3-25-2019

Stigma Mitigation Through Fine Arts

Kendall Owens

Recommended Citation

Stigma Mitigation Through Fine Arts

Kendall Owens

Western Michigan University

Abstract

Social stigma has plagued our society for centuries. It isolates groups of people based on erroneously defined characteristics causing stigmatized persons to be viewed as socially "abnormal". This debarment from full social acceptance results in poor population health and well-being. Fine arts have been an integral component of society since the beginning of civilization; current and past research have found involvement in fine arts to improve health and well-being in many ways. In this project, relevant studies related to stigma, fine arts, and population health will be reviewed to support the argument that *fine arts combat and mitigate the impact of stigma by improving social interactions, thereby promoting and enhancing population health and well-being*. Interrelatedness of components within the aforementioned argument are used to support revamping the vision statement of my non-profit organization, New Generation Fine Arts Foundation (NewGen), to better guide future direction of the foundation.

Keywords: stigma, fine arts, health, well-being, social

Stigma Mitigation Through Fine Arts

Our social interactions are more involved in health and well-being than currently recognized. Stigma is a social construct that negatively impacts our social interactions, resulting in poor health and well-being. Research on this topic reveals a detrimental impact on, not only minorities, but majority groups as well. Studies focusing on fine arts, another contributor to social interactions, have shown a positive impact on a combination of physical, social, intellectual and emotional factors for participants. The interconnection between stigma and fine arts can be used to promote this combination. This paper is not meant to be a comprehensive review of all literature; instead, it represents a small sample of existing literature and discussion related to stigma, fine arts, health, and well-being. Personal experiences in addition to information shared through a literature review will be analyzed for employment in my non-profit organization, New Generation Fine Arts Foundation (NewGen). To better guide future endeavors of the foundation, the first implementation stage presented in this paper is the vision statement modification.

My Story

Life teaches us many lessons about ourselves. We learn, grow, and share from our experiences from the day we are born. My story, unique, yet familiar is one that began with battling negativity and uncertainty that transformed into positivity and confidence resulting in a passion to advocate for justice and equity in our society. Growing up as a member of a stigmatized group has included intrapersonal challenges, impactful interpersonal encounters, understanding and broadened my personal perspective related to social climate and interactions, and questions about the structure, values, and beliefs of our society. In my twenty-two years of

life, I attribute a considerable portion of my ability to understand self, others, and society to being a dancer that has faced experiences of being stigmatized.

At the age of eight, my mother enrolled me into dance classes due to my constant and natural need to move. Little did I know at the time that this choice would change my life and was the beginning of my journey of introspection and self-realization. My dance training began at a predominately African American, inner-city studio. I remembered feeling a sense of belonging, community, confidence, and increased self-esteem anytime I danced. Dance gave me the opportunity to express and overcome stressors in my life through its creative and supportive environment; I felt safe and encouraged to discover, be, and become myself. After a few years at this studio, my mother transition me to a studio and school closer to our home in the suburbs. This was an interesting transition for me. It sounds a little silly to say, but I did not know of my differences as an African American until my environment brought emphasis to them. I was fully aware of physical differences, such as skin color or hair texture, between different cultures, yet had no experience with social interactions influenced by preconceived notions developed towards a group of people based on their differences. Switching from a predominately African American environment to a predominately white environment introduced me to a broader perspective and understanding of how I relate and fit into society. Not only did I look different than the majority of the people at my new studio, I knew and felt that I *was* different.

Of my experiences with stigma, such as being followed in an upscale retail store, I vividly recall one specific situation at a dance competition. I was the only African American in a three-day competition. Of course, I knew there would not be many other African Americans participating at this particular competition, but I did not expect to feel within myself the fact that I was the only one competing. I remember walking down hallways noticing others looking at me

as if they were questioning why I was there. The first award ceremony consisted of cheering

from my teammates and awkward, uncomfortable smiles from others when my dance was

announced; I was the elephant in the room. The remainder of the weekend consisted of internal,

self-stigmatizing thoughts including "I might not place because I'm black" or "I only placed

because I'm the only black person here". As I grew older, I encountered more experiences

similar to this one and recognized how African Americans are portrayed in media. I noticed these

self-stigmatizing thoughts become more present in my psyche. There was a period in my life that

these experiences and thoughts impacted my self-esteem, confidence, and sense of belonging and

capability. I recognize that stigmatizing experiences may not have been the conscious intent of

stigmatizers, yet the fact remains that perception is reality. My perception was that certain social

situations occurred as a result of stigma that has been societally established towards African

Americans. Dancing provided a medium for me to explore this perception to gain a better

understanding of myself and the society in which I live. It has and continues to build confidence,

allows for personal expression, and promotes introspection, while learning to value multiple

perspectives. Through my experiences with stigma and close connection with dance, I argue that

fine arts combat and mitigate the impact of stigma by improving social interactions, thereby

promoting and enhancing population health and well-being. This argument will be further

supported by existing literature pertaining to stigma, fine arts, health, and well-being.

Literature Review

Stigma and Population Health

Stigma is a complex and dynamic social construct that overtly and subliminally effects

the health of individuals, groups, and our society in general. It has been observed in numerous

studies to influence health outcomes and the well-being of those belonging to stigmatized

groups. Health is not merely the presence or absence of disease; it includes the physical, psychological, emotional, and spiritual state along with the well-being of an individual. The critical impact of stigma on these two aspects suggests that it should be considered a social determinant and addressed as a population health issue.

Defining stigma and health

The term stigma originated from Greece. In their culture, they burned marks or cut the skin of slaves, criminals, and traitors for easy identification of their tainted or immoral character and to indicate that they should be avoided (Bos, Pryor, Reeder, & Stutterheim, 2013). In today's society, stigma is not a physical mark but an integration of societally-deemed unacceptable characteristics that result in widespread communal disapproval. Erving Goffman, a Canadian-American sociologist, psychologist, and writer, published *Stigma: Notes on Management of Spoiled Identity* 56 years ago. His pioneering dissertation on stigma has greatly influenced many fields including sociology, medicine, health sciences, psychology, and criminology and provides a foundation for understanding social controls of stigma. In Goffman's terms, stigma is the demeaning of social differences that constructs a "spoiled social identity" (Bos, et al., 2013).

Prior research has presented various definitions of stigma that have been subjected to criticism. Sociologists Bruce Link and Jo Phelan reconceptualized the concept from a sociological perspective that is now widely used and respected in stigma literature. Their reconceptualization of stigma defines it as the synchronized occurrence of labeling, stereotyping, status loss, separation, and discrimination in a context where power is employed. Discrimination and racism overlap with stigma but differ from one another in many aspects. Race/ethnicity is a stigmatized status, but the concept of stigma includes various characteristics and statuses such as

HIV status, disability, or sexual orientation; in this case, stigma can be considered broader in scope than racism. Likewise, individual (membership in a specific social group) and structural (societal circumstances that restrict resources, well-being, and opportunities for individuals) discrimination is an immanent feature of stigma; indeed, the commonly understood and established description of stigma cannot exist if this aspect is ignored. Once more, the entire process of stigma contains a plethora of elements (i.e., stereotyping and labeling) and is much broader than discrimination (Hatzenbuehler, Phelan, & Link, 2013).

Understanding the impression of stigma on health requires insight into what health is considered to be. Health is holistically defined by the World Health Organization (WHO) as "viewing man in his totality within a ecological spectrum and…emphasizes the view that ill health or disease is brought about by an imbalance or disequilibrium of man in his total ecological system and not only by the causative agent and pathogenic evolution" (Stuckey & Nobel, 2010). This definition explains health as being a state of total mental, physical, emotional, and social well-being, opposed to merely the absence or presence of disease or illness. A more complex and dynamic perspective of health related to social context is explicated by Margaret Newman's nursing theory of expanding consciousness. Her theory fuses disease and absence of disease to create the concept of health. Petiprin (2016) clarifies Newman's theory using the following assumptions:

- Health includes conditions described as illness, disease, or pathology.
- Pathological conditions can be understood to be manifestations of total patient patterns (Petiprin, 2016) – information that depicts the whole, providing an understanding of all relationships at once and includes the way in which a patient relates to their environment (Endo, 2017).

- Individual patient patterns exist prior to functional or structural changes and finally manifest as pathology.

- Pathology removal alone will not modify individual patterns.

- If becoming ill or diseased is the only way for individual patterns to manifest, then that is seen as health for that patient.

- Health is an augmentation of consciousness.

Newman's theory also draws on the concept that we, humans, are constantly interacting with our environment; more specifically, we interact with the energies in our environments. These interactions impact our consciousness defined as the process in which we become more of ourselves and enhance our connections with others. Our consciousness influences our individual patterns that manifest in our bodies as health including both the presence and absence of disease. In the event this pattern manifests as a disease, illness, or pathology, its existence occurred prior to the appearance of physical or structural symptoms. Thus, removing the disease or illness will not remove or address the underlying cause (Petiprin, 2016). The individual's environment and consciousness must be accounted for when addressing or "curing" pathology.

Population health is an important and emerging concept, yet no uniform definition has been established. Falk (2014) references Kindig and Stoddart (2003) to define population health as a methodology that concentrates on the interrelatedness of factors that affect health over the life span, identifies systematic differences in their pattern of occurrence, and integrates subsequent knowledge to create and implement actions and policies that enhance health and well-being of those populations. It is proposed that population health is concerned with defining measurements of health outcomes and the pattern of determinants (i.e., public health

interventions, individual behavior, components of social and physical environments) (Falk, 2014).

A connection between stigma and health can be made based upon their traditional definitions and explanations. Social impacts of stigma negatively influence the quality of and energies within our environment. As humans, our individual patterns are influenced by the environments in which we interact that is, in turn, reflected in our health. If this environment is filled with negative energies, it can be concluded that our consciousness will be challenged on account of negative social interactions which will initiate the manifestation of adverse health consequences. It seems reasonable to say that this process can become cyclical in nature resulting in a systemic social issue that is connected to health and well-being for individuals and the population at large.

Fundamentals of stigma

Stigma does not inhabit the person yet resides in social context and can be overt or subtle. According to the social psychological perspective, stigmatization has numerous functions. These functions include exploitation and domination, norm enforcement, and disease avoidance each of which will be further discussed and analyzed later (Bos, et al., 2013). Stigmatization arises from cognitive perceptions held by individuals (public perceivers) regarding those who have the stigmatized trait that results in negative behavioral or emotional reactions. High levels of perceived severity produce sympathy and anxiety by the perceivers; co-occurrence of both emotions may result in awkward interactions or emotional inconsistency. Another situation is perceived danger that evokes fear and avoidance by perceivers. Finally, perception or norm violation is positively connected to social isolation, anger, and negatively related to compassion (Bos, et al., 2013). Each of these conditions is developed through societal norms and ideologies

that can impact social interactions between stigmatized persons and perceivers. Implicit

responses necessitate a spontaneous response, whereas those of an explicit nature arise from rule-

based systems involving thoughtful and controlled responses. Often times, implicit responses are

followed by explicit responses to temper the implicit response or further differentiate between

the two (Bos, et al., 2013).

      According to the fundamental cause theory, some social situations or elements remain

obstinately linked to health inequalities over time albeit changes in risk factors, disease, and

health interventions occur. Fundamental causes have three specific characteristics that allow

inequality to persist: 1. impact of several disease outcomes byway of several risk factors among a

considerable number of people, 2. Involves access to resources (i.e., beneficial social

connections, money, power, prestige, and knowledge) that can be utilized to avoid or lessen the

consequences of disease after its occurrence, and 3. are strongly related to health inequalities

across place and time. These unwavering relationships between health and fundamental causes

are reproduced over time through the creation of new intervening mechanisms. The social factor

must be addressed as a primary mechanism and root cause instead of hypothetical mechanisms

that link this factor to health (Hatzenbuehler, et al., 2013). Although this theory and research

based on its noted concepts focuses primarily on socioeconomic status (SES) as a fundamental

cause of health inequalities, stigma meets the criteria of this theory as well. Stigma, overall, is a

social factor that has continued to influence population health through decades. It alters access to

resources such as positive social connections, power, and knowledge, and has greatly contributed

to health disparities; it deserves to be recognized as having a notable and tenacious impact on

population health. New intervening mechanisms are developed and executed partly due to

disregarding stigma as a social factor thereby allowing a time and place for adaptation and

further succession in its reproducibility to maintain existence (Hatzenbuehler, et al., 2013).

Stigma prevalence and motivations

Most past studies focus on one stigmatizing characteristic (mental illness) in relationship

to one outcome (employment). Less frequent studies have been conducted examining the impact

of one stigmatizing characteristic (ethnic/racial minority status) on multiple outcomes (housing,

income, social relationships, maladaptive psychological or behavioral responses, and health).

This can lead to the misguiding conclusion that stigma is among many influential factors

deeming it a worthwhile topic. However, its effects have been relatively modest in these studies.

Such a conclusion discounts the fact that stigma can affect many life opportunities. Full

consideration must recognize the overall impact of stigma on various outcomes. Furthermore,

many stigmatizing circumstances may be involved with the occurrence of an outcome; all

stigmatizing circumstances must be accounted for when determining the overall effect of stigma

on a particular outcome (Hatzenbuehler, et al., 2013).

Hatzenbuehler, Phelan, and Link (2013) analyzed previous qualitative and quantitative

reviews to examine the prevalence of stigma in relationship to a range of associated outcomes.

The studies included six stigmatizing characteristics, their occurrence in general population, and

a wide range of outcomes that have been shown to have a relationship with the stigmatized

characteristics. They found two patterns to be evident. First, the stigmatized conditions when

considered together commonly affect a large percentage of the general population. Second,

conditions associated with stigma have been related to a large, diverse group of outcomes (i.e.,

social relationships, psychological or behavioral responses, health, etc.) (Hatzenbuehler, et al.,

2013). It is recognized that deficits and impairments may also sway an outcome. For example,

the income for disabled individual may be lower due to the disability itself (e.g., inability to work more hours). Many studies address this issue and attempt to mandate potential cofounders to properly represent the role of stigma. Nevertheless, stigma is sustained as an added burden that impacts individuals exceeding any deficit or impairment. Not only does stigma impact those being stigmatized, it affects stigmatizers as well; links between stigma and mortality were found in a previous study. Whites living in communities with anti-Black attitudes exhibited increased mortality, proposing that the impact of stigma deploys negative influence on population health for both minority and majority groups (Hatzenbuehler, et al., 2013).

Since the prevalence and impact of stigma has been recognized, understanding how these inequalities come to be and why they exist become of interest. Three generic ends are achieved by stigmatizing others; in summary, these ends include exploitation, disease avoidance, and norm enforcement. In each instance, personal wants are achieved by members of the dominate group stigmatizing others. Stigmatizers are motivated by the want to maintain power, resulting in one if not all of the three generic ends that promote reproducibility of stigma on many levels. Stigma existing as and within societal-level conditions, institutional policies, and cultural norms that restrain the resources, opportunities, and well-being of the stigmatized is referred to as structural stigma. It is related to and conceptually expands the concept of institutional racism to include groups having historical occurrences of disadvantage. Often times, the type of societal-level conditions, policies, and norms considered to be structural stigma can be directly associated with the motives of stigmatizers (Link & Hatzenbuehler, 2016). Large power differences that exist between the stigmatized and stigmatizers can be expected to produce greater motivation in the more powerful group to develop and evolve mechanisms to maintain power leading to the continuance of various inequalities produced by stigma.

Linking stigma to public health

Hatzenbuehler and colleagues (2013) presented evidence that displayed the ability of stigma to enervate, impede, or exacerbate several processes such as, social relationships, behavioral and psychological responses, and stress ultimately affecting adverse health outcomes. Each of these processes can be induced by stigma and facilitates the connection between stigma and population health.

Social relationships

Numerous studies defend the fact that stigma may cause social isolation. Anticipation or occurrence of negative evaluation and fear of rejection can lead stigmatized individuals into social isolation due to apprehension of others discovering their hidden stigmatized status. Social isolation results in diminished healthy effects from lack of social support. Constructive effects of social support have been explored and documented in prior literature (Hatzenbuehler, Pehelan, Link, & 2013). Literature suggests social isolation is a probable pathway linking stigma and population health (Hatzenbuehler, Pehelan, Link, & 2013).

Physiological, psychological, and behavioral responses

Many physiological, psychological, and behavioral processes are interrupted by stigma. There is an abundance of evidence indicating that racial minorities receive inferior health care in the U.S. A study of Medicare found patients with any mental health concern to have a 19% increased risk of death in the year subsequent to an acute myocardial infarction (MI) in comparison to individuals with no mental health disorder; the difference in their prognosis was largely impacted by differences in quality of care post MI (Druss, Bradfors, Rosenheck, Radford, and Krumholz 2001 as cited in Phelan et al., 2013). Another study posed actors, with the same behaviors, dress, and clinical information, as cardiovascular patients; the only differences in

these patients were age, gender, and race. Cardiologists were randomly assigned to evaluate one

patient and provide treatment recommendations. The results of this study revealed that

cardiologist were considerably less likely to recommend African American "patients" for cardiac

catheterization (Schulman et al., 1999 as cited in Phelan et al., 2013). The labeling of a patient as

African American is the only conceivable explanation for a difference in treatment

recommendations (Phelan et al, 2013). It is expected, as demonstrated in the aforementioned

studies, that negatively perceived labels and presumed, implied, expectations associated with the

label relate to pervasive inferior health care that impacts the physiological being of persons

within stigmatized groups.

     Self-stigmatization, the internalization of deleterious societal perceptions of one's

stigmatized group or status, is one of the most extensively researched constructs in the field of

stigma. Widespread heterogeneity in psychological responses to stigma is now acknowledged

despite initial theorizations that an encounter with stigma would inevitably result in decreased

self-worth; some stigmatized groups have been shown to have levels of self-esteem as high as

members of the majority group, perhaps as a result of actively challenging and resisting the

occurrence of stigma. Nonetheless, research indicates that some stigmatized individuals

internalize negative perceptions aimed toward their group resulting in detrimental health

consequences (Hatzenbuehler, Pehelan, Link, & 2013).

     Self-control is used and depleted to manage a devalued identity. This requires short term

flexibility of emotional regulation methods that over time become exhausted; the effort needed to

cope with stigma decreases an individual's psychological resources and therefore their adaptive

capability to regulate emotions which yields adverse physical and mental health consequences.

Numerous studies confirm that those experiencing stigma testify to engaging in maladaptive

emotional regulation methods, such as suppression and rumination, which in turn lead to greater psychological distress symptoms indicating that emotional regulation processes conciliate the stigma-health relationship (Hatzenbuehler, Pehelan, Link, & 2013). Drinking and smoking have been identified in emerging studies as other maladaptive coping behaviors that increase risk for adverse health outcomes. Overweight individuals were found in a research study to consume significantly more calories after viewing videos that stigmatized obesity in comparison to individuals who watched neutral videos that did not stigmatize the same (Hatzenbuehler, Pehelan, Link, & 2013). This further supports the argument that stigma mediates psychological responses that promote health-compromising behaviors and provides a bond between stigma and health.

Stress

Our bodies naturally respond to stress through necessary processes that serve to protect us from threats. Stress responses trigger the body to secrete stress hormones, such as cortisol, adrenaline, and norepinephrine, into the bloodstream to reach target points in the body, causing specific psychological, physiological, and emotional changes that enhance the body's ability to address and respond to threats; often times this results in a term referred to as fight-or-flight. Stress initiates mechanism changes in the body to overcome threats, but too much stress can be detrimental, leading to negative health outcomes. Lower social status has been shown to trigger a biological stress response in humans and animals (Hatzenbuehler, Pehelan, Link, & 2013). Status loss, as it relates to stigma, is a component contributing to the increased likelihood of stigmatized individuals to experience negative health outcomes due to the reoccurrence of stress responses (Hatzenbuehler, Pehelan, Link, & 2013).

The minority stress theory refers to the excess stress experienced by stigmatized groups as a consequence of their social status. External events (e.g., violence and victimization) and internal responses (e.g., expectations of rejection) are minority stressors associated with health problems among marginal members or stigmatized individuals (Hatzenbuehler, Pehelan, Link, & 2013). In addition, identity threat models of stigma claim that exposure to stressful conditions and situations increase with possession of a stigmatized identity. For example, adverse physiological responses like increased cortisol (a stress hormone) output and diastolic blood pressure reactivity have been connected to experiencing stress related to discrimination and unfair treatment (Hatzenbuehler, Pehelan, Link, & 2013).

Overall, physiological, psychological, and emotional responses can compromise the health of stigmatized individuals if stress is chronically stimulated by stigma. By way of the stigma process, the corrosive influence of stigma on health is largely due to the interference and modification of these myriad systems: intrapsychic (including coping behaviors and self-esteem), communal and institutional (material resources and conditions), and interpersonal or social relationships.

Fine Arts and Health

Arts-based research has become well known and recognized as a worthwhile topic for many years now. It emerged from the motivation to explore and engage the aesthetic dimensions of an experience, including analysis and representation of an experience through a fine art form. Research in this area is active and employs strategies that interrupt conceptual and societal equilibrium and certainty; it occurs by using many aesthetic languages (i.e., music, painting, dance) to affect disruption in prevailing worldviews to provide a useful form of liberation for

audiences. This strategy can be used in advocating for social justice through and for arts education (Baron and Eisner, 2012 as cited in Chappel & Taylor, 2013).

Jessica Davis (2008) identified five unique features of learning through fine arts: 1. a concentration on emotion through empathy and expression, 2. an orientation towards process through analysis and reflection, concrete products developed through creativity, 3. imagination, and agency, 4. accentuation on ambiguity through understanding and respect for multiple perspectives, and 5. human connection established through social engagement and accountability (Davis, 2008 as cited in Chappel & Taylor, 2013). Her five unique features, more simply put, include physiological impacts and psychosocial influences that encompass introspection, creativity and cultural awareness.

Physiological impact

"Art does not reproduce the visible; rather it makes the invisible, visible" (Giedion-Welcker 1998). Neuroimaging and other technological developments in neuroscience have completed deeper investigation into the processes of artistic performance related to the brain. Strong evidence linking the brain and artistic involvement has been and continues to develop, providing more elaborate information concerning the two. Studies show that both hemispheres of the brain are used and needed for artistic work; the right hemisphere is the center for imagination, conceptualization, and visualization while the left hemisphere provides balance by partially suppressing creativity of the right hemisphere for executive functioning to occur as part of the creative process. Not only has it been established that other components of the brain, such as the medial orbitofrontal cortex and anterior cingulate cortex, are involved in artistic processes, participation in the arts have been found to positively impact the brain in a way that improves cognition, health, and well-being.

There are studies that analyze neurotransmitter and hormone level changes in correlation to music. Based on these studies, it can be concluded and more simply understood that music does not only exists on an aesthetic level but has a biological role in human life as well (Bever & Chiarello 1974, Otto 2000, Antić 2008 as cited in Demarin, Bedeković, Puretić, & Pašić, 2016). Music has been seen to induce changes in physiological markers of happiness. Neurotransmitters including serotonin, norepinephrine, and endorphins are signaled by the brain to release in response to participation (active or passive) in artistic activities such as listening to music, singing, or painting. These hormones are involved in mood and emotion regulation and stress responses. Endorphins, in particular, are associated with feelings of happiness. The stress hormone, epinephrine, has been shown to decrease with singing and other artistic activities (Demarin, et al., 2016). Our bodies are equipped with such chemical responses to aid in coping with stress, allowing emotional expression, and environmental acclimation. Fine arts are perceived to trigger chemical regulation processes that can overcome stress responses and promote well-being by releasing neurotransmitters that assist in achieving positive emotional and mood status, thereby promoting overall health.

It is known that the brain is capable of establishing new connections and pathways; the brain is understandably adaptable during developmental stages. Neuroplasticity suggests that, even in adulthood, neurons within the brain adjust and adapt their activity to compensate for environmental changes or respond to new circumstances (Demarin, et al., 2016). The most conspicuous relationship between fine arts and the changing of neuropsychological activity was shown in studies incorporating Mozart's music resulting in a theory referred to as the Mozart Effect. This theory proposes that music increases the plasticity of the brain by superorganization of the cerebral cortex that is responsible for perceiving, producing, and understanding language.

Other types of music appear to transition the brain from a state of anxiety to a more relaxed state and has a positive impact on fatigue and insomnia. New developments and strengthening of existing pathways and networks within the brain are linked to an increased efficiency of executive attention skills (i.e., emotion control, impulse control, and empathy) that are vital for successful learning processes and can be easily achieved through involvement in fine arts activities (Neville, 2008 as cited in Demarin, et al., 2016). Neuroscientist Santiago Ramòn y Cajal said "Every man can, if he so desires, become a sculptor of his own brain." Our brains learn to make necessary adaptions as a coping mechanism and/or response to our environments. Fine arts have the ability to enhance neuroplasticity of the brain producing enhanced capabilities of neural pathways to develop connections that better assist in the regulation of executive attention skills.

Psychosocial influence

Our nation holds an ideal of individuality in a way that can discount the importance of social support in psychological health and well-being. The impact of social support originating from one's environment and community has significant relevance, yet it is an area of research that is often ignored thereby less understood in society. Fine arts contribute to the process of bringing individuals together and provide an element of social support. Creative engagement contributes to many processes involved in physiological and psychosocial conditions often associated with improved well-being and health status.

Psychological

Fine arts allow for exploration of past, present, and future experiences in the meaning making process. For example, a study used drawing in an effort to understand the experiences of illness and health. This study analyzed 32 middle-aged women who understood their diagnosis of

heart disease. Each woman was instructed to draw her heart disease. The use of color,

composition, and spatial organization were explored in addition to grouping the drawings into

three themes: 1. heart disease as a social illness, 2. heart as the core, and 3. heart in the lived

body. Researchers of this study considered the drawings to be visual products of the women's

knowledge of heart disease and processes of embodied knowledge fabrication. They concluded

that individuals who draw how they visualize their condition gain a better understanding of their

illness (Guillemin, 2004 as cited in Stuckey and Nobel, 2016). Another study focused on women

with cancer. Participants in this qualitative study described ongoing cancer-related challenges

including pain, fear of the future, role loss, sleeplessness, activity restriction, altered social

relationships, and reduced self-confidence. Visual arts activities that each woman engaged in

were found to help in four key ways. First, their focus shifted to positive life experiences

relieving their constant preoccupation with cancer. Second, participation in visual arts activities

provided opportunities to demonstrate continuity, responses to challenges, and achievement

resulting in improved self-identity and worth. Third, it enabled them to maintain a positive social

identity that contested being defined by cancer. Lastly, expression of their feelings was allowed

in a symbolic manner (Stuckey & Nobel, 2016). A quantitative trial of mindfulness art therapy

targeted women with cancer and revealed that individuals who participate in art making

displayed a statistically significant reduction in physical symptoms and emotional distress during

treatment. The study incorporated guided imagery as an introduction to self-care, art-making

therapy including drawings of themselves, and engaging in yoga and meditation. Creative

expression through various methods used in this study resulted in relaxation and symptom

reduction, opening pathways to emotional healing (Stuckey & Nobel, 2016). Visual arts

regarding the aforementioned studies, assisted participants in enhancing their psychological well-

being (i.e., increased understanding, shift to positive perspectives, improved self-identity and self-worth, and decreased emotional distress) despite the presence of illness.

There is a growing interest in movement therapy and dance as each provide recognition of body and mind benefits of motor activity. They focus primarily on physical forms of expression as healing and/or psychotherapeutic tools. Through creative movement, anxiety and stress can be relieved in addition to other health benefits (Stuckey & Nobel, 2016). Picard (2000) elaborated upon Newman's theory of expanded consciousness to incorporate movement as a mode of expression. Her experiment included two thorough interviews and one creative movement group for 17 middle-aged women. The results displayed expanded consciousness in midlife with patterns of meaning distinguished in relationships with self, others, and spirit as well as challenges related to illness, loss, and threats to those relationships. Consciousness activities in this study were identified as choosing, balancing, accepting, and letting go to improve self-awareness that was supported and promoted by creative movement (Picard, 2000, as cited in Stuckey and Nobel, 2016). Participation in creative movement required and provided an enhanced level of introspection; participants engaged in this study connected with and explored aspects of self (choosing, balancing, accepting, and letting go) that allowed for expansion of consciousness creating an overall improvement of self-awareness.

Cultural awareness and appreciation

Fine arts have been an integral component of society since the beginning of civilization; they greatly contribute and are fundamental to our culture. Culturally responsive educational (CRE) practices have been investigated as a tool to help marginalized students thrive psychologically. These practices include use of "cultural knowledge, prior experience, frames of reference, and performance styles of ethnically diverse students to make learning encounters

more relevant to and effective for [students]" (Gay 2000, p. 29 as cited in Cholewa & Goodman, 2014). Cholewa and Goodman (2014) applied relational cultural theory (RCT) – a method to address psychological impacts of discrimination and encourage well-being in a culturally responsive manner – to CRE to better determine practices that may lead to reduced psychological distress in students of color and increases in psychological well-being (Cholewa & Goodman, 2014). RCT is claimed to result in 5 good things of well-being: *increased zest*, *connection*, *empowerment*, *clarity*, and *self-worth*.

Cholewa and Goodman (2014) conducted a qualitative study that employed an African American teacher, Ms. Morris, who incorporated culturally responsive teaching methods, such as familiar communication styles and building upon experiences and existing knowledge, for fifth grade African American students. Integration of music and dance was another culturally responsive method used in this study. The use of music and dance was not only culturally relevant, but a contemporary medium that extended into Ms. Morris' culturally responsive instructions in math education. Students were taught how to change mixed numbers into improper fractions to a beat kept by snapping fingers that provided cadence and speed by which to convert mixed numbers. Ms. Morris' lessons using music appeared to encourage several of RCT's five good things; students displayed *zest* in their excitement with daily repetition of activities, the *connection* between Ms. Morris and her students due to her engagement in the process of sharing with and demonstrating that she cared about them by using music she knew was relatable and enjoyable, and promoting *self-worth* due to Ms. Morris showing students that their preferences were important enough to be integrated into their lesson (Cholewa & Goodman, 2014).

Again, responding to students' cultural identities, dance, in addition to music, was integrated into mathematic lessons taught by Ms. Morris. Knowing the cultural importance of performance and verve – an aspect of African American heritage that focuses on communalism as valuing learning as being socially constructed and the spirited action of culture (Boykin, 2001, Murrel, 2002, ac cited in Cholewa & Goodman, 2014) – and the relevance of dance, Ms. Morris created lessons she entitled "dancing with math". She used movement to teach students math vocabulary (i.e., line segment, ray, parallel). After teaching movement phrases, Ms. Morris added music and asked students to stay on beat as she called out math terms for students to rhythmically respond with the correct motion for the term. Similar to the use of music, this intervention showed to promote *zest*, *connection*, and *self-worth* among students. Ms. Morris' lessons based in verve affirmed the cultural identities of students. According to RCT, this affirmation is essential to facilitating psychological growth and resilience due to its ability to communicate a positive meaning about the worth of an individual's cultural experiences and background (Cholewa & Goodman, 2014). Cultural awareness is addressed and enhanced through involvement in fine arts activities. As displayed through this study, self-appreciation related to an individual's culture, background, and personal experiences is enhanced with engagement in artistic undertakings.

Into Action

Review of mentioned existing literature related to stigma, fine arts, health, and well-being support the argument that *fine arts combat and mitigate the impact of stigma by improving social interactions, thereby promoting and enhancing population health and well-being*. Stigma has been shown to negatively impact health on physical, psychological, social, and emotional levels. It is a social construct that silos diverse groups of people triggering decrease overall population

health and well-being due to its detrimental effect on minority and majority groups. The impacts

of stigma on health and well-being includes the following: decreased beneficial social

relationships and interactions, increased likelihood of receiving inferior healthcare due to

labeling, self-stigmatization accompanied by poor emotional regulation and coping mechanisms

(e.g., rumination, suppression, drinking, or smoking), and increased experiences and responses to

stress giving rise to negative health outcomes. The established argument of this paper suggests

that fine arts have the ability to lessen the effects stigma has on stigmatized individuals and

stigmatizers alike. Fine arts display the following impacts on health and well-being: triggering

the release of chemicals within the body that promote happiness and overall feelings of well-

being, enhancing neuroplasticity of the brain to maintain and establish pathways that support and

build executive attention skills (i.e., empathy, emotion and impulse control), increasing self-

worth and identity, introspection and connection with others, teaching and fostering resilience,

and cultural awareness of and appreciation for self and other diverse groups of people. Stigma,

fine arts, health, and well-being possess an interconnectedness that should be more readily

recognized in society. The impacts of stigma and fine arts are conversely related; stigma

decreases overall health and well-being while fine arts promote both. It can be concluded from

this valuable, worthwhile connection between these two topics that fine arts has the ability to

lessen and perhaps correct the effect and prevalence of stigma in relationship to population

health.

Recognition is the precursor of change and should be followed by application of

knowledge. The information presented was utilized to modify the vision statement of NewGen.

Currently, NewGen's vision is *for all artists to have endless opportunities and resources that*

inspire cultivation of their craft. We seek to preserve and promote the fine arts as

they enhance all aspects of cultural awareness for greater community engagement. NewGen's

vision statement has been revised to incorporate information and perspectives found through this

project. Our modified vision, *"NewGen believes that the arts hold transformative potential. We*

seek to nurture a unified community that elevates socio-cultural awareness, empowers

individuals to bridge divisions between diverse populations, and promotes artistic exploration to

illuminate shared experiences that inspire interest in fine arts as a vehicle to enhance the health

and well-being of our community", serves as a statement that will better guide the future of the

foundation. Although stigma is not directly mentioned in this vision statement, it is an underlying

component that we seek to address through the services we provide to our community. Our

revised vision statement indirectly mentions the social impact of stigma and states NewGen's

dedication to nurturing a community that values socio-cultural awareness as a conduit to

achieving unity. Fine arts have the transformative capacity to empower minority and majority

groups by exploring, analyzing, and sharing personal experience through participation in artistic

activities. Overall, fine arts serve as a vehicle to bridge the disconnect between diverse groups of

people leading to physical, psychological, emotional, and mental impacts that promote health

and well-being.

<div align="center">Conclusion</div>

"We need more light about each other. Light creates understanding, understanding creates love,

love created patience, and patience creates unity." – Malcom X

Malcom X said it perfectly. Gaining a more holistic understanding of ourselves and

others allows for stronger intrapersonal and interpersonal connections. These connections

establish unity of diverse groups of people. Social constructs, such as stigma, negate the ability

to develop meaningful connections within our environments and have detrimental impacts on health and well-being. Fine arts establish personal and social connections by displaying the unique light of every participant. They allow us to better understand self and others and overcome social perceptions by developing an appreciation for our own light and the light of others. Stigma diminishes the light, health, and well-being of society as a whole. Fine arts allow that same light to shine at its brightest. It has been made clear that stigma should be considered a social determinant of health that requires interventions to dispel or mitigate its negative impact on health and well-being. Fine arts have the ability to act as a suitable intervention to address stigma as an indicator of health and well-being. It is recognized that there are limitations and widespread generalizations related to the aforementioned studies and topic of discussion. It is also noted that the samples used in this paper are not exhaustive, and other, more extensive, research exists. Further research focused on stigma and fine arts is needed to better determine the impact each have on health and well-being of individuals and generalized populations with unique difference. Additional research will provide more elaborate information needed to establish evidence-based practices and suggestions to decrease the prevalence of stigma and utilize fine arts as a vehicle to promote social interactions in relationship to population health and well-being.

References

Bos, A. E. R., Pryor, J. B., Reeder, G. D., & Stutterheim, S. E. (2013) Stigma: Advances in

    Theory and Research, Basic and Applied Social Psychology, 35:1, 1-

    9, DOI: 10.1080/01973533.2012.746147

Center for Disease Control and Prevention. (2019). What is Population Health? | Population

    Health Training in Place Program (PH-TIPP) | CDC. Retrieved from

    https://www.cdc.gov/pophealthtraining/whatis.html

Chappell, S., & Cahnmann-Taylor, M. (2013). No Child Left With Crayons. *Review Of Research

    In Education*, *37*(1), 243-268. doi: 10.3102/0091732x12461615

Cholewa, B., Goodman, R.D., West-Olatunji, C. et al. (2014) A Qualitative Examination of

    the Impact of Cultually Responsive Educational Practices on the Psychological Well-

    Being f Students of Color. 46: 574. https://doi.org/10.1007/s11256-014-0272-y

Demarin, V., Bedeković, M., Puretić, M., & Pašić, M. (2016). Arts, Brain and

    Cognition. *Psychiatria Danubina*, *28*(4), 343-348. Retrieved from

    https://pdfs.semanticscholar.org/dde6/d342f7a2804afda394fa84bc124a3a2ee1fd.pdf

Endo E. (2017) Margaret Newman's Theory of Health as Expanding Consciousness and a

    Nursing Intervention from a Unitary Perspective. *Asia Pac J Oncol Nurs*.;4(1):50-52.

Falk, L. H. (2014). Population Health versus Public Health: An Important comparison. Retrieved

    from https://www.healthcatalyst.com/what-is-population-health/

Fox, N. (2012). Creativity and health: An anti-humanist reflection. *Health: An Interdisciplinary

    Journal For The Social Study Of Health, Illness And Medicine*, *17*(5), 495-511. doi:

    10.1177/1363459312464074

Goldman, Alvin and Blanchard, Thomas, "Social Epistemology", *The Stanford Encyclopedia of*

  Philosophy (Summer 2018 Edition), Edward N. Zalta (ed.), URL =

  <https://plato.stanford.edu/archives/sum2018/entries/epistemology-social/>.

Guetzkow, J. (2002). Retrieved from

  https://culturalpolicy.princeton.edu/sites/culturalpolicy/files/wp20_-_guetzkow.pdf

Harris, N. (2017). *How childhood trauma affects health across a lifetime* [DVD]. YouTube:

  TEDTalk.

Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of

  population health inequalities. *American journal of public health*, *103*(5), 813-21.

Keene, D., & Padilla, M. (2014). Spatial stigma and health inequality. *Critical Public*

  Health, *24*(4), 392-404. doi: 10.1080/09581596.2013.873532

Link, B., & Hatzenbuehler, M. (2016). Stigma as an Unrecognized Determinant of Population

  Health: Research and Policy Implications. *Journal Of Health Politics, Policy And*

  Law, *41*(4), 653-673. doi: 10.1215/03616878-3620869

Major, B., Dovidio, J., & Link, B. *The Oxford handbook of stigma, discrimination, and health*.

  125-132.

Maraccini, A., Galiatsatos, P., Harper, M., & Slonim, A. (2017). Creating Clarity: Distinguishing

  Between Community and Population Health. *American Journal Of Managed Care*.

  Retrieved from https://www.ajmc.com/journals/ajac/2017/2017-vol5-n2/creating-clarity-

  distinguishing-between-community-and-population-health

Pave Program in Arts Entrepreneurship. (2013). Retrieved from

  https://herbergerinstitute.asu.edu/sites/default/files/social_impact_training_april16_updat

  e_public_0.pdf

Petiprin, A. (2016). Expanding Consciousness - Nursing Theory. Retrieved from

http://www.nursing-theory.org/theories-and-models/newman-health-as-expanding-

consciousness.php

Phelan, J. C., Lucas, J W., Ridgeway, C. L., & Taylor, C. J. (2013). Stigma, status, and

population health. Social science & medicine (1982). 103. 15-23. doi:

10.1016/j.socscimed.2013.10.004.

Picard, C. (2000). Pattern of Expanding Consciousness in Midlife Women: Creative Movement

and the Narrative as Modes of Expression. *Nursing Science Quarterly*, *13*(2), 150–

157. https://doi.org/10.1177/08943180022107438

produced by California Newsreel; in association with Vital Pictures; series creator and executive

producer, Larry Adelman. (2015). The raising of America: early childhood and the future

of our nation. [San Francisco, California]: California Newsreel

Rowe, C., Watson-Ormond, R., English, L., Rubesin, H., Marshall, A., & Linton, K. et al.

(2016). Evaluating Art Therapy to Heal the Effects of Trauma Among Refugee

Youth. *Health Promotion Practice*, *18*(1), 26-33. doi: 10.1177/1524839915626413

Stuckey, H. L., & Nobel, J. (2010). The connection between art, healing, and public health: a

review of current literature. *American journal of public health*, *100*(2), 254-63.