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Original paper

Introducing arts and health in Israel: How cultural factors affect the field's development

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Abstract. *Cultural factors are important in determining how sub-fields within the discipline of mental health are defined and practiced. The field of arts and health in Israel is paradoxically both more and less developed than it is in other parts of the world. Tens of thousands of individuals are engaged in initiatives using the arts to humanize health care. At the same time, a holistic conception of the field of arts and health does not exist. In March 2013, the authors organized the "Arch of Arts in Health" conference, sponsored by Lesley University (Cambridge, MA and Netanya, Israel), the Rappaport Faculty of Medicine at The Technion – Israel Institute of Technology of Haifa, Israel, and the Washington, DC-based Global Alliance for Arts & Health. The conference marked the first time the field of arts health was addressed as a practical and academic discipline in Israel. The interchange between experts from Israel, the United States, Canada, the United Kingdom, Holland, Hong Kong and South Africa highlighted the importance of cultural factors in determining how the field is perceived, developed, researched and practiced. For example, Israelis working in the field primarily conceive of arts and health as an extension of creative arts therapies, and with a nearly exclusive focus on mental health. Researchers from the United States and other countries view the field more holistically, with interplay between issues of mental and physical health. The article reviews how the field differs in Israel and other parts of the world in terms of both perception and practice and suggests how cultural determinants may partially explain these variations.*

Keywords: Arts and health, mental health, cultural determinants, Israel, patient care

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INTRODUCTION Cultural determinants have significant effects on the development of the fields of mental health (WHO, 2012). The field of arts and health, which is "dedicated to transforming the healthcare experience by connecting people with the power of the arts at key moments in their lives" (Rollins *et al*, 2009, p. 1), has also been affected by cultural factors (Sonke-Henderson, 2007). It is not surprising then that differences between the way arts and health are practiced in Israel and other countries can be partially explained by cultural phenomena (Schwartz, 2014).

The article presents a short description of the field of arts and health. It reviews the literature on the cultural determinants of arts and mental health around the world and provides background on the development of the field in Israel.

The methodology section suggests ways to measure how cultural factors may be determining particular directions in which the field of arts and health is developing in Israel. The data set studied consists of the proceedings of the March 2013 "Arch of Arts in Health" conference held at the Ruth & Bruce Rappaport Faculty of Medicine at the Technion – Israel Institute of Technology in Haifa, Israel. The authors coded and analyzed data emerging from the conference presentations that are reviewed in the findings section. They identified significant differences in the way the field is perceived and practiced

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in Israel and other parts of the world. In the discussion section, the authors suggest how cultural factors may partially explain these differences.

LITERATURE REVIEW

Arts and health From the beginning of history, the arts have been used to achieve positive healthcare outcomes (Sonke-Henderson, 2007). While in the 19th century healthcare became more separated from the arts, Graham-Pole notes that the middle of the twentieth century marked a "second renaissance" of arts and health (2001). The health care community has once again allowed the introduction of spiritual, emotional and aesthetic factors into its conception of wellness (Sonke-Henderson, 2007).

Today the field is viewed by its international organization, the *Global Alliance for Arts & Health* (formerly known as the *Society for the Arts in Health Care*), as comprising five content areas (2012), as follows:

- *Patient care* – Using the arts as therapeutic and healing tools
- *Community well-being* - Engaging people in prevention and wellness activities
- *Healing environments* – Creating healing architecture and gardens, art installations, and natural lighting
- *Caring for caregivers* – Focusing on professional and family caregivers
- *Education* – Relating to the training programs of future professionals

Cultural determinants of arts and mental health While the scientific community has widely accepted the importance of social and cultural factors in affecting the development of the fields of physical health, less consensus exists regarding how these forces affect mental health (Todman, 2011). The exclusion of culture from the conception of mental health issues may derive from the neurobiological model of mental disorders that dominated the field for many years; however, indicators exist that the mental health treatment community may be willing to embrace additional socio-cultural determinants (Saloner, 2013). Recent research has found that social and cultural factors have an enormous impact on how mental health issues are defined, identified and treated (Hansen *et al*, 2013). Culture affects the understanding of mental health across different countries (Abdullah & Brown, 2011), as well as among different ethnic groups within one country (Carpenter-Song *et al*, 2010).

While the cultural determinants of arts and health have been less widely studied than in other health disciplines, research indicates that social and cultural factors have been influential in the development of this field as well. Sonke-Henderson notes that until the 16th century, all cultures related to health as a function of spirituality, and as such, used the arts as a means to maintain wellness and ameliorate illness (2007). With the onset of the Enlightenment and the adoption of scientific method, Western culture separated its conceptions of medicine, mind, and body (Porter, 1998). This development had less of an effect among non-Western cultures, which better retained their conception of the utility of the arts in promoting positive health outcomes. In modern times, variations in the understanding and practice of arts and health have a strong basis in cultural difference.

For instance, until today, in some African and Middle Eastern countries, the source of certain mental illnesses is believed to be possession by a ghost-like being called a *Zar*. Cures for this condition include ritualized music and dance ceremonies (Al-Adawi *et al*, 2001; Asrasai-Engede, 2007). This phenomenon has been identified among Ethiopian immigrants to Israel as well (Edelstein, 2002; Marcow Speiser & Schwartz, 2011b).

A study comparing community-based participatory arts practice in the United Kingdom and Mexico identified numerous cultural-based differences in approach between the two countries (Raw & Mantecon, 2013). The researchers observed variations in fundamental aspects of the field such as the practitioners' motivations and their perceptions of the work's function.

Considerable differences in arts and health practices exist even among industrialized European countries. Jensen (2013) reviewed programs in Denmark and the United Kingdom finding differences in areas such as: the appropriate age for arts-based mental health interventions, the level of formality of the arts programs offered, the recognition given by each country's medical and educational

establishments to arts and health programs, and the organizational approach chosen (bottom up, allowing users to determine content, or top down, whereby organizational directors choose the type of programming).

The development of arts and mental health in Israel Cultural factors have also affected the development of the field of mental health in Israel. The Jewish State was founded in 1948 against a background of severely traumatic events including the Holocaust, in which one third of world Jewry was exterminated. In addition, in what is known as the War of Independence, fought between 1947 and 1949, about 6,400 combatants and civilians were killed, representing one percent of the State's total population (Kimmerling, 2001, p. 40).

While it might be hypothesized that a country founded under such distressing circumstances would have developed a culture in which the treatment of mental health issues was a national priority, this was not the case. In the first decades of statehood, the experiences of traumatized soldiers and Holocaust survivors were not widely discussed. Following the Holocaust, the national narrative focused on episodes of courage and strength and elided over the stories of massacre and trauma about which most Israelis felt 'regret and shame' and therefore, 'a great silence surrounded' them 'through the 1950s (Segev, 2000, p. 513). In practice, the scope of the problem and the cultural reluctance to address it required the country to adopt a triage approach to mental health focusing on a network of psychiatric hospitals (Lerner, 2003). Developing a community mental health care system was only a secondary priority (Aviram, 1981).

The use of the arts in the mental health field was not well documented in the first years of the state, though some anecdotal evidence of it exists (Schwartz, 2014). In the 1970s, Israelis, in larger numbers, began to search for ways to integrate the arts into physical and mental health. The Yom Kippur War of 1973, which traumatized large sections of Israeli society, served as a catalyst for the process of using the arts for health purposes. The new scope of societal pain, borne by an already-traumatized people, led therapists and individuals to seek new tools to assist the military and civilian population (Marcow Speiser & Schwartz, 2011a, p. 131). Sanua notes how immediately following the war, the arts were used in an ad hoc manner to process, move past the pain of bereavement, and memorialize the fallen. Over the years, arts-based programs have expanded, and currently, they are provided by a number of government agencies.

Possibly the most salient component of arts and health in Israel is the field of creative arts therapies which dominate the content area of patient care. Possibly due to the need for artistic and creative tools to deal with the society's continuous state of stress and trauma (Marcow Speiser & Speiser, 2007), this profession has enjoyed a constant expansion since the 1970's. Today, approximately 5,000 creative arts therapists are working in Israel (The Subcommittee of the Knesset Labor Welfare and Health Committee for the Drafting of a Law Regulate Work in the Health Professions, 2011, p. 6). As such, Israel has 63 creative arts therapists for each 100,000 citizens. This statistic probably represents a world record and compares to five arts therapists per 100,000 in the United States (National Coalition of Creative Arts Therapies Associations, 2012). The profession is well respected in Israel, possibly more than in other parts of the world (Feinberg, 2005).

Other forms of arts-based patient care are also manifest. Medical clowning is a well-developed and pervasive feature of the hospital experience (Dream Doctors Project, 2013).

Non-therapeutic community arts programmes (such as artists in residence) operate in Israel, though they are not as common as they are in other countries. Programmes using the arts for empowerment and recreation exist for a wide variety of populations including wounded veterans, battered women, single mothers, at risk youth, minority groups, decommissioned soldiers, etc. (Marcow Speiser & Schwartz, 2011b, pp. 218-224).

Healing environments is the least developed of all the field's content areas (Schwartz, Marcow Speiser, & Wikoff, 2014). This category of work is generally not perceived to be part of arts and health, and with the exception of some notable examples (Sack, 2012), few engage in it, in Israel (Schwartz, 2014).

There are numerous programs geared to caring for caregivers (Ben-Sheffer-Michalovitz, 2008; Mandel, 2012; Wadislavski, 2008; Yona-Gazit, 2007) but no conception that this content areas is separate from general patient care (Schwartz, 2014).

Excepting the training of creative arts therapists, the content area of education is not well developed in Israel. The majority of medical schools and allied health training programs do not offer courses in the medical uses of the arts. An exception is the field of occupational therapy, where the practical use of the arts for rehabilitation purposes is more accepted (Haifa University, 2013a, 2013b; The Tirat Carmel Mental Health Center, 2013).

METHODS

Introduction Based on a review of the literature, this study hypothesizes that the field of arts and health has developed differently in Israel, as compared to in other countries, based on the data which emerges from the presentations given by 35 Israeli and non-Israeli experts who took part in the March 2013 *Arch of Arts in Health Conference*. The authors evaluate the findings and posit how cultural factors may explain the divergence or similarity in the views presented by the Israeli and non-Israeli participants.

Participants Conference presenters and participants maintain a wide range of views and represent the leadership of the field of arts and health both in Israel and around the world. Israeli participants (n=19) included senior figures in the country's medical establishment including the dean of one of its premier medical schools along with other professionals (Eliezer Shalev, Khaled Karkabi, Elisha Barmeir). The chair of Israel's creative arts therapies organization (Edna Leshem), as well as the educational leadership of many of the creative arts therapies training programs (Hod Orkibi, Dalia Merari, Dita Federman) participated and gave presentations. Conference speakers also included researchers and practitioners who integrate the arts and mental health in a variety of frameworks including: medical clowning (Arthur Eidelman), curative music (Ilan Atlas, Basil Porter), healing architecture (Joram Barr), hospital-based schooling (Rochelle Wreschner), and trauma treatment (Judith Yovel Recanati).

A number of presenters and participants specialized in using the arts to moderate the mental health effects caused to both sides of the Arab-Israeli conflict (Alean Al-Krenawi, Keren Barzilai).

International participants (n=16) came from such countries as the United States, Canada, the United Kingdom, Holland, Hong Kong and South Africa. Several of the founders of the field of expressive arts therapies were in attendance (Shaun McNiff, Vivien Speiser, Suzanne Hanser), as were the senior leadership of the Global Alliance for Arts & Health (Gary Christenson, Naj Wikoff, Johanna Rian), the field's international representative organization. One of the world's premier practitioners, educators and researchers in the field of focusing (Joan Klagsbrun) offered a whole day workshop. Some international presenters specialize in arts and health work with specific populations, such as the elderly (Dalia Tanaka) and refugees (Fabienne Van Eck). Others are experts in the field who came from non-Western countries whose culture differs significantly from that in Israel (Jordan Potash, Debra Kalmanovitz).

Metrics The study employs both quantitative and qualitative metrics. First, the authors code the presentations given by the conference's 35 presenters according to a number of criteria including, nationality of presenter, focus on mental/physical health or both, content area within the field of arts and health, and art modality utilized. This quantitative data for the Israeli and non-Israeli presenters is tabulated and compared.

For an additional measure of comparison, the authors coded all the articles that have appeared in *Arts and Health: An International Journal for Research, Policy and Practice*, from its founding in 2009 until 2013. According to a methodology suggested by Metzl (2008), and developed by Schwartz (2014), the topical/thematic distribution of articles in a field's flagship journal(s) can serve as a proxy for the distribution of actual practice. *Arts and Health*, published in association with the Global Alliance for Arts & Health, acts as a flagship publication, noted by field leaders as "a central resource" (Hebron, 2013), providing "essential reading for those working in the field, both researchers and practitioners" (Welch, 2013). The coding data of the *Arts and Health* articles serves as an additional gauge of the international state of the discipline, to which the positions of the Israeli practitioners can be compared.

Next, the presentations are divided according to content area and analyzed qualitatively to assess whether the opinions of the participants from inside and outside Israel demonstrate consistent similarities or differences.
At the conclusion of each section, the authors suggest cultural factors that might be responsible for the findings presented. Cultural phenomena that are unique to Israel may explain when local practice differs from that seen in other parts of the world.

FINDINGS AND DISCUSSION

The study quantitatively tabulates the data emerging from the participants' conference presentations. It then qualitatively analyzes the presentations, divided according to the five content areas of the field.

Quantitative tabulation The following data tables indicate a number of superficial, yet potentially significant differences between aspects of the presentations given by Israeli and non-Israeli participants.

Table 1 below highlights that 81% of non-Israeli presenters addressed issues of arts and health as they related to both mental and physical health together. Only 32% of Israeli participants addressed the field in this fashion. As a measure of comparison, in the field's flagship journal *Arts and Health*, 60% of submissions address mental and physical health as one. This figure corresponds much more closely to the approach taken by the non-Israeli presenters at the conference.

Table 1 Focus of presentations

	Israeli presenters (n=19)	**Non-Israeli presenters (n=16)**	**Total**	***Arts & Health* Journal**
Mental health (only)	58%	19%	40%	17%
Physical health (only)	11%	0%	6%	16%
Both	32%	81%	54%	60%

Moreover, Israeli participants were much more likely to focus solely on mental health than their non-Israeli counterparts, by a ratio of 58% to 19%. This statistic provides some confirmation for the hypothesis that Israeli researchers and practitioners view the arts as primarily a vehicle to improve mental health, while those from abroad conceive of the field as addressing both mental and physical aspects of health simultaneously.
Cultural factors may explain this finding. Most Israelis view arts and health through the prism of creative art therapies (Schwartz, 2014). This dynamic is likely related to the inordinate presence of arts therapies in Israeli society. As noted in the literature review, cultural and historical factors related to the traumatic nature of Israeli life led therapists to look for new tools to deal with society's wounds. They found that the arts were extremely useful in ameliorating the effects of constant stress and trauma (Marcow Speiser & Speiser, 2007). This dynamic may explain the predominance of the creative arts therapies. Shaun McNiff, one of the founders of the field of expressive arts therapy and Honorary Life Member of the American Art Therapy Association, notes that the creative arts therapy professions around the world have focused more on mental health than on a more holistic vision of arts healing. As such, it should not be surprising that in a country where the creative arts therapies have such a strong presence, Israelis' perceptions of the field arts and health will be influenced by art therapies' focus on mental health.

Table 2 looks at the art modalities described in the conference presentations. While the majority of conference participants, irrespective of national origin, addressed multi-modal art interventions (Israelis-42%; Non-Israelis-75%), significant disparities between the groups exist.

Table 2 Art modality

	Israeli presenters (n=19)	**Non-Israeli presenters** (n=16)	**Total**	***Arts & Health* Journal**
Integrated Arts	42%	75%	57%	23%
Music	5%	13%	9%	16%
Movement	11%	6%	9%	9%
Visual Art	11%	0%	6%	17%
Drama	5%	0%	3%	8%
Writing	11%	6%	6%	2%

It is striking that none of the presentations given by non-Israelis deal with visual art, drama or writing. In particular, visual art programs account for 17% of the articles in *Arts and Health*, constituting the second most utilized art modality, while none of the non-Israeli presenters focused on visual arts. The conference results diverge widely from the *Arts and Health* data, a possible indication that this finding is not representative.

The results regarding the arts affiliations of the Israeli presenters seem non-representative as well. For a comparison, below in **Table 3** is the distribution, by modality, of Israeli creative arts therapists registered with the national representative body, The Israeli Association of Creative & Expressive Therapies (I.C.E.T.). While arts and health and creative arts therapy are not the same field, they do overlap, and as noted, in Israel, arts and health is seen as synonymous with creative arts therapy.

Table 3 Israeli Creative Arts Therapists registered with I.C.E.T.

	Number of therapists registered at I.C.E.T.	**Percentage of total creative arts therapists**
Music	159	10%
Visual Art	548	36%
Dance	263	17%
Drama	112	7%
Psycho-drama	74	5%
Poetry and Biblio-therapy	85	6%
Other	300	19%
Total	***1541***	

***** Raw data provided by I.C.E.T. (2013) and processed and tabulated by the authors

The I.C.E.T. data show that the dominant art modality in the creative arts therapies in Israel is visual arts (36%) trailed by dance (17%). This distribution does not correspond to that found among the Israeli presenters at the conference.

A key to understanding why the conference data may not align with the general pattern of creative arts practice in Israel may be the fact that **Table 3** does not have an entry for integrated intermodal therapy. This is because the I.C.E.T. (together with Israel's Council of Higher Education) does not acknowledge integrated expressive arts therapies as a valid modality and it refuses to recognize therapists who insist on identifying as such. This detail hints at why Israeli participants (42%) were significantly less likely than their non-Israeli counterparts (75%) to present intermodal projects.

This Israeli tendency can be explained, at least partially, by cultural determinants. While some Israeli therapists are proud to use an intermodal approach (Berger, 2006; Lahad, 1994), the dominant attitude in Israel for decades has been that those who do so are dilettantes who move from one art form to another because they are not expert enough in any one modality (Marcow Speiser &

Schwartz, 2011a, p. 131). This cultural prejudice appears to be significantly less prevalent outside of Israel.
Moreover, in light of the cultural attitude to intermodal art therapy in Israel, the percentage of Israeli presenters discussing intermodal art programs (42%) seems unexpectedly high. What may be skewing the data is the fact that the conference was sponsored by Lesley University's extension in Israel and many of the creative arts therapies presenters were associated with this university. Lesley is the only institution in Israel that teaches an intermodal approach and this external effect appears to be influencing the data.

Table 4 addresses which of the five subfields within arts and health serves as the focus of each presentation. While many presentations addressed more than one field, in coding the data, the authors chose the field they believed served as the lecturer's primary focus. An additional limitation of this dataset is that, in contrast to the mental/physical health and art modality questions above, the conference organizers explicitly attempted to find participants to address each of the five content areas of arts and health. As such, the distribution by content area is not entirely representative of that found inside and outside of Israel. Despite this limitation, the difficulty in finding presenters in certain fields, and the predominant wish of presenters to address certain topics, grants this data set some manner of validity.

Table 4 Content area within arts and health

	Israeli presenters (n=19)	**Non-Israeli presenters** (n=16)	**Total**	***Arts & Health* Journal**
Patient care	37%	44%	40%	44%
Healing environments	5%	0%	3%	5%
Caring for caregivers	11%	0%	6%	11%
Community well-being	21%	44%	31%	23%
Education	21%	6%	14%	10%

As shown, patient care was the dominant theme of both Israeli (37%) and non-Israeli (44%) participants. Coincidentally, the percentage of articles in *Arts and Health* dealing with patient care corresponds exactly (44%) to the percentage of presentations offered in this content area at the conference by non-Israeli participants. The data relating to the other content areas is somewhat surprising, and will be addressed as part of the more in-depth, qualitative assessment of the presentations found in the study's upcoming section.

Qualitative analysis This sub-section organizes the conference data according to the five arts and health content areas: patient care, community well-being, healing environments, caring for caregivers, and education. The presentations in each category confirm the hypothesis that cultural factors were important in determining how the field developed in Israel.

i. Patient care The distribution of the topics of the conference presentations provides a strong indicator that in Israel, the dominant subfield within arts and health is patient care. While the program explicitly attempted to address all five content areas, 40% of all presentations dealt with patient care (37% of Israelis and 44% of non-Isarelis). In the previous section, the authors explain how the prevalence of the creative arts therapies in Israel (with their focus on mental health patient care) has defined the field of arts and health as well. However, a presentation given by a hospital administrator in the United States suggested that the dominance of patient care outside of Israel may result from different cultural dynamics. Johanna Rian, Coordinator of the Center for Humanities in Medicine at Mayo Clinic, noted that the Center for Humanities in Medicine at her institution does not employ arts therapists. Instead, it employs teaching artists to provide distracting and enhancing experiences for their clients in its programs. It is conjectured that the decision not to employ arts therapists, and engage the arts outside of a therapeutic context, derived from a reluctance to entangle the arts in

complicated billing and insurance reporting. Subsequent to the conference, Mayo Clinic has begun contracting the services of two music therapists, an indication that the situation may be changing.

Figure 1 Theater and the healing arts exercises in a collaboration between Mayo Clinic and the Guthrie Theater. The Center for Humanities in Medicine at Mayo Clinic has not employed arts therapists in its program possibly because of billing and insurance complications.

This explanation indicates that the strength of the content area of patient care outside of Israel (as measured by both the data from the conference and the *Arts and Health* articles) probably has little to do with the influence of the creative arts therapies (as it does in Israel).

A more robust explanation may relate to the fact that around the world, the most significant and life changing arts and health interventions take place in patient care. Scientific studies have shown that the use of the arts in this manner contributes to reducing pain, extending lifespan, enhanced immune system functioning, increasing the sense of control, and lowering medical costs (Kielcolt-Glaser *et al*, 2002; Pennebaker, 1997; Serlin, 2007). Comparable statistics do not exist for content areas such as healing environments. The potential benefits from investment in patient care therefore seem to be higher, and this dynamic may explain the dominance of the content area internationally.

Another finding, that separated many of the Israeli and non-Israeli participants, relates to the protective approach that Israeli presenters took toward the use of the arts by non-arts therapists. During the conference's session on *Challenges and Opportunities in Practice, Research, Training, and Job Development in the Arts and Healthcare* many Israeli professionals expressed their belief that the field of arts and health should only be entrusted to graduates of recognized and therapeutically-oriented training programmes. Debra Kalmanowitz, a researcher at the University of Hong Kong who works with refugees and asylum seekers, and Jordan Potash, assistant director of the expressive arts therapy program at the University of Hong Kong, described their research (2010) regarding the sensitivity of the international creative arts therapy community towards the use of the arts for health purposes by non-arts therapists. Israeli creative arts therapy figures expressed more vehement positions than those presented by Kalmanowitz and Potash. Representatives of major arts therapies training programmes and the Israeli Association of Creative & Expressive Therapies (Yahat) advocated for strong legislation, strictly limiting the use of the arts in therapy to those who graduated from recognized training programmes, noting that regulation of the field was comparable to "laws of life and death." This phrase and others like it were used on multiple occasions. A contrasting view was presented by U.S.-based creative arts theapist, Shaun McNiff. He explained the view of the Israeli participants, in the context of their belonging to the field of creative arts therapies, noting that this profession (not just in Israel) is strongly influenced by psychological and psychotherapeutic ideas and practices. McNiff acknowledged that while some arts therapists believe their field should integrate a focus on both physical and mental health, generally, the profession des not advocate such inclusiveness. Israeli

practitioners seem to belong to the latter group. To those educated to believe that the therapeutic use of the arts in mental health requires hundreds of hours of psychological training, it might be expected that allowing untrained artists to work with patients would seem both unseemly and dangerous.
McNiff went further and advocated that creative arts therapists expand the definition of their mission to include wider use of the arts in healthcare. He supported more cooperation between creative arts therapists and artists, educators, volunteers, and arts institutions and recommended against limiting the potential pool of people who can provide arts and health care services. Many Israeli participants politely, though passionately, disagreed with his views.
An additional finding, emerging from the presentation of Arthur Eidelman, Professor of Pediatrics at Ben Gurion University of the Negev and the Hebrew University, related to the widespread nature of medical clowning in Israeli hospitals. "Dream Doctors," Israel's major medical clowning organization (at which Eidelman serves as Scientific Coordinator), posts more than 70 medical clowns at 20 hospitals around the country, representing 90% of the country's medical facilities (Dream Doctors Project, 2013).

Figure 2 Dream Doctors medical clown working at Poriya Hospital, Tsfat, Israel (DreamDoctors Israel, 2007)

The relative prevalence of medical clowning in Israel was reflected in another, more illustrative way at the conference. The slide show presentation given by Gary Christenson, on the state of the field of arts and health around the world, featured several photographs of medical clowns, including one with Hebrew writing on her shirt. Unbeknownst to the presenter, the clowns pictured were photographed working at the Safra Children's Wing of Tel Aviv's Tel Hashomer Hospital (DreamDoctors Israel, 2005). He had unintentionally chosen a photo of an Israeli medical clown to represent the work of the profession internationally. The widespread presence of medical clowning in Israel may be a factor of the strength of the Dream Doctors national medical clowning organization. Nearly all medical clowns in Israel are trained, placed and educated by this body, a dynamic that does not exist in other countries.

Figure 3 Israeli Medical Clowns wearing hospital scrubs featured in the presentation "Why We Need Arts in Medicine" that surveyed arts and health programs around the world (DreamDoctors Israel, 2005).

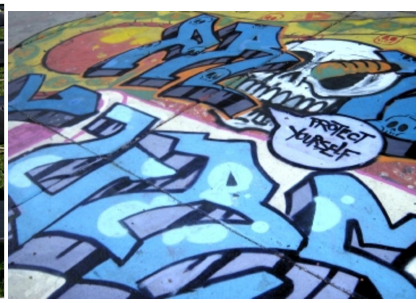
While considerable research on the practice of medical clowning in Israel has been published (Hart, 2012; Friedler *et al*, 2011), the reason why the field is so strong in this country has not yet been studied. It is possible that the focus of the Jewish people on both humor (Landmann, 1962; Wisse, 2013) and medicine (J. Feinberg, 2012; Nuland, 2005) over many centuries, has made medical clowning a natural fit in Israel. However, more serious scientific study would be required to prove this hypothesis.

Another difference in medical clowning practice relates to the profession's central paradigm. In Israel, medical clowning is based on a therapeutic and not an entertainment model, as it is in other countries (Hart, 2012, pp. 319-320). This means that the clown serves as an integral part of the health care team, is trained to understand disease dynamics and provides diagnostic and therapeutic services. In contrast, Eidelman noted that in Europe and the United States, medical clowns generally do not perform explicitly therapeutic and diagnostic function and instead serve to entertain, distract and reduce anxiety. It is not clear why the practice paradigm differs so sharply in Israel and other countries.

ii. Community well-being This content area was addressed by many of the presenters (21% of Israelis and 44% of non-Israelis), as compared to 23% of the articles in the journal *Arts and Health*. That nearly half of the non-Israelis focused on this content area suggests that this distribution may not have been representative.

Israeli participants addressing community well-being focused nearly exclusively on programs which worked in communities to promote wellness. These included the sharing of life stories to reduce tensions among Arabs and Jews and using the arts to help at risk youth. While non-Israeli participants presented these kinds of community programs as well, they also addressed a facet of this content area that the Israelis neglected — community health messaging to promote healthy behavior. For instance, while Gary Christenson in his survey of arts and health programs reviewed half a dozen community health messaging programs, no Israelis mentioned this type of work.

Figure 4, 5, 6 Examples of community health messaging around the world presented at the conference: "Keep your balance in life" program promoting mental health at the University of Minnesota (UMN) campus; suicide prevention installation at UMN; "Sidewalks Saving Lives" HIV/AIDS awareness murals co-sponsored by UMN, Kwanzaa Community Church, and Juxtaposition Arts (Dawolo Towns, 2008).



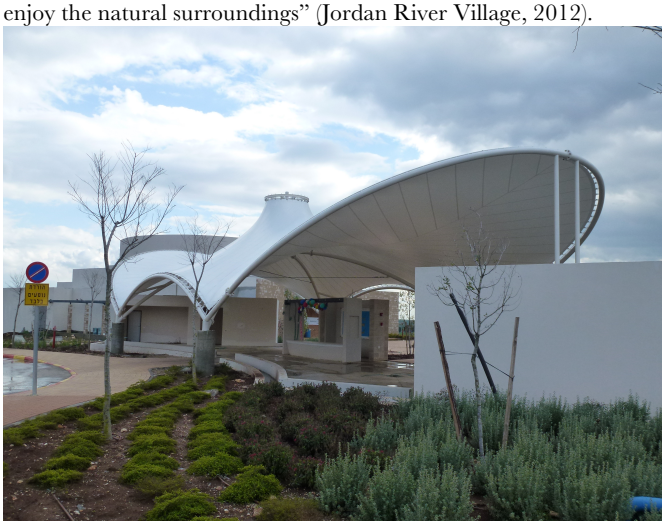
Although such messaging takes place in Israel (e.g. safe use of electricity, conserving drinking water, anti-drunk driving campaigns, etc.), most Israelis do not recognize it as part of the field of arts and health, and instead relate to it as a facet of marketing (Schwartz, 2014). This may also be another consequence of the way everything but creative arts therapies has been defined outside of the field but further investigation into this dynamic is required.

iii. Caring for caregivers At the conference, 11% of Israelis addressed this content area (the same percentage of articles on the subject in *Arts and Health*) while none of the non-Israelis did. Some of the Israeli participants noted that caregivers are viewed as just one of many patient populations cared for with the arts, such as children, pregnant women, the elderly, etc. This seems like a logical conclusion that may lead to asking the question of why outside of Israel caring for caregivers is treated as a separate content area.

iv. Healing environments It was difficult for conference organizers to find an Israeli expert to give a presentation on a topic connected to healing environments. This is because very few Israelis work in this field. While practice in the content area in other parts of the world is apparently also low (only 5% of *Arts and Health* articles deal with healing environments), participation in Israel appears particularly small.

Joram Barr presented on the subject of the design and building of the Jordan River Village, an institution dedicated to enriching "the lives of Jewish and Arab children, in Israel and in the neighboring countries, suffering from serious illnesses and life-threatening conditions by creating free, fun-filled, memorable, empowering, medically sound and safe camping experiences" (Jordan River Village, 2012). Barr developed his reputation building structures for the elderly which focus on their health and lifestyle requirements and is one of the only contemporary Israeli architects working in the field. Barr described the challenges he overcame in building the complex which is part of Paul Newman's *SeriousFun network* of children's camps.

Figure 7 The Jordan River Village, a children's camp with "state-of-the-art, but unobtrusive, twenty four hour medical supervision, facilities for integrating the arts into the children's experiences, and luxurious gardens and sculpture parks that would enable visitors to enjoy the natural surroundings" (Jordan River Village, 2012).



While, internationally, healing environments appears to be the least practiced content area within arts and health, participation in Israel has historically seemed even below world norms. In correspondence with the author, Israeli architectural historian Matanya Sack noted that in the history of the country there have been no more than a handful of architects and landscape artists who worked in the field of healing environments. The exceptions to this rule, architects Arieh Sharon and Benjamin Idelson, and landscape artists Lipa Yahalom and Dan Tsur, are among the only professionals to concentrate on medical architecture using the principles of healing environments. Their collective work includes many of Israel's most well-known medical complexes such as: Tel Aviv's Beilinson hospital (since 1996 called the Rabin Medical Center), the Soroka Medical Center in Be'er Sheva, Ichilov Hospital in Tel Aviv, Geha Psychiatric Hospital in Petah Tikva and other buildings for the Klalit state health maintenance organization. However, much of their work was completed in the 1950s and 1960s.

The question is begged why so few people have worked in this field in Israel. The collection of professionals that Sack (2012) documents is exceedingly small. In our correspondence she suggested that the cultural and economic constraints of the early era of the State may have dictated that few resources would be directed to investment in healing architecture. If true, this dynamic may provide a source for hope of increased focus on healing environments in Israel in the future. As Lerner (2003) noted above, when the State was founded the health system used a triage system whereby it invested its scarce resources in the projects that would provide the greatest good to the largest segment of citizens. As the country developed, more resources were tasked to enlarging what previously were ranked as second tier priorities such as building a community mental health care system. Hopefully, Israel's socio-economic advances will enable an expansion in healing environments.

v. Education More than 20% of Israeli presentations addressed education issues as compared to 6% of non-Israelis and 10% of the articles in *Arts and Health*. This content area seems defined by Israelis in a more inclusive way than those by abroad (in contrast to the situation regarding the other content areas). In much of the arts and health literature, education generally refers to the training of "students of healthcare, through medical humanities programs" (Graham-Pole, 2001). The Global Alliance for Arts & Health generally supports this view though it updated its definition of the content area to apply to "artists, architects, social workers, administrators, and allied health professionals" as well (Society for the Arts in Health Care, 2012). This dynamic indicates the convergence of the conception of education outside of and inside Israel.

CONCLUSIONS Cultural determinants seem to provide explanations for many of the study's principal findings. The data that emerged from the *Arch of Arts in Health* conference provided some confirmation for this hypothesis. While there are indications that the distribution of the subjects covered by the conference presenters may not have been representative of the field in Israel and around the world, quantitative and qualitative analyses enabled drawing a number of significant conclusions.

Some factors, like the strong influence of the creative arts therapies on arts and health in Israel, explained many of the observed developments. These include the field's concentration in Israel on mental health (as opposed to physical health or a holistic integration of the two), patient care and single art modalities (as opposed to intermodal work). It also provided insight into the reluctance of Israeli therapists to allow the use of the arts for health purposes by those who have not undergone extensive psychological training.

The growth in Israel of creative arts therapies, in turn, appears to be influenced by the traumatic nature of life in Israel as a result of the Holocaust and the ongoing Arab-Israeli conflict. The trauma of the Yom Kippur War of 1973 seems to have played an extraordinarily catalytic role in the rise of the field of arts and health.

A number of developments in the field were identified that appear to have cultural determinants but would require more in depth study to prove this conclusively. These include the widespread presence of medical clowning in Israel and the unique practice paradigm developed here, the relative lack of interest in healing environments and the treatment of caregivers as just another patient care population. These phenomena would be worthy subjects of future research programs.

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