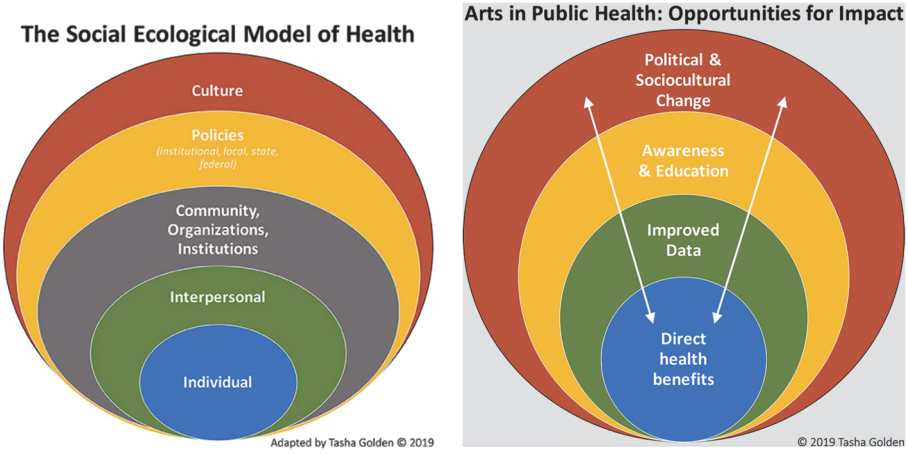


Figure 5. *The social ecological model of health by Golden and Four opportunities for impact of arts in public health, Source: Golden (2019)*

The original socio-ecological model was proposed in the 1979 by Urie Bronfenbrenner to explain the cross-linking factors for human development. It was later adapted and applied to many fields of action. A social ecological

model robustly informed by evidence has been developed to provide a comprehensive perspective of mental health and well-being by Erickson et al. (2024) at the University of Minnesota (see Figure 6). As a reflection of the evolutions in understanding the various contexts and factors determining health, their model includes a sixth layer, that of Societal influences. A recent report by the authors have brought fourth more details on the societal factors impacting mental health and well-being, understood from a wider perspective, including human flourishing. They have identified, among others, cultural and social identity.

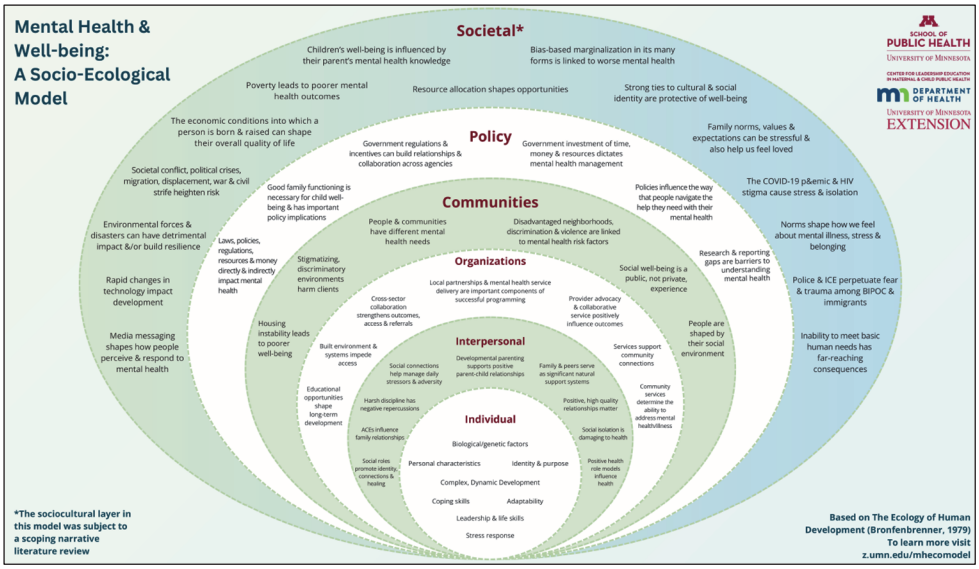


Figure 6. *A Socio-ecological model of mental health and well-being, Source: Erickson et al. (2024)*

Since the social-ecological perspective is in line with the multi-layered value produced through culture, I choose this model as a framework for presenting the factors enabling or hindering positive impacts from arts engagement to health and well-being, in a later chapter. The model I propose (Figure 7) is an adaptation of socio-ecological models by Golden (2019) and Erickson et al. (2024).

While their model does not include a separate cultural level, and the adaptation by Golden does not include a societal level, my proposal of the

model encompasses both these levels. The societal factors can be merged with the cultural ones, as suggested by Erickson et al. (2024), yet I see relevant to make a distinction between the factors stemming from the dominating social and political systems, such as inequality and exclusion, on one hand, and cultural values, on the other hand. While Erickson et al. (2024) refer to culture in the wider sense, by examining ethnic and cultural background and the supporting or detrimental role of adhering to traditions and rituals of certain religious or cultural groups, and Golden (2019) refers to arts engagement and use of the medium of arts for communication, I refer to the Cultural layer as a repository of values and processes inherent to culture and the arts, that determine the narratives and behaviours in the society (and their potential renewal). The cultural level being the outermost circle of the model implies that all the previous levels, including the societal one, are informed and transformed by cultural values and paradigms.

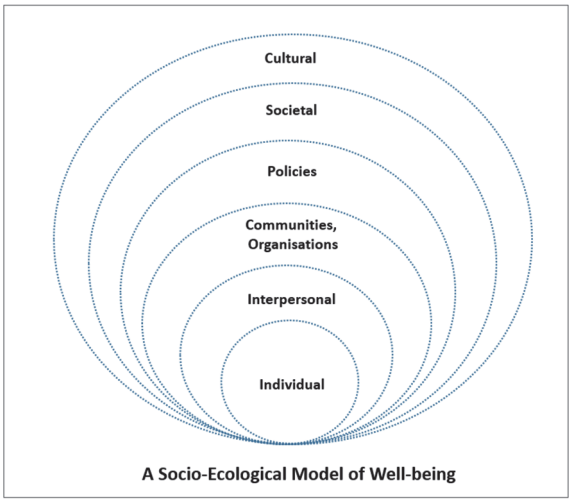


Figure 7. *A socio-ecological model of well-being, incorporating societal and cultural layers*

Culture 'and', 'in', 'for' and 'as' Well-being

Drawing inspiration from Dessein et al.'s (2015) models of culture and sustainable development, I am proposing a framework that illustrates the relations between culture and well-being, encompassing: 'Culture in Well-

being', 'Culture for Well-being', and 'Culture as Well-being'. Additionally, I am also aiming to illustrate a 'Culture and Well-being' perspective, which is proposed as an umbrella for the other three models. By distinguishing between these dimensions, we can get a perspective of the multifaceted relationship between culture and well-being, illustrating on the one hand their reciprocal influence, and on the other hand, the distinct functions of these dimensions in promoting individual and collective flourishing.

Compared to the earlier models depicting the relations between arts and health (Figure 1), which are more concrete concepts, the task to illustrate the link between culture and well-being is more complex and subjective, since both culture and well-being are more diffuse terms, designating intangible concepts. Also, in comparison, Dessein et al.'s depiction of the relations between culture and sustainability operates with a more stable ground, as the concept of sustainable development has a more widely agreed definition.

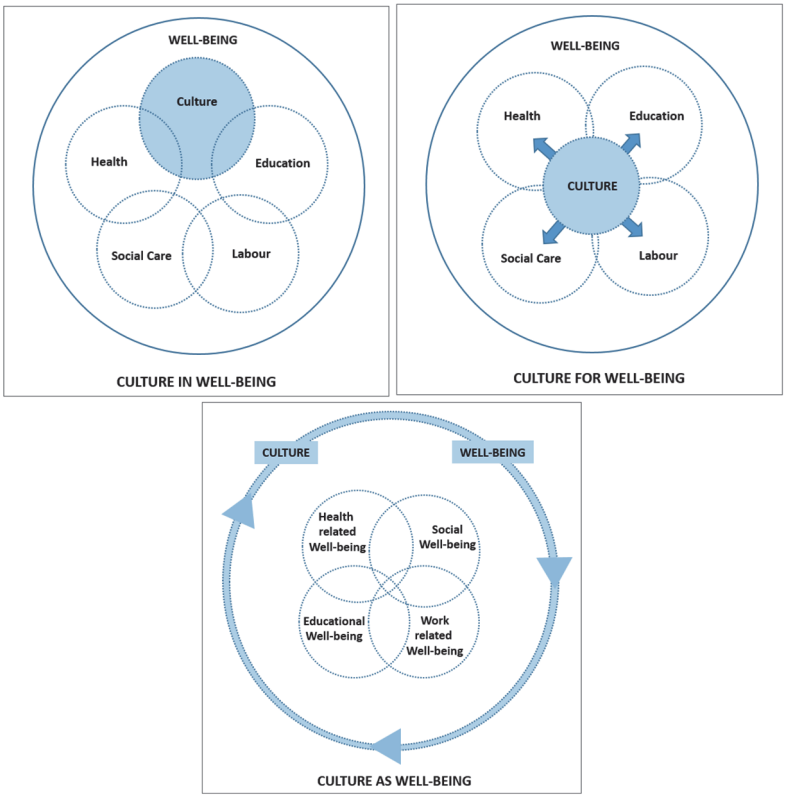


Figure 8. *Culture 'and', 'in', 'for' and 'as' Well-being*

'Culture in Well-being' depicts the cultural sector operating alongside other sectors to deliver well-being. This is related to the institutional value of culture, where cultural organisations, while engaged in 'business as usual' are delivering public good, which also translates into well-being outcomes such as improved emotional states and cognitive stimulation for their audiences, and more vibrant and cohesive neighbourhoods. This model resonates with the narrative that culture as a sector generates well-being [94]. The key to harness the power of the arts for well-being is to increase access to culture, especially of those vulnerable and less likely to attend cultural events, and to provide adequate financial support for cultural actors to deploy their work in cultural venues and communities

'Culture for Well-being' refers to culture as a means to promote and enhance well-being deliberately, mobilising primarily the instrumental value of culture. Here culture is a facilitating component of well-being in non-cultural settings, being integrated in other sectors as a complementary intervention. In this framework, the dominating practice is that of targeted interventions, designed and delivered for achieving specific health or well-being goals. The focus is placed on the well-being enhancing role of the creative process, the artistic mastery and the creation of an artwork as an end product being secondary. The policy implications of this model are mainly related to the transversal integration of culture in sector-specific strategies, and the development of stronger partnerships and cooperation mechanisms among sectors, backed by scientific evidence.

In the 'Culture as Well-being' dimension, culture itself is regarded as a source of well-being, embodying qualities and values that contribute to human flourishing. Cultural engagement, expression, and identity are seen as essential components of well-being, providing individuals and communities with a sense of purpose, connection, and fulfilment. It implies that through closer contact with the arts and improved cultural competences, people ad communities can better adapt and face the complexities of their realities. It also implies activating the intrinsic value of culture for securing human flourishing and restoring the capacity of our society to address current challenges in a holistic way. This model illustrates a potential, rather than a factual reality. It describes what the adequate mobilisation of the power of the arts and culture can promise to deliver, by supporting a massive shift of paradigm both in relation to culture and arts engagement,

and in the approaches to health and well-being. It envisions that wide engagement with the arts/culture shapes a value-based society which promotes and prioritises individual, collective and planetary well-being.

In terms of policies, it is aligned with the prioritisation of long-term, comprehensive approaches, through which both structural change and public narratives are being transformed.

To make the links between the drivers of well-being and economic development more visible and translatable at policy level, the OECD (2019) defined the concept of an 'economy of well-being', as a "virtuous circle in which individual well-being and long-term economic growth are mutually reinforcing". The 'culture as well-being' paradigm can be understood, similarly, as a 'virtuous circle', where cultural engagement and a 'society of well-being' are mutually supportive.

Finally, 'Culture and Well-being' emphasises the interconnectedness and mutual influence between 'culture' and 'well-being'. As observed in the previous chapter analysing the overlapping of three different frameworks to conceptualise cultural value, cultural systems and culture and sustainable development, the narratives and practices corresponding to the models of culture 'in', 'for' and 'as' well-being are co-existing, even if we can notice the prevalence of the first and the acceleration of the second. This means that we cannot clearly and precisely define whether a certain action or institution is operating in one or the other of the models. It is likely that the same cultural institution embraces more than one narrative at the same time. Because of that, 'culture and well-being', which practice shows to be the most largely used term, can be seen as the unifying of the other three models, in the sense of providing a wide enough umbrella for all the different approaches.

The model illustrates the equal level relation between culture and well-being on the one hand, and between the cultural sector and partner sectors that are key for well-being. It also shows that culture in this context is not meant in a broad, anthropological sense, but in the more concrete sense of arts disciplines, cultural practices (both professional and popular), with arts engagement at the core. The illustration of arts engagement and art forms is provided by Davies et al. (2012).

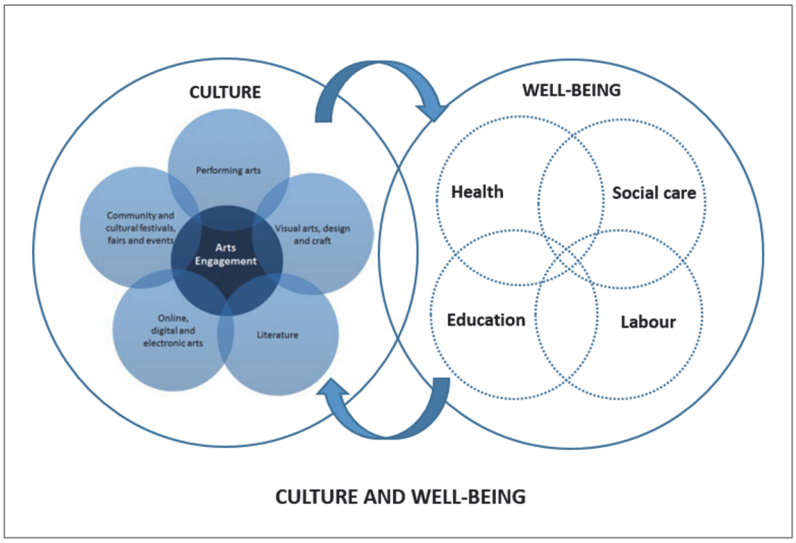


Figure 9. *Illustrating 'Culture and Well-being'. The Culture circle adopted from Davies et al. (2012)*

In these models I choose to include the sectors of health, social care, education and labour, since these are the most relevant ones for the discussion on well-being. There can be other sectors listed and included in the model, like urban design, ICT, and environment protection.

The model can equally be imagined with a different conceptualisation of well-being, for instance using the micro, meso and macro levels as inner circles of the well-being circle, instead of the sector circles.

Connecting 'Culture as Well-being' and 'Cultural Welfare'

The main objective of the exploration in this book is to analyse the emerging area of culture and well-being in order to understand its potential in supporting common good. To this view, by visiting and adapting different models, I seek to find possible theoretical frameworks that can break down this immense and volatile territory into categories that one can operate with, and which can capture the different narratives that evolve in parallel and their underlying dynamics.

The framework of Culture 'and', 'in', 'for' and 'as' Well-being is my main proposal in this sense. Its merit is that it illuminates the concurring

narratives, value propositions and interests at play. It can also help explaining why certain policies or actions would likely meet resistance by different actors, and in pointing to constructive directions for the development of policy and structured action.

At the same time, I am taking stock of other approaches and aim to see if there are convergence points between these and the proposed framework.

While there are numerous publications analysing the links between arts, culture, health and well-being, there are only a few that look at them from the perspective of a sector analysis and of underlying frameworks and paradigms.

One of these is the Cultural Welfare perspective presented in the previous subchapter, which describes a public policy paradigm which, acknowledging the valuable contribution of culture and arts engagement for health and well-being, aims to integrate these practices in the welfare policy. This is not simply about patching the currently welfare systems, nor about extending the business models of the cultural sector, but it is, as presented by Sacco (2017), about an opportunity that welfare systems are re-imagined, to "guarantee to citizens all the forms of care and accompaniment that are necessary to tackle health…and social integration criticalities". It is about a welfare system that does not merely respond to disease and the effects of social exclusion, but one which operates within a logic of prevention, of supporting healthy and inclusive lifestyles and, moreover, that has at the centre the aim of nourishing people's full potential, based on an "eudaimonic harmony between body and mind" [86].

Cultural welfare is, too, a potential, a vision. The current practices, even considering the most promising programmes like culture based social prescribing which are being implemented at city, regional and national level, and promising partnerships between culture and health institutions and welfare agencies are, at best, the early signs of a possible cultural welfare paradigm. 'Cultural welfare' should not be seen as a label to a body of practice and experiments, but a structured policy approach, which needs to be based on targeted cultural interventions, and purposeful alliances between cultural actors and the institutional players of the welfare system, including health and insurance agencies, social and healthcare units and public administration bodies.

Based on their descriptions, relevant similarities between the 'culture as well-being' model, and the 'cultural welfare' paradigm can be observed. They present a vision of a 'society of well-being', where health and welfare policies are taking up holistic approaches, widening their focus from management of disease and the effects of social exclusion, to the promotion of healthy and inclusive lifestyles. In this vision, the well-being of the society and of all its members is about the capacity to reach the highest human potential, and arts engagement - due to art's intrinsic capacity to enrich lives and shape identities – arts engagement is a driving force for flourishing communities and lives lived purposefully. They are involving a shift in public narratives and policy approaches. The public narratives needing change are equally those related to how we conceptualise well-being, and those related to the role and relevance of culture (similarly to the way in which sports have gained acknowledgement as a health behaviour). Additionally, by taking stock of the high complexity of factors, systems and stakeholders that achieving a sustainable level of health and well-being for humans, communities and the planet involves, the two frameworks converge towards the need of a structured response from institutions and policymakers at multiple levels.

Considering the existing body of practice and research, and the preoccupation for the conceptualisation of frameworks that can illuminate possible avenues for future development, although cultural welfare is yet remote as a reality, a paradigm shift in its direction can be observed. By proposing a model of culture as well-being, informed by diverse theories of cultural value and empirical studies, we can better understand and harness culture's capacity to foster holistic well-being. This model highlights that culture and arts engagement are integral to a society (and economy) of well-being, pointing the way towards a more inclusive and sustainable future.

Chapter 3.

Measuring the Impact of Arts Engagement for Health and Well-being

3.1. Frameworks and Challenges

The recognition of cultural experiences as uplifting, positive, insightful, meaningful or transformative is not a new concept, especially for artists and those involved in the arts. They have long acknowledged the profound impact of their work, evidenced by the responses and reactions of their audiences. Within the cultural sector, this transformative power of the arts is accepted as an established fact. However, the quest to measure and provide scientifically backed evidence on the impact of cultural activities and arts engagement is a rather recent imperative.

The growing interest in the benefits of culture for well-being follows the rise in a preoccupation for well-being in general, especially in the global North. After using the gross domestic product (GDP) to measure progress and prosperity for a long while, governments realised that there are other aspects such as quality of life and social and environmental realities that need to be also taken into account. In 1968 Robert F. Kennedy captured this idea well in a few words by saying that the GDP measures everything except that which makes life worthwhile [77].

Historically, various initiatives and indexes have been developed to measure well-being, reflecting a growing recognition of the need to evaluate societal progress in more holistic terms. Early efforts included Raymond Bauer's introduction of 'Social Indicators' in 1966, which marked a pivotal step in quantifying elements of social progress and personal well-being beyond GDP [95]. Further contributions came from economists William Nordhaus and James Tobin, who proposed the 'Measure of Economic

Welfare' in 1973 as an alternative to GDP, incorporating leisure and unpaid work into assessments of economic performance [96]. The OECD's 'List of Social Indicators' (1982) frameworks to gauge the well-being and health of societies more comprehensively [97]. Other milestones included the 'Human Development Report' [98] and Diener and Suh's 'Quality of Life Index' (1997) aiming to provide a more nuanced view of societal health and progress [99].

The 2007 'Beyond GDP' international initiative — started by international organisations such the European Union, the Organization for Economic Co-operation and Development (OECD) and the World Wide Fund for Nature (WWF) — was a pivotal point in the development of indices of well-being including both objective and subjective measures [78]. In Bhutan, the 'Gross National Happiness' index, introduced by the Royal Government in 2012, was an innovative measure prioritizing citizens' happiness as a metric of national progress [100].

Further, well-being measures have been integrated into national accounts and regional assessments. Diener and Ryan (2009) advocated for incorporating well-being alongside economic and social indicators to inform public policy [101], while the Netherlands adopted regional well-being measurements that consider spatial variations and life situation indicators [102].

EU's 'GDP and beyond: Measuring progress in a changing world' communication (2009) and the OECD's 'Better Life Initiative' (2011) sought to integrate well-being and sustainability into mainstream economic metrics [103], [104]. The UN General Assembly's 'Resolution on Happiness' (2012) and the inaugural 'World Happiness Report' (2012) emphasised the global relevance of well-being as a policy goal, underscoring the importance of well-being measures in shaping a holistic view of progress in societies worldwide [105], [106].

Challenges in Measuring the Arts and Their Impacts

Assessing the impact of cultural activities and arts engagement on well-being and health rises a number of questions and poses several challenges.

The mere idea measuring the arts, creativity and artistic processes poses a challenge in the context of evidence-based policy-making. As policy increasingly leans on quantitative data and metrics to justify funding and

strategic decisions, the arts sector often finds itself at a disadvantage. Advocates for the cultural sector raise awareness of the fact that that which is specific and unique to the arts, which we refer to as the intrinsic value, cannot be measured. At least not in numbers and amounts. The aspects that can be captured by quantitative measures and can be consistently recorded, cannot prove or illustrate the dimensions that really make a difference. For instance, a cultural producer can quite easily keep accounts of number of activities, numbers of participants, number of returning audience members and even levels of interaction of participants within a given artistic experience. What is more difficult to convey is the felt experience, the atmosphere, the context, the interaction, the conversation on the side of the arts activity and so on. These can be communicated to some extent through images, stories, testimonials, but they will never compete with big data.

The intrinsic value of the arts refers to the subjective, emotional, and sometimes transformative experiences that the arts provide. These experiences can profoundly affect individual perspectives, foster community identity, and enhance quality of life. Unlike more quantifiable sectors, the benefits of arts are often intangible, such as inspiration, emotional release and intellectual stimulation [107].

While quantitative measures are favoured in policy-making for their objectivity and ease of comparison, they fail to capture the full impact of the arts. Qualitative research methods, such as case studies, interviews, and ethnographic research, can offer deeper insights into how people value and interact with the arts. These methods can articulate the nuances of artistic impact that numbers alone cannot convey. Qualitative research methods are thus more appropriate for capturing the comprehensive impact of the arts [108].

While these types of studies are well accepted in the arts and humanities, the intersection between culture and health creates a tension at the level of what is actually strong evidence, and the reference point seem to be biomedical approaches, such as randomised controlled trials, cohort studies, case-control studies and pre-post studies.

Developing mixed models that combine both qualitative and quantitative methods, including social return on investment [25], could provide a

more comprehensive evaluation of the arts and could better reflect the unique contributions of the arts to society.

While intrinsic values are hard to measure, the economic contributions of the arts are more quantifiable and since they are more persuasive in policy-making, they have been receiving more attention in the past 15 years, being reflected in a growing body of studies on the economic benefits of the arts, such as job creation, tourism, and innovation.

Furthermore, the arts often have a long-term impact on society that can be overlooked in short-term analyses. For example, arts education has been shown to improve academic performance and critical thinking skills over time [109]. The same is the case with well-being related outcomes of the arts. Herein lies the risk of overlooking the potential of the arts by policymakers, since the so called return on investment is neither immediate nor straightforward. Given the complexity of factors that determine one's health and well-being, coming to the firm conclusion that a specific outcome is caused by a certain arts intervention and by that alone, is not case. This is why, the vast majority of studies are able to show statistical significant associations, but not proving causal relations.

In general, we need to gain a wider understanding that the arts' value cannot always be directly measured and policies need to consider these long-term benefits, which may not be immediately apparent but are crucial for social support and transformation. Belfiore and Bennet (2008) discuss the need for arts-specific policy frameworks that acknowledge the unique contributions and challenges of the arts sector [41].

Another challenge is related to the fact that data on culture is very differently and inconsistently collected in different countries. In Romania, for instance, reliable data on the number of active cultural professionals and cultural organisations is still unavailable [110]. This makes it difficult to propose comparative measures between EU countries. Indexes like the Cultural and Creative Cities Monitor (2017, 2019, 2023) developed by the Joint Research centre of the EU [111], [112], or the Urban Cultural Vitality of Romanian Cities [113] are very useful tools to comprehend and compare the contributions of the cultural sector urban development in different cities, focusing on a number of quantitative indicators. However, these indicators cannot reflect the full complexity of cultural offers and their effects on the development of communities.

What to Measure?

This interest in culture 'and', 'in', 'for' or 'as' well-being, manifests itself in a diverse range of practices. The expansion of this domain is primarily attributed to bottom-up and localised endeavours, with only a minor contribution from top-down measures. Although numerous projects, interventions, and experimental actions have been implemented at the practical level, there is a lack of specific policies to address culture, health, and well-being. As a result, there has been an increasing effort to measure the impact of cultural projects and engagement with the arts on well-being in order to provide strong arguments for policy development.

The key distinction to make is between measuring (a) Cultural attendance and arts consumption (both active and receptive) and health and well-being outcomes, further referred to as 'cultural participation'; and (b) The effects of targeted culture-based interventions for health and well-being, further referred to as 'targeted interventions'.

In the first case, the focus is on investigating the extent to which cultural attendance, namely engaging with the cultural offer of cultural producers such as theatres, museums and festivals, and home and community based engagement with the arts such as reading, dancing, singing are associated with health/well-being benefits. In these cases, the arts discipline (music, dance, etc), the type of engagement (receptive or active), the environment of the participation (art venue, community, home, online), and the frequency of participation are key to understanding the outcome. The artworks and arts experiences in this case have not been created with this specific intention. There are multiple studies evidencing health benefits associated to cultural participation, thus legitimating claims that as such, the cultural sector delivers social and health benefits which merely need a better communication in order to receive acknowledgement for its contribution to health and quality of life [94].

In the case of targeted interventions, the content and the process of the experience are intentionally designed in order to address health/well-being issues and deliver such outcomes to specific groups. This would be the case of a series of paining workshops for oncological patients, where the creative

process is the outlet for expressing emotions, sharing time with others, voicing concerns and perhaps leaving a legacy. In such cases the emphasis is not on the artwork and its artistic merits, which become secondary, but on the process and the desired outcomes for the participants (e.g. reduced anxiety, increased social support, improved quality of life, a sense of purpose etc.).

When measuring impact, some aspects to consider assessing include:

- Health and well-being outcomes (such as physical, social, emotional, mental benefits)
- How long the benefits last after participation — in this respect, one can measure short term, mid-term and long term effects
- Cost effectiveness of the interventions.

Other relevant aspects worth considering for evaluation and research efforts may be:

- Understanding the factors that enable and factors that limit the quality and the duration of effects
- Identifying factors that affect the access to culture and the engagement with the arts activities of various target groups, exploring how tastes, social, economic and demographic factors determine levels of engagement. Understanding these factors may offer insights into what measures may be effective in evening our social inequalities and into how to surmount barriers for access for specific target audiences.
- Exploring what type of cultural activities and interventions are more likely to be effective in relation to specific health or well-being outcomes
- Explore the connections between the artistic merits of the intervention and the effects
- Investigating how the context in which the cultural experience takes place influences the access, level of engagement, and quality and duration of effects, and what are the optimal places for the arts engagement to take place
- Understand the mechanisms that lead to the generation of outcomes.

While noticing that measures to assess the relation between culture and well-being at urban level is relatively underexplored, Cicerchia (2022)

suggests a set of quality criteria for creating cultural welfare indicators that can be implemented at the local level [85]. The proposed indicators take into account the distinction expanded above in relation with the purpose of the engagement with the arts, and capture both input (e.g. range of cultural venues and activities) and outcome (e.g. satisfaction with life).

Table 2. *Suggested indicators for assessing cultural welfare*
Source: Cicerchia (2022)

Table 1 Input and outcome indicators of cultural welfare

Purpose	Input	Outcome
Assessment of level of well-being and health associated with different levels of cultural vivacity of individuals and groups, inequalities in terms of opportunity and any impediments to access goods and services related to the arts and culture	(OBJECTIVE INDICATOR, supply). Range of public cultural and artistic venues (museums, libraries, theatres, cinemas, concert halls, galleries, etc.) by city district or neighborhood, every 100,000 residents	(SUBJECTIVE INDICATOR, demand/impact). Average number of hours per week spent engaging in cultural and artistic activities, including informal—singing, dancing, painting, playing music, listening to music, reading books, visiting museums or galleries, watching theatre performances, etc.—perceived as pleasant and mood-lifting, by city residents by district or neighborhood, gender, and age
	(OBJECTIVE INDICATOR, supply). Total amount of integrated artistic and cultural offer (e.g.net hours; net performance units, etc.), per year and territorial area	(SUBJECTIVE INDICATOR, demand/impact). Overall satisfaction with life of people with varying types and levels of cultural and artistic activity: percentage by age, gender, territory
Identifying, monitoring, and evaluating the impact that practiced and experienced cultural activities may have on both individuals and groups	(OBJECTIVE INDICATOR, supply). Percentage of local hospitals that have commissioned artistic decorations of their wards in the last year	(SUBJECTIVE INDICATOR, impact). Percentage of patients in local hospitals who found that decorated wards had a positive effect on their mood
	(OBJECTIVE INDICATOR, supply). Percentage of local museums that have promoted cultural welfare projects in the last year by beneficiary type, number, and duration	(SUBJECTIVE INDICATOR, impact). Percentage of participants in projects of cultural welfare promoted by local museums in the last year who report benefits by beneficiary type, age, gender, and type of benefit

In the past few years, more complex research and development initiatives focused on measuring the social dimension of culture have been carried out in the framework of Horizon Europe. One of these projects, MESOC – Measuring the Social Dimensions of Culture, developed a framework and several tools and resources to aid efforts to measure the social impact of culture, more specifically in the three cross over domains identified in the 2018 European Agenda for Culture – citizen engagement, territorial regeneration and health and well-being.

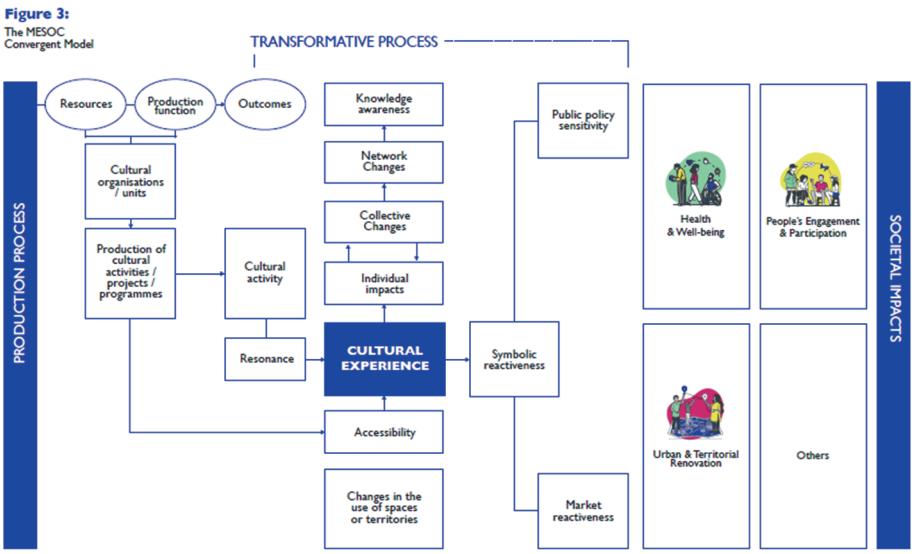


Figure 10. *The MESOC Convergent model describing the trajectories of societal transformation generated through cultural policies and practices*
Source: Calvano & Bonet (2023).

Though its convergent model, MESOC provides a framework that can explain complex processes of societal transformation, centring its approach on the 'cultural experience' and its 'resonance' [114].

How to Measure?

To effectively measure the impact of cultural interventions and artistic activities, it's important to develop comprehensive and nuanced methods that capture both the tangible and intangible benefits these experiences provide.

In the case of cultural participation, tools need to measure both the arts engagement and well-being. In the case of targeted interventions, the details of the arts activities are known, thus one needs to measure well-being and/or other health related outcomes in accordance with the aims of the intervention.

There is a significant distinction in how well-being is measured, focusing on both objective and subjective dimensions [115]. Objective well-being measures incorporate various indicators or a composite index to quantify

material conditions affecting an individual's or a group's quality of life, often linked to financial and social status, like personal or household income, or broader economic indicators such as GDP per capita [116]. On the other hand, subjective well-being assessments aim to capture personal evaluations of life experiences, processing both emotional reactions and cognitive judgments. These are typically quantified through single or multi-item scales measuring : 'happiness with life' and 'satisfaction with life' [117], which have been shown to be reliable across different contexts [118], [119].

Subjective well-being evaluations are concerned with overall life contentment and happiness, including satisfaction in specific life domains like work or leisure [120]. These assessments are generally conducted via survey questions using simple language, such as 'All things considered, how satisfied are you with your life as a whole these days?', asking respondents to rate their life satisfaction on a Likert scale that might range from 'not at all satisfied' to 'completely satisfied' [121], [122]. This form of self-assessment has gained prominence in social science research, which seeks to better understand the personal factors influencing well-being [123]–[125].

Research on subjective well-being not only examines the emotional responses or affective aspects but also the cognitive aspects, where individuals assess their life against personal benchmarks [126]. The cognitive elements involve judgments about life conditions compared to personal standards [127], while the affective components focus on the emotional experiences that contribute to an individual's perceived well-being, measured through positive and negative affect [128].

The assessment of subjective well-being employs various instruments, each with unique features tailored to specific research needs. The Profile of Mood States (POMS), developed by McNair et al. in 1971, measures transient mood states with options for a 65-item long form and a 35-item short form [129]. The International Positive and Negative Affect Schedule Short-Form (I-PANASSF) focuses on ten items that assess affective states and is validated across different cultures [130]. The Personal Wellbeing Index (PWI) quantifies satisfaction across various life domains such as health and relationships [131]. The WHO-5 Well-being Index is a short global scale developed by the World Health Organization to assess mental well-being

based on five simple statements [132]. The Psychological General Well-Being Index (PGWB) covers six dimensions of well-being, including anxiety and vitality, to provide a comprehensive overview of an individual's psychological distress and well-being [133], having also a short version (PGWB-S) [134]. The Personal Wellbeing Score (PWS) [135] is a concise version of the ONS4, introduced in the UK in 2011 by the Office of National Statistics (ONS) to measure subjective well-being (later referred to as personal well-being), that has been validated in the context of social prescribing. PWS uses four subjective well-being questions using simple language (and emoticons) and has a low reading age (9 years).

When assessing cultural participation, a discussion on the appropriate tools to measure the level of engagement with different types of arts and creative activities is also important.

Grouping arts activities in surveys is done in different ways. Most studies differentiate between attending arts activities (receptive participation) and engaging actively with arts and culture (active participation). Some define also a category of entertainment, for activities like playing games and watching movies. Holt (1995, 1998) supports the classification of cultural consumption into three distinct categories: receptive consumption, active consumption, and popular consumption. This framework has become a reference in the literature on cultural consumption practices, prior research demonstrating that these categories apply consistently across various demographic groups [136]–[140]

Ateca-Amestoy (2016) and colleagues analysed how self-reported well-being correlates with cultural activities using data from the 2007 International Social Survey Program (ISSP), which included a "Leisure and Sports" module implemented across 33 countries. The study categorised cultural participation into three types: home-based activities (such as reading and listening to music), attendance-based activities (like attending live music events and movies), and participation-based activities (involving engagement in cultural groups or associations). This classification helped explore the impact of different forms of cultural engagement on well-being [141].

As presented before, in a survey conducted among experts, Davies et al. categorised arts engagement into five distinct forms: (1) performing arts; (2)

visual arts, design, and craft; (3) community and cultural festivals, fairs, and events; (4) literature; and (5) online, digital, and electronic arts. This categorization encompasses a total of 91 specific activities [74].

Yet, beyond measures of cultural participation and measures of well-being, other factors need to be taken into account. Although, research supports the idea that participation in cultural activities significantly influences subjective well-being, independent of income and other socio-economic variables [142], some studies suggest that these benefits are not always directly proportional to the level of cultural consumption but are also influenced by factors such as the social and economic environment, often with income and resources playing the role of mediators or moderators [142], access to resources, and cultural understanding. Moreover, there are limits also related to the difficulty of accurately measuring cultural consumption or separating cultural effects from those of other factors, such as education and income [143].

To conclude, challenges of measuring the impact of cultural activities and arts engagement on well-being and health include several key issues. The intrinsic value of arts, which encompasses the subjective, emotional, and transformative experiences provided by art, resists quantification and standard metrics favoured in evidence-based policy-making. While spill-over effects like the economic contribution of the arts are more easily quantified and persuasive in policy-making, the long-term social, health and well-being benefits, which are crucial for societal transformation and support, are often overlooked due to their intangible and delayed nature. Moreover, the inconsistent collection and unavailability of socially relevant cultural data across different countries complicate the development of standardised measures and policies. Current policy frameworks must evolve to integrate both qualitative insights and quantitative data, ensuring that the arts are comprehensively valued and effectively supported.

The gaps in research include the lack of longitudinal studies, the lack of studies evaluating community well-being, and the importance of inclusive research that considers diverse communities. Studies that identify impact enabling factors and explain the mechanisms of impact generation are also needed. Moreover, developing comprehensive evaluation frameworks using

standardised definitions of arts engagement and well-being are needed to enable comparing across countries and time. Developing nuanced measurement tools that capture both tangible and intangible benefits, and integrating qualitative with quantitative data, are also crucial steps forward.

Tackling these research challenges and gaps and adopting multidimensional evaluation frameworks can support a wider recognition of the role of the arts in enhancing well-being and driving social change.

In the next sub-chapter, I am presenting the findings related to measuring the associations between arts engagement and well-being in three studies, including exploratory tools to capture dimensions of the intrinsic value of the arts in assessing peoples' connection with the arts, an attempt to link people's perception of the arts and cultural experiences with well-being benefits and an approach towards measuring the community impact of arts engagement.

3.2. An Iterative Exploration of Well-being Measures

In this section, I present the findings from three studies that explore the relationships between arts engagement and well-being. This includes the experimentation with several well-being scales, and the use of exploratory tools designed to capture dimensions of the intrinsic value of the arts in assessing individuals' connections with artistic experiences. I also describe attempts to correlate people's perceptions of the arts and cultural experiences with well-being benefits and discuss approaches to measuring the community impact of arts engagement. These are contributions to the area and the gaps described above.

All three studies have been carried out during the Covid-19 pandemic and refer to experiences with arts and culture during the pandemic period, namely the years 2020 and 2021. The analysis of the data from these studies and the reported effects of cultural participation will be presented and discussed in a later chapter. At this point, the focus is on the tools and methods used to measure cultural engagement and well-being.

Table 3. *Overview of the three studies and tools and conceptual frameworks used for assessing the links between arts engagement and well-being*

Study	**Art consumption and well-being during the Covid 19 pandemic (AWB-Covid 19)**	**Impact of artistic interventions on participants with burnout. Case Study (AWB-Burnout)**	**Cultural consumption and practices in Cluj Metropolitan Area (AWB-CJ)**
Type of study	Survey	Pre-post measures	Survey
Type of arts engagement assessed	Cultural participation (active and receptive)	Targeted arts intervention	Cultural participation (active, receptive, entertainment)
Data collection period	May-July 2020	Pre-measures: September 2020 Intervention: October-November 2020, 8 weekly sessions Post-measures: November-December 2020 Follow-up measures: June 2022	January 2022 Data refers to cultural engagement in the previous 12 months (2021)
Data collection method	Online, questionnaire available in 8 languages	Online and face to face	Telephone
Geographic scope	European countries, primarily Italy, Romania, Spain, and Belgium	Cluj-Napoca, Romania	Cluj Metropolitan Area, Romania
Data set	N=1559 valid responses	N=11	N=735 valid responses
Population sample	Individuals aged 14-65+, mainly female, young, with higher education. The sample was weighted to be representative of EU citizens with higher education	Adults aged 19-55, predominantly female, with higher education, with high levels of burnout pre-intervention	Representative sample for the Cluj Metropolitan Area Population, with a margin of error of ±3,6%.
Well-being scales used	I-PANAS (10 items) UCL Museum Wellbeing Measures Toolkit POMS (40 items)	Maslach Burnout Syndrome Scale The Psychological General Well-Being Index (short version) (PGWB-S) (Grossi et al., 2006)	The Personal Wellbeing Score (PWS)

Study	Art consumption and well-being during the Covid 19 pandemic (AWB-Covid 19)	Impact of artistic interventions on participants with burnout. Case Study (AWB-Burnout)	Cultural consumption and practices in Cluj Metropolitan Area (AWB-CJ)
		The Connor-Davidson Resilience Scale (2-item version) (CD-RISC2) The Scale of Positive and Negative Experience (SPANE)	
Qualitative research	Qualitative analysis of the responses (in original language) of the three open questions included in the questionnaire	Focus groups with (1) participants and (2) implementation team	N/A
Level of assessment	Individual Well-being	Individual Well-being Relevant for Organisational well-being due to topic (burnout)	Individual Well-being Community Well-being
Arts engagement measures used	Receptive engagement Active engagement Connection with a specific artwork during the pandemic	Cultural consumption questions Previous experience with arts Relation with the arts post intervention	Receptive consumption Active consumption Entertainment consumption
Art appreciation measures	Perception of how meaningful one's connection with arts was before and after the Covid-19 pandemic (2 questions, 5-point Likert scale)	Open questions during focus group	Perception of importance of arts in one's life (single question, 4-point Likert scale) Cultural Appraisal Profile (CAP)
Pre testing	30 questionnaire filled online Adjustments to reduce length and readability of the form, POMS scale was replaced with I-PANAS-SF.	5 people tested the pre-intervention questionnaire. Adjustments related to readability were done. Creating a control group was attempted, but it was abandoned due to the complexity of the task in the pandemic context.	50 questionnaires filled via telephone interview. Adjustments to the questionnaire were made to reduce the interview duration from 24 to 16 minutes. Testing for internal consistencies pursued.

These three studies have been carried out consecutively, thus the experience in designing the research instruments has been sequentially informed by previous endeavours. As such, the objectives and methodologies of each of these three studies are very different, so the intention is not to make any comparison between them, rather to illustrate the trajectory of experimentation with various tools.

The Design of the Instruments and the Choice of Scales

In the case of all the three studies, the design of the instruments was a collaborative process, including professionals with experience in arts and culture and scientists with a background in sociology, public health and/or behavioural economics. The process involved discussions, drafting several versions of the questionnaires with feedback from all parts, and a re-testing phase followed up by revision of the instruments.

The AWB-Covid 19 questionnaire contains 24 questions, including 5 open ended questions (Q1 - Which country do you live in?, Q6 - What is your main occupation?, Q16- How do you feel when performing a creative activity. Please name up to five emotional states, Q 19 - How does engaging with these art genres make you feel. Please name up to five emotional states. Q21 - Please specify the artwork and what emotions it triggered) and 19 closed-ended questions. The survey was structured in 6 main parts: (1) General information about the respondents (country of residence, residence in urban/rural area, age, gender, occupation, whether respondents continued work or studies during lockdown); (2) People's feelings during Covid-19 pandemic (self-assessment of health and psychological state before the pandemic, I-PANAS to measure well-being before and during the pandemic); (3) Coping strategies during the Covid-19 pandemic (general activities used as coping); (4) Creative activities during Covid-19 (what types of creative activities people engaged with during pandemic, frequency of engagement during and before the pandemic, feelings related to engagement in creative activities); (5) Arts consumption during Covid-19 (what types of arts people engaged with during the pandemic, frequency of engagement during and before the pandemic, feelings related to engagement in the arts,

whether a particular artwork resonated during the lockdown, feelings associated with the artwork if the case); (6) Art & Well-being (how meaningful the relation with arts was perceived by respondents before and after the pandemic, ways in which art is perceived to contribute to the respondent's well-being).

In the design of the research questionnaire we were particularly interested to use a valid instrument to measure the subjective well-being of respondents. The initial version of the questionnaire included the POMS scale, containing 40 items describing moods.

The questionnaire was tested on a sample of 30 respondents. As a general conclusion, this first version of the form was considered too lengthy by respondents, potentially impacting response rates. Participants also found it challenging to accurately identify their emotions using such an extensive list, and there were issues with biased translations in other languages. Thus, the POMS scale was replaced with I-PANAS-SF scale, developed by Thompson (2007). The I-PANAS-SF is a multi-item scale, containing 10 items, is a measure of the affective component of subjective well-being (SWB). This shorter, 10-item scale measures the affective component of subjective well-being (SWB). Additional revisions after the pre-test included corrections to spelling and sentence structure.

The AWB-Burnout tools were used before and after the intervention consisting of a series of seven creative workshops, designed for adults engaged in the workforce or in university studies who manifest burnout symptoms. The aim was to investigate if engagement with the arts can contribute to decrease burnout rates and increase well-being. The participants in the study were recruited through an open call. Since the target group was people with high burnout scores, the registration form included a burnout self-evaluation tool. The same tool was included in the pre and post assessment questionnaire, which also set out to measure well-being, resilience and levels of engagement with the arts. The pre-intervention questionnaire was filled in by the selected participants in the first session of the intervention. At the end of the programme, the participants filled in another questionnaire. The pre and post questionnaires were individually and then comparatively analysed in order to evaluate the impact. These

quantitative measures were complemented by qualitative research through a focus group with participants and another focus group with the members of the team involved in the intervention design and implementation. The former was intended to complement qualitative findings about the effects of the intervention, the latter was aimed at identifying the key elements needed for its replication and upscaling.

The Maslach Burnout Inventory [144], a tool long utilised in stress research, was employed to assess burnout levels before and after the intervention for participants in the workshop. Recognised as a psychometrically reliable instrument, it is effective for researching and measuring burnout or occupational stress. This 25-item instrument evaluates burnout across three dimensions: depersonalization, emotional exhaustion, and personal accomplishment.

The short Psychological General Well-Being Index (PGWB-S) including six items [134] and the 2-item Connor-Davidson Resilience Scale (CD-RISC2) [145] were used to measure well-being and resilience, respectively.

In order to get a more nuanced understanding of the effects on participants, the Scale of Positive and Negative Experience (SPANE) [146] was added to the pre and post questionnaires. This is a 12-item scale measuring positive (six items) and negative (six items) experiences, includes three score indicators: SPANE-P (positive experiences), SPANE-N (negative experiences), and SPANE-8 (the difference between SPANE-P and SPANE-N).

A cultural consumption profile has been included, as a 10-item scale measuring the level of cultural engagement (e.g., music consumption, reading frequency, gallery visits) using a 6-point Likert scale. Scores can range from 10 to 60.

The pre-intervention questionnaire comprised sections on: (1) General information, (2) Lifestyle habits including smoking status, diet, physical activity, and medical conditions, (3) General habits of arts consumption (CCS), (4) General state of well-being, (5) Burnout, using the Maslach Burnout Inventory, (6) Expectations regarding the workshop, (7) Motivation to join the workshop, and (8) Previous experience with arts/creative activities.

The post-intervention questionnaire focused on: (1) General state of well-being, (2) Burnout, assessed again with the Maslach Burnout Inventory,

(3) Whether the workshop met expectations, and (4) Participant feedback on whether they would repeat the experience.

A follow-up questionnaire was submitted to the participants 18 months after the end of the intervention. It included: (1) General state of well-being, (2) Burnout, assessed again with the Maslach Burnout Inventory, (3) Cultural participation habits, and (4) Open-ended questions regarding: perceived alterations in stress and negative emotion management, coping mechanisms employed during the previous 18 months and their perceived efficacy, shifts in engagement with the arts, and other consequences of the workshop series. (5) Suggestions for the organisers regarding the improvement of future iterations of the programme, (7) If they would recommend others to take part in such a programme, and to whom, (8) If they would participate in a similar activity and in what conditions.

The pre-intervention questionnaire was tested on five people and adjusted for language and formulations. Informed consent forms were filled in by participants before the intervention.

The AWB-CJ questionnaire was used in a survey that had a broader scope and several objectives, aiming to provide a more comprehensive understanding of the cultural sector and cultural participation in the Cluj Metropolitan Area (CMA). The study aimed to measure cultural consumption levels and its variation across socio-demographic and spatial factors, assess satisfaction with cultural infrastructure in the area, and help estimate the proportion of cultural workers in the general workforce and the contribution of the cultural sector to the overall economy of the metropolitan area. For the purpose of this research, only the section analysing the associations between cultural consumption, arts appraisal and subjective well-being is referred to. Data was collected through a telephone survey carried out by the Romanian Institute for Evaluation and Strategy – IRES, in January 2022.

The questionnaire included the following sections: (1) General information about the respondents (age, gender, education, ethnicity, residence inside CMA), (2) Cultural consumption (leisure and cultural activities and their frequency, frequency of cultural activities before and after the Covid-19 pandemic, use of the internet for cultural purposes), (3) Cultural spending

(subscriptions to magazines, platforms and streaming services, acquisition of digital devices, and services purchased from artists/architects/designers), (4) Perceptions on culture and cultural experiences (values associated with arts and cultural experiences, perceived importance of the arts in the respondent's life, satisfaction with leisure opportunities in the area, cultural infrastructure needed to increase satisfaction with leisure opportunities), (5) Culture as social cohesion (trust in others, well-being, tolerance, gender inclusion), (6) Socio-demographic data (work status, occupation, sector of activity, whether the respondent works in the cultural sector, household income, number of people in the household, estimated budget spent on arts/cultural participation).

The questions used in the questionnaire were similar to those used in other surveys on the population of Romania or the European population. Cultural consumption was assessed using questions similar to those in the Cultural Consumption Barometer [147] conducted by the National Institute for Cultural Research and Training in Romania. Trust and social distance were evaluated through a set of questions used in the European Values Study. Household expenditures on cultural goods and services were monitored according to the Eurostat Guide for Statistics in Culture [148]. Questions about well-being were proposed by Benson, et al. (2019). Additionally, the questionnaire includes specific questions unique to the research.

For cultural participation, the analysis was based on 15 questions on a 6-point Likert scale. identified three principal components explaining 45.3% of the variance. These components show good internal consistency with McDonald's ω values ranging from 0.753 to 0.824 and an overall McDonald's ω of 0.912. The model fits well as evidenced by a KMO of 0.798 and a $\chi 2$ value of 1850 ($df = 105$, $p < 0.001$). The components identified represent various dimensions of cultural engagement, from active participation in artistic endeavours to receptive participation like attending operas and galleries.

Additionally, we included sociodemographic factors in our analysis to control for potential influences on well-being, using regression analysis to derive Cultural Participation Component Analysis (CPCA) scores. These scores were standardised to have a mean of zero and a standard deviation of one, differentiating the impact of various sociodemographic characteristics on the cultural engagement.

Approaches to Measuring Well-being

Quantitative Approaches

In the three studies, different psychological or sociological scales designed to measure well-being and emotional states had been used. Additionally, given the specific objectives of the AWB-Burnout study, measures of resilience and burnout have also been included in this particular case.

The choice of tools changed from one research to the other, firstly because each study had a certain focus and the scales opted for seemed the most appropriate. For instance, I-PANAS, used in the AWB-Covid-19 research, describes in certain detail the positive and negative emotional states. This was important for the more nuanced assessment of the experiences during the first months of the Covid-19 pandemic and for the fact that the focus of the research was on emotional well-being. Also, I-PANAS is a rather short tool, comprising of 10 items, which proved appropriate for the online questionnaire which relied on snowballing for dissemination. Compared to the initial attempt to use the 40-item POMS scale, which was replaced after the pre-testing, I-PANAS proved an appropriate tool. As such, I-PANAS does not measure subjective well-being, thus it does not provide insights into people's satisfaction with life and meaning with life. I consider not including such a measure in the questionnaire as a limitation of the study. However, more insight was provided by the original questions and scales included in the questionnaire design.

The AWB-Burnout study grouped several scales in the questionnaires used at three points in time, the PGWB-S for subjective well-being, CD-RISC 2 for resilience, SPANE for positive and negative affect and MBSS for burnout. Including all these scales, requiring longer time and focus to fill in, was feasible in this case, given the small number of participants and the nature of the activity, involving face to face meetings. The participants were kindly asked to fill in the forms during the first and the last session.

In contrast, for the AWB-CJ study, which involved telephone interviews with over 735 people, the challenge was to use a well-being scale that will be very short and easy to understand. Benson's PWS, providing a simplified version of ONS4, comprising of 4 items with very short questions and using

42 words in total in the English version, was the most appropriate tool identified. The PWS scale translated in Romanian was validated during the pre-testing phase. Compared to the tools used in the other two studies, PWS measures four aspects of well-being (meaning in life, satisfaction with life, positive affect, negative affect), but offers no details or nuances, which may, in the end, have influenced the findings.

Qualitative Approaches

We were also interested to add a **qualitative approach** to these studies, precisely to address one of the gaps mentioned above and to increase chances of insights on the links between arts engagement and well-being. With the awareness of the debate on the complexities of an integration between quantitative and qualitative data, we have chosen to introduce qualitative methods, since they are appropriate for restoring meaning to complex, multi-contextual and transforming situations.

In the initial survey, AWB-Covid-19, we incorporated a question asking respondents if they had connected with a particular work of art during the pandemic months leading up to completing the questionnaire, and what emotions this engagement evoked. We also included open-ended questions that invited people to describe their emotional experiences while involved in both active and receptive arts and cultural activities.

Table 4. *AWB-Covid-19: Connection with a specific artwork during the lockdown*

Study	Questions	Type of question
AWE-Covid-19	During the pandemic, did you feel a particular connection with a specific artwork (song, film, painting etc.): for instance, it brought to you joy, hope, sadness?	Closed question, response options: Yes/No
	Please specify the artwork and what emotions it triggered.	Open question
	How do you feel when performing a creative activity? Please name up to five emotional states.	Open question
	How does engaging with these art genres makes you feel? Please name up to five emotional states.	Open question Note: art genres = list of receptive art activities provided in the previous question

In this case, research method was qualitative content analysis, which can be used to analyse any form of textual material. Content analysis is a method used to classify words and sentences into categories that have theoretical significance. Initially, a distinct analysis unit is chosen, encompassing individual words, sentences, word combinations, or themes. The creation of these categories is a crucial aspect of content analysis. These categories allow the researcher to systematically measure the frequency of words, phrases, or sentences.

The analysis was performed on the original language of the responses (English, Spanish, Italian, Romanian, Hungarian, French, Slovenian, Dutch) by using the Atlas.ti software. We employed an inductive content analysis method, which facilitated the identification of similarities and provided a coherent and comprehensive understanding of the data. During a first level of analysis, the emerging categories and the main relationships were identified, through word-by-word, sentence-by-sentence analysis. In a second level, the categories that emerged from the texts were linked to the theoretical tools, in particular the theory of emotions [149] and the categories proposed by the UCL Museum Wellbeing Measures Toolkit [150] for measuring well-being during cultural experiences.

As a result, the analysis helped in identifying the most prominent categories of emotions that were experienced by respondents in relation to a specific work of art, allowed abstraction and interpretation of the meaning of these categories for the well-being of individuals in the concrete context of the Covid-19 lockdown, and helped mapping the most frequent art forms that people connected to and the emotions most often associated with them. The possibility to use quotes from the responses of participating individuals also provides an invaluable resource for communicating the effects of arts engagement during the pandemic to wider audiences.

The second study, ***AWB-Burnout*** also used qualitative research, which was based on (1) a detailed journal of the lead artist, with entries after each session and two semi-structured focus groups, (2) one with workshop participants, and (3) the second with the project team, including the lead artist and the two co-designers and managers of the programme from the hosting NGO.

The journal entries included detailed notes about the progress of the session in relation to the plan and objectives, and relevant observations regarding participants' response, their interactions and any logistic needs. The first focus group aimed to get depth in understanding the experiences of the participants, who were asked about their initial expectations and how they have been met, their experience of the workshop sessions and their perceived effects on their state of well-being and their evaluation of the programme delivery. The second focus group focused on the experience and observations of the intervention team, to evaluate the project delivery and list key takeaways for future iterations.

In the third study, ***AWB-CJ***, due to the broader scope of the research, we did not conduct a qualitative assessment concerning the effects of cultural participation on well-being. While we underscore the value of integrating qualitative and quantitative methods, it must be acknowledged that such integration is not always possible.

Exploratory Approaches

Having the intention **to explore links between dimensions inherent to the arts experience and well-being outcomes,** we have proposed an evaluation item consisting of a list of such outcomes and asked the respondents to select up to five most relevant contributions of arts to their well-being.

Table 5. *AWB-Covid-19: Question proposing a check list of possible art-related benefits*

Q: How does ART contribute to your well-being?
Please select up to 5 categories. *
□ Makes me feel better
□ Helps me connect to memories
□ Gives me hope
□ Reminds me I am not the only one going through difficulties
□ Helps me celebrate and feel that I belong to a community/group
□ Makes me reflect on my life
□ Makes me value life
□ Mirrors my feelings of love/longing for love
□ Helps me get into a desired mood (calm, energetic, etc)
□ Guides me through anxiety, depression or difficult moments
□ Makes me experience awe, beauty, transcendence
□ Helps me put things into perspective
□ Helps me imagine possible futures
□ Helps me understand myself and others
□ Helps me get knowledge
□ Other:

This list of attributes has been compiled based on the suggestions of de Botton and Armstrong (2013). In 'Art as Therapy', they propose that arts can help individuals cope with their challenges, enhancing their well-being by fostering a deeper connection with their emotional landscapes. They emphasise art's role in aesthetic appreciation and as a means for personal reflection and emotional healing [40].

In the process of data analysing, in order to facilitate different correlations, the benefits in the list have been clustered, resulting in 4 dimensions, as illustrated in the table below.

Table 6. *AWB-Covid-19: Dimensions of art-related well-being – Emotional, Cognitive, Aesthetic and Social*

Benefits of the Arts	**Dimensions**
Makes me feel better Helps me connect to memories Gives me hope Reminds me I am not the only one going through difficulties Helps me celebrate and feel that I belong to a community/group Makes me reflect on my life Makes me value life Mirrors my feelings of love/longing for love Helps me get into a desired mood (calm, energetic, etc) Guides me through anxiety, depression or difficult moments Makes me experience awe, beauty, transcendence Helps me put things into perspective Helps me imagine possible futures Helps me understand myself and others Helps me get knowledge	**1. Emotional** Feelings/Improved mood Makes me feel better Helps me get into a desired mood Guides me through anxiety, depression or difficult moments Gives me hope
	2. Social Social/Connection Helps me celebrate and feel that I belong to a community/group Reminds me I am not the only one going through difficulties Helps me understand myself and others Mirrors my feelings of love/longing for love
	3. Cognitive Meaning/Significance Makes me reflect on my life Helps me put things into perspective Helps me imagine possible futures Helps me connect to memories Makes me value life Helps me get knowledge
	4. Aesthetic Aesthetics/Transcendence Makes me experience awe, beauty, transcendence

The dimensions of well-being benefits that we operated with are similar to those described by other authors. In the MESOC research, Ghirardi et al. provide a theoretical framework that describes three phases of cultural experience: pre-, during and post- fruition. During the consumption phase, five typologies of perceived impacts are identified: (1) cognitive, (2) emotional, (3) aesthetic, (4) relational and (5) identitarian [151].

Throsby (2001) suggests that cultural value is fundamentally different from economic value because some intrinsic qualities of cultural goods cannot be quantified monetarily, as they do not elicit a direct willingness to pay. He outlines that cultural value emanates from specific characteristics inherent in a cultural activity, namely: (1) aesthetic, (2) authenticity (reflecting original value), (3) historical significance, (4) spiritual relevance, (5) social (facilitating connections among individuals), and (6) symbolic (bearing meaning and information) [22]. Throsby's categories refer to the intrinsic values of a cultural activity, and are associated with corresponding benefits: (1) aesthetic, (2) identity (derived from the authenticity/uniqueness, historical significance and spiritual value), (3) social and (4) cognitive (derived from the symbolic value) [22].

Table 7. *Categories of art-related well-being benefits according to Throsby (2001), Zbranca et al. (2020) and Ghirardi et al. (2023)*

Throsby (2001)	Zbranca et al. (2020)	Ghirardi et al. (2023)
Aesthetic	Aesthetic	Aesthetic
Cognitive	Cognitive	Cognitive
Social	Social	Relational
Identity		Identitarian
	Emotional	Emotional

In conclusion, the four categories of benefits identified are consistent with other theoretical models and are useful variables to work with when measuring effects of arts participation on well-being. Considering the overlaps of the three models discussed above, we would suggest the model with five categories proposed by Ghirardi et al. as the most comprehensive framework.

The learnings from this experiment informed the decisions for the design of the AWB-CJ questionnaire, which will be expanded in the next sub-section.

Approaches to Understanding how the Individual Relationship with the Arts Has an Effect on Well-being

One of the interests of these studies was also to gain insights on what are the factors that support well-being outcomes. One of the hypothesis we had was that a higher interest and/or motivation for the arts may have such as supportive role. Although there are but a few studies in this respect, previous research by Lee and collaborators (2021) suggests that a positive and appreciative disposition towards arts ('savouring art') was connected to a higher level of both psychological and subjective well-being [152].

Perceived Connection to the Arts

To test this hypothesis, we included in the surveys questions like: "How meaningful is your connection with art…?" or "How important is art in your life?".

Table 8. *AWB-Covid-19, AWB-CJ: Assessing respondents' relationship to the arts*

Study	Questions	Type of question
AWB-Covid-19	How meaningful was your connection with art BEFORE the Covid-19 pandemic? How meaningful is your connection with art DURING the pandemic?	1-5 Likert scale, 1 = not at all, 5 = extremely meaningful
AWB-CJ	How important is art in your life?	1-4 Likert scale, 1 = not at all, 4 = very important

The relationship between a strong connection to the arts and the perceived well-being benefits is statistically significant. Respondents who reported a meaningful or very meaningful connection with the arts during the pandemic have higher Positive Affect scores compared to those who feel less connected to the arts. Among them, 81.8% perceive cognitive, 61.54% emotional, 59.32% social and 41.16% aesthetic benefits from the arts.

This suggests that the individuals' perception of the arts may be, in itself, a factor for well-being.

The Cultural Appraisal Profile

Furthermore, to assess cultural appreciation or appraisal, the AWB-CJ study aimed to measure people's associations with arts and cultural experiences. The cultural appraisal profile consisted of a single principal component that explains 49.1% of the variance in the associated variables, demonstrating strong internal consistency with a McDonald's ω of 0.884. This component encompasses the variation across eight dichotomous variables time spent with others, making new friends, positive emotional experiences, escape from routine, new knowledge, aesthetic value, entertainment, tradition, and diversity, as shown in Table 9.

Table 9. *AWB-CJ: The Cultural Appraisal Profile*

Do you associate the arts and cultural experiences with …?	**Answer options**
Times spent with others, new friends	Yes/No
Emotional experiences	Yes/No
Escape from the everyday	Yes/No
New knowledge	Yes/No
Beauty	Yes/No
Entertainment	Yes/No
Tradition	Yes/No
Diversity	Yes/No

The tool has been tested prior to full scale use on a sample of 50 respondents and was validated for consistency. Its language was optimised for clarity. The initial proposal included 11 "aspects": *Times spent with others, Emotional experiences, Escape from the everyday, New knowledge, Beauty, Entertainment, Tradition, Diversity, Imagination, Expenses* and *Self-reflection*. The last three aspects (Imagination, Expenses and Self-reflection) did not prove consistent with the other eight and have been removed in the final version of the tool. The proposed list of aspects was informed by the model tested in the AWB-Covid-19 research. These are consistent with the impact categories by Ghirardi et al.: (1) cognitive (New knowledge; Escape from the everyday), (2) emotional (Emotional experiences), (3) aesthetic (*Beauty*), (4) relational (Times spent with others, new friends), and (5) identitarian (Tradition; Diversity; Entertainment).

There are a few valuable insights stemming from this exploration.

Firstly, the analysis showed a significant correlation between the scores of the single principal component (the Cultural Appraisal Profile) and the participants' responses to the question "How important is art in your life?", measured on a 4-point Likert scale. The mean scores of the cultural appraisal profile, recorded as principal component regression scores, demonstrated a nearly linear increase from "not at all important" to "very important". This pattern indicates that the scores effectively serve as an appraisal index for cultural and artistic experiences. Statistically significant differences were observed in the principal component scores across all categories.

Secondly, the findings suggest that **cultural participation with the mediation of cultural appraisal can be a crucial factor in improving well-being. This implies that individuals must recognise and value cultural experiences as meaningful to positively influence their well-being.**

We wanted to see if the same holds true in the case of the single question "How important is art in your life?". While the single question and the cultural appraisal profile are synonymous in terms of expressing the appreciation for arts, their role in acting as mediators for well-being is not. As findings suggest, the 4-point Likert scale may be too limited, and future research should test the same question with a 7-point Likert scale, which might be able to explain a mediation role for higher interest in the arts and a person's perceived well-being.

Finally, the findings indicate that **active and entertainment-related cultural participation practices have an indirect positive impact on subjective well-being through the mediation of cultural appraisal.** This relationship persists even after controlling for demographic and socioeconomic factors.

To conclude, the Cultural Appraisal Profile may be a useful instrument in assessing the relation between cultural participation and well-being, and the factors nurturing this connection. Findings indicate that **the way people understand and value arts and cultural experiences may play an important role in the extent to which their engagement with certain forms of culture will benefit their well-being**.

An Approach to Measuring Community Well-being

While several studies have explored the relationship between cultural consumption and subjective well-being, as already discussed, there is a gap in research concerning the impact of culture on community well-being. The AWB-CJ research aimed to also examine how participation in cultural and artistic activities can foster collective practices, potentially creating common goods and values in urban settings. Previous studies on culture and well-being lacked the technical tools for such analysis. In organisational studies, the mismatch between individual perceptions and broader cultural norms is well-documented, leading to the development of tools such as "mean rater reliability: to assess the convergence of individual attitudes, beliefs, and values in support of a common culture. Thus authors borrowed from organisational studies to test if cultural practices can generate common goods.

Cultural practice theories, building on Bourdieu's contributions (1984, 1989), offer a suitable framework for analysing culture as they include routine activities learned through socialization, covering both symbolic practices like language and art, and practical activities like cooking and cleaning. These theories illustrate how practices, such as gift-giving, create social bonds, express gratitude, and signal status, thus influencing norms and values within material culture.

However, unlike Bourdieu's structuralist emphasis on collective aspects and mutual positioning, current theories also recognise individual choice, avoiding overly simplistic or generalised views of cultural practices. This nuanced understanding acknowledges both the influence of social structures and individual practices, aiming to expand existing literature on the link between cultural participation practices and subjective well-being by exploring the common goods hypothesis and incorporating structural factors like income, education, and occupation into the analysis.

Moreover, it is a different issue if the individual values that emerge through cultural participation are transformed in collective ones. Our data also supports the hypothesis of cultural commoning, which proposes that shared values and attitudes towards the arts exist among those who engage

in similar cultural practices. This is evident in the significant variations in 'mean rater reliability' scores for cultural appraisal between those who engage in cultural practices and those who do not. The hypothesis of cultural commoning suggests that engaging in cultural consumption can promote subjective well-being through urban intimacy, for both cultural workers and the general public. This idea partly overlaps with theories that argue that social capital gained from community interaction positively impacts individual and collective well-being [153]. However, the commoning hypothesis suggests that by engaging with arts and culture, individuals participate in creating and sustaining a shared framework for interpreting and appreciating art. The very act of cultural consumption contributes to a sense of collective sense-making, enhancing subjective well-being indirectly, and contributing to a new socially constructed understanding of the role of culture in society.

Chapter 4.

Well-being and Health Outcomes Related to Arts Engagement

A substantial amount of scientific research has been conducted on the influence of arts and cultural engagement on health and well-being, in the past decade. A significant milestone in this area was in 2019 the publication of the World Health Organization (WHO) report titled "What is the evidence on the role of the arts in improving health and well-being? A scoping review" by Fancourt and Finn. The increasing body of evidence in this area consists of domain-specific scoping or systematic reviews, randomised controlled trials, observational studies, qualitative research, as well as text and opinion papers.

In 2022, I was part of the team of researchers writing a scoping review as part of the CultureForHealth project, which was published in the CultureForHealth Report 'Culture's contribution to health and well-being. A report on evidence and policy recommendations for Europe' [1]. The European Parliament and European Commission launched in 2020 the Preparatory Action - Bottom-Up Policy Development for Culture & Well-Being in the EU, and the scoping review responded to these guidelines [50]. Culture Action Europe, The Northern Dimension Partnership for Culture, Društvo Asociacija, Cluj Cultural Centre, Trans Europe Halles, and Central Denmark Region formed the consortium that carried out the project.

The report comprises two main parts, a scoping review and a policy recommendations section. Aiming to present here an overview of existing evidence on the effects of culture for health and well-being, the reminder of this section presents mainly the findings of the scoping review. A review of policies and

an analysis of strategies and projects with the view to identify further policy recommendations will be the focus of a later chapter of this book.

The scoping review aimed to provide evidence regarding the effects of cultural participation on health and well-being.

After screening about 8200 article abstracts, 310 research papers originating from countries across the globe and published between 2005 and November 2021 have been included in the review. The papers that were included in the analysis included meta-analyses, systematic reviews, scoping reviews, observational studies that were non-randomized or quasi-experimental, mixed-methods studies, expert opinion and text papers, qualitative research, and policy reports.

This scoping review builds upon the findings of the 2019 World Health Organization [45], especially in the approach to health outcomes. Nevertheless, its focus goes beyond the health dimension, encompassing the subjective and community well-being dimensions.

The evidence was structured under four themes: (1) 'Culture and Health', (2) 'Culture and Subjective Well-being', (3) 'Culture and Community Well-being' and (4) 'Culture and COVID-19'. The findings of the review are presented synthetically primarily in the form of tables in the following sub-sections.

4.1. Health and Well-being outcomes Related to Arts engagement

To provide an overview of the documented effects of arts activities and cultural participation on health and well-being, data extracted was structured by thematic categories and then further, by categories of outcome. Culture and Health outcomes are divided in two main categories: (A) health promotion and disease prevention and (b) management and treatment of disease, following the WHO 2019 report model. Culture and Subjective well-being outcomes have been grouped in four categories, following the definition of subjective well-being by Das: (A) Personal Fulfilment and Engagement, (B) Personal Orientation, (C) Experiences of Emotions and (D) Personal

Evaluations of Life. Culture and Community Well-being outcomes are presented in the categories of (A) Social Inclusion, (B) School- and Work-related Well-being, (C) Local Development and (D) Built Environment and Well-being. Given the small number of articles mapped in the Culture and Covid-19 theme, the outcomes under this theme have not been further divided into sub-groups.

Table 10 provides a summary of the results, organised according to the four main themes.

Table 10. *Categories of health and well-being outcomes associated with arts engagement*
Source: Zbranca et al. (2022)

1. CULTURE AND HEALTH	2. CULTURE AND SUBJECTIVE WELL-BEING	3. CULTURE AND COMMUNITY WELL-BEING	4. CULTURE AND COVID-19
A. Prevention and Promotion	**A. Personal Fulfilment and Engagement**	**A. Social Inclusion**	Creative activities as preferred leisure
Healthy living and health-promoting behaviours	Acquiring and developing skills	Social bonding and inclusion	Innovative strategies to cope with challenges
Health communication	Self-expression	Inclusion of disadvantaged groups	Resilience
Prevention of ill health	Empowerment	Increasing social engagement and reducing isolation	Reducing stress and short-term anxiety
Maternal mental health and mother-infant bonding	Increased social engagement, bonding and inclusion	Reducing stigma	Delivery of public health information
Care-giving	Sense of identity and belonging	Well-being and inclusion of refugees	Counteract negative effects of social isolation
B. Management and Treatment	**B. Personal Orientation**	**B. School- and Work-related Well-being**	
Mental health conditions	Resilience	School-related well-being	
Neurodevelopmental and neurological disorders	Positive behaviours	Work-related well-being	
Noncommunicable diseases	Empathy	**C. Local Development**	
Acute conditions	Confidence and Self-Value	Well-being and quality of life	
	C. Experiences of Emotions	Active citizenship	
	Improved mood	City cultural profile and well-being	
	Positive emotions	**D. Built Environment and Well-being**	
	Emotional regulation	Built heritage	
	Reduced anxiety and depression	Environmental design in healthcare	
	Reduced stress, improved relaxation and flow	Public space design	
	Bereavement Support		
	D. Personal Evaluations of Life		
	Improved well-being and quality of life		
	Life satisfaction and motivation		
	Finding of meaning		
	Improved knowledge and reflectivity		

Culture and Health

In the field of Culture and Health, research suggests that participating in cultural activities can have positive effects on promoting health, preventing illness, and managing and treating different conditions.

A. Prevention and Promotion

- **Healthy living and health-promoting behaviours** — Participating in different arts activities and interventions can potentially benefit mental health across different age groups, improving well-being and quality of life [154]. For instance, engagement in visual arts workshops, encompassing activities such as wire sculpting, clay modelling, painting, and collage, resulted in notable enhancements in the mental well-being and resilience of adolescents [155]. Engaging in music-making on a daily basis has been linked to improved health outcomes in adults, especially women. These individuals reported experiencing less frequent instances of poor physical or mental health compared to a control group [156]. Moreover, participation in receptive and creative cultural activities has been linked to good health and satisfaction with life, with gender differences observed in the association [157]. Aesthetic experiences at cultural heritage sites have demonstrated a positive impact on physical and mental health outcomes, including stress reduction and improved well-being [158].
- **Health communication** — Theatre performances on health topics can increase awareness of various health conditions [159]. Drawing has the potential to enable patients to express their disease-related states, which can be particularly useful in healthcare settings, such as hospitals [160].
- **Prevention of ill health** — Group singing has been found to improve respiratory function, cognitive function, and social inclusion, especially for elderly people [161], [162]. Reading groups could potentially enable improved mental well-being and social bonding, serving as a preventive measure against mental health issues life [154].
- **Maternal mental health and mother-infant bonding** — Interventions that involve singing appear to be effective in reducing

symptoms of postnatal depression, resulting in enhanced emotional well-being of mothers and improved bonding between mothers and infants [163].

- **Caregiving** — Singing and storytelling may provide emotional support to caregivers, aiding in coping with stress, promoting well-being and helping with bereavement [164], [165].

B. Management and Treatment

- **Mental health conditions** — Group singing has been shown to potentially improve mental health-related quality of life and reduce anxiety and depression among various populations, including older adults [166]. Visual arts activities, such as painting and drawing, have been found to decrease anxiety and depression and increase self-worth and self-esteem for individuals with mental health conditions [167]. Creative engagement, including singing, dancing, and creative writing, has the potential to support emotion regulation, positive emotions, and well-being for individuals living with mental health conditions [168], [169].
- **Neurodevelopmental and neurological disorders** — Music interventions may benefit people with dementia, Parkinson's disease, and cerebral palsy by improving cognitive function, social interaction, and emotional well-being [170]–[172]. Creative activities, such as storytelling and digital content use, can aid in self-expression and social interaction for dementia patients [173], [174].
- **Noncommunicable diseases** — Art therapy and participatory creative arts interventions have shown positive outcomes for a range of health conditions, such as cancer, chronic pain, and chronic obstructive pulmonary diseases [175]. Group singing has been found to improve respiratory function, psychological well-being, and social functioning for people with chronic obstructive pulmonary diseases [176], [177].
- **Acute conditions** — Engagement with arts activities, such as painting, drawing, and music interventions, could potentially reduce pre-operative anxiety in children undergoing surgery [178], [179]. Music interventions have been found to alleviate perioperative

anxiety and pain for surgery patients, including those under general anaesthesia [179], [180]. Hospital clown interventions have been shown to reduce stress and anxiety in children undergoing medical procedures [181]. Creative arts may assist in pain reduction across various medical contexts, including cancer treatment and chronic pain management [182].

The evidence highlights the diverse and significant impact of arts interventions on health outcomes across various populations and conditions. From promoting healthy living and preventing illness to managing and treating mental health conditions, neurodevelopmental disorders, and noncommunicable diseases, art forms such as music, painting, storytelling, and dance have demonstrated remarkable potential in enhancing well-being, reducing symptoms, and improving quality of life. These findings underscore the importance of integrating arts into healthcare settings and public health initiatives as complementary and effective interventions for holistic health promotion and treatment.

Considering these findings, culture holds promise as a crucial component in transitioning from a treatment-focused healthcare system to one centered on health promotion and disease prevention, particularly within the context of Europe. Furthermore, the arts may offer effective interventions for health challenges that currently lack suitable healthcare solutions.

Culture and Subjective Well-being

The effects arts activities on personal well-being as reported by the reviewed studies have been grouped on the basis of four dimensions of subjective well-being identified by Das et al. (2020): (a) fulfilment and engagement theories; (b) personal orientation theories; (c) evaluative theories; and (d) emotional theories [183]. Fulfilment and engagement theories examine how an individual's goals, needs, and activities impact their subjective well-being. Personal orientation theories examine how temperament impacts subjective well-being, which in turn affects fulfilment and engagement, ultimately resulting in the modification of personal orientation. Evaluative theories

examine the relationship between individuals' cognitive evaluations of life and their experiences of fulfilment and emotions. Theories of emotion demonstrate the interconnectedness between the experiences of emotions, specifically in terms of their affective dimension, and the processes of fulfilment, engagement, and evaluations (Das et al., 2020).

A. Personal Fulfilment and Engagement

- **Acquiring and developing skills** — Evidence suggests that active cultural participation can foster skill acquisition, including collaboration, communication, and technological proficiency [184]–[186], which can positively impact personal and professional growth. Various forms of cultural participation, such as participatory photography therapy and creative skills development, may benefit diverse demographics, including children, youth, older adults, medical students, and mental health service users [187]–[190].
- **Self-expression** — Activities like reading and drama can facilitate self-expression among different population groups [191], while creative endeavours like photography and filmmaking may enable self-expression for specific demographics such as deaf children and chronic stroke patients [192], [193].
- **Empowerment** — Participation in cultural activities could empower students from disadvantaged backgrounds and individuals with health conditions [194], [195], fostering social engagement and inclusion [196]. Museums and creative workshops might empower mental health service users [197].
- **Increased social engagement, bonding and inclusion** — Cultural participation may contribute to increased social engagement, bonding, and inclusion, particularly in elderly people and underprivileged elderly adults [196], [198]. Group reading, writing, singing, and music playing might promote social bonding and inclusion [191], [199].
- **Sense of identity and belonging** — Engagement in cultural activities might support a sense of identity and belonging across various demographics, including adults, older individuals, and refugees [196], [200], [201]. Theatre and music activities could aid in reshaping narratives and promoting collective identity [202], [203].

B. Personal Orientation

- **Resilience** — Cultural participation could foster resilience, positive behaviours, empathy, confidence, and self-value across diverse demographics [189], [199]. Active engagement with the arts might improve decision-making and promote an active lifestyle [195], [204].
- **Positive behaviours** — Cultural activities might promote positive health-related behaviours, prevent risky behaviours, and aid in coping with challenges such as bullying and limited physical abilities [189], [205].
- **Empathy** — Cultural engagement might enhance empathy development among individuals, fostering understanding and compassion [206], [207].
- **Confidence and Self-value** — Engagement in cultural activities could boost confidence and self-value, particularly among adolescents, children, older adults, and individuals with severe mental health conditions [186], [200], [208].

C. Experiences of Emotions

- **Improved mood** — Cultural participation may contribute to improved mood and emotional well-being across various demographics [191], [209].
- **Positive emotions** — Active cultural participation might elicit positive emotional experiences such as enjoyment, happiness, hope, and calm [210], [211].
- **Emotional regulation** — Cultural activities could improve emotional regulation strategies and aid in coping with challenging emotions [168], [169].
- **Reduced anxiety and depression** — Cultural engagement might reduce anxiety and depression symptoms among various demographics, including older people and patients with chronic health conditions [166], [209].
- **Reduced stress, improved relaxation and flow** — Cultural participation may promote stress reduction, relaxation, and the experience of flow among participants [212], [213].
- **Bereavement support** — Cultural activities, such as storytelling, might support individuals in processing grief and loss [214].

D. Personal Evaluations of Life

- **Improved well-being and quality of life** — Cultural engagement might enhance general and psychological well-being, contributing to an improved quality of life [210], [215].
- **Life satisfaction and motivation** — Engagement with cultural activities could increase life satisfaction and motivation across various demographics [201], [208].
- **The finding of meaning** — Cultural engagement might facilitate the finding of meaning in life experiences, particularly among individuals facing health challenges [216], [217].
- **Improved knowledge and reflectivity** — Engaging in creative activities has the potential to facilitate reflection about oneself and others, as well as life experiences across different populations [192], [218]. Young children who participate in dance and organised movement activities may experience improvements in their self-awareness as cognitive, social, and emotional beings [219].

The evidence shows the potential profound impact of arts and cultural participation on people's subjective well-being. By fostering skill development, self-expression, and empowerment, these activities contribute significantly to individuals' sense of fulfilment and engagement. Moreover, they promote resilience, empathy, and confidence, enriching people's emotional experiences and reducing stress and anxiety. Cultural engagement enhances overall life satisfaction, aids in finding meaning, and encourages self-reflection. The way people perceive their quality of life and sense of wellness seems to be influenced by their contact with the arts, making access to culture across all ages and social backgrounds an important factor in society.

Culture and Community Well-being: Summary of Evidence

The scoping review examined the impact of culture on community well-being at different levels: micro, meso, and macro. The micro level refers to individual relationships, the meso level involves organisations and communities, and the macro level encompasses governance and policies [220].

We examined the potential impact of cultural participation or targeted interventions on individuals' social behaviour and identity, as well as on the

quality of life for specific groups, organisations, and learning and working environments. We also aimed to see how arts can shape the well-being of settlements, through multi-sector partnerships, the cultivation of a sense of place identity, and the active involvement of citizens in public life. The macro level also encompasses the environmental context in which community life occurs. The analysis is organised into four categories: (a) social inclusion, (b) school and work-related well-being, (c) local development, and (d) built environment.

Social Inclusion

- **Social bonding and inclusion** — Active cultural participation such as singing, playing music, reading, storytelling, and dancing can enhance social inclusion and bonding [161], [198], [209], [221], [222]. Other forms of engagement, such as writing, visual arts, story making, and creative activities, may also support social inclusion and bonding [190], [193], [211], [217], [223]–[225].
- **Inclusion of disadvantaged groups** — Various interventions, including the use of accessible technology, photography, filmmaking, creative writing, theatre activities, and community arts activities, have shown potential to empower and support the inclusion of disadvantaged groups [194], [215], [234]–[238], [226]–[233].
- **Increasing social engagement and reducing isolation** — Both receptive and active forms of cultural participation, such as theatre-going, drama, singing, and visual arts activities, have been associated with increased social engagement, particularly among older people [190], [198], [210], [239]–[242]. Engaging in an arts festival fostered social cooperation and brought attention to the fluctuations in social disparities [242].
- **Reducing stigma** — Engaging in creative activities, such as photography, can effectively mitigate social stigma surrounding mental health conditions among young individuals [243]. The utilisation of group arts practices and participatory methodologies showed potential in challenging stigmatising discourses related to poverty and people experiencing food poverty [244]. Attending theatre performances that address the topic of dementia and Alzheimer's disease can

potentially decrease the negative perception held by the general public [159]. Similarly, a dance project has been effective in combating societal prejudice against individuals with mental illness [245].

- **Well-being and inclusion of refugees** — Participation in community arts can enhance quality of life, enjoyment of life, and a sense of community belonging for refugees and asylum seekers, while viewing an artistic installation on their experiences might enhance the understanding of refugee life within the broader community [201]. Contributing to the programme of a community language radio was found to facilitate the well-being of people from immigrant communities [246]. Engaging young refugees in storytelling activities can help them break free from disempowering identities. Through storytelling activities, young refugees might benefit from liberation from disempowering identities [247].

School and Work-related Well-being

- **School related well-being** — School drama and theatre plays can have a positive impact on the immediate knowledge and attitudes of children and teenagers regarding health behaviour [248]. The utilisation of art-based methods in health promotion has been found to be beneficial in fostering the development of young leaders as advocates for mental health [249]. Implementing creative arts therapy in public schools can contribute to the establishment of successful educational programmes [250]. A study utilising qualitative methods showed that incorporating drama arts into school-based peer education can be an effective approach for fostering well-being and mitigating the risk of urban youth being exposed to violence [251]. Engaging in co-creation activities has the potential to improve school-aged children's introspection regarding their emotions and thoughts concerning themselves and others [218], [252]. Children's participation in community dancing was found to enhance their collaboration and communication skills [185].
- **Work related well-being** — Arts activities, such as arts on prescription programmes, choral singing, and shared reading groups, may have significant positive effects on the mental health and well-being

of working adults, according to a study by Jensen et al. [154]. Creative workshops helped working adults decrease burnout and enhance their well-being [253]. Participating in a workplace choir resulted in enhanced mental well-being and a decrease in symptoms of depression among health workers [222]. Establishing a creative arts journal might promote self-expression and professional connections among medical personnel and students [254]. Participating in creative activities may facilitate personal growth and the acquisition of collaborative skills in medical students [255]. Engaging in activities such as observing live theatre performances, watching recorded dramas, or engaging in writing exercises may enhance the ability of healthcare professionals and students to empathise with patients' conditions [256]–[259].

Local Development

- **Well-being and quality of life** — Engagement in cultural activities like singing, reading, and dancing might enhance well-being across all age groups [161], [191], [209], [260], [261]. Arts engagement might improve the well-being of individuals with illnesses and contribute to health-related quality of life [170], [193], [268]–[270], [216], [223], [262]–[267]. Cultural access might be a significant determinant of psychological well-being (Grossi et al., 2011, 2012). Heritage-related interventions might also positively impact individual and community well-being [272].
- **Active citizenship** — Participatory arts initiatives have the potential to enhance community well-being and cultivate leadership abilities [273]. Arts activities in nature might promote environmental awareness and well-being [274]. Theatre can function as a platform for the promotion of public health and of policy interventions. [275]. Participating in cultural activities may have a positive impact on the subjective well-being of people in cities with well-developed socio-economic status (Blessi et al., 2016). Arts on Prescription programmes might enhance collaboration with healthcare providers and professional skills [276]. Living in historical places might foster community well-being and identity [272].

Built Environment and Well-being

- **Built heritage** — Heritage-related interventions might contribute to physical, mental, and social well-being [272].
- **Environmental design in healthcare** — Arts and environmental design might improve perceptions of healthcare environments [277], [278].
- **Public space design** — Art in public spaces might promote well-being by reducing stress and enhancing relaxation [212]. Urban design principles emphasizing green, active, pro-social, and safe spaces might support community health [279]–[281]. Inclusive design interventions might address urban mental health challenges and promote well-being [282]. Urban furniture design might support physical and social activity and intergenerational interaction [283].

The evidence presented shows the significant role of arts and cultural participation in fostering community well-being across various dimensions. Participation in arts activities helps promoting bonding, reducing isolation, and combating stigma, particularly among disadvantaged groups and refugees. In educational and work settings, creative activities enhance well-being, learning, and professional development. Moreover, arts contribute to local development by stimulating collaboration, shaping place identity/place-making, and promoting active citizenship. Interventions in the built environment, such as heritage preservation and inclusive urban design, positively impact physical, mental, and social well-being.

It is important to acknowledge that the majority of studies included in the review were conducted on a small scale and reported social outcomes at individual level. Only a small number of them examine community interactions or the impacts of interventions on groups, organisations, or settlements. The prevalence of small scale interventions, led by community organisations and initiative groups, highlights the insufficiency of public policies addressing the needs of vulnerable groups.

Culture and Covid-19

The reviewed studies evidence several types of effects of the arts during the COVID-19 pandemic. These include promoting well-being and resilience, offering innovative coping strategies and fostering emotional connection amidst social isolation.

- **Creative activities as preferred leisure** — evidence from 74 countries indicated that during the pandemic, people spent more time on creative leisure activities than outdoor ones, contributing to their well-being similarly to physical exercise [284].
- **Innovative strategies to cope with challenges** — arts and creative activities were utilized as coping mechanisms, aiding in emotional regulation and innovative problem-solving strategies [285]. Engaging with arts and creative activities, both actively and receptively, might have helped emotional regulation [286], [287].
- **Resilience and coping** — creativity was identified as a resilience factor, facilitating adaptability, communication, and emotional coping during the pandemic [288]. Singing helped individuals cope emotionally and fostered cohesion during challenging times [289].
- **Reducing stress and short-term anxiety** — engaging in creative activities contributed to individuals' psychological well-being by reducing stress and short-term anxiety. Mediated nature experiences, such as watching videos of forest environments, proved effective in alleviating stress and anxiety during lockdown [290].
- **Delivery of public health information** — art forms were employed to deliver public health information about COVID-19, fostering emotional connection and enhancing public understanding. However, negative effects were observed with certain art forms promoting fear or conspiracy theories, compromising the effectiveness of public health messaging [291].
- **Counteracting negative effects of social isolation** — cultural institutions adapted their programmes to digital formats, promoting online engagement to counteract the negative effects of social isolation. Delivery of arts resources to vulnerable families improved parent-infant connection and well-being through playful engagement in the arts at home [292].

4.2. Different Art Forms and Types of Cultural Experiences Benefitting Health and Well-being

From the studies reviewed, specific art forms and intervention models were found to be more commonly used, indicating that certain approaches have already been recognised as effective for promoting well-being and are being utilised more extensively. However, this does not necessarily mean that other art-based approaches were less effective, but rather that they may have received less research attention or were underrepresented in the databases used for the review. The table below provides a compilation of art disciplines and findings with regards to health and well-being.

Table 11. *Art disciplines and associated health and well-being outcomes, Source: Zbranca et al. (2022)*

Art discipline	Associated outcomes
Music	• Active and receptive engagement with music can improve physical, psychological, and social well-being; • Group singing can support the well-being and health of people with respiratory conditions, people with Parkinson's and dementia, and of elderly people in general; • Singing-based interventions are used to support improving maternal emotional states; • Playing a musical instrument requiring long-term engagement is associated with cognitive benefits in adults; • Music/singing can enable development of resilience in adults; • Music listening may facilitate pain and stress reduction; • Benefits of singing at personal level: positive emotional outcomes, social engagement and connection and increased quality of life; • Social benefits of singing: building social support, enabling collaboration, providing a sense of identity and belonging, preventing loneliness and social isolation, improving social functioning, promoting community development, helping reduce inequalities and fostering solidarity and cohesion and improving access to healthcare and arts.

Theatre	• Active participation in drama activities (acting classes, improvisation) can foster cooperation and communication skills, social engagement, self-expression and positive mood; • Theatre was often used for health communication. Drama based activities can support mental health promotion and help with destigmatising certain health-conditions; • Receptive participation in theatre productions is especially suited for prevention-focused messages or as a tool to engage audiences that are part of marginal groups, and, therefore, do not benefit from equal access to health information.
Dance	• Dance can support physical, psychological, and social well-being; • Dance may increase social engagement and physical functioning in elderly age; • Dance can encourage social competences and a reduction of risk behaviours in youth; • Dance was used in the management of Parkinson's disease (physical and psycho-social outcomes).
Visual Arts	• Visual arts can enable physical, psychological, and social well-being; • Visual arts in various forms – e.g., drawing, painting and photography – were used to help patients express their physical and emotional states. They can also facilitate self-reflection and the finding of meaning for people with various health conditions including cancer and diabetes; • Viewing an artwork may reduce stress; • Active engagement in visual arts activities can enable self-expression, self-reflection, social inclusion and empowerment, and can help overcome communication barriers.
Literature	• Reading and writing can improve psychological and social well-being; • Writing can enable self-expression; • Reading was associated with the finding of meaning and reduction of risk behaviours; • Reading may support development of empathy among students and adults; • Storytelling (including digital storytelling) may enable liberation from disempowering identities for refugees and people fighting disease, assist people with sense making in difficult situations and promote interpersonal closeness.

Circus activities and clowning	• Circus training may support the well-being of children and youth and can enable their social inclusion. • Clowns' interventions can be effective in reduction of anxiety and stress in hospitalised patients and their parents.
Photography and Film	• Photography can be used as therapeutic support for people with mental illness, enabling reflection and self-actualisation; • Photography activities may enable self-expression, empowerment and communication in young people; • Watching films and videos can facilitate knowledge acquiring and relaxation; • Films and video recordings could be used as vehicles for health promotion and education, especially in relation to youth due to the accessibility of this medium.
Creative activities	• Creative activities can cultivate creative skills that might support personal and professional development; • Creative activities can facilitate work-related well-being; • Engaging with creative activities was a way to cope with difficulties during the COVID-19 pandemic, as a resource for innovative solutions; • Participation in arts festivals and community events can generate well-being at a community level; • Arts organised as social events could help fight isolation, especially in the cases of elderly people or people with chronic illness; • Creative art therapies, combining multiple arts techniques and actively engaging participants, were used as complementary therapies in various healthcare settings; • Engaging in creative activities and art therapies may contribute to improved health related quality of life in patients with different health conditions.
Museums, heritage sites and art venues	• Publicly available infrastructure – e.g., art venues, community centres and other public spaces – could play a key role in facilitating community arts and well-being; • Museums and art galleries were identified as having an important social role for health promotion, well-being and social inclusion. • Heritage and heritage related activities can have physical, mental, and social benefits for individuals and communities • The aesthetic experiences related to visiting a cultural heritage site can enable stress reduction and well-being increase.

Architecture and design	• The quality of design of built environments was found to influence people's experiences in healthcare settings, impacting well-being and social connections; • Urban design was proposed as a mediation tool for tackling urban social issues.

The scoping review aimed to assess the effectiveness of various cultural experiences and intervention formats on health and well-being, with a specific focus on the distinction between active and receptive participation in arts activities. Active participation involves direct engagement in the creative process, while receptive participation entails observing or experiencing arts passively, such as listening to music or viewing visual artworks.

The majority of the studies reviewed emphasised the benefits of active participation, with more than two-thirds of them highlighting the positive outcomes associated with actively engaging in the creative process. However, receptive participation also showed promising effects, particularly in areas such as stress reduction, pain management, and improved physiological measurements. For example, a large population study found a small but consistently stronger relation between receptive cultural activities and improved life satisfaction, and reduced anxiety and depression [157].

It is important to consider that measuring the impact on well-being of receptive participation in the regular cultural programmes is more challenging than measuring the effects of targeted interventions. This is because the factors that influence the outcomes are harder to separate and manage, than in the case of specifically designed interventions, where most of the factors are controlled.

Repeated participation in cultural activities was found to be beneficial, with most interventions involving multiple sessions. The format and content of interventions were found crucial, highlighting the necessity for tailored approaches that consider the specific needs and social conditions of participants. Online interventions were also found promising in generating outcomes, although issues related to participant interactions and accessibility were noted.

Partnerships between sectors, adaptable intervention designs, and the quality of artistic content were identified as critical factors for achieving positive outcomes. Interdisciplinary collaboration between the arts and health/social/educational sectors is essential for designing effective interventions, professional expertise on both sides being of outmost importance.

Despite the insights gained from the review, several gaps and limitations in research were identified. These included limited analysis of community-level impacts, longitudinal measures, and scalability considerations. Community well-being is typically regarded as a reflection of the overall well-being of its individual members; while there is a lack of focus on studying group or ecosystem level dynamics. This may be because it is easier to measure individual experiences, and because there is a lack of a comprehensive vocabulary to describe concepts of well-being that extend beyond the individual. A discussion on the root causes of the current health and social challenges is also needed, to understand to what extent cultural interventions are becoming a proxy for governmental health and social measures.

Negative outcomes from arts engagement, such as physical discomfort or heightened anxiety, were also noted, underscoring the importance of comprehensive research frameworks that address both positive and negative effects.

Only a limited number of studies have examined the factors that contribute to the long-term viability and expansion of arts-based activities for promoting health and well-being, and very few have provided information on the costs or professional skills required for delivery of interventions.

Due to the diversity of the studies in terms of the interventions examined, methodological approach, rigour, and sample size, the reported outcomes cannot be extrapolated to the general population. Typically, the described benefits suggest connections rather than cause-and-effect relationships.

Overall, the review highlighted the significant role of arts and cultural activities in promoting individual and collective well-being. However, further research and development are needed to better understand the mechanisms underlying these effects and to address the gaps identified in the literature.

Chapter 5.

Relating to the Arts during the Covid-19 Pandemic. Well-being in Times of Crisis

This chapter aims to explore how engagement with arts during the Covid-19 pandemic relates to well-being. It seeks to find insights for understanding of how the arts may influence well-being in times of crisis and the potential role of culture in cultivating resilience in complex and challenging times.

Globally, the COVID-19 pandemic had a major negative impact on people's physical and mental health. A third of the world's population, or an estimated 2.6 billion people, were reportedly under lockdown or quarantine in April 2020, according to the World Economic Forum [293]. Prolonged periods of isolation have been associated with deteriorating mental health, specifically the manifestation of post-traumatic stress disorder symptoms, avoidance behaviours, and anger. Further contributing factors to boredom, annoyance, and disorientation were the interruption of regular schedules and the decreased social and physical interaction with others [294], [295].

Although there is mounting evidence that the arts can prevent disease, promote health, and even help manage and treat certain illnesses throughout the lifespan, culture-based interventions are rarely included in public health policies [45]. Studying how people's well-being may be impacted by creative and artistic endeavours in the unique context of the COVID-19 pandemic is therefore even more pertinent. Art forms like photography, music, painting, and drawing could be used as coping mechanisms to lessen the stress and psychological load brought on by the COVID-19 pandemic.

The data analysed is provided by the survey AWB-Covid-19 presented in earlier chapters.

The data for this exploratory study has been collected in a very particular context, that of the earlier months of the Covid-19 pandemic, including the lockdown. The study explores engagement in cultural activities and its association with well-being outcomes for individuals in Europe, at this time, and tries to understand what is the role of arts in this particular extraordinary circumstance of the pandemic including anxiety, limited movement, limited access to culture in its better-known forms of participation.

The research was conducted in 2020 by the Cluj Cultural Centre, Romania and Fondazione Bruno Kessler, Italy, as part of the Art&Well-being Project, co-funded by the Creative Europe Programme of the European Union, by a multidisciplinary team.

The purpose of the study was to evaluate people's creative and artistic engagement during the Covid-19 pandemic, as well as the possible effects of cultural participation on people's well-being. It sought to identify the kinds of emotions people felt during this time, the degree to which they were relying on cultural activities during this period, the kinds of activities they engaged in for coping, whether and how particular artworks evoked their emotions in this situation, the kinds of emotions people felt when viewing particular artworks, and how people felt their connection with the arts had changed before and after Covid-19.

The research encompassed quantitative and qualitative analysis of responses collected during May-July 2020 through an online questionnaire addressed to individuals aged 14-65+ living primarily in Europe. The dataset comprises 1559 valid responses, predominantly from young adults, mainly female respondents, with a propensity for higher education, and residing in urban areas. To ensure representativeness, the sample was weighted based on the proportion of EU citizens with higher education. Consequently, the research results refer only to subjects with higher education, living in Europe.

Methodologically, the study utilised the I-PANAS tool for evaluating Positive Affect and Negative Affect [130], alongside the Wellbeing Measures Toolkit [150].

Results show that arts consumption was the preferred leisure time activity during the pandemic, pointing towards a significant role of arts engagement in fostering resilience and well-being in the face of unprecedented challenges. As Figure 11 shows, during the earlier months of the COVID-19 pandemic, respondents employed a variety of coping strategies to manage stress and maintain well-being. Cultural engagement emerged as the most frequent coping strategy, with 85.18% of respondents consuming different types of art. This was followed by maintaining social contacts (69.60%), underscoring the importance of staying connected despite physical distancing measures.

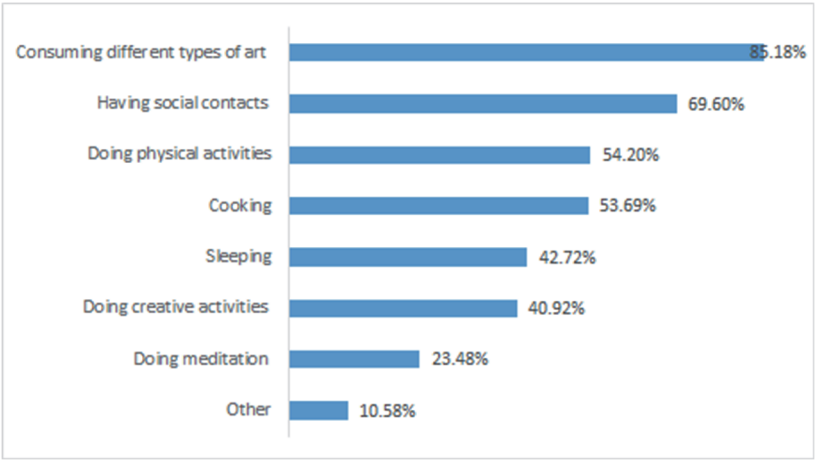


Figure 11. *Home based activities used for coping with the difficulties during the pandemic*
Source: Zbranca et al. (2020)

Also, the data suggests that overall, the pandemic led to an increased perception of arts as a meaningful part of people's lives. The proportion of individuals who found their connection with arts extremely meaningful increased from 32.0% before the pandemic to 36.3% during the pandemic, indicating a higher appreciation and reliance on arts during this challenging period.

When asked whether they had a particular connection to an artwork during the early months of the pandemic, 56% of the respondents confirmed such a connection.

"In the beginning of the pandemic, I ordered online an art book with reproductions of Hieronymus Bosch paintings. Studying them again brought me feelings of calm, introspection, reassurance of safety in relation to unknown dangers, but also the comforted sense that we have been through this before".

"Listening to Martin Cahill renowned fiddle player, made me feel inspired and calm".

This is an important finding, the fact that more than half of the respondents resonated with specific artworks suggesting that individual pieces of art have a role to play in providing personally relevant support. That is to say, in considering how arts can support individual well-being, personal tastes and preferences, as well as previous arts experiences contributing to the construction of that taste and preference, are important.

The research found that people engaged more frequently in both receptive (45% of respondents) and active (46%) cultural participation during the earlier pandemic months, then they did before its onset.

Music listening, watching movies and reading literature were the most frequent forms of receptive cultural engagement, while writing, drawing or painting and photographing were the creative activities that people most often embraced actively.

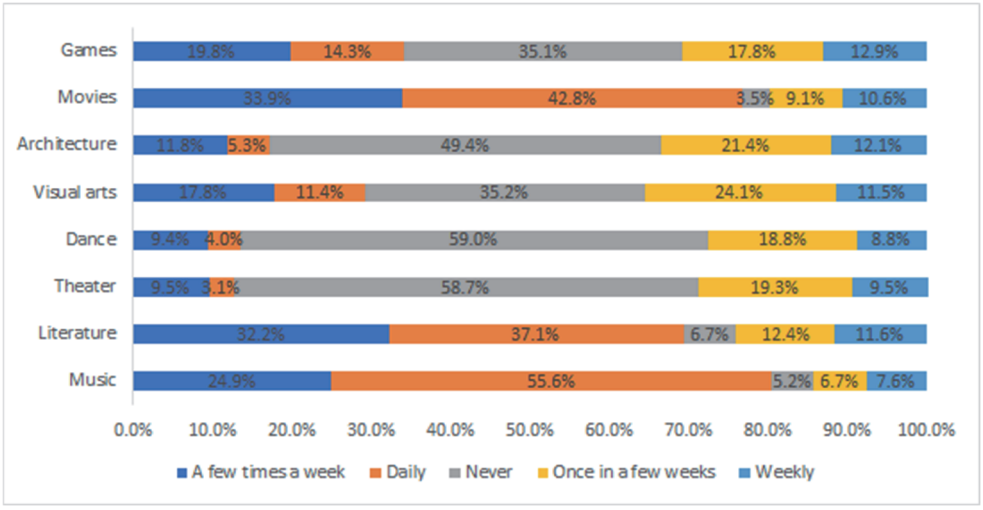


Figure 12. *Respondents engaged in receptive cultural participation during the pandemic*
Source: Zbranca et al. (2020)

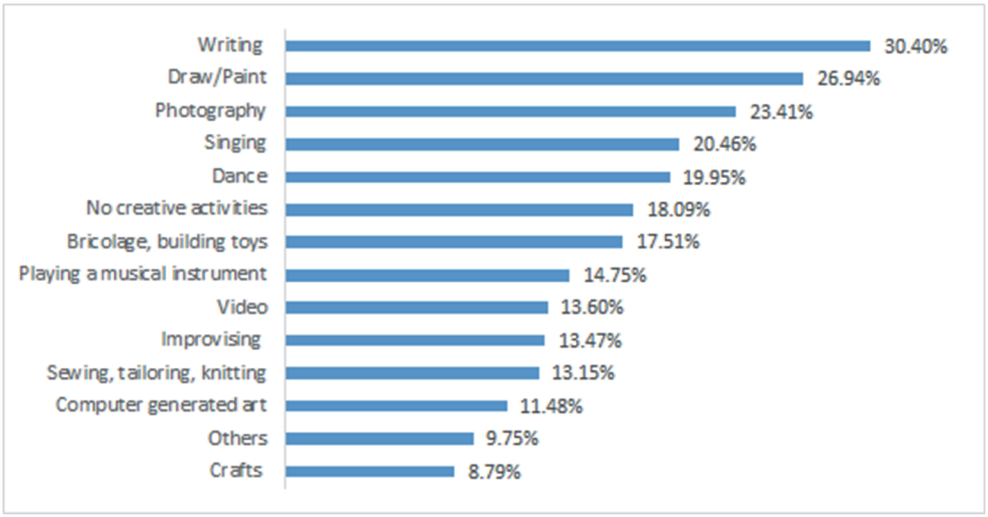


Figure 13. *Respondents engaged in active cultural participation during the pandemic*
Source: Zbranca et al. (2020)

Figure 14 illustrates the various ways in which engagement with the arts contributed to well-being during the early months of the pandemic. A large majority, 64.21% of respondents, reported that the arts made them feel better. Furthermore, 41.89% experienced awe, beauty, and transcendence through the arts, while 38.17% found it prompted reflection on their lives.

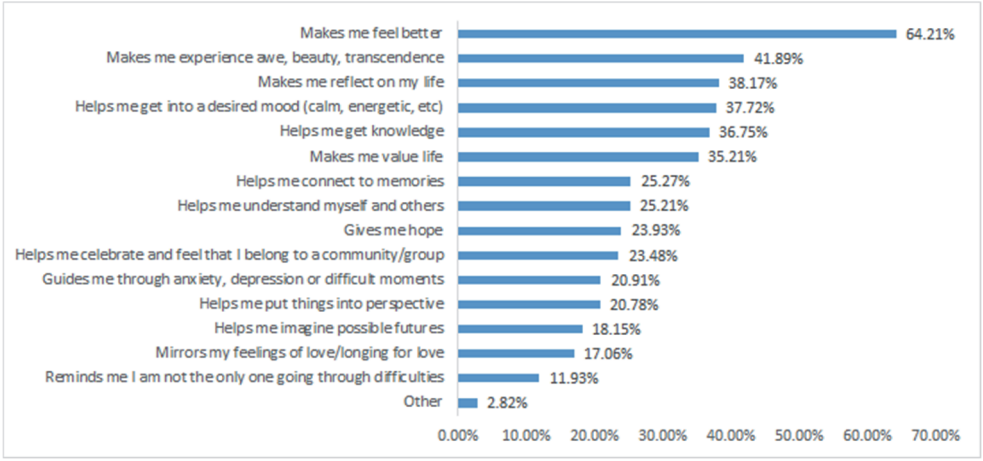


Figure 14. *Arts' contribution to well-being*
Source: Zbranca et al. (2020)

To further analyse these answers, we clustered the benefits in four well-being dimesons, namely emotional, social, cognitive and aesthetic.

Firstly, there is a large recognition from the respondents of the emotional benefits of the arts, with notable proportions feeling emotionally uplifted (64.21%) and finding arts helpful in emotional regulation (37.72%). One in five people finds hope and guidance through anxiety and depression in arts engagement.

The second most acknowledged contribution of the arts to individuals' well-being is the aesthetic dimension, with 41.89% experiencing awe, beauty, and transcendence.

Thirdly comes the cognitive dimension of arts engagement, with one in three individuals stating that the arts prompt reflection (38.17%), provide knowledge (36.75%), and increase life value (35.21%). Fewer people sense that arts connect them to the past through evocating memories (25.27%), and fuels their ability to deal with the future by offering perspective (20.78%), and imagination (18.15%).

Finally, about one fourth of the respondents find that the arts enhance their social well-being, helping 25.21% understand themselves and others and 23.48% feel a sense of community.

Table 12. *Percentage of respondents associating the arts with diverse dimensions of well-being*

Dimensions of Well-being	**Percentage of respondents associating the arts with diverse dimensions of well-being**
1. Emotional Feelings/Improved mood	Makes me feel better: 64.21% Helps me get into a desired mood (calm, energetic, etc.): 37.72% Gives me hope: 23.93% Guides me through anxiety, depression, or difficult moments: 20.91%
2. Social Social/Connection	Helps me understand myself and others: 25.21% Helps me celebrate and feel that I belong to a community/ group: 23.48% Mirrors my feelings of love/longing for love: 17.06% Reminds me I am not the only one going through difficulties: 11.93%

Dimensions of Well-being	**Percentage of respondents associating the arts with diverse dimensions of well-being**
3. Cognitive Meaning/Significance	Makes me reflect on my life: 38.17% Helps me get knowledge: 36.75% Makes me value life: 35.21% Helps me connect to memories: 25.27% Helps me put things into perspective: 20.78% Helps me imagine possible futures: 18.15%
4. Aesthetic Aesthetics/Transcendence	Makes me experience awe, beauty, transcendence: 41.89%

Analysing the patterns of receptive and active cultural engagement, several statistically significant associations with well-being benefits have been identified.

Table 13. *Receptive and active cultural participation during the pandemic compared to pre-pandemic behaviours, and well-being associations*

(N=1559)	**Receptive cultural participation** Consumption of music, literature, theatre, dance, visual arts, architecture, movies and games	**Active cultural participation** Engaging in creative activities like writing, drawing/painting, photo and video making, singing, playing a musical instrument, dancing, bricolage, crafts, sewing, etc.
Frequency of engagement	Percent of respondents engaged in receptive consumption: • 45% more frequently during the pandemic than before • 32% the same as before • 21% less frequently during the pandemic than before • 2% never engaged with arts	Percent of respondents actively engaged in creative activities: • 46% more frequently during the pandemic than before • 30% the same as before • 12% less frequently during the pandemic than before • 12% never engaged in creative activities
Most frequent art-related activity	Percent of respondents engaged in consumption: - Daily: • Music: 55.6% • Movies: 42.8% • Literature: 37.1%	Percent of respondents actively engaged in creative activities: • Writing poems, small texts, essays: 34.40% • Drawing/painting: 26.94% • Photography: 23.41%

(N=1559)	**Receptive cultural participation** Consumption of music, literature, theatre, dance, visual arts, architecture, movies and games	**Active cultural participation** Engaging in creative activities like writing, drawing/painting, photo and video making, singing, playing a musical instrument, dancing, bricolage, crafts, sewing, etc.
	- Once or more times a week: • Movies: 44.5% • Literature: 43.8% • Music: 32.5% • Games: 32.7% • Visual Arts: 29.3%	• Singing: 20.46% • Dancing: 19.95% - Daily or a few times a week: • 69% in a form of active creative activity
Statistically relevant well-being benefits	<u>Correlation coefficients and p-values</u> Receptive engagement in core arts (visual arts, theatre, dance, architecture/heritage) is correlated to: • Cognitive benefits (r=0.057, p<.05) • Emotional benefits (r=0.1, p<.001) • Aesthetic benefits (r=0.072, p<.01) • Decrease in negative feelings/ negative affect scores (r=-0.71, p<.01)	<u>Correlation coefficients and p-values</u> Active cultural participation is correlated to: • Cognitive benefits (r=0.87, p < .05) • Emotional benefits (r=0.111, p < .001) • Social benefits (r=0.75, p < .01) • Positive Affect (r=.070, p < .05) • Frequent active cultural engagement (daily, a few times a week, weekly) is associated with higher Positive Affect scores than those who are doing such activities rarely (occasionally, never).
	<u>Chi-Square Test Results</u> Receptive engagement in culture (core arts and popular forms like film, games, books) is correlated with: • Cognitive benefits (X2= 18.97, p<.001) • Social benefits (X2= 5.062, p<.05).	<u>Chi-Square Test Results</u> The frequency of active cultural participation is correlated with: • Cognitive benefits (X2 = 14.32, p <.001) • Emotional benefits (X2= 11.75, p <.01) • Aesthetic benefits (X2= 8.70, p<.05) Of those who derive cognitive benefits from active cultural

(N=1559)	**Receptive cultural participation** Consumption of music, literature, theatre, dance, visual arts, architecture, movies and games	**Active cultural participation** Engaging in creative activities like writing, drawing/painting, photo and video making, singing, playing a musical instrument, dancing, bricolage, crafts, sewing, etc.
	Of those engaged in receptive cultural consumption: • 79.5% perceive cognitive benefits • 55.5% perceive social benefits	participation, 70.8% are frequently engaged in such activities (daily, 2-3 times per week). Of those who derive emotional benefits from active cultural participation, 71.8% are frequently engaged (daily, 2-3 times per week). Of those who derive aesthetic benefits from active cultural participation, 72.8% are frequently engaged (daily, 2-3 times per week).
Qualitative content analysis	Most prominent emotions associated to arts experiences: • "Relaxed/Peaceful" (frequency 1842, density 11) • "Positive" (frequency 1012, density 14) • "Joy" (frequency 767, density 13) • "Motivated/fulfilled" (frequency 600, density 6) • "Sense of well-being" (frequency 490, density 21) • "Inspired" (frequency 476, density 7) Quotes: • *"Reading and literature made me feel less lonely"* • *"Happy, stressless, calm, satisfied, fulfilled"* • *"Peaceful Joyful Relaxed Happy"* • *"Absorbed, in the moment, happy, pleased with what I have achieved (even if it is very small and silly!)"* • *"Relaxed, connected, flow, forget all about it"*	

The findings illustrate that both receptive and active cultural participation significantly contributed to well-being during the pandemic. However, active participation tends to have stronger and more diverse benefits. Cultural participation, whether through consuming or creating art, plays an important role in enhancing emotional resilience, cognitive stimulation, social connectivity, and aesthetic appreciation.

While active engagement is associated with a higher Positive Affect, receptive participation in core arts (visual arts, theatre, dance, architecture/ heritage) is correlated to a decreased Negative Affect score. Findings suggest that the different forms of engagement, the type of artistic or creative activity enrolled in, and the frequency of participation are factors that influence the well-being outcomes perceived.

Receptive engagement with core arts is primarily driven by the need for emotional support, intellectual stimulation and aesthetic engagement. The high daily engagement in music (55.6%) and movies (42.8%) suggests these forms of art provide immediate and accessible relief from the stresses of the pandemic.

Active engagement during the pandemic serves multiple purposes: it provides emotional support, cognitive stimulation, and social connectivity. The high frequency of engagement (e.g., 34.4% in writing and 26.94% in drawing/painting) reflects the diverse ways people utilise creative activities to cope with the psychological impacts of the pandemic.

Both forms of engagement show significant *emotional benefits*, but active participation has a slightly stronger correlation with emotional well-being ($r = 0.111$ for active vs. $r = 0.1$ for receptive). This indicates that while consuming art provides emotional comfort, creating art offers a more profound emotional outlet.

Active participation has a much stronger correlation with *cognitive benefits* ($r = 0.87$) compared to receptive participation in core arts ($r = 0.057$). Engaging in creative processes stimulates intellectual and creative capabilities more intensively than passive consumption.

Active participation ($r = 0.75$) provides more significant *social benefits* compared to receptive participation, which may be explained by the fact that creating art often involves collaboration and sharing, which enhances social connections. In contrast, receptive engagement is of more solitary nature.

Both forms of engagement offer *aesthetic benefits*, but the nature differs. Receptive participation allows for appreciation of existing works, and is only significant for the so-called core arts. On the other hand, frequent active participation (once a week or more), offering a more immersive and sustained experience, is more likely to lead to a sense of aesthetic gratification.

Through qualitative content analysis of responses to three open-ended questions, the study aimed to understand how participants experienced culture during the lockdown, and the meanings they attributed to these experiences. The results show that most participants engaged in cultural and creative activities, developing awareness of the well-being benefits these activities provided. When asked to describe their feelings and emotional states derived from the arts and creative activities, participants frequently mentioned feeling "Relaxed/Peaceful" (frequency 1842, density 11) and "positive" (frequency 1012, density 14). Other notable categories included "Joy" (frequency 767, density 13), "Motivated/fulfilled" (frequency 600, density 6), a positive "Sense of well-being" (frequency 490, density 21), and "Inspired" (frequency 476, density 7). These findings add details and nuances to the quantitative data.

The relationship between a strong connection to the arts and the perceived well-being benefits is statistically significant. Respondents who reported a meaningful or very meaningful connection with the arts during the pandemic have higher Positive Affect scores compared to those who feel less connected to the arts. Among them, 81.8% perceive cognitive, 61.54% emotional, 59.32% social and 41.16% aesthetic benefits from the arts.

In summary, the study revealed that:

- During the earlier pandemic months, people engaged more frequently in both receptive and active cultural participation, then they did before the pandemic.
- Cultural engagement emerged as the most frequent free time activity, with 85.18% of respondents consuming different types of art.
- Overall, during the pandemic people's perception of having a meaningful connection with the arts has increased.
- 56% of the respondents reported resonating with a particular work of art during the pandemic, suggesting that individual pieces of art have a role to play in providing personally relevant support.
- Respondents acknowledge the emotional (up to 64.21%), aesthetic (41.89%), cognitive (up to 38.17%) and social (up to 25.21%) benefits of the arts.
- Both receptive and active cultural participation significantly contributed to well-being during the pandemic, with active participation having stronger and more diverse benefits.

- Active engagement is associated with a higher Positive Affect, while receptive participation in core arts (visual arts, theatre, dance, architecture/heritage) is correlated to a decrease in Negative Affect.
- Cultural participation, whether through consuming or creating art, plays an important role in enhancing emotional resilience, cognitive stimulation, social connectivity, and aesthetic appreciation.
    - Both forms of engagement show significant emotional benefits, but active participation has a slightly stronger correlation with emotional well-being.
    - Active participation has a much stronger correlation with cognitive benefits compared to receptive participation in core arts.
    - Active participation provides more significant social benefits compared to receptive participation.
    - Receptive participation in core arts is associated with aesthetic benefits, while more frequent active participation (once a week or more) is more likely to lead to a sense of aesthetic gratification.
- Respondents who reported a meaningful or very meaningful connection with the arts during the pandemic have higher Positive Affect scores compared to those who feel less connected to the arts.

This chapter starts from the idea that given the complex mechanisms through which arts and cultural participation operate in influencing people's well-being, it is worth considering cultural engagement or culture-based solutions as part of strategies to increase population's resilience to challenging and disruptive events. I took the recent example of the Covid-19 pandemic as a case study for understanding if such a thesis is grounded in reality and for gaining insights into what factors or mechanisms may have a supportive role in this respect.

As shown above, cultural engagement emerged as the most frequent free time activity, with 85.18% of respondents consuming different types of art. This is confirmed by Morse et al. (2021) through evidence from 74 countries that during the pandemic, people spent more time on creative leisure, contributing to their well-being similarly to physical exercise [284].

This, together with the fact that during the pandemic people engaged more frequently in both receptive and active cultural participation then they

did before the pandemic and that their connection with the arts increased, suggests that turning to arts is a coping behaviour for certain people. By increasing access to culture and encouraging arts engagement as a regular activity, people's readiness to a to the arts when facing dire challenges may be nourished. It may also suggest that decision makers may choose to embed art-based solutions in strategies to manage with challenging and disruptive situations.

While the study revealed that during the pandemic Negative Affect scores increased and Positive Affect scores decreased compared to the pre-pandemic states [296], it also shows that active cultural engagement is associated with a higher Positive Affect, while receptive participation in core arts (visual arts, theatre, dance, architecture/heritage) is correlated to a decrease in Negative Affect. This shows that certain forms of arts engagement may effectively increase those dimensions of well-being that are compromised during a crisis such as the Covid-19 pandemic and provides grounds to claim that arts engagement supports resilience.

Moreover, the study shows significant benefits from arts engagement in relation to four dimensions of well-being: emotional, cognitive, social, and aesthetic.

This supports the idea that, during challenging times, engaging with the arts offers a form of emotional escape and relief, helping individuals manage negative emotions more effectively. Whether through shared experiences in consuming art or collaborative efforts in creating art, cultural activities strengthen social bonds and provide support networks which is vital for mental health in situations when physical distancing measures are enforced.

As shown, people acknowledge that cultural activities stimulate reflection and imagination. This mental engagement helps individuals stay intellectually active and can provide, along with aesthetic experiences, inspiration and a sense of meaning. Moreover, as highlighted by other studies, they can fuel innovative problem-solving strategies [285], which are crucial during periods of disruption and uncertainty.

When we look for ways in which the benefits of arts engagement may be extended to wider populations, understanding factors and mechanisms that enable well-being outcomes is crucial.

Active and Receptive Cultural Participation

Findings show that both receptive and active cultural participation significantly contributed to well-being during the pandemic, with active participation having stronger and more diverse benefits. As stated above, certain forms of receptive participation may support a decrease in negative affect, while active participation may drive an increase in positive affect. This suggest that no 'one size fits all' solution would work when looking to provide relief trough the arts. Understanding the complexity of arts engagement for well-being is key in policymaking.

However, as more evidence points towards active engagement having more complex and strong benefits, offering opportunities for active cultural participation is key to cultivating resilience. Active cultural participation provides expressive outlets for individuals to channel their emotions and thoughts creatively.

Personal Relevance

The fact that 56% of the respondents reported resonating with a particular work of art during the pandemic, points to the fact that while generally cultural participation may support well-being, individual pieces of art have a role to play in providing personally relevant support. By connecting with specific works of art that resonate on a personal level, people can gain insights, reflect on their experiences, and construct narratives that make sense of their circumstances.

Thus, personal tastes and preferences, as well as previous arts experiences contributing to the construction of that taste and preference are important. Linking this with Bourdieu's (1984) notion of cultural capital, suggests that there is work to be done and a significant responsibility on cultural actors and decision makers to ensure that the cultural offer available does not simply cater for the need of some and ignore the tastes and preferences of others.

How People Perceive Arts May Influence Their Well-being

Overall, during the pandemic people's perception of having a meaningful connection with the arts has increased. According to the findings, respondents who reported a meaningful or very meaningful connection with

the arts during the pandemic have higher Positive Affect scores compared to those who feel less connected to the arts. This suggests that the individuals' perception of the arts may be, in itself, a factor for well-being. This is supported by the findings presented in chapter 3, showing a that "savouring art" was connected to a higher level of both psychological and subjective well-being [152] and that the way people understand and value arts and cultural experiences may play an important role in the extent to which their engagement with certain forms of culture will benefit their well-being.

In conclusion, the findings suggest that policymakers should prioritise access to cultural resources and support for the arts as part of strategies to increase population resilience. Investing in cultural infrastructure and programmes can enhance community resilience and individual well-being, making societies better equipped to handle future disruptions.

Chapter 6.

Factors Shaping the Culture and Well-being Field of Practice

This chapter analyses the emerging field of 'culture and well-being' based on the data collected through interviews with experts in the field, personal observations and the findings of the research presented in the previous chapters.

The qualitative analysis is based on semi-structured interviews conducted in April-June 2024, with eleven experts with relevant experience: two artists engaged in designing and facilitating targeted arts and health interventions and one artist engaged in community arts, four culture professionals leading cultural networks/organisations/institutions engaged in developing culture and health/well-being programmes and in advocacy at local/regional/European levels, one hospital manager, one regional development consultant, one senior researcher leading a national culture and well-being movement, and a policy officer at the European Commission.

The analysis is structured in two sections, a thematic analysis of the interviews, providing an overview of the major themes of the 'culture and well-being' field (part one), and an overview of the 'culture and well-being' ecosystem, including the main stakeholders and the factors influencing their capacity to engage in and reap benefits from the field (part two).

6.1. Analysing the Emerging Area of 'Culture and Well-being'

The themes emerging from the interviews with the experts have been grouped under four clusters, which together give an overview of the status, potential and priorities of the field. The clusters correspond to the main

categories of a SWOT analysis, framed here slightly different to better reflect the content grouped under these headings. These are (1) Strengths and added value of culture in addressing well-being, (2) Limitations of cultural approaches and of current practices in the field, (3) Opportunities for further development of the area, and (4) Challenges and threats for the filed delivering to its full potential, including a list of concerns and criticisms. A synthesis of the themes is provided in table below.

Table 14. *Thematic analysis of interviews: Strengths and added value, Limitations, Opportunities and Challenges and concerns concerning the 'culture and well-being' area*

Strengths and added value	**Limitations**
Wide range of benefits: physical and mental health, individual and community well-being Interdisciplinary collaboration Overcoming stigma. Arts as language without judgement Cost-effectiveness Connecting people to their humanity Complex responses to tackle complexity Contributions to health in terms of promotion, prevention and management Holistic approaches Early detection of social problems	Fragmentation and project-based work in the cultural sector The contradictions of cultural work Uneven artistic quality and distribution of cultural offers Limited data availability for robust research Terminology and conceptualisation of arts, culture, well-being and health Language and need of translations among worlds Limited awareness and initiative from the partner sectors High culture vs low brow culture
Opportunities	**Challenges, threats, concerns and criticism**
Budget savings through disease prevention Integration of culture services in welfare systems Increasing interest in integrating culture in cross-sector policies Rise in female-leadership Supporting innovation across sectors Addressing the crisis in the healthcare sector Expanding demographic reach acknowledging culture as a health behaviour Tackling urgent global issues Support for the healthcare sector	*Challenges and threats* Limited awareness and engagement with the arts from people and communities Inconsistent, unequally developed cultural offer Regulating the arts and health work Lack of funding and supporting policies *Concerns and criticisms* Commercialisation of well-being and rise in individualism Political Manipulation Instrumentalisation of the arts Superficiality and false promises Weakening of the social state Research criticism

Strengths and Added Value

Considering the culture and health/well-being field, numerous strengths and aspects that represent added value unique to culture-based approaches are highlighted. These include the rich evidence base supporting positive outcomes, the multimodality of the arts that offer diverse and versatile methods that can deliver both intrinsic and extrinsic value, and the interdisciplinary nature of the field, promoting collaboration across sectors. Arts play a significant role in preventative health and contribute to comprehensive, holistic healthcare practices. Moreover, they can serve as early detectors of social problems, with artists known for their agility and adaptability.

Wide Range of Benefits: Physical and Mental Health, Individual ad Community Well-being

In general, interviewed experts agree that the well-evidenced **wide range of benefits** of culture for well-being and health are the key strength of this field of action. I will not repeat here the possible benefits from arts engagement because they have been presented in previous chapters. The fact that culture-based approaches have the potential to tackle effectively or provide **alternative solutions to massive challenges** the society faces currently is what adds a sense of time adequacy to the conversation. Take for instance the Covid-19 pandemic, there were responses based on arts – like people isolated in their homes singing together from their balconies, in Italy – that generated a sense of connection and solidarity that would hardly be possible though other milieu (Experts 3, 7, and 11).

Activities like museum visits, theatre participation, and community arts programmes have been linked to improvements in mental health, social cohesion, and physical health through increased activity and engagement.

Interdisciplinary Collaboration

A more holistic and effective approach to health and well-being can be achieved combining expertise from diverse fields such as arts, medicine, psychology, education, urban planning and social sciences.

Interdisciplinary collaboration can lead to innovative practices that can help overcome the limitations of fragmented and discontinued approaches to individual and community health/well-being. By bringing together different perspectives and expertise, creative solutions emerge from the intersection of fields, leading to more effective and diverse interventions. For example, a joint effort between artists and healthcare providers can result in new methods of patient engagement and care that traditional practices might not achieve alone.

For practitioners in all the sectors involved, interdisciplinary work offers opportunities for professional growth. Artists and culture professionals can extend the area of their interventions and gain new work/income streams, health, social and education professionals can gain insights from the arts, enhancing their empathetic and communicative abilities. They all can extend their skills and competences by learning from each other.

Growing interest from actors in all these fields to collaborate is a promising sign for the development of cross-sector initiatives for health and well-being.

> *There is interest from artists, as we've seen through the programmes we've run. There is interest within companies, especially from HR departments, they look for activities that benefit their employees. There is interest as well from the social system's side. There are many institutionalised elderly and children with disabilities, there would certainly be interest in diversifying activities. I see again an interest among teachers, because they are overwhelmed by what happens with them and what happens in the educational environment with the children. Culture can very effectively address also the needs in the health system. So, I believe the interest is there. Expert 1*

Overcoming Stigma. Arts as Language without Judgement

Stigma related to mental health, being chronically ill or from a less affluent background is still a barrier for people to fully participate in social life and to access social and health services. In this context, on the one hand, the arts are a language without judgement. Arts activities can create spaces where everyone feels welcome and free to express. This certainly cannot be taken

for granted, as the ability of the medium of the arts to open such inclusive spaces very much depends on the skills and intentions of the facilitating artists. This is why engaging professional artists and ensuring artistic quality is very important in this area. The unquestionable quality of arts interventions lies in the fact that people can regain trust in themselves, they get the chance to see themselves also outside of their identities of being ill or poor.

> *…When we put the lights on there was a super happy man. He said you called me a dancer. And I said, I call everybody a dancer. He said, no, you don't understand, I am called Mr Parkinson's, everybody wants to help me, they want to give me pills, they want to give me therapy. My name is Dan but I am now labelled Mr. Parkinson's and you just called me a dancer. Expert 8*

Moreover, culture may and seems to be more easily accepted as an intervention. Again, considering the stigma of having a mental condition especially in certain communities, patients may sometimes refuse psychiatric or psychological treatment because of the fear of being judged by their social circles. Going to an arts activity is free of such pressure, and thus more easily accepted when offered as an option through, say, social prescribing (experts 9 and 11).

As the findings of the scoping review also suggest, interventions that happen in cultural or community centres are more likely to be attended and to bear the desired results, precisely because the participants perceive are more open and feel more enthusiastic to attend to activities that do not happen in the healthcare setting.

> *"I was amazed by the fact that, regardless of the patients' level of education, there were people from both rural and urban backgrounds, even those with lower education levels, who were enthusiastic about interacting with those who managed and led these art therapy sessions. My colleagues in psychiatry and neurology also noticed that these patients were much more open to expressing their feelings and engaging in dialogue than in front of a psychologist. Often, psychotherapy is refused, considered a kind of stigma, we still haven't overcome this perception in Romania. The moment they put their emotions on paper, whether through drawing or painting, and then explain what that drawing represents, that is the miraculous moment when they begin to unload all their negative feelings, all the emotions that affect them in the context of the disease..." Expert 9*

Cost-effectiveness

Culture-based interventions for health and well-being are also notable for their cost-effectiveness. Utilising existing cultural resources, such as local art, music, dance, and traditional practices, these interventions avoid the high costs associated with more conventional health treatments. This helps minimising the need for expensive materials and infrastructure and leverages the inherent value of cultural organisations and cultural heritage, which already present within the community. These interventions are not only more affordable but also more sustainable, relying on the community's own assets to promote health and well-being. This makes them translatable and replicable in other contexts where similar cultural frameworks exist (Expert 11).

> *If you talk about the experience in Brussels with culture-based social prescriptions: they are directing people with mental health issues towards state museums. The museums are there, right? You don't have to create them, and you don't have to pay extra. You have to train (the museum staff) on how to host these people, but honestly it's a minimal investment. … But how much more efficient is this compared with the whole mental health care based on psychotherapy and psychiatry and hospitalisation. Expert 6*

Considering that the treatment costs are high and there is a shortage of healthcare specialists, putting an emphasis on prevention with the help of the arts, can in time lead to savings.

> *The social security system will have less costs if we concentrate hopefully less on treatment and more on prevention. Then with the same amount of accounting, with the same amount of people, you would have a drop in the social security costs. Expert 3*

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Beyond the benefits, I was also interested to identify what would **be the added value, the unique powers of the arts** in contributing to health and well-being.

Connecting People to their Humanity

Few of the interviewees refer exactly to the **intrinsic values of the arts** as the key to their capacity to stimulate a wide range of benefits that people identify as well-being, from meaning, to awe and to freedom of expression, which in turn, are supportive of both mental and physical health.

It is **about our humanity** and the potential of the arts to connect us to this humanity and help us **make sense** of life and our place in the world.

> *I think life would be very dull without culture. It's part of the human condition. And if you go back in history, from the beginning of the human history culture has been a means to make sense of the world, to make sense of one's inner feelings, to find the balance between the stress of the outside and the necessity to find your own place of calm and sanity. It plays a very important role in all our lives and I'm saying that without judging or without meaning any particular culture, I mean everybody has different tastes, affinities. Expert 4*

The essential feature of the arts is freedom of expression. The artist mimics the world and presents it and the viewer is absorbing, creating a dialogue and a space for expression.

> *Art is not the solution to a problem, art is a great translator of issues or emotions or situations…into a human language. …it's very powerful, it's a great dialogue producer. Expert 8*

While many types of activities may bring people together, very few have the potential to really connect them and create a sense of unity and shared values.

> *We can be in the same space, at a concert, for instance, and feel that, even if we don't know each other, it has brought us together. A medical conference doesn't give us this unity at an emotional level, whereas art can do this. What else can art do? It can free us from some fears, and inhibitions. Even in the medical conference, if we start with some theatre inspired activities, the discussions might go much better, more fluidly. Expert 2*

Complex Responses to Tackle Complexity

As pointed out by Fancourt & Finn (2019), art interventions are setting in motion a complex system that mobilises simultaneously cognitive, emotional, social, physiological and sensorial components, that concur in generating health and well-being benefits. This multimodality is not found in biomedical approaches and this is precisely why culture has a promising role in complementing them.

On the other hand, from a social perspective, it is precisely culture's complexity that offers the ground for people and communities to understand and navigate a world of increased volatility, uncertainty, complexity and ambiguity. History has shown so many times that in the absence of freedom or access to culture, or worse through its manipulation, humanity's worst nightmares were possible (experts 4 and 6). As we are dealing with polycrisis, engaging with arts and culture can be viewed as a necessary 'software upgrade'.

> *It's the transformative power of the art piece. If I look at a painting, then I see something and I relate to it. The way I see colours is individual, the experience of the piece is individual. And if you take sports, for instance, there are some very clear rules: you have to get this ball inside this box that is this tall and this wide and you have 90 minutes to do that. Art is totally boundless, there's no rule and you always have to challenge your perspective, awaken your fantasy, work with creativity and there's no goal that is predefined. Expert 10*

Contributions to Health in Terms of Promotion, Prevention and Management

Culture and engagement with culture can support health promotion, by informing the key attitudes, competences and life skills in individuals like interaction, communication, expression, and knowledge, which are all closely related to the inherent values of culture.

Prevention and management of disease are areas that have been more recently explored through programmes and scientific research, and which have a strong potential to lift the burden of disease on people, communities and health budgets. (Experts 3, 6, 7, and 9)

The emphasis is placed on the health promotion and prevention of ill-health aspects.

In the case of arts being used in the management of disease, the added value lies in the fact that patients are given the possibility to have also another focus, then the disease, and feel as a human being that can enjoy expressing themselves creatively, not being entirely identified with being ill (Expert 11). It is not only dignity, but also autonomy that is increased through arts engagement. And a particular benefit comes from lifting the burden on carers, for the duration of the arts activity, which is a significant relief for families and health carers accompanying people with dementia or autism (Expert 8).

Holistic Approaches

Interviews also refer to the potential of culture not only to support specific health and well-being outcomes, but also to make more visible the interconnected nature of humans and communities.

Just as emotional imbalance contributes to ill health or further deterioration of the condition of a person suffering from an existing health condition, the integration of arts activities in therapeutic protocols can contribute to health improvement by psycho-social support. This is tightly connected to the idea that as such engaging in cultural activities offers holistic health benefits, by addressing not only physical, but also mental and social aspects of well-being. Thus culture can be part of a broader effort to revive comprehensive approaches to human health, including notions of spiritual, emotional, and communal health (Expert 1).

Holistic health approaches within cultural contexts are discussed also in terms of their capacity to heal 'the whole person' rather than just treating symptoms or diseases. This perspective is especially prominent in discussions about the use of cultural interventions in therapeutic settings, where the focus is on creating environments that support overall well-being rather than just addressing specific health issues. Incorporating cultural activities into regular health practices can lead to sustained improvements in both physical and mental health outcomes, making a strong case for the integration of cultural understanding into everyday health practices (Expert 9).

Taking this argument further, they advocate for policies that recognise and harness the potential of cultural interventions as part of broader health programmes, arguing for a more integrated approach that sees cultural participation not just as entertainment, but as a vital component of public health (Expert 8).

At a community level, culture can serve as a powerful tool for improving overall well-being. The holistic approach is rooted in the idea that cultural engagement enriches lives, fosters community resilience, and promotes a sense of belonging and happiness leading to a broader understanding of well-being that transcends traditional bio-medical approaches (Expert 1).

Early Detection of Social Problems

Cultural initiatives often reflect underlying societal issues before they become evident through other means and provide a platform for addressing such problems, coming with innovative solutions before they even become the concern of decision makers (experts 1 and 2). This ability makes the arts and culture a valuable early warning system for identifying shifts in social attitudes or emerging problems within a community.

Often cultural players have offered immediate responses to social crises, for instance by providing creative platforms for public health communication during the Covid-19 pandemic or by offering emotional support in refugee camps (experts 3 and 6).

At the same time, this is also a limitation, in the sense that early artist-driven initiatives are disregarded as singular or radical, not receiving the credit for their contribution to tackling health or social issues, nor being taken seriously. The lingering reluctance towards culture-health approaches from staff in the healthcare sector and the fact that the vast majority of projects are initiated from the arts sector, are testimonies of this (experts 4 and 6).

Limitations

Experts stress also the limitations that art-based approaches to health and well-being have, considering aspects such as the fragmentation generated by project-by-project work and the contradictions inherent to cultural work.

One has to bear in mind that not everything can be achieved through the arts, and that there can be unintended negative effects. As culture and well-being encompass a multitude of forms of expression, formats and outcomes, the efforts required to mainstream and scale up such approaches are immense. Even well-tested models require local adaptation, which takes time. Other limiting aspects such as unequally distributed cultural opportunities across territories and variations in quality of delivery, limited availability of cultural data, and differences in cultural access among various demographic groups are also identified. There are also disadvantages stemming from the lack of a coherent vocabulary, a limited awareness from partner sectors and the significant efforts required to translate between sectors.

Fragmentation and Project-based Work in the Cultural Sector

The experts highlight the challenges in the design and funding of arts and health projects. This is very much linked to a major issue specific to the cultural sector, namely the project-based work, which impedes the provision of coherent, continual cultural offers. This problem becomes critical in the arts and health area, where once a need for arts engagement as a health behaviour is created, the discontinuation of the possibility to participate in arts activities can create a lot of damage to vulnerable groups.

In the specific arena of arts and health, there is a significant recognition that elements like project design, crucial for the success of initiatives, often lack proper financial support. This gap in funding can extend the preliminary phases of projects for over a year without financial backing, posing a substantial barrier to progress. Moreover, there is a need for flexibility and openness to experimentation from donors/funding schemes, bearing in mind that getting to the best format learning by doing is key (experts 3 and 7).

Limitations to integrating culture into health environments also stem from fragmentation and the immature nature of many projects. These initiatives often depend heavily on the goodwill and availability of specific individuals, making them vulnerable to discontinuation when those individuals retire or move on. This volatility is evident in various cases

where successful projects lose momentum and are forgotten once key personnel depart (Expert 7).

The Contradictions of Cultural Work

A lot of the limitations mentioned are related to the problematic working models specific to the cultural sector. One of these being that while as an artist or cultural worker one is allowed a certain freedom to explore and do things in a socially non-conforming way, which may be necessary in order to engage in an empowering way with vulnerable groups, this may put one in conflict with the communities one serves, with peers, and also with donors. The peer sphere, especially the socially engaged arts praxis, is in general loaded with philosophical and political discourse, thus one very often will find herself challenged for choice of words and approaches. For as much as the cultural sector is glued by solidarity, it is also fragmented by the competition for resources and conflicting ideologies. When working with vulnerable communities, the artists can also find themselves contested by the community itself, which is desirable on one hand, but which also brings about further pressure for the cultural work (experts 5 and 2).

Another aspect that is frequently mentioned, is the contradiction between the contribution of the arts to the well-being of people, and the poor health and precarious working conditions of culture professionals. The need to constantly care for the health and well-being of artists and cultural workers, along with that of health or social workers, is vital for the sustainability of the field (experts 1, 3, and 11).

Uneven Artistic Quality and Distribution of Cultural Offers

If arts for health and social well-being initiatives are going to reach scale, through schemes such as social/cultural prescribing, a major question is raised in relation to the difference in artistic and professional quality of the cultural offer that people in various settlements will be able to access. Despite cultural access being a human right, there are huge disparities in cultural activities between urban and rural settings, between countries and also between areas of the same municipalities. Cultural institutions and cultural events are mainly concentrated in big cities, in city centres. Even if

some cultural infrastructures like libraries and cultural/community centres and a handful of people active as artists, craft persons and creatives may be active in all towns, it is uncertain if their cultural programmes can deliver a high-quality experience to participants. Both the trust of participants in the ability of the arts to support their health and well-being and the benefits of their actual engagement with the arts depend on the artistic and professional quality of the arts activities.

> *If you talked to the coordinators of art on prescription in England, they're kind of tired of being congratulated all the time, because they haven't actually done their job yet. Yes, they have social prescription, art on prescription. But if you have a quality dance class for Parkinson's in Oxford, and you have a wonderful lady in Glasgow with a big heart who used to be a hobby ballerina, and she does it, the quality is completely different. So, those in Glasgow could end up saying 'oh, I don't want to do this', when you have a well-seasoned person who's put a lot of time and effort into nurturing their programme. So there is a there is a quality difference. Expert 8*

Data Availability for Robust Research

In terms of research, there is a bias towards quantitative indicators, while culture is stronger in delivering stories.

> *Unfortunately, success is defined in a very limited way. We have a limited definition of what success and a successful project mean. Most companies, institutions, and organisations view success in very economic and quantitative terms, neglecting much more important aspects that are essential, especially in addressing health issues. Expert 1*

The operators in the cultural sector are sceptical in allowing quantitative indicators to become standard in evaluating their work, as culture should be primarily supported for its intrinsic value, which cannot and shall not be measured. See CAE's iterative initiative of Culture and Well-being during 2013-2017, dedicated to developing, testing, refining, and disseminating a specialised information system that relies on both qualitative and quantitative methods of data collection, including indicators and data, to provide comprehensive insights [297].

A significant issue is the lack of reliable quantitative data on culture across Europe. For instance, even with tools like the Eurobarometer on culture, the absence of questions on well-being limits research on correlations between cultural participation or vitality with overall well-being. Without including relevant inquiries, such associations cannot be adequately explored (experts 3, 7, and 8).

Terminology and Conceptualisation of Arts, Culture, Well-being and Health

As also revealed by the literature review, this emerging area of practice is defined and understood differently by different stakeholders.

Cultural actors appear to favour the more inclusive term 'culture and well-being', which encompasses the wider social implications of engaging in cultural activities. 'Health' is seen more as a confined and technical field, where the more ephemeral and unstable facets of the arts could be easily overlooked.

> *Cultural research was never really about heart rate and the reduction of stress hormones, so that's why we always used the term well-being. And actually we even had referred to it in our strategy as well-being and well-living, which brings on the sustainability dimension, the idea that you live in a way that you also leave the planet in a good state.* Expert 3

The leader of an organisation that uses 'arts for health' terminology explains that their intention is to align to a global movement.

> *We understand that this is a global movement and we use the term arts for health because of this… but there is no convention. There are arts for health, there's arts in health, there's culture for health, there is creative arts. So everybody invents another title.* Expert 4

The leader of an arts organisation pioneering with arts interventions in hospitals in Romania for over a decade, shares their struggle with naming their work. They started using 'art therapy' in the context of receiving a grant

dedicated to arts therapies, and used the name for a longer time to preserve the brand of the project.

> *… We even had discussions with the psychologists… Opinions were clearly divided, many said that what we were doing was not art therapy, but art used as therapy. And indeed, they were right about that difference. …So we completely abandon the name 'art therapy' and for now, we call it an intervention that uses art as therapy. … Understanding by that artistic tools that contribute to the well-being of a vulnerable group or not (because we don't always work just with vulnerable groups). In other communications or documents, we also use art for health, art for improving quality of life, and art for enhancing well-being.* Expert 2

Turning to the concept of culture and the arts, while cultural producing organisations prefer to use the term 'arts' and 'art practices' instead of 'culture', which may seem too general, umbrella or network organisations prefer to use the culture in its anthropological sense, namely UNESCO's definition of culture.

> *The term culture is much broader and I would use it because I believe that culture, in general, can contribute to our well-being. Culture includes art, but also other things that relate to habits, traditions, or a way of thinking. You can engage in artistic activities, but all of these operate within a cultural context related to the way you think and the paradigms in which you think, and these interfere, which is why I would go for the holistic version of culture.* Expert 1

The concept of well-being as a whole—not to mention the term itself—is rejected by some, with the accusation being made that it is a **vanity of wealthy, post-capitalist societies**. The term 'well-being' is problematic in this context because it primarily refers to an industry that is expanding and monetises the desire to feel good, as well as because it was primarily developed from an individualist viewpoint, completely ignoring the marginalised and the collective struggles.

> *I don't really like using the word 'well-being' because I feel it is loaded by too much middle-class discourse, first world discourse. The way well-being is framed today, in my opinion, actually is pretty much an instrument for regenerating class privileges, and therefore it is not a good vehicle and not a good instrument to address especially marginalised communities. I prefer the words 'emancipation' and 'empowerment'.* Expert 5

As the scoping review also revealed, there is a little scientific literature on community well-being. So far I have speculated that one of the reasons for this may be that the unit of interest when speaking about well-being is the individual and rarely the community itself. Aspects like social cohesion, reduction of isolation and access to services are targeted outcomes, but the way to measure their achievement is the perception of the individual, not a well-articulated notion of thriving in togetherness. That is also probably why research that focuses on collective well-being is more complex and less frequent. Another possible explanation is that actually those artists and organisations that engage with arts in communities prefer to define their practices using other terms such as 'community arts', 'socially engaged art' or, as one of the interviewees expresses, 'community empowering practices', where often the word arts or culture are not even used.

In conclusion, the discussion surrounding the terminology and conceptualization of 'arts', 'culture', 'well-being' and 'health' reveals a diverse and complex landscape. Stakeholders from various sectors prefer different terms that resonate more closely with their objectives and philosophical approaches. While cultural actors advocate for a broader, more inclusive term like 'culture and well-being' to emphasise the holistic and sustainable aspects of cultural engagement, health-oriented entities focus on more specific and measurable impacts, often under the umbrella of 'arts and/in health.' This divergence shows the complex relationship between cultural activities and societal well-being and the difficulties in articulating these effects in a coherent discourse.

Language and Need of Translations among Worlds

Interviewees frequently mention the need for translation between different worlds. That is to say, there is a general agreement that the cultural sector, the health sector, the educational sector, the social sector, the policymakers and the people who may benefit from the arts they all speak different languages and building understanding requires intentional efforts. Bridges between these worlds are needed. The terms used or cherished by the arts world may not have meaning or may not stimulate interest in a health professional and vice versa. One challenge is to translate between the culture and health worlds, and another one to reach beneficiaries. This translation work requires one to keenly listen to the needs and interests of the other side and to skilfully describe their value proposition as timely responses to those needs. Quite often, the measure of success of an initiative is the capacity to choose the adequate language when communicating to audiences.

> *I think that in the policy world, the idea of using 'arts in health' is an appealing word. And health is then translated into more 'well-being' and 'quality of life'. But when you talk about art to the people on the floor, my work should come across as a 'neurological enhancement using movement and music'. On the floor you use more, let's say scientific terms… The word dance for a man suffering with Parkinson's or a woman with MS seems a little bit trivial. But when you word that in a way that 'we have a brain training programme on the dance floor' or 'we have a neurological stimulator using music and movement', it breaks the threshold. Expert 8*

Yet, so far, efforts for speaking the others' language are mostly done from the cultural sector's side, for instance by providing scientific evidence of their impact, adopting medical terminology, and aligning to policy priorities.

> *I'm (a cultural worker), I also work as a translator. I do my work, my stuff and then I translate it to be readable to the financer, and I translate it as much as I can to be readable by the community. Expert 5*

> *There is a long way to go, the important thing is the language and also trying to understand the other side… I'm a translator trying to understand what the other one wants and needs, and inputting it in a way that they understand it. Towards the health (sector), you talk about health equality and equal access to health, while it's access to culture in the cultural sector. It's not exactly the same, but still it has a relation to each other, as evidence shows. Expert 3*

Limited Awareness and Initiative from the Partner Sectors

While the interest and motivation for this area of practice is strong on the cultural sectors' side, the challenge remains in engaging other sectors, such as health, social care and education, to recognise and commit to the benefits of cultural initiatives.

The problem is mainly related to the limited awareness on the benefits and possibilities that arts can bring to their fields of practice.

> *If I look at the other side, at people in the healthcare sector, I believe there is still a significant need for work and awareness regarding the role of culture. There is a crucial need for awareness in sectors outside of the cultural sector. Expert 1*

> *Public hospitals are engaged in a continuous struggle for survival. The volume of medical activity is very high. The insurance system leads to significant bureaucratisation of medical care, and as a result, staff tend to turn to art to relax in their free time rather than considering it as a tool for patients in an emergency hospital. Expert 9*

The situation varies from country to country and from place to place, often depending on the efforts and willingness of championing individuals. Interest is at times coming from public health bodies or public authorities, yet this far from being the norm.

Considering this reality, initiating efforts are more often taken by the cultural actors, which tends to translate into unequal relations in the partnerships with the other sectors. Recognising the role of cultural activities not just as a service, but as an integral and equal part of health services is

crucial. Often, there is no structured process initially, making it difficult to integrate arts effectively. Establishing a process where artists and the health sector can collaborate from the start is essential for success, ensuring that cultural activities are respected and valued on the same level as other health services.

> *We have very strong support from the Ministry of Culture, more than support, they accompany our work very actively. From the health side, it is difficult. It's difficult to find people who feel responsible, who feel that they have something to do with the topic. They find it fascinating, they love it, everybody loves culture. 'But I'm not responsible'. You often need to explain things twelve times to politicians before they fully understand what you're talking about. Expert 4*

High Culture vs Low Brow Culture

Bourdieu discusses the role of cultural tastes in maintaining social class distinctions, introducing the idea of 'cultural capital', which includes knowledge, skills, and other cultural assets that contribute to one's social status. He coins the terms highbrow and lowbrow culture: highbrow culture, including classical music, fine arts, and scholarly achievements, is typically associated with the upper class; and lowbrow culture, linked to more accessible forms of entertainment like television and popular music, is often associated with lower social classes. He argues that highbrow culture, also seen as legitimate culture, is a key component of cultural capital. Those who take part in highbrow culture are often seen as having superior taste, which affirms their status and power in social hierarchies. At the other end, preferences for lowbrow culture are often dismissed or devalued by those in higher social classes, reinforcing social divisions. Bourdieu argues that cultural tastes are not simply personal choices but strategic tools used by those in power to delineate and preserve class boundaries. He warns against viewing cultural practices and preferences merely as individual choices or reflections of personal taste. Instead, he argues that these preferences are deeply embedded in the structures of social power and class divisions, that they are tools of symbolic violence and that while certain notions of culture are imposed as norms, the oppressed often internalise them [298].

This huge divide in terms of cultural capital is, and can further become, the ground for deepening social inequalities if we look at culture as a social determinant of health. As Bourdieu suggests, culture can be a tool for inclusion as much as it can become a tool for exclusion. Thus there is a huge responsibility on institutions and organisations developing culture-based initiatives for health and well-being. The risks here are related to designing initiatives that reflect the cultural tastes of some, dismissing the affinities and representations of the others; and failing to really reach the people from disadvantaged backgrounds because they do not resonate with the culture on offer, they do not have access to it, the entry cost is too high or it does not respond to a need they perceive as important.

> *When you say the word well-being in a middle-class context, it's usually understood as freedom to move, freedom to find your spark, freedom to maximise your potential, etc. I go to culture events and I'm feeling freer …to explore, to discover my spark, to maximise my little spark to become a fire and so on. When you go to Pata Rat and ask people from Pata Rat what their core values are, what is most important in their lives, it is always, always family, love, relations, always. They almost never talk about the individual ethos of fulfilment … and so it's totally different. And the way culture works there is that it is valued if it deepens relations, family relations, neighbour relations. …For example, after the festival that we did (in Pata Rat) we asked people so was it cool? Yes, it was totally cool. What was cool about it? And they said two things: togetherness, again, boiling down to relations between themselves, and acceptance, by the mainstream community. The bridging and the bonding. Expert* 5

In discussing the arts and cultural engagement as acknowledged gateways to enhanced life quality across multiple aspects, the question of what kind of culture will be available and encouraged is very relevant. While professionals in the arts typically emphasise the significance of artistic quality in interventions, they hardly ever support exclusive art forms. On the contrary, arts and health professionals emphasise that everyone should feel accepted regardless of preferences and that suggested interventions should take the target group's cultural preferences and familiarity into consideration.

> *Culture plays a very important role in all our lives and I'm saying that without judging or without meaning any particular culture, I mean everybody has different tastes, affinities. I find it interesting especially for our field of arts and health to recognise that there are different affinities and different needs also. Expert 4*

Opportunities

There are plenty of opportunities for leveraging culture and health/well-being initiatives. Due to the multiple needs, there is a growing interest from artists who seem keen to engage in this work, but also from partner sectors and decision-makers. Major crises, such as COVID-19, armed conflicts and rising mental health problems across all demographics, have heightened interest in comprehensive approaches and holistic models. Few of the issues that can be effectively tackled through interdisciplinary approaches integrating the arts include mental health challenges, an aging population, loneliness, and health inequalities. While in general there is an interest at EU level in providing innovative solutions, and fostering social innovation, culture and creativity-based solutions have a lot to offer to individuals, organisations, communities and to society at large. The potential of embedding art approaches into health promotion and disease prevention measures, and of supporting reforms in the health care sector is significant. Health and insurance budgets are presented with noteworthy opportunities as arts interventions propose cost-effective solutions to certain health and care concerns.

Budget Savings through Disease Prevention

The power of the arts to support healthy behaviours acting as protective factors against disease is a particularly promising direction to explore and capitalise, considering that overall in EU a mere 2.8% of total health care expenditure is dedicated to preventive care [9]. Experts point to the value that culture can bring in long term through the prevention lens, both in terms of the quality of life of individuals and the welfare of communities. Considering that some people who are incapacitated to work by disease

would be able to remain active in the workforce, public budgets they would contribute through paying taxes would greatly benefit of the preventive power of engaging with the arts (EXPERT3).

> *How much more precious would be to prevent depression, suicide, burnout, and what it would mean for society as a whole and for every destiny that you touch. I think there is a figure saying how much it costs in terms of mental health the issue that we now have in Europe, but I don't know if we have the (estimated costs) on the prevention side to understand how much can be saved.* EXPERT6

Integration of Culture Services in Welfare Systems

Closely related to the argument of budget savings is the opportunity of integrating cultural service provision through insurance systems. Culture-based social prescribing is one of the mechanisms integrating culture, health and social care provision, that decision makers in several countries took on as pilot initiatives. As insurance systems work very differently in each country, such models vary immensely in form and scope.

> *Theoretically, the insurance should pay, but the problem is the insurance policy does not include prevention yet… And we need government to put the pressure on insurance companies.* Expert 8

> *We need a health insurance recognition and payments. If I need ten sessions of physiotherapy, then they need to be supported by the health system. I need to be able to go to the doctor and he will prescribe for me ten sessions of music therapy.* Expert 11

Increasing Interest in Integrating Culture in Cross-sector Policies

Interviewees agree that recent policy developments are promising signs for the development of the culture and health/well-being field, naming especially actions at EU level, but also specific initiatives on regional and national level (experts 3, 4, 6, and 7).

The European Commission's Communication on a 'Comprehensive Approach to Mental Health' significantly highlights the role of culture in

mental health. Additionally, the European Council's Conclusions on a Comprehensive Approach to Mental Health emphasise not only the importance of access to cultural activities but also their preventive benefits for mental health. This acknowledgment provides a strong foundation for policy development and collaborative initiatives.

> *The biggest opener now is the Comprehensive Approach to Mental Health Communication of the European Commission, which mentions culture 7 times. And then also we should not forget the Council Conclusion of the Comprehensive Approach to Mental Health, where you have it two times mentioned. They talk about access to culture and about the preventative side. The council conclusion basically says that each and every EU member state is agreeing that culture has an element in keeping our mental health. … that is something to work with.* Expert 3

Further emphasising the importance of this integration, the EU Work Plan for Culture 2023-2026 explicitly includes 'culture and health' as a topic, guided by the Open Method of Coordination. Although specific Horizon calls on culture and health are still under discussion and not finalised, the potential inclusion signals a significant step toward formalizing the intersection between culture and health in EU research policy.

The mutual memorandum of understanding between the culture and health ministries in France, established since the 1980s, exemplifies a longstanding national commitment to this interdisciplinary approach. Such agreements and discussions at the national level, like those in Austria, Slovenia and the Netherlands regarding arts in health, demonstrate a growing European trend. In Sweden, regional cultural centres on arts and health have been established, although networking these regional initiatives may need further support (experts 3, 4, and 8).

These developments across EU indicate a movement towards recognizing and integrating culture in various policies which is expected to grow and become mainstream in a matter of years from now.

Rise in Female-leadership

Since matters of care are traditionally linked to professions where women predominantly work, such as caring for children, the elderly or the sick, one expert suggests that an acknowledgement of the value of integrating culture into care settings is growing in direct relation to the rise in female leadership, which in turn is seen as being related to the environmental crisis.

> *I really believe that that the female role in society and the female understanding of a lot of these issues, the importance of good relations, of communicating of emotions, of taking care of kids, of elderly, of each other in the opposition to the more male dominant cultural thing of competition, is a huge strength.…I think that all solutions come from major crisis. So because the world is burning the people in power have realised that they can't solve this themselves. So let's say that at least 10 years ago major global issues had to be solved by 20% of the collected brain of the world, because it was only men, above a certain age, with a certain education, from certain countries. Now with so many problems that threat to destroy the world, those 20% have realised that they have to have some help, so they have sort of given some power, not because they wanted to, but because they needed to. So they have invited some people in, including women. Expert 10*

Supporting Innovation across Sectors

Cultural strategies in healthcare, social inclusion and education introduce innovative methods that help these services adapt to current realities. In the sphere of public health, introduction of cultural approaches can lead to improved healthcare environments, patient outcomes, but also improved relations between healthcare staff and patients (Expert 9).

In education, including arts engagement in the teaching methods of any subjects, can improve students' motivation to learn, their cooperation and problem solving skills, and increase the quality of school interactions.

Culture and health collaborations are also bringing innovation in the cultural field, allowing cultural institutions to connect deeper to the communities they serve, creating new work opportunities for cultural workers (experts 1, and 2).

Social prescribing or arts on prescription are innovative interdisciplinary methods for providing integrated care and support for patients and people in need.

Addressing the Crisis in the Healthcare Sector

Several interviews address the urgencies in the health sector and point to culture-based solutions as feasible and sustainable approaches to tackling these issues. Artist-led interventions in healthcare settings or cultural activities in community settings can lift a significant burden form doctors, nurses and care takers, especially in the case of patients requiring long term care, such as elderly with dementia or Parkinson's or people with severe disability. Preventive approaches may reduce the need of healthcare services, which is the main argument for decision makers setting up culture on prescription schemes.

> *As cultural sector we should of course not replace health care professionals, but (arts) can create an atmosphere in health environments, so there are more benefits for the patient, but also for the carer and the health environment… With the burnout… especially in the case of nurses… I heard a person saying the bomb is going to explode. The bomb has already exploded, with all the shortages of staff there. Expert 3*

Expanding Demographic Reach Acknowledging Culture as a Health Behaviour

There's potential to expand the benefits of arts for health and well-being to broader populations, including aging communities and diverse cultural backgrounds. As research shows (see previous chapters) the benefits of individuals from engaging with the arts are significantly connected to their perceptions of the arts and cultural experiences. While social and cultural capital act as enabling factors for cultural access for some and as barriers for others in accessing culture, creating inclusive platforms for cultural participation, especially for disadvantaged, older and vulnerable populations may greatly extend the number of beneficiaries not only of the arts, but also of the health-and well-being related effects.

This mainstreaming of culture as a health behaviour may be likened to the trajectory through which sports reached popularity among the wider population and exercising has become an essential aspect of a healthy lifestyle.

> *There are incredible similarities to the adoption of sports. Because also sport is good for your health and well-being. … At the beginning of the 1950' less than 13% of the Italians did any physical activity, and now we are over, I think, 46% doing regular physical activity. Because there was a continuous and harmonised effort of communication, institutional communication, political communication, that repeated that sport is good for you.* Expert 7

> *The path we should take is maybe similar to physiotherapy becoming a thing in the health system, or maybe more as the sports becoming something that everyone does at home or in their own time.* Expert 8

Tackling Urgent Global Issues

The integration of arts and cultural practices into health and well-being strategies presents a significant opportunity for all sectors involved to develop and enhance their impact on society. This interdisciplinary approach offers innovative solutions to a variety of pressing issues, leveraging the unique benefits of cultural engagement to address stringent global themes such as mental health, social isolation, active aging, and social cohesion.

Considering the mounting mental health concerns, which require urgent and comprehensive responses, this is the right time that arts are integrated in such responses. By incorporating arts and culture into mental health interventions, practitioners can offer more holistic and accessible support to individuals in need.

> *When people get divorced, both the parents and the kids will probably suffer culturally as well. They will lose friends, they will be in grief, and they may have a hard time being in school, making friends. Then attending sports or cultural activities helps. Expert 10*

The well-being of older adults is another area ripe for development through cultural initiatives. Targeted cultural activities can serve as preventive measures against loneliness and inactivity among retired people. Programmes such as dance for Parkinson's and participatory theatre for dementia patients can be integrated in cultural settings, and arts practices can be integrated in care homes.

> *Active aging… that is a huge hot potato. At the time of retirement when people drop down to loneliness, targeted cultural activities at that moment would be a very good preventive measure and would keep people active as they age. Expert 3*

Youth mental health is also mentioned by experts as a significant area of immediate intervention. Engaging young people in participatory cultural activities can help address issues of isolation and hopelessness, providing them with healthy outlets for their emotions and creativity.

> *Youth mental health in educational settings and bringing artists who would do participatory cultural activities fitting and chosen by youth would be a very beneficial and urgent thing. Expert 3*

Also, arts and culture have the potential to build social cohesion and reduce inequalities. Cultural activities can bridge social divides, fostering mutual understanding and bringing together individuals from diverse backgrounds.

> *Cultural services should be regarded as entry points, points where the general population meets the arts and culture" We could imagine that some cultural organisations act as cultural points of delivery of services… I hope that we come to a list of some well-working cultural responses to some specific health demands like motherhood, healthy aging, and educational poverty. Expert 7*

Challenges/Threats

Several challenges and threats also require to be addressed. Budget constraints such as limited funding of both the cultural and health sector, the lack of dedicated funding that would not direct the already small budgets for culture to health and social affairs are among the most notable challenges. There is also a misalignment between the value production cycles and existing business models in the cultural sector and the market or public health systems. Potential budget cuts could impact not only funding, but may also lead to discontinuing activities, leaving participants without ongoing support. There are ethical and quality delivery concerns, leading to the need for structures and regulations, which in turn may become restrictive for cultural practice overall. Additionally, there is a risk of misuse and instrumentalisation of the arts, by putting pressure on artists to take on roles traditionally held by other professionals, often for less money.

Limited Public Awareness and Engagement with the Arts

Given the yet limited awareness on the potential benefits of arts engagement, even when conditions are in place for cultural initiatives addressing specific health concerns, engaging beneficiaries may prove a challenge.

> *I don't know who said it … but a boat maker doesn't make a boat, the sea makes the boat. And so, it's not the pill that makes the medicine, it's the person that makes the medicine. And so from an artistic challenge, that's brilliant, I find that probably the most fascinating part of the work: How do you entice people to experience something that will change their life? Dancing with people is the easy bit… If they are triggered, it's an emotional psychological thing that happens and you have an immediate effect. But to get them there, that's the art. Expert 8*

Additionally, there is a need for promotional campaigns to highlight what culture means for people, as the understanding of culture, even within the sector but especially outside of it, is very limited (Expert 1).

> *People of my age didn't grow up with this perspective; it's entirely new. Without explicit communication about the beneficial role of culture for health, people will remain stuck with limited information. Most of the time, those who are aware of these benefits are an educated public who have access to relevant materials and information that others might not. Expert 1*

Inconsistent, Unequally Developed Cultural Offer

A significant issue is the lack of continuity and embedding of these cultural experiences within cultural organisations. While the health sector is not expected to lead the integration of arts in health, the cultural sector's fragmented nature often results in a lack of sustained responsibility for ongoing demands. This situation creates expectations among participants that may not be met consistently. Even successful programmes could be at risk if leadership changes, potentially cancelling well-established initiatives that people rely on (Expert 7).

To address these challenges, the development of protocols, rules, and procedures is seen as the solution. By creating standardised processes and expanding the shared responsibility among various stakeholders, the volatile nature of these programmes can be mitigated. Embedding small but regular cultural activities within the routine operations of organizations can provide stability. An example from Italy involves a working group on cultural welfare, focusing on equipping museum operators with the necessary skills to integrate cultural activities into their regular functions, ensuring greater continuity and impact.

Unwanted Effects and Regulatory Responses

Experts caution about the ethical considerations and potential unwanted effects of arts interventions for health and well-being, pointing towards the need to develop guidelines, training opportunities and regulatory frameworks.

While negative and undesirable effects are possible, they need not become obstacles in extending arts and health practices. If one compares the potential negative impacts of arts in health to side effects of drugs in medicine, the former are less likely to create severe damage. Moreover, being

in general safe interventions, opening to experimentation and trial and error might offer valuable learning opportunities (Expert 10).

While there is a consensus that arts practitioners in the health and well-being sector should undergo formal training, there are concerns with regards to the development and implementation of a certification system. Such a system could exclude those with less formal training but who still contribute significantly to the field. The preference is for training rather than certification to ensure practitioners are equipped with necessary skills without imposing exclusionary barriers. (experts 3, 4, 8, and 11)

There is a clear need for structuring and regulation, as well as coordinating bodies.

> *So we need to be a little bit hard at the beginning. It's nice to have a big heart and a guitar. We need structure, we need a committee that has very specific criteria. You have to be economically sustainable, … the medium that you're using has been researched enough, you have a track record. You have a committee that puts you through this kind of quite rigorous programme and then you have a profession as an arts and health expert (not therapist). Expert 8*

> *But there needs to be in the Arts for Health a little bit more of a rigorous policy. Physiotherapy wasn't an official health programme. It took a long time for physiotherapy to actually be recognised, and it went through a very stringent process, and we have to do the same. Expert 8*

Lack of Funding and Supporting Policies

Lack of or limited funding or cultural initiatives for health and well-being is very often cited as major challenge. It is explained through the fact that decision makers do not yet understand the full potential of the arts for society thus failing to prioritise funding for the arts. While politicians want to support initiatives that deliver immediate results, the effects of arts engagement both at individual, but mainly at collective scale will show on long term.

> *The lack of funding and the desire for immediate results are major issues. A lot of work and exploration are needed, especially for some countries, to find*

> *an appropriate programme, product, or service. We are not accustomed to exploration; we want concrete results immediately. Expert 1*

Remaining to operate at small scale is seen as a major risk. While the multitude of pilot projects and small scale initiatives blooming across Europe is a visible sign of the commitment of cultural actors to engage with arts for health and well-being, failing to provide supportive structures and policies can hinder the development of this movement and lead to its decline.

> *I believe it's very difficult to go from the bottom up. If the people on top don't step in to provide the framework and support, it could either take forever to achieve this [potential] or yield limited results because you can only do as much as your resources allow. Expert 2*

Concerns and Criticisms

Commercialisation of Well-being and Rise in Individualism

The current discourse on well-being is often criticised for primarily addressing issues pertinent to the middle class, and not sufficiently covering the deeper, more complex problems faced by marginalised communities. This discourse is heavily influenced by the wellness industry, which capitalises on individual well-being through monetisable services such as therapy, spa and relaxation, wellness retreats, and conferences. This industry-driven focus reflects a Western, individualistic approach that emphasises personal over collective well-being. Meanwhile, the specific and severe challenges of marginalised communities are underrepresented and underserved in this framework, highlighting a significant disparity in how well-being is addressed across different social strata (Expert 5).

> *The well-being discourse right now is especially well articulated to capture middle-class problems like anxiety, climate vulnerability …everything of the middle class. When you are looking marginalised people when they talk about their well-being, global warming doesn't really show up among the first 10 issues. There are traumas, childhood traumas, separation traumas, what not traumas, abuses are totally differently coded and have so totally*

> *different roots. And if I have a problem with the well-being discourse as I see it articulated today is that it is focusing on the individual well-being, which is very much a Western individualistic post-colonial and post-capitalistic approach, rather than on the collective well-being. The collective involves the group traumas and so on. There is a very well developed and booming, well-being industry that puts pressure on this discourse, individual well-being is very well monetisable. As you see the number of psychologists booming, the therapists booming, the sessions, the retreats, the group conferences there is a very effervescent scene on this. But on the other side, in terms of marginalised group well-being, you see nothing or close to nothing. Expert 5*

The growth of the well-being services focused on the individual also strengthens the narrative that it is individuals' responsibility to take care of themselves, and stay productive, shifting attention away from the oppressive and extractive dominant economic structures that lead the individual to self-exploitation and burnout. That is to say, while the causes for rapidly increasing rates of burnout and anxiety are systemic, the care burden is transferred to the individual.

Political Manipulation and Power Plays

Considering that this is an emergent movement, concerns about its possible distortion, especially through political manoeuvring, have been expressed. Resistance to the movement is common, particularly from established powers or within less democratic contexts. In such environments, priorities often skew towards economic efficiency and may neglect marginalised groups (expert 4, and 10).

> *In my career I have been part of different movements. …and I have seen that even though …. people will realise that this is the way to go, I have also realised that some people can change the agenda, use the same words that you use and change their meaning, so something good becomes bad, with the same words, just with a political strategic move. I'm not solving the problems, but I just make more of the same. And that has to do with power shifts. It's a political issue. Expert 10*

Diurlin and Noren (2021) warn that a purely practical oriented research in arts and health may fail to create a broad enough picture and advise to explore also the historical context, that may illuminate the potential conflicts arising from the collaboration between policymakers, health authorities, and cultural workers. Using the concrete example of Sweden's experimenting in the 1970's with cultural policy as a governmental proxy for addressing public health matters, they showed that conflicts resulted from a mix of roles. Unwillingly, cultural workers ended up as producers of official information while the health authority found itself acting as a patron of the arts. Yet, the main conflict surfaced as artists commissioned to deliver public health messages through their art were more ambitious, subversive even, being interested in rather changing the society than its citizen, which in some cases led to the discontinuation of funding. The context of these collaborations was framed by the cultural sector's politicisation, the need for creative government information, and the changing nature of health information [299].

Instrumentalising the Arts

The interviewees address also the often controversial topic of instrumentalising culture within the contexts of arts for health initiatives. They acknowledge the tension between viewing culture as an end in itself — valuing 'high culture' or 'culture for culture's sake' — and recognizing its utility in community and health contexts. They acknowledge that cultural professionals often raise concerns about the authenticity and integrity of artistic projects, which might feel compelled to align with external agendas, potentially diluting their artistic value and high jacking the purpose of cultural activities.

Experts advocate that the intrinsic value of cultural and artistic experiences must remain at the core of the arts and health discourse. The argument is that the true impact of culture on health lies in its inherent qualities and the profound experiences it provides, not merely as tools for achieving other ends. Recognising the intrinsic nature of these experiences ensures that the arts maintain their integrity and continue to offer deep, meaningful contributions to individual and collective well-being (Expert 7).

> *This is one of the few areas where it is the intrinsic experience of culture at the centre of the entire discourse, it is not the instrument. It is the fact that the arts and culture as artistic and cultural experiences that can have effects, full stop. Expert 7*

There are also concerns about the potential redirection of cultural funding toward health and well-being projects and the risk that cultural initiatives might be compelled to meet specific health or social oriented criteria, by having to tick 'well-being', 'health' or ''social' boxes to qualify for cultural funding.

In this conversation, there is a consensus over the fact that not all arts need to be serving health and well-being purposes, and that the funding and autonomy of cultural activities need to be secured based on the values of culture as right, and freedom of artistic expression. The culture and health/well-being work should be supported from other sources, ideally through a blended approach where health, social, and cultural budgets are integrated to support health and well-being initiatives.

For some, the argument is pragmatic and inclusive: if cultural activities naturally produce beneficial effects for individuals and communities, these should not be disregarded due to concerns over potential instrumentalisation. Instead, there should be an open embrace of these benefits, promoting a model where cultural engagement is both an end and a means to broader societal benefits. This approach does not undermine the intrinsic value of culture but rather acknowledges and utilises the positive impacts it can inherently provide.

> *We are just benefitting from what culture anyway does, from the effects of culture and cultural activities…We shouldn't just say: no, I'm not going to use it because it's an instrumentalisation. Art has a positive effect whether you like it or not. Then why not benefit from it? Expert 3*

A related concern is that the artists themselves are facing increasing pressure to constantly expand the scope of their work, to tackle more social issues, to acquire new skills, to become multi-taskers. This not only increases health risks for cultural workers, but it takes away the focus of creative

minds from their primary work which is art, and legitimises (self)exploittative approaches.

> *I always hear about improving the skills of people working in the cultural field and their continuous development. However, in the long term, this turns an artist into an entrepreneur. While it is very good to develop our capacities, when you take on multiple roles, such as management and research, you move away from your core activity as an artist. I think that if there were funds, the artist could remain focused and very present in their work, directly with their beneficiaries, while others could assist with these kinds of tasks.* Expert 1

Superficiality and False Promises

There is a concern related to reducing the integration of culture and health to simplistic slogans. Phrases like 'Culture is good for you' or 'Beauty heals' oversimplify the complex and sometimes challenging nature of cultural experiences that can genuinely aid in personal growth and health. This reduction to fashionable catchphrases can undermine the seriousness and depth of cultural engagement.

> *I really fear the risk of this area becoming too fashionable to be treated seriously …like when you light a fire made of straw and it burns very fast and leaves you with nothing. I prefer to have the log that burns very slowly.* Expert 7

The superficiality is seen as a risk at multiple levels: that of the artists, that may want to be engaged in such practices without proper training, that of cultural and health organisations that may programme some activities just for the sake of aligning to trends, that of policymakers and programmers. These may be satisfied with short term initiatives that may not only fail to deliver full results, but may even become detrimental by interrupting a service leaving people more vulnerable than before. The primary concern is to avoid superficial efforts and ensure that projects maintain their initial commitment and depth, offering complete and enriching experiences rather than fleeting or incomplete ones.

The essence of arts is their profound impact, and both policymakers and artists should strive for meaningful, sustainable projects rather than seeking shortcuts. This challenge mirrors issues in the therapy world, where substantial training and depth of experience are crucial. A therapist may need to undergo 1,500 hours of training, whereas some coaching programmes might only require 50 hours. The difference in depth and quality is significant. Similarly, in cultural projects, the depth of engagement matters as well as the competences of the leading artist.

> *Some initiatives will stay superficial and will not go into depth, and I think one of the main definitions of art in any way is that it's very profound. I wish that the policy makers and the artists will search for meaningful, sustainable projects and they will not search for the shortcut. I think my concern would be this, of superficiality or, giving up, not sticking to what you started. Expert 11*

> *What's going to happen is that, in a few years, authorities will adopt it [culture for health and well-being] as policy, but I'm very afraid because my instinct tells me it will be a superficial adoption. I would put the authorities through some sort of A, B, C before they build funding or support programmes for this. We'll fall into a huge trap, that some festival just creates a relaxation area and it qualifies [for funding]. Expert 2.*

Creating false expectations through the wrong discourse or approach is also a concern. Although they can aid healing through emotional, mental and social support, the arts are not a therapy, they do not cure illnesses. And it is not the function of the cultural sector to provide therapy (Expert 4).

> *The arts are not a therapy. When we talk about participatory projects, we don't ask participants about their illnesses, deficits, or symptoms. We are trying to create arts with them and we hope and we assume that they will feel better when they do that. So the arts can heal in a psychological, mental, biosocial, psychosocial sense. But the arts cannot cure cancer, cannot cure illnesses, like dementia, there's no cure. There is a healing process. A well-being process that that is important in curing diseases.* Expert 4

Weakening of the Social State

There are concerns about how the intersections between arts and health could be misused, potentially weakening the social state rather than strengthening it. For instance, if culture for well-being initiatives are overly commercialised, they might prioritise profit over genuine health outcomes, leading to a diversion of public and private resources from essential health services to more lucrative, but less impactful, wellness-oriented programmes. This commercialisation could shift focus from comprehensive public health solutions to individualistic approaches that do not address the broader determinants of health, such as socioeconomic factors and accessibility.

Moreover, when arts programmes are used as a superficial bandage for deeper societal issues — such as inequality, poor urban planning, or inadequate healthcare infrastructure – they might contribute to a narrative that cultural engagement alone can resolve structural problems. This could lead to policy decisions that favour visible, immediate interventions (like public art projects promoting mental health awareness) over necessary systemic changes in social and health care policies and funding. The result may be a weakened social state where the root causes of inequality, poverty and health disparities are swept under the carpet or pretended to be tackled through superficial solutions.

> *Culture cannot and should not take over the work of the health professionals, …they are cultural actors are not psychiatrists and psychologists, there should be a dividing line.* Expert 3

Perspectives for the Future

The Emergence of the 'Culture as Health' Paradigm

Some experts emphasise that the link between arts and health and the well-being of individuals and society were long recognised, for instance in the ancient Greece, where the theatre had a key role in forming the value system of the citizen and learning about life, love, and loss. Health sanctuaries and theatres were attributed spiritual importance and were often located centrally or on the most beautiful places of a settlement, reflecting their

importance to civic life. Or, in the US Library of Congress, establishing a great library, dedicated not only to legislative texts, but also to the arts, humanities and health was considered essential in providing a repository of knowledge to assist lawmakers in their understanding of society and better performing their duties (Expert 3). And thus, the rise in the interest in culture as health and well-being is not new, it is a revival of humanistic values.

Experts refer to the rise of interest in culture as health as a movement that is an attempt to divorce a highly materialistic view of the world and get closer to an understanding that in everything we do we are modelled by a cultural perspective.

> *I think that we have for many years tried to put everything into a box, to be effective because we have thought of everything as something financial and we put the way of thinking on a financial level into every part of society. … This movement is all about returning to really looking at things and looking at people and acknowledging that people have different backgrounds, people have different perspectives. People have different cultural biases, their eyes are different, their ears are different, the way they see colours are different. And some people enjoy colours, some people enjoy letters, some people enjoy music. And some people are dyslexic, can't read letters from left to the right, but they are amazing at reading colours, signs and shapes. And that's just the brain that is different with different perspectives, and I think this movement is about acknowledging those perspectives and the way that society deals with those different types of people.* Expert 10

There is a growing acknowledgement for the idea that engaging in the arts is a health behaviour [46]. This is building on WHO's support for activities and behaviours that contribute to a fulfilling life — especially in the context of an aging global population. The WHO has prominently featured the motto "adding life to years, not just years to life" in various campaigns and discussions regarding healthy aging (UN Decade of Healthy Ageing 2021-2030), and the quality of life in later years [47], [48]. This is leading to a shift of perceptions of culture and its role in our lives.

The rise of this movement is associated with the rise in female leadership and the eco-sustainability movement.

> *I think it relates to the environmental movement, the holistic movement (postulating that) it's all connected. It's about coming back to nature acknowledging that we are part of nature, that the animals are here with us not for us, and that we have to take care of those non-economic values that surround us. And in that process, we have realised that this is not only about nature and animals, it's also about ourselves and our ability to live and breathe as human beings with emotions.* Expert 10

> *In the 1950's sport was not even considered to be something contributing to health, and now it's everyday knowledge. We should make the same (case) for culture.* Expert 3

> *We had a continuous promotion of the sports in various levels of the social communication. It was not only the doctors [communicating], it was the teacher, it was the priest, it was a continuous campaign and the sports that at the beginning were thought for Olympic athletes, slowly has become the common practice. Now this is very similar to culture because culture is something that has been for the elites...And this is why we must connect with mediation activities [to present] the benefits to the beneficiaries. Starting from the artist and the cultural operators who I suspect do not know very well what is the power they have in their hands. Expert 7*

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The following proposals emerged from the qualitative research.

Support Organisation

Experts underscore the importance of having a supportive organisational framework for artists working in health or social settings. This framework would not only provide artists with necessary guidance and set boundaries to ensure they are not tasked beyond their scope, but it would also serve to educate the health sector on the valuable contributions artists can make. This would help bridging the gap between artistic contributions and health outcomes, making the potential more visible, the pathways to connect the need with the arts services more clear and the interventions more effective.

To address the need for financial support covering the design phase, a two-step approach to project calls is suggested. This would involve ensuring

that initial project design phases receive dedicated funding. Additionally, the approach should incorporate flexibility, allowing for the redesign of projects and accommodating the learning process, which acknowledges that making mistakes is part of innovation and improvement in such experimental sectors.

> *We should make sure that there is support, a peer support network of the cultural actors working in these environments. …It's good to have an organisation - most probably locally — the artist can refer back to and which can also advise on how to draw the lines if let's say the artist is asked in a setting to do things that he's not supposed to be doing. But also to give them advice on certain situations. And to help the health sector understand how the artist can contribute, so that in the health sector they think of cultural activities as a service. And it can be a service, but it should be an equal level service.* Expert 3

Networking and Sharing, Community of Support

To combat political hijacking of the movement, there's a recognised need for building strong support networks among like-minded individuals. These networks can empower participants to remain resilient and mutually supportive in the face of opposition, ensuring that the core message and goals of the movement are upheld.

> *It's a political issue. We have to support those people with the right mindset so they can get into the right decisions. And a lot of them so they are not alone so they can support each other we have to like make a network of people who get this so they can be remain strong and support each other when they meet resistance.* Expert 10

Creating networks, platforms and communities of practice for artists and other professionals engaged in culture and health allowing them to connect, exchange ideas, and share their experiences is crucial for fostering a supportive and innovative environment. Knowledge and information needs to be shared and continued professional development has to be available for this emerging area of practice to reach a critical mass and be able to act as a

unified voice. Eventually, professional networks should lead to establishing professional standards or even systems for regulation and certification of the arts and health profession.

> *It is very, very important to bring the artists and the art therapists under one umbrella and exchange. There are many associations and institutions, associations of artists, but most of them don't know about each other. So this kind of exchange and this kind of platform where you will find out about the other and get your ideas encouraged it's extremely important, for confirmation and sharing.* Expert 11

Capacity Development and Professional Regulation

The integration of arts into the health and well-being sectors necessitates a robust framework for capacity development and professional regulation. This process involves creating structured training programmes and ensuring accreditation and support systems for professionals in these fields. The importance of capacity building is highlighted by the need for training programmes that not only impart relevant skills but also offer ethical guidelines and considerations to ensure safe practice.

One significant step towards capacity development is the establishment of higher education programmes tailored to arts in health. There are more and more university programmes, such as masters' and post-graduate courses around Europe, hosted by health, arts or applied sciences schools. Such programmes train both arts and health professionals, offering accreditation points for graduates, which is seen by some experts as essential for professional practice (Experts 8, and 11).

To ensure sustainability of the practice, professionals need to be adequately trained, recognised, and compensated for their work. Skills required for professionals in this area span both the cultural and health domains. Artists need to understand specific human aspects that might arise when engaging with individuals through art.

> *If I work with a certain category of people, …I might trigger or open up some issues that I have, and as an artist, I need to know how to offer a safe space. …I need to sit on safe ground. That means that there need to be training*

> *programmes and there needs to be support for the job itself, for the profession itself. Expert 11*

> *I think cultural organisations could in time adopt a set of guidelines, develop skills through formal training — not formal because it is recognised officially, but formalised, well-developed and coherent — and share tools. And develop the capability of planning and evaluating what they do in this field. Expert 7*

Health professionals involved in these programmes must develop an understanding of artistic processes and how they contribute to well-being, how to collaborate with artists on an equal level basis in designing the appropriate interventions and how to embed arts practices in their work with patients.

Formats for capacity building proposed by interviewees include sourcing and developing training materials, creating ethical guidelines, development of platforms for exchange of experiences, and providing ongoing support to professionals. Training programmes are imagined as both short term, well-structured courses and longer term, university based courses.

6.2. The Culture and Well-being Ecosystem

As presented so far, culture and well-being is an interdisciplinary area of action. Analysing the needs, interests and driving forces within and between the main sectors and stakeholders in the culture and well-being ecosystem can help in further understanding the ways in which the power of the arts can be more effectively and widely harnessed. The research question addressed here is what are the factors that can amplify or reduce synergies among the main stakeholders in culture and well-being. To answer this question, I am looking at the main stakeholders and the factors enabling or hindering their engagement with art-based practices within their own sectors. I am also looking for convergence factors, which can support the mainstreaming of arts engagement as a cross-sector activity, and ultimately as a behaviour that permeates human activity.

Main Sectors and Actors

Stakeholders - Micro, Meso, Macro Level

Using the micro, meso, macro perspective, we can identify three categories of stakeholders: individual stakeholders, institutional stakeholders and strategic stakeholders. This helps as a preliminary mapping exercise.

Micro level: Individual Stakeholders are individuals who directly engage with or are affected by arts-based interventions for well-being and health:

- Artists and creative practitioners involved in delivering arts-based activities;
- Social, health, educational professionals and practitioners from other sectors (eg. urban design) collaborating in the co-design and delivery of interventions;
- Individuals, patients, caregivers, and community members participating in or benefiting from arts initiatives;
- Volunteers, advocates, and activists advocating for arts-based approaches to health promotion.

Meso level: Institutional Stakeholders are organisations or institutions that play a role in supporting, funding, or delivering arts and well-being programmes:

- Cultural organisations, arts councils, and community centres providing resources, venues, and programming for arts and well-being/ health initiatives.
- Healthcare institutions (hospitals, clinics, and community health centres), educational institutions (schools, universities), social care and community centres and companies incorporating arts-based interventions into their programmes.
- Academic institutions, research centres, and universities conducting research and evaluation on the effectiveness of arts-based interventions.

Macro level: Strategic Stakeholders are actors with significant influence, power, or authority to shape the direction and impact of culture and well-being policies and practices:

- Government agencies, policymakers, and regulatory bodies responsible for funding, regulating, or endorsing arts and health initiatives, at local, regional, national, European and international levels.
- Philanthropic foundations, grant-making organisations, and donors providing financial support and resources for arts and health programmes.
- Professional associations, advocacy groups, and industry leaders advocating for the integration of arts into healthcare policies and practices.

Sectors

Further on, I will focus on stakeholders from a sector perspective, in order to identify needs, roles and the type of resources and support each sector may require if culture were to become strategically engaged in delivering public well-being.

As shown before, the culture and well-being umbrella encompasses many and diverse practices, thus it is more practical to break it down to more concrete themes and approaches, such as 'art in healthcare', or more precisely 'group singing for dementia'. This enables focus and clarity of terms and approaches, and helps in configuring the pathways for the design and implementation of concrete action plans. Currently, in the public arena, in the media, academic research and at policy level, the primary focus is on the culture and health sectors and their relations, given the priorities of current social and political agendas. Yet, the idea of holistic, integrated approaches that I am converging towards is based on the fact that culture is an underlying, ubiquitous presence in all domains and aspects of life and putting culture higher on the agenda globally is necessary. Nevertheless, supporting a change of paradigm implies first of all being able to operate with the current realities and actors, and to learn what roles they need to play in enacting the desired change. Thus, I am suggesting to focus on a multi-sector map with a selection of four sectors: culture, health, social care, and education. Obviously other sectors such as labour, urban design and environmental care, may too benefit and advance their contribution to well-being through innovative approaches to arts engagement.

Figure 15 maps stakeholders on the selected sectors at each level. Arrows indicate that the cultural sector acts as a resource for the culture and well-being ecosystem, but connections are, or should strive to become, bi-directional and equal.

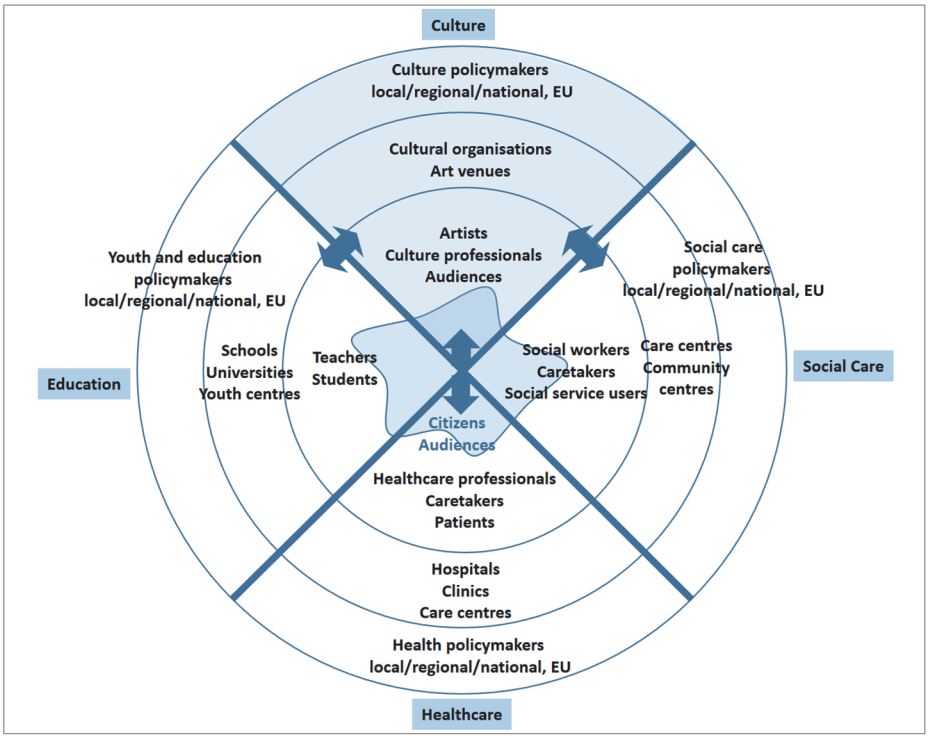


Figure 15. *Map of stakeholders, by levels (micro, meso, macro) and sectors (Culture, Health, Education, Social Care)*

The inner circle, of the individual stakeholders, can be seen as fluid at the level of beneficiaries. The students, patients and social service users can be at the same time cultural audiences, and the other way around. The factors influencing their ability to benefit from cultural engagement to boost their well-being is being discussed in the last section of this chapter, using a socio-ecological approach.

Artists, Cultural Professionals and Cultural Institutions

The mobilisation of the cultural sector in contributing societal well-being depends on effectively navigating a landscape of varied interests, motivations, enabling factors, and barriers. It is clear that cultural actors will not share the same motivations and will be more nudged by some factors and less by others. As qualitative research shows, it is also important to make it clear that not all artists and cultural workers need to partake in the culture and well-being work.

Table 15. *Cultural sector stakeholders: motivations, enabling factors and barriers for engagement with 'culture and well-being'*

Stakeholders	Interests and motivations	Enabling factors	Barriers
Artists and cultural professionals	Increased impact Increased engagement with audiences Increased visibility and awareness on the role of the artist Increased employment opportunities Improved working conditions	Access to resources: evidence, knowledge Financial resources Structured service demands Partnerships Peers support and networks Skills and competences Training and education programmes Sustainable structures	Limited awareness and knowledge Lack/limited skills and/or competences Lack of support structures and partnerships Lack of financial resources Short term contracts/ project based work Lack of demand or overload Precarious working conditions Own physical and mental conditions
Cultural organisations and institutions	Increased recognition of the value of the arts in society Increased impact in communities Supporting holistic well-being	Access to resources: evidence, knowledge Increased evidence on the impact of the arts Strong community links	Limited awareness and knowledge No community links Lack of visionary leadership Skill gap

Stakeholders	Interests and motivations	Enabling factors	Barriers
	Increased engagement with audiences Increased collaborations New funding sources Opportunities to innovate and self-actualise	Supportive leadership and governance structures Internal capacity to integrate new approaches Supportive policies and strategies, incentives Financial resources Partnerships Peers support and networks Skills and competences Sustainable structures New narratives about the function of cultural institutions	Lack of support structures and partnerships Funding challenges Evaluation difficulties Regulatory obstacles Unequally distributed cultural offer and infrastructure Structural resistance to change (bureaucracy, long decision-making cycles, resistance to new approaches) Short term contracts/ project based work Lack of demand or overload Lack of common vocabulary with partner sectors Systemic pressure and precarious working conditions Old narratives about the function of cultural institutions Lack of common vocabulary with health/social sectors

Among the motivations for both individual and institutional stakeholders in culture, increased recognition of the value of the arts in society, bigger impact in communities, the need to be at the forefront of the movements of social innovation and holistic takes on global challenges, but also opportunities for new jobs and funding are high on the agenda.

Main enabling factors include strong evidence base and access to information, inter-sector partnerships, the acquisition of the right skills (working with vulnerable audiences, ethics, mastering clear and empathic communication and interaction etc.), and supportive strategies and frameworks, enabling sustainable activities and equitable work conditions. However, the most urgent barriers they face include limited awareness of the benefits of cultural engagement for well-being among policymakers and the public, insufficient or inconsistent funding for culture and well-being programmes resulting in fragmented and short-term interventions, and resistance to integrating non-traditional methods in conventional well-being initiatives. These are exacerbated by short-term contracts, precarious working conditions and outdated narratives about the role of cultural institutions.

Addressing these challenges may require sustained financial investment from new sources (making sure not to simply change the destination of current cultural funds, which would further increase the fragility of the cultural ecosystem), comprehensive training programmes (both at the level of university education and in service training), building support structures and peer networks to facilitate exchange of experience and best practice, and embracing new narratives that highlight the transformative power of cultural engagement in promoting well-being.

Professionals and Institutions from Partner Sectors: Health, Social Care and Education

Table 16. *Partner sectors stakeholders: motivations, enabling factors and barriers for engagement with 'culture and well-being'*

Stakeholders	Interests and motivations	Enabling factors	Barriers
Health institutions and professionals	Enhanced patient experiences Improved health care services (prevention and management of certain conditions) Personalised and humanised healthcare Reduced pressure on staff Reduced demand of health services Improved communication with patients Increased acceptability of medical interventions for certain demographics (eg for children) Transitioning to comprehensive approaches to health Improved healthcare environment Support in delivery of public health Cost savings Improved working conditions for health professionals Increased collaborations New funding sources	Access to resources: evidence, knowledge Increased evidence on the impact of the arts Strong community links Supportive leadership and governance structures Internal capacity to integrate new approaches Supportive policies and strategies, incentives Financial resources Partnerships Peer- and cross-sector support and networks Education and training programmes to fit out new skills and competences Sustainable collaborative frameworks with culture actors (programmes, dedicated jobs, dedicated funding, embedding in strategic or management plans) New narratives about healthcare	Limited awareness and knowledge on the potential of culture for health Lack of community engagement from health institutions Lack of visionary leadership Skill gap Overload and pressure, leading to inability to engage with new models Lack of support structures and partnerships with culture Funding challenges Regulatory obstacles Unequally distributed health and cultural services and infrastructure in certain communities Structural resistance to change (bureaucracy, long decision making cycles, resistance to new approaches) 'One off' collaborations with artists, limited at pilot scale Competing narratives

Stakeholders	Interests and motivations	Enabling factors	Barriers
	Opportunities to innovate and self-actualise Addressing the social determinants of health		Old narratives about the delivery of healthcare Lack of common vocabulary with cultural sector
Social care institutions and professionals	Enhanced social care experiences Improved social care services Personalised and humanised social care Reduced pressure on staff Reduced demand for social services Improved communication with social care service users Increased acceptability of social interventions (reducing stigma) Transitioning to comprehensive approaches to social care and well-being Improved social care environment Support received in delivery of social welfare Cost savings Improved working conditions for social care professionals Increased collaborations New funding sources	Access to resources: evidence, knowledge Increased evidence on the impact of the arts Strong community links Supportive leadership and governance structures Internal capacity to integrate new approaches Supportive policies and strategies, incentives Financial resources Partnerships Peer- and cross-sector support and networks Education and training programmes to fit out new skills and competences Sustainable collaborative frameworks with culture actors (programmes, dedicated jobs, dedicated funding, embedding in strategic or management plans) New narratives about social care	Limited awareness and knowledge on the potential of culture for health Lack of visionary leadership Skill gap Overload and pressure, leading to inability to engage with new models Lack of support structures and partnerships with culture Funding challenges Regulatory obstacles Unequally distributed social and cultural infrastructure in communities Structural resistance to change (bureaucracy, long decision making cycles, resistance to new approaches) 'One off' collaborations with artists, limited at pilot scale Competing narratives Old narratives about the delivery of social care

Stakeholders	Interests and motivations	Enabling factors	Barriers
	Opportunities to innovate and self-actualise the sector		Lack of common vocabulary with cultural sectors
Education institutions and professionals	Enhanced educational experiences for students Improved educational environment Personalised and humanised education Improved conditions and experiences for teachers Increased interest and engagement of students with learning and the school Improved communication with students Transitioning to integrative approaches to education, with focus on acquiring life skills, creative thinking, collaborative skills besides knowledge and learning competences Receiving support in delivery of public education Increased community links and collaborations for schools New funding sources Opportunities to innovate and self-actualise	Access to resources: evidence, knowledge Increased evidence on the impact of the arts Strong community links Supportive leadership and governance structures Internal capacity to integrate new approaches Supportive policies and strategies, incentives Financial resources Partnerships Peer- and cross-sector support and networks Education and training programmes to fit out new skills and competences Sustainable collaborative frameworks with culture actors (programmes, dedicated jobs for artists in education, dedicated funding, embedding in strategic or management plans) New narratives about education, the role of education, and educational institutions	Limited awareness and knowledge on the potential of culture for well-being and educational well-being Lack of community engagement from schools and educational institutions Lack of visionary leadership Skill gap Overload and pressure, leading to inability to engage with new activities and models Lack of support structures and partnerships with culture Funding challenges Regulatory obstacles Unequally distributed educational and cultural infrastructure in certain communities Structural resistance to change (bureaucracy, long decision making cycles, resistance to new approaches) 'One off' collaborations with artists, limited at pilot scale Competing narratives

Stakeholders	Interests and motivations	Enabling factors	Barriers
			Old narratives about the delivery of education Lack of common vocabulary with cultural sector

The integration of culture across various sectors such as health, social care and education, holds transformative potential for promoting holistic well-being. By embedding cultural engagement into the fabric of these sectors, we can address not only the immediate needs of individuals but also contribute to long-term societal benefits. This integration requires a nuanced understanding of each sector's unique dynamics and the development of tailored strategies to foster collaboration and mutual support. While interests of stakeholders in each sector may differ, the enabling or hindering factors are to a large extent similar among these sectors.

Healthcare Sector

The interests and motivations of institutions and professionals in the health sector to engage with the cultural sector include: the potential to enhance patient experiences, improve healthcare services, and reduce staff pressure. By incorporating artistic skills and participatory approaches from the cultural sector, the health sector can become a more stimulating and engaging work environment. This integration can lead to new learning opportunities for health professionals, enhancing their skill sets with artistic and creative competencies. The integration of arts can lead to personalised and humanised healthcare, better communication with patients, and increased acceptability of medical interventions. Nevertheless, barriers such as limited awareness of the cultural sector's potential, funding challenges, and structural resistance to change may be hampering these collaborations. To unlock this potential and overcome barriers, healthcare institutions need to develop interdisciplinary collaborations with cultural organisations, create dedicated roles for cultural professionals within healthcare teams, and

secure sustainable funding for arts-based health initiatives. Strong leadership and embracing comprehensive approaches to healthcare are also crucial. Policies should support the inclusion of cultural activities in healthcare plans, provide frameworks for stable and long-term funding, and encourage research to further validate the health benefits of cultural engagement.

Social Care Sector

Social workers and institutions may benefit significantly from collaborations with artists. They too can enhance their services and reduce pressure on staff. Artists engaged in social settings can bring a fresh perspective and creative approaches that enrich social work practices. By integrating artistic activities, social workers can address community and individual needs in more engaging and empathetic ways. Artists working within social sectors can help bridge gaps in service provision and facilitate access to social care for vulnerable community members. The collaboration between artists and social workers can lead to stronger networks and linkages that enhance the social sector's capacity to address complex social issues. This collaboration would not only enrich the service delivery but also support more innovative and integrated approaches to social care. However, systemic approaches to overcome barriers to more sustainable partnerships with the cultural sector are needed. Barriers most urgently to address are the limited awareness in the social sector of the benefits of arts engagement, lack of regulatory frameworks for long-term collaboration with artists, including referral pathways, and lack of dedicated financial resources. face barriers such as lack of awareness, skill gaps, and regulatory obstacles. To address these challenges, securing stable funding, communities of practice along with cultural practitioners to enable collaborations and exchange, and promoting innovative and integrative art-based solutions to social care are to be prioritised.

Education Sector

The educational sector can also gain from integrating arts and culture into its framework. Motivations include enhancing student well-being, improving educational environments, and support for teachers in dealing

with the complex task of delivering up to date education for young people, equipping them with necessary life and labour market skills. Enabling factors may be long term and stable partnerships with cultural organisations, regulations facilitating the integration of artists in school teams, and training programmes for teachers to learn how to integrate arts and creative activities in their classes. Main barriers include teaching staff overload, limited awareness of the benefits of partnering with the arts, and unevenly distributed cultural opportunities and infrastructures in communities. Solutions may involve creating dedicated funding streams for arts education, developing policies that mandate the inclusion of arts in the curriculum, and providing professional development opportunities for educators to integrate cultural activities into their teaching practices. Better integration of the arts into education can contribute to the cultivation of culturally competent and emotionally resilient students, which is crucial for their preparation to meet the challenges of an increasingly complex world.

Other sectors, too, may have significant benefits. Employers from all sectors can benefit from the integration of culture, particularly in terms of improving worker well-being and productivity. Cultural activities such as creative workshops, workplace arts projects, and workplace design can enhance employee well-being, foster a sense of cohesion, reduce stress and burnout rates. Policies that promote work-life balance, support mental health initiatives, and provide funding for cultural activities in the workplace can contribute to a more engaged and productive workforce. Overall, integrating arts into the other sectors not only improves the working conditions and capabilities within these fields but also enhances the overall effectiveness of services, contributing to a more interconnected and supportive community infrastructure.

Across these sectors, common enabling factors such as access to resources, supportive leadership, and strong community links emerge. A cross-sector analysis reveals the importance of interdisciplinary collaborations, sustainable funding models, and developing common vocabularies and narratives that emphasise the benefits of cultural engagement. Creating platforms for knowledge exchange and best practice sharing can further support the integration of culture into well-being initiatives across different sectors.

A Socio-ecological Analysis of Enabling Factors

In the recent years, the public health field has moved towards a social ecological approach, recognising the impact of social and structural factors in people's health condition, their access to healthcare and prevalence of certain health problems [91]. Yet, bio-medical solutions in health and health promotion continue to be the dominant approach, focusing on treating and measuring individual-level interventions. By adding concepts like 'root causes' and 'social determinants' to a biomedical framework, instead of fully transitioning to a socio-ecological perspective, public health limits its effectiveness in promoting broader well-being, health equity and systems-level change [300]. To really support a change of paradigm, it is essential to recognise the influence of all contexts, systems, and environments on a person's well-being. The socio-ecological model shifts the narrative from an individual to a systemic perspective, and highlights the importance of diverse strategies to promote well-being and health.

In a **socio-ecological model**, factors at different levels and their constant interplay influence the extent to which engagement with the arts can deliver health and well-being outcomes. The model is an adaptation of the socio-ecological models proposed by Mcleroy et al. (1988) and Golden & Wendel (2020).

Table 17. *A socio-ecological model of factors influencing well-being benefits stemming from engaging with the arts*

Levels	**Factors** (can act as both enablers and barriers)
Individual Level	Awareness of benefits of cultural participation and perceptions of culture Awareness of cultural offers Access to cultural activities Personal interests, tastes Demographic factors Social capital Cultural capital (experience with the arts) Resources (financial, time)

Levels	**Factors** (can act as both enablers and barriers)
	Personal values and beliefs Needs and perception of needs, psychological readiness Physical and mental health, health behaviours Technological access and literacy
Interpersonal Level	Familiarity with culture from family context Cultural participation as socialisation (engaging in arts as a group, with friends etc) Peer influence Previous experience of the arts in social context
Community and Organisational Level	Presence of cultural organisations and cultural offers in community Availability of opportunities for arts engagement in schools, workplaces Competence and skills of institutional actors Inter-sector partnerships Resources needed and cost of delivery of culture-based interventions Level of local development Existing evidence on the benefits of arts engagement for well-being
Policy and Structural Level	Cultural policies Health/Social/Educational policies Public funding for culture and well-being Inter-sector partnerships Governance of culture, health, social care and education at local/regional/national level Availability of health promotion and disease prevention strategies and mechanisms Comprehensive policies and purpose based budgeting
Societal Level	Access to culture and barriers to access culture Social, economic and health inequalities
Cultural Level	Visibility of arts and well-being/health in media, social media etc. Narratives about culture, well-being and health Cultural values and social norms

Individual Level

There's a multitude of factor that influence the internal and external capacity of an individual to take part in arts activities, be them part of the general cultural offer or dedicated arts interventions targeting well-being or health. Most of these are factors generally affecting cultural participation.

Qualitative research suggests that lack of awareness of the general population on the benefits of the arts is one of the key reasons for lack of engagement at individual level. As shown by Lee et al. (2021), a positive and appreciative disposition towards arts was linked to a greater level of both psychological and subjective well-being. Also, our quantitative explorations have brought to light relevant findings, namely that an individual's perception of the arts and cultural experiences (as measured through our Cultural Appraisal Profile) has a mediating role in enabling an impact of cultural participation on well-being (AWE-CJ) [136].

Individuals who are aware of local cultural events and opportunities are more likely to participate. In an overstimulating digital environment and media space, learning how to navigate cultural opportunities is not a simple task and may depend on the individuals' ability to search for relevant information. Not knowing of an event or activity being available is an explicit barrier to engagement [301]. This awareness is often facilitated through effective marketing, community announcements, and word-of-mouth.

Access to culture in itself is a complex matter. Physical and economic accessibility to cultural venues and events significantly influences participation. Accessibility issues, including the location of cultural facilities and the cost of tickets, can hinder engagement, particularly among disadvantaged groups [302]. Experts interviewed have emphasised the importance of a strategy to widen access to culture, especially towards vulnerable groups, as a means to enable well-being and access to social and health services.

Individual preferences and tastes in art forms shape engagement levels. People are more likely to participate in cultural activities that align with their personal interests. Understanding and catering to these diverse tastes is crucial for cultural organisations to increase engagement [303]. Tailored cultural offerings that reflect the varied interests of the community can thus enhance participation rates.

Age, gender, education, and socio-economic status impact participation rates in cultural activities. Studies show that higher education levels, and female gender correlate with increased arts engagement. Resources like time and money are also key [302]. Demographic factors influence the ability of people to engage with arts and benefit in terms of well-being from this engagement.

Social capital and cultural capital also influence the engagement levels. Social capital gained from community interaction positively impacts individual and collective well-being [153] and is supportive of engagement in cultural activities. Individuals who have been exposed to the arts from a young age or through education are more likely to continue participating in cultural activities. Previous exposure to the arts fosters a deeper appreciation and ongoing engagement, just as personal beliefs informed by social norms and the ability to identify culture as an environment where one feels safe and familiar. [136], [140], [298].

Access to digital platforms for virtual arts engagement and the skills to use them can influence participation, especially relevant during times of restricted physical gatherings (Expert 4).

Physical and mental ability to participate in arts activities can be a barrier or enabler. Health conditions may limit or necessitate modifications for participation. As the CultureForHealth report shows, targeted arts interventions for specific health conditions necessitate not only to adapt the arts interactions to the individual's abilities, but moreover to take into account which active ingredients form the arts can support better the person's recovery or well-being through their illness [1].

Interpersonal Level

At the interpersonal level, familiarity with culture from family or peer contexts significantly influences cultural participation and its well-being benefits. Early exposure to cultural activities within the family or peer group can lead to lifelong engagement and well-being benefits. Peer influence is a critical factor; positive peer support and encouragement can increase engagement in cultural activities [304].

Previous experience of the arts in a social context can reinforce continued participation, as positive group experiences create lasting memories and a desire for ongoing engagement. Cultural participation as a form of socialisation, such as engaging in the arts with friends or groups, enhances the social experience [305].

As shown by the Cultural Appraisal Profile (AWE-CJ), a person's association with the arts as encompassing a social component has a say in their likelihood to have well-being benefits associated to cultural participation.

Community and Organisational Level

The presence of cultural organisations and cultural offers within the community is crucial for fostering engagement and well-being benefits. Not only the volume of cultural activities available in a community counts, but also its quality (Expert 8).

As previous studies show, culture has a more substantial impact on subjective well-being in cities with high cultural supply and participation, warning about potential 'cultural poverty traps' in low-endowment, low-participation areas [306].

The availability of opportunities for arts engagement in schools and workplaces promotes lifelong engagement and well-being, with early exposure through education being particularly impactful [307]. School and workplaces are powerful entry points to culture as well-being, since they have a formative role and occupy an import share of people's activity.

As shown by qualitative findings and the CultureForHealth Report, competence and skills of institutional actors delivering cultural activities, as well as those of health/social/educational professionals involved in delivery of culture and well-being interventions are crucial for ensuring high-quality engagement and well-being outcomes. Inter-sector partnerships between cultural, health, and educational sectors can broaden access and enhance well-being outcomes by pooling resources and expertise. Adequate resources and funding are needed for the effective delivery of culture-based interventions, with financial constraints often limiting the scope and reach of these programmes. Moreover, existing evidence on the benefits of arts engagement for well-being supports the development and funding of cultural programmes, emphasizing the positive impact on mental health and social cohesion [1].

Policy and Structural Level

At the policy and structural level, cultural policies that support arts engagement are fundamental for increasing participation and well-being. Health, social, and educational policies that integrate cultural activities can enhance well-being.

Inter-sector partnerships at this level can leverage resources and expertise to deliver more effective cultural interventions. Governance of culture, health, social care, and education at local, regional, and national levels is essential for coordinating initiatives and promoting well-being. Comprehensive policies and purpose-based budgeting ensure that cultural programmes are well-supported and aligned with broader health and well-being goals.

To enhance long-term health promotion and disease prevention while addressing health inequalities, the CultureForHealth report highlights the need for dedicated strategic and financial support, incorporating culture as a key component of a comprehensive strategy. It also argues that culture can contribute to an economy of well-being, where it can be seen as a long-term investment in individual and community prosperity, which in turn may lead to well-being and more resources for cultural engagement [308].

Societal Level

At the societal level, access to culture and barriers to access, such as economic inequality, significantly impact participation and well-being. Policies and initiatives that reduce these barriers can enhance cultural engagement and its associated well-being benefits. Social, economic, and health inequalities influence who participates in cultural activities, and addressing these inequalities can promote broader access and improved well-being outcomes [309]. These are key factors for how the culture and well-being are is going to develop.

Cultural Level

The cultural level being the outermost circle of the social ecological model implies that all the previous levels, including the societal one, are informed and transformed by cultural values and paradigms.

One of the most prominent findings of the qualitative research is that culture and well-being is a developing paradigm and the potential for its capitalisation for greater good is largely dependent on existing narratives about culture, and about well-being and health, in general. It is not only public opinion that is yet to discover this potential, but also professionals from all the sectors involved, including the cultural sector. While paradigms are slowly shifting, individuals and groups are operating in the confinement of their own narratives. The extent to which these narratives change is closely related to media and social media portrayals, and coverage of arts and well-being. Our explorations with the Cultural Appraisal Profile show that cultural participation with the mediation of cultural appraisal can be a significant factor in improving well-being, implying that people must recognise and value cultural experiences as meaningful to reap well-being benefits. They also suggest that individuals who participate in similar cultural practices are more likely to appreciate and enjoy arts and culture, developing a shared understanding that promotes well-being, supporting theories of cultural commoning.

Chapter 7.

Aiming for Structural Solutions

One of the main questions in this book is what type of policies and programmes are necessary in order to adequately stimulate the development of the field, and most important, to harness the power of the arts for health and well-being. An overview of existing policies and milestones in the shaping of the field is presented in chapter one. In this section, an exercise of listing policy and action consequences from the findings of the current research is presented.

Possible Responses Based on the Identified Factors

At a first level of analysis, the mapping of impact factors structured on the socio-ecological model it is used to identify possible responses or measures that can lead to increased culture-related well-being.

Table 18. *A socio-ecological mapping of factors influencing culture-related well-being benefits and possible responses to address these factors*

Levels	**Factors** (can act as both enablers and barriers)	**Responses**
Individual Level	Awareness of benefits of cultural participation and perceptions of culture Awareness of cultural offers Access to cultural activities Personal interests, tastes Demographic factors Social capital	Awareness raising campaigns on the benefits of arts engagement Effective communication strategies about cultural offers Audience development strategies Targeted offers/interventions Inclusive cultural programmes

Levels	**Factors** (can act as both enablers and barriers)	**Responses**
	Cultural capital (experience with the arts) Resources (financial, time) Personal values and beliefs Needs and perception of needs, psychological readiness Physical and mental health, health behaviours Technological access and literacy	Incentives for arts engagement from non-audiences Bringing arts experiences to the people (in public spaces, care centres etc.) Free or subsidised access to cultural offers or interventions, in particular for individuals at risk of exclusion Trust building through legitimate medical, social and media sources Inclusive cultural, social and health practices Improved access to technology and tech skills, especially to those at risk of being left behind
Interpersonal Level	Familiarity with culture from family context Cultural participation as socialisation (engaging in arts as a group, with friends etc) Peer influence Previous experience of the arts in social context	Programmes and incentives for cultural participation from an early age, with the family, with peers, friends etc. Artist-led interventions focused on inter-personal dynamics and influences Multi-layered opportunities to engage with the arts, with a focus on creating positive experiences with arts at a first level, before engagement in targeted interventions
Community and Organisational Level	Presence of cultural organisations and cultural offers in community Availability of opportunities for arts engagement in schools, workplaces Competence and skills of institutional actors Inter-sector partnerships	Strategies to support the cultural sector and arts practices in all communities Opportunities for arts engagement in schools –micro-doses integrated in the daily school programme, across disciplines; arts classes; non-formal arts activities and arts and well-being activities in schools;

Levels	**Factors** (can act as both enablers and barriers)	**Responses**
	Resources needed and cost of delivery of culture-based interventions Level of local development Existing evidence on the benefits of arts engagement for well-being	environmental design in the school context Opportunities for arts engagement in workplaces – through in-service training, team building, workplace design, support for attendance to cultural events as part of employee well-being benefits Capacity building programmes for cultural, social, educational and health professionals to integrate arts practices in their practice Strategies supporting cross-sector partnerships, including funding, networks and platforms, joint professional training and events Cost-effectiveness research and guidelines Dedicated funding (funding programmes; dedicated budget headings in social, health and educational institutional budgets; purpose-based funding; infrastructure (eg arts practice facilities in hospitals, schools or care centres) Strategies to ensure access to culture in less developed communities Integrated measures to compensate lack of social, health, and cultural infrastructure in smaller communities (integrated community centres, re-purposing community infrastructure – eg. using school premises for access to culture and health services)

Levels	**Factors** (can act as both enablers and barriers)	**Responses**
		Communication of research findings in an accessible language in various community settings
Policy and Structural Level	Cultural policies Health/Social/Educational policies Public funding for culture and well-being Inter-sector partnerships Governance of culture, health, social care and education at local/regional/national level Availability of health promotion and disease prevention strategies and mechanisms Comprehensive policies and purpose-based budgeting	Dedicated culture and well-being/health strategies Dedicated funding in sector budgets and dedicated cross-sector funding Cross-sector collaboration and service integration policies (eg social prescribing) Comprehensive strategic approaches to specific challenges (eg Comprehensive approach to mental health) and purpose-based budgets (budgets dedicated to addressing a challenge, not to a specific sector) Increased focus health promotion and disease prevention in strategies
Societal Level	Access to culture and barriers to access culture Social, economic and health inequalities	Culture-based programmes focused on exposing exclusion and inequalities and creating inclusive experiences Large scale programmes and interventions based on community arts
Cultural Level	Visibility of arts and well-being/ health in media, social media etc. Narratives about culture, well-being and health Cultural values and social norms	Joint campaigns and concerted communication efforts from cultural and social, educational, and health partners on the potential of arts engagement Media, influencing individuals and organisations advocating publicly for the role of the arts for well-being and health

At these levels, responses can be driven by actors at micro, meso and macro levels. Individual actors (micro) that can be engaged in these actions are cultural, educational, social and health professionals working directly with audiences and beneficiaries. Meso level actors consist of cultural organisations, health, social and educational institutions, media; and macro level actors are local, regional, national and international decision-making bodies.

Policy Responses in the Framework of the Culture in/for/ as Well-being

As presented in the previous chapters, the parallel paradigms of culture in/for/as well-being operate with different value regimes, and largely also with different business models. They also speak for the interests of different stakeholders. Even if all of these models reflect the final goal of improving societal well-being, the values and priorities attached to the processes involved in each of these models are different, and at times, divergent. This can potentially lead to misunderstandings, misalignment and tensions in prioritising measures and taking decisions.

Culture in Well-being

In the 'Culture in Well-being' model, the main narrative is that the cultural sectors' regular activity, by generating diverse cultural programmes and opportunities for engaging with the arts, contributes to individual, community and society well-being. This narrative is mainly associated with the institutional value of culture, and a public mission to support the arts and the cultural sector to guarantee people's right to culture, and safeguard the cultural diversity and the cultural heritage. These functions are best supported through strong cultural policy frameworks, implying publicly subsidised institutions, provision of cultural infrastructure, funding, and mechanisms facilitating democratic access to culture and freedom of expression.

In this model, to increase the impact of the arts on health and well-being, first of all, the cultural sector needs to be supported. Addressing the

problems of the sector, and ensuring it has the necessary resources may create the conditions for the cultural actors to do better what they are best at, this ultimately creating well-being. The second condition is to facilitate access to culture, especially of those vulnerable and less likely to attend cultural events, and to provide adequate financial support for cultural actors to deploy their work in cultural venues and communities.

Recommendations for policies and strategic action are proposed below.

Macro Level – Local, Regional, National Governments, EU Level

- Ensure the conditions for the sustainability of the cultural sector through robust funding. The cultural sector advocates for a 2% funding for culture from local/regional/national/European budgets (A Cultural Deal for Europe).
- Provision of substantial multi-annual funding to ensure stability of cultural activity and cultural offers for audiences.
- Develop adequate cultural infrastructure to accommodate the diversity of cultural expressions. Make cultural infrastructure available and accessible throughout geographies, in urban and rural settings, in neighbourhoods and city centres.
- Improve the socio-economic conditions of the cultural workers: ensure fair payment and work conditions, provide a standard regulation of the status of the cultural workers across EU, including social and health protection, facilitate professional development, a.o.
- Create strategic programmes to increase access to culture and increase cultural participation.
- Support research and contribute to increased awareness outside the cultural sector on the values generated by the cultural sector.

Meso Level – Cultural Institutions and Organisations

- Consider the health and well-being effects of their work, by engaging audiences and artists in the co-design of their programmes, and the strategies of their venues; addressing health and well-being relevant themes in their programmes; engage in interdisciplinary collaborations.

- Consider the health and well-being dimension in their audience development strategies, by developing cultural mediation activities for people with disabilities, people with various health conditions, school groups, elderly etc.
- Increase the inclusiveness of their cultural offer, the accessibility and its relevance for various social groups, including those less likely to attend cultural events and those at risk of poverty, isolation and exclusion: create strategies to attract and engage the vulnerable groups, deliver cultural activities in communities, use inclusive communication strategies.
- Offer professional development opportunities for staff and collaborating artists to update their tools, narratives, work models.
- Co-design and implement adequate research to inform communication to stakeholders on the role and contribution of culture to common good.
- Contribute to raised awareness among the wider public on the benefits of arts engagement for their lives.

Micro Level – Individual Artists and Cultural Professionals

- Engage with themes relevant for contemporary society's issues in their artistic research and creation.
- Engage with participative art forms, with arts in communities, co-creative approaches that make their art more accessible and contribute fulfilment or participants.
- Engage in communicating the role and relevance of the arts in today's society.
- Engage with specific categories of people and communities that are more likely to be left behind.
- Engage in collaborative practices across sector and territories.

Culture for Well-being

'Culture for Well-being' refers to culture as a means to promote and enhance well-being deliberately, mobilising primarily the instrumental value of culture. Here culture is a facilitating component of well-being in non-cultural settings, being integrated in other sectors as a complementary intervention.

In this case, the focus is on how to deliver more effective interventions, that would help advance the agenda of health, social and educational policies (among others). This advancement refers both to achieving higher levels of health and quality of life, through 'preventive' efforts, and to aiding recovery and management of disease. To this view, research to understand more about the mechanisms through which health and well-being benefits from cultural engagement can be reaped is essential. Tailor-made interventions are being prioritised in this case, be them targeted measures at institutional level (for instance, how to integrate arts activities in hospitals or elderly care centres), or at individual level (for instance, dance-based interventions for people with Parkinson's). Quality and ethical standards, skills and competences of cultural professionals involved, and the cross-sector collaboration frameworks are key. An interdisciplinary field is being shaped by these practices, and their formalisation and integration in institutional strategies. New professional profiles (eg. art-health link worker), new institutions (eg. Arts in/for Health Agencies and networks), and new policies (eg. special prescribing schemes) are created.

Recommendations for policies and action are proposed below, on the macro, meso and micro levels of competence.

Macro Level – Local, Regional, National Governments, EU Level

- Dedicated inter-sector strategies – development of joint action plans between ministries of culture and ministries of health, education/ youth, and social protection, establishing bilateral cooperation frameworks (eg. 'Culture in Hospital' agreement between the ministries of culture and health in France) or multi-sector strategies like Culture and Well-being Strategies, or Cultural Welfare Plans.
- Development of dedicated funding for culture and health/education/ social care, from the respective ministries or as separate sources at governmental/regional/local level, where competences for these sectors are integrated.
- Design and pilot new funding streams for these activities, from health and social insurance funds, tax-based funds from taxation of certain activities and industries (eg smoke, alcohol, sugary products over-taxation), as well as funding distribution schemes like open calls, direct allocation etc.

- Ensure funding for large scale, multi-year programmes, to overcome the fragmentation of the field and ensure its sustainable development.
- Advance the use of cross sector referral pathways such as Culture Based Social Prescribing Programmes.
- Support comprehensive interdisciplinary research to broaden the understanding between cultural interventions and their effects.
- Develop the institutional frameworks for the emerging inter-disciplinary practices, including support for networks, capacity building, accreditation of new professional profiles, ensure the welfare of professionals engaged in the delivery of interventions.
- Establish dedicated regional/national level bodies in charge with advancing the Culture and Health/Well-being field, with the responsibility to develop cross sector action plans, evaluation frameworks, professional standards, training programmes.

Meso Level – Institutions and Organisations in the Culture, Health, Social Care and Educational Sectors

- Establish collaboration agreements with peer institutions from partner sectors, acknowledging the contribution of each of the disciplines and ensuring equal level relations.
- Develop capacity building programmes, including training, mentoring, shared resources and co-funding.
- Establish university level education on the subjects of culture and health/well-being, as courses or specialisations integrated in higher education in the arts, medicine/public health, phycology, social care and pedagogy.
- Develop networks and interdisciplinary collaboration platforms for organisations and professionals from all sectors involved, including communities of practice.
- Develop dedicated programmes aimed at fostering health and well-being in cultural, health, social care and educational settings.
- Create a shortlist of well-evidenced conditions for which engagement with the arts can have a strong impact and scale up these interventions to reach critical mass.

- Co-design interventions with members of the target groups.
- Co-design and implement adequate research – on the impact, mechanisms of impact, mechanisms of engagement, cost effectiveness of interventions – to develop the knowledge in this area, and inform communication to stakeholders on the role and contribution of culture to health and well-being.
- Engage in development of quality and ethical protocols.
- Develop measures and principles to 'take care of the carers', by ensuring fair pay, equal level collaboration, health and safety for the artists and other professionals working on the field.
- Develop programmes and campaigns to increase understanding of the benefits of arts engagement for health and well-being, as well as willingness to participate, for individuals from different backgrounds.
- Address social and health inequalities, develop engagement strategies that have a real potential to reduce barriers and exclusion through cultural engagement.

Micro Level – Professionals in the Culture, Health, Social Care and Educational Fields

- Develop complementary skills and knowledge to their profession: eg culture professionals learning about health conditions and safeguarding principles, health workers learning about arts practices etc.
- Continuous investment in professional development, participation in training programmes communities of practice, networks exchange.
- Engage in collaborative work with peers from other sectors, engage in targeted arts practices in health, social care, educational and community settings.
- Co-design their interventions based on scientific evidence and in close collaboration with peers form the other sectors and beneficiaries (people with lived experience).
- Engage with participative art forms, with arts in communities, co-creative approaches that make their art more accessible and contribute fulfilment for participants.
- Engage in advocating for culture-based approaches to well-being and health.

Culture as Well-being

In the 'Culture as Well-being' dimension, culture itself is regarded as a source of well-being, embodying qualities and values that contribute to human flourishing. This model is not only based on the engagement with the culture delivered by professional artists, or with arts interventions tackling specific health/well-being outcomes like mental health, but it is largely reliant on catalysing people's innate creativity and need for expression and fulfilment, seeing them as creators or co-creators. It implies activating the intrinsic value of culture for securing human flourishing and restoring the capacity of our society to address current challenges in a holistic way.

It is a vision, a potential and describes a radical shift of paradigm in relation to well-being, on the one hand, and to culture and artistic expression, on the other. Cultural participation, as a form of self-realisation, becomes an expression of well-being, shaping a value-based society focused on well-being for individuals, communities and the planet.

In terms of policies, it is aligned with the prioritisation of long-term, comprehensive approaches, through which both structural change and public narratives are being transformed. Paraphrasing the definition by OECD of the economy of well-being as a virtuous circle where personal well-being and economic prosperity are mutually catalysing, 'culture as well-being' is a paradigm in which arts engagement and the holistic well-being are too, mutually reinforcing [310].

Recommendations for policies and strategic action are proposed below.

Macro Level – Local, Regional, National Governments, EU Level

- Support research and innovation actions to fully explore the implications of a shift to a 'culture as well-being' or a 'cultural welfare' paradigm.
- Engage artists and cultural experts in task forces aiming to develop innovative and sustainable approaches to major challenges of today's society, as well as in developing scenarios and worldviews of desirable futures for the society and the planet.
- Support the necessary transitions to a new paradigm, by building new narratives and holistic approaches. Create the institutional

frameworks for the public acknowledgement of culture as a health and well-being behaviour, similarly to the recognition of psychical exercise as a health behaviour.

- Develop comprehensive strategies addressing major agenda issues such as mental health and active ageing, embedding culture and culture-based solutions. Support such initiatives though purpose-based funding.
- Provide stimulating conditions for artists and cultural organisations in order to live up to their potential.
- Support through adequate policies the systemic changes needed for mainstreaming cultural practices and arts engagement in the wider population. As an example, including 'micro doses' of cultural practice in schools (eg. singing to help create cohesion in the group, dancing to balance energy levels, drawing to increase focus), may help both in supporting directly increased well-being of educational communities, and the transition to this new paradigm.
- Creating the institutional partnerships and pathways for integrating culture in welfare policies, developing Cultural Welfare strategies.

Meso Level – Institutions and Organisations

- Consider the natural ways in which arts can be embedded in their activities and within their relations with their employees and beneficiaries (in all sectors, in schools, in companies, in design of public infrastructure etc)
- Engage at institutional level with artists and cultural workers, engage culture-based processes and experts in research and development work aiming to support holistic well-being.
- Universities can develop new study programmes and develop long-term multi-disciplinary research; academic research to integrate artistic research as legitimate research approaches to advance the field.
- Build networks and communities of practice and experimentation, based on a social innovation agenda.
- Contribute to raised awareness among the wider public on the benefits of arts engagement for their lives.

Micro Level

- Artists and cultural professionals - engage with themes relevant for contemporary society's issues in their artistic research and creation; engage with participative art forms, with arts in communities, co-creative approaches that make their art more accessible and contribute fulfilment for participants; engage in communicating the role and relevance of the arts in today's society; engage with specific categories of people and communities that are more likely to be left behind; engage in collaborative practices across sector and territories.
- Professionals in other sectors – build their knowledge and skills to integrate arts and art-based approaches in their work, encourage their primary beneficiaries to engage with arts as a health and well-being behaviour.
- In this paradigm, individuals are seen, too, as pro-active agents, in cultural terms, co-creators. Through their engagement with culture and co-creative experiences, they are empowered to shape their realities - in their lives, in their communities - to engage with policy change, and partake in care-taking of human values and the planetary ecosystem.

Chapter 8.

Main Findings. Towards Culture as Well-being

Rethinking Culture's Role in a Society of Well-being

Culture and well-being have increasingly come together as a field of research, policy and practice. Cultural participation is being explored not only for its contribution to individual health, but also for its potential to support social connection, inclusion, learning, resilience and the capacity of communities to respond to change. Across health, social care, education, labour and urban planning, cultural practices are being brought into conversations about how people and societies can live well.

This growing interest reflects the challenges facing contemporary societies. Mental health difficulties, population ageing, social inequalities and successive, overlapping crises have intensified the search for approaches to well-being that go beyond the treatment of illness or the management of immediate social problems. Culture has become part of this search because it offers ways of experiencing, expressing and understanding the world that cannot be reduced to a single outcome or policy objective.

Yet the relationship between culture and well-being is not understood in one way. Culture can be supported as a valuable public resource in its own right; mobilised as a means of achieving specific health or social outcomes; or understood more fundamentally as part of what enables individuals and communities to flourish. These perspectives coexist, but they imply different priorities, institutional arrangements and expectations of what culture can do.

The research presented in this book investigated these relationships through a combination of literature review, conceptual analysis and

empirical studies. It explored how the role of culture in well-being is changing, how the value generated through cultural participation might be better understood and assessed, what well-being outcomes are associated with arts engagement, and which factors and policies might support the development of this emerging field.

The findings suggest that the question is not simply whether culture contributes to well-being. It is also how culture is understood, what kinds of participation are enabled, whose experiences are valued, and what conditions allow cultural activity to become meaningful for individuals and communities. Addressing these questions requires attention to both the outcomes of cultural engagement and the wider social, institutional and political environments in which it takes place.

A central argument emerges: culture should be understood not only as something that can contribute to well-being, but as one of the conditions through which well-being is imagined, experienced and sustained.

This proposition recognises the importance of cultural institutions, artistic quality, targeted interventions or evidence of health-related outcomes and it places them within a broader understanding of culture's role in society. Cultural participation is also a way of exercising cultural rights, creating shared meanings, expressing identities and participating in the making of social life. The relationship between culture and well-being therefore invites us to consider not only what culture can deliver, but also what kind of society is enabled when people have meaningful opportunities to create, interpret, share and transform culture.

The task is to support a transition to a more ambitious perspective — one in which culture, care and well-being are mutually reinforcing dimensions of a flourishing society.

From Cultural Value to Culture as Well-being

A key contribution of this book is the conceptual framework connecting established approaches to cultural value with different understandings of culture’s role in sustainable development and well-being.

Holden's (2006) distinction between the institutional, instrumental and intrinsic values of culture provides one starting point. Institutional value concerns the role of cultural organisations and public institutions in sustaining cultural life. Instrumental value concerns the contribution culture can make to objectives beyond the cultural sector, including economic, social and health-related outcomes. Intrinsic value concerns the qualities of cultural experience itself: the meanings, emotions, forms of understanding and possibilities for expression that make culture valuable in its own right.

These distinctions help clarify why cultural policy debates can sometimes appear to be in conflict. Cultural organisations may argue for public support because culture is a public good and people have a right to participate in cultural life. Health or education institutions may be interested in cultural activities because of their potential to support particular outcomes. Participants may value the same activities for their aesthetic, emotional, relational or expressive significance. These motivations are not necessarily incompatible, but they do not always fit easily within the same policy framework.

Sacco's (2011) Culture 1.0, 2.0 and 3.0 paradigms offer a complementary way of understanding these differences. Culture 1.0 is associated with cultural production and participation organised largely through institutions and public support. Culture 2.0 reflects the expansion of cultural production, distribution and consumption through market mechanisms and wider audiences. Culture 3.0 describes a more participatory environment in which people increasingly act as producers and co-creators of cultural experiences, with culture embedded in everyday life.

These paradigms are not successive stages in which one simply replaces another. Institutional cultural provision, market-based cultural activity and participatory, co-creative practices continue to coexist. Each creates different possibilities, operates at different scales and makes different assumptions about who creates culture, who participates and what cultural activity is expected to achieve.

A further connection can be made with the models proposed by Dessein et al. (2015), who distinguish between culture *in*, *for* and *as* sustainable development. In the first, culture is understood as the forth pillar of

sustainable development, along the economic, social and environmental pillars. In the second, culture contributes to objectives in other areas and acts as a mediator between economic, social and ecological dimensions. In the third, culture is understood as foundational to sustainable development because values, meanings and ways of interpreting the world shape human decisions and actions.

Read together, these frameworks illuminate a pathway from culture as an institutionally supported sector, through culture as a means of achieving wider objectives, towards culture as a constitutive part of how people and societies live. The three perspectives are connected, but they are not interchangeable. They represent different understandings of cultural value and different ways of relating cultural activity to social change.

Building on this theoretical pathway, this book proposes three corresponding models: **Culture in Well-being, Culture for Well-being and Culture as Well-being**, brought together under the umbrella of **Culture and Well-being**.

The distinction matters. If culture is considered primarily as a sector, the principal task is to sustain cultural institutions and enable access. If it is understood mainly as a means of improving health or social outcomes, attention turns to interventions, evidence and cross-sector collaboration. If culture is understood as integral to well-being itself, shaping how society understands and nurtures care, the focus expands to the conditions that allow people to express themselves, participate in shared life and contribute to shaping their communities and futures.

The three models are neither a hierarchy nor a linear progression. They coexist and can overlap within the same organisation, programme or policy. They may also lead to similar outcomes through different routes. The framework is intended to make their underlying assumptions more visible and to help identify the conditions each requires.

Culture in Well-being: Recognising that Cultural Participation Contributes to Well-being

Culture in Well-being describes the cultural sector operating alongside other sectors to contribute to well-being. It reflects the understanding that the cultural sector generates well-being through its own activities and programmes. A substantial body of research indicates that participation in arts and cultural activities can have positive effects on health and well-being. These activities include attending theatre performances, visiting galleries, going to concerts and engaging with other cultural programmes delivered by cultural organisations. Through these experiences, cultural participation can contribute to emotional, social and other dimensions of well-being, even when activities are not specifically designed as health interventions.

This model is primarily associated with the institutional value of culture and the public mission of supporting the arts and cultural sector, safeguarding cultural diversity and heritage, and guaranteeing people's right to participate in cultural life. These functions require strong cultural policy frameworks, including publicly subsidised institutions, adequate cultural infrastructure and funding, democratic access to culture, and protection of freedom of expression. Culture is recognised here as a public good whose value extends beyond the outcomes that can be measured in other policy areas.

To strengthen the contribution of culture to health and well-being, the cultural sector must first be supported in fulfilling its own mission. Addressing the sector's challenges and ensuring that cultural organisations and practitioners have the necessary resources creates the conditions for them to develop meaningful artistic and cultural activities, which can in turn contribute to well-being. A further priority is to facilitate access to cultural participation, particularly for people who are vulnerable or less likely to attend cultural events, and to provide adequate financial support for cultural actors to deliver their work in cultural venues and communities.

In practice, this means sustaining cultural institutions and artistic production, investing in cultural infrastructure across different geographical settings, improving the working conditions of artists and cultural professionals, and developing programmes that make cultural participation

more accessible and inclusive. It also means enabling cultural organisations to work with communities and reach people who may face financial, physical, social or geographical barriers to participation. Such efforts should recognise people not simply as audiences to be attracted, but as individuals with cultural rights, knowledge, preferences and creative capacities.

The central argument of this model is that the cultural sector contributes to well-being both through the cultural experiences it makes possible and through its wider public role in sustaining cultural life. The evidence on the health and well-being benefits of cultural participation strengthens the case for supporting the sector; it does not mean that culture's value should be reduced to these benefits. The right to participate in cultural life, the preservation of cultural heritage and diversity, and the freedom to create and express oneself remain fundamental in their own right.

Culture for Well-being: Mobilising Culture to Address Societal Needs

Culture for Well-being describes the deliberate use of cultural practices to promote or enhance well-being. It mobilises primarily the instrumental value of culture, integrating artistic and cultural activity into settings such as health care, social care, education and other areas of public policy.

Here, culture is a facilitating component of an intervention designed to address a defined need or objective. Examples include arts activities in health and care settings, creative programmes in schools, cultural participation initiatives for people experiencing social isolation, and social prescribing schemes that connect people with community-based cultural opportunities.

The emphasis is on developing and delivering interventions that are appropriate to their contexts and responsive to the needs of participants. This requires attention to the design of particular activities, the skills of the professionals involved, the experiences and preferences of participants, the quality and ethics of delivery, and the conditions under which outcomes can be assessed.

This perspective has helped stimulate interdisciplinary practice and research. New professional roles, such as arts-health link workers, have emerged alongside networks, agencies and programmes that connect cultural organisations with health and social care systems. It also provides a

language through which policymakers can recognise and support the wider value of culture. Evidence of outcomes can help establish partnerships, guide the design of interventions and inform decisions about public investment.

Yet this approach has limitations. If culture is valued only for its contribution to objectives defined by other sectors, its own purposes and forms of value may be overlooked. The pressure to demonstrate measurable benefits can lead to the instrumentalisation of artistic practice, while expectations of quick or guaranteed results can obscure the complexity of cultural experiences. Artists may also be asked to compensate for shortcomings in health or social care systems without the resources, recognition or professional support needed to do so responsibly.

This model offers important opportunities to make cultural participation available to people who might otherwise face barriers to access. Its longer-term contribution, however, depends on preserving the integrity of cultural practice and recognising participants as people with preferences, knowledge and creative agency — not simply as recipients of an intervention. Culture for well-being is therefore important, but it is not sufficient on its own.

Culture as Well-being: Culture as Part of the Conditions for Flourishing

Culture as Well-being proposes a more fundamental understanding of the relationship between culture and human flourishing. In this model, culture is not only a sector to be sustained or a resource to be mobilised in support of specific outcomes. Culture itself is understood as a source of well-being, embodying qualities and values that are essential to how individuals and communities thrive.

This perspective extends beyond engagement with professional arts or participation in interventions designed to address particular health conditions. It places greater emphasis on people's innate creativity, their need for expression and fulfilment, and their capacity to become creators and co-creators. Cultural participation becomes more than an activity that may improve well-being: it can be an expression of well-being itself.

The distinction is important. In Culture for Well-being, the starting point is often a particular need or desired outcome, and cultural activity is

introduced as a way to address it. In Culture as Well-being, the starting point is broader: people need opportunities to make meaning, develop their capacities, express themselves, encounter different perspectives and participate in shaping the worlds they inhabit. These are not merely instruments for achieving well-being. They are among the conditions through which well-being is experienced and sustained.

This model also invites a different understanding of the relationship between individuals and society. People are not only audiences, service users or beneficiaries of cultural programmes. They are cultural agents who interpret, create and transform their surroundings. Their participation can strengthen their ability to shape their own lives, contribute to collective decisions and engage with the challenges facing their communities.

The empirical findings discussed in this book offer several points of connection with this perspective. They suggest that the meaning people attach to cultural experiences matters, that cultural participation can be associated with different dimensions of well-being, and that shared cultural practices may contribute to collective frameworks of understanding. These findings do not establish Culture as Well-being as a fully realised social model. They help identify some of the relationships through which its potential might be explored.

This remains a potential more than an established reality: a shift in how well-being, cultural participation and artistic expression are understood. It implies a society in which the capacity to create and participate in culture is not marginal to public life, but is recognised as part of the conditions for individual fulfilment, community life and collective responses to societal challenges.

Concrete examples might include schools that integrate artistic creation into learning rather than confining it to a separate subject; workplaces and public institutions that make space for creative expression, dialogue and shared inquiry; neighbourhood initiatives in which residents and artists jointly imagine the future of their area; and community cultural practices through which people develop shared meanings, relationships and a sense of belonging. These examples are not defined primarily by a single clinical or social outcome. They create conditions in which people can exercise agency, participate in collective life and develop their capacities.

The broader implication is that cultural participation should not be understood solely through the question of what it does *for* people. It is also about what people can do through culture, what they can create together, and how their shared creative capacities might help shape a society oriented towards well-being.

In terms of policies, this paradigm is aligned with the prioritisation of long-term, comprehensive approaches, through which both structural change and public narratives are being transformed. Paraphrasing the definition by OECD of the economy of well-being as a virtuous circle where personal well-being and economic prosperity are mutually catalysing, Culture as Well-being is a paradigm in which arts engagement and the holistic well-being are too, mutually reinforcing.

This paradigm has important affinities with the idea of *cultural welfare*: a policy approach that seeks to integrate cultural practices into wider systems of welfare, prevention and personal fulfilment. The ambition is not simply to add cultural activities to existing services. It is to rethink the relationships between culture, care and public well-being, recognising that a flourishing society requires more than the treatment of illness and the management of social problems.

Culture and Well-being: an Interconnected Field

The umbrella concept **Culture and Well-being** brings the three models together. It emphasises the interconnectedness and mutual influence between culture and well-being, while recognising that different narratives and practices operate in parallel. The models of Culture in Well-being and Culture for Well-being are more established in current practice, while Culture as Well-being represents an emerging perspective. The shift towards Culture as Well-being is not a rejection of the other two models. It is an invitation to connect them within a more comprehensive vision.

These paradigms coexist rather than replace one another. A museum can safeguard heritage, offer a programme designed to support people experiencing isolation, and provide a space in which communities explore their identities and imagine different futures. Each activity may embody more than one paradigm. The framework helps make these differences

visible, allowing cultural organisations and their partners to clarify their objectives and understand the different forms of value they seek to create.

The umbrella framework avoids forcing these different approaches into a single definition or treating them as competing alternatives. It recognises the need to sustain cultural institutions, develop effective cultural interventions and explore the deeper relationship between cultural participation and flourishing. The challenge is to understand how these approaches can coexist, complement one another and avoid undermining the values on which each depends.

The resulting field is not only interdisciplinary but also shaped by questions of public value, institutional responsibility and social change. Its development requires a shared understanding of what culture and well-being mean, alongside respect for the different purposes, methods and responsibilities of the people and organisations involved.

The Value of Culture Cannot be Reduced to its Measurable Effects

The book highlights a persistent challenge in how culture's contribution to well-being is understood and assessed.

Cultural value is often discussed in terms of three interconnected dimensions: intrinsic, institutional and instrumental value. Intrinsic value concerns the meaning, pleasure, emotional depth, intellectual stimulation and aesthetic experience that cultural engagement can provide. Institutional value concerns the public value generated through the ways cultural organisations operate and relate to people and communities. Instrumental value concerns the wider effects of cultural activity, including social, economic, educational and health-related outcomes.

These dimensions overlap, but they are not interchangeable. Nor can they all be captured using the same methods.

Quantitative assessment is valuable. It can identify patterns, test hypotheses, support comparison and help determine whether an intervention is associated with particular outcomes. However, some of the most significant qualities of artistic experience are subjective, contextual and difficult to translate into standardised indicators. A work of art may offer comfort to

one person, discomfort to another and little immediate meaning to someone else. Its significance may emerge gradually, long after the initial encounter.

This does not mean that intrinsic value cannot be investigated. It means that the methods used must reflect the nature of what is being studied. Quantitative data can be complemented by qualitative accounts, participants' own interpretations, artistic research, and approaches that examine the conditions and mechanisms through which experiences become meaningful.

The empirical work presented in this book explores several such possibilities.

First, four broad dimensions of benefit emerged from the analysis of arts consumption: **aesthetic, social, emotional and cognitive**. These dimensions offer a useful framework for exploring how people experience cultural participation and how those experiences may relate to well-being. Other theoretical work also highlights relational and identitarian dimensions, suggesting that evaluation frameworks should remain open to the different ways cultural experiences shape people's sense of self and connection with others.

Second, the research examined whether people's own perceptions of their relationship with the arts were associated with their well-being. The findings suggest that the meaning people attribute to cultural engagement matters. Respondents who reported a meaningful or very meaningful connection with the arts during the pandemic had higher positive-affect scores than those who felt less connected. In a separate study, the Cultural Appraisal Profile was developed to explore how people associate cultural experiences with elements such as positive emotions, time spent with others, new knowledge, aesthetic value, escape from routine, entertainment, tradition and diversity. The findings suggest that cultural appraisal may help explain the relationship between some forms of cultural participation and subjective well-being.

Third, the research explored the possibility that cultural participation contributes to collective as well as individual value. The findings support the hypothesis of cultural communing: people who engage in cultural practices may develop shared ways of interpreting and appreciating art. Cultural

participation can therefore be understood not only as an individual experience, but also as a contribution to collective meaning-making and the social frameworks through which communities understand cultural life.

These findings are promising, but they should not be overstated. Associations between cultural engagement and well-being do not, on their own, establish that participation causes a particular outcome. More longitudinal research, stronger causal designs, comparable data and studies of community-level outcomes are needed. Research should also examine who participates, who benefits, who remains excluded and which contextual factors influence the results.

What the Pandemic Revealed about Arts Engagement and Well-being

The Covid-19 pandemic offered a distinctive opportunity to examine the place of culture in people's lives during a period of disruption, uncertainty and social restriction.

The research presented in this book found that cultural engagement remained important during the pandemic, with respondents reporting frequent engagement in both receptive activities, such as experiencing existing artworks, and active participation, such as making art. The study identified associations between arts engagement and several dimensions of well-being, including emotional, cognitive, social and aesthetic experiences.

Active engagement was associated with higher positive affect and showed particularly strong associations with cognitive and social benefits. Receptive participation in core arts, including visual arts, theatre, dance, architecture and heritage, was associated with lower negative affect. Respondents who experienced a meaningful connection with the arts also reported higher positive affect than those who felt less connected.

These findings suggest that the arts may have offered different forms of support during the crisis. Cultural experiences could provide moments of relief, pleasure and emotional regulation. They could sustain intellectual engagement and stimulate imagination when everyday routines were disrupted. They could also maintain a sense of connection, whether through

shared experiences, creative activity or the personal significance of a particular work of art.

The pandemic also highlighted the importance of individual differences. People do not engage with culture in the same way, and the significance of an artistic experience depends partly on personal interests, previous experiences and the meanings people attach to it. An inclusive cultural offer must therefore reach beyond those already confident in navigating cultural institutions and activities.

One important implication is that arts engagement may function as a coping practice for some people during challenging circumstances. If cultural participation becomes a meaningful part of everyday life, people may be more likely to turn to it when they encounter disruption or uncertainty. This possibility strengthens the case for sustained access to culture, rather than relying exclusively on short-term programmes activated in response to a crisis.

At the same time, the pandemic study should be interpreted within its limits. It provides evidence of associations and reported experiences in a particular context; it does not establish that cultural participation will protect everyone from the effects of a crisis. Nor can arts engagement replace adequate healthcare, income security, social protection or other essential forms of support.

Its broader lesson is that cultural participation belongs within the range of resources that can help people navigate life. The capacity to find meaning, sustain relationships, exercise imagination and experience pleasure is not a luxury that becomes relevant only when other needs have been met. These capacities are part of what makes life worth living, and they matter especially when familiar sources of stability are disrupted.

From Individual Outcomes to Collective Care

One of the most important shifts in this book is the move from viewing well-being primarily as an individual condition to understanding it as something shaped through relationships, communities, institutions and wider social and ecological systems.

The socio-ecological perspective adopted in the book provides a framework for understanding these connections. Individual well-being is influenced by personal circumstances and behaviours, but also by family and social relationships, organisational practices, public services, socioeconomic conditions, political structures and cultural values. These levels interact. An individual's opportunity to participate in cultural life, for example, may depend on their health, income, available time, confidence, previous experiences and whether local institutions offer activities that feel accessible and relevant.

The book therefore proposes an adapted socio-ecological model that makes both societal and cultural dimensions visible. The societal dimension draws attention to structural conditions such as inequality, exclusion and the organisation of public life. The cultural dimension highlights the values, narratives and shared assumptions that influence how society understands itself and how people act within it.

This distinction matters because culture can do more than provide activities within existing systems. It can also influence the values through which those systems are organised and reinvented. Artistic practice can make overlooked experiences visible, question inherited assumptions and create opportunities for people to imagine different ways of living together. Participatory and co-creative practices can support people in becoming active contributors to their communities rather than passive recipients of services.

The idea of cultural communing extends this argument. Through shared cultural experiences, people may develop common reference points, ways of interpreting the world and a sense of participation in collective life. These processes are not guaranteed to produce consensus, nor should they erase differences. Their value may lie precisely in creating spaces where different experiences can be encountered, negotiated and expressed.

Collective well-being does not mean that everyone must feel the same way or share a single vision of the good life. It means creating conditions in which people can participate, relate to others, exercise agency and contribute to shaping the communities in which they live.

This is where culture becomes connected to care in a broader sense. Care is not only the response to illness, dependency or crisis. It is also the ongoing work of maintaining relationships, creating belonging, attending to difference and sustaining the conditions that allow people and communities to flourish. Cultural engagement can contribute to this work by making space for expression, shared reflection, mutual recognition and collective imagination.

The potential of culture as collective care is therefore not limited to programmes delivered in hospitals or social services. It extends to libraries, museums, theatres, community spaces, schools, public spaces and everyday settings where people encounter one another and participate in cultural life. The task is to make these opportunities accessible, meaningful and sustained.

Culture as a Health Behaviour

The findings of this research invite a further step in how cultural engagement is understood: not only as an activity that may produce benefits, but as a health-supporting behaviour that can form part of everyday life.

Over time, public understanding of health has expanded beyond the treatment of illness. Nutrition, physical activity, sleep and social connection are increasingly discussed as important elements of maintaining health and supporting well-being. These behaviours do not guarantee good health, and their benefits depend on individual circumstances and wider living conditions. Nevertheless, they have become part of the common vocabulary through which people think about caring for themselves and others.

Arts and cultural engagement could occupy a more established place in this understanding.

For some people, meaningful cultural participation is already part of everyday life: reading, singing, dancing, making things, visiting museums, attending performances, sharing stories, participating in community traditions or encountering art in public spaces. For others, these opportunities may be unfamiliar, inaccessible, unaffordable or perceived as being intended for someone else. The challenge is not to prescribe a single cultural routine,

but to ensure that people have genuine opportunities to discover and sustain forms of engagement that matter to them.

Thinking about cultural participation as a health behaviour shifts the emphasis from occasional intervention to the conditions for continued engagement. It invites us to ask whether people have the time, resources, confidence and access needed to participate; whether cultural opportunities reflect the diversity of their interests and experiences; and whether health, education and social care systems recognise cultural engagement as a legitimate dimension of a wider approach to well-being.

A word of caution is necessary. The evidence does not suggest that arts engagement benefits everyone in the same way or under all circumstances. Nor should responsibility for well-being be shifted onto individuals, as though health were simply a matter of making the right lifestyle choices. Poverty, discrimination, inadequate housing, environmental degradation and unequal access to essential services cannot be remedied by cultural participation alone.

Rather, the proposal is to widen our understanding of the conditions that support a healthy and flourishing life. Cultural engagement can complement medical care, social support, education and other public services while also retaining its independent value. It can be supported as a meaningful part of everyday life, available to people in different circumstances and at different stages of life.

This would require a change in public narratives as well as policy. Culture would no longer be understood only as an optional leisure activity, a specialist interest or an intervention reserved for people experiencing particular difficulties. It would be recognised as one of the ways people sustain curiosity, expression, pleasure, connection and meaning.

From Human Well-being to Planetary Well-being

The case for understanding culture as a health-supporting dimension of everyday life becomes even more compelling when placed alongside a broader understanding of health.

The World Health Organization advances the One Health approach [311], which recognises the interdependence of human, animal and ecosystem health. Its significance lies in challenging the idea that human health can be considered in isolation from the living systems and environmental conditions on which it depends. Health is relational: what happens in one part of a shared system can affect the others.

The *Culture as Well-being* paradigm offers a complementary way to think about this interdependence. It begins from the recognition that culture shapes not only individual experiences, but also the values, beliefs, narratives and collective behaviours through which societies organise their relationships with one another and with the natural world.

Art and cultural practice can make ecological interdependence tangible. They can create opportunities to encounter more-than-human life, attend to places and landscapes, recover neglected forms of knowledge, question assumptions about growth and consumption, and imagine different relationships between people and their environments. Through participatory and collective practices, they can help communities explore what it means to care for shared places and to take responsibility for futures that extend beyond individual interests.

These possibilities connect cultural participation to planetary well-being through several pathways. At the individual level, cultural experiences may support reflection, meaning and a sense of connection. At the community level, they may create opportunities for dialogue, shared identity and collective action. At the societal level, cultural narratives and artistic imagination can challenge prevailing assumptions and contribute to the articulation of alternative futures.

None of these outcomes is inevitable. Cultural activity can also reinforce unsustainable values, exclude certain voices or reproduce the same inequalities it seeks to challenge. Its contribution depends on the quality and context of the work, the freedom to express and contest ideas, the distribution of opportunities and the extent to which people can participate meaningfully.

Nevertheless, the connection between culture, health and ecological interdependence opens an important horizon for cultural welfare. It suggests

that the purpose of integrating culture into well-being policies should not be limited to reducing healthcare pressures or improving individual outcomes. It can also involve supporting the collective capacities through which societies understand interdependence, care for shared environments and imagine ways of living that are more sustainable.

In this sense, the One Health perspective and Culture as Well-being are not the same framework, but they meet in a shared recognition: flourishing cannot be secured by treating individuals, communities and the environment as separate concerns.

A society that seeks to promote well-being must attend to the relationships between them. Culture can help us explore those relationships, give them meaning and participate in shaping how we respond.

What is Holding the Field Back?

If the potential of culture and well-being is significant, why has it not yet been more fully integrated into policy and practice?

The qualitative research identifies an emerging field rich in innovation, expertise and commitment, but also marked by fragmentation. Many initiatives are small-scale, project-based and dependent on temporary funding. Their continuity can be uncertain, and successful approaches are not always supported by the institutional arrangements needed to develop them further.

Several challenges recur.

First, the field lacks consistent and sustained policy support. Although interest in culture and well-being has grown, dedicated frameworks and long-term funding remain limited. Cultural and health systems often operate with separate priorities, funding mechanisms and accountability requirements. As a result, projects that depend on cooperation between sectors can be difficult to establish and sustain.

Second, collaboration requires more than shared enthusiasm. Cultural professionals, healthcare practitioners, educators and social care workers bring different expertise, vocabularies and professional expectations. Effective collaboration needs time, mutual learning, clear responsibilities,

appropriate training and opportunities to develop shared approaches. Without these conditions, the work can depend too heavily on individual champions.

Third, access to cultural engagement remains unequal. Opportunities vary across geographic areas and social groups. Financial resources, time, transport, digital access, physical accessibility, cultural confidence and previous experience can all influence participation. A strategy that increases the number of programmes without addressing these barriers may extend opportunities mainly to those who are already well served.

Fourth, the sustainability and quality of cultural work need protection. Artists and cultural organisations should not be expected to take on additional social and health responsibilities without fair remuneration, adequate preparation and recognition of their expertise. Nor should the promise of well-being become a justification for replacing essential public services or shifting responsibility onto the cultural sector.

Finally, there is a broader ethical concern. Culture is not inherently benevolent. Art can challenge power and create solidarity, but it can also be used for propaganda, manipulation or exclusion. A serious approach to cultural welfare must therefore uphold freedom of expression, artistic autonomy, cultural rights and critical engagement. It must recognise people's agency and avoid treating them as passive recipients of interventions.

These challenges do not invalidate the field. They identify the conditions that need to be addressed if its potential is to be realised responsibly and equitably.

From Projects to Systems: Priorities for Policy and Practice

The arguments presented in this book point towards the need for action at multiple levels. No single institution, profession or policy measure can establish a culture of well-being on its own. Progress depends on aligning individual opportunities, organisational practices and wider public systems.

At **the policy and societal level**, governments and public institutions should ensure that cultural life is supported as a public good, with adequate infrastructure, stable funding, fair working conditions and measures to

reduce barriers to participation. Dedicated support for cross-sectoral work can enable cultural organisations to collaborate with health, education and social care systems without compromising their own purposes. Long-term programmes are needed to move beyond isolated pilots, while research and evaluation should be funded as part of the development of the field.

At this level, the Culture as Well-being paradigm also invites a broader ambition: integrating cultural participation into comprehensive strategies for public well-being, prevention and social inclusion. Cultural policy, health policy, education and social protection need not become identical, but they should be able to recognise their interdependencies and cooperate towards shared objectives. The connections between cultural life, collective well-being and ecological sustainability should also inform the development of policies that address major societal challenges.

At the **organisational level**, cultural institutions and their partners should build lasting relationships rather than relying exclusively on temporary collaborations. Museums, libraries, theatres and other cultural organisations can work with healthcare providers, schools, universities and social services to co-design programmes, develop staff capacity and learn from participants. Institutions across sectors can embed cultural practices into their own approaches to well-being, while ensuring that activities are accessible, ethically delivered and responsive to local needs.

Such collaboration should be reciprocal. Cultural organisations are not simply suppliers of services to other sectors, and health or social care institutions are not merely routes through which audiences can be recruited. Each partner brings knowledge and responsibilities. Good practice emerges when these contributions are recognised and the work is developed together.

At the **individual and professional level**, artists, cultural workers and professionals in health, education and social care need opportunities to develop complementary skills. This includes understanding the potential and limitations of arts engagement, working across professional boundaries, supporting inclusive participation and respecting ethical responsibilities. People participating in cultural activities should be treated as agents and co-creators, with their interests, interpretations and choices taken seriously.

Across all three levels, several priorities stand out:

- Make meaningful cultural participation more accessible. This means addressing economic, geographic, physical, social and cultural barriers, and ensuring that opportunities reflect diverse interests, experiences and forms of expression.
- Support sustained rather than fragmented activity. Multi-year funding, institutional partnerships and communities of practice can help promising initiatives develop, adapt and endure.
- Invest in shared learning and research. Mixed methods, longitudinal studies, participant perspectives and community-level research can strengthen understanding without reducing culture to a narrow set of metrics.
- Recognise cultural engagement as part of everyday well-being. Public communication, education and cross-sector practice can help people discover opportunities for engagement and understand the many forms it can take.
- Protect artistic autonomy and professional standards. The integration of culture into health and welfare must not instrumentalise artists, weaken cultural provision or substitute for essential public services.
- Connect cultural welfare to wider societal and ecological change. Cultural participation can be part of the collective capacity to question existing assumptions, develop shared values and imagine more sustainable futures.

These priorities are interconnected. Access without continuity may produce short-lived opportunities. Evidence without adequate funding may document potential without enabling it to be realised. Collaboration without mutual recognition may reproduce professional hierarchies. And a broad ambition for cultural welfare will remain rhetorical unless it is translated into the conditions under which people can participate in cultural life.

The transition towards Culture as Well-being is therefore both conceptual and practical. It requires a change in how culture is understood, but also in how institutions work, how resources are allocated and how people are enabled to take part.

Towards a Culture of Collective Care

The findings presented in this book converge on a broader understanding of well-being: one that extends beyond the absence of illness, beyond individual satisfaction and beyond the delivery of services to those already in need.

Well-being also concerns the ability to live meaningful lives, form relationships, exercise imagination, participate in communities and contribute to shared futures. These capacities are shaped by social and material conditions, but they are also nourished by cultural experiences and by the meanings people create together.

The Culture as Well-being paradigm offers a way of bringing these dimensions into a common frame. It recognises that cultural participation can have value at several levels at once: it can enrich an individual's life, create opportunities for social connection, support organisational and community life, and contribute to the values through which society responds to collective challenges.

This understanding also changes how we think about care. Care is often associated with institutions and professional interventions that respond when something has gone wrong. These remain indispensable, but care can also be understood as a collective capacity that must be cultivated continuously. It is expressed in the ways people listen to one another, sustain relationships, recognise difference, maintain shared spaces and imagine futures worth working towards.

Culture can support this capacity because it offers ways of expressing what matters, encountering experiences beyond our own and creating meanings that are not confined to the individual. Through cultural engagement, people can become more than recipients of care: they can participate in defining what care means in their communities and in shaping the conditions that make collective flourishing possible.

The idea of cultural welfare follows from this broader understanding. It is not simply an additional tool for reducing the costs of illness, nor a way of assigning new responsibilities to already stretched cultural organisations. It is an invitation to rethink the relationship between cultural life and the

systems through which societies support their members. It asks how culture might become a more integral part of prevention, education, social connection and the everyday conditions of flourishing.

This is where the comparison with health-supporting behaviours becomes especially important. Just as nutrition and physical activity have become familiar parts of public conversations about health, meaningful cultural engagement could be more widely recognised as one of the practices through which people support their well-being. The goal would not be to prescribe the same activities to everyone, or to claim that culture can prevent every illness or solve every social problem. It would be to make cultural participation a genuine possibility for all: accessible, diverse, sustained and valued as part of everyday life.

For this to happen, responsibility cannot rest on individuals alone. People need opportunities, resources and environments that make participation possible. Cultural organisations need the means to offer meaningful experiences. Health, education and social care systems need the knowledge and institutional support to collaborate. Policymakers need to recognise that investment in culture can serve both the independent value of cultural life and wider public purposes.

The ambition is a society in which cultural engagement is not an exceptional provision for a selected group, nor an intervention activated only when difficulties arise. It is part of the social fabric: available in everyday settings, responsive to different needs and capable of bringing people together across differences.

Conclusions.
A Shift towards Collective Care

This book began by asking what role culture can play in addressing societal challenges related to well-being. Its findings suggest that the answer depends on how we understand both culture and well-being.

If culture is seen primarily as a separate sector, its contribution will be understood largely through the activities and institutions it sustains. If it is understood as a resource for other sectors, attention will focus on the outcomes it can help deliver. Both perspectives are valuable, but neither fully captures the possibility that culture is also a fundamental dimension of how people make meaning, build relationships, shape values and imagine their collective future.

The framework of *Culture in, for and as Well-being* helps distinguish these different roles. It provides a way to understand the variety of practices and policy approaches emerging in the field, the tensions between their objectives, and the conditions needed to support their development.

The empirical findings support this broader proposition while also showing why it must be pursued carefully. Arts engagement was associated with emotional, cognitive, social and aesthetic dimensions of well-being. The research suggests that people's own perceptions of cultural experiences matter, and that cultural participation may contribute to shared frameworks of meaning as well as individual outcomes. The pandemic study highlights the potential relevance of cultural engagement during periods of disruption. The qualitative analysis identifies a field with significant promise, but one constrained by fragmented practice, unequal access, limited policy support and the need for sustained interdisciplinary collaboration.

Together, these findings provide grounds for a more comprehensive approach to culture and well-being, while making clear that further research is needed. Culture is not a universal remedy, and its potential depends on

the social, political and institutional conditions in which it is experienced. The task is to create those conditions rather than to overstate what the arts can achieve.

The One Health perspective adds another dimension to this conclusion. Human well-being cannot be separated from the health of animals, ecosystems and the planet. In the same way, the cultural dimensions of life cannot be separated from the values and behaviours through which societies relate to the living world. The stories we tell, the futures we imagine and the priorities we establish influence how we care for one another and for the environments on which we depend.

A culture of well-being must therefore be more than a collection of activities designed to improve individual outcomes. It must also support the collective capacity to recognise interdependence, respond to shared challenges and imagine ways of living that sustain both human and planetary flourishing. Arts and cultural practices can contribute to this capacity by opening spaces for reflection, making different experiences visible, challenging dominant assumptions and enabling people to participate in the creation of shared futures.

This is the deeper significance of treating cultural engagement as a health-supporting behaviour. It places culture within the everyday practices that can sustain meaningful lives, while recognising that individual flourishing is inseparable from the conditions of collective life. When people have opportunities to engage with culture in ways that matter to them, they can develop not only personal resources but also relationships, shared understandings and forms of imagination that contribute to the common good.

The transition towards Culture as Well-being is therefore not simply a new programme for the cultural sector. It is a proposal for how society might organise its priorities. It calls for cultural rights and access to remain fundamental; for evidence and evaluation to inform action without reducing culture to measurable effects; for institutions to collaborate without erasing their distinctive roles; and for public policy to recognise cultural participation as part of a wider ecology of care.

It also calls for a different understanding of agency. Individuals and communities are not merely beneficiaries of policies designed elsewhere.

They are creators of meaning, culture and possibility. Through participation and co-creation, they can contribute to shaping their environments, their institutions and the futures they wish to inhabit. Supporting this capacity is part of supporting well-being itself.

Ultimately, the promise of cultural welfare lies in bringing these dimensions together: the intrinsic value of artistic experience, the public responsibilities of cultural institutions, the potential of cross-sectoral practice, and the collective capacity to care for people, communities and the planet.

A flourishing society needs effective healthcare and social protection, fair and sustainable living conditions, and environments that support health. It also needs spaces for imagination, expression, connection and shared meaning. Culture cannot replace the first set of conditions, but it can help us understand why they matter, strengthen the relationships through which they are sustained, and imagine how they might be organised differently.

The task ahead is to make meaningful cultural engagement a genuine part of everyday life—not as a luxury for the few, not only as a response to crisis, and not merely as an instrument for achieving other objectives, but as a shared human possibility. That requires long-term investment, inclusive institutions, ethical practice, and a commitment to the common good.

The shift towards collective care begins when we move beyond seeing culture as a resource that institutions provide or deploy, and recognise it as a shared human capacity through which we can shape our lives, our communities and the futures we want to inhabit. It becomes more consequential still when we understand that those futures are shared not only with one another, but with the living world on which all well-being depends.

Culture as well-being is ultimately an invitation to build societies in which more people can flourish, communities can care for one another, and our collective imagination can help sustain a liveable planet.

Methodology

Research Approach

This book brings together a review of research and policy, quantitative and qualitative studies, and an analysis of the structural factors shaping the relationship between culture and well-being. Its aim is to examine how culture and arts engagement can contribute to health and well-being, how understandings of this relationship are changing, and what policies and actions could help realise culture's wider potential.

The research addresses seven questions: What role can culture play in tackling societal challenges related to well-being? What are the signs and implications of a paradigm shift in the relationship between culture and well-being? How can impact assessments better capture the value generated by culture? What well-being outcomes are associated with cultural participation? What can engagement with the arts during the Covid-19 pandemic tell us about culture's role in times of disruption? What factors shape the development of the culture and well-being field of practice? And what policies and actions could help mobilise the contribution of culture to societal well-being?

The research combines several methods. A literature review establishes the theoretical and policy context, identifies gaps in existing knowledge and supports the development of the conceptual framework. A scoping review examines scientific evidence on the effects of arts and cultural participation on health and well-being. Comparative analysis explores tools for assessing these effects, including well-being scales and qualitative methods. Quantitative studies investigate cultural engagement and well-being in different contexts, while qualitative interviews explore the factors shaping the emerging culture and well-being field of practice. These findings,

together with an analysis of policy documents and reports, inform the policy and action recommendations presented in the book.

The research also draws on studies conducted between 2000 and 2023 to which I made substantial contributions. Their methods and findings provide part of the empirical foundation for the arguments developed here. The following notes describe the principal studies used in the book, their methods and the contributions of the people and organisations involved.

1. Mapping the Factors Shaping the Culture and Well-being Field of Practice

This qualitative study explored the factors influencing the development of culture and well-being as an emerging area of practice. It was based on semi-structured interviews with 11 professionals in Europe with substantial experience in culture, well-being and health.

The interviewees included two artists engaged in designing and facilitating targeted arts and health interventions; one artist engaged in community arts; four cultural professionals leading networks, organisations or institutions involved in culture and health or well-being programmes and advocacy at local, regional or European levels; one hospital manager; one regional development consultant; one senior researcher leading a national culture and well-being movement; and one policy officer at the European Commission.

The interviews were conducted online in 2024. The transcripts were analysed by identifying recurring concepts and ideas through semantic and frequency analysis. The resulting themes were grouped into four clusters, adapted from a SWOT framework to reflect the specific character of the field: (1) strengths and added value of culture in addressing well-being; (2) limitations of cultural approaches and current practices; (3) opportunities for further development; and (4) challenges and threats to the field's ability to fulfil its potential, including concerns and criticisms. The analysis provides an overview of the field's current position and informs the book's discussion of policy and practice.

2. CultureForHealth: Culture's Contribution to Health and Well-being. A Report on Evidence and Policy Recommendations for Europe

In 2022, I led a team of researchers in developing a scoping review as part of the CultureForHealth project. The resulting report brought together evidence on the effects of cultural participation on health and well-being and developed policy recommendations. This book draws on a condensed version of the review findings.

The work was undertaken in response to the European Parliament and European Commission's 2020 Preparatory Action, Bottom-Up Policy Development for Culture & Well-Being in the EU. The project consortium comprised Culture Action Europe, the Northern Dimension Partnership for Culture, Društvo Asociacija, Cluj Cultural Centre, Trans Europe Halles and Central Denmark Region. The project was co-financed by the European Union through the preparatory action.

The research team consisted of Rarița Zbranca (Cluj Cultural Centre), Mafalda Damaso (Erasmus University Rotterdam), Oana Blaga, Marina Denisa Dascăl and Oana Pop (Babeș-Bolyai University), Kornelia Kiss (Culture Action Europe), and Dana Yakobson (Aalborg University). I coordinated the work on the scoping review, contributed to the methodology and wrote the data analysis and conclusions. Mafalda Damaso wrote the Policy Considerations chapter of the report. Oana Blaga designed the scoping review methodology. Marina Denisa Dascăl, Dana Yakobson and Oana Pop contributed to data extraction. Kornelia Kiss co-managed the report preparation and provided input and feedback for its writing, especially with regard to policy recommendations. An advisory board was consulted and provided feedback on the methodology and intermediary versions of the working document.

The review followed the scoping review methodology outlined by the Joanna Briggs Institute (JBI) [312]. It examined studies published in English and indexed in PubMed and Scopus between 2005 and November 2021. The starting year was selected because 2005 marked an important period in the growing recognition of culture as a driver of sustainable development, reflected in milestones including the EU Workplan for Culture (2005/2006), the European Agenda on Culture in a Globalising World [313], and the

Convention for the Protection and Promotion of the Diversity of Cultural Expressions [314].

Approximately 8,200 article abstracts were screened, and 310 studies were included. The evidence covered meta-analyses, systematic and scoping reviews, observational studies, non-randomised and quasi-experimental studies, mixed-methods research, expert opinion and text papers, qualitative research, and policy reports. The studies originated from countries across the globe.

3. Engagement with the Arts and Well-being during the Covid-19 Pandemic (AWB-Covid-19)

This study investigated cultural participation and its association with well-being during the early months of the Covid-19 pandemic in Europe, including lockdown. It explored people's creative and artistic engagement, the emotions they experienced, their use of cultural activities to cope with the situation, their responses to particular artworks, and how they perceived their relationship with the arts to have changed. It also examined tools for assessing well-being in relation to cultural participation and the benefits people associated with their experiences.

The research was conducted in 2020 by Cluj Cultural Centre, Romania, and Fondazione Bruno Kessler, Italy, as part of the Art&Well-being Project, co-funded by the European Union's Creative Europe Programme. The research was initiated and coordinated in this framework by Rarita Zbranca and Claudia Cacovean.

The methodology was developed by Rarita Zbranca and Claudia Cacovean in close coordination with Prof. Pier Luigi Sacco. Data analysis and report writing were carried out collaboratively by Claudia Cacovean, Rarita Zbranca, Alessandra Passaretti (University of Milan Bicocca) and Prof. Pier Luigi Sacco. Statistical analysis was undertaken by Filippo Ascolani of Bocconi University and Tommaso Portaluri of ETH Zurich. Sara Uboldi of the University of Modena and Reggio Emilia conducted the qualitative data analysis. Norbert Petrovici and Cristian Pop of Babeș-Bolyai University provided advice and support in the statistical analysis of the quantitative data.

Data collection involved all project partners, including the organisations mentioned above, as well as BOZAR – Centre for Fine Arts Brussels, Maribor Art Gallery and Yuste Foundation.

Data were collected between May and July 2020 through an online questionnaire available in eight languages. The dataset comprised 1,559 valid responses from people aged 14 to 65 and over. Respondents were predominantly young, female, highly educated and living in urban areas in Europe, with a substantial proportion from Belgium, Italy, Romania and Spain. The sample was weighted according to the proportion of EU citizens with higher education working in the cultural sector, working in other sectors, or not actively participating in the workforce. The findings therefore relate to respondents with university education living in Europe and should not be generalised to the wider population.

The study used the I-PANAS tool to assess positive and negative affect Affect [130], alongside the Wellbeing Measures Toolkit [150]. Its findings inform the discussion in this book of cultural participation during crisis and the potential role of the arts in supporting well-being and resilience [296].

4. Cultural Consumption and Practice in the Cluj Metropolitan Area (AWB-CJ)

This quantitative study examined cultural workers, cultural practices, cultural appraisal, subjective well-being through culture and urban cultural intimacy. It was commissioned by Cluj Cultural Centre as part of a research project assessing the contribution of the cultural sector in Cluj-Napoca to the UN Sustainable Development Goals through the UNESCO Culture 2030 Indicators. The results were published in 2024 [136].

The research was carried out by Norbert Petrovici and Cristian Pop of the Interdisciplinary Centre for Data Sciences at Babeș-Bolyai University, and Rarița Zbranca of Cluj Cultural Centre. Data collection was outsourced to the Romanian Institute for Evaluation and Strategy (IRES), and the questionnaire was developed by the authors.

My contribution included developing the research objectives and plan, helping develop the questionnaire, and interpreting the results following statistical analysis. More specifically, I proposed questions and measures

concerning cultural consumption, well-being and the importance of the arts in people's lives, and proposed the Cultural Appraisal Profile. This book draws on the study's measures of cultural appraisal and subjective well-being and their relationship with cultural engagement, rather than on all of its research objectives.

Data were collected through a telephone survey in January 2021. The study reports 829 responses across the two phases, of which 94 were disqualified during the interviews, leaving a final dataset of 735 cases for analysis.

To support comparisons between residents of the municipality of Cluj-Napoca and those of the surrounding metropolitan communes, the sample disproportionately included residents of the metropolitan area, who accounted for 33% of the total, or 247 cases. Men and younger respondents aged 29 and under were accidentally underrepresented, with differences not exceeding three percentage points. Responses were weighted using the Romanian National Institute of Statistics' Tempo dataset. After adjustments for age and municipal distribution, the sample was considered statistically representative of the Cluj Metropolitan Area, with a maximum margin of error of ±3.6%. The educational distribution was reported as 4.1% with primary or secondary education, 46% with secondary education, and 49% with higher education qualifications.

The analysis used Categorical Principal Component Analysis (CPCA) to examine cultural appraisal, subjective well-being, cultural practices and socioeconomic status. Likert-scale variables were transformed using optimal scaling, and the analysis was performed using the homals function in the R package of the same name. Horn's parallel analysis, including Glorfeld's improvement, was used to assess components relating to cultural practices.

Sociodemographic factors were included to account for potential influences on well-being. Regression analysis was used to derive Cultural Participation Component Analysis (CPCA) scores, standardised to a mean of zero and a standard deviation of one.

5. Impact of Artistic Interventions on Participants with Burnout (AWB-Burnout)

In 2020, Cluj Cultural Centre conducted a pilot intervention within the Art&Well-being initiative, co-financed by the European Union through Creative Europe. The pilot aimed to design, implement and assess a targeted arts intervention for people experiencing burnout. The findings were published in a report [253] and an article [315].

The intervention took place over seven weeks in October and November 2020, during the Covid-19 pandemic, when cultural activities were restricted to events with fewer than 25 participants and had to comply with social-distancing and hygiene requirements. The workshops used theatre, visual arts, music and writing to develop imagination, emotional intelligence and self-expression, reduce anxiety and cultivate self-esteem, with the broader aim of helping participants overcome burnout.

Eleven adults with burnout symptoms were recruited through an open call. Participants were aged 19–55, predominantly female and highly educated, and had high levels of burnout before the intervention.

The research team included Claudia Cacovean and Rarița Zbranca from Cluj Cultural Centre; Diana Buluga from the Create.Act.Enjoy Association; and Marina Dascăl, Adelina Aniței, Emanuel Henteș and Patricia Marga from the Department of Public Health at Babeș-Bolyai University. Claudia Cacovean coordinated the pilot project and the associated research, and contributed to the intervention design. Marina Dascăl led the literature review, helped design the assessment methodology, and handled both quantitative and qualitative data collection and analysis. Adelina Aniței, Emanuel Henteș and Patricia Marga contributed to the literature review. Diana Buluga contributed to project co-design, facilitated the workshops as lead artist and provided key input to the qualitative report based on journaling. Rarița Zbranca contributed to the concept, co-design and assessment of the pilot, providing the research overview and key input into the analysis and conclusions.

The evaluation combined quantitative and qualitative methods. Quantitative data were collected before and after the intervention and again 18 months after the workshops ended. Qualitative research included a focus

group with participants, a focus group with team members involved in designing and implementing the intervention, and observation notes from the lead artist.

This book refers to the study in Chapter 3, in the comparison and analysis of tools used to measure the effects of cultural participation on well-being.

Original Contribution and Limitations

The research brings together theoretical frameworks, empirical evidence, impact assessment and an analysis of the structural conditions shaping culture and well-being. Although research on the benefits of arts and culture for health, education and social cohesion has grown substantially, these areas have less often been considered together through the broader concepts of well-being and welfare.

Research at the intersection of culture and health has expanded over the past two decades, particularly since Covid-19, but remains fragmented, often focusing on small-scale interventions or population studies published as individual articles. This book combines empirical research with conceptual frameworks and an analysis of structural factors. Its contributions include examining the relationship between cultural value and paradigm change, exploring how people's perceptions of culture may shape their experience of well-being through arts engagement, and mapping the factors that enable or constrain the wider integration of cultural practice into health and well-being approaches.

The socio-ecological perspective places culture's contribution within a broader context of public health and well-being. The proposal of Culture as Well-being as a paradigm is the book's principal conceptual contribution: it considers how the intrinsic value of culture might help support more holistic approaches to individual and collective well-being.

Several limitations should be considered. The scoping review in Chapter 4 covers literature published between 2005 and 2021, and therefore does not include the substantial body of relevant research published since then. Given the breadth of the book, some themes are explored selectively rather than exhaustively. The qualitative research is exploratory and is not statistically

representative of the general population. The AWB-Covid-19 findings apply to the study's respondents with university education living in Europe and cannot automatically be extended to other population groups. The book also draws on only part of the findings available from the exploratory studies.

Finally, the research is based on sources in Romanian and English and focuses primarily on European research, practices and policies. Valuable contributions from other languages and regions of the world therefore remain outside its scope.

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Culture is not merely a means to well-being; it is part of what well-being is.

Culture and the arts have a quiet yet powerful role to play in shaping healthier, more connected and resilient lives. They offer spaces for expression, belonging, reflection and joy, nurturing individual and collective well-being.

Culture as Well-being. A Shift Towards Collective Care explores this transformative potential and the emerging arts and health field, bringing together conceptual frameworks, empirical research and policy perspectives. It examines how cultural participation can support health, strengthen resilience and foster a deeper sense of connection, while tracing the emerging paradigms and transformations shaping the field.

A contribution to rethinking well-being beyond the management of illness, this book makes the case for creating the conditions in which life, in all its interconnected forms, can flourish. It challenges conventional approaches to welfare and invites us to rethink the place of culture in the way we care for ourselves, one another and the world around us.



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