



Arts-based methods as a critical and decolonising process in global mental health: Reflections on popular discourse, artistic rigour and limitations.

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ABSTRACT

Due to masculine expectations and cultural perceptions, Luo and Busoga men, in their respective countries of Kenya and Uganda, can experience a range of mental health conditions which can lead to violent and problematic behaviours. Over an 18 month period in 2022/23, *Masculinities and Mental Health* used bottom-up, culturally responsive, arts and health workshops to seek to understand the cultural causes of stress and depression reported by men in Luo and Busoga cultures. The project included a two month arts-based residency in Osiri village, Kisumu County (Kenya) and a four week residency in Walukuba, Jinja (Uganda) working with groups of men to explore definitions of mental health via arts-based research methodologies. This article will present examples from the research whilst critically interrogating the possibilities of arts-based research contributing to an ongoing process of decolonising mental health practices in East Africa. The paper is focused on three dilemmas and learnings that occurred during the project; balancing the relationship between popular and progressive ideas in health care research, the complications of developing the 'art' in arts-based research and the inherent limitations of arts-based research in developing impact. I argue that arts-based research can effectively contribute to wider efforts of decolonising mental health by enabling participatory spaces to explore indigenous knowledge and lived experience. However, such efforts could be advanced if arts-based research engaged with systemic structures which enforce Global North practices and ignore culturally specific understandings of mental health.

1. Introduction

25 men stand at one side of our designated workshop space in a field of Osiri village, western Kenya. At the opposite end of the space is one man with his back to the rest of the group. He is playing the role of *Grandma*. The aim of this drama game, adapted from the children's game of *Grandma's footsteps*, is for the group of 25 to work collectively and successfully to take a set of keys, which are situated at the feet of *Grandma* without her noticing and to return them to the other side of the workshop space. The challenge of the game arises from the aspect that *Grandma* can turn around at any given time and if they see a participant move, they must go back to the opposite end of the space and start again. Here, the game became an example of embodied research (Kara, 2015:23); the fictitious framing enabled the keys to be reimagined as personal happiness and wellbeing, whilst *Grandma* was reframed as the obstacles that prevented such happiness being achieved. For Luo men in Osiri village, happiness meant 'good health, food security and peaceful coexistence' and the obstacles included 'unemployment, Luo traditions and poor crop yield due to climatic change'. The basic exercise created joy and humour as well as providing a space for critical reflection. The arts-based approach enabled a free space to deconstruct standardised concepts of mental health (i.e., happiness) and understand what these mean in the hyper-localised context of being a Luo man in the Osiri

Village of Kisumu County.

The micro-illustration above is an example of the arts-based approach that was the central research methodology in the Wellcome Trust ISSF Funded project *Masculinities and Mental Health*. The 18-month project investigated the relationships between masculinity, culture and mental health among Luo and Basoga men in two specific locations; in Kenya in rural Nyanza (a Luo heartland) in Osiri village, and in the slum district of Walukuba in Jinja city, Uganda, (a Basoga heartland). Mental health provision in both countries face numerous challenges including under-funded services, stigma and lack of trained staff (Marangu et al., 2021). Fast et al. (2020) have found that men in Kenya and Uganda will not seek professional mental health support, even when in major crisis, but will engage in additional gendered leisure or work activities. Such behaviours often lead to a breakdown of family life and economic stability (Fast et al., nd Moyer et al., 2020). The *Masculinities and Mental Health* research sought to explore how strong cultural perceptions of what it means to be a man within Luo and Busoga ethnicities can lead to a range of mental health conditions; specifically, depression and chronic stress. The research also considered what the notions of wellbeing and happiness mean in the respective contexts. This article will focus on the six-week residency that took place at Osiri Village, Kisumu County Kenya. Weekly arts-based sessions were held with two separate groups; a) 20 adult men – 25 and over and; b) 20 young men – 18–24.

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The framing of arts-based research methodology throughout this article combines multiple definitions and practices. The main intention of utilising arts-based research is its ability to present new knowledges and challenge historical ‘assumptions about what constitutes research and knowledge’ (Leavy, 2020:11). As an applied theatre practitioner, the work discussed in this article is also aligned with the broader framing of Applied Theatre as Research Methodology, broadly discussed by O’Connor and Anderson (2015). Whilst O’Connor and Anderson (2015:3) argue that applied theatre research should have an intention of ‘critiquing and transforming existing social relations’, this research is solely situated within a position of critique and exploration. The small-scale nature of this project prioritised time to use arts-based research to share and explore existing knowledges of masculinities and mental health as this area of work is under-researched and under-resourced. Whilst acknowledging the individual impact that participating in arts activities can have, to make a claim of using arts-based research to enable concrete societal change within this project would not be a fair representation of the work undertaken.

My approach to arts-based research can accompany an array of techniques borrowing from theatre of the oppressed, theatre in education, ensemble-based devising, storytelling, song and improvisation. This approach has been adopted to be artistically and pedagogically responsive to community groups and evade the expectations and pitfalls that can arise with adopting a singular artistic practice in arts-based research, especially in the African context (see Plastow, 2009). To position myself within the context of the project, I am white British male researcher in the Kenyan context. I am aware of the understandable criticisms of Global North health scholars conducting research in the Global South, (most specifically in Africa). However, I have worked in Osiri village since 2019 and have worked with community elders in the area to deliver a range of projects prior to delivering Masculinities and Mental Health. The project arose from community consultation and a desire to enable conversations about mental health in the community. The project was co-led with Alfred Angira who is Luo and has also worked with multiple communities in Nyando sub county. It is this long-term relationship that enabled me to develop a level of trust for this project to happen.

Previous research in the area led by collaborators and I and a socio-political aim of decentring and decolonising global mental health are also of significance when introducing the context of the project. There have been a range of preceding projects to *Masculinities and Mental Health* that have been led collaboratively by Professor Jane Plastow and me. The most significant of these was a large-scale project focused on maternal mortalities. This highlighted incidences of chronic stress in men living in the rural areas of Kisumu County and a range of violent behaviours resulting from stress and depression. While there have been recent sociological studies of Luo men in the Kenyan capital, Nairobi (Izugbara et al., 2013), the relationship between perceived masculinities and mental health has been little studied. Other research on masculinities and mental health tends to be broad and focused on the African continent (see Ezeugwu and Ojedokun, 2020) with little mention of differentiated cultural understandings.

Critical theorists and activists such as Achille Mbembe and Ngugi Wa’Thiongo have continuously made the argument for a process of decolonisation to take place to benefit the social development and cultural imaginations of all people irrespective of their home country or continent. As Ngugi Wa’Thiongo historically argued:

It is therefore not really a question of studying that which is removed from ourselves wherever we are located in the twentieth century but rather one of understanding all the voices coming from what is essentially a plurality of centres all over the world.

(Ngugi Wa’Thiongo, 1993:10/11)

In *Critique of Black Reason*, Mbembe (2017:1) argues that ‘Europe is no longer the centre of gravity of the world’. He extends this argument by claiming that the process of ‘measuring’ the repercussions of colonial

rule can only begin to be measured in the contemporary era. Whilst I find agreement with Mbembe, Ngugi and other decolonising scholars (see Ndlovu-Gatsheni, 2015), when discussing mental health diagnoses, clinical frameworks and mental health constructs the Global North dominance is very clear and not much change has been made since the independence movement of the 1960s. In the Kenyan context the use of the Diagnostic and Statistical Manual of Mental Disorders (DSM), developed by the American Psychological Association, is widespread and has been found to inhibit individuals from accessing mental health support (Alemu, Osborn and Wasanga, 2023:2). Similarly, all mental health workers and psychotherapists trained at the University of Makerere, Uganda are taught using the DSM. The DSM is developed in the Global North and does not take into account the nuances and intricacies of specific ethnic and cultural practices in the Global South (ibid.). Other impacts of the over reliance on westernised models of mental health care and practice include the stigmatising effects of diagnostic labelling (Malott, Barraclough and Yee, 2023:2). In agreement with Mills (2014) the relationship between mental health and colonialism (as well as other oppressions) needs to be understood as intricate, interwoven and deliberate. A key asset of this dominance of Global North frameworks in the Global South is the slow erasure of ‘indigenous systems’ and localised knowledges in mental health (Mills, 2014:129). The aim of the project was for arts-based methods to contribute to a wider project of decolonising mental health by documenting and exploring indigenous knowledges of mental health. And, by doing so, resist the dependency and dominance of Global North frameworks in Global Mental Health discourse and practice in East Africa.

In this article, I argue that whilst arts-based methodologies undoubtedly provided a space for decolonising mental health research and discourse in the Kenyan context, there are multiple complications that need to be negotiated and that cannot be resolved within the confines of one research project. Utilising examples of my practice from Osiri village, the article will explore three major aspects that arose from utilising arts-based research to decolonise male mental health concepts. These include; the tensions between progressive and popular ideas in co-production; the quality and purpose of the *art* in arts-based research; and the limitations of arts-based research in realising sustainable and efficacious change. Concluding with Fanon’s comments on changing the concrete realities of the oppressed, I argue that arts-based research can act as an effective tool for decolonisation by supporting localised definitions and identities in matters relating to mental health, but this does little to engage with systemic structures which enforce Global North practices and the socio-economic impacts on mental health.

1.1. Between the popular and progressive in arts-based research

During the research process in Osiri village, arts-based methods were used to create a glossary of Dholuo terms that the men were using to discuss their respective roles as a man within the family and community. These included terms such as; *Nyithindo* - the responsibility of the man to raise their children and the aim to be revered because of the number of children he will raise; *Tero* - in the event of a male sibling’s death, the man will inherit his brother’s wife and children; and *tedo chiemo* - the man is not allowed to enter the kitchen and is the only one permitted to eat certain parts of the animal that is being eaten, mainly chicken. The select terms above provide an insight into the patriarchal conventions that construct Luo masculinity. Luo culture is patrilineal and polygamy is still practiced, mostly in rural areas. Previous research I have collaborated on relating to maternal mortalities in western Kenya has demonstrated the negative role of the patriarch within pregnancy, with men forcing wives to conduct manual labour until the late stages of pregnancy, restricting access to maternity care services and, in some cases, coercing the wife to have their birth overseen by the Traditional Birth Assistant (Plastow and Elliott, 2020). These findings are compounded by other scholars as well that have demonstrated that Luo masculinity can have major negative impacts on the wellbeing of women

and children (Odhiambo, 2021; Perry et al., 2014).

In addition to the negative impact of masculinity on women's wellbeing, the research also demonstrated the impact that such patriarchal structures and ideas have on male wellbeing itself. As explained by Phillip (2022) in a post-project interview:

I realised how as a young man, I am so focused on sexual relationships that are transactional. As a youth, I realised that I am stressed and depressed due to all my resources focused on the girl. When I wake up in the morning it is all I can think about.

Phillip's response was echoed by many of the participants in the project who expressed that low self-esteem, peer pressure and relationships were a cause of stress and depression for young men. In another post project interview, Nick (2022) said that the family structure was a major issue that affected his mental health. He discussed how the loss of his mother at an early age led to his upbringing being led by his father. He encountered a range of issues including not being able to pay school fees and absence of parental love and care, which is predominantly the role of the mother. As an example of how similar findings were discussed via participatory methods, I played a fast-paced voting game which required participants to select a 'station' that best represented their primary priority. For the project in Osiri, there were four stations; money, love, tradition and schooling. When played with both groups of participants, approximately 95% chose money and rejected the other options. The reasons for choosing money, most specifically among the older participant group, was to fulfil their role of provider within the household and the extreme pressures it places on them to support school fees, building, crops and seeking employment. In Luo belief systems, this is referred to as *dichuo nyaka pidh joge*; a man is entitled to provide all the basic needs. A discussion ensued as a result of this basic exercise that looked at the intersection of gender roles and financial responsibilities. The discussion presented a complex picture of male mental health in Osiri that was a result of multiple indices with no consistent experience between the participants.

At a later stage of the project, we developed a range of stories using the traditional Luo *Sigana* storytelling process. These stories were an opportunity to fictionalise some of our discussions as described above and share these outcomes in a safe and distanced manner with other members of the community, both male and female.

In agreement with Switzer (2018:195) there is a need to reflect upon the relationship between content and form in arts-based research. The concern that arose from this process was an issue in the form of storytelling as an arts-based method to represent the content that arose from preceding workshops i.e, the complexities of a lived experience or health phenomena. There was a trend that started to emerge through the initial storytelling process of a focus on the 'wife' and their role in the downfall of the male fictional characters. For example, the story of Omollo positions the wife as the cause of the issues, with her abandoning her husband as soon as she begins to think he has mental ill health. In addition to this, the story of Omuga was based on a narrative that Omuga's wife ran away with his children and his money, which led him to experience severe depression and thoughts of suicide. As a result of the storytelling circle process, it became clear that the simple narrative structure of the storytelling which included a character's downfall being a result of his wife's action could not accurately depict the nuanced discussions that were had in relation to money earlier in the project. As a result of this process, the role of arts-based methods and how they reinforced negative and regressive attitudes towards women in Luo culture require exploration, especially given the critical and decolonising framework underpinning the research method.

Leavy (2020:24) argues that arts-based methods can be used in 'creating critical awareness and raising social consciousness' which has clear parallels with critical pedagogy that underpins my approach to arts-based research. The positioning of lived experience is also of major importance as Moss and O'Neill (2019) have found from their own research that arts-based practice can provide unique insights in to lived

experiences of health that other qualitative methods cannot offer. As well as this, notions of dialogue and co-production in arts-based research is a prerequisite to enabling lived experience to be shared, empowered and explored (Phillips, Christensen-Strynø & Frølund, 2022). This is also of significant importance in relation to decolonising mental health research in the Global South where existing procedures (eg. DSM) are abstract and alien. The notion of co-production and lived experience in arts-based research contributes to the wider aims of decolonisation and educational emancipation as participants determine their own transformation from object ('those who are known and acted upon') to subject ('those who know and act') (Freire, 1996:28).

Whilst my practice adheres to the elements described above, the experience of arts-based work reinforcing existing patriarchal ideas via the storytelling circle resonated deeply with the work of Snyder-Young (2013:40):

... *popular* positions and ideas are not necessarily *progressive*. Applied Theatre is usually utilised in support of politically progressive agendas, but the work participants initiate and the choices they make do not automatically orient towards social justice. (Italics in original)

Snyder-Young (2013:40–58) discusses her experiences of delivering Theatre of the Oppressed (TO) work in the US schooling system, where students would repeat embedded ideas passed on to them by the schooling system which were not politically progressive, certainly not in relation to the grand rhetoric of 'revolution' used by Boal in TO work. The reflections of this practice are honest in that Snyder-Young (2013:57) admits to giving power to the assumptions that students have without challenging them, due to a desire to build trust and not impose herself as an authority figure.

In relation to my own project, my practice differed from Snyder-Young as I challenged assumptions and ideas that were shared during the storytelling process. It is this long-term relationship that I discussed in the introduction that enabled me to develop a level of trust that Snyder-Young was aiming to develop with her participants. For clarification, the challenge to a pre-existing idea in the project was not approached aggressively but was framed by respect for opinions and conducted using arts-based methods. For example, after the initial presentation of fictional stories like those of Omollo and Omuga, I facilitated a range of improvisation games where participants performed as the characters mentioned in the story and shared their own stories. Borrowed from Boal's Rainbow of Desire technique (1995), this enabled a variety of opinions and experiences to be heard against the protagonist's narrative. In addition to challenging ideas in a creative and productive way, it also provided rigour and validity of data in arts-based research which has received criticism historically (Hammersley, 2007). I agree with such criticisms of arts-based methods as when lived experience remains unquestioned or unchallenged it could lead to an unconditional affirmation that subjective opinions at their first point of being expressed in artistic form are a truth in themselves and do not represent the complexities of the lived experience.

If unchallenged, all stories would have followed the 'popular' narrative of the wife as the antagonist. This is where I find myself at disagreement with Saldana and his argument relating to the arts-based method of ethnodrama; a process where research data is performed. Saldana (2016:43) argues that an ethnodramatist's first responsibility is the participant followed by the researcher and, finally, a responsibility to the audience. This contradicts notions of dialogical pedagogy where researchers work in collaboration with participants and responsibilities are shared. In the case of this project, the arts-based method aimed to correct its own weaknesses of simplifying the complexities of lived experience within the storytelling process. This was a process led and informed by both participant, myself as the researcher and the awareness of how this work could be perceived by audiences.

The final stories developed by the group did include those which represented the character of the wife negatively. In effect, this meant that the arts-based research and artistic outcomes did present 'popular'

opinions of patriarchy, but these were arrived at by a process of critical interrogation and the reworking of other stories to capture some of the complexities that had been discussed in earlier workshops. Experiences were shared, particularly by young men, of being exploited by girlfriends or wives for financial gain. This has been found in my previous research. *Masculinities and Mental Health* posits an example of how arts-based research can navigate popular and progressive positions in both arts-based exercises and artistic performance. Most importantly, the examples raise an opportunity to question when beliefs or representations should be challenged within the dialogical relationship. In the case of arts-based research in Osiri village, I could not deny lived experiences, irrespective of what position they represented or held but there was an aim for the methodology to make a more ethical representation of the lived experiences and indigenous knowledges being shared. It is such an approach that will better serve the overall project of decolonising mental health in the Global South by ensuring indigenous knowledges are fairly represented.

1.2. Finding the 'art' in arts-based research

Arts-based research has expanded enormously over recent years with a vast array of literature (Leavy, 2023; Kara, 2015; Barone and Eisner, 2012). Bunn et al. (2020) conducted a scoping review of arts-based research in sub-Saharan Africa which found that methods are widely used and in a myriad of ways. The review found that theatre approaches were the most used and that 84% of the identified projects were HIV/Aids related (ibid.). The important findings from this study for the purposes of this article are that there was no evidence of arts-based approaches being used for mental health research and that arts-based work is usually conducted as a collaboration between the researcher and an arts practitioner, signalling that research and arts expertise are separated in the research team. Boydell et al. (2016:3) also identifies that arts-based research can be separated in to two distinct functions; process (eliciting responses) and product (dissemination of findings). An example of this was provided in the section above regarding the relationship between the voting game and the storytelling process. From an applied theatre perspective, the relationship between process and product has received significant attention since the emergence of relevant literature in the early 1990s. There is a recognition that applied theatre work should lead to a high-quality product but there are difficulties in doing so, mainly budget and attention to process (Thornton, 2012). The risk of not undertaking a high-quality approach to both process and product can lead to a paternalistic relationship, resulting in audiences who might believe that participants should only be celebrated for taking part and/or the performance work being condescending, with little respect for the stories being told or the audience to whom they are being told to. A range of theatre for development programmes have been documented as following this process with minimal rehearsal time and tokenistic participation (Odhiambo, 2005; Plastow, 2021; Plastow and Elliott, 2020). I am arguing that arts-based research should also be aiming to appease the demands for high-quality processes and products that are in applied theatre practices to ensure ethical research that veers strongly away from elements of tokenism and the arts used as a means of extracting data. In this section I interrogate the struggle to achieve this throughout the *Masculinities and Mental Health* project. I focus on the difficulty to combine the process and product described earlier by Boydell and critically examine what skillset is needed for arts-based research and how this can be used to support wider processes of decolonisation in mental health.

Prior to working in academia, I worked as a theatre facilitator and director in a range of settings including prisons, youth centres and care homes. This work included working with participant groups for a sustained period of time on a range of social or political topics that the group decided to focus on and create a devised performance based on experiences and stories relating to the group's chosen topics. As all practice is determined by context, there are numerous variants to the

basic model described above. This process is like work I have led in Kenya and Uganda, mainly in collaboration with a local theatre company. In Kenya, this work has predominantly been conducted with Equator Ensemble, a small theatre collective based in Kisumu. Alfred Angira from the Equator Ensemble team was the collaborator on the *Masculinities and Mental Health* project. All of my previous practice has used arts-based research for the two functions of process and product, seeing a clear linkage between these functions.

The constant struggle throughout the work in Osiri, Kisumu County, was trying to find the balance between the role of researcher and theatre maker in my skillset. A common occurrence was struggling with the dominant aim of using arts-based methods to 'address research questions' (Leavy, 2020) and the relation of this process to making a piece of artistic work. For example, in the early stages of the research process I utilised a basic image theatre exercise (see Boal, 2008) for participants to embody and discuss real and ideal visions of Luo masculinity to develop ideas for the devising process. Using their own bodies, a range of 'images' were shown to the wider group and the complexities of masculinities were discussed. After an image was shared, the prevailing discussion controlled the creative process, the image was soon forgotten, participants would sit down and an impromptu focus group discussion started to take place. This happened irrespective of the creative scaffolding I tried to introduce that can be added to the basic image theatre exercise. Whilst being responsive to the groups and the stories they wanted to share, there was an ongoing critical consideration of which methodology was used in the process. Arts-based research was the starting point which gave way to more qualitative methods such as interviews and focus groups in the workshop space. The amount of information that was shared was incredibly rich and provided a challenge to criticisms of the rigour in arts-based research but there was an emerging tension when trying to identify the 'art' in arts-based research methodology.

This process applied to a range of games and exercises that were played throughout the project. The example of Grandma's footsteps provided at the start of this article was very popular and brought a lot of joy and fun into the research space. I do not underestimate the power of these processes to develop embodied and affective spaces and I have written about this previously (see Elliott, 2020). But, in the process of eliciting rigorous data, the 'arts' aspect of arts-based research appeared to become lost. This tension has been acknowledged by Phillips et al. (2022:397).

This is a tension between cultivating the collaborative creative process using ABR and generating specific research-based knowledge-claims and products. As noted earlier, to further dialogic learning across multiple ways of knowing, researchers relinquish full control over the process. It is precisely the capacity of ABR to cultivate creative, emergent-opened processes which makes it well-suited for co-production. However, it is also this capacity that makes it difficult to generate research results in the form of specific, clearly delineated research-based knowledge-claims and material outputs.

In relation to my own position as a researcher from the Global North, there are also ethical considerations regarding this notion of arts-based work being predominantly used to elicit responses. There is a risk of arts-based research lending itself to criticism of Global North research being extractive from Global South contexts and utilising research data to appease dominant global hegemonies (Mc Grath and Young, 2019:2). The dominance of the 'process' aspect of the research and its purpose of eliciting responses was detrimental to the ethics of the work, whilst hindering the development of a creative product. Whilst in agreement with decolonial praxis and its emphasis on notions of time, ethics of trust and relationality in research (Adams, 2014), I have worked in Osiri village for a period of five years where we have developed trust and shared previous work together meaning there is an existing understanding of the decolonial tenets above. This ongoing relationship has led the arts-based research in this project to be placed in an ethical frame

that Leavy (2020:28) describes as aiming to be ‘useful’ to the community that is participating in the research. From experience of my previous creative work, I know that there is a significant amount of time needed to work on a range of aspects beyond discussion, including performance skills and rehearsal. The ability to achieve this within the scope of a research project, that also has aims of research exploration, was incredibly difficult, leading to a limited artistic product and its ‘usefulness’ to the community in Osiri.

In relation to the second function of product in arts-based work, as discussed earlier, *Sigana Mag Gweng* (Stories from the Village) was the creative outcome in Kenya, a series of fictional stories told by participants to camera. Luo siganas (stories), sometimes referred to as Sigen-dini Luo (Luo oral narratives), is a historical form of storytelling that takes place in the evenings and is led by community elders, to enable young people to ‘look upon the complexity of life with greater understanding’ as well as develop sympathy and tolerance (Odaga,1980:121). The production of *Sigana Mag Gweng* aligns with the argument that the separation of artistic forms such as theatre and dance are Global North constructs that have become dominant because of the European theatrical conventions used in the British colonial project, which does not represent the more fluid definitions of performance in the Kenyan context (Plastow, 2021; Bunn et al., 2020). This project sought to align itself with wider discourse around arts-based research and its potential to decolonise research processes (see Smith, 2013; Seppälä, 2021), by working in dialogue with participants to identify what cultural and artistic forms are best suited for the sharing of their process and research findings. The storytelling process was an opportunity to look at decolonising both artistic forms and health content in this project.

This was a success for the project in that it enabled participants to actively engage in the artistic product of the research process and bring a level of expertise to the project, as opposed to artistic form being imported by the researcher. Returning to the challenges of trying to combine process and product, to ensure participants experienced a complete process and that the research was not extractive, time was limited to fully interrogate the aesthetics and artistic basis of sigana circles. Whilst celebrating that local artistic forms were used in the project, I am concerned that such an approach could become tokenistic by arts-based researchers, simply adopting local artistic forms for the purpose of ‘decolonisation’. Therefore, reiterating Barnes’ (2018:385) argument that arts-based research as a means of decolonisation could easily develop its own set of guidelines, i.e., use local artistic forms without question.

To finalise this section, there is a wider commentary on the widespread use of arts-based research in mental health settings from the perspective of a theatre maker and academic. As demonstrated above, to navigate the tensions that arise from the desire to make high quality and rigorous creative work, as well as exploring research themes and decolonisation, requires substantive resource and expertise. Despite having numerous years of experience in both research and artistic practice, I felt that the dual aims of robust research and high-quality creative work could not be fully met. I am raising this as a critical commentary on the use of arts-based research from a range of qualitative researchers who may not necessarily have the artistic skills to oversee a creative process, from process through to product.

Leavy (2020:294/305) acknowledges that researchers need time to develop a proficiency in their chosen art form and that this requires a commitment to an artistic skillset. Arts-based research for health and mental-health research is being adopted by a range of scholars from psychology, education and the wider social sciences (see Muhr, 2020). I critically question whether the adoption of arts-based methods in such projects are used out of commitment to the art as described by Leavy, or merely used as a tool to help answer complex research problems as described by Kara (2015). As mentioned by Bunn et al. (2020), researchers from non-arts disciplines appear to bring in artistic expertise on a local basis. Whereas this initiative demonstrates a willingness on behalf of the research team to outsource artistic expertise and

breakdown intrusive elements of research, there are a range of caveats to such an approach. This is related to training and the mapping of arts practice to research skills. In relation to training I will use western Kenya as an example. Kisumu has a range of theatre companies that work in development and health settings. Very few of these companies or practitioners have received formal training in applied theatre or participatory work. Much of the work is created to a low quality, is made to appease NGO agendas and it usually consists of one-off performances (Odhiambo, 2005; Smith and Okuto, 2023; Plastow and Elliott, 2020). Formal training for practitioners is very limited, therefore artists require training themselves when undertaking an arts-based process. This also applies to the artists’ understanding of the parallel between artistic work and research exploration. To remedy this gap in experience, all projects I have delivered in Kisumu County have also provided ongoing training for artists, mainly for Equator Ensemble.

The examples from the Masculinities and Mental Health project point towards learning that can be applied to the use of arts-based work in decolonising mental health research. Principally, if the work is to satisfy both artistic and research requirements, there is a need for extensive resources and time to avoid the research becoming instrumentalist. Plentiful resource and time could also enable a decolonising of methodologies and artistic practices to take place. Finally, the focus on ‘art’ needs to be regarded as equally important as the research in the use of arts-based research. A wider focus on upskilling researchers from non-arts disciplines and providing adequate training for local artistic partners would enable high-quality approaches that consider aesthetics and artistic form, ultimately providing a level of dignity and respect to the communities that the art form is representing.

1.3. Limitations of art-based research in engaging with socio-economic systems

Throughout the interviews that were held alongside the arts-based research, participants expressed the impact that the project had on their mental health and community. Below are some excerpts from these interviews to illustrate this point:

Since childhood, I have not had a session like this where we talk about mental health. It has really helped me and I found that I am not the only person who is experiencing stress. And, when I hear the story from the character of Omuga Yaye, I relate so much. The session has helped me to heal and I am not the only person undergoing stress.

The project has really helped me relieve my stress. The first bit being coming together as youths, sharing and having fun. This make me to be more relieved unlike when I work at home where I am isolated. This project has brought me together and helped me realise that as a team we can resolve issues.

Through the process, I learned that I should not carry all my problems. But, through this project, I learned that if I have problems I can share with the elders because they have the wisdom, the knowledge, the experience. And, there are some issues where I can get help from my friends.

This time when we were together discussing an issue that we haven’t been able to discuss with anybody. Talking about mental health before this project was a taboo. People believed it was witchcraft.

(Excerpts from interviews with researcher, 2022)

The sentiments expressed above were echoed throughout all the interviews that took place. The opportunity to discuss issues with fellow community members reduced isolation, there was an increased awareness of mental health, some negative associations were debunked, and the aspect of relief was widely discussed. The framing of this impact was predominantly situated on an individual level, with brief mentions of impact that occurred at community level. This work is a testament to the

unique engagement that arts-based research can have in decolonising mental health research by documenting and exploring indigenous knowledges as stated in the introduction. Discussions around mental health in Kisumu County are predominantly seen in the urban areas where campaigning is well received, due to a range of socio-economic and educational factors. As discussed by one of the participants, mental health is highly stigmatised in Osiri and the associated rural areas, leading to conversations around the topic being rare and mental health experiences largely being ignored. The embodied and playful aspects of the project enabled conversations to happen at a community level which had not taken place before, empowering individuals to share experiences and more broadly contribute to a resistance of Global North frameworks by locally conceptualising mental health.

On the final day of the project, we brought both groups together to have an intergenerational exchange and discuss future ideas. As part of the final exercise, small groups were designated an organisation or structure (NGO, Local authority, community elders) and asked to perform a utopian scene/story on how these organisations/systems could best support male mental health in the area. The array of stories, images and performances included visits from leading NGOs, ongoing community consultation with community elders and increased dialogue between the different age groups. The scenes were deliberately comedic and, whilst framed as utopian ideals, proposed ideas that did not appear too distant or unachievable. However, the resulting discussions did present an interesting finding in relation to the limitations of arts-based research in decolonising mental health. After the scenes had finished, the list of proposed ideas relating to all the scenarios were as follows:

- Offer capacity building training on mental health.
- Sponsor community engagement programme to support mental health problems.
- Bring mental health counsellor to the community.
- Job opportunities to the community members.
- Donations of food to families experiencing financial issues.
- Community engagement activities like art festivals, sports etc.
- Government to provide medication to those in need.
- Rehabilitation centres within the community to be built by the government.
- The local authority should construct more water bore holes.
- Offer financial support to the business community members and supporting youth projects.

Every suggestion that was put forward by community members to alleviate mental health issues in the community and prioritise indigenous knowledges were also positioned in relation to ideas of change that were based in systemic change and economic empowerment. Whilst acknowledging that this project did successfully use arts-based research to explore cultural causes of mental health for men and not necessarily engage in aspects of economics, the responses from the participants raise questions about wider economic framings of decolonisation and how arts-based mental health research can have impact when working in the Global South. In particular when working in sites of absolute poverty like Osiri where participants have limited access to social services as well as low economic income (UN, 2023).

Applied Theatre practice has had an ongoing exchange regarding the possibilities of change with varying arguments. These include; practice has been too focused on identifiable social outcomes and neglecting affective practice (Thompson, 2009); theatre for social change can simply be a cathartic process for participants and leading to no identifiable change (Snyder-Young, 2013:135); and Balfour's (2009:357) argument that maybe the grandiose narrative of social change in applied theatre should be reframed and efforts made towards a 'theatre of small

changes'. Arts-based research also regards impact as a central tenet, with scholars describing possibilities of change and an alignment with participatory action research that seeks to clearly solve societal issues (Bagley and Castro-Salazar, 2019).

In the Masculinities and Mental Health project, it became apparent that besides cultural understanding of mental health, there is a need to engage with the economic realities that underpin the lived experience shared by participants. There is also a question around how arts-based research can engage with such structures to result in efficacious research. Positioning myself in the ongoing debate about notions of change in applied theatre and arts-based work, I identify strongly with Ganguly's argument (2010) that both individual and social reality need to be engaged with to create social change. My previous work argued that notions of change have become strongly focused on the individual, which led to tenuous claims of social change developing from individual behavioural change (Elliott, 2019). For future work and the development of arts-based research as a method for decolonising mental health research, I question to what extent should arts-based research on mental health have an intersectional lens as a prerequisite. This would make an approach that acknowledges the various influencing factors that impact mental health and not only sees decolonisation as a reclaiming of indigenous knowledges but the redistribution of capital to enable better livelihoods.

In Osiri village, all the participants identified as being Luo and Luo culture played an important role in their daily lives. However, Kisumu County tends to perform very poorly on a range of economic and health factors with more than half of the county's population in absolute poverty, rising HIV rates and one of the slowest economic growth rates of all the counties in Kenya (County Government of Kisumu, 2018). In the rural areas, rates of poverty and poor health indicators are also significantly higher. These economic realities were evident within the participant groups and led to their calls for increased services as described earlier.

In relation to a decolonised mental health approach, Getnet et al. (2023:3) argue for a 'network approach':

The network approach to psychopathology can help decolonise mental health care in Africa by: (1) alleviating stigma toward mental health problems, (2) allowing context-based understanding of mental health problems, (3) opening alternative avenues for mental health care, and (4) encouraging local researchers to pioneer context-based knowledge production and treatment design.

Context-based understanding will enable mental health research to 'address past and present injustices of its local context' (ibid.). The argument for a context-based approach in relation to arts-based mental health research proposes that a process of decolonisation is seen not only through a cultural lens, but also through an economic one. The realities of this are complex and necessitate interdisciplinary research teams to acknowledge the multiple facets that contribute to mental health and wellbeing. A clear example of this from the research was an ongoing debate at the final workshop about increased table banking and improved micro-financing systems at the village level. As an arts-based researcher there was little to contribute to this conversation, with minimal knowledge of the systems or the actions to be taken to improve such a system. I argue that for arts-based research to overcome the limitations discussed and advocate for a holistic approach to decolonising mental health practice in western Kenya, there is a clear need for the network approach as described and for arts-based research to be positioned alongside relevant disciplines that engage with wider economic and social realities.

2. Conclusion

I conclude this paper with a quote from Fanon's famous text *Black Skin, White Masks*:

Above all, let there be no misunderstanding. We are convinced that it would be of enormous interest to discover a black literature or architecture from the third century before Christ. We would be overjoyed to learn of the existence of a correspondence between some black philosopher and Plato. But we can absolutely not see how this fact would change the lives of eight-year-old kids working in the cane fields of Martinique or Guadeloupe. (Fanon, 2021:205)

I use Fanon's argument to frame this conclusion, as his argument is clear that processes of decolonisation, if they are to be just and fair must not only take into account the historical and cultural, but also the social and economic. As an arts-based research project, Masculinities and Mental Health provided a space that did not previously exist for men in Osiri village to discuss matters of mental health in a culturally specific manner. The impacts of this research included an increased awareness, reduced isolation and a community acknowledgement that such matters exist, which therefore reduced stigma. The arts-based approach was key for this to happen, by enabling a dialogical relationship between researcher and participants, producing joy and fun to encourage engagement and developing artistic practice that was based in the existing cultural register of the community. The research contributed to a larger project of decolonising mental health practices in the Global South, by enabling a critically reflective space for participants to question existing Global North frameworks situated in the biomedical model. This paper has sought to identify some of the tensions in doing so, with a focus on popular ideas in dialogical processes, the resources needed to create high quality art and reflections on the development of arts-based methods in interdisciplinary research.

Taking inspiration from Fanon's argument, I conclude that the use of arts-based methods to decolonise mental health research need to be considered in a way that will be of a socio and economic use to the participants to build upon the benefits and gains that cultural decolonisation can have. The cultural and economic are interwoven in the process of decolonisation and arts-based mental health research should place this relationship at the centre of any process, to ensure that research is fair, just and of use to the communities who generously collaborate in such processes.

CRedit authorship contribution statement

Matthew Elliott: Writing – original draft, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

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