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Cultural Heritage and Public Health

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Abstract

Aim: A growing body of scientific evidence shows the close relationship between enjoyment of culture and arts and public health and social well-being. In light of this, for years, the World Health Organization and UNESCO have been working in synergy to create programs aimed at protecting what the anthropologist Claude Lévi-Strauss defined as “fragile flowers of humanity”, while being extraordinarily capable of preserving identity, memory and social bonds, promote social health and consolidate social capital.

Results: This work, using the Narrative review method, provides a summary of the most recent and interesting studies in this area of investigation which combines social sciences, Human sciences and medical sciences.

Conclusions: Scientific evidences and reports from large international organizations show a positive relationship between enjoyment of culture, from opera to drama, from cinema to exhibitions, and public health, both in curative and preventive terms. This compels the decision-making system the need to adopt policies capable of investing in culture and art for the promotion of health.

Keywords Cultural heritage, public health, Well-being, Social capital

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1. Introduction

UNESCO's extraordinary and incessant work for the protection of humanity's cultural heritage is a true bulwark in defense of memories and identities of peoples in the direction of broader protection of human rights. With particular reference to intangible heritage, whose supranational protection has been seen thanks to the adoption of the *Convention for the Safeguarding of the Intangible Cultural Heritage* (2003), it should be underlined that this also plays a central role in the strengthening of social capital, understood as a resource necessary for the promotion of health, both on a clinical and social level; WHO and UNESCO have long underlined the intimate relationship between culture, social capital and well-being, referring to an ever-increasing number of scientific evidence. According to UNESCO, intangible heritage is the set of oral traditions and expressions, including language as a vehicle of the intangible cultural heritage, performing arts, social practices, rituals and festive events, knowledge and practices concerning nature and the universe and the traditional craftsmanship (UNESCO, 2003). This is the type of heritage that the anthropologist Claude Lévi-Strauss defined as "fragile flowers of humanity" and which, as revealed by a consolidated line of scientific evidence, plays a central role in the consolidation of social capital and in the creation of virtuous relational networks between people, but also a preventive and curative function in terms of public health. This awareness prompts further reflection, above all, in light of the recent Covid-19 pandemic which, due to the recourse to the containment measures adopted (from lockdown to smart working), marked the primacy of "weak ties" (Bordoni, 2021: 9-10) which have contributed to accelerating phenomena of destabilization and social disintegration that have already been underway for some time. In fact, the appearance of the pandemic on the world scene has determined effects, consequences and implications on the sphere of human relations and on the functioning of social systems, which have destabilized the balance of human communities, putting their stability at risk. The entire dramaturgical structure of life already described by Ervin Goffman in *the presentation of self in everyday life* (1959) seems to have been profoundly disturbed and subverted, exacerbating those processes disintegrating the social fabric and those conflictual dynamics already discussed by Zygmunt Bauman in *Retrotopia* (2017) and, before that, by Alain Touraine who in *Un nouveau paradigme. Pour comprendre le monde d'aujourd'hui* (2004) talks about "break-up of society" and "phenomena of desocialization".

2. The healing role of culture

The sudden and dramatic interruption in the use of intangible heritage by people, determined by the Covid-19 pandemic, induced by the suspension of cultural activities and all the receptive arts in the world, from theatrical works to concerts, from movies to exhibitions, represents a dramatic cross-section that clearly bears witness to and returns the effects and consequences of an overall process with a highly disintegrating and exclusionary effect on people, which is part of a phenomenon of much wider scope, but no less relevant in terms of sociological and epidemiological. The reflection goes to the effects and consequences induced by the receptive arts on people, not only in terms of psychosocial well-being but also on the actual level of public health, to the point that the use and involvement in the receptive arts can be considered, according to recent evidence and scientific literature, as primary prevention interventions.

For years, scientific evidence, studies and international reports have been investigating and documenting the close relationship that exists between involvement and enjoyment of artistic hospitality activities, on the one hand, and social well-being and public health including, more importantly, the most fragile subjects or those at risk of marginalization and social exclusion, on the other, in search of the underlying social mechanisms (Hedström, 2005, trans. it., 2006: 30-38). In fact, scientists from different disciplinary backgrounds have long been investigating with interest and curiosity the dimension of the benefits and "protective and preventive" effects induced by the arts on people's biopsychosocial well-being. On the other hand, science has defined cultural and artistic activities as real preventive and complementary health interventions capable of combining psychological, physical and social factors with aesthetic motivational elements intrinsic to the fruition and involvement itself (Tymoszuk, *et al.*, 2021; Fancourt, Finn, 2019). Along the same lines, other recent studies have shown an interesting association between involvement in receptive artistic activities and prevention or improvement of clinical conditions ranging from depression to dementia to chronic pain. According to these studies, these are probably salutogenic effects determined by the arts and their ability to significantly impact the psycho-emotional and motivational sphere of people, implicitly acting as a powerful barrier to phenomena such as loneliness and social isolation and providing resources both in cognitive and mental terms. social capital (Bone *et al.*, 2022; Fancourt, Tymoszuk, 2019; Fancourt, Steptoe, Cadar, 2018; Fancourt, Steptoe, 2018; Lindström, Eriksson, 2005). The phenomenon of healing art is the topic of this paragraph which, through the discussion of the main and most recent published scientific works, seeks

to explore deeper into the connections between people's well-being and the fruition and involvement in the receptive arts, with particular reference to opera, music and dance, in search of possible social mechanisms capable of generating the observed phenomenon.

3. Art, well-being and quality of life. A Narrative review

When talking about "health", the priority conceptual reference is represented by definition given by the World Health Organization (WHO) in the first point of the introduction to his *Constitution* of 1946 – which later became the basis of the work of the 1978 Alma Ata Conference – according to which "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" thus revealing the multidimensional nature of the human being, whose well-being it depends on a multiplicity of factors and connected and interacting systems (WHO, 1978).

Precisely for such reason, research has multiplied exponentially in recent years they question the dynamics and processes that contribute to defining the conditions of well-being subjective and general, also in the attempt to reach shared methods of explanation and measurement necessary for the adoption of public policies. As emerges from the literature scientific knowledge and the 1946 *Constitution* of the WHO, well-being defines a much more phenomenon broad of health, a truly multidimensional construct that involves psycho-emotional dimensions and social, revealing itself to be sensitive to subjective feelings and social experiences, as well as profoundly connected to expectations regarding health and quality of life, of education and careers, relationships and feelings (Daykin *et al.*, 2021; Huppert, 2017: 4-5; Putnam, 2000, trans. it, 2004: 397-398).

Starting from above mentioned awareness, now consolidated in the results of international literature and in scientific evidence, and on the basis of the dynamics and peculiarities of the phenomenon, on the other hand it does not seem random that scientific communities and scholars from different disciplinary backgrounds discuss, in the light of a vision systemic of human life, of a multidimensional vision of the disease "transversal to almost all pathologies and influenced by the interpretation that each patient develops of his own condition and by the social and cultural dimensions in which it develops" (Cardano, Giarelli, Vicarelli, 2020: 107-109). And this is why with ever greater insistence we talk about deep medicine, whose aim is to investigate "the ways in which systems interact in order to create health or disease", proposing a revolution in medical knowledge that goes beyond a traditionally "reductionist which sees disease in terms of singularity". After all, "our anatomical systems are inserted into other systems [...] that constitute our surrounding ecologies" (Rupa, Raj, 2021, trans. it, 2022: 23-27).

Some researchers from the Department of Behavioral Science and Health at University College London conducted a longitudinal cohort study a few years ago, with a 14-year follow-up period, which explored the links between involvement in receptive artistic activities and mortality in a sample of 6,710 community-dwelling adults, aged 50 years and older and made up of 53.6% women. From the study it emerged, as already highlighted by previous research (Konlaan, Bygren, Johansson, 2000), that people's involvement in the enjoyment of the receptive arts, compared to those who have never engaged in cultural activities, is associated with a risk of death lower than 33%, regardless of demographic and socioeconomic factors related to health, especially if the frequency of use and involvement was "once or more times a month" (Fancourt, Steptoe 2019).

Further elements for reflection derive from a recent international study conducted by researchers from the Department of Sociology of the National University of Singapore and from Department of Behavioral Science and Health of University College London in a sample of 23,660 subjects with an average age of 47 years and made up of 55.6% women. The observational longitudinal study, which was conducted at two different times (from 2010 to 2012 and from 2013 to 2015), revealed that frequent involvement in hospitality artistic activities and the regular participation in cultural events and activities can reveal protective and preventive effects in terms of psychological well-being, as well as promoting higher levels of satisfaction with life and one's social relationships (Wang, Mak, Fancourt 2020). This confirms that the involvement and frequency of activities and events linked to the receptive arts constitutes a real health promotion activity, complex and multimodal. In fact, performing arts reveal an implicit ability to combine the emotional dimension with those relating to lifestyle, relational dynamics, cognitive and intellectual activities (Curtis *et al.*, 2018; Craig *et al.*, 2016; Keyes, Shmotkin, Ryff, 2002). The positive correlation confirmed over time by research between involvement in the arts receptiveness and people's health has pushed researchers to talk about real well-being "eudaimonic", meaning to refer with this concept to the dimension of psychological well-being. In this regard, some scholars have coined the term flourishing which defines a general socio-existential condition of "flourishing" characterized by positive emotions, self-esteem and optimism, resilience

and vitality, self-determination and positive relationships (Seligman, 2011, pages 238-240) and generated by involvement in coherent activities with its own value dimension and which require commitment and reflection, from sharing of significant social relationships, the achievement of new goals and the acquisition of new skills (Conway *et al.*, 2013: 29-34).

According to the English National Institute for Health Care Excellence (NICE), the psycho-emotional well-being of people tend to decrease over time, especially as they advance of age and due to events such as separation or divorce, death or illness of the partner, social isolation or loneliness, which reduce social opportunities for interaction and can determine the worsening of health conditions or disability. Such circumstances sometimes, in turn, result in the abandonment of previous lifestyles, retirement, unemployment or impoverishment (NICE, 2016), as confirmed by a growing body of scientific evidence that as revealed the positive correlation between engagement and enjoyment of arts and culture (both in receptive and creative terms) and the promotion of health and well-being throughout the life course (Gordon-Nesbitt, 2017). From here the need to define continuous, not just occasional, sustainable paths for promotion of people's psychological well-being witnessed, on the one hand, by a profound sense of happiness and, on the other, by a significant satisfaction with life (Ryff, 2017).

This is why researchers from the Center for Performance Science of the Royal College of Music of London, the Faculty of Medicine of the Imperial College of London and the Department of Behavioral Science and Health of the University College of London, based on the results of recent research, have linked psychological well-being and, in particular, eudaimonic well-being, with greater life expectancy and an improvement in general health conditions in people, especially frail and over 65s. The cohort study, conducted on a sample of 3,188 subjects, with an average age of 62.3 years and made up of 54% women, it was created in two phases: first, in 2004-2005 and then, in 2014-2015. Through the administration of questionnaires, the investigation explored the longitudinal associations between the frequency of involvement in the receptive arts and people's happiness and life satisfaction. The results showed that the involvement, especially if "repeated and prolonged", of people in activities such as theatre, concerts and operas, museums, galleries and exhibitions (one or more times a month) was associated with greater psychological well-being proving capable of promoting a happy and fulfilling life and most likely contributing to the improvement of general health conditions, in the same way as real constant physical activity (Tymoszek *et al.*, 2020a; Tymoszek *et al.*, 2020b).

In the time lapse between 2018 and 2019, some researchers from the Royal College of Music and the Faculty of Medicine of the Imperial College of London launched the Health, Economic, and social impacts of the ARTs (HEartS) survey in the United Kingdom, at to explore people's habits and behaviors within the receptive arts and the correlations and implications with mental and social well-being. The study, carried out through an online survey – on a sample of 5,388 subjects with an average age of 45.96 years and made up of 50.62% women – confirmed what had been found by previous large-scale epidemiological cohort studies, namely the existence of a positive correlation between commitment and involvement in active receptive arts (different from those identified by them as "passive", such as TV, radio or PC) and the realization of optimal levels of psychosocial well-being and effective dynamics of communication, connection and social inclusion (Tymoszek *et al.*, 2020a; Wilson *et al.*, 2019; Todd *et al.*, 2017; Tarr, Launay, Dunbar, 2014; Toepoel, 2013; Kirschner, Tomasello, 2010).

This means that the commitment and involvement of people in the receptive arts is configured as a "proto-social" behavior oriented towards social cooperation, the strengthening of trust and the consolidation of a sociologically understood social capital. Real social resources which, based on effective networks and bonds, define coping strategies adopted by people to stem the risk of marginalization and exclusion from the social and cultural dynamics of the communities of which they are part, as well as a regulatory mechanism of psycho-emotional balance (Bone *et al.*, 2022; Tymoszek *et al.*, 2021).

These conclusions also had interesting developments in a study carried out in 2020 by a group of Israeli researchers from the Department of Gerontology of the University of Haifa, and from the Interdisciplinary Department of Social Sciences of the Bar-Ilan University of Ramat Gan. According to the study – conducted through an online survey, on a sample of 205 subjects with an average age of 72 years and made up of 67.3% women – it emerged that those who in the previous year had engaged or been involved in the use of receptive arts, showed greater resilience and psychological resources than others in dealing with the Covid-19 pandemic crisis and higher levels of anxiety, deriving from worries about their health as well as from particularly favorable containment and social distancing measures social isolation, much more moderate (Keisari *et al.*, 2021).

Further, according to a longitudinal cohort study – carried out by researchers from the Department of Epidemiology and Public Health of the University College of London on a sample of 4,368 subjects aged 52 or over, in the period from 2004 to 2011 – engagement in social and cultural activities, regardless of socio-economic conditions of origin, constitutes a powerful protective and preventive factor of cognitive decline and deterioration of skills related to functional literacy associated with aging. Specifically, it is a relationship that indicates a positive statistical correlation between engagement in the receptive arts, on the one hand, and the prevention of cognitive decline and the maintenance of functions related to functional literacy, on the other (Kobayashi, Wardle, von Wagner, 2015). Previous scientific evidence, as well as anticipating and confirming the results of this research, has also underlined the positive relationship that exists between the decline of these functions and the increase in the risk of general mortality in people, especially in elderly, frail and vulnerable people (Baker *et al.*, 2007; Berkman *et al.*, 2011).

4. Some considerations

As emerges from the review of scientific evidence and international studies, the complex and multidimensional concept of social capital is revealed to be central and constant, borrowed from the social sciences and capable of revealing differential and sensitive effects with respect to the different contexts considered. Already theorized since the second half of the 20th century by various scholars and researchers, it is precisely its ability to create “bridging” and “bonding”, in-group identity and aggregation and out-group distinctions and differences, which suggests the analysis of those dynamics and those cultural processes underlying the link between the enjoyment of the receptive arts and the protection or improvement of health and well-being both in people and in entire communities through its lens (Shiell, Hawe, Kavanagh, 2020; Daykin *et al.*, 2021).

As Pierre Bourdieu writes, according to which social capital interacts closely with economic and cultural capital, in *the forms of capital* (1986) “social capital configures the set of current or potential resources linked to the possession of a durable network of relationships, more or less institutionalized, of mutual knowledge and recognition or, in other words, belonging to a group that provides the support [...] of collective capital” (Bourdieu, 1986). However, it is particularly James Coleman who, in *Foundations of social theory* (1990), suggests the idea of social capital understood as a resource and advantage for the cognitive and social promotion of people and, implicitly, for the development of their human capital. According to Coleman, “Social capital is defined by its function. It is not a single entity, but a variety of different entities sharing two characteristics: they consist of some aspects of the social structure and enable certain actions of individuals who are within this structure. Like other forms of capital, social capital is productive, it makes it possible to achieve certain goals [...] it is valuable in facilitating certain actions [...] Unlike other forms of capital, it is inherent in the structure of relationships between people” (Coleman, 1990: 302).

Thereby, Bourdieu and Coleman paved the way for subsequent theoretical contributions developed by scholars such as Robert Putnam. Putnam, in fact, in *Bowling alone. The collapse and revival of American community* (2000), defines the arts as bridges to aggregate, create communities and expand the network of social connections even between people of different backgrounds and origins, transforming aesthetic objectives into social goals. According to Putnam “art as a vehicle for uniting different groups of fellow citizens [...] is manifestly important for our good [...] it is particularly useful for overcoming traditional social barriers. Furthermore, social capital is often a precious by-product of cultural activities whose main purpose is purely artistic [...] There are many and varied activities that produce great art and at the same time great social capital” (Putnam, 2000, trans. it. 2004: 479-412).

If Putnam emphasizes the structural effects of social capital understood as civic culture instilled by institutions in citizens, Bourdieu and Coleman prefer a micro-sociological definition of social capital referring to the rational choices of people. But regardless of the definitional connotations that can be attributed to social capital, it certainly produces relational effects, generating new networks of relationships, networks of trust, cooperation and reciprocity and, therefore, new social structures (Donati, 2013: 131-134). It therefore does not appear accidental that social capital, facilitated in its various forms by the use and involvement in the receptive arts, favoring social contacts and group memberships, exchanges, obligations and shared identities and providing support and access to important resources, is among the determinants of health that can have a direct and indirect impact on health (Cardano, Giarelli, Vicarelli, 2020: 327-330). As argued by Daisy Fancourt and Saoirse Finn in *What is the evidence on the role of the arts in improving health and well-being? A scoping review* (2019) the global crisis linked to Covid-19 has highlighted the central contribution of culture and the arts to our mental health and our capacity for social cohesion, in a word to individual and collective human flourishing. Arts and culture are important resources for building health (in the dimension of care, medical humanities, health promotion) and for the development of equity and social quality (Fancourt, Finn, 2019).

Such circumstance proves to be even more necessary in light of the results of a longitudinal observational study conducted by the European Union, on a sample of over 27,600 subjects belonging to the 27 member states, aged between 18 and 80. According to the results, people's perception of isolation and loneliness increased from the pre-pandemic period (2016) to the pandemic period (April-July 2020) from 30% to 46% among people with precarious health conditions and from 8% to 20% among people in good health. Instead, the perception of psycho-emotional well-being and positive emotions felt went from around 80% to 50% (Baarck *et al.*, 2021: 18-24).

In this way, the Narrative review, identifying the positive effects on the health and well-being of the elderly, frail and vulnerable (primary causal effects) through the observation of the effects of the involvement and use of the receptive arts both on a relational and social level that of social capital (superficial causal effects), provides further elements of reflection relating to the social mechanisms that underlie the phenomenon considered, namely the generative processes or underlying mechanisms that are actually capable of generating the phenomenon observed in its characteristics, dynamics and regularity (Goldthorpe, 2005).

This explains, starting from an approach based on social capital, the plausibility of arguing that participation and the use of participatory arts constitutes that social mechanism capable of generating the basic conditions for the creation or involvement of people in new networks of relationships, initiate processes of social inclusion and stem phenomena of isolation and marginalization, provide emotional support and develop or consolidate social capital and create identity and trust. Think of the social role played by the associational fabric or by awareness and promotion movements, which characterizes the macrocosm of the arts, from prose to opera, from music to cinema, from reading to museums, which involve people of different backgrounds in circuits and dynamics cultural and which favor access to resources and information, allow the experimentation of feelings of security and satisfaction, bridge cultural or generational divisions, facilitate the overcoming of discrimination and stigmatization, confirming what Pierre Bourdieu has already argued, according to which social capital it also interacts closely with economic and cultural capital. But think also of educational activities (public readings, introductions to the work, masterly readings and film screenings, institutions of amateur or multi-ethnic choirs or kids orchestras, theater workshops or schools, creation of works using mobile and itinerant structures in the suburbs, etc.) promoted by public and private institutions, be they theatres, museums or libraries, large or small, for the valorization and dissemination of cultural heritage and the involvement of increasingly larger and more diversified groups of new audiences. All this by allowing people to get to know each other and meet, to discuss and compare, awakening or nourishing civil and political conscience regarding issues on which the arts themselves provide topics and opportunities for reflection, in-depth analysis and commitment (Daykin *et al.*, 2021; Anwar -McHenry, Carmichael, McHenry, 2018; Meeks, Shryock, Vandenbroucke, 2018; Daykin *et al.*, 2017; Moore, Kawachi, 2017; Joseph, Southcott, 2017; Kelson, Phinney, Lowry, 2017; Doughty, Lagerqvist, 2016).

Social opportunities which, according to scientific evidence and international studies, by bringing people together, creating new networks of relationships, building identities and belongings and offering inclusive and relational opportunities and resources, seem to be associated with greater psychological well-being capable of promoting a happy and satisfying and contribute, most likely, to the improvement of general health conditions and greater longevity, in the same way as real constant physical activity (Ryan, Deci 2001; Ryff, 2017; Steptoe, Fancourt, 2019; Vanhoutte, 2014; Cohen, Bavishi, Rozanski, 2016; Tymoszuik *et al.*, 2020a; Tymoszuik *et al.*, 2020b). This is why art, in its various manifestations, can never be considered only in its merely aesthetic and intellectual function. In fact, on the one hand, it offers opportunities and useful resources to address phenomena such as exclusion or social isolation, linked not only to age or aging processes but also to socio-cultural or economic conditions; on the other hand, it reveals real therapeutic effects, encouraging, for example, the release of endorphins which contribute to improving mood and the perception of the quality of one's life and improving clinical conditions ranging from depression to dementia to chronic pain, configuring a real public health political strategy in which to invest. In summary, the use of cultural heritage and the receptive arts proves capable of carrying out effective functions both in terms of prevention and health promotion and in that of the management and treatment of many clinical syndromes and medical pathologies (Fancourt, Tymoszuik, 2019; Fancourt, Steptoe, Cadar, 2018; Fancourt, Steptoe, 2018).

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