



# From Lay Ritual to the Talking Garden

**Art, Culture, Spirituality and Community in the HPH Vision: a resilience model of the Mauriziano Hospital within the Task Force Culture&Health**

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## 1. BACKGROUND

We are in the **"Syndemic"** era (Singer, 2017), defined by a multi-crisis pole (Morin, 2020). The Mauriziano Hospital (**Salutearte**) proposes a paradigm shift toward a **New Ecology of Health** (Marmot, 2015), experimenting in the field with the integration of bio-psycho-social dimensions with spiritual ones (**search for meaning - Lay Ritual**) and artistic/cultural ones (**Talking Garden**).

## 2. OBJECTIVES

**Main Objective:** To transform the hospital into a **generative health hub**.

**Sub-objectives:**

- 1. Human and spiritual regeneration in the hospital's green spaces.**
- 2. Institutionalizing Culture and Health: arts and culture as structural resources for well-being.**
- 3. Strengthening Agency and Cohesion: community co-design.**
- 4. Equity: access to beauty and culture as social determinants of health.**
- 5. International HPH Task Force: consolidating the model within the local community.**



### References:

#### Primary Methodological Reference

-Rossi Ghiglione, A. (2011). *Fare teatro sociale. Esercizi e progetti*. Roma: Carocci. (The foundational text for the SCT methodology used in the project)  
-Fancourt, D., & Finn, S. (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. WHO Regional Office for Europe

#### Theoretical Framework

-Marmot, M. (2015). *The Health Gap: The Challenge of an Unequal World*. London: Bloomsbury. (Reference for the social determinants of health and equity).  
-Morin, E. (2020). *Changeons de voie: Les leçons du coronavirus*. Paris: Denoël. (Reference for the multi-crisis and complexity approach).  
-Singer, M. (2017). *Introduction to Syndemics: A Systems Approach to Public and Community Health*. San Francisco: Jossey-Bass. (The definition of the Syndemic era)  
-Koenig, H. G., VanderWeele, T. J., & Peteet, J. R. (2024). *Handbook of religion and health* (3rd ed.). Oxford University Press  
-World Health Organization. (2002). *WHOQOL-SRPB User's Manual: Scoring and coding for the WHOQOL spirituality, religiousness and personal beliefs (SRPB) field-test instrument*. World Health Organization.

### Web Resources:

-Salutearte Group, Project Website: <https://www.salutearte.com>  
-Project Fact Sheet Dors-Asl-To3 Regione Piemonte: [https://www.retepromozionesalute.it/bd2\\_scheda.php?idpr2=6747](https://www.retepromozionesalute.it/bd2_scheda.php?idpr2=6747)  
-Italian HPH Network: <https://www.hphitalia.net/chi-siamo/salute-culturale/>

## 3. METHODOLOGY



The **Social and Community Theatre (SCT - Rossi Ghiglione, Unito 2011)** is adopted as a transformative meta-model to activate co-creation processes between patients, healthcare workers, and citizens. The effectiveness of this methodological approach is based on the **transformative and salutogenic power** of the Performing Arts.

## 4. ACTIONS

**1. Genesis | The Lay Ritual (2020):** Born during the pandemic (July 2020) as a theatrical/symbolic performance, it allowed people to be accompanied in the processing of complex grief and in the search for meaning for the health workers during the emergency.

**2. Evolution | Opening to the Territory (2021-2025):** Transformation of the Olive Garden and the Lay Ritual into Common Goods (Commons); a permanent social laboratory open to the community: schools, institutions, families, patients, and staff, focusing on "taking care" of oneself and others.

**3. Today | Inauguration of the Talking Garden (July 2nd, 2026):** Ethical pact of community responsibility with the celebration of the **"Keeper's Promise"**. A space open to the city and the population to host artistic and cultural events.

## 5. RESULTS

- A) Empowerment** of participants.
- B) New skills** and possibilities.
- C) Sharing** of experiences, narratives, and visions.
- D) Construction of virtuous networks** (schools, institutions, third sector, local artistic and cultural realities - SCT Centre, Cultural Welfare Centre).

### Impact:

Involvement of over **1,000 participants**  
**20 institutional partners**.  
Produced **10 videos**, one editorial project, **12 festive and educational events** and **4 scientific articles published** in specialized journals and books



## 6. RELEVANCE / LESSONS LEARNED

Medicine should not renounce people's need for meaning (**lay spirituality**). Arts and culture are **"clinical technologies"** for the health and well-being of the person. Health promotion is an **ethical process of collective empowerment** where science, beauty, and participation can generate global resilience and support salutogenic processes.

## CONCLUSIONS

**Culture and Spirituality** help redefine the human phenomenon in care. Health then emerges as an **ethical process of collective emancipation** where science, beauty, and participation converge to generate resilience in the face of global challenges, promoting health and well-being for all.

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