



*Johannes Vermeer  
Girl with Pearl Earring  
approximately 1665*

The uncertain and ambiguous meets the clearly defined and completed



*Industrial city Gothenburg  
suburb, aerial photo*

## **PRESCRIBED CULTURE**

**Summary of resulting research**

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## Introduction

Following a need for new arenas, methods and resources used as supporting functions in rehabilitation, so-called Prescribed Culture has been tried out. The idea is that one should be willing to try non-conventional rehabilitation. Prescribed culture should be seen as a complementary method and a resource for rehabilitation, which also in part challenges the traditional view on health care. In Region Skåne, the city of Helsingborg has tried to prescribe culture to patients. The objective of the project has been to try out Prescribed Culture within the primary health care sector in Helsingborg. This project formed collaboration between culture, in a wider sense, in the city of Helsingborg and the south Caphio City Clinic.

Project participants have included long-term sick leave patients within the diagnoses groups minor and moderate depressions, stress and anxiety, long-term pain (more than three months) in neck, shoulders, back and general sense of pain. All in all 24 people participated in the project.

The main objective of the resulting research was to present and deliver understanding of the process content within the framework of Prescribed Culture. A process includes movement, interpretation and experiences that may not be found in individual concepts or figures. Processes do not only entail participant meetings with culture and cultural educators, but also welfare centres, regional social insurance offices and employment offices. The goal of the resulting research has been to develop new ideas on how culture may form a resource in rehabilitation and how to best organise this type of work.

## Culture from a wider perspective

This project is a model that investigates resources that human beings, regardless of where they are located on the planet, have used throughout time to form the bases of different types of living. Culture, in a wider sense, signifies craftiness, challenges and aesthetic aspects that originate in rock-painting portraying dancing, theatre, hunting, festivities and music. In his book “Splendors and Miseries of the Brain,” neurobiologist Semir Zeki looks at the form and content of culture in order to understand how our human brains work. This is not a coincidence but rather a valid argument for how culture helps people to express themselves regardless of where they live. Thus culture may be looked upon as a resource for human life and well-being.

Culture alone does not make us well. However culture, according to many people, may contribute to increased risks of illness and consequently be used to deal with and recover from long-term illnesses. The results of the continued research, same as all research on how culture affects human beings, could be summarised as stated above. We should also remember that research has also found that people benefit from various activities performed in groups. The activities should preferably be challenging. Within the framework of Prescribed Culture, there are also positive interpersonal processes that are important to include in the study.

## Specification

How may culture be used as a form of rehabilitation? How do participants in the project Prescribed Culture interpret and experience various events? What are the results and possible effects? Resulting research emphasises the first question from a participatory perspective. Hence questions on previous occurrences, interpretations and experiences are in focus. The question of processes, i.e. events, interpretations and experiences, include activities and movements in relation between people and between people and surroundings. Thus it may be difficult to answer the first question if we do not properly consider the second question. For this reason, the specific questions are as follows:

- How do we understand the processes that have involved participants, members of the resource team, coordinator, cultural educators, cultural coordinators and project managers?
- How are these processes transferable to other contexts?

The method has been based on qualitative social science research, i.e. research on identity, construction of meaningful contexts, group psychology, and to some extent neurophysiology/biology. Within one of the orientations of social sciences, the narrative is part of the method. Interviews will alternate between activities, interpretations and experiences. Analyses of interviews and observations will later be based on *what* was said and *how*.

Resulting research descriptions and results are based on interviews with eleven participants. These lasted one-to-two hours. The resulting researcher participated as an observer at six different activities, as an interviewer in a focus group interview with cultural educators, and as an interviewer in an interview with members of the welfare centre resource team. A health care coordinator and culture coordinator have been interviewed on several occasions throughout the project. In addition a questionnaire relating to a salutogenic and holistic description of health and well-being has been conducted (Salutogenic Health Indicator Scale) as well as EQ-5D which is used in region Skåne in order to determine the health condition of patients.

## Activities

In this region, the city of Helsingborg is able to offer an extensive cultural sector. Three central cultural units are Dunkers Culture Building and the museums and gardens of Fredriksdal and Sofiero. Dunkers is one of the largest culture houses in the south of Sweden, in which music and drama combined with artistic exhibitions form the main parts. Fredriksdal consists of an 18th century mansion with the same name. Sofiero was the summer residence of king Gustavus VI Adolphus including a castle garden that is particularly famous for its rhododendron park. In this park wild aspects are combined with organised garden settings. For this reason, the

history of the surroundings plays an important role in the project. In addition it may also offer libraries and literature.<sup>1</sup>

## The interpretations and experiences of the participants

The participant narrations in terms of events, interpretations and experiences are revealed in many different ways. This section will present, following careful analyses of interviews and observations, the main points that are visible in the processes of the participants due to the Prescribed Culture project. This project has always used the term participants. It has never been a discussion about patients, but simply of participants in various cultural activities.

Before we say more about the participation in the Prescribed Culture project, it may be appropriate to describe the background. The selection of project participants has been made up of patients, who fulfil the criteria for long-term sick leave suffering from minor to moderate depressions, stress and anxiety, long-term pain in the neck, shoulders, back and pain in general.

The bases of the everyday life situation stories are often smaller problems that have evolved over time. Usually we are faced with a number of negative, collaboration factors that have contributed to the current situation of the patients. Although there are exceptions, these stories are most frequent. Participants were asked to fill out a questionnaire regarding their experiences of their health situation. The results show that their life situations are problematic and that their experiences of well-being are generally lower than in the control groups who do not suffer from the same symptoms. In view of this background, we will now describe the participation in the project.

Analyses of interviews and observations may be summarised through the use of statements below, gathered from the interview material. These quotes are meta-narrations describing important interpretations and experiences of Prescribed Culture.

**Participant Anders** – *The first time I heard about prescribed culture it sounded odd to me. What is prescribed culture? What is in it for me? Thought the idea sounded strange, but it is probably the best thing that has happened to me.*

**Researcher** – *What do you mean the best thing?*

**Participant** – *For me, it has given me so much to be able to go out and meet other people, the social aspect of it has been tremendously important.*

**Participant Stina** – *Our meetings and tours at Fredriksdal have opened up a whole new world to me. The same with Sofiero where I have only visited concerts and sat on the lawn in front of the castle before. Never have I walked around and actually looked, as I said before it was the best medicine anyone could have offered me.*

**Researcher** – *When you say the best medicine, what do you mean more precisely?*

**Participant** – *I mean all the difficulties you have, that we all have, all our personal*

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<sup>1</sup> For a more detailed description of the activities and their content, please review the main report.

*problems, all our illnesses and ailments, it feels as if you leave them all behind and look at things differently.*

**Participant Andreas** – *If someone would have said to me before, want to take a walk around Sofiero, I would have just looked at them and thought "my God, what a strange person." But it was actually really good! I do not know much about kings and I am not particularly interested either, but it is interesting when you are in that situation and that is why the whole thing turned out so well.*

**Participant Monika** – *I have been feeling so bad. Eventually I could not go outside. I did not want to go in a car and I was feeling dizzy. One thing lead to another. I have problems with both knees and my back. I am too afraid of tripping over something to go outdoors. You end up lying in bed and feeling terrified. From having been a socially active person and in a few months' time becoming afraid of social situations outside of the family has really terrified me just knowing how quick the process has been.*

**Researcher** – *You speak of Fredriksdal as being the most positive experience. If you are to say something about things that have not been quite as positive, what would that be?*

**Participant Ruth** – *But it was not like that for me. The whole thing has been so positive, as I have said from the very beginning, that no matter how sad and boring you have feel you have left all that at home and gone out feeling inspired and cheerful.*

**Researcher** – *You say that it is about the group, what do you mean specifically?*

**Participant** – *It is nice, I see other people and go out and do things. Many of us have been largely isolated from others, at least I was, and eventually I could not go anywhere at all.*

**Participant** – *The sculpture itself was not that exciting, but what she said was. Had not heard about this particular artist before so she had some fun anecdotes to tell us about the sculpture that were really exciting and I had not known before. The placement of the sculpture in relation to the ocean, trees and the rest of nature. That the sculpture was about feelings between nature and culture and about senses and people. It was really exciting and then we walked around and looked and talked. Touched and felt the sculpture, which was really clever.*

**Participant** – *At Dunkers we looked at a collection exhibition where there were paintings from floor to ceiling. It is impossible to not find a painting that is interesting. But then the guide asked us which painting we liked the most. That was when you saw differences in how the style of the paintings affected us differently. Those who were used to looking at art chose the kind of art that evoked experiences, an emotion. That had some sort of impression to offer us. And that was when it became very clear how different we, the participants, were.*

**Participant** – *The guide told us all about art history in an hour. Amazing. For instance I remember that she told us that 19th century art depicting royalties often include an image of a dachshund. The dachshund means security and faithfulness*

*in these paintings. If you did not know this, you would never understand why there are dachshunds in most royal paintings in the 19th century.*

Through a closer look at the narrations, one notices that culture is hardly an individual phenomenon or medicine that can cure everything on its own. However it is apparent that culture enables other phenomena that may generate resources for healing mind and body.

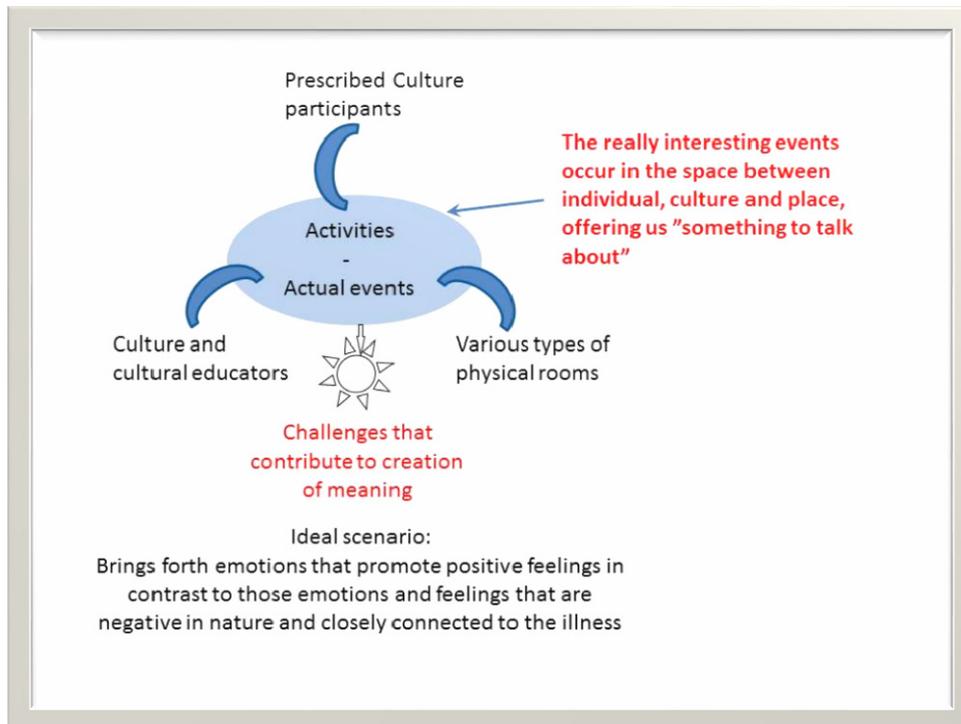
Prescribed Culture forms arenas at which constructions of trust and fellowship occur in new relations. Social training arenas are created by participation, new doors are opened and negative everyday life habits may be broken. Prescribed Culture promotes spontaneous conversations between participants that may form a resource for facing new situations and enables a break from negative routines which have originated in the private life. They are often visible as different types of isolation from the rest of the community. Apart from Prescribed Culture, the participant narrations also include descriptions of their house/apartment and health care.

Feeling ill mentally and experiencing pain is, simply put, about having negative emotions. Prescribed Culture offers a possibility to rebuild positive emotions to balance out the negative. Prescribed Culture forms arenas for fellowship at which relations are created and new meaning is constructed. Culture, through the aid of cultural educators, promotes positive feelings of fellowship that, at best, may be described as experiences of well-being. The other fellowship factor is that illnesses bring people together but are not allowed to be emphasised in the group.

### **Summarising activities, participant interpretations and experiences**

The model presented below is a way in which to conceptualise a summary of the processes that contribute to health and well-being as regenerative resources. The model is founded in sociopsychological and neurophysiological research. Each of the Prescribed Culture activities consists of three parts: a/ Prescribed Culture participant, b/ culture (singing, literature, paintings, sculptures, dying patterned fabric, buildings etc. at Fredriksdal, Sofiero and Dunkers) as well as cultural educators and c/ the context in which the activities occur. The really interesting events take place in the space between individual, culture and place, which all contribute to “something to talk about”. This is where our demands, structures, possibilities and values combined form a boundary around us. If the content of the boundary is fairly predetermined, very little occurs in the space between. However if challenged, such simple events as taking a buss ride when you have not been able to do that for several years, or simply spending time in an environment that you are unfamiliar with, will help to widen the zone. Culture has an inherent power to expand the zone around a creation of meaning. Creation of meaning is a power source that occurs in the space between Prescribed Culture participants who attend various cultural activities, and consequently this has strengthened many of them.

Figure 1: Model of processes occurring during Prescribed Culture activities



The model above may be described through the following quote:

*When we were at Fredriksdal, where I have been many times before, I was able to sit on the lawn after the guided tour and simply look at the sky and the roses and felt it was truly amazing. The guides carefully choose things that they group might be interested in. We came to the English park at Fredriksdal and it was really beautiful and she told us that it was a park. It was constructed so as so experience it as a piece of wild life although you were actually in a park. The guide told us about the idea behind the different trees and the little gazebo with small windows. At one time we visited the herbal garden and got to smell different types of spices and also taste them. It was exciting and many in the group had never done that before. This was something the guide told us to do, and it actually revealed a lot of memories and emotions although it was only fifteen minutes and it stayed with us. We talked about this in the group afterwards. The guide asked us a lot of questions, all the guides did, such as what do you think? How do you feel about this? What do you feel about this? What do you feel? What do you remember? And she of course told us about the spices. It was love herbs, magical herbs.*

The interesting thing is that all interviewed participants, regardless of whether they had been consumers of culture before or very rarely came into contact with culture, describe their participation in bright colours and life in general as being very dark.

## Health care and the resource team

The narration of the resource team begins with a health care coordinator who participated from the very beginning of the project. Discussions about the commitment of the welfare centre and the personal organisation in relation to the project were mentioned. However the person who has been in control of the project and truly shown commitment has been the health care coordinator. It seems as if the rest of the staff has trusted her and allowed her to take responsibility, although not entirely. It has been a sort of responsible representation, a situation in which the staff presumed that a positive image of the surroundings was to be maintained. They had all joined the project and although the level of commitment varied they still wanted things to turn out well. The interest of media is also seen briefly as a reason for the staff wanting to make the project function as well as possible.

At the actual start of the project a new employee at Capio had to take over the function as health care coordinator in the Prescribed Culture project. She took on the idea as an entrepreneur, although she did not have all the personal knowledge and contacts that the work of the previous health care coordinator had generated. The workplace and the staff were also entirely new to her. However there is nothing in the narrations suggesting that there were any differences of opinion. This is not quite accurate as we know that, particularly at the start of the project, there were different doctors' opinions. Opinions such as excitement, careful approach and distancing were all represented. Initially articles in the medical union magazine may also have affected their willingness to participate in the project. Other members of staff may also have demonstrated some differences of opinion. The narrations show that the level of commitment varied, which is quite reasonable considering how many professionals that are involved in health care. Although it may not be quite as obvious, some of the tension might originate in elementary ideologies based on natural sciences and medicine, which Prescribed Culture challenged according to some. "Meaningful activities" are perhaps words used during resource team meetings when Prescribed Culture was on the agenda. Some members of the team still use this word in order to understand Prescribed Culture in relation to the ideology of health care. The fact that all participants, who were in a lot of pain, felt that Prescribed Culture was meaningful, is an actual example of discussions on meaningfulness.

The message of the narrations clearly indicates that there was a will to provide participants for the project. It should be added also that the resource team utilised the concept participant rather than patient when discussing Prescribed Culture in the team. The first group of Prescribed Culture participants was fairly easy to recruit. The second and third groups, however, revealed that the diagnosis group which was the framework of the project was becoming more limited. It may be easy to suggest that the diagnosis group had in fact become smaller, but that need not be the case.

The narrations offer very few examples of events when the actual activities would have been interesting to anyone outside of the group, although there are exceptions among the staff at Capio and representatives at the social insurance office and employment office. Staff members at Capio say that they have utilised the participant experiences as resources for dealing with the participants in their roles

as patients. When the conversation has concerned Prescribed Culture, a new relation occurs, in which the health care information gains a somewhat different content than is often the case between patient – health care. The space between participant – health care has been filled with new content in the form of new information that may be utilised for treatment purposes.

Yet another narration deals with the closeness one feels with the patient and as a result to participants in Prescribed Culture. This narration hardly isolates culture as an individual phenomenon or medicine that is able to cure, although culture is a factor that enables other phenomena to become visible that ought to be more in focus. The interpretation of Prescribed Culture deals with trust, construction of fellowship through new relations, opening of new doors, and construction of social training arenas via participation. Feeling ill mentally has to do with emotions and Prescribed Culture enables other feelings to arise that help balance out the negative.

Prescribed Culture is a combined factor that could be compared to the construction of new housing areas with brand new apartments. This new place offers fellowship that is very similar to the one occurring between project participants. Culture becomes a positive factor that generates fellowship. Thus culture is a community factor. The second community factor is the illness that joins people together but is of a negative nature. Through focusing on culture as something positive, this factor of well-being will become dominant instead, says the narrator.

### **Cultural educators**

Cultural educators are people who work within different cultural fields and their task is to guide, tutor and support culture in Helsingborg. Together they arrange and organise a large part of the culture that is found in Helsingborg. Thus they play an important role as they are the people who come into direct contact with the Prescribed Culture participants.

The basis of the project was that these cultural educators should approach the participants in the same manner as they usually meet visitors and cultural consumers. However there was initial tension on their part, curiosity about what was to take place and how to approach the participants. This was quickly surpassed, say many of the cultural educators, which is also confirmed by the participant narrations about meetings with cultural educators, for instance in the following story:

*All the guides have been very humble. They talked about their backgrounds and said that they had not done this before and guided these types of groups, that it was in fact a bit scary, they said. So we became curious. Why was it scary? Furthermore they told us about their backgrounds and what they did. They spontaneously gave a lot of themselves and this created an open climate.*

The project participants confirm that the cultural educators have shown great commitment. There was some internal criticism within the group of cultural educators. Prescribed Culture has led to yet another work tasks, although this point-of-view was not heavily emphasised and probably had no effect on the

project participants. On the contrary the cultural educators emphasise the aspects of learning and commitment when it comes to successful spreading of culture to new groups in society that are not used to consuming culture.

Cultural educators thought the project was important. They showed commitment and looked at it as a challenge. Prescribed Culture, regardless of the activity, has contributed positively to their work although there have been issues concerning time. They have been given more to do than before within the framework of their regular work, which was already rather tight in schedule. It has been vital for the project that the cultural educators were in fact cultural educators and not some other professional group.

### **Collaboration, cooperation and coordination**

Prescribed Culture involves many organisations joining forces in order to work together – Capio and its resource team, the social insurance office and employment office, and the culture department in Helsingborg. These are not part of the process but rather prerequisites for processes, i.e. the actual events that take place in collaboration between different participants. In reality Prescribed Culture has been limited to collaboration between Capio and the city of Helsingborg. The agreement has, consequently, been limited to recruiting project participants and making this part of the project function well. The collaboration has taken place within the resource team and between different professions, the employment agency, and the social insurance agency, and between the resource team and cultural sector. This concrete collaboration has primarily occurred between health care coordinator and cultural coordinator.

There have been problems due to the fact that the target group has not been as extensive in numbers as previously estimated. It was difficult to find participants for the middle group. Hence they also tried to draft participants on a running basis in the last group. This, however, was almost completely filled already at the start of its cultural activities. The collaboration has been more about coordinating than doing things together. There has been no need for transmission of information. It would have been possible to utilise the participant experiences as a resource in health care, which also occurred in a few individual cases and based on coincidences and personal commitment by the staff members rather than a thought-out strategy.

Some research shows that there is a need for some sort of function that coordinates organisations. This function should be clearly detached from regular organisations in terms of the coordination assignment. This project had a project leader who took on that role alongside with coordinator in health care and culture. The functions in relation to the project and anticipated achievements have been very clearly defined. The health care coordinator was responsible for recruitment and the cultural coordinator for planning the activities. The health care coordinator has offered an initial presentation to the participants. The cultural coordinator has later stepped in and clearly defined the project's structure to the participants. Perhaps this was one of the success factors behind the end result and the smooth running of the project.

## Conclusions

### Participants in focus:

- A majority of the participants, depending on the selection group, have experienced a combination of pain and psychological troubles. It seems as if it originated in pain followed later on by psychological troubles. This development may be explained through certain neurophysiological research, which shows that the brain activity is well integrated with bodily functions and conditions.
- Integration of various research perspectives have been fairly concurring as regards why the participant narrations have had the structure and content as presented. Group processes may, similar to culture, bring forth physiological responses that contribute to promoting illness prevention resources and tools to go on, which is what rehabilitation is all about. Prescribed Culture has, for this reason, utilised two health generative processes – the group and culture.
- A majority of the participants have never before been heavy consumers of culture. On the contrary! There are examples of participants who, although they have lived in Helsingborg for a very long time, have visited neither Sofiero nor Dunkers.
- It is important to be able to offer a diversity of activities. Several participants give examples of how, if allowed to choose freely between activities, they would probably never have participated in all of them. They look back at the experience with a sense of appreciation that they actually took part in them.
- The question of what took place during the first inquiry about project participation in Prescribed Culture cannot be neglected. Several of the participants felt proud and selected, anticipating that something exciting was about to happen through which they would be able to get away from everyday life routines. Being on long-term sick leave is never desirable to anyone. Participant who at first were really negative about the Prescribed Culture project and were later more or less forced into it, say afterward that it took a turn for the better. Already after a few days of participation they felt positive about the project.
- The fact that participants were not allowed to choose activities freely has been a good thing. A few of the interviewees say that they would probably have never chosen to attend these activities otherwise. Looking back, they would not have wanted to miss out on them. Singing was such an example.
- The number of activities each week should vary depending on the group. In this project, the selection group has had a rather difficult clinical picture to begin with. Three to four activities each week seems to have been the maximum amount.
- Prescribed Culture has turned focus away from the illness. In health care, on the other hand, illnesses are always in focus. This has meant that the participants have been able to focus on regenerative health- and well-being

promoting resources instead. The project has centred on the entire human being and health factors. We could call it building on the well-being resources.

- It is very important that the cultural educators are in fact cultural educators.
- Prescribed Culture has, through the reduced fee culture card provided by the city of Helsingborg, in some of the cases resulted in increased cultural consumption also outside of the framework of the project.
- The narration analyses identify a pattern of shifts in the participant perspectives – from focusing on illnesses to paying attention to health, excitement and challenges while participating in the various Prescribed Culture activities. Through focusing on health the participant's identity is shifted from being identified as someone sick to being someone healthy. Being able to make this shift strongly points out that this is an important resource for the future and may be used to prove that Prescribed Culture is able to contribute to participant rehabilitation.
- The group process has meant that participants were not allowed to speak about their illnesses. Several of the participants, however, state that there were a few discussions about their illnesses. If these arose, they would turn away or show disapproval.
- Without exception the participants have felt that Prescribed Culture was meaningful to them in terms of activities and being offered something to do.
- It is important to challenge the participants. Research shows that being faced with challenges together with others has positive physiological effects that affect our sense of well-being and consequently may be seen as resources for health.

#### **Collaboration, cooperation and coordination**

- Prescribed Culture has primarily been collaboration between health care and culture. During the introductory meetings there were events that are important to consider, such as for instance the importance of getting to know each other in order to facilitate future communication.
- Some research shows that there is a need for a coordinating function between the different organisations. This function should, in terms of coordination, be clearly detached from regular organisations. In this project, the project leader took on this role together with a health care coordinator and a cultural coordinator. The functions were also clearly defined. The health care coordinator is responsible for recruiting and the cultural coordinator for planning the activities. The health care coordinator offers an introduction to the participants and later the cultural coordinator steps in to clarify the content of the various activities. Perhaps this was the reason for why the project turned out as well as it did.

- The project introduction was very important. At first, the project leader and cultural coordinator joined in on the resource team meetings. They got to know each other and learned what the others thought about things. After a time, when they knew more, this was no longer required as both parties felt that the meetings became superfluous. What you may learn from collaboration projects that have functioned well, is that those individuals who are to cooperate need to get to know each other first in order to form a good basis for future collaboration.
- Cooperation in this particular case has focused more on coordination rather than doing things together. There has not been a need for transmission of information. It would have been possible to better utilise the participant experiences for health care purposes. For some this did in fact occur, although more due to coincidences and personal commitment of the health care staff at the welfare centre.

### **The future:**

- A continuation of the project should be open to many more groups. Some of the employment office activities could also be included. There are also groups in the municipality who may benefit from Prescribed Culture. All of this could be part of an extended collaboration.
- A suggestion is to elect a work group that looks more closely on how to structure developing projects. Invite all possible participants to a round-table discussion. Perhaps FINSAM (which includes several participants) could have a uniting function. Research on collaboration shows that there are a great number of risks. A coordination actor is clearly required who is not directly linked to any of the participant organisations.
- Why not offer Prescribed Culture to staff members who are at risk of long-term sick leave with 'psychological' diagnoses?
- Be open to offer Prescribed Culture in housing areas where there are specific issues. This would increase cultural consumption and making it available to more groups than before.

In conclusion it has been shown that the model Prescribed Culture could bring about good end results. The Prescribed Culture participants have been offered possible resources to be used in their continued rehabilitation. It is vital that culture and individual are not seen as opposing ends of a scale. On the contrary, one should focus on events that occur in the space created between them through the project. The content of this space is filled with profitable processes that result in things mentioned by the participants in their narrations. The context, conversations, cultural educators and culture are intertwined in whirling processes forming a spiral, in which resources are constructed depending on the participant backgrounds. Culture is important, which is precisely what research on the importance of culture for human beings states. Culture, group and conversations form the basis of Prescribed Culture. It offers meaningful activities together with

others that may have positive effects – formation of regenerative resources contributing to positive prerequisites for rehabilitation. Prescribed Culture is not rehabilitation by definition, but rather a tool used alongside others that helps the individual person to return to work life and everyday living.