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**The Work Hurts**

**Alison O’Connor, University of South Wales**

**Abstract**

This study aimed to explore the emotional impact on arts practitioners of working in health, social care and participatory settings and how supervision, or lack of, affects artists’ wellbeing. Interpretative Phenomenological Analysis (IPA) was chosen to explore the lived experiences of artists working in this field. Semi-structured interviews were conducted with five artists working across the arts and health spectrum, in a range of settings including children’s hospitals, hospices, prisons, older adults and rehabilitation wards. These interviews were transcribed verbatim and analysed using IPA. Four super-ordinate themes emerged from the analysis: This work as a Calling; The Psychological Impact of the Work; Managing the impact; supervision and support; and Sustaining the professional and the personal self.

**Keywords**: supervision, arts in health, participatory artist, wellbeing, support, reflective practice, burnout

**Introduction**

Several years ago, at an arts and health conference, a friend shared that he was thinking of stepping back from the arts work he has co-created with vulnerable populations for the past twenty-five years. Shocked, I enquired, *but wouldn’t you miss it*? *Yes,* he replied, *I would miss it, but the work hurts*. Those three words resonated with me and articulated a truth I had been hiding from. The deep, all-consuming participatory arts practice I had spent my career developing had taken an emotional toll. A period of reflection illuminated the need for further research into the personal wellbeing and professional supervisory needs of practitioners working in this field and led me to carry out this small qualitative study as part of a Masters in Consultative Supervision.

While great strides have been taken in research into participant experiences of arts in health, unlike within the field of arts therapies (Fenner 2012) there has so far been little exploration of practitioners’ perspectives (Naismith 2019). As an emerging profession, arts in health practitioners currently work without a regulating professional body and subsequently, with no ethical requirement to engage in supervision or continuous professional development (Baumann et al. 2014). Arts in health practitioners often work alone, outside of institutional structures and tend to be self-employed. Anecdotal and emerging qualitative evidence suggest there may be significant levels of burnout, exhaustion and vicarious trauma across the workforce with only intermittent access to supervision, support and ethical guidance (Shorter et al. 2018).

**Review of the literature**

Recent advances in the arts and health field, evidenced in the extensive WHO Scoping report (Fancourt and Finn 2020) suggest an evolving profession that is dynamic and progressive. However, a weakness of this report and the current body of arts in health literature is their failure to investigate the perspectives of artists themselves as the sector advances in scale and complexity. When Mike White describes the early roots of arts and health as ‘a new and distinctive area of arts practice, shaping an aesthetic of care from the quality of relationship forged between artist and community’, the essential, relational quality of arts in health work is illuminated (2009: 25). It is this complex, multi-layered relationship which creates a unique set of challenges and opportunities for arts in health practitioners (White 2009).

In what appears to be the first study to focus exclusively on the affective support needs of participatory artists, Nicola Naismith (2019) argues that if the arts are positive for participants, they should also be positive for the creative practitioners delivering them. Building on Mike White and John Angus’ (2003) earlier postulation of arts and health practice as reciprocal and rooted in a collaborative, mutually respectful culture, an aspiration emerges of a profession committed to sustaining the wellbeing of all parties. This position becomes increasingly relevant in the context of the recent mapping study of participatory arts and mental health from The Baring Foundation, which finds that many artists working in mental health have lived experience of mental ill health themselves (Cutler 2019). Such findings resonate with those of Gillian Shorter et al (2018), whose study into the wellbeing of artists working across the creative industries in Northern Ireland highlighted significantly higher than average rates of mental health, substance use and suicidality in the creative practitioners who participated in their survey. Shorter et al. (2018) recommend increasing access to emotional support and improving employer’s understanding of mental health as urgent actions. They are also however, keen to highlight the high levels of hope and resilience evidenced across participants, a position challenged by Matt Jennings et al. (2017) who question the ethics of praising artists resilience. Both studies call for greater responsibility to be taken for the financial and emotional wellbeing of artists by the sector and wider society. Jennings et al. (2017) in their ethnographic study of precarity and resilience among community artists, cite the accumulative impact of austerity and the financial uncertainty created by Brexit as detrimental to artists wellbeing. The COVID-19 pandemic has exposed the financial insecurity and lack of income protection of freelance arts practitioners (Thompson 2020) and while anecdotal evidence suggests that many arts and health practitioners quickly adapted their work to online settings, (CHWB report 2020), it appears that the reverberations of COVID-19 will be felt for years to come and will require further consideration within the context of artist wellbeing.

Naismith’s findings establish that support for artists is currently mixed and inconsistent; she proposes the development of ‘a menu of affective support options’ including mentoring, peer support, supervision and reflective practice in response to individual needs and preferences of this diverse workforce (2019: 31). Her report recommends shared responsibility between artists and commissioners for negotiating and securing affective support from the outset of projects, the cost of which should be built into budgets, echoing White’s (2009) and Matt Baumann et al.’s (2014) call for local negotiation between partners in the project planning stage. Baumann et al. produce a powerful argument for supervision in their description of an arts programme for hospital-based stroke patients focusing, uniquely, on how artists were prepared and supported to deliver the work. Supervision and training of artists emerges as ‘a major area requiring resolution for the development of arts in health practice’ (Baumann et al. 2014: 117). The study captures the psychological impact of the work on artists, citing situations which they found difficult to manage, such as working with patients who were distressed or wanted to make disclosures about their care, a theme visited in greater depth in a study published in the same year by Sarah Ruttle (2014). This artist-as - researcher study captures the lived experience of the participatory artist navigating complex ethical issues and decision making while working closely with vulnerable populations.

 Sheila Preston (2013) argues that this level of responsibility is disproportionate to the levels of recognition and support participatory artists receive, resonating with Hilary Moss and Desmond O’Neill’s argument (2009) that inconsistent support for artists working in health settings risks leaving artists unable to cope with the complexity of the environment. Francois Matarasso (2019) extends this point, referring to the *layers of moral complexity* participatory artists encounter when faced with ethical dilemmas. Supporting practitioners to develop the ethical maturity required to navigate ethical decision-making is a key function of supervision (Carroll and Shaw 2013), the absence of which may raise concern for the wellbeing of both artist and participant. In their seminal work on practitioner wellbeing, Thomas Skovholt and Michelle Trotter-Mathison call for support and self-care strategies to be embedded within a career if a practitioner is to sustain the optimism and vitality required in relationship intense professions, citing the ‘holding environment’ created by a supervisor or mentor as an essential element of this support (2016: 48).

 A series of searches for publications for supervision in arts and health (using the research library of University of South Wales, Findit, Google Scholar and Psychnet) found numerous publications on supervision across the arts therapies but none related to supervision of artists working in participatory, health or social care settings. This appears to be a largely unexplored area, despite several researchers advocating for greater provision of supervision within arts and health (Moss and O’Neill 2009; White and Angus 2003; Robson 2002). Baumann et al.’s study ‘highlight(s) the centrality and importance of supervision’ (2014: 130) and finds that monthly supervision, provided by a trained counsellor, was valued by the artists but needed to be more frequent. Manjinder Sidhu (2015) reflecting on personal experience as an artist in health settings, observes that the opportunity for ongoing reflection and emotional support would be beneficial, echoing Emily Fenichel’s (1992) description of the essential features of supervision as reflection, collaboration and regularity. Within the supervision literature, consensus exists on the intrinsic relationship between supervision and reflective practice. Joyce Scaife attests that the two entities are inextricable, ‘Reflective practice is at the heart of the supervisory enterprise’ (2019: 52). White writes of ‘reclaiming reflective supervision’, paying attention to ‘the significance of emotions and their influence on practice’ (2015: 257). This is echoed in the arts in health literature by Hartley who insists that artists in palliative care settings need to have examined their own story, ‘The arts bring out strong reactions in all of us, and it is important that we understand these reactions if we are to work as part of healthcare organisations that employ artists’ (2008:22).

 Derek Milne and Robert Reiser (2020) argue that supportive supervision (Kadushin 1976) has the potential to radically transform high levels of burnout and staff wellbeing across the health professions. They acknowledge that the restorative/supportive function of supervision (Inskipp and Proctor 1993) has traditionally been the least valued component of supervision (Milne and Reiser 2020) with formative, managerial aspects taking precedence. Their new transtheoretical model of supportive supervision is strengths-based and explicitly emotion focused, ‘[it] addresses supervisees’ emotional experiences of their workplace, and their personal functioning in that context’ (Milne and Reiser 2020: 22), encouraging a reciprocal responsibility between the individual and the workplace or commissioning organisation.

 Mary Robson (2002) proposes a multidisciplinary approach to arts in health supervision, bringing stakeholders together to reflect and to evaluate their work. She also advocates for the wider support needs of arts in health practitioners, acknowledging the interplay between financial and emotional wellbeing, proposing training alongside supervision with a focus on achieving goals, avoiding burn-out and balancing personal and professional commitments (Robson 2002). Interestingly, sixteen years later, Shorter et al. make an almost identical argument, with greater urgency, for preventative work to equip artists for the challenges of this profession; ‘In any other sector a worker with this level of exposure to emotional distress would receive training in how to manage the impact of this on their own wellbeing, and also support and supervision’ (2018: 52).

 Naismith’s study aspires to ‘lay(s) some foundations on which to build multiple debates, discussions and further research’ (2019:10). This current study seeks to build upon the existing research by gaining further insight into participatory artists’ lived experience, in particular how they describe the emotional impact of their work and what role supervision, or lack of, might play in mitigating this impact.

**Methods**

This study was given ethical approval by the University of South Wales Ethics Committee, 2019 as part of a Masters Study. Interpretive phenomenological analysis (IPA) was chosen as the research methodology. IPA is a contemporary qualitative methodology, first developed by psychologist Jonathan Smith (1996) to examine how people make sense of their major life experiences. As IPA is idiographic in nature (Smith 2004), focusing on the experience and perspectives of individuals rather than attempting to discover a collective or generalised truth, IPA studies usually have a small sample group (Smith et al 2009). The sample for this study was six participants, in line with Smith et al’s (2009) recommendation of three to six research participants for a Masters-level study. A callout for research participants was shared by the Culture Health and Wellbeing Alliance, Wales Arts and Health and Wellbeing Network and within the researcher’s own professional network. The callout generated a response of twenty-seven potential participants; from these, six were selected on the basis of interviewing practitioners across a range of settings and artistic disciplines. Participants were invited to take part in a semi-structured interview by video conferencing, telephone or in person, lasting 60 minutes. Although six participants were interviewed, during the interview process it became clear that one participant did not fully meet the criteria, as her arts work was predominantly in the field of training and organisational development which was an interesting indication of the evolving identity of this field and the fluid parameters of definition.

**Table of research participants**

|  |  |  |  |
| --- | --- | --- | --- |
| Pseudonym | Gender | Brief description of arts practice  | Years in practice |
| Helen | F | Practices as a music therapist and an arts in health practitioner with older adults, people affected by lung conditions and wider community groups. Has worked in children’s hospitals, oncology wards and with children with profound and multiple learning disabilities | 15 years |
| Jack | M | Has worked as a community musician in acute children’s hospital settings. Set up own company, responsible for securing funding, project management and delivery of music work with children and adults in hospitals  | 5 years  |
| Michael | M | Trained in visual arts and theatre, has worked in community arts with adults, children and young people in multiple settings: hospices, the care system, pupil referral units. Now works as the artistic director of a participatory arts organisation  | 10 years |
| Cathy | F | Trained as professional dancer, works as dance practitioner in health and wellbeing across multiple settings: stroke rehabilitation, hospitals, children’s hospices, older adults, works for a range of organisations  | 15 years |
| Peter | M | Has worked through drama and theatre in prisons, probation, community and mental health settings. Trained as a psychodrama psychotherapist. Previously worked as an artistic director of an arts organisation. | 30 years |

The semi-structured interview was chosen as a method of data collection due to the balance of flexibility and containment it provides, utilising open questions which encourage reflective dialogue and meaning making (Smith et al. 2009). The interview schedule invited participants to reflect on their career paths, asking them to consider how they have been impacted, positively and negatively, by their work and what their experiences of supervision have been throughout their careers. Interviews were transcribed verbatim and analysed using IPA. Initial noting was carried out on each individual transcript in turn, moving between the three dimensions of IPA analysis; descriptive, linguistic and conceptual, looking for themes across accounts. The analysis resulted in the identification of four major themes: *This Work as a Calling; The Psychological Impact of the Work; Managing the impact through supervision and support;* and *Sustaining the professional and the personal self.*

**Results and Discussion**

***This Work as a Calling***

What is it that drives an artist to work in situations of intense suffering and distress, often in medical or criminal justice contexts where their artistic work may not be easily understood or valued? Analysis of participant accounts reveals a deep sense of vocation and purpose. Participants speak of their work in relational terms, conveying an intimacy that can only be described as love. The concept of artistic and therapeutic work as a calling (Norcross and Vandenbos 2018) emerges as participants reflect on a determination, from a young age, to bring their artistic talent to places of sadness and pain. Recalling an inspirational introduction to music in healthcare settings, aged 17, Jack says, *‘I thought, this is what I should be doing. This is totally the thing’*. This depth of feeling appears to generate fierce drive and ambition, yet beneath this determination lies vulnerability and exhaustion. The work inspires, it seems, but it also hurts.

*Jack: This is part of the problem but also a blessing, we’re so ambitious. People who run their own projects, we are really curious. 6am sessions in hospitals, gigs while people are waiting for blood tests…we were driven by a desire to work in those hard settings, we wanted to challenge ourselves, because there’s something in us that drives us to want to deliver meaningful work but that’s potentially our downfall because you end up walking away carrying lots of stuff.*

This extract captures the essential conflict between the rewards and challenges of this work and echoes White’s (2009) depiction of artists in health settings being motivated by a desire to help others. While research suggests that experiencing work as a calling can be a protective factor against burnout (Harrison and Westwood 2009), the conflict which Jack begins to critically reflect on here, which is echoed by all participants, is that such deep engagement with the work can lead to artists ‘walking away carrying lots of stuff’. This introduces a key psychological challenge of this work, raising questions around duty of care within the profession which will be explored below.

 The concept of arts in health work as a privilege or, in Jack’s words, *‘a blessing’* is woven through the narratives; all participants refer to the intimacy of connection that arts in health practice offers. Helen describes ‘*working with the part of somebody that nobody else is working with*’, Cathy reminisces about the power of dance in *‘supporting people when they’re in such a weird time of being in hospital…and how movement supports the body through illness.*’; while Michael introduces the privilege of longevity, *‘I was lucky enough to work…on a youth theatre where I met kids when they were 11 and I saw them all the way through to when they went to university, so sort of 7 years of their lives.’* Peter reflects *‘Being in the work now for 30 years, to me it just feels incredibly precious’.* Joy of the work also resonates across accounts. Recalling his theatre work in prisons, Peter describes a *‘raucous, irreverent feeling…being tremendously energised’*. The contrast between his language and the image one might have of working in a prison environment is striking, suggesting an intentional mindset of working in this celebratory way, echoed by Jack;

*We had no clinical awareness of people’s situations and quite deliberately…It allowed us to bring genuine fun and anarchy with patients where if we knew what people were going through, might have felt contrived. In palliative care to go in and be daft is quite hard if you know what people are going through.*

Jack and Peter’s descriptions convey a sense of freedom; the artist ‘quite deliberately’ resisting the medical and social limitations of the environment, choosing, instead, to introduce fun and anarchy, echoed by Helen, *‘Sometimes I sit there thinking, wow this is so great!’.* This idea of arts practice creating space is developed by Cathy

*My favourite group is the stroke survivor group …seeing how much working through groups and through movement just opens up whole new worlds when their world has become very shut off and small…We can celebrate ourselves as individuals, as groups.*

This theme highlights the purpose, privilege and joy conveyed by all five participants. As will be explored below, it also sets the scene for the potential hazards of this ‘mixed blessing’ of ambition, the unique sensitivities of working with vulnerable populations and the challenge of creating and sustaining a freelance career.

**The Psychological impact of the work**

Almost all of the participants describe being emotionally challenged by their work, with some seeing this as an inevitable consequence of arts in health practice in critical care environments: Jack says *‘I still think it’s really normal to just see something that you know, upsets you, it’s just kind of part and parcel of doing this kind of work.’* The description of this emotional response as *‘really normal’* appears to convey a willingness to stay open and risk being emotionally impacted by the work. Cathy’s reflection *‘I think as creative people we tend to pick up on those subtleties even more’* and Michael’s observation ‘*Sometimes I think I care too much’* capture the difficulty of how to balance this depth of care and connection with the self-protection that enables artists to stay well. Recalling a memory of seeing a distressed child while delivering a music session in hospital, Helen shares *‘there was something about it that just cut me’*, later in the interview describing a process of *‘continually putting myself out there and eventually discovering how to distance myself a little bit’.*

 Precarity of the work also emerges as a psychological challenge, often leading to over-work and exhaustion. ‘*I think one of the consistent challenges has been the uncertainty around the economy of the work.’* Michael observes. Cathy describes the exhaustion and lack of choice this uncertainty generates,

*That’s always the thing I share with other practitioners how when you work with a more vulnerable group, how exhausting it is in comparison…it’s a different level of tiredness. Managing that and actually when you’re freelance you go well, I’ve got to work this afternoon because I need that work.*

Isolation is connected to this precarity. Cathy shares, ‘[*being*] *freelance in a very rural environment, that physical connection goes. It can feel sometimes a little bit more… I’m on my own’*, echoed by Jack *‘Last year I’d be travelling back and fore to London, 30,000 miles in the car’*. Peter observes *‘I do miss having a co-worker and I certainly miss having a team.’* Reflecting on her music practice in hospitals and schools, Helen says,

*It is very isolating and it can be very difficult being an ambassador for your profession and trying to do your own job well. So in schools I’ve always thought, if I was a teacher I’d be able to describe my job and people would understand what I’m doing or working in hospitals I’d be like, I should be a nurse and then at least people would know what I’m doing and I’d know what I’m doing!*

 Michael raises the role of organisations in mediating the psychological impact

*We work with children who are at end of life…these are very complex young people and they bring up extremely complex emotions within the workforce. I think any organisation working so close to the coalface of life and death, if you want to be working in hospitals, getting those clinical care commissioning contracts you know, getting all of this social prescribing, getting all of this stuff that organisations want, they have to, it should be mandatory that the workforce delivering those interventions are well cared for.*

The coalface metaphor captures the psychological intensity of the work in its proximity to death and suffering. Michael’s call for greater responsibility taking from organisations and for artists to be well cared for emerges across accounts.

**The exception from the rule**

One participant, Peter, provides data which deviates from the trend. Peter says in his interview, *‘I don’t remember ever struggling psychologically*.’ While this sentence is taken out of context, there is something illuminating about the fragmentation. Peter is referring to a specific time period, taking theatre workshops into prisons in his early twenties. However, this statement deepens our understanding of Peter’s whole account, capturing the essence of what I, the analyst, experience in his narrative. Peter’s account conveys a high sense of control and autonomy over his working life. His reference to being *‘strategic’* in his career development is developed here

*I think for me it was just following my instincts, the next steps. I’m absolutely fascinated in this type of theatre. I’m going to do that. Oh, this next opportunity opens up, that looks very attractive. I’m going to do that. Now I’m at the edge of my competence, I need to know that extra bit, so I’m going to train in that.*

The satisfaction Peter appears to gain from extending his competence through continuous professional development is affirmed in the literature by Skovholt and Trotter- Mathison’s work on sustaining the professional self (2016). Perhaps another significant factor is Peter’s training as a psychotherapist alongside his work as an arts practitioner. This mirrors Helen’s dual role and the professionalisation that training as a therapist provides, through regular supervision and ongoing training being a mandatory requirement.

**Managing the impact; supervision and support**

Participants reveal a range of experiences of accessing supervision. Helen and Peter attend monthly supervision, Michael participates in regular reflective practice, supervision and coaching sessions, while Cathy’s access to supervision is intermittent, dependent on each company she works for. Jack’s introduction to supervision, which will be explored below, came as a result of his wellbeing being adversely impacted by work, a crisis intervention rather than a preventative tool. All participants describe supervision as beneficial; a core theme being its validating function, helping artists to remember and reframe the value of their often solitary work. Reflecting on a pivotal experience of supervision early in his career, Peter says

*When arts practitioners may start to question the value of their practice, to use a crude phrase…am I pissing into the wind? I think supervision is very valuable to really reflect on it and appreciate the meaning of this work. When you are helped to remember that this can sustain you.*

This position is affirmed by Helen’s recollection of a former supervisor, ‘*She was just brilliant at giving me a new view on what I was doing’,* echoed by Cathy *‘She does that wonderful thing of being able to step outside’.* Michael is appreciative of the support offered within his organisation but voices concern for the gaps in provision for many freelance artists, *‘I think if artists are not given enough space to honestly reflect on their experiences they can ruminate on issues and take some of that stuff out on other places.’*

 The restorative function of supervision emerges as a potentially transformative aspect. Cathy observes *‘It’s so important to put things out as well as hold them in’.* Several artists describe supervision as a place to explore the overlap between their personal and professional selves as well as process the impact of their work, as captured here in Jack’s description of his recent experience of supervision;

*What we talked about was that I was using a lot of my emotional energy for work. And we all have a limited capacity for how much we’ve got. How much empathy and care we’ve got really before we run out… I was channelling almost all of that into getting to work, doing work, being friendly at work…. I was basically out of energy. But what that was doing was giving me a lot of anxiety and I was really struggling with my personal mental health and not linking the two necessarily and actually what she [the supervisor]did was support me to understand that all those things - you are one person. It’s so obvious really but I’m like, I’m really good at separating my work life and my home life and I am really good at that, but also it just has a knock on you know*.

This extract demonstrates the insight and learning Jack appears to have gained through supervision, enabling him to connect, seemingly for the first time, his personal mental health and the pace of his professional life. There is an interesting contradiction between Jack’s assertion that he is *‘really good at separating home and work’* and his discovery of *‘You are one person’* which may suggest that such a separation is difficult in this field. Conflict with reconciling the professional and the personal is well documented in the literature on burnout and professional wellbeing (Norcross and Vandenboss 2018; Skovholt and Trotter- Mathison 2016) and may be exacerbated by the inconsistent nature of freelance arts in health practice, as Cathy says *‘weeks can be very scattered and sometimes do not have a clear structure to them’*. There is a sense in Jack’s account that he is beginning to question assumptions and beliefs, an example of supervision working at a transformational level which can challenge perceptions of both work and life (Carroll 2014). Summing up his experience, Jack describes supervision as *‘ongoing maintenance…like having a service every couple of weeks’*, evoking a sense of replenishment, after his period of running on empty.

 Cathy articulates a need for reflective supervision to be better understood:

*I was speaking to a musician… about how supervision needs to be valued and understood… it’s actually needed to support your practice…it underpins what you do and it’s a cushion. And how on earth can you go around delivering some intensive projects without having that there for you? Every other form, well not every other, but the majority of other work with health has some sort of supervision within it*.

The image of supervision as a cushion underpinning the work is echoed within the literature by Carroll (2014) who describes supervision as ‘a buffer’, providing a layer of protection between the supervisee and the stress of their work and organisational dynamics. The intermittent nature of supervision for many freelance arts in health practitioners is highlighted as a difficulty, described by Michael as ‘*a lack of ongoing care’,* raising the challenge of how best to support freelance practitioners engaging in emotionally demanding, episodic work.

**Sustaining the professional and the personal self**

Reflective practice emerges as a pertinent theme across all of the accounts, despite there being no question in the interview schedule specifically asking about this. Three of the participants cite reflective practice as integral to their work, perhaps significantly the two who speak the least about reflective practice are Peter and Helen, who through their arts therapy training access the most regular supervision. Michael describes the transformative journey of embedding reflective practice into his organisation as ‘*a gateway into bringing psychological thinking into the organisation’*, while Peter refers to the introduction of monthly supervision into his prison theatre work as *‘the era in which the company acknowledged the emotional and psychological effects and took steps, quite active steps to help and support people.’.* Cathy observes *‘Reflective practice made me think a lot more deeply about myself and how I manage myself from day to day, through life’.* This sense of artists leading the psychological awakening within organisations is reflected across the literature, where since its origins, arts in health has evolved through the practical activism of artists (White 2003).

 Participants describe reflective practice and supervision as interlinked and possibly even different terms for the same process, Michael says, *‘I think people say supervision but what they mean is reflective practice…what is the work and how is the work impacting on you?’* Peter introduces a new concept of Artist Wellbeing Practice being pioneered by supervisor, Louise Platt, in response to her observation of the distinct wellbeing needs of those working in the arts professions. This work appears to be emerging as part of a paradigm shift, moving from reactive interventions to preventative and restorative wellbeing support for artists in this field. Building the argument for specialist support, Cathy says ‘*people who are offering that support, counsellor or psychotherapist or whoever, need a good understanding of what it’s like to be an arts practitioner in a healthcare setting’.* Peter echoes Cathy, acknowledging *‘the need for supervision from an informed practitioner… They would need to understand something about arts practice and group process.’* and Jack states *‘There should be a dedicated service for people who work in arts and health…I just think it’s really important that this work happens.’* As to whether supervision or other forms of reflective support should be mandatory within the arts and health profession, Michael is unequivocal,

*I see a lot of organisations that are doing really great work but are putting the artists at massive risk… So yes, I do think it should be mandatory, I don’t think you should be going for those contracts if you can’t deal with the fallout because ultimately, it’s the artists and the organisations who will suffer. The artists are phoning in sick or being triggered by their experiences and not able to be resilient in really challenging circumstances…I will ask people when they say they’re doing all this amazing work, and how are you looking after the artists?*

**Conclusion**

The findings highlight the complex challenges arts in health practitioners face when seeking to balance financial security, a meaningful career within a precarious field and their own wellbeing. Delivering arts work in health, care and participatory settings is emotionally intensive and has the potential to lead to artists *carrying a lot of stuff*. Regular opportunities to reflect on their work and the relationship between their practice and their wider selves is essential if artists are to sustain the energy and optimism that their work requires**.**

 The study’s findings suggest that supervision and reflective practice are significant mediators of the emotional impact of the work and provide much needed validation, support and guidance for artists working in this field. The findings indicate that the combination of a challenging workload and a lack of organisational support may be detrimental to artists’ wellbeing. Research across the wider literature cites a lack of support from organisations as one of the primary causes of practitioner burnout (Norcross and Vandenboss 2018). The rise in commissioning of arts activities across the health, social care and criminal justice sectors needs to be accompanied by a commitment to look after the wellbeing of the workforce. Presently there is no statutory expectation on organisations or commissioning bodies to provide supervision or reflective practice for arts practitioners; this current study and the previous research it builds on, create a convincing argument for such support to become, if not mandatory, then strongly recommended.

**Strengths and Limitations of this study**

The small sample size allowed for the richness of the idiographic approach to emerge. The psychological depth of the individual narratives suggests that a level of trust was established in the research relationship which enabled participants to reflect deeply and vulnerably on their experiences. Conversely, the small sample size raises an obvious limitation in terms of generalisability, highlighting one of the inherent challenges of qualitative research based on interview data (Mcleod 2011).

 A significant limitation of this study is that all five participants were white and based in the UK, a factor increasingly relevant in the current socio-political climate. The structural and institutional inequalities that the Covid-19 pandemic has exposed across health and social care (Bibby et al 2020) paired with the call for systemic change within the Black Lives Matter movement place an urgent responsibility on research in this sector to reflect the diversity of the workforce. Proactively seeking to gather experiences of arts practitioners from BAME backgrounds and from a wider geographical domain will be an important priority for future research. It would also be useful to explore how art-based research methods could be employed within future research, building on these tentative foundations.

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**Contributor details**

Alison O’Connor is a Senior Lecturer in Counselling and Psychotherapy at University of South Wales. She has 25 years experience of groupwork, applied theatre and therapy in prisons, mental health and community settings. She is the Co-Founder of Re-Live, an Arts and Health charity creating therapeutic life story work with older adults and people affected by trauma and adversity. Re-Live received an Arts and Health Practice Award from the Royal Society of Public Health for their creative work with military families and an International Leadership Award from Arts and Health Australia. Alison is a Churchill Fellow, 2016.

Contact: University of South Wales, City Campus, Usk Way, Newport, UK, NB20 2BP

E-mail: alison.oconnor@southwales.ac.uk

ORCID: https://orcid.org/0000-0002-7174-3261