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The 4P Participatory Arts Recovery Model: Peers, Product, Personhood and Positive Interaction

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Abstract

Using empirical evidence from a realist evaluation of music-based wellbeing interventions, we developed a recovery-focussed model for people with mental health issues. Arts-based approaches for mental health are used internationally and the concepts described here can be understood globally, allowing for cultural variations. Our model draws on ideas of product, personhood, positive interaction and peers (4P) to increase wellbeing and promote recovery through participatory creative activity. This article describes the original study and the model itself. Drawing from McCaffrey's work on music therapy and recovery (2011), and Leamy's CHIME recovery model (2011), our framework can be used to potentiate recovery for people experiencing a range of challenging circumstances. We expect this empirically-based music-centred model to contribute to an ecosystem of recovery approaches.

Keywords: music participation, recovery model, realist evaluation, wellbeing, mental health, social inclusion

Key concepts

Some of the terms used in this article are defined here:

4P participatory arts recovery model: An empirically-based participatory music intervention model for increasing wellbeing and potentiating mental health recovery. The model focuses on concepts of – and interactions between – peers, product, personhood and positive interaction (the four Ps), as described in this article.

Music participation: any active involvement in music-making. The three sites in this study engaged participants in a range of participatory music activities including: musical games, song writing, improvisation, drumming workshops and recording projects.

Realist evaluation uses a range of data types and data collection methods to develop theories about how social programmes work (Pawson and Tilley 1997). These are refined

through iterative theory testing in multiple contexts to identify mechanisms that lead to successful outcomes. The approach is becoming increasingly commissioned in health and social care settings to generate detailed evidence around specific interventions (Manzano 2016). As far as we know, Fletcher (2017) is the first realist evaluation of participatory music programmes for wellbeing.

Programme theories (PTs): 'units of explanatory potential' that become refined through research to express 'ever more detailed answers to the question of why a programme works, for whom and in what circumstances' (Pawson and Tilley 1997). Programme theories can be specific or can remain at a certain level of abstraction, giving them flexibility to apply in multiple contexts.

Recovery model: an approach in mental health and/or addiction that emphasizes an individual's capacity to recovery (Anthony 1993). Its broad philosophy is to move away from 'treatment', towards resources that are part of society or become available through specific interventions, such as participatory music-based activities. Literature on addiction recovery has given rise to the Bourdieusian concept of 'recovery capital' (Granfield and Cloud 2001), mirroring a general trend in public health/health promotion to afford greater recognition to resource/asset-based approaches. More recently, Leamy et al. (2011) base their 'CHIME' model around ideas of connectedness, hope and optimism about the future, identity, meaning in life, and empowerment. In music therapy, McCaffrey et al. (2011) describe core recovery components of hope, meaningful activity and empowerment, explored through interpersonal client/therapist relations.

Background

In the UK, arts for health is becoming increasingly acknowledged in parliament (All-Party Parliamentary Group on Arts, Health and Wellbeing 2017), by executive agencies such as Public Health England (Daykin 2016), major charities such as the Royal Society for Public Health and academic research groups, for example the Sidney De Haan Research Centre for Arts and Health. Participatory arts projects have been shown to yield significant improvements in mental health, wellbeing and social inclusion (Wilson and Sharpe 2017). Music in particular can benefit wellbeing in multiple contexts including learning disability (Whelan 2018), youth justice (Daykin et al. 2017), elder care (Clift et al. 2017), public health (Stewart and Irons 2018) and across the spectra of mental and physical health. This increased formal attention and academic interest – particularly in the context of integrating health and

social care – has invigorated a need to develop applied models for use in arts-based wellbeing interventions.

Our recovery-focussed model is based on findings from an evaluation of participatory music activities for children and adults with mental health issues and/or learning disabilities (Fletcher 2017). The diversity of conditions and social circumstances resulted in complex challenges to individuals' physical, mental, emotional, social or economic wellbeing. Interventions centred on participatory group music activities that were flexible and designed to maximize social interaction, aligning with approaches in community music (Matarasso 1997, Mullen 2002, Deane 2018) and recovery theories, in particular the CHIME model (Leamy et al. 2011).

Using theory-led methodologies to evaluate arts for health programmes has wide support (Clift et al. 2009, Galloway 2009). This study used a realist evaluation (Pawson and Tilley 1997, Pawson 2006, 2013) to identify underlying mechanisms that explain how music activity increased wellbeing for participants. Our model combines the most dominant of these into a framework that can inform the design of participatory music interventions to increase wellbeing and potentiate recovery outcomes for people in challenging circumstances.

Aims

This article reports evidence from a qualitative evaluation, which we have developed into a model for participatory music-based interventions. In so doing we aim also to contribute to the strengthening argument that realist approaches can be used to develop a robust evidence base for arts and health policy in the UK (Clift et al. 2009, Galloway 2009).

Study sites and interventions

The evaluation took place at three sites:

Site A: an NHS inpatient unit for children and young people under the age of eighteen with either: early onset psychosis, complex mental health disorders, and/or mental health and developmental needs and mild to moderate learning disability. Pre-designed activities were delivered weekly by a music therapist and a community musician, including: song writing, a recording project, live performance of popular songs and drumming workshops. 4-10 young people attended each session and the researcher attended these groups for one year. Nine children aged 12-18, who had attended for at least twelve weeks, were interviewed.

Site B: a community arts studio, with a music room and recording equipment, for adults with mental health issues, referred by their GP or case worker. Bi-weekly facilitated

sessions were participant-led and involved: jamming, song writing and personal recording projects. Groups ranged from two to seven people and the researcher attended for over a year. Nine adults aged 20-70 were interviewed.

Site C: a vocational programme for people aged 16-20 with learning disabilities and designed to develop leadership and employment skills through music activity. Weekly sessions were delivered by three community musicians and previous graduates at a large arts venue. Activities were project-based, for example, staging a public concert. The researcher attended three sessions and held a focus group with three of the group's ten members to verify the emerging programme theories.

The primary difference between the groups was age. Site A was a controlled environment with pre-planned activities that allowed children to express their creativity in various ways; Site B was more functional and participants used the environment in ways that suited them; Site C was part of an educational programme with activities determined by mutual consent. Our findings revealed the different ways in which people participate in music making to enable different wellbeing outcomes. The Programme Theories were observed across all three groups.

Methods

Candidate Programme Theories (cPTs) were devised from a Google Scholar literature search of sources since 2000 using the terms: 'music participation', 'music therapy', 'community music', 'mental health' and 'wellbeing'. Thirty-three cPTs were identified around connections between music and wellbeing (Fletcher 2017). Using literature as primary evidence in this way is an approach known as 'realist synthesis' (Pawson 2006).

Ethical approval to observe and interview participants was granted by Northumbria University, and Northumberland, Tyne and Wear NHS Foundation Trust Research and Clinical Effectiveness Department. A favourable ethical opinion was given by the National Research Ethics Service Committee, Hampstead on 9th January 2015 (REC reference: 14/LO/2075). The Managers at Sites B and C also approved the research. Each interviewee was given a Participant Information Sheet, which was discussed with them prior to interview. An 'easy read' version was devised in consultation with a Speech and Language Therapist for younger participants or people with learning disabilities. Informed consent was gained from all interviewees and from a parent or guardian of anyone under 18 years old.

A participant-observer role (Hammersley and Atkinson 2007) was adopted and field notes were taken at each session. These included a detailed description of the activities,

numbers of participants and facilitators present, descriptions of critical incidents, informal conversations and general outcomes, and reflections on the researcher's own responses or perceptions during the activity (Van Maanen 2011). The researcher's status was made known to all participants to develop trusting relationships, which were vital for conducting fruitful interviews and to the overall success of the project (Fetterman 2010). After twelve weeks of participant observation, interviews were scheduled with selected regular group members.

Purposive sampling (Burgess 2002) was used to identify n=18 participants from sites A and B for one-to-one interviews. Prior to each interview, participants were reminded of the research aims, reassured that all data would remain confidential and advised that they could leave the interview at any time for any reason.

A two-stage process was used: Stage one involved a visual elicitation task in which participants were presented with illustrated cards describing wellbeing concepts drawn from positive psychology (Seligman and Csikszentmihalyi 2014), assets-based approaches (NHS Health Scotland 2012), and observations during the music sessions. These included: feeling in control, happy and hopeful, resilient, and physically healthy. Participants were asked to select one or more cards that reflected most closely their own idea of wellbeing (they also had the option to write their own card). The exercise was then repeated using cards based around how music activity makes them feel, derived from the candidate programme theories (music activity: changes my energy levels, helps me be myself, changes my mood, affects me physically, helps me socially, reminds me of things).

Stage two involved a semi-structured realist interview (Manzano 2016) based around the participant's choice of cards and thus focusing on their own perceptions of music and wellbeing. Question prompts were generated from the card selections at Stage one, for example, 'how does [music card x] connect with [wellbeing outcome y]?' This enabled the interview to focus more quickly and accurately on the participant's own experience.

Interview transcripts and field notes were inputted into QSR NVivo (qualitative data analysis software) for thematic analysis (Braun and Clarke 2006). Themes and subthemes were based on the cPTs, and new emergent themes were noted. cPTs that were not observed were excluded. The remaining substantive theories were further refined through the ongoing field work, interviews, literature reviewing and an in-depth exploration with the focus group at study site C (validation group).

Findings

Six refined programme theories were identified (Table 1). These can act concurrently and can interact with one another. The discarded cPTs are not invalid; they may have value in other contexts. However, they were not observed in this study so do not inform this model.

Refined programme theory	**Brief description**	**In the 4P model:**
Praise and hope	Group song writing enables opportunities for praise – boosting self-esteem or rationalized into optimism about recovery.	Positive interaction
Energy control	Musical improvisation can raise or lower energy levels, yielding a sense of control.	
Representation	Recording projects generate a tangible product, enabling self-representation.	Product
Genre / subculture	Stylistic or content-related choices enable participants to express their ethos/identity through music.	Personhood
Resilience	Music-related wellbeing outcomes become resources that increase resilience to subsequent challenges.	
Memory	Music participation brings about associations, which may increase wellbeing.	

Table 1. Six refined programme theories (Fletcher 2017).

Our model is based on three of these theories – product, personhood and positive interaction – which were observed across the study sites and emerged as a dynamic complex, connected by the role of peers. These are articulated as the '4P participatory arts recovery model', defined in the 'key concepts' section.

Product

Most arts and health research focuses on the dynamic or transactional creative process rather than on products. A minority of exceptions emphasize product over process or debate the issue (Turry 1999, Aasgaard 2004, Murray and Lamont 2012). Here, we focus on the

importance of the musical product as a form of 'representation' for the study participants, noting distinct differences between the groups.

For children and young people, the recording process was novel and enjoyable but the critical outcome was creating a tangible object (a CD), which they could 'play to [my] mum and dad', 'listen to in my room' or keep 'as a souvenir'. CDs are a slightly archaic format but the opportunity to take physical 'ownership' of a song they had worked on from inception to product was important. Adult participants (Site B) valued opportunities to describe their own experiences of mental health issues and to share these with a wider audience of strangers, primarily online. Those at site C placed more importance on the political content of their songs, which they recorded to send to parliament. The differences between groups were mainly their intended audiences but all participants placed a special value on owning the musical product, which enabled for them a means of self-representation in a marginalising or alienating social world.

Personhood

Participants sought to align themselves either with or against mainstream musical styles. The younger participants (with one exception) were keen to perform current chart hits and to be seen to be doing so by their peers. Conversely, adult participants were disdainful of pop music (even from their own youth), preferring more alternative or 'outsider' music, which they expressed through unusual compositions or performances that might be considered 'punk' (none identified as punks but all had negative experiences of the health and social care systems, which manifested as a distrust of state institutions).

These patterns opened up questions around identity. It emerged during interviews that younger people who had experienced social exclusion were keen to publicly align themselves with mainstream cultural reference points and wore popular musical styles as a 'badge' (Frith 1981) to align themselves with less marginalized groups. Conversely, adults sought to celebrate their difference, gaining a form of 'subcultural capital' through their rejection of popular music (Thornton 1996). Bennett and Taylor suggest that this may indicate a 'refusal to grow up' (2012), although the interview data indicated a more conscious rejection of the mainstream culture that had ostracized them through stigma around mental health issues.

In relation to wellbeing, the young people's preferences corresponded with concepts of belongingness and security (MacDonald et al. 2002), whereas the adults' desire to emphasize difference suggested a more relational sense of identity based on experiences in

wider society. Despite this polarisation, both groups relied on an audience of peers to reflect and reaffirm concepts of their own identity.

Positive interaction (praise)

The young inpatients seemed ambivalent towards praise from their peers but appeared to cherish praise from staff. Several interviewees connected acknowledgements of improved behaviour with 'getting out' or returning to 'normal', indicating a (albeit instrumental) recovery focus. This was recognized in the programme theory as 'hope' and the music activities were seen as a means to achieving this. One young person noted that praise could be acquired through any activity, but music was 'the most fun'. The majority simply viewed music as an enjoyable means for drawing praise, which increased their sense of hope of recovery. To this end, the presence of authority figures, who governed acceptable pro-social behaviour, using praise accordingly, was critical. Most of the young people acknowledged the connection between being seen to improve their behaviour and the goal of recovery.

Conversely, adult participants were mostly indifferent to praise from studio staff (which they had learned to expect) but valued peer feedback. This formed part of a wider ethos of peer support, which the studio actively encouraged as part of its remit to increase wellbeing for its members. Creative activities such as song writing drew the largest number of positive comments. For the adults, approbation from peers had a greater impact and was more intrinsically linked with confidence and self-expression. Opportunities to receive positive feedback therefore had an important role at both sites but were important to different groups for different reasons.

The role of peers

This study distinguished two types of peer involvement: those in the same music group, with similar circumstances or experiences; and audience members external to the group. Some peers occupied both positions simultaneously.

Self-representation requires an audience. For the young people sharing their music via CD, the key audience was comprised of family and friends, whose approbation yielded a sense of pride and self-worth. The physical product (CD) was particularly important, as this gave the young people a sense of control over how that approbation was acquired. For the adults, audiences were more diverse. Many were disillusioned with social relationships in their community and had formed strong friendships within the studio. Peer support was important in this environment but audiences for the musical product were also sought online

(via SoundCloud, an internet audio distribution platform). Aside from the broader reach, this enables praise for the music alone, without reference – positive or negative – to mental health or other issues, and so less potential for stigma. Peers therefore play an important role as audiences.

Having had similar experiences of social exclusion, the young inpatients viewed this closed peer group as a safe space to assert their developing identities through music, to practice 'regaining' their place in mainstream society. Older participants revelled in exhibiting their difference or 'otherness'. Here, identity is relational and dependent on societal 'norms' that are recognized by peers within and outside the group. Music is therefore a powerful vehicle for participants to position themselves in relation to these peers.

Critically to this model, peers play a role not just as praise givers but also as reference points in a context that involves ideas of behaviour improvement and recovery. As one social component of participatory music activity, we have therefore incorporated praise into the broader concept of 'positive interaction'.

The 4P Participatory Arts Recovery Model

Our model (fig. 1) combines product, personhood and positive interaction into a relational complex, tied together by the critical role of peers. Realist evaluation emphasizes the configurational nature of programme theories and similarly, each component in our model may have more or less significance in different circumstances, influenced by the needs of the group. This flexibility makes the model adaptable to multiple contexts, enabling interventions to be tailored in relation to individual needs.

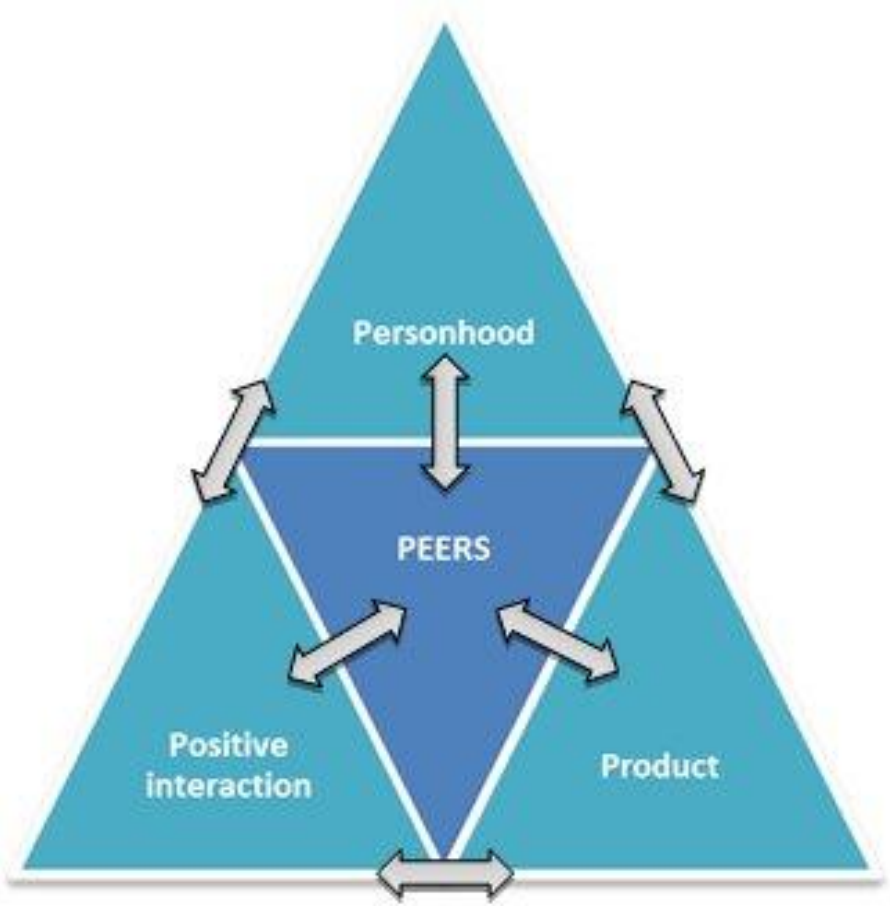

Figure 1. The 4P participatory arts recovery model.

Interactions within the model

What happens at the borders is important. Dynamic interactions between each concept play greater or lesser roles as the context changes (participants, situation, programme delivery method, activity, dominant culture and so on). There follows a brief description of these relationships as observed in the original study but we emphasize that the configuration of these interactions is context-dependent, so the model is flexible.

Peers ←→ Product. Individuals expressed significant excitement about recording their music. This was initially thought to be connected with the novelty of the recording process but participants indicated otherwise. The overarching principle was owning a musical product that could be played to specific others. Of these audiences, the young people focused on their immediate peers, while older participants sought to expose their music to unknown peers.

Peers ←→ Positive Interaction. Praise is a concrete manifestation of positive interaction. The young people identified the importance of receiving approbation from their

friends and family outside of the music sessions, whereas praise and peer support were more deeply embedded into the ethos at sites B and C. This was evident in both verbal and nonverbal (nodding along, smiling and other signals of encouragement) gestures during music sessions. The immediate and transactional nature of such interactions underscores the importance of peers.

Peers ←→ Personhood. This model conceives 'personhood' in terms of identity exploration and development. The young people exhibited a strong urge to align with current chart hits, giving them currency within a peer group outside of the inpatient unit. Older participants rejected commercial styles in favour of a more individualistic sound, deliberately projecting difference from their peers outside the studio. Expressing identity through music is framed against an evolving backdrop of cultural references and often heavily influenced by peer groups.

Product ←→ Positive Interaction. The idea of a concrete artefact was persistent. Making recordings was more desirable than live performing, as these were more controllable, mitigating performance anxiety. The recording enabled a safer way of getting a positive response; the musical object could be used as a focal point for interacting with others, particularly when communication was impaired.

Product ←→ Personhood. Recordings (from ad hoc jam sessions to entire album projects) offered participants – particularly those with social anxieties – greater control over expressing their identity. At Site B, some participants worked on elaborate compositions that expressed their lived experience in a way that was not possible through live performance. The validation group (site C) made this idea explicit by rendering their collective identity into a recording specifically intended as a political statement. The recording may therefore become an 'avatar' for how a person wishes to identify.

Positive interaction ←→ Personhood. Identity formation, exploration and development is strongly influenced by both positive and negative interactions with others, including belonging to (or distancing from) an 'in crowd'. The interactions enabled by social music participation, from explicit praise to more subtle signals, had a clear influence on participants' senses of identity, self-image and confidence.

Discussion

We sought to understand participants' reasoning in response to musical resources, to reveal mechanisms that cause increased wellbeing. These findings contributed to our model, which provides a framework for programme designers to emphasize or explore recovery features

and their interactions according to the needs of the group. Wellbeing is just one recovery outcome; others might include: improved socialisation, self-determination or increased confidence. Our model is designed to be flexible and accommodating of different outcomes.

Recovery approaches

Our model maps onto broader recovery approaches. The CHIME recovery framework (Leamy et al. 2011) is an empirically based conceptual framework that is gaining traction in mental health settings in the UK (Muir 2016). Through a combination of systematic review, modified narrative synthesis and primary empirical data drawn from mental health patients, CHIME identifies five key recovery processes: Connectedness, Hope and optimism, Identity, Meaning, and Empowerment. Other concepts were added according to local variations (for example, spirituality or stigma) but the core features were found to be consistent across many studies in mental health recovery. We also generated theories from extant literature and explored these through primary research. Our programme theories align with Leamy's recovery processes (Table 2):

4P recovery model	CHIME model
Peers	Connectedness – peer support; relationships; being part of the community
Praise	Hope and optimism – belief in possibility of recovery; motivation to change
Personhood	Identity – dimensions of identity; rebuilding/redefining positive sense of identity; overcoming stigma
Product/purpose	Meaning – meaningful life and social roles and goals; rebuilding life
Product	Empowerment – control over life; focusing upon strengths

Table 2. Comparison chart between the 4P participatory arts recovery model and Leamy's (2011) CHIME model.

Music and recovery

Youth Music's Quality Framework (2013/2017) is designed to help music facilitators evaluate their sessions, referencing many of the recovery components described above. It recommends that: activities are people-centred; achievements are celebrated and valued; musicians' views are integral to the session; and music leaders can accommodate a range of

styles as per participants' tastes but lead when appropriate. These music-specific components correspond with our programme theories and we see our model as a bridge, linking music-focussed recovery components with the wider components of the CHIME model.

Music therapy

Concepts of recovery in music therapy tend to focus on functional recovery and neuroplasticity (Stegemöller 2014). In mental health, recovery is often more complex and only a minority of music therapists specialize in this field.[1] Investigating the role of music therapy in the recovery approach in mental health, McCaffrey et al. (2011) emphasize strengths and resources, identifying hope, meaningful activity and empowerment as key concepts, with personal agency as an overarching factor. The processes within our model also map onto these factors, namely: praise (hope), product (meaningful activity) and personhood (empowerment). In doing so, our model indicates that such concepts can be emphasized when designing or facilitating music programmes. However, McCaffrey places the client/therapist relationship at the centre of her model, whereas we focus on the role of peers.

The meta-synthesis by Solli et al. (2013) aimed to outline the implications of mental health recovery perspectives for music therapy, identifying four areas of experiences: 'having a good time', 'being together', 'feeling' and 'being someone', and endorsing a 'strength-based and contextual approach to music therapy' not dissimilar to Rolvsjord's 'resource-oriented' music therapy (2010). Again, such concepts bear a similarity with the other studies described here, in that they focus on combinations of features that potentiate recovery. In the broader context of Leamy's CHIME model, this allows us to move towards a recovery model for participatory music interventions (including or incorporating music therapy).

Community music

Because of its emphasis on the therapeutic relationship between the client and the practitioner, music therapy for mental health can focus on supporting improvement in individualised client goals. Community music therapy adds a different dimension to recovery outcomes by promoting the social and cultural aspects of music. It is described as 'something more than and different from music therapy in community settings' (Stige et al. 2017) and a 'socially engaged practice – music as a situated activity within a context' (Trondalen and Bonde 2012). Our model emphasizes context and is inherently social. It does not deny the multiple benefits of individualized music therapy but underscores the importance of peers in activating separate processes within the model.

Some community music practitioners advocate an anti-teaching, pro-exploration approach, which allows musicians to explore their own identities and relationships with others in participatory music contexts (Koopman 2007). This exploratory, person-centred approach enables the types of interactions described above. Our model therefore works best in less prescriptive settings (although it does not preclude leadership), where ideas of belonging, audiences, safe spaces to discover and develop identities, and broad social and collaborative qualities can be explored.

Potential applications

CHIME indicates a shift towards approaches that support multiple processes, each of which can be considered an end point in itself, rather than 'clinical recovery' (Leamy et al. 2011). This approach supports the finding by Youth Music (2013/2017) and Fletcher (2017) that special emphasis must be given to the music facilitator's skills and sensitivities to adapt to particular styles according to participants' needs. Our model is designed to allow such flexibility, whilst allowing personhood, positive interaction, product and peers to remain central. Programme facilitators or designers can responsively configure their approach around these concepts. Understanding how they interrelate can assist in the more general design or evaluation of music activities. For example, participants lacking confidence or self-determination might benefit from a product-focussed activity such as a recording project. Understanding the key dimensions in this idea (audiences, representation) can inform the delivery of that activity. Similarly, if issues around socialisation are being addressed, activities that enhance or encourage positive interaction might be prioritized within a broader musical context that also includes product and personhood.

The subjective nature of qualitative research can result in many possible interpretations and codings. Further, due to the limited sample size, we cannot generalize from these findings, although each component of the model is supported by a substantial literature base. This study would have benefited from more iterations (more interviews to test programme theories at different stages of development), enabling a more granular theory refinement process. However, access to speak multiple times to vulnerable participants was problematic. For these reasons, further research would help to develop the themes within the model and deepen our understanding of their interaction. Realist evaluation encourages a spirit of continued refinement of theories where possible. Applying this model would serve not only to guide and inform participatory music programmes but would also benefit the

framework itself by testing it in different musical contexts and potentially other arts-based interventions.

Conclusion

This conceptual framework combines well-established recovery principles into a model based on empirical evidence from a realist evaluation of participatory music activities for wellbeing. It can be interpreted in broad ways by practitioners and is deliberately flexible to accommodate a range of musical contexts. It has potential use in wider arts and health interventions and would benefit from further evaluation and development.

By discussing recovery approaches in music and health, we situate our model in a literature base that includes wider recovery models and approaches within music therapy. 'Resource-oriented' or assets-based models are dominant (Leamy et al. 2011, McCaffrey et al. 2011, Solli et al. 2013) and our framework identifies the core concepts of: product – and its value as an objective resource; personhood – finding and expressing identity through art; positive interaction – often articulated through praise; and peers – the social context that enables these factors to emerge and develop.

In a crowded landscape of recovery approaches in mental health and of increasingly diverse models of music therapy, we identify a framework that has practical use for programme designers and facilitators, is open to further refinement, and contributes to the body of recovery-focussed approaches in arts therapy.

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Endnote

1. Globally, only 20-30 per cent of music therapists specialize in mental health (AMTA 2014, Jack et al. 2016).

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