Towards Successful Cultural Interventions (Socio-artistic Practices): Enhancing the Collaboration between the Artistic Domain and the Public Health Domain

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Abstract

Aim. This study assisted with enhancing the collaboration between the public health domain and the artistic domain. Research suggests that the successfulness of cultural interventions (artistic interventions that aim to tackle public health issues) is defined by the quality of the collaboration. However, previous research was unclear on which factors may enhance this cooperation, even though the importance of improving the partnership between artists and public health professionals was highlighted. Hence, the current study was executed to address this research gap. Transdisciplinary methods, feelings of connection and equality, and emerging factors were explored in the light of the learning communities of Het Reisgezelschap. *Methods.* A qualitative ethnographic inquiry was carried out to define factors that enhanced the collaboration. Elements of action research contributed to the development of the learning communities. Participatory observations, in-depth interviews, content analysis, and elicitation techniques were used to collect data and carry out action research. *Results.* To enhance the collaboration, feeling connected and equivalent may be most important. This occurs when partners meet each other with an open-mindset, create joint experiences, and be vulnerable. For partnerships to be initiated, intrinsic motivation and awareness of socio-artistic projects and their added value may be necessary. Shared skills do not seem to benefit the collaboration. *Implications.* Practicing with collaborating may be beneficial for further collaborations of the same kind, as joint experiences in collaborating seems to enhance feelings of connection and equivalence. It may be especially beneficial to start at a young age with creating joint experiences among artistic students and public health students. To stimulate open-mindedness during the practices, artistic methods can be used. A mix of transdisciplinarity (shared framework), interdisciplinarity (shared goals), and multidisciplinarity (maintain own disciplinarily roles) are suggested to enhance the collaboration, rather than using exclusively transdisciplinary methods.

Several years ago I had a dream in which everything around me was noticeable cracked. After a while, however, as I took off my glasses, all the cracks suddenly disappeared and everything seemed to flow smoothly into everything else. I then looked at my glasses and realized that the cracks were on them! As the dream seems to imply, boundaries are mere artifacts that have little basis in reality. It is we ourselves who create them, and the entities they delineate are, therefore, figments of our own mind. Nonetheless, our entire social order rests on the fact that we regard these fine lines as if they were real (Zerubavel, 1991, p.3).

Introduction

In the Netherlands, the use of artistic interventions for tackling public health issues has increased (Van Campen, Rosenboom, Van Grinsven & Smits, 2017; Van Ditzhuijzen, Grinsven & De Groot, 2018). These cultural interventions[1] originate from the cooperation between artistic[2] professionals and public health[3] professionals (Van Campen et al., 2017). In the Netherlands, the term 'socio-artistic' *(sociaal-artistiek)* is widely used. The aim of these interventions is to improve people's mental and physical health (Van Campen et al., 2017), promote social cohesion (Stut Theater, n.d.), and encourage social integration and active citizen participation (Trienekens, Swarties & Docter, 2016). For example, the aim of a theatre company in the Netherlands is to promote social cohesion in their neighbourhood (Stut Theater, n.d.), and the purpose of the project Kunst op Recept[4] is to endorse the mental resilience of people with psychosocial problems by using artistic practices.

Even though cultural interventions gained popularity, their effectiveness is not yet proven (Van Campen et al., 2017). Previous research has stated that socio-artistic practices improve the health of the population and enhance sustainable, resilient communities (ArtsProfessional, 2013). However, there is no clear evidence for this claim due to the lack of appropriate research methods (Van Campen et al., 2017). Therefore, a theoretical framework for cultural interventions is needed (Huss & Sela-Amit, 2018). This foundation can assist in developing cultural interventions that successfully tackle public health issues (Van Campen et al., 2017).

Elements that enhance the collaboration between the artistic domain and the public health domain ought to be part of this framework, as the quality of the collaboration defines the quality of the intervention (Van Ditzhuijzen et al., 2018; Graybeal, 2007; Parkinson & White,

[1] Others terms are 'community art' and 'socially-engaged art'.
[2] They entail the performing arts (music, theatre, dance), visual arts, movies, literature, architecture, design and new media (Van Campen et al., 2017).
[3] Public health encompasses the prevention of disease, prolonging life, promoting health (mental and physical), and social wellbeing (social inclusion, social integration and social participation) (Acheson, 1988, in WHO, n. d.; Public Health Agency, 2018, University of Wollongong Australia, 2015).
[4] www.kunstoprecept.nl

2013). However, thorough research on factors that positively influence the collaboration is lacking, even though previous inquiry points out that the full potential of the collaboration is not yet fully utilized in practice (ActiZ, HKU, Movisie & Viatore, 2017). It is therefore necessary to gain insight on how the partnership between artists and public health professionals is enhanced.

The current study addresses this research gap by focussing on finding elements that positively influence the collaboration. Explorative research is carried out in the learning communities of 'Het Reisgezelschap', an initiative of ArtEZ, HAN, Cultuur Oost and the LKCA. In the learning communities artistic and public health students are encouraged to cooperate on socio-artistic projects with the aim to enhance future collaborations (LKCA, 2018). Besides adding to scientific knowledge, one of the aims of the current research is to provide the LKCA with insights on how the learning communities could maximize the enhancement of the collaboration between the two disciplines.

Based on previous research it is argued that boundary drawing creates tension in the cooperation between the artistic domain and the public health domain. Besides exploring emerging factors, the focus of this study is on elements that imply to transcend boundaries in general, such as transdisciplinarity and feelings of equivalence and connection.

Need for Elements that Define Successful Cultural Interventions

Cultural interventions have gained popularity in the last years. This indicates that, on a certain level, the value of artistic interventions in the public health domain is acknowledged. Moreover, it is stated that these interventions can be of assistance in tackling public health issues (RSPH, 2013; Van Campen et al., 2017; Van Ditzhuijzen et al., 2018; Clift, 2012; Jensen & Bonde, 2018). Researchers and organizations suggest that socio-artistic practices can be carried out in different kind of fields. They contribute to healthcare (Kaye & Blee, 1997, in Camic, 2008), community development (Kay, 2000; Stut Theater, n.d.), and the empowerment

of communities in taking collective action (Matarasso, 2007). Even though several attempts have been made to show their effectiveness (Jensen & Bonde, 2018; Stuckey & Nobel, 2010; Walsh, Culpepper Martin & Schmidt, 2004), strong evidence remains absent (Van Campen et al., 2017). As Belfiore (2002) indicated, insight is lacking on how cultural interventions are more effective in solving public health issues than traditional social policies. Thus, it seems that policy is running ahead of theory; the use of cultural interventions increased, yet clear evidence of their effectiveness is missing.

Arguable, the issue is not the lack of the effect of these interventions, but the lack of insight in how to 'capture' it. As researchers conclude, it is difficult to find evidence for socio-artistic work due to the diversity of the practices and their outcomes, and the lack of standardisation in methodology (RSPH, 2013; Public Health England, 2016). It is suggested that instead of focussing on evaluating cultural interventions, inquiry should be carried out on workable elements that increase their quality and effectiveness (Van Campen et al., 2017). To evade the discussion about the need for evidence, attention can be shifted towards findings elements that promote successful cultural interventions. As previous research shows, socio-artistic practices need a theoretical foundation (Huss & Sela-Amit, 2018). Identifying workable elements can be of assistance in developing this foundation.

Importance of High-quality Collaboration

Little research has been conducted on elements that promote successful artistic interventions. As inquiry in the Netherlands is particular sparse, research institute Movisie (Van Ditzhuijzen et al., 2018) integrated findings of 64 international studies (literature reviews, qualitative and quantitative research) that identified promoting factors. The authors conclude that four categories are important for the development of successful socio-artistic practices: (1) the intervention itself; the level of co-creation between participants and artists and the balance between the artistic level of the intervention and the artistic capacities of the target group. (2)

The executor; he or she should have appropriate capabilities such as expertise, attention and patience. (3) The target group; no financial barriers, the intervention must be adapted to their physical and mental capabilities. And (4) the organization and cooperation; the quality of the collaboration between the different organizations involved. Based on these results, elements related to the four categories can form a framework for cultural interventions.

In particular, the collaboration between artists and public health professionals needs to improve. Especially cooperation is lacking seeing that the artist creates the intervention, while public health is at the receiving end of the line (ActiZ et al., 2017). As the quality of the partnership is one of the elements that defines the successfulness of the intervention (Van Ditzhuijzen et al., 2018; Parkinson & White, 2013; Graybeal, 2007; Matarasso, 1997), there is a need to enhance the partnership between the two domains. Movisie (Van Ditzhijzen et al., 2018) only refers to two studies that suggest how the collaboration can be enhanced. Hence, more inquiry in this field is needed. In order to circumvent the need to base conclusions on data from a multitude of countries, the current study was conducted in the Netherlands. This caters to need for context when an intervention is developed (Van Campen et al., 2017).

Tension of Boundary Drawing

By emphasizing the differences between the artistic domain and the public health domain, boundaries are magnified. As a result of these boundaries, partners can experience distance and lack knowledge about the methods and worldviews of the other discipline. It is suggested that experienced distance (Cummings & Kiesler, 2008) and not understanding each other's worldviews (Van Ditzhuijzen et al., 2018) both negatively affect the collaboration.

Categorization explains why we draw boundaries. To make sense of the world human beings create meaningful entities, and meaning is conceived by creating distinctions between 'things'. Our mind groups similar items together and separates different entities (Zerubavel, 1991). Categorization helps to simplify the world, otherwise we feel overwhelmed by our

surroundings (Markman, 1989, in Jacob, 1991). Our society is based on the idea that boundaries are real, while most people forget that it is ourselves who create these distinctions. Categorization creates fixed meanings and rigid minds (Zerubavel, 1991). Therefore, encouraging an open mindset may positively affect the collaboration between the artistic domain and the public health domain (Van Campen et al., 2017).

Transcending Boundaries Using Transdisciplinary Methods

One of the ways boundaries can be transcended is through transdisciplinary work. Transdisciplinarity can be defined as "a repeated tearing down of the boundaries that separate existing disciplines, coupled with a continuous generation of new modes of thinking" (Finn, 2007, p. 16). Choi and Pak (2006, p. 356) give an overview of the main characteristics of multidisciplinarity, interdisciplinarity and transdisciplinarity (see Table 1). Through transdisciplinary work a new worldview is created, one that rises above existing disciplines (Klein, 2000, in Marshall, 2014). As Graybeal (2007) states, the success of cultural interventions depends on the integration of the worldviews of the partners, instead of on their coexistence. This implies that transdisciplinarity is beneficial to the collaboration. However, the question is in what manner transdisciplinary partnerships are still related to the transcending of boundaries, as a new discipline might be formed; one that stands on its own (Nowotny, 2003, in Fine, 2007). Notwithstanding, taking the positive findings about transdisciplinary into account, it is suggested that the collaboration between the artistic domain and the public health domain benefits from adopting transdisciplinary methods.

One of the characteristics of transdisciplinary (and interdisciplinary) collaborations is 'having a shared goal' (Choi & Pak, 2006). Research shows that the existence of a shared goal enhances the collaboration. Agreeing on the goal gives focus and creates feelings of unity, despite original conflicts or disagreements (Macneil, 1980, in Mukherji, Wright & Mukherji, 2007). Having no shared goal negatively affects the collaboration, as the purpose of the

cooperation is unclear (Mukherji et al., 2007). Taking this into account, agreeing on the goal is deemed important to promote a high-quality collaboration between public health professionals and artists. However, the discussion about the focus of the cultural intervention is ongoing (Matarasso, 1997). In other words, there is a search for balance between the form of the intervention (the artistic focus) and the function (public health focus). Some artists state that they value the process between the executor(s) of the intervention and the participants more (the function) than the final product (Van Erven, 2013). This implies that consensus between the two domains is achievable.

Table 1

Adapted table from Choi and Pak (2006); a comparison between multidisciplinarity, interdisciplinarity and transdisciplinarity

Multidisciplinary	*Interdisciplinary*	*Transdisciplinary*
Working with several disciplines	Working between disciplines	Working across and beyond several disciplines
Involves more than two disciplines	Involves two disciplines (i.e. focuses on reciprocal action of disciplines	Involves scientists from relevant disciplines, as well as stakeholders, non-scientists, and non-academic participants
Members from different disciplines working independently on different aspects of a project, working in parallel or sequentially	Members from different disciplines working together on the same project, working jointly	Members from different disciplines working together using a shared conceptual framework
Individual goals in different professions	Shared goals	Shared goals and shared skills
Participants have separate but inter-related roles	Participants have common roles	Participants have role release and role expansion
Participants maintain own disciplinary roles	Participants surrender some aspects of their own disciplinary role; but still maintains a discipline-specific base	Participants develop a shared conceptual framework, drawing together discipline-specific bases
Does not challenge disciplinary boundaries	Blurring of disciplinary boundaries	Transcend the disciplinary boundaries
Summation and juxtaposition of disciplines	Integration and synthesis of disciplines	Integration, amalgamation, assimilation, incorporation, unification and harmony of disciplines, views and approaches
Additive, integrative, collaborative	Interactive, integrative, collaborative	Holistic, transcendental, integrative, collaborative
Graphically analogous to two totally separate circles	Graphically analogous to two partially overlapping circles	Graphically analogous to a third circle that covers two partially overlapping circles
The outcome is the sum of the individual parts	The outcome is more than the sum of the individual parts	The outcome is different than the sum of the original parts

Note: Comparison of multidisciplinary, interdisciplinary and transdisciplinary. Adapted from "Multidisciplinarity, interdisciplinarity and transdisciplinarity in health research, services, education and policy: 1. Definitions, objectives, and evidence of effectiveness," by B. C. K. Choi and A. W. P. Pak, 2006, *Clinical and Investigative Medicine*, *29*(6), p. 356.

Transdisciplinarity relates to one of the goals of Het Reisgezelschap. Their aim is to create new paradigms that can be shared between artistic students and public health students in order to benefit the collaboration (LKCA, 2018). Transdisciplinary partnership can be enhanced by the degree of communication and sharing and by learning each other's terminology, conceptual frameworks and methods (Aboelela et al., 2007). Researchers suggest that in order to be able to understand another discipline, prior collaboration experience is helpful (Cummings & Kiesler, 2008). This indicates that the learning communities of Het Reisgezelschap may enhance transdisciplinarity, as they encourage collaboration between artistic and public health students to benefit their future collaborations (LKCA, 2018).

Transcending Boundaries Through Feeling Equal and Connected

Encouraging participants to feel equal and connected is another way to transcend boundaries and enhance the collaboration. For a good partnerships, members should consider themselves as equal and connected. When members do not feel equal and connected, they may avoid each other to evade conflicts. However, when they feel connected but not equal, or equal but not connected, they are willing to solve conflicts (Boros, Meslec, Curseu & Emons, 2009).

Boundary drawing may explain why partners feel less connected and equal. By emphasizing differences, prejudice can arise (Pettigrew, 1998). Someone's social identity is created by the significance he or she places on being a member of a certain group (Tajfel, 1972, in Hogg, Terry & White, 1995). For an individual to evaluate their own group (in-group) in relation to another group (out-group), they need to distinct their in-group from the out-group (Tajfel, 1994). People desire a positive social identity, so they evaluate their in-group more positively than the out-group (Turner, 1975, in Hogg et al., 1995). The negative evaluation of the out-group enhances prejudice (Pettigrew, 1998) and may reduce feelings of connection and being equal.

Factors that enhance optimal contact could reduce prejudice. The contact theory states that during intergroup contact, there needs to be support from authority, intergroup cooperation, common goals, and an equal status. Most beneficial are cross-group friendships (Allport, 1954, in Pettigrew, 1998). Other research shows that mediators may benefit the cooperation between artists and public health professionals (Van Campen et al., 2017), which may substantiate the need for an authority figure (Allport, 1954, in Pettigrew, 1998), one that mediates the partnership.

Case Study: The Learning Communities of Het Reisgezelschap

The learning communities of Het Reisgezelschap are initiated to enhance the collaboration between artists and public health professionals in the Netherlands. Het Reisgezelschap is a co-creation of four partners engaged in public health and/or art: ArtEZ (University of the Arts), HAN (University of Applied Sciences), Cultuur Oost (Gelders network- and expertise center for art, culture and society) and the LKCA (the National Centre of Expertise for Cultural Education and Amateur Arts). The name, translated to 'The Travelling Company' symbolizes their way of working. Through collaborating, experimenting and researching they 'travel' towards more successful socio-artistic practices. Their focus is, among other things, on the improvement of the collaboration between the artistic domain and the public health domain. In the learning communities of Het Reisgezelschap, artistic students and professionals and public health students and professionals are encouraged to cooperate. The assumption is that when students experiment with collaborating, joint experiences and shared paradigms are formed, which positively affect future partnerships of the same kind (LKCA, 2018).

Research Questions and Informal Expectations

Extrapolating upon the aforementioned, the research question of the current study is: *What enhances the collaboration between the artistic domain and the public domain, in the*

light of the learning communities of Het Reisgezelschap? In particular: (1) How is boundary work, and in specific categorization and transdisciplinarity, related to the collaboration between artists and public health professionals? (2) In what way are social identity, prejudice and feeling equal and connected related to their cooperation, and (3) what other factors influence the collaboration? It is expected that categorizing does not benefit the collaboration, as the highlighting of differences seems to create tension. When partners feel equal and connected the cooperation may enhance. However, boundary drawing and prejudice are likely to reduce these feelings. Transdisciplinary elements will presumably benefit the collaboration.

Methods

Research Design

The current study made use of qualitative ethnographic research in order to investigate which aspects may enhance the collaboration between artists and public health professionals. Several concepts from literature and emerging elements were explored in the light of the learning communities of Het Reisgezelschap. By using qualitative research, it was possible to explore the elements in their natural setting (which gave the opportunity to identify unexpected factors). This method also allowed for a more complete understanding of the elements (Boeije, 2010). The current study adds to scientific knowledge, but is also practice-oriented, as it assists in the development of the learning communities (commissioned by the LKCA). Elements of action research were carried out to contribute to this development. A closer collaboration between the researcher and participants was promoted to inspire the participants' reflections on the collaboration, to raise awareness on promoting elements, and to encourage participants to search for solutions for identified tensions (Coghlan & Brannick, 2014).

Participants

The sample consists out of twenty-six participants that were either artistic students and professionals, or public health students and professionals. All participants were involved in the

development of cultural interventions and were recruited from five socio-artistic organizations (of which four belonged to the learning communities), two research groups, and one knowledge/policy institute. In Table 2 (see Appendix 1) an overview is given of the characteristics of the participants and their related organizations. In order to participate, it was required that someone either had a background in the artistic domain and/or the public health domain, had experience - or had collaborated with each other (preferably in the learning communities), or they had facilitated the collaboration between artists and public health professionals. Several participants and organizations asked to be recognised, others were anonymized. The participants were sampled using the network of the LKCA, Het Reisgezelschap, the researcher's own network and the snowball method (Boeije, 2010).

Overview of the Learning Communities of Het Reisgezelschap

In the learning communities, artistic students (ArtEZ) and public health students (HAN) are encouraged to cooperate with professionals that are involved in socio-artistic practices. Currently there are four learning communities; Theater AanZ, Theater Klare Taal, Speels Collectief and Het Wilde Westen. In Theater AanZ, three Social Pedagogy students were involved with research in collaboration with two theatre makers and one social worker, to gain insights that were used for the creation of a socio-artistic play[5]. One student from Theatre in Education was doing her own inquiry on socio-artistic practices. In Theater Klare Taal two Social Work students were studying how to improve the living situation of the actors of the theatre company, as they were mentally limited. One Social Work student was doing her internship at Speels Collectief. In Het Wilde Westen there were no students participating from HAN or ArtEZ.

[5] The subject of the play was a secret during this research. The aim of the play is to raise awareness, break the taboo of a specific societal issue and support the target audience.

Data collection

Data was collected through participatory observations, discourse analysis, in depth interviews, and semi-structured interviews. As Boeije (2010) states, "participation is considered essential in detecting meanings, feelings and experiences" (p. 59), and "interviews provide an opportunity for researchers to learn about social life through the perspective, experience and language of those living in it" (p. 62). Participatory observation took place during the learning communities and during other socio-artistic practices and symposia related to the subject; 15 moments[6] in total. Discourse analysis was applied on the 31 blog posts from Stéphanie (artist) and Bonnie (social worker), where they reflected on their collaboration, and written down prejudices about the two domains by members of TTP. Additionally, the researcher's own reflections on the collaboration between the two domains was treated as data, as she had a background in both art and social sciences. The elements of action research – reflection and thinking about solutions – were carried out during the interviews. The in-depth interviews and semi-structured interviews lasted approximately one hour. Ten individual interviews and five group interviews/meetings were held. Five elicitation techniques were wielded to evaluate the current collaboration, identify the need for change, interpret participants' social identity, and measure (unconscious) prejudice (see Table 2 in Appendix 2). The concepts that were relevant for this study had to receive a workable definition (see Table 4) and where used in the topic list for the interviews (see Appendix 3). The topic list was adjusted when relevant information was given, to enhance more in-depth conversations.

[6] Moments are counted as observations that were made on one day. Most of the time this was not a full day; it differed between 6 and 2 hours of observations.

Table 4

Operationalization of concepts found in literature

Categorizing	Organising the artistic domain and the public health domain in mental categories; boundaries are created by emphasizing the differences.
Transdisciplinarity	A repeated tearing down of the boundaries that separate the artistic domain and public health domain; a full integration of the two disciplines occurs so a new domain arises.
Shared goal	In the collaboration, the artist(s) and the public health professional(s) share the goal of their work.
Social identity	The profession of the artist and public health professional is of significant meaning to their identity.
Contact theory	There is support from authority, intergroup cooperation, common goals and an equal status of the artist and public health professional.
Feeling equal	The artist(s) and public health professional(s) feel equal in relation to each other.
Feeling connected	The artist(s) and public health professional(s) feel connected in relation to each other.

Data Management and Analysis

After receiving informed consent from the participants and their permission to record the interviews and meetings on audio, the audio was, together with the transcribed interviews and observations, stored safely on the U-disc of Utrecht University. This ensured anonymity, confidentiality, and privacy. The data was analysed in NVivo 12, using open, axial, and selective coding. The seven concepts from literature (see Table 4) were pre-coded, the other codes emerged during analysis. The full code tree is displayed in Appendix 4. Open, axial, and selective coding were done alternately; open codes were merged and a tree of codes was created (with several sub-codes). This allowed for interpretation of relations between themes. The references of the factors that seemed to influence the collaboration were counted (see Table 6 in Appendix 5) to understand which ones were most discussed by the participants and observed by the researcher. Factors that would presumably create tension and factors that seemed to enhance the collaboration were matched based on the researcher's interpretation (as elucidated on in the results section).

Action Research: Encouraging Reflections and Search for Solutions

During individual interviews and group meetings, the researcher used several techniques to encourage reflection and brainstorming about solutions to identified tensions in

the collaboration. At the start of the study, the researcher confirmed that there was indeed a need to enhance the collaboration between the artistic domain and the public health domain. Thereafter, elements that enhance the collaboration and elements that create tension were identified by using reflection techniques. Third, questions were asked that encouraged the participants to think about solutions to tensions in the collaboration. During the meetings of the Research Group of Het Reisgezelschap, the collaboration between researcher and five participants was focused on the process of the inquiry. The researcher was challenged to critically reflect her work. The participants shared their ideas about how the collaboration between artists and public health professionals could be improved and discussed this with each other. After analyzing the data, the researchers' interpretations were discussed with the participants and their feedback was taken into account.

Results

Elements that may create tension or enhance the collaboration of artists and public health professionals are discussed in a consecutively manner by first discussing the factors that are most referred to during interviews/meetings, observations, and blog posts.

Feeling Equivalent and Connected

All of the participants agreed that feeling connected is needed for a successful collaboration. This is in accordance with literature that highlights the importance of feeling connected for the enhancement of the partnership (Cummings & Kiesler, 2008). When the participants feel connected, they reinforce their discipline-related qualities, as stated by one of the social workers of Theater AanZ. However, they oppose the statement of Cummings and Kieslier (2008), that feeling equal is necessary. Instead, it was stated that feeling equivalent is imperative. For example, a theatre maker from Theater AanZ shared that social worker and artists are not equal. However, when they respect each other and their qualities, feelings of equivalence are enhanced.

> We are not equal, we are equivalent. That is a fundamental difference. We never called each other equal, but we acknowledge, as often as possible, that the artistic side and the social side are equally important. Not one education, or background, is better than the other.
>
> *S. Van Kersbergen, theatre maker*

When redefining 'feeling equal' as equivalence, it emphasizes the importance of different qualities of the partners, positively related to the collaboration.

It is implied that to feel connected, partners should feel equivalent. A member of Het Reisgezelschap shared that she felt most connected when it is clear that the differences between the partners are completely accepted, contributing to feelings of equivalence. It is also argued by one participant that feeling connected is necessary to experience feelings of equivalence. Hence, feeling connected and feeling equivalence may be interrelated, which is in contrast with Boros and colleagues (2009), who argue that one cannot feel connected and equal simultaneously As the authors do not share how they define 'feeling equal', it could be that they did not measure feelings of equivalence, but exclusively feelings of equality.

To sum up, feeling equivalent and feeling connected may enhance the collaboration. Factors that are likely to elicit feelings of connection and equivalence are discussed in the next sections.

Ont-moet-en

Several participants (8 out of 26) suggested that one of the first steps for a successful collaboration is to meet each other with an open mindset. The Dutch translation for meeting each other is *ontmoeten*, symbolizing *ont-moet-en*, which can be explained as not feeling obliged to do, think, or feel anything. Approaching each other in such a manner closely relates to open mindedness. In later sections of this study, open-mindedness is discussed in relation to categorization.

When partners are open towards understanding each other – seeing the other without prejudice, expectations, and opinions – connection may be created, as stated by one of the

participants. It is suggested by a theatre maker that connection can be created by starting a conversation about what fascinates the other, rather than focussing on oneself.

> You start a dialogue about what the other fascinates, about his or her talents and power. Don't be focused on yourself and what you think and feel, but focus on understanding the other, why it is important to him or her, and how he or she experiences it.
> *D. Coppenrath, theatre maker and social worker*

Another participant suggested that in order to create equivalence, one should understand each other's motivations behind actions to avoid faulty interpretation. This understanding relates to meeting each other with an open mindset. Hence, *ont-moet-en* seems to encourage feelings of connection and equivalence.

However, organising a moment for the two partners to meet each other with open mind seems to be difficult. First, there is the problem that most public health workers are not aware of the existence of cultural interventions, as a social work student argues. Therefore, they will not initiate the collaboration. Furthermore, as a theatre maker states, the artistic world is not inclusive to other disciplines, which makes the initiation of a collaboration between artists and public health workers difficult.

Joint Experiences

Creating joint experiences is important to feel connected; it helps in transcending the boundaries, as argued by the director of a socio-artistic organization. By experiencing the cooperation, partners get to know each other and come to understand what socio-artistic practices entail. Then, positive experiences may spread and other people might become interested in starting socio-artistic collaborations as well.

> I really wish that these worlds come closer together. I think this is only possible by creating joint experiences. For example, a general practitioner in our neighbourhood collaborates with us on a socio-artistic project. This creates a stain that will be spread to other colleagues, etcetera.
> *L. Bussemaker, director socio-artistic organization*

At the time this study was conducted, a social worker and a theatre maker had already been cooperating for six months. They stated that it was beneficial to get to know each other and their different qualities, discuss ideas related to socio-artistic work, and understand each other's viewpoints. Through these experiences their collaboration improved. This implies that experience in collaborating with someone will benefits their future collaboration.

Vulnerability

Several participants (8 out of 26) stated that connection is enhanced through vulnerability; when artists and public health professionals both choose to be vulnerable, connection is felt. A theatre maker compared the cooperation between the artistic domain and the public health domain as a marriage: the partners choose the work together, without knowing if it will be successful. As complemented by a Social Pedagogy student, the partners need to open themselves up to make this commitment. Arguable, opening up oneself elicits feelings of vulnerability. Besides making the decision to commit to the collaboration, vulnerability may be evoked by sharing personal stories at the start of the cooperation. The participants of one learning community (6) positively evaluated their first encounter. Questions related to how they felt about the collaboration were asked and the conversations they elicited created a safe place for the partners to be vulnerable.

Social Identity and Prejudice

Previous research showed that prejudice is enhanced by the need to create a positive social identity; one will evaluate the out-group more negatively than its own group. To define one's social identity, differences between the groups are emphasized and prejudice can arise (Pettigrew, 1998).

It seemed difficult for the participants to define their social identity. Most of them felt comfortable with calling themselves socio-artistic workers; they seemed eager to evaluate their social identity somewhere in between the artistic domain and the public health domain. However, after asking more in-depth questions, it looked like they were more comfortable with defining themselves as either an artist or as an social/health care worker.

To gain more insight into the participant's social identity several elicitation techniques were carried out. Figure 1 shows an example of elicitation technique 4 (see Appendix 2). The participants had to draw two figures; one that represented the public health domain and one that represented the artistic domain. The dot had to represent their place in relation to the two domains. Besides these three 'rules', they were free to draw anything else. In this drawing it is shown that the participant divided the social domain and the health care domain. Her social identity was interpreted as being 'in between', however it looks more closely related to the artistic domain than to the public health domain.

Figure 1. Elicitation technique 4 carried out by a theatre maker. *Artistiek* = artistic domain, *dit ben ik* = this is me, *sociale* = social domain, *zorg* = health care domain.

Regarding prejudice, the interviews gave the impression that the professionals experience several differences between the social domain and the public health domain.

Nonetheless, it remained unclear which of the statements are objective observations, and which are clearly related to prejudice. It is notable that most negative ideas regarded the public health domain. This can be explained by having the fact that there were no participants that worked solely in the public health domain. Most artist shared that public health professionals focus too much on pampering their clients, instead of empowering them. The artists were critical about the frameworks and classifying systems that the public health domain employs. To them they felt rigid. A lot of these statements rest on their experiences, so the question is if it can be interpreted as prejudice.

With regard to the public health domain, a student Social Work shared that a lot of her peers do not want to be involved in artistic work. It is unclear why they are not open to a collaboration with the artistic domain. Prejudice may be underlying the decision, but this remains speculative.

Open-mindedness

Public health entails both social welfare and health care. Notwithstanding their shared umbrella term, there seemed to be differences in open-mindedness of professionals working in the social domain and those working in the health care domain. An artist stated that social workers are more open to the artistic domain compared to health care workers. A theatre maker shared how she broke several boundaries between the social domain and the artistic domain by changing her mindset to valuing the social aspect of her artistic work instead of 'using' her actors to create something aesthetically interesting.

Open-mindedness is the opposite of categorizing (Zerubavel, 1991). When collaborating, partners need to be able to let go of previous experiences, and be open to try new things, as stated by one of the participants. Noteworthy, for social professionals the artistic world in itself relates more to open-mindedness than the public health domain. For example, a

Social Work student shared how being involved with artistic practices changed her way of thinking into being more open.

> The added value of the socio-artistic project I was involved with, is that it helped me to be more open-minded. I need to think more freely than I normally do. It is hard for me, improvising for a new group is difficult, you have no idea what the group thinks of you and that makes it challenging. I think I still can express myself more freely.
> *L. Wemer, student Social Work*

Taking this into account, artistic methods may be beneficial for creating more free ways of thinking. Thus, artistic methods could be used to stimulate open-mindedness in the collaboration, as it transcends boundaries (Zeruabavel, 1991). Noteworthy, regarding the open mindedness of artists self, they seem inflexible towards the framework of the public health domain (as discussed in the section 'Prejudice'). This discrepancy is not explained by the participants and remains therefore unclear.

Multidisciplinarity, Interdisciplinarity and Transdisciplinarity

The question whether the collaboration between the artistic domain and the public health domain will benefit from adopting transdisciplinary principles was discussed with the participants.

They suggested that the creation of a shared jargon solves many tensions. However, it was also stated that consensus on a 'language' is not always necessary. Reaching this consensus can take too much time. Another suggested option was that the partners accept that they do not understand each other's jargon and that they should be aware of the differences. Most importantly, they would need to check if they are still on the same page.

> I have the same tip about learning a common language. However, I have to add that it is important to check if the partners are still on the same page about what they are doing independently. They must be certain about their actions in relation to the collaboration. Consensus on a single term is less important.
> *L. Loppers, student Theatre in Education*

One great advantage of transdisciplinary work is that it transcends boundaries (Choi & Pak, 2006). As discussed, boundaries emphasize and maintain the differences between the disciplines (Zerubavel, 1991) and this experienced distance is likely to generate tension (Cummings & Kiesler, 2008). However, drawing a clear boundary between the domains may be beneficial to some extent. Several professionals (9 out of 26) argued that socio-artistic work should not be executed by one person presenting both domains, as this confuses both the professional and the target group. A theatre maker with a background in drama therapy stated that it is difficult for her actors to understand which role she is taking; the role of the social worker, or the role of the theatre director. The participants therefore argued that it is more constructive to have two people collaborating; a public health worker and an artist. The maintaining of one's own disciplinary role, relates to multidisciplinary work. Figure 2 shows a graphic representation of multidisciplinarity; two separate circles display the drawing of boundaries.

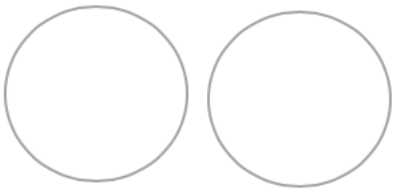

Figure 2. Two totally separate circles, symbolizing multidisciplinarity (based on Choi & Pak, 2006).

Regarding 'shared goals' (as an characteristic of interdisciplinary and transdisciplinary work), it seems that it is difficult to develop a socio-artistic project where the focus of both domains (their goals and means) are equal. As stated by an participant, to reach a diverse group of people and enhance the social value of the project, the socio-artistic work should to be acknowledged by critics. To receive this affirmation, the cultural interventions should be valued aesthetically; meaning receive recognition on the base of the artistic product. Consequently, the artist may focus mostly on the final product of the intervention.

> There are different levels of ambition. If you want to change the world using art, you can organise a workshop of Theatre of the Oppressed for a small group of people. If your desire is to reach more people, besides the local residents, to raise awareness about certain social problems, it is important that critics support your work. However, the question is: how to evaluate socio-artistic practices?
> *E. van Erven, Professor of Media, Performance and the City, Head of Department Media and Culture studies*

As suggested by another participant, different kinds of criteria must be developed to evaluate cultural interventions. In particular, cultural interventions should not evaluated the same as art that is high on the ladder of hierarchy, solely exhibiting an artistic focus, nor should it be evaluated in the same manner as other art forms. However, when the public health focus is greater than the artistic one, the practice is defined as a creative therapy, and not as an artistic product. Taking this into account, it seems to be difficult to create a good balance of the artistic focus and the social/health care focus.

The public health goal of a cultural intervention is mostly related to improving something; enhancing someone's mental health, empowering minorities, or breaking taboos. However, one is not always aware that the artistic focus servers a social purpose as well. Many professionals stated that when people are involved with the performing arts, they are encouraged to be more assertive, to free themselves, to think in possibilities, and to take new perspectives. This implies that art in itself may already serve a social purpose. So, when the artistic work is the means and the artistic product is the goal, the public health focus is present simultaneously with the artistic focus. The artistic domain and the public health domain might therefore be more integrated than expected with regard to the purpose they both serve.

Two participants stated that two circles partially overlapping is a suitable metaphor for the collaboration between the public health domain and the artistic domain. This relates to interdisciplinarity (see Figure 3). However, they also reacted positively to the idea of a new domain, which relates to transdisciplinarity (see Figure 4). To clarify the difference, both figures are displayed besides each other.

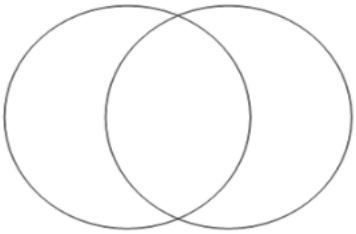

Figure 3. Circles partially overlapping, symbolizing interdisciplinarity (based on Choi & Pak, 2006).

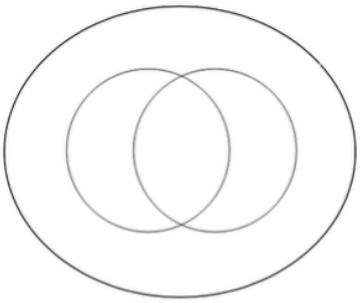

Figure 4. A third circle that covers two partially overlapping circles, symbolizing transdisciplinarity (based on Choi & Pak, 2006).

Awareness of Added Value, Communication and Intrinsic Motivation

Awareness of added value, communication, and intrinsic motivation seem to enhance the collaboration. It is stated by the participants that awareness about the added value of cultural interventions is important, otherwise it would be more difficult to initiate the cooperation and to receive funding. However, as noted, it is difficult to measure the effectiveness of cultural interventions using quantitative methods (Van Campen et al., 2017). As suggested by an initiator of Het Reisgezelschap, artistic practices can be measured by qualitatively capturing the meaning it has for the people involved, instead of focussing on quantitative techniques. Furthermore, experiencing socio-artistic work seems to be important for understanding their effect. A social worker stated that one needs to experience cultural interventions to understand their added value.

Moreover, putting effort in communication seems to be beneficial to the cooperation. A theatre maker suggested that at the start of the collaboration things should be organised,

arranged, and developed together. It is important to discuss the desires, interests and values of the different disciplines.

> I suggest that we, during the process, closely work together. From the start we should brainstorm, organize, arrange and develop things together. Most importantly we have to communicate, again and again, about the domain-specific desires, interests and values.
> *S. Arbouw, theatre maker*

Another participant indicated that preparation is highly important. Understanding what both domains need in the collaboration and aligning these needs before the socio-artistic project starts is necessary.

Third, intrinsic motivation is necessary. Three participants argued that there needs to be a desire to collaborate. One of them states, after asking her how the disciplines could be united, that it is important to her that a public health professional has a personal desire to collaborate on a socio-artistic project.

> For me it is always about relationships between people. About shared passion. However, passion might still be a bit too vague. I am always searching for public health professionals that understand socio-artistic work. I do not want to collaborate with someone that just was assigned the job. I want to collaborate with someone that has an intrinsic motivation to cooperate a socio-artistic project.
> *L. Bussemaker, director socio-artistic organization*

Furthermore, a social worker shared that her colleague initiated a collaboration between their health care organization and a theatre company, only after she saw a socio-artistic play. Thus, when people become interested in the practice and feel intrinsically motivated, the collaboration may be initiated. Arguable, when someone understands the added value of the cultural intervention, intrinsic motivation can arise.

Discussion

Conclusion

As in line with literature (Cummings & Kiesler, 2008), the results show that experienced distance may create tension in the collaboration. Transcending these boundaries is likely to occur by promoting feelings of connection and equivalence – which seem to be the two most important elements for the enhancement of the collaboration. Feeling connected and equivalent could be related to each other, as connection enhances equivalence and vice versa. Several elements may elicit these feelings: meeting each other with an open mindset (without having expectations and prejudice), creating joint experiences, and promoting vulnerability. Transcending boundaries through solely transdisciplinarity did not seem appropriate. Even though there is a desire to create a new domain with a shared 'language', likely interdisciplinary- and multidisciplinary aspects may benefit the cooperation as well. In specific, one characteristic of multidisciplinary work; 'maintaining own disciplinary roles', is argued to be of importance to socio-artistic practices. Regarding consensus on the goal (as characteristics of interdisciplinarity and transdisciplinarity), there seems to be still a discussion about the balance between the artistic focus and the public health focus. Noteworthy, art in itself may serve a social/health care purpose. Finally, being aware of the added value of socio-artistic projects, the quality of the communication, and the presence of intrinsic motivation may enhance the collaboration.

Implications

In response to the results, certain factors seem to clearly enhance the collaboration. For example, feeling equal and connected are likely to be prerequisites for a successful collaboration. Noteworthy, in contrast with literature (Cummings & Kiesler, 2008), feeling equal is deemed less necessary than expected, as seeing and respecting each other's differences seemed to be even more beneficial to the collaboration. Moreover, the authors separated the

concepts. However, participants shared that by feeling connected they felt equivalent and vice versa.

Another element that may enhance the collaboration is having an open mindset. Open-mindedness seems to be important to enhance feelings of connection and equivalence. Notably, when people practice art, or are involved in socio-artistic work, it is argued that they experience more freedom in their way of thinking. However, artists do not seem open to the methods of public health and are not very inviting to other disciplines. Regarding rigid ideas about public health methods, this may have a negative impact on the collaboration, as boundaries between the two domains (on this subject) are emphasized and negative evaluations (prejudice) could reduce feelings of connection and equivalence. Perhaps the creation of a shared conceptual framework (a transdisciplinary method) (Choi & Pak, 2006) forms a solution. In this manner, both disciplines can have an equal contribution, which may enhance feelings of equivalence, and therefore also feelings of connection.

Furthermore, creating joint experiences is highlighted to enhance feelings of connection and equivalence as well. This is in line with previous research that indicates that prior collaboration experience benefits future collaborations of the same kind (Cummings & Kiesler, 2008). Joint experiences and feelings of connection and equivalence may mediate the relationship between the first time partners collaborate and the enhancement of the collaboration (see Figure 5). The assumption underlying the learning communities of Het Reisgezelschap is that by encouraging students to collaborate at a young age with students from another domain will benefit their collaborations in the future. The mechanism shown in Figure 5 could substantiate this. However, quantitative research is necessary as this is just an hypothetical relation.

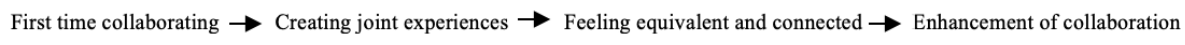

Figure 5. Hypothetical relation between first time collaborating and enhancement of collaboration.

To maximize the influence of the learning communities on the collaborations, their strategy may benefit from the adoption of factors that encourage optimal contact. According to the contact theory (Allport, 1954 in Pettigrew, 1998) there are several factors that diminish prejudice. In relation to Het Reisgezelschap, there should be facilitators of the learning communities (support from authorities), different partners cooperating on a socio-artistic project (intergroup cooperation), agreeing on the goals of the project (common goals), and agreeing on being equivalent (having an equal status). Intergroup cooperation already occurs in the learning communities, and an equal status can be promoted by highlighting the equivalence of the partners and encouraging connection (as this may enhance equivalence), vulnerability, and open-mindedness. It might be beneficial to adopt an authority figure, as most of the facilitators of the learning communities are involved in the collaboration. Regarding a common goal, this topic needs to be highlighted.

Several factors have been discussed that are likely to enhance the collaboration. Other concepts are still unclear, like 'the need to have a shared goal'. None of the participants stated that it is necessary for them to agree on the goal, so the importance of having a shared goal did not seem to be present in the current sample. It became apparent that there is still unclarity about the balance between the artistic focus and the public health focus. Taking previous research into account, it is likely that collaboration is enhanced when the partners agree on the goal (Macneil, 1980, in Mukherjiet al., 2007). Having a shared goal is related to interdisciplinary and transdisciplinary work (Choi & Pak, 2006). As shown by the results of the current study, artistic work has effects on social/health levels. This could mean that the goals of both domains are more related than would seem at first glance. More awareness about the added value of art on one's mental, physical and social health, and the acknowledgement that the values of both domains are closely related, could transcend the boundaries between the two domains. Even though the importance of having a shared goal is not present at the moment,

when taking previous research into account, the collaboration may be enhanced by creating consensus on goals. This subject needs further investigation.

Some elements of multidisciplinarity, interdisciplinarity, and transdisciplinarity may be beneficial to the cooperation between the artistic domain and the public health domain. It seems to be important that both partners remain in their disciplinary roles (multidisciplinarity). However, as existing research shows, having shared goals (interdisciplinarity and transdisciplinarity) can create better collaborations. The participants themselves suggested an interdisciplinary metaphor for the cooperation; two partially overlapping circles. As clearly stated, there is a need to transcend the boundaries between the two domains, which relates to transdisciplinarity. Also, as suggested above, a shared framework may be beneficial to the partnership, being a transdisciplinary method. Taking the aforementioned into account, it seems that socio-artistic practices would benefit most from a mix of multidisciplinarity, interdisciplinarity, and transdisciplinarity methods. Future research could focus on identifying the balance between the three methods.

To conclude, creating a new criterion to measure socio-artistic practices is implied to be needed. In order for this to be developed, the socio-artistic field should be defined. When it is defined as ‘something’, is it immediately becoming a new kind of field? Can we call it a socio-artistic domain, which relates to transdisciplinarity, even though it is argued that exclusively transdisciplinary methods do not benefit the collaboration? It remains unclear in what manner boundaries should be drawn (multidisciplinary), crossed (interdisciplinary), or transcended (transdisciplinary). Furthermore, regarding the discrepancy that artistic methods seem to enhance open mindedness, but artists themselves show less flexibility towards public health methods and are less inviting, this should be researched.

Based on this discussion, recommendations for the development of the learning communities of Het Reisgezelschap are discussed in Appendix 6.

Strengths and Limitations

One of the strengths of this study is that there are that different strategies used for data collection, which enhances internal validity. Moreover, the wide variety of professionals and organizations promotes external validity, as the sample is more representative of the population. Finally, ecological validity is secured by using observations as a data collection strategy. However, the interviews may have lowered ecological validity, as it creates a different setting than in real life. Another strength is that many reflections were written down after the observations, interviews, action-research, and data analysing to lower bias and faulty assumptions, enhancing internal validity. Finally, through the current research, knowledge is gained on how collaboration in general, between different domains, may be enhanced.

Several limitations can be identified. The public health domain entails social work and healthcare. However, it is likely that different factors might enhance the collaboration between artists and health care workers, rather than between artists and social workers. Due to limited resources, this division is not researched in this study. Second, several elements of action research were carried out. However, a clear structure of how to execute the action research was missing. Third, the hierarchy of factors influencing collaboration is based on the amount of references in the code-tree. This is mostly related to the interviews; elements that were defined by the participants. It is possible that the hierarchy is wrongly interpreted, as other factors, that the participants are not aware off, could influence the collaboration more. Fourth, the data coded under prejudice was mostly interpreted subjectively. Participants were not always clear about their prejudice, but most of them had strong ideas about the other domain. Hence, the results about prejudice are tentative. Finally, not all the participants were given the five elicitation techniques. The results would have been richer if all the participants executed them all.

Future research should focus on differences in the collaboration between artists and social workers and artists and health care professionals and different methods should be used

to research what unconscious elements influence the collaboration. Also, more structured action research could be carried out to support the development of the learning communities to a higher degree. Furthermore, research on how professionals that do not have experience with cultural interventions perceive socio-artistic work may help in understanding what the barriers are for initiating the cooperation.

Concluding Statement

Boundaries are "mere artifacts that have little basis in reality" (Zeruabavel, 1991, p. 3). They are implied to create distance, which negatively influences the cooperation between domains (Cummings & Kiesler, 2008). Nonetheless, sometimes boundary drawing is necessary. Cultural interventions seem to benefit from collaborations where partners maintain their own disciplinary roles. A mixture of multi-, inter-, and transdisciplinary methods may be the most outstanding solution. Paradoxically, even though it is attempted to transcend boundaries by using transdisciplinary methods, rigid minds may be created when we solely focus on this type of work. As open mindedness likely enhances collaborations, it also enhances the way we approach and analyse them.

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Appendix 1. Characteristics of Participants and Related Organizations

Table 2

Characteristics of participants and related organizations

Name of participant	*Organisation(s)*	*Vacancy (and/or education)*	*Vacancy description*
Bonnie Teunissen (female)	Theater AanZ (learning community), Het Reisgezelschap, Research group of Het Reisgezelschap	Social worker	Collaborating with Stéphanie as facilitators of the learning community at Theater AanZ, researching what is needed to be a socio-artistic worker, partner in the development of Het Reisgezelschap.
Stéphanie Kersbergen (female)	Theater AanZ (learning community), Het Reisgezelschap, Research group of Het Reisgezelschap	Theatre teacher, theatre maker	Collaborating with Bonnie as facilitators of the learning community at Theater AanZ, researching what is needed to be a socio-artistic worker, partner in the development of Het Reisgezelschap.
Jolanda de Groot (female)	Theater AanZ (learning community)	Theatre director, Master Theatre, graduated as teacher and at the Theatre Academy	Directing socio-artistic theatre plays, artistic leader of Theater AanZ.
Dieuwke Hazen (female)	Theater AanZ (learning community), HAN	Student Social Pedagogy	Doing social research for an upcoming socio-artistic theatre play of Theater AanZ.
Anniek Schmidt (female)	Theater AanZ (learning community), HAN	Student Social Pedagogy	Doing social research for an upcoming socio-artistic theatre play of Theater AanZ.
Babet van Leek (female)	Theater AanZ (learning community), HAN	Student Social Pedagogy	Doing social research for an upcoming socio-artistic theatre play of Theater AanZ.
Linda Loppers (female)	Theater AanZ (learning community)	Student Docent Theater	Doing artistic research on socio-artistic work.
Rina Visser (female)		Independent researcher	Received a doctoral degree in participatory art practices. Wrote the Doctoral Thesis 'Veranderend kunstenaarschap: De rol en betekenis van de kunstenaar in participatieve kunstpraktijken.'
Nora van Vezen (female)	LKCA, Het Reisgezelschap	Cultural participation officer, theatre maker	Initiator of Het Reisgezelschap , makes theatre outside of LKCA.
Bart Bleijerveld (male)	Het Wilde Westen (learning community), ArtEZ, Het Reisgezelschap	Process maker, Teacher/coordinator Theatre in Education, graduated as teacher in creative writing	Assisting in the development of socio-artistic projects and facilitating learning community at Het Wilde Westen, teaching at Theatre in Education at ArtEZ, partner in the development of Het Reisgezelschap.
Leonie Kapper (female)	Het Wilde Westen (learning community)	Process maker, graduated in Human Geography	Assisting in the development of socio-artistic projects at Het Wilde Westen and outside of the organization.
Inge 't Lam (female)	Het Wilde Westen (learning community)	Process maker, photographer	Assisting in the development of socio-artistic projects at Het Wilde Westen and outside of the organization
Nina Lindemaker (female)	Het Wilde Westen (learning community)	Process maker, theatre maker	Assisting in the development of socio-artistic projects at Het Wilde Westen and outside of the organization.
Lisa Korster (female)	Het Wilde Westen (learning community)	Dance teacher	Doing socio-artistic projects related to dance in Het Wilde Westen and outside of the organization.
Pim van Rooijen (male)	Het Wilde Westen (learning community)	Student CMV	Doing his internship at Het Wilde Westen.
Loes Bussemaker (female)	Socio-artistic organization	Director, graduated in Theatre and Music science	Being a director at a socio-artistic organization and assisting in the development of socio-artistic projects.

Wytske Lankester (female)	The Travelling Party, Research group of Het Reisgezelschap, HAN	Coordinator Art & Creativity at Social Work education, student master Art Education, graduated as music teacher	Promoting learning communities so social work students experience socio-artistic practices, researching the added value of socio-artistic collaborations, initiator of Het Reisgezelschap and partner in the development of Het Reisgezelschap.
Rose Figdor (female)	Cultuur Oost, Het Reisgezelschap	Advisor	Uniting art with the society, partner in the development of Het Reisgezelschap.
Ronja White (female)	Het Reisgezelschap, Research group of Het Reisgezelschap, ArtEZ	Dance teacher, choreographer, dancer	Supervising students of BA Dance in Education, doing socio-artistic projects related to dance, researching what is needed to be a socio-artistic dancer, partner in the development of Het Reisgezelschap.
Caro Wicher (female)	Theater Klare Taal (learning community), Het Reisgezelschap, ArtEZ	Theatre teacher, theatre director, Master degree in Theatre Education, graduated in Drama Therapy	Making theatre at Theater Klare Taal, teaching theatre at Theatre in Education, facilitating learning community at Theater Klare Taal, partner in the development of Het Reisgezelschap.
Dominique Coppenrath (male)	Theater Klare Taal (learning community), Het Reisgezelschap	Theatre teacher, theatre maker, social worker	Making theatre at Theatre Klare Taal, providing social support to participants, facilitating learning community at Theater Klare Taal, partner in the development of Het Reisgezelschap.
Sanne Arbouw (female)	Speels Collectief (learning community)	Theatre teacher, theatre maker	Theatre maker at Speels Collectief, involved in other socio-artistic projects using theatre, partner in the development of Het Reisgezelschap.
Merel van Lieshout (female)	Speels Collectief (learning community)	Theatre teacher, theatre maker	Theatre maker at Speels Collectief, involved in other socio-artistic projects using theatre, partner in the development of Het Reisgezelschap.
Lindy Wemer (female)	Speels Collectief (learning community)	Student Social Work	Internship at Speels Collectief.
Finn Minke (female)	LKCA, Het Reisgezelschap	Cultural participation officer, Team coach, Trainer mindfulness	Partner in the development of socio-artistic collaborations, partner in the development of Het Reisgezelschap.
Eugene van Erven (male)	Utrecht University, ICAF	Professor of Media, Performance and the City, Head of Department Media and Culture studies, artistic director ICAF	Having a lot of experience with community art projects, artistic director at an international community arts festival.
-	Centrum J (socio-artistic organization)	-	-

Appendix 2. Elicitation Techniques Used in Interviews

Table 3

Elicitation techniques used in interviews

Elicitation technique 1	*Instruction* The professionals created a mind-map: they wrote down all words, sentences, ideas related to the collaboration between the public health domain and the artistic domain. *Goal* To create more understanding about the collaboration between the two domains; the things that are going well and the tensions that arise.
Elicitation technique 2	*Instruction* The public health professionals and the artists write down two tops (positive evaluations) of their collaboration and two tips (constructive feedback) for the future. *Goal* To make an indication about how the participants feel about their collaboration; to understand what they want to improve.
Elicitation technique 3	*Instructions* The idea was to have the participants draw two figures; one that represents the social/healthcare worker and the other that represents the artist. They were given the order to write down all the characteristics of the professionals around the figure. It was noted that the focus was on the characteristics and not on the exaggerated prejudices. *Goal* The goal was to see if they unconsciously negatively evaluate one domain over the other, to measure the prejudice.
Elicitation technique 4	*Instructions* The instruction was that the participants had to draw a figure representing the artistic domain and a figure representing the social/healthcare domain on one paper. A round figure would represents themselves. They were allowed to be as creative they wanted to be and draw other things around the figures. *Goal* The idea was to map how they perceive the interaction between the social/healthcare domain and the artistic domain and where they place themselves (so an interpretation could be made about their social identity).
Elicitation technique 5	*Instructions* They were ordered to draw a figure that represents the socio-artistic worker, with the characteristics surrounding the figure. *Goal* The goal was to identify needed characteristics of a socio-artistic worker, and to see if this worker has more characteristics related to the artistic domain or to the social/healthcare domain (to make an interpretation about the balance of the domains in socio-artistic practices).

Appendix 3. Topic List

First use elicitation techniques (1, 2, 3, 4 and/or 5)

1. What is your affinity with socio-artistic work?
2. In what way is there a collaboration between the public health domain and the artistic domain?
3. How do you experience the collaboration of these domains?
4. Is there a difference between the social discipline and the health care discipline?
5. What tensions are there in the collaboration?
6. How can these tensions be changed?
7. What is the goal of the socio-artistic project, and how does this relate to the artistic goal and the public health goal?
8. In what manner can the domains complement each other?
9. How is transdisciplinarity related to the collaboration?

Explain transdisciplinarity.

10. How can transdisciplinarity improve the collaboration?
11. How would you describe your own identity in relation to the disciplines?

Explain social identity.

12. Literature shows that 'feeling equal and connected' benefits the collaboration. How do you think these feelings relate to the collaboration between the artistic domain and the public health domain?
13. How are the domains represented in the professionals?

Note: This is the final topic list. At the beginning the topic list was shorter and more focused on exploring the elements, instead of asking questions related to the concepts found in literature. After five meetings/interviews, transdisciplinarity, having a shared goal, feeling equal and connected and social identity were introduced.

Appendix 4. Structured Code Tree

Appendix 5. Hierarchy of Factors that Appear to Affect the Collaboration

Table 6

Hierarchy of factors that appear to affect the collaboration

Factors that seem to enhance the collaboration	*Amount of references*
Feeling connected	39
Aware of added value	19
To meet each other (in code tree: *ontmoeten* - meeting)	18
Transdisciplinarity – pros	18
Feeling equal	11
Shared goal/motive	10
Communication	10
Open minded	7
Intrinsic motivation	5

Factors that seem to create tension in the collaboration	*Amount of references*
Tension of separate worlds	43
Social identity – prejudice	32
Transdisciplinarity – cons	13
Different interests	9
Not aware of added value	3
Not understanding social artistic projects	2

Factors that create tension (T) and enhancing factors (P) matched	*Amount of references*
Feeling connected (P) + Feeling equal (P) + To meet each other (P) + Open minded (P) + Social identity – prejudice (T) + Not understanding social artistic projects (T)	109
Transdisciplinarity (P) + Shard/goal motive (P) + Tension of separate worlds (T) + Different interests (T)	78
Aware of added value (P) + Not aware of added value (T)	22
Communication (P)	10
Intrinsic motivation (P)	5

Appendix 6. Recommendations for the Learning Communities of Het Reisgezelschap

1. *Creating awareness of socio-artistic projects*: the collaboration cannot be initiated when public health professionals are not aware of the existence of socio-artistic practices. To inform them, brochures, flyers or trailers about socio-artistic practices may be helpful.
2. *Raising awareness about added value of socio-artistic projects in public health domain*: awareness about the added value is of importance, otherwise professionals will not see the need to collaborate on socio-artistic interventions. Qualitative inquiry can be carried out to collect successful stories.
3. *Increasing intrinsic motivation of public health professionals*: to initiate the collaboration between artists and public health professionals, intrinsic motivation seems to be necessary. This may be encouraged by having the professionals experience socio-artistic work, as it is stated that through experience motivation arises.
4. *Encourage elements of contact theory in learning communities*: for the learning communities it may helpful to adopt the elements of the contact theory of Allport. This means that besides intergroup cooperation (which is already encouraged), an equal status should be promoted, a shared goal and the presence of an authority figure – someone that is not involved in the collaboration (i.e., someone from the LKCA or Cultuur Oost).
5. *Create awareness about successfulness of learning communities:* several elements that are likely to have a positive influence on the collaboration were identified in the learning communities. Meeting each other without expectations and prejudice (open-mindedness) seem to enhance the collaboration. The communities form a place where people feel safe to be vulnerable, are open-minded toward each other and have joint experiences. As the experience of collaborating seems to be important to promote successful collaborations in the future, it may be beneficial to start with students. Joint experiences created in the learning communities are likely to have a positive influence on future collaborations.
6. *Raising awareness about importance of feeling connected and feeling equivalent*: it is implied that feelings of connection and equivalence are most important for the enhancement of the collaboration. Het Reisgezelschap could focus on the enhancement of these feelings in the learning communities.
7. *Research on mixture of multi-, inter-, and transdisciplinarity*: more research is necessary to identify which elements of multidisciplinary, interdisciplinary and transdisciplinary work exactly benefit the collaboration. For example, to understand if having a shared goal and a

shared framework enhance the collaboration (transdisciplinary methods), or if elements of multi-, or interdisciplinary are more beneficiary.

8. *Using artistic methods during meeting:* artistic methods seem to enhance open-mindedness. As being open minded may have a positive influence on the collaboration, it can be helpful to use artistic methods in the learning communities were students and professionals experiment with cooperating. For example, invite an artist that hosts an artistic workshop.