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REVIEW

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Community arts, identity and recovery: A realist review of how community-based arts activities enables the identity change recovery process from serious mental illness

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Abstract

Identity has been empirically established as a recovery process from serious mental illness (SMI) yet is often overlooked within intervention evaluations. Community arts presents one such intervention with emerging evidence illustrating the potential for recovery to occur within this context. However, research indicates numerous mechanisms may be involved in the identity recovery process, making it difficult to determine what works, for whom and in what context. The current review aimed to generate new theories to explain how, why and in what context community arts enable the identity change recovery process for individuals with SMI. A realist review was conducted between January and September 2021, with 22 articles and reports reviewed and synthesised to develop a theory. A safe and empowering intervention context was found to be vital to activate three key mechanism pathways: (a) feeling in control of SMI through coping; (b) achieving acceptance through connectedness and (c) overcoming personal challenges. The outcome was the development of positive self-awareness, which enables individuals to redefine identity beyond SMI through both social and personal identities. Novel insights

are presented through theory development, utilising the Social Identity Approach to Health and Transformative Learning Theory to conceptualise the findings through a multi-theoretical lens. Please refer to the Supplementary Material section to find this article's Community and Social Impact Statement.

KEYWORDS
arts, community, identity, realist review, recovery, serious mental illness, social identity

1 | INTRODUCTION

Utilising arts to improve well-being and mental health has been embedded within human society and cultural practise throughout much of history. Despite this, creativity and artistic expression have rarely been featured in Western medicine (Malchiodi, 2011). It is only in the past few decades that healthcare services have begun to link with non-medical cultural and community sectors, to address rising cases of mental illness (Badu, O'Brien, & Mitchell, 2020; Department of Health, 2006; Fancourt et al., 2021; Malby, Boyle, Wildman, Smith, & Omar, 2019; NHS England, 2019). A key health concern to be addressed is serious mental illness (SMI), a broad term encompassing chronic psychological conditions causing serious functional impairments that limit life activities (NIMH, 2020). The impetus to address SMI is due to static recovery rates, increasing care costs and the prevalence of health inequalities (MHFA England, 2020; Reinert, Fritze, & Nguyen, 2021; Whiteford et al., 2013; World Health Organization, 2013). A report from the World Health Organisation found evidence from across the globe to support the role of the arts in preventing and managing mental illness (Fancourt & Finn, 2019). Community arts organisations that offer a wide range of arts-based and cultural activities are increasingly being engaged through social prescribing schemes (Husk, Elston, Gradinger, Callaghan, & Asthana, 2019; Polley, Whiteside, Elnaschie, & Fixsen, 2020; Stickley & Hui, 2012). However, numerous outcomes and psychosocial mechanisms have been identified as potentially being involved in both community arts activities and SMI recovery (Fancourt et al., 2021; Polley et al., 2020). Such findings illustrate the complex nature of SMI recovery, which makes it difficult to determine what works, for whom and in what context. Consensus from stakeholders across the health, community and cultural sectors (including individuals with lived experience of mental illness) affirm that further research is needed to address key questions on the efficacy of community-based arts activities in supporting SMI recovery (Fancourt et al., 2021).

The Social Identity Approach to Health presents a key explanatory theory to explain the significant influence social interventions, such as art activities, can have on health (Haslam, Jetten, Cruwys, Dingle, & Haslam, 2018; Jetten et al., 2017). The key premise of the approach is that an individual's sense of self and behaviours are "intertwined with the social groups to which they belong, those group memberships have important consequences for their health and well-being" (Jetten et al., 2017, p. 790). The Social Identity Approach to Health adds a new perspective to the role of identity in recovery, which has historically focused on personal identity, such as identity discrepancies (Higgins, Klein, & Strauman, 1985). The Social Identity Approach to Health aligns with a personal recovery definition of SMI recovery which has been adopted within healthcare systems in recent years, moving recovery away from clinical definitions (i.e., symptom reduction) (Brennaman & Lobo, 2011; Slade, 2009). Personal recovery is broadly defined as an individual, non-linear "process whereby people with severe mental illness progress to live autonomous, contributing and satisfying lives in the community, even with persisting symptoms" (Whitley, Palmer, & Gunn, 2015, p. 951). There is a call to take a holistic approach to identity research to encompass both social and personal identities and the processes through which they change (Carter & Marony, 2018; Häusser, Junker, & van Dick, 2020). As such, a holistic understanding was

taken to identity within the current research and was defined as: "the set of meanings that define who one is when one is an occupant of a particular role in society, a member of a particular group, or claims particular characteristics that identify him or her as a unique person" (Burke & Stets, 2009, p. 3).

Identity has been empirically recognised as a key personal recovery process and has ben conceptualised as; gaining a positive sense of self (Bird et al., 2014; Slade, 2009); accepting illness into identity (Leamy, Bird, Boutillier, Williams, & Slade, 2011; Yanos, Roe, & Lysaker, 2010); building or maintaining social roles (Haslam et al., 2018); and reducing identity discrepancies (Higgins et al., 1985; Luyckx, Schwartz, Goossens, Beyers, & Missotten, 2011). The common thread across these perspectives is that the identity recovery process involves a positive change in identity. Therefore, the term "identity change recovery process" is used within the current research to emphasise the processes involved in identity change. Identity is often defined as either social or personal, with research revealing numerous mechanisms and processes involved in the identity change recovery process. As noted above, the Social Identity Approach to Health has resulted in a wealth of evidence-based research into the role social identity plays in health and provides an explanation of the processes involved. This approach proposes that social identities are developed through group-based interactions and comparisons, which are internalised by an individual who begins to identify themselves as a member of a group (Haslam et al., 2018; Turner, 1975). As such, group norms, values and behaviours can become resources for an individual that influences health behaviours. The process of identity change has been operationalised by the evidence-based Social Identity Model of Identity Change (SIMIC), which outlines two key pathways that enable the identity change recovery process through social identity (Haslam et al., 2018). Haslam et al. (2018) argue that when an individual experiences a life change such as SMI, a new social identity can be developed through the "social identity gain pathway." This pathway explains that when an individual engages with a social support group there is an opportunity to compare themselves favourably with others in the group, internalising group values and norms and gaining a sense of belonging (Haslam et al., 2018). Alternatively, the "social identity continuity pathway" explains how social groups can provide opportunities for an individual to enact a previously held social identity, such as familial roles, protecting the individual from experiencing an identity loss (Haslam et al., 2018). Both a "gained and maintained" social identity provides an individual with psychosocial resources, such as self-confidence, that protect and improve mental health (Haslam et al., 2018; Jetten, Haslam, Haslam, Dingle, & Jones, 2014; Jetten et al., 2017). Therefore, the Social Identity Approach to Health presents an explanation for why community arts groups enable the identity change recovery process, which has been evidenced through empirical research (Dingle, Brander, Ballantyne, & Baker, 2013; Haslam et al., 2018). Recent research has found however that the social identity "gain and maintain" processes are mediated by individual differences in perceptions and appraisals (Häusser et al., 2020). Furthermore, Rowlands, Youngs, and Canter (2018) found that identity change had the most significant impact on recovery when involving both social and personal identities. Such research indicates that the identity change recovery process involves other processes that could be explained by a personal identity approach.

Personal identity refers to how an individual defines themselves as different from other people and identity change results from intrapersonal processes such as cognitive re-appraisal (Burke & Stets, 2009, 2023; Luyckx et al., 2011). A key personal identity theory utilised to explain recovery is the identity discrepancy theory, first established by Higgins et al. (1985). Identity discrepancy theory focuses on the internalised set of self-concepts an individual uses to define themselves within different circumstances. An identity discrepancy can occur during life events such as experiencing SMI, and an individual's thoughts and behaviours become incongruent with established self-concepts (Higgins et al., 1985). The recovery process therefore involves reducing the identity discrepancy by adjusting self-concepts to incorporate new traits, behaviours and emotions (Burke & Stets, 2009; Higgins et al., 1985). Recent research supports the occurrence of an identity discrepancy relating to SMI, and that adjusting self-concepts reduces mental distress (Buckley-Walker, Crowe, & Caputi, 2010; García-Mieres, Niño-Robles, Ochoa, & Feixas, 2019; Kaite, Karanikola, Merkouris, & Papathanassoglou, 2015; Kerr, Deane, & Crowe, 2019; Taylor, Usher, Jomar, & Forrester, 2020). The illness identity model expands upon identity discrepancy arguing that an individual can develop an identity relating to illness, which can be negative (engulfment/rejection) or positive (acceptance/enrichment) (Oris et al., 2018; Yanos et al., 2010). A positive illness identity is

developed when individuals with SMI adjust their self-concepts to incorporate illness and move towards acceptance, which begins to resolve the identity discrepancy (Oris et al., 2018; Yanos et al., 2010).

Arguably, there is a compelling evidence base for the identity change recovery process relating to both personal and social identities, and therefore multiple mechanisms of change may be activated within specific intervention contexts, such as community arts activities. Furthermore, five other distinct recovery processes, alongside identity, have been identified within the empirically developed CHIME-D framework—connectedness, hope, identity, meaning, empowerment and difficulties (Leamy et al., 2011; Stuart, Tansey, & Quayle, 2017). Research has indicated that whilst these processes are distinct, they are also interrelated and influence each other (Bird et al., 2014; Leamy et al., 2011; Slade et al., 2014; Stuart et al., 2017). This highlights the potential for a complex range of mechanisms to be involved in identity change, beyond social and personal identity change processes. As such, the current review utilised a holistic definition of identity and aimed to remain open to a diverse range of potential mechanisms involved in both identity change and SMI recovery. Furthermore, the aim of the current review was to not only determine *what* processes occur but also determine *how* and *why* community arts activities engage the identity change recovery process. In particular, the specific contextual features of community arts activities, and how the mechanisms of change are activated within this context, need to be identified.

The present study builds its rationale upon the previously cited research. First, identity change presents a crucial process in SMI recovery, however, community intervention evaluations often overlook the identity change recovery process, and a holistic view of identity is under-researched (Carter & Marony, 2018; Häusser et al., 2020; Polley et al., 2020; Saavedra, Pérez, Crawford, & Arias, 2018; Williams et al., 2012). Second, novel approaches are needed to engage with the identity change recovery process. Community arts interventions may be one means of achieving this, but research is needed to explore the complex processes involved and explain how and why the identity change recovery process is enabled within this context. Third, there is a need to identify the mechanisms of change and the specific contexts within which they are activated. This will advance understanding away from the descriptive towards explanatory insights. Therefore, the aim of this review is to answer the research question, how, why and in what context do community arts activities enable the identity change recovery process for individuals with SMI?

2 | METHODS

A scientific realist approach was used to address this research question as it is particularly applicable to evaluate complex social interventions, and aims to develop, test and refine programme theory (Pawson, 2006). A strength of the realist approach is that, whilst being theory driven, it embraces complexity and unanticipated findings, and gives value to knowledge generated in real-world settings (Pawson, 2006; Pawson, Greenhalgh, Harvey, & Walshe, 2005). A programme theory is a theory about how an intervention (i.e., a programme) works, providing a causal explanation by establishing the relationships between context (C), mechanisms (M) and outcomes (O) (CMO configurations) (Pawson, 2006).

A realist review was conducted between January and September 2021 and reported in line with the RAMESES publication standards, which is modelled on the PRISMA statement, but includes additional reporting requirements (Wong, Greenhalgh, Westhorp, Buckingham, & Pawson, 2013). A realist review is a systematic literature review comprising six iterative tasks; (1) identifying an initial programme theory; (2) searches; (3) study selection; (4) extracting data; (5) synthesising the data into CMO configurations and programme theories and (6) disseminating the findings (Pawson, 2006). Tasks 1–5 were undertaken within four search cycles—background; complementary; empirical evidence; and middle-range theory searches (Booth, Wright, & Briscoe, 2018). Two consultations were also held with an expert panel of 11 individuals from community arts activities to disseminate and refine programme theories. Further details of the review procedure can be found in the review protocol (see Supplementary Materials).

1. Initial programme theory

As a theory-driven approach, a realist review requires an initial programme theory to test, refine and establish the parameters of the review (Flynn, Schick-Makaroff, Levay, & Greenhalgh, 2020; Wong, Westhorp, Pawson, & Greenhalgh, 2013). Through critically reviewing the literature (outlined in the introduction section) to define identity, SMI recovery and the role that community-based arts activities may play, an initial programme theory was established.

> Adults with serious mental illness (Context) access a community-based arts activity (Intervention), which provides psychological and social resources (to which individuals respond to) (Mechanisms), that enables the identity change recovery process for individuals with serious mental illness (Outcome).

The scope of the initial programme theory was kept deliberately broad to explore multiple processes involved in both social and personal identity change and embrace multiple theoretical perspectives within the review. The review therefore aimed to identify specific mechanism resources the intervention introduces and how individuals respond to these (Dalkin, Greenhalgh, Jones, Cunningham, & Lhussier, 2015). Therefore, the initial programme theory raised further questions, for example, what is the range of contextual features of the SMI lived experience, and how do these influence the individual's response to intervention resources? what mechanisms are activated within the intervention context that led to identity change? and what are the various features of engaging with the identity change recovery process (i.e., the outcome)?

2. Searches

Search terms were first generated from the initial programme theory and mapped against the CIMO framework designed for use within a realist review (Booth et al., 2013). Terms for context centred around variants of "mental illness," plus specific diagnoses. Intervention terms included "community-based arts," "creativity and health," plus specific art forms such as "music for health." The terms arts and creativity aimed to ensure that diverse arts activities were included to capture the diversity of opportunities to engage in arts for mental health (Fancourt et al., 2021). The term "community arts" refers to creative activities that take place in non-clinical settings and formed part of the selection criteria (see Supplementary Materials). Terms such as "social prescribing" were also included to ensure such initiatives linking patients with community arts were captured. Terms for both mechanisms and outcomes formed one group to include variations of the CHIME-D processes and general criteria such as "evaluation" and "review." Due to translation practicalities, articles were only included if published in English. The date range of 2005–2020 was used to coincide with the UK government's commitment to utilising community-based activities for recovery (Department of Health, 2006). As CMO configurations and programme theories were synthesised during the searches, the search terms and parameters were adjusted to reflect the scope and requirements of the review. All searches and terms used were documented in line with the RAMESES publication standards to provide transparency (Wong, Greenhalgh, et al., 2013) (see Supplementary Material).

3. Selection on relevance, richness and rigour

Selection and appraisal in a realist review are based on relevance, richness and rigour. The relevance of a literature item is established through a combination of the project parameters and researcher's judgement (Pawson, 2006). Conceptual richness refers to the degree of explanatory depth provided on how an intervention works (Booth et al., 2013). Rigour within realist research is not confined to methodology, but rather applied to evidence and how key pieces of evidence are used within a study (Pawson, 2006). Selecting data on relevance, richness and rigour ensures theory is

developed from pertinent sources of data (Emmel, Greenhalgh, Manzano, Monaghan, & Dalkin, 2018; Pawson, 2006). Given the iterative nature of the searches and synthesis, the specific inclusion criteria were revisited throughout the review to reflect the developing CMO configurations and programme theories. Further details of the selection procedure can be found within the review protocol (see Supplementary Materials).

4. Data extraction and 5. synthesis

Coding and consolidating were two key techniques used to synthesise the data into CMO configurations and programme theories (Byng, Norman, & Redfern, 2005; Gilmore, McAuliffe, Power, & Vallières, 2019). Data extracts from within the texts were coded against potential CMO configurations, which were then consolidated based on similarity or grouped by a common concept. Conceptual maps were then developed to link together CMO configurations and begin to form programme theories. Coding, consolidating and conceptual mapping occurred concurrently with the searches to develop and refine programme theories, until the literature no longer contributed novel insights.

2.1 | Expert panel consultations

An expert panel of 11 individuals was recruited through three charities providing community-based art activities in three separate local authority areas. Panel members included activity coordinators, facilitators and individuals with lived experience of SMI. Two consultations were held, the first in May 2021 aimed to gain feedback on the developing programme theories, refine ideas and focus on the next stage of the review. The second consultation in September 2021 was used to disseminate and discuss the review findings.

2.2 | Findings

Forty-two searches were conducted between January and September 2021 on nine databases, with additional citation searches and literature suggestions. A total of 9034 hits were generated throughout the review (after removing duplicates where possible), 172 of which were appraised through further reading, resulting in a final 22 reports and articles. Figure 1 demonstrates the iterative search process, adapted from the RAMESES publication standards for realist syntheses (Wong, Greenhalgh, et al., 2013). Table 1 outlines the final reports and articles used within the synthesis process, 11 of which were used for substantive data extraction.

A heterogeneous sample of literature was included in the review including different intervention types and a variety of different methods used. Such heterogeneity is desirable within realist research to ensure the phenomenon is explored from multiple perspectives and to aid theory development (Pawson, 2006). Furthermore, inclusion criteria are not restricted by methodological rigour, allowing for diverse types of studies to be included (as outlined in Section 2) (Pawson, 2006).

As a result of the synthesis, the following programme theory was developed to provide causal explanations of how, why and in what context community-based arts activities enables the identity change recovery process for individuals with SMI:

> If you experience a negative illness identity linked to SMI, that leaves you feeling stuck and isolated (Context of SMI), then a safe and empowering arts for mental health community group (Intervention Context) enables you to learn to cope with your illness (Mechanism 1), connect to others (Mechanism 2) and overcome personal challenges (Mechanism 3). This develops self-awareness of your personal strengths, achievements and positive aspects of self and illness, which allows you to redefine yourself beyond illness in relation to both personal and social identities (Outcome).

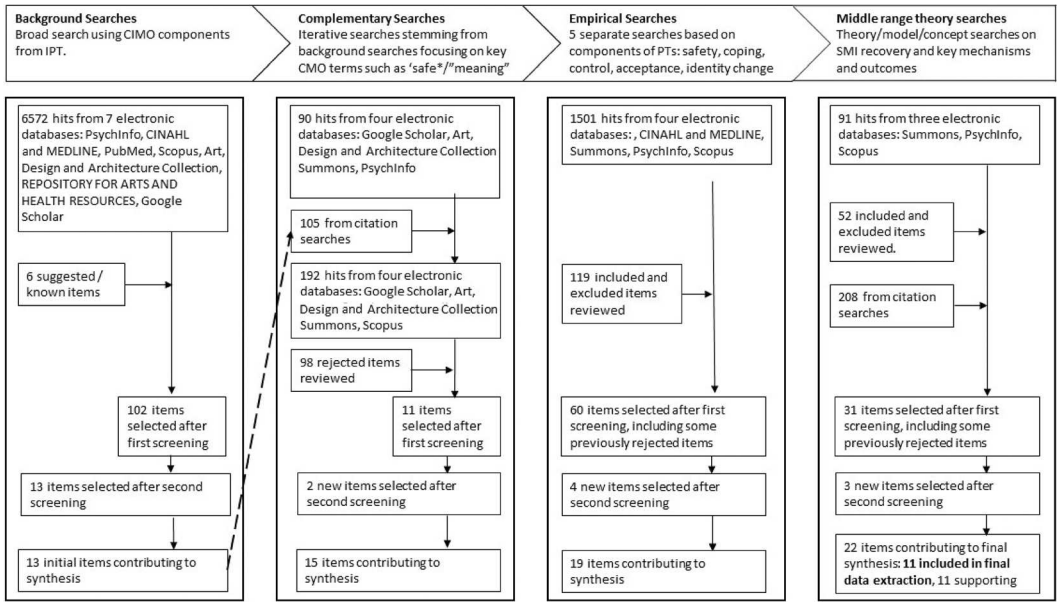

FIGURE 1 Flow diagram illustrating the search process adapted from RAMESES publication standards: realist syntheses (Wong, Greenhalgh, et al., 2013; Wong, Westhorp, et al., 2013). CIMO, context, intervetnion, mechanism, outcome (framework to structure search terms); CMO, context, mechanism, outcome; IPT, initial programme theory; PT, programme theory; SMI, serious mental illness.

This programme theory offers a high level of abstraction to encompass the complex series of micro-processes (CMO configurations) found to be involved in identity change (see Figure 2). This level of abstraction proved an effective way to coherently present the review findings to the expert panel. Each CMO component of the programme theory will now be reviewed in turn.

2.3 | Contexts

Two key contexts were found to be important in activating mechanisms: (a) the individuals' experience of living with SMI and (b) the intervention context. Firstly, people living with SMI feel isolated, stuck and have a negative identity relating to SMI (illness identity). Several common experiences contribute to this context including stigma and lack of coping strategies. Experiencing stigma was a prominent finding across the literature for people living with SMI and was found to be a macro-level barrier to recovery that was closely tied to cultural and historical perceptions of SMI (Bone, 2018; Buck et al., 2013; De Ruysscher et al., 2019; Lawson et al., 2014; Lloyd et al., 2007; Mizock et al., 2014; Parr, 2006).

> Another participant discussed barriers to acceptance of his mental illness that he felt originated in stigma toward mental illness in his culture: "They don't accept mental health. Basically, if you're diagnosed with a mental disease, then you're an outcast, a failure in the family, like married wrong, and so on."
>
> (Mizock et al., 2014, p. 1271)

Poor experiences within clinical mental health services also contribute to stigma, with individuals becoming labelled as a "patient" (Baker et al., 2016; De Ruysscher et al., 2019; Lawson et al., 2014; Mizock et al., 2014; Parr, 2006; Yanos et al., 2010). Such stigmatised perceptions become internalised, overwhelming identity and leading to the formation of a negative illness identity (Lloyd et al., 2007; Yanos et al., 2010). Individuals become isolated, even disengage with health services, creating a vicious cycle in which symptoms are aggravated and self-expression

TABLE 1 Final articles selected for the realist review.

Articles by author	Participants	(*n*)	Methods	Intervention (length)	Key findings
Baker et al. (2016)[a]	Male (26) Female (21) Aged 9–86 Mixed health conditions inc. SMI	47	Mixed methods	Reading (24 weeks)	• Non-clinical intervention had therapeutic benefits • Quantitative findings saw improvement in quality of life and increased perceived social provision • Improved well-being for mental health group • Safety of the environment, shared experiences and use of literature were key to these benefits • Literature enabled access to self and self-reflection
Bone (2018)[a]	Gender unknown Adults SMI	9	Case study	Visual arts (6 months)	• Non-clinical settings and consumer-led groups improved intervention credibility • Activity provided an opportunity for creativity • Shared experiences build community in a group • Arts-based activity enabled the identity of the artist to develop beyond mental illness • Learning arts skills improved confidence and empowerment
De Ruysscher, Vanheule, and Vandevelde (2019)[a]	Male (7) Female (5) Aged 21–70 Psychosis and addiction	12	Explorative qualitative interviews	Community meeting place (on-going)	• Community space felt safe through acceptance, lack of stigma and voluntary participation • Identities were constructed beyond SMI, felt free to be self without judgement • Challenges included social dynamics and SMI symptoms

Dingle et al. (2013)	Male (9)
	Female (12)
	Aged 31–74
	Adults Mixed health conditions inc. SMI
		21	Phenomenological interviews	Singing (1 year)	• Three main benefits of choir group:
					  ○ Personal impact such as emotional processing
					  ○ Social impact and connecting with the group and beyond
					  ○ Broader functional outcomes such as providing structure

TABLE 1 (Continued)

Articles by author	Participants	(*n*)	Methods	Intervention (length)	Key findings
					• Stresses of engagement were overcome with social support • Choir membership developed a new, valued social identity
Forrester-Jones and Barnes (2008)	Male (12) Female (5) Aged 38–66 SMI	17	Ethnographic interviews	N/A[b]	• SMI can lead to "sick" identity, isolation and stigma • Shared experience creates feeling of safety • Social support helps to construct identity beyond SMI • New identity helped reconnect to wider society, but not in all cases
Haertl and Ero-Phillips (2019)[a]	Male (7) Female (5) Adults SMI	12	Phenomenological interviews	Writing (min. 3 years)	• Writing has therapeutic benefits including self-awareness, processing personal identity, gaining new perspectives and spiritual connection • Developed connection with self and others • Creative writing enabled self-expression and personal growth
Heinemeyer and Rowe (2019)	Gender unknown Adults SMI	12	Qualitative interviews and 1 group interview	Theatre (on-going)	• Theme 1: The importance of "being known" involved connecting within the group whilst negotiating social and SMI challenges • Theme 2: "Branched out" from the group into artistic, professional and voluntary roles • Unlimited time within the group provides security
Kerr, Deane, and Crowe (2020)	Male (10) Female (7) Aged 25–63 SMI peer workers	17	Narrative interviews	N/A[b]	• Self-mastery is key to identity reconstruction • Self-mastery offers opportunity for self-reflection and self-awareness, enabling self-growth and empowerment • These factors were key in the identity change from SMI to peer worker
	Male (5) Female (13)	18	Qualitative interviews and 1 group interview	Singing (8 months)	• Recovery from mental illness was seen through rediscovering personal identity,

(Continues)

TABLE 1 (Continued)

Articles by author	Participants	(*n*)	Methods	Intervention (length)	Key findings
Lagacé, Briand, Desrosiers, and Larivière (2016)	Adults SMI				developing confidence, engaging in social roles, improving social, physical and cognitive skills • Stigma relating to mental health services might be a barrier to recovery • Community-based activity for SMI with creative expectation was "normalising" (no stigma) • Singing offered emotional expression opportunities
Lawson, Reynolds, Bryant, and Wilson (2014)[a]	Male (5) Female (3) Aged 39–65 SMI, aquired brain injury (ABI), mental illness (MI)	8	Phenomenological interviews	Visual arts (2 years)	• Learning arts skills, combined with a socially inclusive group helps to construct an identity beyond mental illness • Identity transformation linked to acceptance • Participants shown trust and respect was empowering • Creative skills were applied to self-manage mental health
Van Lith (2014)	Male (5) Female (7) Aged 20s–50s SMI	12	Case studies	Variety (on-going)	• Engaging in artistic practise provided a spiritual dimension • Artworks offered a tool to gain personal insight through reflection • Reconnecting to important aspects of life such as connections to others, provided meaning • Group arts offered multiple ways to identify beyond mental illness
Lloyd, Wong, and Petchkovsky (2007)[a]	Gender unknown Aged 20–59 SMI	8	Qualitative interviews	Visual arts (10 weeks)	• 5 main themes found: expressions, self-discovery, spirituality, empowerment, and self-validation • Both the activity and group setting enabled internal recovery processes • Safe environment was important, created through social support and physical space

TABLE 1 (Continued)

Articles by author	Participants	(*n*)	Methods	Intervention (length)	Key findings
Mizock, Russinova, and Millner (2014)[a]	Male (15) Female (15) Aged 19–72 SMI	30	Semi-structured interviews using grounded theory approach	N/A[b]	• Barriers and facilitators to recovery found at: ○ Micro-level: cognitive, emotional, behavioural, identity-related ○ Meso level: relational ○ Macro level: cultural, systemic • Acceptance of SMI needs to be at both an individual and social level
Montgomery et al. (2008)[a]	Gender unknown "Troubled" adolescents	N/A	Theoretical paper	(N/A)[c] Variety (on-going)	• Theoretical framework to explain and evaluate interventions that enables identity change through activity participation • Key theoretical approaches include self-mastery, identity crisis and transformative learning • The activities helped to improve self-understanding and self-esteem; develop self-management strategies; promote self-reflection and develop communication skills • This was achieved through structure; social support and learning opportunities • The activities involved challenges to overcome
Parr (2005)	Male (27) Female (8) Adults SMI	35	Qualitative interviews		
Parr (2006)[a]	Male (27) Female (8) Adults SMI	35	Qualitative interviews	Variety (on-going)	• A sense of belonging can be achieved through creative spaces although it is not a straightforward process • Challenges include navigating social interactions within groups and the stigma associated with SMI in society • Creative spaces can offer social and psychological stability • Connectedness is developed with the self and others • Empowerment and social inclusion scores significantly improved when participants report a higher impact rating of the activity
Secker, Spandler, Hacking, Kent, and Shenton (2007)	Outcome study: Male (28) Female (44) Aged 36–45 SMI	62	Mixed methods case studies	Variety (on-going)	
	Case studies: Gender unknown Adults SMI	34			

(Continues)

TABLE 1 (Continued)

Articles by author	Participants	(*n*)	Methods	Intervention (length)	Key findings
					• Empowerment, well-being and social inclusion scores improved over time • Only empowerment scores were correlated with high-impact ratings • Three processes were found to be important: getting motivated, focusing on art, and connecting with others • Rebuilding identity was particularly important when personal identity had been adversely affected by SMI • Feeling safe and supported was an important feature of the activities
Shakespeare and Whieldon (2018)	Male (6) Female (14) Adults Mental illness	20	Interviews and 2 focus groups	Singing (on-going)	• All participants saw improvement in or maintenance of their mental health • The group was seen as different from therapy, or simply peer support • Combination of activity and social support developed a sense of belonging • "Low-pressure" activity made it enjoyable • Did not work for everyone but unclear as to why this is
Spence and Gwinner (2014)	Female Adult Mental illness	1	Personal narrative	Visual arts (1 year)	• Creative activities offer opportunities for personal and collaborative expression • Arts provide a tool to connect with others and explore solutions to challenges • Activities offer choice to construct identity
Tucker (2010)	Male and female Aged 18–50 Mixed health conditions inc. SMI	4	Qualitative interviews	N/A[b]	• Practises within community spaces mark out personal spaces that are separate from the mainstream • Creating a community within but separate from the mainstream creates a safe space • A sense of identity is constructed within the safe spaces and through the events/actions that take place there

TABLE 1 (Continued)

Articles by author	Participants	(*n*)	Methods	Intervention (length)	Key findings
Williams, Dingle, Jetten, & Rowan (2018)[a]	Male (29) Female (30) Aged 25–67 Mental illness	59	Quantitative surveys	Singing/writing (ongoing/ 10 weeks)	• Mental well-being improved over time • Group identification was significantly related to improved well-being • No significant difference between creative practise
Yanos et al. (2010)[a]	Adults with SMI	N/A	Theoretical paper	N/A[c]	• Proposes a theoretical model of illness identity relating to mental illness • Accepting a negative perception of illness identity adversely influences hope, self-esteem, coping and symptom severity • Accepting a positive perception of illness identity aids recovery

Abbreviation: SMI, serious mental illness.
[a]Core article used for substantive data extraction.
[b]Study focused on lived experience of mental illness, no specific arts intervention under review.
[c]Theoretical paper, no specific arts intervention under review.

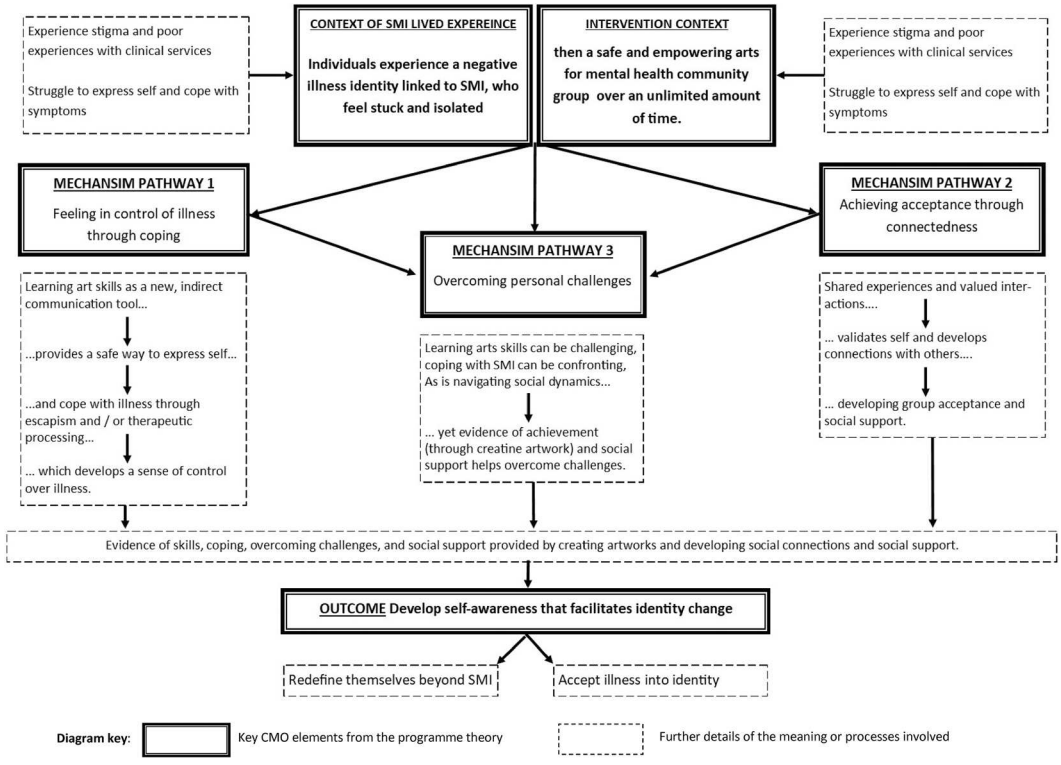

FIGURE 2 A conceptual map of the contexts, mechanisms and outcomes within the programme theory, demonstrating the micro-processes involved in the identity change recovery process. SMI, serious mental illness.

is stifled (Baker et al., 2016; Bone, 2018; De Ruysscher et al., 2019; Haertl & Ero-Phillips, 2019; Lloyd et al., 2007; Yanos et al., 2010). The following verbatim text extract illustrates an individual feeling "stuck" and powerless to cope living with SMI.

> I was trapped in my mental illness to an extent, I couldn't get out of the confines of what was going on in my mind… in some self-imposed prison in a sense…
>
> (Baker et al., 2016, p. 54)

A safe and empowering intervention context emerged as fundamental to the successful activation of mechanisms by addressing some of the detrimental experiences of living with SMI. Safety and empowerment are established at an organisational level by promoting artistic practise, which removes expectations to engage in recovery or therapeutic activities. Conversely, a shared experience of SMI is also a requirement for the groups to feel safe (Baker et al., 2016; De Ruysscher et al., 2019; Parr, 2006). Parr (2006) argues that ambiguity about a groups' purpose can affect engagement with recovery. However, the results of this review suggest that not defining the group in terms of recovery empowers attendees to choose if and how they engage (Baker et al., 2016; De Ruysscher et al., 2019; Haertl & Ero-Phillips, 2019). Therefore, the community-based setting and art focus offer an alternative to the negative experiences encountered within clinical settings.

2.4 | Mechanism pathways

Three mechanism pathways are potentially activated within these contexts and are involved in engaging the identity change recovery process: (a) feeling in control of illness through coping, (b) achieving acceptance through

connectedness and (c) overcoming personal challenges. The relevance of the contextual factors (outlined above) in relation to these mechanism pathways is explained below to illustrate how mechanisms are activated and why they lead to positive identity change. To articulate how mechanisms are activated, Dalkin et al.'s (2015) conceptualisation of a mechanism "resource and response" was utilised. That is, the active ingredients of the intervention emerge in relation to elements introduced through context (mechanism resource), and the effects they produce depend on how an individual responds (mechanism response) (Dalkin et al., 2015).

2.4.1 | Mechanism pathway 1: Feeling in control of illness through coping

Learning art skills provides individuals with a tool for self-expression (mechanism resource) that enables the development of new coping strategies using artistic practise (mechanism response/new mechanism resource). In turn, individuals with SMI feel a sense of control over illness (mechanism response). The contextual factor of struggling to cope when living with SMI offers insight into why the mechanism is activated as individuals lack helpful coping strategies to manage SMI. Therefore, artistic practise equips individuals with a new, safe way to express themselves through art, demonstrated by the below verbatim extract.

> [art] was another form of communication, because I couldn't talk very well. Actually I [just] couldn't talk sometimes and I wasn't being understood, so I used painting and writing as other forms of trying to communicate with people… [and so] for me it was vital.
>
> (Parr, 2006, p. 156)

When learning art skills individuals can respond by developing coping strategies including (a) escapism where artistic practise focuses attention away from illness (Bone, 2018; Lawson et al., 2014; Parr, 2006); (b) therapeutic processing through externalising unaddressed aspects of SMI and (c) gaining personal insight through self-reflection on external self-expression (Baker et al., 2016; Haertl & Ero-Phillips, 2019; Lloyd et al., 2007; Parr, 2006). Lloyd et al. (2007) summarised the profound impact art-based coping strategies can have:

> It was evident that some participants found art to be an effective self-generated strategy in managing their mental illness… expressing their thoughts and emotions was essential in surviving and 'conquering' symptoms of mental illness … 'Fortunately, doing art provides that substitute for an actual attempt of suicide. It's a good enough substitute to get relief for some reason.'
>
> (Lloyd et al., 2007, p. 210)

This extract demonstrates how developing new coping strategies elicits awareness of one's own ability to exert control over illness through self-management (Baker et al., 2016; Haertl & Ero-Phillips, 2019; Lawson et al., 2014; Lloyd et al., 2007; Parr, 2006).

If there is a lack of safety or empowerment within the intervention context, then mechanisms are not activated. (Lawson et al., 2014; Parr, 2006). The extract below demonstrates that when an individual does not feel empowered within the intervention context, this results in disengagement.

> …overly solicitous tutors limited participants' experience of satisfaction and pride in their artwork.… "She [the tutor] did a beautiful print, but I don't want that in the exhibition… Because it's not- not my own work."
>
> (Lawson et al., 2014, p. 773)

Therefore, the importance of a safe and empowering intervention context to activate this mechanism pathway of feeling in control of illness through coping is verified.

2.4.2 | Mechanism pathway 2: Achieving acceptance through connectedness

The shared experience of both creating art and living with SMI (mechanism resource), provides opportunities for individuals to positively compare themselves to others in the group, reducing stigma and developing feelings of acceptance (mechanism responses) (Baker et al., 2016; Bone, 2018; De Ruysscher et al., 2019; Haertl & Ero-Phillips, 2019; Mizock et al., 2014; Parr, 2006; Williams, Dingle, & Rowan, 2018). "*It's like, you know, they have the same problems you do, the same situations, and it really helps me accept myself*." (Mizock et al., 2014, p. 1270). This quote also illustrates the importance of the shared context of living with SMI to develop feelings of acceptance. Furthermore, arts activities provide access to positive social opportunities that begin to counter the negative contextual features of isolation and stigma experienced by people living with SMI. When individuals engage in valued and destigmatising interactions (mechanism resource), they experience self-validation and feel accepted by the group (mechanism response/new mechanism resource) (Baker et al., 2016; Bone, 2018; De Ruysscher et al., 2019; Haertl & Ero-Phillips, 2019; Lawson et al., 2014; Parr, 2006; Williams et al., 2018). A person with SMI who feels that they are accepted within the group may respond by engaging in two-way social support (mechanism response), a coping strategy that links with mechanism pathway 1 (Haertl & Ero-Phillips, 2019; Lawson et al., 2014; Mizock et al., 2014; Williams et al., 2018).

> You give positive feedback they feel good about themselves, and they feel good about who you are as well … Because it's also good for yourself to be able to give that positive feedback to somebody else.
>
> (Williams et al., 2018, p. 174)

Baker et al. (2016) described the interrelated processes of connectedness, acceptance, and social support as a "melting pot" of connection. An important outcome of this melting pot is becoming self-aware, whether that be of own emotions, feeling connected or utilising coping strategies, as demonstrated in the following extract:

> I think we're all in the same boat to a certain extent, on one level or another… when Jud, he said it, it resonated with me, and it felt like I could make a connection with him. And I said it for that, and I also said it for my own sake.
>
> (Baker et al., 2016, p. 31)

A supportive social environment is not always guaranteed however, and negative interactions, such as conflicts and fear of judgement are reported as potential barriers to connectedness and acceptance (Bone, 2018; De Ruysscher et al., 2019; Mizock et al., 2014; Parr, 2006; Williams et al., 2018). "*It wasn't what I expected … I felt the lady [art tutor] was quite strict and short … you know. I didn't enjoy it [this class…]*" (Lawson et al., 2014, p. 773). This quote highlights that valued interactions are an important mechanism within the identity change process, and it is crucial that social interactions are supportive in tone. Challenges relating to social dynamics are common and the safe and empowering intervention context allows individuals to move through discomfort, as outlined below in the overcoming challenges mechanism pathway.

2.4.3 | Mechanism pathway 3: Overcoming personal challenges

Overcoming challenges is a distinct mechanism pathway that closely links to both the coping and connectedness pathways. The intervention resources present challenges in the form of confronting SMI, navigating new social

interactions or difficulties learning artistic practise. Interestingly these obstacles were found to be important in the identity change process, rather than barriers. This is due to the safe and empowering intervention context that enables individuals to move through discomfort. For example, using art as a therapeutic tool is reported as an uncomfortable, emotionally draining experience, which can intensify emotional difficulties (Baker et al., 2016; Haertl & Ero-Phillips, 2019; Parr, 2006; Williams et al., 2018). The below extract illustrates how the arts activity offers a safe medium to move through the discomfort of confronting issues relating to SMI:

> the Shared Reading group was (beneficially) not 'comfortable' because of the abrupt and unexpected emotional involvement: "What with books and poems, it makes you look at things honestly. And it's harder to lie around them… This is, it's about feelings, there's feelings so you're talking about feelings."
>
> (Baker et al., 2016, p. 19)

Social interactions also present challenges, with anxieties that stem from stigma, perceived expectations within the group and even the shared lived experience of SMI (Baker et al., 2016; Bone, 2018; De Ruysscher et al., 2019; Lawson et al., 2014; Lloyd et al., 2007; Williams et al., 2018). Valued interactions and social support go some way to mitigate social conflicts, utilising the arts activity as a focus for communication (Baker et al., 2016; Bone, 2018; De Ruysscher et al., 2019; Lloyd, 2007; Parr, 2006; Williams et al., 2018).

> …when I shared what I shared I felt good, but I also felt scared because I was vulnerable, I was showing myself in a way, and I wasn't sure um, exactly how that would be received. But the group-leader reacted to me well and people around me didn't say anything.
>
> (Baker et al., 2016, p. 31)

A feeling of safety within the intervention context is also vital in order for these social processes to take place, and safety can in turn be influenced by social factors. When social factors negatively impact on feelings of safety this may, in turn, lead to disengagement:

> A recurrent point of tension lies in the fact that the feeling of safety is continuously subject to group dynamics and interactions. For example, the presence of certain visitors can be experienced as threatening or unfavourable by others, for example out of fear that they will encourage them to keep using drugs.
>
> (De Ruysscher et al., 2019, p. 5)

This quote illustrates the importance of feelings of safety within the intervention context to activate the mechanism pathway of overcoming personal challenges. When individuals feel safe and empowered within the intervention, they may respond to challenging experiences using them as an opportunity for self-reflection and to develop the awareness of one's own ability to overcome them (Baker et al., 2016; Lloyd et al., 2007; Parr, 2006). Developing such self-awareness is essential to the identity change process.

2.5 | Outcomes: Self-awareness facilitates identity change

Developing self-awareness was a consistent outcome of the three mechanism pathways, which facilitate the identity change process. Learning to cope through art, feeling connected and accepted by others, and overcoming personal challenges all provide evidence of positive aspects of self. Reflecting on such evidence develops moments of self-awareness that allow individuals to redefine themselves beyond SMI and/or accept illness into identity (Baker et al., 2016; De Ruysscher et al., 2019; Haertl & Ero-Phillips, 2019; Lawson et al., 2014;

Lloyd et al., 2007; Mizock et al., 2014; Parr, 2006; Williams et al., 2018). Redefining self can relate to personal traits such as being imaginative, as illustrated in the quote below:

> And you suddenly think, God! I have got an imagination. I can sense that. I have got something to say. It makes you feel like a fully functioning person again. You know, like a member of society.
>
> (Baker et al., 2016, p. 9)

This quote also acknowledges that developing personal traits can also allow social identities to develop. Becoming a member of an arts group allows individuals to positively re-evaluate their social identities as evidenced in the following quote from Haertl & Ero-Phillips (2019, p. 18); "*I'm kind of [a] fringe player and … that's not a bad thing, I'm not like this weird menace to society*." Here, the participant has shifted their perspective on being on the "fringe" of mainstream society. Similarly, regaining a positive sense of self can also lead to a shift in illness identity, whereby SMI becomes accepted into identity (Baker et al., 2016; De Ruysscher et al., 2019; Lawson et al., 2014; Yanos et al., 2010)

> I find it almost inconceivable to go back to what I used to do… So, any attempt to make me so-called normal would probably not work and prevent me from expressing myself the way I only know; that is through art, through my thoughts.
>
> (Lloyd et al., 2007, p. 212)

For some, engaging in community art activities allowed individuals to develop a new social identity (Bone, 2018; Lloyd et al., 2007), illustrated in the following verbatim text:

> "Recovery enables me to have options and choices within these roles. It goes way beyond my mental illness. It has opened pathways for opportunities and new discoveries"… The participants found themselves engaging in new life roles, such as an employee or a student, as well as performing their current roles more effectively, such as a spouse or a parent.
>
> (Lloyd et al., 2007, p. 212–213)

These findings illustrate the diversity of experiencing the identity change recovery process, reflecting the individual nature of SMI recovery.

3 | DISCUSSION

The programme theory developed through this realist review reveals four key lessons. First, the intervention context must be safe and empowering in order for mechanisms to activate and to engage the identity change recovery process. Second, community arts activities offer several potential mechanism pathways, which involve both inter- and intra-personal processes. Interpersonal processes were evident in mechanism pathway two including internalising positive feedback from group members to validate a positive sense of self and gain a sense of belonging. Intrapersonal processes can be seen in mechanism pathways one and three such as learning new arts-based coping strategies, and overcoming the challenges of this process, and developing self-awareness through self-reflection. However, not all mechanisms need to be activated for identity change to occur. Third, other recovery processes can be seen within the programme theory. In particular, the recovery processes of "empowerment," "connectedness," and "difficulties" from the CHIME-D framework are reflected within mechanism pathways 1–3, respectively (Leamy et al., 2011; Stuart et al., 2017). Thus, the programme theory demonstrates that community arts activities can engage a number of recovery processes, providing further insight into why such activities have been found to be effective in supporting SMI recovery (Dayson & Bashir, 2014; Kimberlee, 2013; Stickley & Hui, 2012; Walters, 2015;

White & Salamon, 2010). Lastly, the identity change recovery process involves developing awareness of positive parts of self, so individuals can begin to define themselves beyond SMI through both personal and social identities. These findings suggest that the combination of both the arts activity and group-based interactions have the potential to increase the number of mechanisms activated, and that the experience of identity change varies between individuals.

The final stage of a realist review involves drawing on middle-range theory to explain these key findings at a higher level of abstraction (Astbury, 2018). The final search cycle in the review revealed that no single theoretical approach could encompass all the findings from the programme theory. Therefore, a multi-theoretical approach was taken utilising two middle-range theories to provide a holistic explanation of the processes involved in the programme theory. The two middle-range theories identified were (a) the Social Identity Approach to Health (Haslam et al., 2018; Williams et al., 2018) and (b) Transformative Learning Theory (Mezirow, 2018; Montgomery et al., 2008). In particular, the Social Identity Approach to Health explains the social processes found within the programme theory and how these influence identity. Transformative Learning Theory adds to this explanation by expanding on how engaging in a creative activity develops self-awareness, which also leads to identity change. Utilising two middle-range theories presents a comprehensive approach to understanding the identity change recovery process within the specific context of community arts. Figure 3 below presents a simplified version of the programme theory map (in Figure 2), and highlights the elements explained by each middle-range theory.

First, the Social Identity Approach to Health provides explanatory insights into the processes found within mechanism pathway 2 and how social processes influence identity change. For example, community arts provide an opportunity to interact with other people with SMI in a non-judgemental setting, enabling self-comparisons to occur without stigma. The current findings found that positive interactions helped to validate the self, which mirrors the process of internalisation within the Social Identity Approach to Health (Best et al., 2016; Haslam et al., 2018; Heinemeyer & Rowe, 2019; Williams et al., 2018). The arts activity also provided an alternative shared experience away from SMI, which allows individuals to compare themselves with others through a different, and often positive, lens. Research has found that SMI acceptance can be developed by reframing illness through a positive group setting and new, positive social identities can be developed in relation to an art group (Best et al., 2016; Haslam et al., 2018;

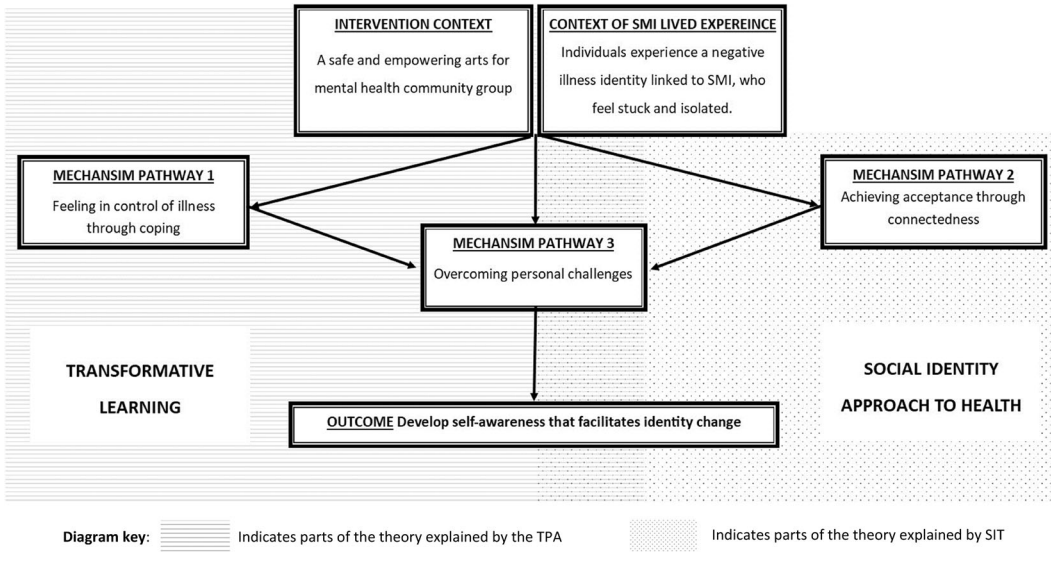

FIGURE 3 A conceptual map of the key contexts, mechanisms and outcomes within the programme theory, with the shaded areas indicating the application of the middle-range theories of the Transformative Participatory Approach and Social Identity Theory. SMI, serious mental illness.

Mizock et al., 2014; Williams et al., 2018). Both illness acceptance and the development of new social identities were found to be outcomes of the identity change recovery process. Such findings reflect the pathways identified within the SIMIC. Firstly, gaining a new social identity in relation to the art group mirrors the social identity gain pathway (Haslam et al., 2018). Secondly, the acceptance of SMI into identity could reflect the social identity continuity pathway as SMI remains part of identity, however, the perspective of SMI has shifted to a positive one. Both pathways within the SIMIC have been found to be important to well-being as social identities provide psychological resources, such as confidence, that protect and improve mental health (Haslam et al., 2018; Jetten et al., 2017). Furthermore, the Social Identity Approach to Health argues that group membership can promote positive health behaviours that members enact, such as developing arts-based coping strategies and providing a structured routine (Dingle et al., 2013; Williams et al., 2018). Such effects were found within the current review, for example, when individuals gained a sense of belonging in a group, they were more likely to engage in two-way social support as an SMI coping mechanism. However, social identities can also be detrimental to health, particularly when an identity is stigmatised such as SMI (Cruwys & Gunaseelan, 2016; Haslam et al., 2018; Jetten et al., 2017). This was evident within the current review findings in mechanism pathway 3 whereby social dynamics could be challenging, particularly within a group of complex needs. Nevertheless, individuals can overcome such challenges within the safe intervention context and draw on social support. The arts activities also presented a useful tool to help overcome challenges however, the programme theory indicates that the arts activity itself plays a specific role in identity change, one which can be explained by Transformative Learning Theory.

Transformative learning is an adult learning process whereby an individual can change their own mindset by engaging in self-reflection (Mezirow, 2018; Montgomery et al., 2008). Community arts activities present an opportunity for engaging in transformative learning. This is achieved through repeated enactive experiences and overcoming challenges, which bring an individual's ability to master a task into conscious awareness, that is, developing self-efficacy (Bandura, 1978; Bandura & Adams, 1977; Montgomery et al., 2008). Therefore, the Transformative Learning Theory offers an explanation for the role of arts activities within the identity change recovery process, specifically mechanism pathways 1 and 3 of the programme theory. For example, creating a piece of artwork can present an individual with evidence external to themselves of their artistic ability, developing feelings of competence. Equally, if creating art provides escapism, an individual can excerpt control over their SMI through a new coping strategy. Gaining a sense of control over SMI can enable acceptance of illness into identity and has been linked to improved health outcomes (Kaite et al., 2015; Orton et al., 2019; Popay, Whitehead, Ponsford, Egan, & Mead, 2020; Tew et al., 2012; Whitehead et al., 2016). Research has found that self-awareness allows an individual to adjust their perceptions and challenge internalised stigma, enabling a positive identity change to occur as self-concepts become more congruent (Illeris, 2014; Mezirow, 2018). Arts activities may be particularly effective in developing self-awareness as creativity and imagination have been found to play an important role in self-efficacy and transformative learning (Baker et al., 2016; Boyd, 1994; Dirkx, 1998; Montgomery et al., 2008; Nitzan & Orkibi, 2022). Furthermore, brain imaging research has revealed that reappraisal tasks using an artistic approach activate the left caudate nucleus (parts of the reward system), which is under-utilised within an SMI population (Baker et al., 2016). Such findings suggest that arts activities may be particularly effective in developing self-awareness in an SMI population. It should be acknowledged that social interactions are also important to developing self-awareness through observational learning and gaining feedback (Mezirow, 2018; Montgomery et al., 2008). As such, the Transformative Learning Theory and Social Identity Approach to Health complement each other and present a holistic explanation of the identity change recovery process within a community arts context.

Pawson (2006) notes that given the complexity of social interventions, it is not possible to encompass all explanations within one theory, and so programme theory presents partial, context dependant knowledge. Within the current review, the programme theory does not explain how and why a safe and empowering intervention context is established at an organisational level prior to activity engagement. Further research is needed to explore the nature of this specific context and how it is developed. A further limitation of the programme theory is a lack of affect, as identity change has been associated with changes in emotion, such as anxiety and mood (Beck, 1987; Burke & Stets, 2023).

Emerging research also suggests that emotions associated with a mental illness experiences input into the identity change recovery process, with positive emotional experiences significantly relating to positive identity change (Cast & Diamond-Welch, 2015). Further research is needed to explore emotion as a potential mechanism of change within this programme theory.

A focussed review such as this will inevitably shine a light on some aspects of what is clearly a more complex recovery process involving various interacting factors over time. Nevertheless recommendations can still be drawn from the findings of this review. The results highlight the importance of a safe and empowering community arts intervention context to develop a positive identity change beyond illness, and therefore benefits may be limited if arts are provided in more traditional mental health settings. The findings also suggest that utilising creative activities is particularly beneficial within an SMI population. Engagement in community arts can be therapeutic in helping people to develop coping strategies to live with ongoing SMI, and engage in multiple recovery processes, and so should be considered as an important part of care plans.

AUTHORS CONTRIBUTIONS

Louisa Anne Peters: Study conceptualisation; data curation; formal analysis; methodology development; project administration; resources and software set-up; validation; visualisation and writing. **Tim Gomersall**: Study conceptualisation; methodology; supervision; validation; visualisation and writing. **Andrew Booth**: Study conceptualisation; methodology; supervision; validation; visualisation and writing. **Mike Lucock**: Study conceptualisation; methodology; supervision; validation; visualisation and writing.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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