Engaging cultural resources to promote mental health in Dutch LSES neighborhoods: study of a community-based participatory media project

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Summary

Community-based participatory media projects form a promising new strategy for mental health promotion that can help address the mental health-gap identified by the World Health Organization. (2008b) mhGAP, Mental Health Gap Action Programme: Scaling Up Care for Mental, Neurological and Substance Use Disorders. World Health Organization, Geneva. In this article we present an ethnographic study about a participatory media project that was developed to promote mental health in selected Dutch low socio-economic status neighborhoods. Through narrowcastings (group film viewings), participant observation and interviews we mapped the ways in which the media project effected and facilitated the collective sense-making process of the audience with regard to sources of stress impacting mental health and opportunities for action. These determinants of mental health are shaped by cultural dimensions, since the cultural context shapes everyday experiences of stress as well as the resources and skills to manage them. Our analysis shows that the media project engaged cultural resources to challenge stressful social scripts. We conclude that more attention should be paid to cultural narratives in a community to understand how health promotion strategies can support social resilience.

Key words: culture, media, mental health, participatory research, social determinants of health

INTRODUCTION

Anderson et al. (2011) recently outlined the magnitude of the public health burden represented by mental health problems of all sorts. Mental health diseases are part of a more ‘silent burden of impaired health’ which according to World Health Organization (WHO) figures, accounts for one-third of the world’s disability due to ill health among adults (WHO, 2008a; Anderson et al., 2011). Groups with low socio-economic status (LSES) suffer from the bulk of mental health problems. Moreover these groups receive the least adequate help and are defined as hard-to-reach groups by the WHO in its publication about the ‘mental health gap’ (WHO, 2008b). This is also true of the Netherlands. The Dutch Public Health Status and Foresight study (Hoeymans et al., 2014) mentions that the burden of disease of mental disorders is the highest compared with other chronic conditions. It also states that, related to the economic crisis, health inequalities in terms of education are widening. In this context, the mental health burden in the Netherlands most heavily
falls on LSES neighborhoods, and this certainly is the case for Maastricht, where our study takes place (Steenbakkers et al., 2014).

Interpersonal relationships defined by culture, economics and social institutions play an important role in mental health. For example, Huppert has shown how a community approach using positive psychological interventions to improve wellbeing and social interactions significantly decreased the incidence of common mental disorders (Huppert, 2009). The relation between mental health problems and the social functioning of communities is bidirectional. On the one hand, incidence and prevalence of depression and anxiety are significantly influenced by exposure to community stressors such as poverty, unemployment, living in disadvantaged areas, domestic violence, social isolation and lack of social cohesion (Latkin and Curry, 2003). On the other hand, mental health and wellbeing are increasingly recognized as a vital aspect of community life and a prerequisite to citizenship (Laverick, 2004).

Mental health promotion therefore is in need of innovative approaches tailored to specific problems and resources of LSES groups. However the problems and resources of ‘hard-to-reach’ groups are never clear-cut. While epidemiological and sociological research identifies social and economic determinants of mental health (Siegrist, 2000), most interventions in mental health prevention, take psychologizing and individualizing approaches to problems and solutions (Wahlbeck, 2011). In both individualizing and collectivist approaches of mental health disparities, there are relatively few efforts at factoring in culture (Hall and Lamont, 2009). In their research the sociologists Hall, Lamont and colleagues show how a scientific understanding of health disparities can reap more benefit from the insights developed within sociology about cultural dimensions of inequality. Part of the failure in reaching LSES groups is arguably related to a lack of understanding of how culture shapes everyday meanings and practices with respect to mental health.

In this article we analyze a participatory media project that was developed to promote mental health. We build on insights of the above studies and adopt a sociological perspective on social boundaries and repertoires for action (Swidler, 1986; Hall and Lamont, 2009). Participatory media projects can promote mental health in ways that are sensitive to social problems in LSES groups. While there is quite some experience with use of media to promote health and social change in developing countries, the potential of media for mental health promotion of LSES groups in high income countries remained underexplored (devries, 2014). This article aims to contribute to insights about use of media for mental health promotion in LSES communities.

To understand mental health problems in disadvantaged neighborhoods three social determinants of health, mutually related as part of the psychosocial environment form an important background. First, stress due to financial problems, housing conditions, job conditions and social tensions, has been identified as a major contributor to coronary diseases as well as mental health issues (Kristenson et al., 2004; Theorell, 2006). Though some amounts of stress may promote a healthy development, accumulation of stress and lack of resources and time to recover from stress adversely affects health (Siegrist and Marmot, 2004). Second, health disparities (including the effects of stress) are mediated by socio-economic differences in opportunities for action and control with regard to stress. (Siegrist, 2000; Siegrist and Marmot, 2004). As Siegrist states, ‘The amount of control a person can exert over aversive environmental stimuli is considered a crucial determinant of the psychobiologic stress response’ (Siegrist, 2000). The amount of control has a strong relation with socio-economic positions, jobs, residential areas and access or lack of access to society’s structure of opportunities. Both, stress and opportunities for action and control are part of a ‘psychosocial environment’ (Siegrist and Marmot, 2004). Third, within such a psychosocial environment people develop a sense of agency or control (Siegrist and Marmot, 2004; Bosma, 2006). Low control beliefs adversely affect health as they are associated with maladaptive coping, helplessness, depression, hostility, anger and exhaustion (Bosma, 2006). In short, mental health can be affected by three related social determinants, stress, lack of opportunities for action to change stressful circumstances and low control beliefs.

These social determinants of health, stress, opportunities and control beliefs are also affected by cultural understandings, norms and boundaries, that shape, maintain or challenge social relations and the health impact of inequalities (Hall and Lamont, 2009). Placing stress and opportunities for control in a cultural context Hall and Lamont explain that ‘in cultural contexts where life challenges exceed a person’s ability to cope with them, normal wear and tear turns into toxic stress: depression, anxiety and anger’ (Hall and Lamont, 2009). Interpretations of problems and opportunities for action always take place within a social field that is ordered by boundaries between groups with culturally shaped and ascribed features and habits. Social boundaries can become ‘hard’ institutional or material boundaries like those between different job positions or residential areas, however in daily life there are also ‘softer’ negotiable and permeable social boundaries between ‘us’ and ‘them’. Such boundaries can be related to class, ethnicity, age, gender or other categories. Social boundaries may be maintained, reproduced or challenged.
with cultural resources such as symbols, stories, films and music (Lamont and Molnar, 2002). Cultural resources also equip people for seeing and grabbing opportunities for action (Swidler, 1986; Hall and Lamont, 2009; Lareau, 2011). Swidler explains that with their cultural toolkit of symbols, stories and worldviews people develop ‘strategies for action’, that are persistent ways of ordering action through time. Strategies of action are not consciously devised plans, they rather ‘incorporate and thus depend on habits, moods, sensibilities and views of the world’ (Swidler, 1986).

As a cultural resource, media projects have the potential to intervene in social boundary processes, to reorder familiar strategies of action and to support or challenge specific cultural understandings. In this article we present an ethnographic study of a participatory media project named ‘Bianca in the neighborhood’, in short Bianca. Our study focuses on two questions: how do audiences use the media project Bianca to make sense of sources of stress effecting mental health, and how do audiences use the media project to make sense of opportunities for action to change sources of stress?

We first describe the health promotion traditions that Bianca draws from: community-based participatory approaches to health and health promotion through media, in particular entertainment-education (E-E). Then we present the mixed media intervention Bianca and explain the methodology we used to study how Bianca was received and used by audiences. Results of the analysis follow: how audiences of Bianca made sense of stress and of opportunities for action. In the discussion, we reflect on the meaning of these findings for the use of media and participatory projects to engage cultural resources for mental health in LSES communities.

MENTAL HEALTH PROMOTION THROUGH COMMUNITY APPROACHES AND MEDIA

The mixed media project Bianca has a community-based participatory character. This type of approach to health promotion is based on the assumption that health problems as well as solutions involve social issues and values within communities. Participatory approaches aim to give communities more voice in their own changes and are sensitive to and critical about the differences in interest and power between ‘target communities’ and other stakeholders (Wallerstein and Duran, 2008). Community participation encourages ‘cultural humility’ of researchers and health experts and it is oriented at ‘respecting and reinforcing the natural adaptive supportive and developmental capacities of communities’ (McLeroy et al., 2003). To support community capacities it is important to understand community structures and processes in order to address issues that are of concern in a community.

As diverse studies have shown, media and especially the social sharing of stories and experiences stimulated by media, can contribute to community-based participatory health promotion: media can address and clarify concerns within communities and can also help to explore and reinforce community capacities (Sypher et al., 2002; Singhal et al., 2004). Singhal and Rogers, who have studied the use of media for health and social change since the mid-eighties called the use of media to both entertain and educate, ‘entertainment-education’. E-E has been widely used in developing countries where television or radio soap opera’s addressed health related topics and social issues (deVries, 2014). The soap-opera’s Detective Vijay in India and Soul City in South Africa for example raised awareness about Aids and about social norms in handling the disease (Singhal et al., 2004). E-E was also employed in high income countries like the Netherlands (Bouman, 2002). Since the early eighties E-E started receiving academic attention leading to a great variety of theoretic approaches and data about effects of E-E. The most widely used theory to understand E-E is Bandura’s social learning theory, in which people learn via social modeling (Bandura, 2001). This theory seemed to have a natural fit with the positive and negative role models presented in E-E to influence audience behavior (Singhal and Rogers, 2002).

Since the turn of the millennium research in E-E has paid more attention to the ways in which audience members negotiate the content of messages and it has mapped processes of social construction and change (Papa et al., 2000; Sood 2002; Sypher et al., 2002). These new approaches to E-E share a critical perspective on the ways in which media-messages or programs are conceived as the agents of change. ‘Audience members should not be viewed as passive receptors of information from the experts’ (Papa et al., 2000). Although media can spark social interactions, learning and collective action, it does not follow a linear process. Audiences grapple with many paradoxical thoughts, feelings and actions in relation to countervailing power structures. In order to study social changes engendered by E-E one has to monitor the process of ‘collective sense making’ in the audience. This active involvement of the audience is a vehicle for behavior and social change (Sood, 2002; Sypher et al., 2002).

Mental health promotion of disadvantaged communities has been less extensively pursued using media (deVries, 2014). In the eighties, Ricardo Munoz in San Francisco developed a form of media based cognitive therapy for depression to reach larger segments of the
population via primetime television (Munoz et al., 1982). Results of the ‘Mood Survey’ about this form of prevention, showed that audiences paid increasing attention to positive thinking and a decrease of depressive symptoms (Munoz et al., 1982). A more recent example of E-E that aimed to promote mental and social resilience in the wake of ethnic violence in Kenya is provided by the soap opera The Team (deVries, 2014). In combination with community meetings and talk shows, The Team provided a way of coping with post-election violence and inspired new forms of community action and citizen engagement. De Vries points out that these rare examples show the great, yet insufficiently realized potential that the media have for promoting mental health.

**BIANCA A COMMUNITY-BASED PARTICIPATORY MEDIA PROJECT**

**Bianca** is a community-based participatory media project that aims to promote mental health, resilience and community empowerment in low-income neighborhoods in the city of Maastricht (ca. 121,000 inhabitants). The project uses a combination of local television, radio and social media to reach a broad local public with a series of six short, 12-min films that stimulate discussion about difficult topics in the social and emotional life of neighborhoods, families, professional life and friends. The stories deal with specific sources of stress and (lack of) opportunities for action, and it was expected that the films would also interact with the audiences’ control beliefs.

The project was developed in a cyclical process in which professional film makers collected local stories about experiences of distress, wrote initial scripts, discussed try-outs in ‘narrowcastings’ and used this input to rewrite the scripts. Narrowcasting (NC) is a method borrowed from media studies in which films are watched by a select audience sharing an interest or residential area (Smith-Shomade, 2004). Participants for five try-out NCs were recruited via neighborhood committees and public mental health networks of professionals and policymakers. Our research took a focus on the first series of six short, 12-min films.

In the process of participation and co-production the original script was changed in three ways. First, the focus on mental disorder shifted to the social contexts and stressful situations that affect mental health. Further, the narratives were not constructed around one protagonist, instead the scripts invited audiences to shift between different, protagonist perspectives, all equally open to identification and criticism. Third, the films were not made to transfer expert health-information, values or behavior styles, they were rather an invitation to share stories.

The short film format allowed character development that facilitated a process of identification with the characters while not taxing the attention span of the viewer in a high density and sophisticated media environment. Bianca, the manager of a gym, is the central character who becomes involved with the problems of people visiting her gym. With her warm-heartedness and humor, the character was a model of pro-active behavior, however she was not presented as the ideal example. During try-out meetings, Bianca also invited doubts, questions and discussions about appropriateness and style of intervening. Table 1 provides a short description of two resulting films.

**Bianca** was broadcasted on local television and accompanied by conversations on local radio. On the basis of general audience ratings we estimate that around half of the city population has seen some episodes of Bianca (see Table 2). In addition a part of the audience was reached by the project-webpage, Facebook page of Bianca and organized film-meetings and NCs.

**METHODS**

To map processes in which people make sense of sources of stress and opportunities for action and to gain insight on the impact of the media project on sense-making processes, qualitative ethnographic research (Henning et al., 2011) was carried out from January 2012 until February 2014 in LSES neighborhoods in Maastricht. We used NCs, participant observation, interviews and social media to collect data.

**Participants and recruitment**

Participants for research were recruited in low-income neighborhoods in Maastricht and from mental health organizations and policy-bodies. Venues for recruitment and the organization of NCs in neighborhoods were chosen in consultation with citizen representatives of the neighborhood. Community workers, youth workers and volunteers were co-organizers of the NCs. Co-organizers received a program proposal containing a short overview of films, an information letter and a semi structured topic list for the NCs (Table 3). Based on this program and the film-topics, co-organizers identified and recruited different target groups in their own network, children, youngsters, parents, elderly and migrants. A series of 17 NCs with 260 participants were organized. Eleven NCs took place within LSES neighborhood settings. Six NCs were organized within other city-settings with politicians, mental health professionals and volunteers. Respondents for
interviews were contacted during participant observations and recruited via snow-balling.
We provided written and oral information about the research-project to participants, and oral consent was asked before NCs and interviews. During participant observation information about the research was given when appropriate. Informed consent in this context was approached as an ongoing process requiring openness and negotiation in line with the code of conduct for anthropologists (AAA-code, 2009).

Data collection
Four methods of data collection were used, NCs, participant observations, in-depth interviews and social media monitoring. The first method for collecting qualitative data about collective sense-making processes was NCs in which Bianca films were discussed in groups. The selection of films was made by co-organizers. The film Harie was selected most often, followed by Kelly. In seven NCs two or three films were discussed within the same audience, the rest focussed on one film. The topic list served to examine how respondents made sense of the difficulties and actions in the films, in their own lives and the connections with mental health. This topic list set the stage for discussion but co-organizers adapted the structure based on their knowledge of the groups invited.

A second method of data collection was participant observation (Henning et al., 2011) in neighborhood committees, meeting places in the neighborhoods and in professional settings. With participant observation we also gained insight in the social issues of the audiences, mapped social networks and activities surrounding the project such as the neighborhood theater events or immigrant working groups organizing language lessons. During the research period, we recorded observations in field notes at 70 occasions.

Third, in-depth interviews about one or more Bianca films were held with 13 respondents living in low-income neighborhoods. Interviews had an open structure similar to the NCs with extra questions about the situation in which films were watched (alone or together) and conversations with others about the films. Interviews were held in respondents’ homes to gain insight in the reception of the films via internet or television at home.

Table 1: Harie and Kelly, stories and audiences

<table>
<thead>
<tr>
<th>Two most discussed films</th>
<th>Types of audience, numbers of narrowcastings (NC) and participants (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characters: Harie, a retired man, two boys and their grandmother</td>
<td>Youngsters, elderly and mixed ages in neighborhood settings.</td>
</tr>
<tr>
<td>Harie is irritated by boys playing football against his garage. The boys think that Harie exaggerates and they start provoking him a bit more for fun. Drinking a beer at Bianca’s bar</td>
<td>11 NC</td>
</tr>
<tr>
<td>Harie vents his feelings about today’s youth.</td>
<td>180 p</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characters: Kelly, a 15-year old girl and her single father Roger</th>
<th>Youngsters or mixed ages in neighborhood settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly spends hours on the internet and makes a sexy dance before the webcam. Her father finds a message by ‘Teaser’ on Kelly’s telephone saying ‘horny picture’. He is terribly worried and hits when his daughter defies his prohibition to go out in miniskirts. Kelly does not come back until Bianca finds her in a park in the early morning.</td>
<td>4 NC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medium</th>
<th>Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maastricht TV (general audience ratings)</td>
<td>86% (41% daily)</td>
</tr>
<tr>
<td>Radio Maastricht</td>
<td>48%</td>
</tr>
<tr>
<td>Vimeos played on Bianca webpage</td>
<td>2801 times played</td>
</tr>
<tr>
<td>Facebook</td>
<td>25 256 contacts</td>
</tr>
<tr>
<td>NCs (17)</td>
<td>260 participants</td>
</tr>
</tbody>
</table>

Table 2: Media and reach (Lejeune, 2013)
Fourth, data about Facebook and Internet use of the Bianca site were collected using social media monitoring techniques (Lejeune, 2013). Interviews and NCs were recorded and transcribed verbatim. Participant observations and conversations were documented in detailed notes. All data were stored and organized within Nvivo 9.

Analysis
Analysis followed a cycle of open coding, identifying recurrent themes and thematic coding guided by research questions, literature and comparative analysis (Henning et al., 2011). Initial analysis was done by the first author with student assistance and consisted of open coding of all NCs and four interviews. Thematic coding was discussed in the research-team and guided by the central themes that came up in open coding and by the focus on processes of sense making about stress and opportunities for action. In this process of open and thematic coding, social conflicts and tensions between generations and groups emerged as a central theme. Further analysis of relations and patterns in NCs, interviews and observations was guided by socio-logical literature on boundary processes in which social boundaries are negotiated, maintained or challenged (Swidler, 1986; Hall and Lamont, 2009; Lareau, 2011). We focussed on how the films interact with boundary processes and strategies of action that have evolved around these boundaries. We zoomed in on NCs and interviews about the two films Harie and Kelly that were most selected.

RESULTS
Going back and forth between Bianca films and their own lives, members of the audience shared understandings about sources of stress. Their stories showed a complex socio-cultural mosaic of groups and their features in which they placed these sources of stress. In their responses to the films people confirmed and challenged diverse social boundaries between groups of people such as locals and migrants, locals with decent speech and vulgar speech, boys and girls. In the discussions about Harie and Kelly frictions between generations and the distance between their life worlds were identified as a major source of stress. In NCs and interviews, boundaries were constructed to make sense of problems, however, they were also deconstructed, shifted or softened. With these boundary processes participants examined familiar strategies of action and opened new opportunities for action.

Constructing boundaries between generations
Discussing Harie audiences exchanged stories about hostilities in the neighborhood. Numerous hostile confrontations between children, youngsters and elderly were recounted and identified as a major source of stress impacting coronary health and emotional wellbeing. Elderly pointed out that ‘These harassments can really affect your health. It can get you depressed’. Children and youngsters made clear that they also feel threatened and challenged to go off limit.

We did ‘ring and run’ and this man, if you do ring and run there, he gets angry and starts throwing stones. [...] and started screaming ‘I will kill you all, I will beat you up’. And yes we continued and then this man started chasing us with his car.

To make sense of these hostilities, participants characterized the boundaries between the different generations: youths have become members of a different socio-cultural group. This boundary was drawn on both sides, although construed in different ways. Elderly find it difficult to engage with children because children do not show the respect and fear that elderly used to feel, ‘... but in our time, we had more respect for people’. Elderly also see changes in the ways in which children spend their time. While children used to play games like rope jumping, children nowadays hardly play, ‘they only raise hell these days’. In addition, parents nowadays do not correct their
children the way parents used to, ‘parents think their child never does such a thing’. Typical strategies of action in dealing with this source of stress were either avoiding contact with children out of fear: ‘your windows will be shattered [. . .]’ or getting very angry ‘If I have to, I can deal some blows’.

Youths reconstructed the boundary processes in different ways. Youngsters playing or hanging around in groups in the neighborhood, notice that people often fear or condemn all youngsters, even if many young try to be respectful. These responses are amplified regarding children and youth with migrant backgrounds, whom often meet racism in the neighborhood. Attempts of youths at negotiating solutions, ‘but sir, we are allowed to play here’ meet with fear and anger regardless of the respectful ways of addressing elderly. The picture that youngsters drew about elderly is that of a fearful, angry and unreasonable group of people in the neighborhood.

The film Kelly sparked discussion about tensions between adolescents and their parents. Parents recalled that they have often been terribly worried about their adolescent children, that they often feel powerless and that they may have been too angry and stern in their efforts to control and protect them. The scenarios crossing their minds when their children come home late: ‘not again fighting’ or ‘unconscious, raped in the bushes’. Parents especially recalled the stress when they felt unable to establish contact with their own child. ‘You cannot get through as a parent to an adolescent and this gives you headaches, and the other way around of course an adolescent does not understand us (parents)’ Out of powerlessness they start shouting or sometimes they hit ‘in the heat of the moment’.

To make sense of these tensions and conflicts, the social boundaries between parents and adolescents were reconstructed by audience members. Adults construed adolescents as a specific type of people. First, adolescents often do not honestly answer questions, ‘that is not something an adolescent does’ and they retreat from contact ‘that is very normal for adolescents’. Second, adolescents do not think before acting: ‘When you are young you first act and later think about it, when you are older you will first think and then act’. Third, the social life of youngsters going out and engaging via social media is full of risk and abuse ‘his profile can look like an 18-year old boy but maybe it is a pedo-sexual’. These features of adolescent life make parenting very difficult. The typical strategies of actions in crossing these separate life worlds were setting rules, checking phones or Facebook, confronting and punishing children.

The adolescent youths in film-discussions also made clear that their social world is often far removed from their parents. In response to Kelly youths exchanged lots of jokes and mutual provocations, mostly unintelligible to adults. ‘He has lots of naked girls on his smart-phone’, ‘hay glamour-boy’ and ‘Take out your tit Marlene’. With these jokes and insinuations youths confirmed the social boundary separating their life world from adults. They showed that indeed their social life is full of risk, but also fun and that you need some cultural literacy within youth-life to make sense of these risks. Youths also drew other social boundaries within the youth arena between ‘us’ ‘we don’t do stuff like that’, and ‘them’ numerous anonymous peers, who ‘are asking for trouble’ who dress up too sexy, pretend to be 25 or post horny pictures on Facebook, ‘Yes lots of girls do it’ and ‘that is because pop stars do all this’ ‘looking really horny at the camera’.

With their knowledge of the social youth arena, its pop-cultures and fashions, youths indicated that they are better placed to understand the risks than parents.

. . . we don’t agree, this father [Roger] works in ICT and he knows [about social media]. . . ., but maybe he doesn’t know that ‘duck-faces’ [kissing lips] are fashionable . . .

The social life of youngsters may harbor risks, however you have to know your way in youth-culture to understand the risks. Some sexy pictures with kissing lips are not that challenging after all, they can also be seen as simply fashionable ‘duck-face’ pictures. Social media and dressing up sexy were thus mapped as part of a social youth arena involving fun but also risks.

Redefining boundaries between generations

Sharing stories about hostilities and conflicts in daily life also helped to deconstruct or soften social boundaries. Children and youngsters spoke in detail about their peer groups and the differences between groups of youth hanging around in the neighborhood. They described how they have fun with friends, play soccer, hide and seek, throw snowballs, chat and also how they provoke others in the neighborhood with games like ring and run. Exchanging these stories the character of the boundary between young and elderly seemed to soften. Elderly recognized the games they used to play and the mischief they carried out in their neighborhoods. They suggested that provocations are not always a sign of disrespect they can also be seen as something of all times belonging to child play and youth:

Well, we also used to play football on the street [. . .] and I don’t know how many balls we put in the neighbors garden, giving a row with the neighbor.

In discussions they tried to draw new boundaries between innocent mischief belonging to youth and criminal behavior.
Classifying behavior as child play, elderly recognized the importance of tolerance. An old lady for example discarded migrant and skin-color categories as irrelevant and foregrounded the space for children to play. She recalled how she addressed three boys who shot their ball in her garden:

...three migrant boys and colored, that all doesn’t matter to me, [. . .] so I went outside [. . .] “listen boys, you can play, but consider my plants please”.

Underscoring the importance of child play, the cause of hostilities was also relocated. Children often do not get the space they need to play outside, because of intolerant neighbors. ‘I lived in a place where people get pissed off when children dug a small hole to play marbles. Isn’t that absurd?’

Besides telling of daily life stories, participants also countered stereotypes by providing examples that cannot be placed in common social categories. Youngsters came up with examples about respectful contacts of their friends with elderly and about mutual corrections within their peer group. They showed, for example, that even criminal youngsters are not entirely bad:

Because I know Moroccan guys who steal scooters, this and that, and they are very polite, [. . .] also toward elderly people, . . . one friend in this shopping mall when this senior comes with this thing,... Rollator, he opens the door for them.

The boundary work in response to Kelly took a focus on daily family routines. Youths imagined less risky ways of growing up by deconstructing the boundaries between adult and adolescent life worlds. Thinking as future parents, they hoped to bring the social life of their future children into their home. They would not allow their daughters to stay out late and instead ‘let her have a hobby’ or let them have parties with friends at home. ‘She can go to the cinema with friends and then take her friends home to party there’. With these scenarios youths imagined habits that are quite different from their own. Adults and community workers proposed ways for establishing better contacts in daily routines, by eating together or demanding that cell-phones are not checked at the table.

If my daughter would sit in her room every night, I wouldn’t accept it. Eating together, . . . things like that are important, I think to develop a relationship, and also to later [in case of trouble] have a conversation with my daughter.

The social situation of the NCs, bringing different generations together, also functioned to deconstruct boundaries and to reconstitute relations between groups in more amenable ways. The humorous films, prompted audiences to start their conversations in a good atmosphere with jokes and laughter. ‘I would just go out with my air gun, and shoot that ball in shreds [laughter]’. This good humored start and self-mockery enabled participants to make contact in ways they do not manage to make in the street. As one youngster explained, ‘if you play a small trick they [elderly] are on your back and they think we are all scum. And with an evening like this you get to know them in another way’. Community workers and other adults took mediating roles during NCs to create a safe atmosphere when emotions were running high. In conversations after NCs participants indicated that the NC helped to increase understanding between the generations. ‘...you speak more of the same language’.

DISCUSSION

As a cultural resource, media interact with the cultural dimension of social boundaries impacting mental health. We have analyzed a media project that was developed in a participatory community-based process (Horstman et al., 2013) and tailored to specific LSES contexts and the sources of stress affecting mental health. Our analysis shows how audiences made sense of sources of stress and opportunities for action by constructing social boundaries. Besides constructing these social boundaries, audiences also softened and shifted them, in order to build more supportive relations between generations. Deconstruction work involved countering stereotypes, exchanging richly detailed stories about daily life and recounting or imagining actions that change the character of the boundaries between generations. In this process audiences appealed to larger notions of community, child play and family-time to soften the oftentimes strict character of boundaries that could thwart the development of supportive relationships.

Research about resilience shows the relevance of this boundary work for mental health. For children growing up in disadvantageous conditions, relationships with parents or other adults in a community can help to build resilience (Zolkoski and Bullock, 2012). A combination of authoritative and responsive parenting is seen as resilience building, ‘responsive parents are supportive, warm and loving while also providing a cognitively stimulating environment’ (Zolkoski and Bullock, 2012). Our data show, however, that the sharp character of social boundaries compromised the authority and responsivity of adults. In the experience of youngsters, parents and other adults in their neighborhood lacked adequate understanding of their life world. In her research about ‘unequal childhoods’ Lareau found that the separation of life worlds of children and adults was typical for working class and poor families: while middle class children had a ‘steady diet of
adult organized activities’, working class and poor children spent more time playing with other children, without adult involvement (Lareau, 2011). While this separation of life worlds does not have to be a problem, it does suggest that the protective factors identified in resilience research are not typically found in disadvantaged social settings. Redefining boundaries between generations, the work done by audiences of Bianca, may be needed to build resilience.

**Strengths and limitations**

Our ethnographic methods, and particularly the use of NCs for data collection proved suitable to map audience engagement with the media project which placed mental health at the heart of social life with its daily ‘wear and tear’ and shared cultural resources. The participatory character helped to ensure that the media-content made close connections to familiar socio-cultural frameworks. The research, however mapped one cycle of film production and audience engagements with the media, it did not map the more sustainable long-term impact of Bianca which is now going through a new cycle of co-production. The impact is also dependent on the political and institutional contexts in which sources of stress are perpetuated or solved. While Bianca intervened on micro social levels of neighborhood and family life, participants made clear that these changes on the micro social level are important but not enough. The research did not map the full scope of the ways in which socio-political changes impacted mental health and worked against the mental health promotion of Bianca.

**Implications**

Our analysis of audience engagements with Bianca makes clear that media as a cultural resource can be used to challenge stressful social scripts and to stimulate a more collectively shared sense of problems and opportunities. With this focus on social processes impacting mental health Bianca can be seen as a local Dutch variation of the mass-media project ‘The Team’ in Kenya that addressed violent relations as well as routes to amelioration (de Vries, 2014). Media projects addressing social tensions and conflicts can contribute to approaches that take mental health promotion out of the influential ‘mental disorder arena’ (Wahlbeck, 2011). The most up-to-date evidence based mental health promotion, takes the form of promoting early recognition and handling ‘preclinical symptoms’ or ‘subthreshold mental health difficulties’ (Miller and Donelly, 2014). Although these forms of mental health promotion do include social support, the problem definitions tend to be individualizing, defining difficulties in isolation of their cultural contexts and significance. Within the mental disorder arena, the wear and tear of daily life remains largely unquestioned and the social and cultural resources that nourish capabilities to deal with them also remain unexamined. In line with the approach advocated by the WHO (WHO and Calouste Gulbenkian Foundation, 2014) and McDaid (McDaid, 2008) in which mental health requires investments in ‘non-health’ fields, such as social policy, education and culture, our analysis of a community-based media approach shows that investments in such ‘non-health fields’ can tap existing cultural resources to promote mental health and resilience.

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