

TOWARDS CULTURAL WELFARE by Silvia Misiti and Catterina Seia

The neologism **cultural welfare** is becoming increasingly popular in the global debate, as a sphere of action that may acquire great significance in politics of the future, and not only from a cultural perspective. The European Agenda for Culture (2018), one of the most innovative cultural policies, indicates cross-overs, i.e. the systemic and systematic relationships with other policy areas, once weakly interconnected, and Health in particular, as pillars of the policies of the next decades. This contribution was emphasized by the Covid-19 crisis, which highlighted the **key contribution made by Culture to mental Health and social cohesion**.

The prestigious **Treccani Encyclopedia** recently [added the headword](#) ("welfare culturale" in Italian), which was developed by the newly-established Cultural Welfare Center, an ecosystem of dialogue of pioneering figures in this area, promoted by Catterina Seia, member of the IBSA Foundation Advisory Board.

If every definition, by nature, marks boundaries, the intention of the person that developed this term proposes it as a **call to action** to enhance the meaning of a new area of research and action, in an open, interdisciplinary and inclusive manner. The term has also been strongly endorsed by an innovative project of collective intelligence, starting from the bottom up, **Atlante Pandemico** (Atlas of the Pandemic), which emerged to give a [new meaning](#) to the words we use to shape the world, as resources for restarting after the pandemic.

This growing interest is the result of a process that has matured over the last two decades, whose potential is supported by growing scientific evidence: it aims to "appropriately and effectively include the processes of cultural production and dissemination within a welfare system in order to make them an integral part of the social-welfare and healthcare services that guarantee citizens the context to develop **their potential as a central element for well-being** (Life Skills - WHO) and the forms of care and support required to overcome the critical issues linked to ageing, illness, disability and social integration with which the duty of social protection is associated" (Catterina Seia, 2020).

Culture in all politics. This is a vision incorporated by the World Health Organization, which launched the **Cultural contexts of health and well-being** project in 2015 to contribute to the creation of a strategy for the European region (represented by the 53 countries in Europe and not only those in the European Union) outlined in the document [Health 2020](#) (WHO, 2013), aimed at directing national healthcare policies towards a [Health in All Policies](#) approach (WHO, 2013). This led to a [revolutionary report](#) published in November 2019 on the **evidence on the role of the arts in**

improving well-being, which was translated [into Italian](#) by the CCW - Cultural Welfare Center so that it could reach a wider audience.

The expression cultural welfare indicates a **new integrated model** for promoting the well-being and health of individuals and communities, through practices based on the visual and performing arts and on cultural heritage, as a factor of:

- i. **health promotion** [1] from a biopsychosocial [2] and salutogenic perspective, also linked to the acquisition of coping skills [3] and the development of life skills [4];
- ii. **subjective well-being and life satisfaction**, by virtue of its interpersonal aspects, empowerment and the ability to learn;
- iii. **combating health and social cohesion inequalities** to facilitate access and to develop individual and local community capital;
- iv. **active ageing**, fighting depression and psychophysical decline resulting from abandonment and isolation;
- v. **inclusion and empowerment** for people with disabilities, including serious disabilities, and for people living in extremely marginalized or disadvantaged conditions (for example, without fixed abode, prisoners, etc.);
- vi. **complement to traditional treatments**;
- vii. **support of the doctor-patient relationship**, through medical humanities [5] and the physical transformation of healthcare facilities;
- viii. **support of the care relationship**, also and in particular for non-professional carers;
- ix. **mitigation and delay** of several degenerative conditions, such as dementia and Parkinson's disease.

However, there is still a lot to do before cultural welfare becomes the norm.

"We need to overcome the fragmented nature of information; the approach based only on the mosaic of good practices and aim for system measures. We need to invest in order to consolidate the resilience of evidence, to expand, consolidate and transfer skills and to design a structured system of services that, in alliance with local communities, multiplies the scope of salutogenic factors; without forcing culture to take on the role of substituting social policies, but rather recognizing the leading role it plays in human and social development". (Catterina Seia, 2020).

Notes

[1] *The idea of the promotion of health began to take on a significant meaning in the 1980s and was ratified by the WHO with the issue of the Ottawa Charter of 1986, which placed an emphasis on the factors that build health, both in terms of resources and individual skills, as well as the opportunities linked to environments and defined by public and political choices.*

[2] *The biopsychosocial model is a personal approach strategy, developed by Engel in the 1980s on the basis of the multidimensional concept of health described by the WHO in 1947. The model places the sick*

individual at the center of a wide system influenced by multiple variables, including not only biological, but also psychological, social and family-related variables, which interact with one another and are capable of influencing the development of the illness. The biopsychosocial model is in contrast with the biomedical model, according to which the illness can be traced to biological variables which the physician must identify and correct with targeted treatments. The WHO's concept of health refers to physical components (functions, organ structures), mental components (intellectual and psychological state), social components (home, working, economic, family and civil life) and spiritual components (values), in order to identify in these the variables linked to subjective and objective conditions of well-being (health as a positive concept) and malaise (illness, problems, discomfort or health as a negative concept) to be taken into account globally in the personal approach.

[3] The term coping means the set of adaptive psychological mechanisms implemented by an individual in order to deal with emotional and interpersonal problems, with the aim of managing, reducing or tolerating stress and conflict.

[4] Indicated by the WHO in 1993 as 'the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life', life skills are transversal personal attitudes and abilities, such as creative thought, to ability to work in a group, stress management and conflict resolution. These skills and several others, such as the ability to manage time and create networks, are called soft skills in the working environment, distinguishing themselves from the so-called hard skills, which, on the other hand, have to do with the specific and technical content of a job or a profession.

[5] The medical humanities is a disciplinary field in which medicine reinforces its relationship with the social and behavioral sciences (sociology, psychology, law, economy, history and cultural anthropology) and can enter into dialogue with moral philosophy (bioethics and moral theology) and the contribution of the expressive arts (literature, theater and figurative arts).

Silvia Misiti

Head of the IBSA Foundation and Head of Corporate Communication & CSR of IBSA Istitut Biochimique SA

Catterina Seia

Member of the IBSA Foundation Advisory Board; Co-Founder and Vice-President of the Fitzcarraldo Foundation; Vice-President of the "Medicina a Misura di Donna" Foundation.

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