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Art-making and Wellbeing with Professional Artists During a Pandemic

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Art-making and Wellbeing with Professional Artists During a Pandemic

by

Ilyse Lindsey, Schelsey Mahammadie-Sabet, and Nicole Rademacher

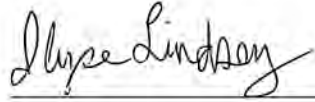
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Signature Page

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Who became researchers as well through their participation in the arts based research process.

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For their support, patience, and cooking.

Abstract

This research project aims to explore the relationship between art-making and wellbeing in professional artists during the COVID-19 pandemic. The study involves 14 respondents who were invited to complete a Qualtrics survey as well as a process of arts-based inquiry. Researchers analyzed participants' survey and art responses using an iterative collaborative process to identify emergent themes. These themes included a non-optional and internally-located drive to create; positive emotional, social, and physiological impacts associated with art-making and art-sharing; and, positive impacts on art practice associated with the pandemic. These findings emphasized the unique strengths and challenges associated with the professional artist identity.

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Introduction

The Study Topic

In this study, three student-researchers from Loyola Marymount University's Marital & Family Therapy with a Specialization in Clinical Art Therapy Program examine the effects of art-making on Professional Artists working during the COVID-19 crisis. Underlying their investigation is a curiosity about the value of art-making as a coping skill for individuals who have cultivated a relationship to art-making outside of a therapeutic context.

Significance of the Study

The occurrence of regular art-making in Professional Artists, typically referred to as an "art practice," garners relatively little attention from researchers in the field of Art Therapy. Not much is known about the therapeutic effects that may be received by members of this population while they are creating artwork. There may be benefits in examining art-making done by a population which engages in regular art-making outside of the clinical context that defines so much of the current Art Therapy research. Such an examination may support current understandings of the therapeutic value of art-making. It may also elucidate therapeutic properties of art-making which do not present in a clinical context. With these potential benefits in mind, the researchers of this study investigated the subjective experiences reported by Self-identified Professional Artists (SIPA) making art within the specific context of the COVID-19 crisis in California, United States of America.

Background of the Study Topic

Between the time this Literature Review for this study was written and the point of onset of the COVID-19 crisis in California, the World Health Organization (WHO) has counted 100 million cases of COVID-19, resulting in over two million deaths worldwide (WHO, 2021). In order to understand the context in which this study is set,, we explore the impact that the COVID-19 crisis has had on various demographics in general as well as in the state of California, where the participants and researchers reside. Because the COVID-19 crisis continues to influence daily life, a complete understanding of the impacts (i.e. psychological, social, political, physiological, etc.) of this virus are not yet fully available (Ijadi-Maghsoodi et al., 2020).

On March 19, 2020 California Governor Gavin Newsom enacted a Stay-At-Home order for the state, approximately a week after Los Angeles County reported its first COVID-19 death and a few days after schools were closed within the Los Angeles Unified School District (Ijadi-Maghsoodi et al., 2020). Following these measures, there have been reports of adverse psychological effects due to isolation as well as changes in employment, financial stability, and interpersonal relationships (Moore & Lucas, 2020, p.6). In addition to the effects of physical illness resulting from the virus itself, secondary physiological impacts have been observed including weight gain, cardiorespiratory dysfunction (Wang et al., 2020, p. 945), hormone imbalance (Bzdok & Dunbar, 2020), disordered sleep (Kutana & Lau, 2020), and cognitive impairment (Boals & Banks, 2020, p. 255). Psychological impacts include increased reports of depression, anxiety, stress, and substance use (Xiong et al., 2020). Additionally, concerns have been raised about potential increases in adjustment disorders and suicidality. Physiological and psychological impacts appear not to be equally distributed across cultural and socio-economic

contexts. The crisis seems to exacerbate social inequalities, as marginalized communities face both a lack of necessary support and a heightening of discrimination during the pandemic (Marmarosh et al., 2020). A closer look at the effect of the pandemic on residents of Los Angeles County in California, which is the local context of this study, reveals that denizens of this area have undergone adverse effects similar to those observed in a review of literature which examined other locales. A survey done by researchers at the University of California in Los Angeles found that many participants were experiencing increased anxiety due to fears of themselves or family members contracting the virus, fears related to employment, and fears related to the quality of education received by their children (Dunseith, 2021).

While maladaptive coping strategies have been prevalent, a number of positive trends have also emerged. Successful strategies include exercise, hobbies, and the limiting of exposure to COVID-19-related news coverage. Notably, spontaneous art-making has emerged as an especially promising coping strategy throughout the general population. It seems that personal art-making has been utilized as a vehicle for self-expression, community connection, self-care, and coping.

This study examines some of the ways in which personal art-making has impacted the wellbeing of SIPA during the COVID-19 pandemic. At the time that this paper was written, the authors found a dearth of literature which examined the pandemic's effect on the population who may qualify as SIPA, a fact which the researchers believe may reflect a difficulty in defining this population. However, according to a 2007 study on the economic impact of the creative industries, 25 percent of workers in creative fields appear to live in either Los Angeles or New York (Dolfman et al., 2007).

In order to examine the effects of art-making psychological wellbeing in the SIPA population during the period of state-mandated social distancing in California, graduate students from the Marital and Family Art Therapy Program at LMU have designed a mixed-methods study which implements arts-based research methods. In this study, the researchers ask the question, *What are the effects of personal artmaking on the wellbeing of professional artists during the COVID-19 pandemic?* The purpose of this study is to contribute to the growing body of knowledge surrounding the impact that art-making has on the wellbeing of members of the SIPA population as understood within the context of the COVID-19 crisis. Results of the study on the pandemic's impact on SIPA may reveal knowledge surrounding the connection between art-making and wellbeing overall as well as during the pandemic.

Literature Review

Introduction

With few up-to-date studies on art-making during the COVID-19 crisis in the general population as well as in the population of Self-Identified Professional Artists (SIPA), this literature review examines the existing literature on the impacts of the pandemic on wellbeing, various coping skills employed by individuals during pandemic, and the value of art-making as a coping strategy. Once the study context of the COVID-19 crisis is established, the authors provide a review of literature which provides a focused look at the construct of art-making as a coping strategy, first in general, and then as it pertains to the population of interest, SIPA.

The literature reviewed here suggests that art-making provides a sense of emotional release and control, as well as an opportunity to express oneself and connect with others. These benefits may be especially valuable during times of crisis. Another indicated advantage of art-making is its accessibility. In addition to art-making, social activities have arisen as a powerful means of coping. Research also suggests that additional benefits may be available to SIPA (Schindler & Pletnick, 2006). Various research methods related to this topic were also reviewed, with an emphasis on emerging qualitative designs such as arts-based research.

Several search techniques were used to retrieve applicable articles for inclusion in this literature review. Articles were identified via electronic library databases (OneSearch+ and PsycINFO); forward and backward searches of selected manuscripts; and a web-based search engine (Google Scholar). Computerized searches involved all possible combinations of selected terms reflecting wellbeing (happiness, coping, self-care, self-regulation), COVID-19 (COVID-19, coronavirus, Covid-19, pandemic), impacts of a pandemic (mental health, anxiety, depression, isolation, loneliness), and art-making, (professional artists, art-making, painting, drawing, creating). As the COVID-19 pandemic is a current event that is still unfolding, and thus

has a limited body of dedicated literature, it was necessary to include international research. The process of writing the following literature review was collaborative.

Impacts of Pandemic

Stay-at-Home Impacts

The onset of the pandemic in the state of California prompted the enactment of the Stay-at-Home order by Governor Gavin Newsom. Similar public health measures were taken in other states in the US as well as other nations, utilizing verbiage such as “(voluntary) quarantining,” “social-distancing,” or “shelter-in-place orders” (de Lima, 2020; Hamm et al., 2020; Tomczyk et al., 2020). As developed in the “Study Background” section of this paper, the enactment of this order seems to have affected individuals adversely. In addition to the physiological and psychological effects discussed earlier, the authors highlight here that the literature reflects a disproportionate effect of COVID-19 crisis in people of color, under-resourced communities, and other minority groups. Many are concerned about the intersectional impact of this virus on these individuals and families, as well as how quarantining or staying at home may vary across different populations (Ijadi-Maghsoodi et al., 2020). Specifically with families, and especially women, Xiong and colleagues (2020) purport that those in roles of caregiving for children or the elderly tend to exhibit more adverse psychological symptoms. Similarly, increased anxiety and fear has been observed across elderly populations and there have been global reports of an increase in domestic violence overall (Dubey et al., 2020).

Physiological Impacts

The secondary physiological impacts of the COVID-19 pandemic include weight gain and loss of cardiorespiratory fitness as a result of being quarantined (Wang et al., 2020, p. 945).

It seems that quarantining is also connected with “mind wandering,” a defense against stress which competes for neurological resources and may have a deleterious effect on working memory (Boals & Banks, 2020, p. 255). Boals and Banks (2020) conclude that cognitive impairments are inevitable during the pandemic, even for the most resilient individuals (p. 256). Another result of increased anxiety is poor sleep health, which is worsened by decreased quality of social support, physical activity, and light exposure (Kutana & Lau, 2020). The absence of social connection has been found to contribute to hormone imbalance, brain damage (Bzdok & Dunbar, 2020), cardiovascular events, cerebrovascular events, and cancer (Tyrrell & Williams, 2020, p. 214).

Research suggests that physical and social activity can modify physiological impacts. (Amatraian-Fernandez et al., 2020). Kutana and Lau (2020) argue that sleep quality can be improved by maintaining a regular schedule, exercising daily, and using technology to stay in contact with family and friends (p. 5). Physical exercise has also been shown to alleviate stress and decrease risk of obesity, stroke, and cancer (Amatraian-Fernandez et al., 2020, p. 265).

Psychological and Social Impacts

Depression and Anxiety

It is generally understood that prolonged isolation due to “stay-at-home” orders and other quarantine procedures suggested during COVID-19 may lead to psychological dysfunction, due to stressors such as isolation, boredom, and financial losses experienced over long periods of time (de Lima et al, 2020, p. 253). At present, the research on the psychological impacts of the COVID-19 pandemic are largely focused on anxiety and depression. In Canada, Dozois (2020) found that the number of respondents who indicated their anxiety was “high to extremely high” in the summer of 2020 was four times greater than those reporting high anxiety before the

COVID-19 pandemic. The number of respondents with high self-reported depression in the summer of 2020 was more than twice the number reporting depression before the pandemic (p. 5). In the United States, Twenge and Joiner (2020) found that, compared to 2019, adults from the United States in April and May of 2020 were more than three times as likely to screen positive for depression or anxiety disorders, or both (p. 955). They relate these changes, recorded by the US Census Bureau, to the spread of COVID-19 in the United States. While anxiety decreased from April to May, depression increased. The authors theorize that reduced anxiety could show adaptation to a new lifestyle during the COVID-19 pandemic, while increased depression may reflect growing resignation to the same (p. 956).

According to the studies, depression and anxiety do not impact all groups equally. Research on populations in China, Spain, Italy, Iran, the United States, Turkey, Nepal, and Denmark suggests that males and people aged 65 and above are less likely to suffer from depression and anxiety during a pandemic such as COVID-19 (Xiong et al., p. 60; Chan et al., 2020, p. 6). Groups that seem to be more vulnerable include females (Chan et al., 2020, p. 6), people who are younger than 40, students, the unemployed, people who frequently access news and social media related to COVID-19, people with chronic illness, and people with preexisting mental illness (Xiong et al., p. 60). The last category is complicated by a US study which found that older adults with pre-existing depression showed resilience during the initial phase of the pandemic, as they were already familiar with mental health maintenance strategies (Hamm et al., 2020, p. 928). As the sample was predominantly white, female, and urban or suburban, these results may not apply to the general population. Also in the United States, Fitzpatrick et al. (2020) found that COVID-19-related fear, which is linked to anxiety and depression, was especially prevalent in more densely populated communities, communities with higher

presumptive and reported COVID-19 case concentrations, and urban locations. In their study, vulnerable groups included females, Asian people, Hispanic people, immigrants, families with children, married people, and persons who are currently laid off or furloughed. Possible factors behind this increased vulnerability will be discussed later along with other social impacts.

Other Psychological Problems

In addition to anxiety and depression, researchers have identified a rogue's gallery of disorders that arose or worsened during the pandemic. These disorders include PTSD, which has increased worldwide (Xiong et al., 2020, p. 61), as well as substance use, which has risen in the United States (Lee et al., 2020, p. 5) and Canada (Dozois, 2020, p. 3). As grief and job loss are increasingly common during the pandemic, Kazlauskas and Quero (2020) caution mental health practitioners to screen their clients for adjustment disorders, which carry a significant risk for suicide (p. 22). While data on suicides completed during the pandemic is scarce, suicidal ideation is common in individuals with dysfunctional coronavirus anxiety, at least in the United States (Lee et al., 2020, p. 5). An international case-control study identified fear of infection, fear of infecting others, economic conditions, domestic violence, grief, and solitude as factors in suicides completed in Italy, Germany, and the United States during pandemic (Aquila, et al, 2020, p. 121). These findings suggest an urgent need for social support, including psychoeducation about coping strategies, during the pandemic.

Isolation

Loneliness affects the COVID-19 experience, as it is a risk factor for anxiety, panic attacks, suicidality, decreased cognitive functioning, and poor physical health (Tyrrell & Williams, 2020, p. 214). An American study found no large increase in loneliness during the acute phase of the outbreak, attributing this resilience to increases in perceived support. However, its authors

cautioned that younger and older adults had more significant increases in loneliness (Luchetti et al., 2020, p. 904). They also noted that those who did not participate in follow-up assessments tended to report higher loneliness, were younger, had less education, and were more likely to be female and living alone (Luchetti et al., p. 900). Saltzman and colleagues (2020) suggest that, based on research conducted during Hurricane Katrina and the SARS epidemic, those with pre-existing trauma and unresolved grief may also be especially vulnerable to loneliness (p. 56).

Social Impacts

Like others living under stay-at-home orders, these individuals may feel isolated from the groups that would usually provide them support. For many, friends, family, and work groups are the “primary means” by which they cope with traumatic events (Marmarosh et al., 2020, p. 125). For those who have experienced a rupture in those connections, Marmarosh and colleagues (2020) recommend support groups and group therapy, conducted via telehealth (p. 133). There is evidence that such groups can facilitate coping for the elderly as well as those experiencing complicated bereavement, job loss, and quarantine during a disease outbreak. Additionally, groups can provide a sense of belonging and support to marginalized populations (Marmarosh et al., 2020, p. 128-129).

In addition to being a prerequisite for sound mental health, group membership is inextricably linked to perceptions of contagion, safety behaviors, and social organization in the context of infectious disease. Research suggests that discriminatory behaviors increase in times of uncertainty as individuals are likely to seek stability through adherence to generalized worldviews (Venuleo et al., 2020, p. 11). This trend is evident during the present pandemic with preliminary data showing a universal increase in racism, stigmatization, and xenophobia (Dubey, et al., 2020, p. 779). Additionally, belonging to a dominant group has been found to have a

negative correlation to health-related behaviors and adherence to safety protocols (Chan et al., 2020, p. 7; Tomczyk et al., 2020, p. 6). It appears that in-group status is conflated with safety, while social diversity is conflated with danger (Golec de Zavala et al., 2020, p. 3). Thus, discrimination against out-groups is used by its proponents to “symbolically reduce the risk of infection” (Tomczyk et al., 2020, p. 7). A Polish study identified women and sexual minorities as groups that have been targeted for such discrimination (Golec de Zavala et al., 2020, p. 3). In the United States, immigrants, Jews, and racial minorities have been targeted for such discrimination with Asians being especially stigmatized (Roberto et al., 2020, p. 365).

The pandemic has also highlighted existing inequalities, putting even greater stress on marginalized communities. In Italy, insufficient childcare and education resources may have contributed to greater distress in women (Venuleo et al., 2020, p. 11). In the United States, there is evidence that low-income communities of color and indigenous, immigrant, and refugee populations have been disproportionately impacted (Roberto et al., 2020, p. 365). Internationally, the literature suggests that older people, their caregivers, and psychiatric patients may need special attention that they are not currently receiving (Dubey, et al, 2020, p. 779).

Coping and Self-Care

Coping Skills and Self-Care

As explored above, COVID-19 has made significant impacts in psychological and social realms. Some of these impacts are positive, but many are negative. The negative impacts of COVID-19 can clearly be identified as causing stress (de Lima et al, 2020, p. 253). Stress may be defined as the response an organism has when presented with a challenge (Dimsdale, 2008). To address this stress, many humans attempt to cope by utilizing a vast spectrum of coping strategies and self-care; instances of this phenomenon were observed early on in the progression

of the COVID-19 pandemic (Kutana and Lau, 2020). Interestingly, personal art-making has been found to be a uniquely powerful coping strategy (Hyatt, 2020). Thus, while a comprehensive exploration of both coping skills and self-care would be unnecessary and overreaching within the purposes of this literature review, the authors do believe a general exploration of the two will be useful for contextualizing the research at hand. According to Merriam-Webster Dictionary, to cope is to “deal with and attempt to overcome problems and difficulties” (n.d.). Similar, yet more nuanced, is the definition of self-care: “the products or practices used to comfort or soothe oneself” (Dictionary.com, (n.d.)). According to Gupta (2018) and colleagues, strategies of coping are used by many in order to “manage stress by identifying resources to decrease stress and improve the overall quality of life” (2018, p. 21).

It is important to note how coping strategies may vary in the ways of impact and adaptiveness. Personal art-making, as mentioned above, is an example of adaptive coping (Hyatt, 2020). However, it is useful to examine generalized information about coping strategies in order to better understand the specialized power of art-making as a coping skill. In their cross-sectional study, Gupta and colleagues examined three categories of coping strategies, namely tertiary, secondary, and primary (2018). Tertiary coping strategies were delineated as being either engaged or disengaged (Gupta et al., 2018). From there, engaged and disengaged strategies were further divided into primary and secondary strategies and explored for adaptability or effectiveness (Gupta et al., 2018). Engaged coping strategies were characterized by healthy expression of one’s emotions, reaching out for social support, restructuring cognitions, and problem-focused problem solving, and they were found to be negatively correlated with behavioral indicators of stress (Gupta et al., 2018). In opposition to the aforementioned adaptive coping strategies, disengaged coping strategies included social withdrawal, wishful thinking,

problem-avoidance, and self-criticizing; and they were found to be positively correlated with both emotional and behavioral stress indicators (Gupta, et al., 2018). Individuals who use disengaged coping strategies may benefit from a temporary relief of stressful symptoms, but results suggested an ultimate increase in negative physiological and psychological symptoms due to disengaged avoidance (Gupta et al., 2018). There is a final suggestion in the findings of this study which proves noteworthy as the current section of this literature review transitions to the next: when faced with more severe stressful life events, Gupta and colleagues found that individuals have a higher likelihood of using unhealthy or maladaptive coping strategies (2018).

Maladaptive Coping During Pandemic

A variety of responses to the COVID-19 pandemic have been recorded across numerous countries. As explored previously in this literature review, there is a widespread agreement that the COVID-19 crisis has triggered a swath of undesirable psychological and physiological symptoms. Emerging in tandem with these symptoms is an equally vibrant variety of coping behaviors. While the negative impacts continue to affect a large segment of the general world populace, at the time of this literature review's conception, some studies gave voice to individuals whose COVID-related experiences were subjectively reported in a more positive light (Shanahan et al., 2020). These individuals reported diminished work and educational pressures, increased free time to spend with loved ones, and more time to invest in self-care activities such as sleeping (Shanahan et al., 2020). While many individuals experienced the COVID-19 pandemic through negative impacts, it is important to acknowledge the existence of positive experiences with the aim of providing comprehensive context for the research at hand.

One explanation for this variance in responses to the COVID-19 pandemic may be found by looking at individuals' lives before COVID-19. Individuals who entered the COVID-19

pandemic with a preexisting intolerance of uncertainty were found to be “significantly more likely to use maladaptive coping strategies” (Rettie & Daniels 2020, p. 6). Maladaptive coping behaviors may be defined as behaviors that include avoidance, self-blaming, and substance use (Kamaludin, 2020, p. 2). Because maladaptive coping strategies tend to perpetuate stress rather than to dissipate it, these individuals were generally found to experience higher degrees of depression and anxiety (Rettie & Daniels, 2020).

Adaptive Coping During Pandemic

There are two dominant categories of adaptive coping behaviors which emerge from this collection of literature. The first category covers coping behaviors that may best be described as additive, meaning they encourage the addition of a behavior into an individual’s lifestyle or daily routine. Among these additive coping behaviors are the prioritization of healthy eating habits and personal hobbies, following a routine, spending time looking or being outside, participating in group therapy, practicing yoga and meditation, and pursuing multi-disciplinary arts, cooking, and writing (Fullana et al., 2020; Marmarosh et al., 2020). Again, in the context of this research, it is important to note that personal art-making has been found to be a powerful form of this adaptive coping (Hyatt, 2020). Because of the importance of this topic, a dedicated section has been included in the later portions of this literature review; see “Art-Making, Self-Care, and Coping.”

According to the research reviewed, significant preliminary evidence suggests that adaptive coping behaviors protect against anxiety and depression during pandemic times. For adolescents specifically, this same protection against anxiety and depression has been linked to spending time with peers and family and participating in physical activity (Ellis et al., 2020). On the opposite end of the age spectrum, certain activities have been found to help older adults cope with their unique set of COVID-19 pandemic stressors (Nimrod, 2020). One such activity has

been identified as increased internet use. This includes online shopping, chat software, financial management, and social networking, among other pursuits (Nimrod, 2020). This collection of behaviors offers a summary of additive coping strategies suggested in relevant literature. It is critical to explore a shorter, but equally important list of prohibited activities.

The second category of adaptive coping strategies being offered during this time may be most effectively described as restrictive. These suggestions encourage the avoidance of certain behaviors in one's daily routine and lifestyle. For example, it has been suggested that limiting access to and consumption of news resources and limiting the amount one speaks with relatives and friends about the pandemic may be helpful for adaptively coping with the COVID-19 pandemic (Fullana, 2020). Too much time spent being exposed to news outlets and information can have the opposite effect of adaptive coping behaviors and may be a predictor of higher levels of anxiety and depression (Fullana, 2020). Together, this collection of restrictive and additive coping behaviors offers a condensed look that relevant literature sources have deemed helpful for coping with the COVID-19 pandemic.

Art-making

Art Therapy versus Personal Art-making

The authors of this literature review collaboratively defined personal art-making as “art that one feels internally compelled to make, as per report of the art maker.” Any personal art-making which exists within the limits of this definition will be eligible for exploration by the researchers.

However, because this study considers the potential coping properties of art-making, it may be helpful to distinguish personal art-making from art-making done in the context of clinical art therapy. This distinction may best be established by first looking at the American Art Therapy

Association's (AATA) definition of art therapy. AATA (2017) published the following statement in an attempt to clarify the nature, purpose, and process of art therapy:

Art Therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. Art Therapy, facilitated by a professional art therapist, effectively supports personal and relational treatment goals as well as community concerns. Art Therapy is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change (Definition of Profession section).

AATA clearly establishes that art therapy is facilitated and experienced within specific parameters (2017). The personal art-making that is considered within this literature review and the research study, exists outside of the clearly established perimeters delineated by AATA.

Art-making and Self-Care and Coping

In certain professions, such as art therapy, personal art-making has been identified as a powerful form of self-care. Uncovered in Hyatt's research is the potential for art-making to therapeutically relieve therapists' often overloaded sympathetic nervous system (2020). During a pandemic marked by a significant increase in negative physiological and psychological impacts (Dozois, 2020), the ability of art-making to facilitate self-care is an important piece of contextual information. The work of Nash further buttresses this context by revealing that helping professionals' art-making can facilitate a "clearing of bodily feelings" that, unattended, may cause negative psychological impacts (2020, p. 45)

Art-making has been shown to facilitate self-care and offer tangible coping abilities to a wide range of individuals even outside of a clinical context. Braus and Morton highlight these general self-care and coping advantages in their work while drawing special attention to the low-cost and high accessibility of this therapeutic pursuit. They suggest that art-making is not only a tool for self-care, it may also be useful for expressing oneself outwardly. Through this outward self-expression, art making may help individuals cope with negative emotions (2020).

In addition to helping individuals mitigate negative emotions, art-making has been shown to provide actively positive outcomes as described by Titus and Sinacore (2013). Included in these outcomes are “feelings of happiness, satisfaction, accomplishment, optimism, and fulfillment” (Titus & Sinacore, 2013, p. 34). By relieving pent-up emotions, facilitating self-care, and encouraging adaptive characteristics, art-making is situated as an efficacious self-care and coping tool.

Art-making During Crisis

Art-making and other creative pursuits saw a spike in popularity during the ongoing worldwide crisis of COVID-19, and many perspectives seek to explain why (Braus & Morton, 2020). Braus and Morton suggest that this lean into art-making in its various forms such as baking, music making, and arts and crafts, may be motivated by a natural drive in humans to use self-expression and creativity as a form of mindfulness and grounding (2020). A suggested benefit of art-making in times of crisis is the increased self-awareness of the art-maker and an expanded understanding of their life (Braus & Morton, 2020). This may be an especially significant advantage during a crisis such as COVID-19 marked by ambiguity and lack of control over one’s circumstances. Other individuals have offered insights into this art-making trend and

cite additional psychological and emotional benefits that may be obtained through art-making during a crisis (Huss, Sarid, & Cwikel, 2010; Gupta, 2020).

Past studies evaluating the use of art-making amid crisis have also identified positive outcomes among participants. For example, a study in which Israeli social workers participated in art-making during a war crisis offers intriguing insight into the oftentimes ambiguous nature of crisis situations. This study found that the art-making helped participant-artmakers give a name and identity to the ambiguous stress of their wartime experiences (Huss, Sarid, & Cwikel, 2010). Once these stressors were identified in a concrete art creation, the participants then had the ability to alter their artwork (Huss, Sarid, & Cwikel, 2010). This transformability was found to offer not only a “sense of control over diffuse sources of anxiety,” but also to enhance participants’ resilience amid crisis (Huss, Sarid, & Cwikel, 2010; see also Potash, et al., 2020). A decade later, Gupta found strikingly similar benefits in the act of art-making during the world’s current crisis of COVID-19 (2020).

In her article, Gupta observed that art-making during the COVID-19 crisis offered tangibility to an invisible virus (2020). She also pointed out the ability of art-making to create interpersonal solidarity and togetherness despite physical distance, as well as to provide a sense of containment and catharsis (Gupta, 2020, p. 593). These benefits are proposed to help mitigate symptoms of isolation, anxiety, and depression. Although somewhat preliminary and anecdotal in nature, Gupta’s insights provide intriguing context for the present study (2020).

Gupta’s findings are not the only ones which must be considered to be preliminary. All resources in this literature review dated with the year 2020 must be categorized as such. Because the pandemic is ongoing even at the time of this literature review’s assembly, much of this

information can best be described as setting the scene for further research. In any case, this literature review can be understood as the supporting context of the present study.

Artists

One difficulty in researching the artist population is the absence of a consensus on what an “artist” is or is not. Some definitions are vague and expansive, such as Benjamin’s (2008) definition which includes those who “prioritize the quest for truth and creative expression over the more earthly material decrees of comfort and security.” Another study, by Kemler, defined his population as individuals who performed or showed work at established venues and considered art their “primary careers” (p. 232). Curtis’s (2015) study defined an artist as any individual who initiates and sustains their own art-making process (p. 4).

It is likely that the generalizability of studies on artists is impacted by the lack of a universal definition. Additionally, it is important to note how the surveyed literature on artists reflects a disparity in gender representation. For example, of the 40 professional artists studied by Kemler, 31 were men. This gender disparity is also seen in case studies of art therapy with artists, where male clients outnumber female clients two to one. It is important to note how this disparity may affect who our society traditionally denies the time, space, privacy, and support to maintain a “serious” art career. These include women, who often hold greater responsibilities within the family; the working poor; the disabled or chronically ill; and people who fit into more than one of these categories (Kemler, 2014, p. 5).

Coping and Professional Artists

It is not surprising to find SIPA among those who use art-making as a coping method. For examples, Renaissance sculptor Franz Messerschmidt communicated to writer Friedrich Nicolai that he found relief from his mental health symptoms in spontaneous art-making (Perciaccante &

Coralli, 2017, p. 839). In a series of structured interviews with 40 working artists, Kemler (2014) uncovered some of the ways that artists use art-making to cope. His findings can be categorized into strategies of defense, adaptation, and integration. Art-making provides a defense which allows the artist to “escape” from trouble and stress (p. 233) as well as to access feelings of power and being “in control” (p. 236). Through art-making, artists adapt in the sense that they are empowered to define and redefine themselves, as well as overcome artistic challenges (p. 234). Integration occurs on multiple levels, including the integration of the artist with their environment and community (p. 233) as well as the integration of the parts of self (p. 234) and integration on a spiritual level (p. 235). Kemler’s findings echo those of other researchers (Drake, Coleman, & Winner, 2011; Huss, Sarid, & Cwikel, 2010; Titus & Sinacore, 2013); Nash, 2020; Gupta, 2020). These similarities suggest that, in many ways, artists’ usage of art-making as a way of coping may resemble its usage by the general public.

On the other hand, some mental health benefits of art-making may be unique to SIPA. In their case study of a client diagnosed with schizophrenia, Schindler and Pletnick (2006) found that learning to view himself as an artist gave him “an important and meaningful role” to play in society, which, in turn, helped him become rehabilitated after being found not guilty of murder by reason of insanity (p. 130). Their findings are supported by previous research, including a mixed-method study conducted at a maximum-security psychiatric facility, in which participants in a role development program showed significant improvement in task skills, interpersonal skills, and role functioning compared to a control group (Schindler & Pletnick, 2006, p. 128).

For some artists, lifestyle changes brought about by the COVID-19 pandemic may challenge or alter their role in society. For example, artists have sacrificed their workspaces so family members could work and study from home (Eastwood, 2020, p. 56). With stores closed,

materials may also be more difficult to acquire (Oommen, 2021, p. 9). Additionally, the closure of galleries and museums has presented challenges to showing and profiting off of one's artwork (Eastwood, 2020, p. 54). Perhaps, as in other pandemics, artists will meet these challenges with resilience. During the AIDS crisis, for example, artists such as Gregg Bordowitz used their position in society to translate illness into purpose and activism (Tavano, 2020). Thus, it will be important, post-COVID, to continue to explore how this pandemic has ultimately impacted the artist population during this time.

Methods

Arts-Based Research

Because this study utilizes arts-based research (ABR), it is necessary to include a brief discussion of the term as it is understood in the academic context of formal qualitative inquiry.

ABR is a philosophical and methodological approach to inquiry which builds upon art-making as a way of knowing. It is grounded in the knowing and meaning-making that can occur when the researcher engages in an art-making process. It is important to note that in ABR, knowledge is not located in the artwork alone. Instead, it emerges from the dialogue between the researcher and the researched art object or art process (Gerber et al., 2020), or, in the case, of this study between the artists and the art object. In this way, the knowledge obtained is understood to be possessed not solely by the researcher but also to a more collectively accessible body of knowledge. Unique to this methodology is the access the researcher gains to non-verbal aspects of knowing or awareness. It is suggested that this form of engagement allows the researcher to access information that may exist outside the scope of their own linguistic consciousness.

Gerber and colleagues summarize a primary aim of ABR in the following statement: "within this perspective the aesthetic epistemic prioritizes retrieval of unconscious artifactual

data such as memories, personal/collective histories, and relational narratives essential to understanding current perceptions, socially constructed discourses, motivations, and behaviors” (Gerber et al., 2020, sec. 3.1). Yet, if this knowledge exists outside of linguistic consciousness, where is it? Gerber and colleagues locate it in an “intangible” and “sensory-embodied unconscious” (2020, sec. 2). To access it, Blumenfeld-Jones (2015) names several methods at the disposal of the researcher, namely “determining, immersing, objectively observing, bodily remembering, and assessing rightness through feeling” (p. 326). By connecting to this sensory, preverbal, imaginative, embodied, and emotional way of knowing through art-making, one may come to understand alternative elements of the human experience which are often passed over by more traditional, quantitative forms of research (Gerber et al., 2020, sec. 14; sec. 2). Accessing this knowledge through the use of ABR has the potential to fuel what Gerber et al. describe as “epistemic activism” (2020, sec. 2). Epistemic activism, driven by the knowledge accessed through ABR, can begin to counter unchallenged, status quo discourses which dominate the flow of contemporary health and social science spheres (Gerber et al., 2020). In light of this, Gerber and colleagues strongly affirm the unique value of knowledge which emerges from ABR, providing insight into human behavior and its motivations outside of the dominant discourse of traditional research findings (2020).

Response Art

For the purposes of this literature review and the context it will provide, the authors find it prudent to include a brief exploration and explanation of response art. Response art is artwork created in response to an event, experience, or sensation. Like ABR practices, it is created for the purpose of exploring material which may exist in the unconscious or linguistically unavailable realms. Within the realm of art therapy, response art is used often by art therapists to gain a

greater understanding of themselves in the context of therapeutic relationships (Miller, 2007). On a simplified level, response art can be used to contain, express, and share one's experiences (Fish, 2012). What response art looks like or is comprised of is as varied as the imagination of its creator. Where ABR and response art differ is primarily in their goals. While the primary purpose of art-making in ABR is to increase knowledge that can be generalized and disseminated, the goal of response art is to provide the art maker with a therapeutic, insightful, containing, expressive, or affective/transformative experience as an end in and of itself (Miller, 2007; Havsteen-Franklin, 2014).

Conclusion

The purpose of this literature review is to cull from a diverse body of literature in order to contextualize the current study. As this study will be exploring the effects of art-making on the wellbeing of SIPA during a pandemic, it became prudent to collect a body of literature which explores the secondary effects of COVID-19, coping and self-care, and art-making methods. Because the COVID-19 pandemic is ongoing and continues to affect millions of people worldwide, its effects, outlined in this literature review, are preliminary and incomplete. As continuing studies are released, the importance and context of this research will continue to be refined. Drawing upon existing literature, this review describes physiological, psychological, and social impacts of COVID-19 as a pandemic, as well as widely adopted methods used to cope with these effects. To clarify this conglomerate of information, generalized coping skills and self-care were outlined with additional literature, revealing two main categories of coping: adaptive and maladaptive. Because of its potential for coping and self-care, this collection of literature then turned to a review of art-making as distinct from art therapy. An additional body of literature looking at art-making during crises was collected before concluding the section with

a surveyance of professional artists' coping methods. Finally, literature discussing arts-based research, and response art were explored for their relevance to the chosen methodology of this study. The authors of this literature review believe that its contents establish the studying of personal art-making effects during a pandemic as a valuable undertaking. The devastating effects of COVID-19 are undeniable, and the potential benefit of personal art-making, similarly, cannot be ignored.

Research Approach

For this study, the researchers chose a qualitative survey with arts-based research (ABR) approach. The qualitative study is appropriate for the type of research and is a fit for the researchers. Beginning with a survey allowed the researchers the ability to disseminate to a larger pool of participants through electronic means (Qualtrics) and given the pandemic, greater access for participants. Because the researchers wanted to specifically examine the role of art-making in wellbeing, an art response to a prompt was used as part of a larger ABR process. As stated previously, what response art looks like or is comprised of is as varied as the imagination of its creator. The goal of response art is to provide the art maker with a therapeutic, insightful, containing, expressive, or affective/transformative experience as an end in and of itself (Miller, 2007; Havsteen-Franklin, 2014). On a simplified level, response art can be used to contain, express, and share one's experiences (Fish, 2012). The survey asked demographic information as well as qualitative information about participant's regular art practice, their art response, and their experience during the pandemic. The art response had a prompt: "What are the effects of personal art-making on your wellbeing during the COVID-19 pandemic (between March and now)?" with a suggested time limit of one hour. Participants were asked to use an 8.5" x 11" sheet of paper and the tools of their choice.

Methods

Definition of Terms

Arts-Based Research (ABR): as discussed in the Literature Review above. ABR is a philosophical and methodological approach to inquiry which builds upon art-making as a way of knowing. It is grounded in the knowing and meaning-making that can occur when the researcher engages in an art-making process. It is important to note that in ABR, knowledge emerges from the dialogue between the researcher and the researched art object or art process (Gerber et al., 2020), or, in the case, of this study between the artists and the art object. In this way, the knowledge obtained is understood to be possessed not solely by the researcher but also to a more collectively accessible body of knowledge. Unique to this methodology is the access the researcher gains to non-verbal aspects of knowing or awareness. It is suggested that this form of engagement allows the researcher to access information that may exist outside the scope of their own linguistic consciousness.

Art practice: the ways in which an artist goes about his/her work. Artistic practice goes beyond the physical activities of making artistic products and can include influences, ideas, materials as well as tools and skills (Quora (n.d.).

Coping: to deal with and attempt to overcome problems and difficulties. (Merriam-Webster. (n.d.).

Professional artists: people who have a practice and specify being an artist as an integral part of their identity.

Personal art-making: art that one feels internally compelled to make, as per report of the art maker.

Response art: artwork created in response to an event, experience, or sensation, and it is created for the purpose of exploring material which may exist in the unconscious or linguistically unavailable realms.

Self-identified Professional Artists (SIPA): assign the particular characteristic of being a professional artist to oneself.

Wellbeing: the state of being happy, healthy, or prosperous. (Merriam-Webster. (n.d.).

Design of Study

In order to investigate the effects of personal art-making on the wellbeing of professional artists during the COVID-19 pandemic, researchers utilized a qualitative approach that combined survey design with arts-based research. Participants were invited to complete a Qualtrics survey, which included a total of 25 questions pertaining to demographic data, art practice, and experience of COVID-19 pandemic including co-occurring events. Language regarding participant's demographic data was chosen in accordance with standards for inclusive demographic data collection published by Harvard Medical School's Office of Regulatory Affairs and Research.

In addition to the survey, participants were invited to create an art response using an 8.5 x 11" sheet of white paper and the tools of their choice, working for no more than an hour. The art response was based on the following question: "What are the effects of personal art-making on your wellbeing during the COVID-19 pandemic?" Specifically, participants were asked to reflect on a period of time spanning from March 2020 to January 2021. Participants created their

response art after completing the demographic and art practice sections of the survey. After creating their response art, they answered survey questions pertaining to their experience with the art prompt as well as questions about the COVID-19 pandemic and co-occurring events. Researchers reasoned that the experience of creating response art would inform participants' answers to later questions, allowing each participant to deepen their personal reflection through the use of arts-based inquiry.

Sampling

Participants were recruited using the purposive sampling technique of snowball sampling. In order to reach the target population of "Self-identified artists," the researchers began by emailing an open call flyer to individuals who were known by the researchers to be connected with artist communities in California. The flyer contained information about the purpose of the study, requirements for participation, and instructions for participating. In addition to emailing the flyer, the researchers posted the flyer to various of their own social media accounts including Facebook, Twitter, Instagram, Tumblr, LinkedIn, an email list-serve, and via SMS. In these initial disseminations, the researchers invited viewers to share or re-post the open call to members of their own communities who may have been eligible for participation.

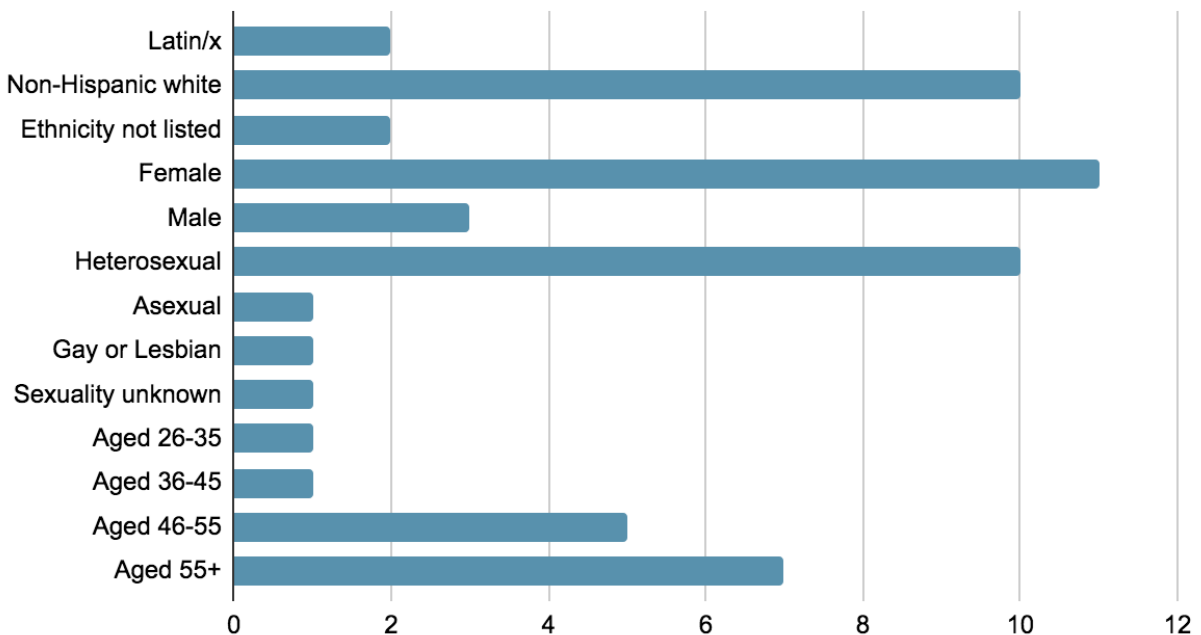
After a period of five weeks, the survey was closed and the data was collected. Final participants included in this study were selected based on the degree to which they completed the survey. That is, any participant who failed to upload the image of their art response was not included. One exception to this criterion was made for a participant who did not upload their image but did provide a thorough visual description of their artwork. Of the 46 participants who submitted the survey, 14 met this selection criterion and included in this study. In line with the participation criteria delineated in the initial flyer, all respondents indicated that they currently

resided in the State of California. As communicated to participants, identifying information was kept confidential from the researchers themselves so as to reduce bias during the research process.

Participant Demographics.

Figure 1

Participant Demographics



The researchers note that the final pool of 14 participants contains a diminished cultural diversity when compared with the original pool of 46 interested respondents. Most prominently, all original respondents who had marked “Asian” ethnicity, and all who had marked gender identifiers outside of “Female” or “Male” were excluded from the study due to incomplete survey submissions.

Of the group of 14 participants considered in this study, 11 participants (79%) identified themselves as “Female,” three participants (21%) identified as “Male,” and none selected other

sex identifiers. The majority of participants (10 participants or 71%) indicated that they were of white non-Hispanic ethnicity. Two participants (7%) identified themselves as “Latin/x” and two more marked their ethnicities as “Unspecified.” When asked about age, seven participants (50%) indicated that they were in the “55+” age range, five participants (36%) marked “46-55,” one participant (3.5%) marked “36-45” and one more (3.5%) marked “26-35.” In the realm of sexual orientation, 10 participants (72%) identified as “Heterosexual,” one participant (3.15%) identified as Asexual, one identified as “Gay or Lesbian,” and one more selected “Prefer not to say.”

When answering questions regarding lifestyle, the majority (six participants or 43%) marked that they lived in households of two people. When asked about marital status, the majority of participants (six participants or 43%) indicated that they were married, while four participants (29%) marked that they were single, three (21%) indicated that they were divorced, and one participant (3.5%) marked that they were in a domestic partnership. In the question on employment, which allowed for the selection of more than one option, five participants (36%) marked that they were employed through “Contract” or “Freelance” work, five participants (36%) marked that they were employed “Part-time,” three participants (21%) marked that they were employed “Full-time,” three participants (21%) marked “Unemployed,” and one participant (3.5%) marked that they were “Retired.”

When questioned about mental and physical health, half of the participants stated that they had pre-existing physical health issues, six (43%) indicated that they had none, and one marked “Prefer not to say.” When questioned about mental health, a majority of participants (eight participants or 57%) indicated that they had mental health issues pre-existing the pandemic, while six (43%) stated that they had none. Of the eight participants that attested to pre-existing mental health issues, five participants (36%) stated that they had depression, three

participants (21%) stated that they had anxiety, and two participants (7%) stated that they had PTSD.

Gathering of Data

The researchers created a flier with a description of the study and disseminated it via social media (Facebook, Twitter, Instagram, Tumblr, and LinkedIn), direct email, email list-serves, and direct SMS. The posts and emails were targeted to professional artists, curators (being asked to forward it), and other cultural administrators in California. Because outreach was staggered, interested parties either followed a direct link to the survey on Qualtrics or filled out a digital form to be notified when the survey was ready.

Analysis of Data

After excluding incomplete surveys, researchers analyzed the remaining data using an iterative collaborative process developed by Hall et al. (2005). First, researchers coded survey responses and artwork independently before comparing codes. They then came to a consensus and developed higher-level categories. Strengths of this process include inter-coder reliability as well as the possibility of developing perspective-transcending knowledge (Cornish et al, 2013). Data was collected and analyzed by three graduate-level art therapy students with diverse ethnic backgrounds and sexual orientations. Despite some diversity, their ability to create knowledge that transcends their individual perspectives may have been limited by their similar academic and professional backgrounds, as well as some demographic similarities. All three researchers are female and identify as professional artists.

Results

Presentation of Data

In the survey, participants responded to four types of questions (see Appendix C). They may be categorized as ones which focused on demographic information, personal art-making, the arts-based inquiry component of the study, and, finally, the participants' experience during the pandemic. Results from the demographic data show that half of the respondents were over the age of 55, mainly non-hispanic white and female, almost all were heterosexual, and all lived within the greater Los Angeles area. When asked about their personal art-making 13 out of 14 stated that during the pandemic they use the internet/social media to share their work, and many stated that their art-making was essential to their "survival." Many also stated that the inspiration to create art comes from within. After creating their response art (presented in Appendix E), participants were asked about the artwork and their experience making it, as well as differences they noticed between the art response process and their regular art practice. These differences included an increased focus on the process of creating the response art and a decreased emphasis on the finished product. Differences in working time, materials, scale, and subject matter were also reported. Almost all (12 of 14) gave their response art a title. When discussing their experience of the pandemic, respondents identified 17 stressors, while generally reporting a positive outlook and emphasizing how they have adapted. The reported impact of art-making on their experience during the COVID-19 pandemic is mostly positive with the process of art-making serving as an "escape" and a "release." Likewise, the impact of the COVID-19 pandemic on participants' regular art practice is largely reported to be positive.

Analysis of Data

Personal Artmaking

In order to appreciate the significance of the participants' answers to questions about the art reflection, the researchers sought to obtain a baseline for understanding the way in which the participants understood art-making in a context outside of the survey's space of inquiry. For this purpose, the researchers asked the participants questions about their art practices as well as their identification with the term "artist." During the analysis of this data, the researchers coded and grouped the information into larger themes, the most distinct of which are developed below.

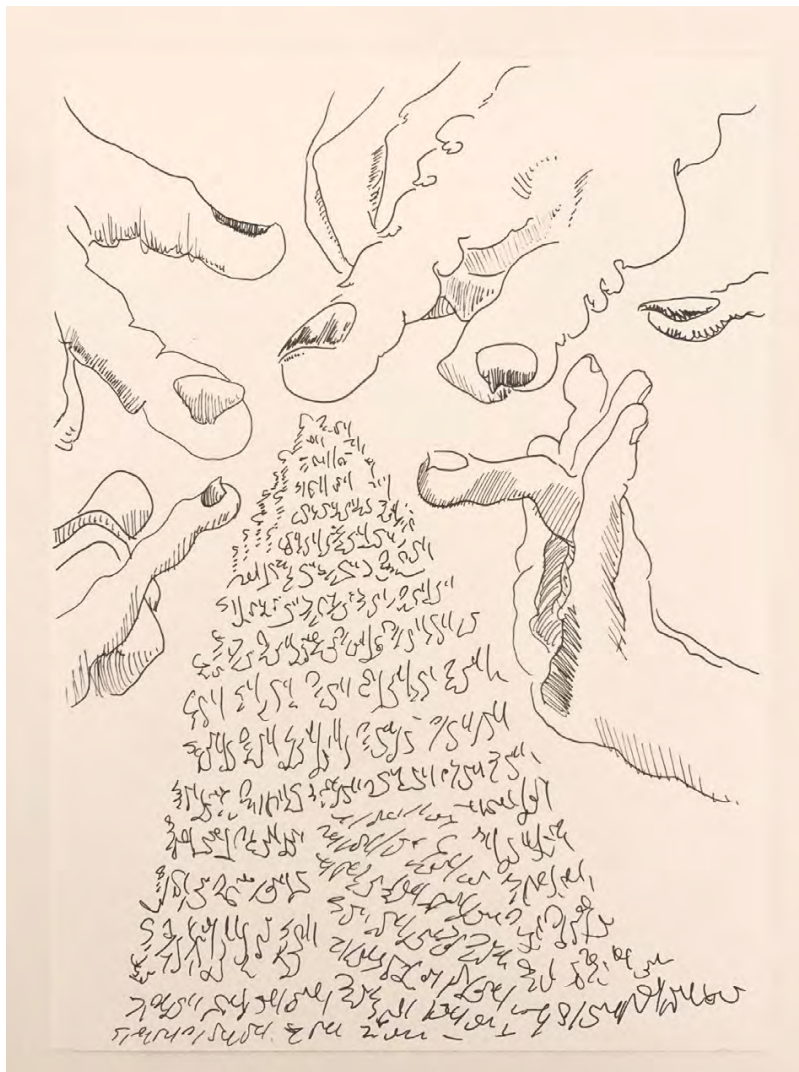
A body of data which connected art-making and wellbeing was supported most noticeably by the following observations. In response to the question about the way in which sharing artwork impacts wellbeing, seven respondents indicated that sharing artwork had a positive effect on their wellbeing. Researchers found that five of these seven respondents referred to positive impacts that were emotional in nature. Some respondents associated the sharing of their work directly with feelings of pleasure, using language such as "gratifying," "rewarding," or "trigger[ing] oxytocin and dopamine." Others indicated that they relied on their art for their own survival, with one participant describing it as a "lifeline." Notably, however, one participant explicitly identified the sharing of their work as a stressor, connecting this stress with concern about the income connected to the consumption of their art.

The researchers identified another group of related data in which participants expressed an internal motivation to create art. Four participants explicitly describe an internally located compulsion to create work using the following language: "innate drive," "compelled," "need to express," or "drive to create." The researchers distinguished these descriptions from ones which described a compulsory, but externally located motivation to create art. This was seen explicitly in two responses, both of which used the term "life-calling" to describe the role of art-making in the participants' lives. A related theme emerged in the participants' answers to the question

related to the importance of identifying as an artist. In answering this question, six participants stated that their art identities were integral to their senses of self and existence. Many of these participants used words such as “whole,” “complete,” or “entire.” One participant stated that “without [my identity as an artist] I would feel empty.” Additionally, two participants indicated that their art-making was non-optional.

Figure 2

Genuflect



Another theme that emerged from this set of data was a tendency for participants to connect art-making with meaning-making. When asked what inspired them to make art, five respondents pointed to art as a means for interpretation or understanding. Two of these responses explicitly referred to art as a tool for understanding their external environments. Others kept the subject of understanding more ambiguous, such as the participant who identified “making ‘order’ out of ‘disorder’” as a process that inspires their art-making.

Finally, the researchers pooled information related to interpersonal connection, a theme which emerged throughout the entire set of data. The term “community” arose in three of the participants’ responses. Other respondents indicated that art-sharing promoted feelings of belonging or feeling engaged with something larger than themselves.

Arts-based Inquiry

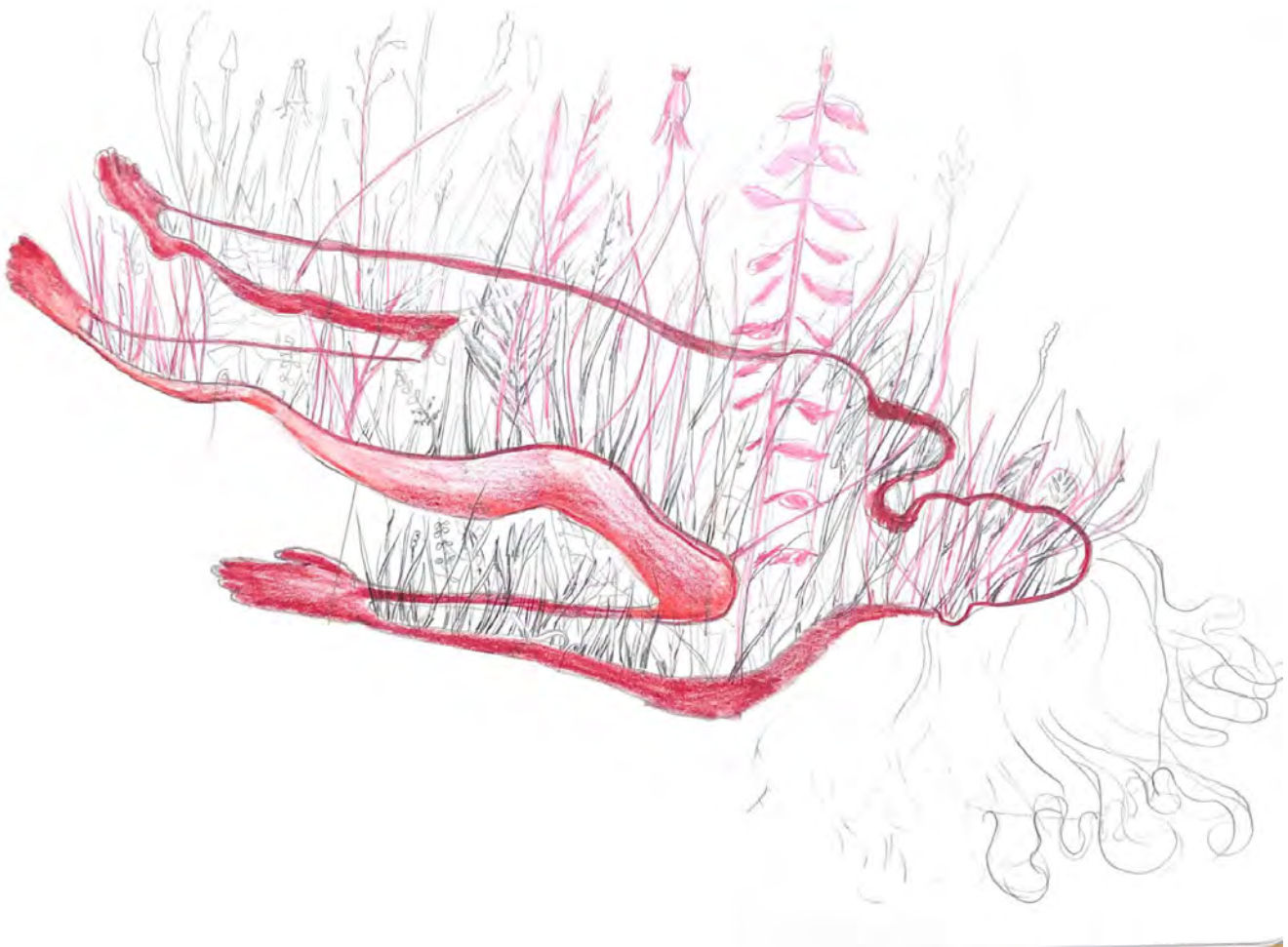
In addition to their survey answers, participants were asked to produce response art relating to the effects of personal art-making on their wellbeing during the COVID-19 pandemic. Information generated by their use of arts-based inquiry included response art, art titles, and participants’ answers to questions regarding the process of creating their response art. Specifically, participants were asked to describe their process, the thoughts and feelings that arose, and how these compared to their experience of their regular art practice.

Common formal elements in participants’ response art included two-dimensional media, incomplete coverage of substrate, vertical orientation, text or writing, and use of pen or pencil to create representational drawings. Six of the 13 artworks that researchers were able to access were either monochromatic or monochromatic with red accents. Compositions dominated by blue and yellow were also common. Figures were the most common subject matter, although they were more likely to be represented as dismembered parts than whole bodies. Specifically, four of the

artworks accessed by researchers featured disembodied hands. Nature was another emergent theme, with foliage, clouds, and other natural phenomena featuring in five works. Pure abstraction was uncommon and only one participant produced a three-dimensional piece.

Figure 3

IN THE WEEDS (sketch)



Of the 14 respondents who participated in the arts-based inquiry, 11 chose to record a title for their creation. From these titles, emergent themes included enclosure (“BOX”), connection

(“Tangible Connections to the Outside World”), and time (“10hrs a day”). Although the survey and response art were completed anonymously, one participant chose to sign their artwork.

10 of 13 respondents stated that their response art varied from their regular art practice in some way. Those who specified how it was different indicated that they spent less time on their art response, used different materials, and were less concerned with the finished product (“how it would look [sic] in a gallery or in someone’s home”). One respondent, who associated his regular practice as a professional musician with “an inflation of stress,” reported that using a new modality to complete his response art “felt nice” and had a “therapeutic” effect.

Although the number of respondents who reported a positive impact did not vary significantly when comparing personal art-making and response art, the nature of this impact was different. Unlike the reported benefits of personal art-making, which were characterized as emotional, social, and physiological, the benefits of creating response art were always characterized as emotional in nature. Specifically, participants reported that they benefitted emotionally from externalizing thoughts, feelings, and other internal qualities. They described these qualities variously as “growth,” “joy,” “pain,” “light,” and “a break in the monotony.” Benefits associated with the process of externalization included emotional regulation and feelings of gratitude.

Other common experiences associated with the art prompt included embracing serendipity with methods such as collage and automatic writing. Several participants also reported an urge to explore certain ideas further as part of their regular art practice. While one participant characterized their response art as a study for a future piece, another imagined using their response as a prop in a future performance. A third participant took the “pleasant and

relaxing” feelings associated with painting their response art as a sign that they should focus on similar subject matter, specifically landscapes, going forward.

Experience During the Pandemic

Participants were asked to discuss their experience during the pandemic, including stressors and how their art practice has been impacted. Common stressors identified were financial insecurity, health (physical and mental) of self and loved ones, and the political climate. Several participants also reported the virus and fear of contracting the virus as stressors.

When asked “how [their] regular art practice has changed” during the pandemic, seven reported a desirable change, two an undesirable change, and one reported no change at all. One participant stated that they “feel more inspired by the isolation and illness weirdly enough.” Another noted that they are “doing completely different work. Different materials, different sizes, different formats. I have also had a lot more alone time which has helped my art.” A third noted feeling emboldened to reach out to galleries and other art spaces during this time being that everything is online.

In order to more fully understand the participants’ experience, one survey question asked how their art practice has impacted their experience of the pandemic. Seven out of 13 reported that there was an impact of some sort, and five participants reported that their emotional regulation was impacted where making art was soothing to some extent. Four participants mentioned “trauma” in some way indicating that not all impacts from the art were positive. Four participants mentioned that the art gave them a way to express or externalize their experience of the pandemic.

When asked if they would like to make any further comments, four participants mentioned that they either needed more time to process this experience or that they saw

long-term benefits to their art-making and wellbeing from the lockdown experienced during the pandemic. Another notable emergent theme was the mention of politics and social justice and their influence on wellbeing and art during this time.

Findings

Personal Artmaking

In line with the constructivist nature of the study, the researchers arrived at the following findings using reflective dialogue along with an iterative coding process. Included in the following discussion are themes which were significant not only because of how prominently they figured in the coding process, but also because of the substantial discussion which they provoked in the research team.

Positive Impact of Personal Artmaking on Wellbeing in SIPA

First, the researchers noted that a large part of the respondents mentioned the positive emotional impact of artmaking on their well-beings. This concords with findings in the literature review that present art-making as an adaptive coping strategy for members of the general population. This might suggest that the therapeutic properties of art-making are experienced by members in the SIPA population when they engage in their art practices. This finding may be of special interest to researchers in the field of Art Therapy as an untapped reservoir of insight on the subjective experience of therapeutic effects of art-making in people who practice art habitually.

The Impetus for Making Artwork in SIPA

One of the most notable moments during the dialogic process involved the organization of information related to an innate and compulsory relationship to art-making and artist-identification. This data emerged most prominently in the questions pertaining to identity

and motivation. Interestingly, these accounts did not point to a greater goal or desired outcome of the artwork, instead, the participants focused on this impetus to create in and of itself. The themes of compulsion to create art as well as to identify as an artist are considered together due to the fundamental relationship with art-making that the descriptions seem to reveal.

During the data-familiarization process, the researchers grappled with these themes as, oftentimes, participants used tautological descriptions to express themselves (e.g. “Being an artist is my being” or “It is what I am”). During this discussion, the researchers related the theme of compulsion to the phenomenon of “inspiration.” When discussing “inspiration,” the researchers agreed that they felt they understood the term as it was used in the context of the art process, however they struggled to identify the psychological nature of the phenomenon. It is important to note that the term “inspiration” appeared in the phrasing of the questions which prompted the most data related to this “compulsory” motivation to create work. It may be that the term “inspiration,” stated without definition in the survey, gave rise to these descriptions of something internal but difficult to capture. It may also be that these vague participant descriptions may parallel the difficulty which the researchers experienced in attempting to parse the phenomenon of “inspiration”. An important takeaway is that there is room for more exploration of the internal process which lies between the professional artist and the decision to create artwork.

Art-making as Meaning-Making

As noted in the analysis of data, a large part of the respondents pointed to meaning-making as an important aspect of their art process. The emergence of this theme in answers to both questions may suggest that this gain is one that is consciously sought by some professional artists when making artwork. The salience of this attestation by professional artists

may also support the philosophical basis of ABR which suggests that art-making contrives distinct pathways for conscious understanding.

Importance of Interpersonal Connection

Another finding of the study was the prevalence of responses which discussed interpersonal connection as an important part of their artist practice. This theme emerged when participants were asked to reflect on art-making both at the point of inception and at the point of dissemination. However, these themes were most prevalent in the answers to the question about the way in which sharing art may impact wellbeing. While it is tempting to connect these expressions of interpersonal connection to wellbeing itself, it is important to consider how the linking of the themes of “sharing” and “wellbeing” may have been projected by the framing of the question.

Arts-Based Inquiry

Impact of Art Response on Participants

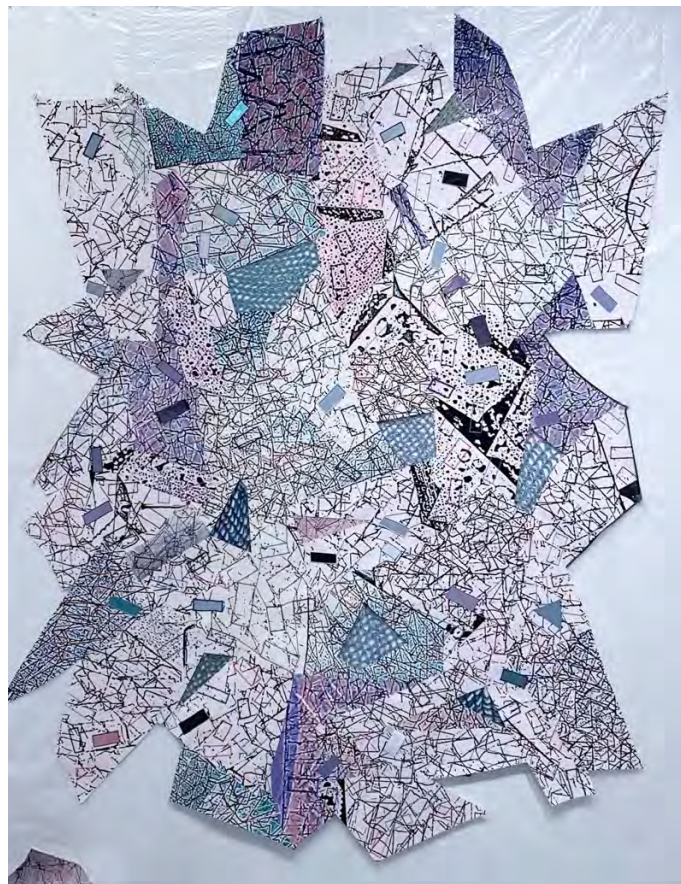
Participants credited personal art-making with emotional, social, and physiological benefits. In this sense, the reported impact of personal art-making differed from the impact of creating response art, which was credited with emotional benefits only. One reason for this difference may be the anonymous nature of the response art. With the exception of one piece, this art was not signed. Additionally, several respondents reported that they approached their response art without their usual concern for how the work would be perceived by others. Unlike their personal work, which was often characterized as a means of interpersonal connection and communication, participants seemed to treat their response art as a private means of inquiry.

Incorporation of Chance and Serendipity

For some participants, this distinction enhanced the positive emotional impact of working on their response art. Several described plans to change their personal art practice in order to recreate aspects of the experience. They discovered that working with no audience in mind, often using new subject matter or media, brought a sense of peace and relaxation. Many participants incorporated elements of chance and serendipity into this work. It is possible that, by embracing the unexpected, they were able to cultivate a resilient approach to the uncertain nature of life during a pandemic.

Figure 4

Untitled



Features of Response Art

Some trends in the formal elements and subject matter of participants' response art appear to echo and embody their survey answers. While the prevalence of monochromatic compositions may reflect the "monotony" participants associated with their time in quarantine, the frequent addition of a single color could represent a "break in the monotony," a phrase one participant used to describe the role of art in their experience of pandemic. The prevalence of disembodied hands may reflect the relationship that many participants observed between their increased isolation and increased productivity, including increased online activity.

Experience During the Pandemic

Stressors

Overall it was staggering to see the number of different stressors (consolidated to about 17 distinct ones) that participants cited. Despite this, seven out of 14 participants reported that their experience during the pandemic had a positive impact on their art practice, while only two reported that it had a negative impact. Many of the participants cited fear of illness for self and family members as a stressor, while financial (in)security was the most cited (seven out of 14 participants). It was also alarming to see food scarcity mentioned by one participant.

Regular Art Practice

Of the 11 respondents to the survey question, "Has your "regular art practice" changed during the pandemic? How?" only one said that there had been no change at all. It is hopeful to note that artists have found a silver lining of sorts with some responding with having more time, finding a new community, or even using different materials: "Working from home I have had more opportunities to do art. I have also felt freer to take more risks and to reach out to more

artists and galleries.” One participant noted the shift to online participation and attendance now being taken more seriously as a way to gauge engagement and/or success.

Impact of Art Practice on Personal Experience of the COVID-19 Pandemic

When discussing if their art practice impacted their personal experience of the pandemic, emotional regulation and growth were cited as positive impacts to their experience. Some artists mentioned that they had more time to make work and that the act of making work soothed them emotionally or helped them process the experience: “made the pandemic more manageable and provided an outlet.” One artist stated, “My art practice saved me from all of the turmoil of 2020. It allowed me to get my thoughts and stresses out onto paper daily which freed me from a lot of anxiety. Also, being an introvert has been useful during the pandemic. It just has been easier to manage than if I was an extrovert.”

Conclusions

As the researchers navigated their own, sometimes arduous, experiences of the pandemic, they were inspired by the positive impacts the respondents attributed to their art practices. In addition to its value as a coping strategy, art-making helped participants find a silver lining to the pandemic in the form of increased productivity. The results are especially exciting given a largely female sampling, as a review of the literature reveals that women are disproportionately impacted by COVID-related stressors. The results are also significant in respect to older populations. While a literature review demonstrated that older adults may be especially vulnerable to loneliness, the results of the present study suggest that the SIPA identity may have a protective effect for older respondents. These artists reported a more complicated relationship to isolation that included feelings of inspiration, relief, and escape.

There appeared to be therapeutic properties to respondents' personal art practices that were lacking in their more clinical response art. These included social and physiological benefits, as per respondents' report. On the other hand, SIPA who had a destructive or emotionally ambivalent relationship with their regular practice appeared to benefit from the change in approach necessitated by the response art. Their comments suggested that it was helpful to shed their own expectations about what their work should be, as well as the perceived expectations of an audience. It is possible that SIPA seeking art therapy treatment would similarly benefit from experimenting with unfamiliar media and subject matter.

By questioning SIPA about their practices and beliefs, this study contributes to the understanding of a historically ambiguous population. The literature review revealed that previous studies with SIPA often featured samples that were overwhelmingly male. As such, the

writers are excited to add the voices of so many female artists to our understanding of the SIPA. Still, additional research into the psychology of artistic inspiration is indicated.

Figure 5

Tangible Connections to the Outside World



Potential limitations of the study included limited diversity in the researcher's professional and academic backgrounds, which may have biased the data analysis process to some extent. Likewise, the number of participants who completed the survey and response art was much smaller and less diverse than the initial pool of respondents. The inability to include

data from Asian respondents as well as sexual minorities was especially frustrating, as a review of the literature suggested that these groups were among the most heavily impacted by the cultural response to COVID-19. Future research could address this oversight by focusing specifically on SIPA belonging to vulnerable groups. As many participants attributed an unresolved or evolving quality to their experiences, a future study of long term impacts could also be enlightening.

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Appendices

Appendix A: IRB Letter of Approval

Dear Ms. Lindsey, Ms. Rademacher & Ms. Mahammadie-Sabet,

Thank you for submitting your IRB application for your protocol titled ***Art-making During a Global Pandemic with Professional Artists***. All documents have been received and reviewed, and I am pleased to inform you that your study has been approved.

The effective date of your approval is **December 15, 2020**. Please note that if there are any changes to your protocol, you are required to submit an addendum application to the IRB.

For any further communication regarding your approved study, please reference your **new IRB protocol number: LMU IRB 2020 FA 32- R**.

Best wishes for a successful research project.

Sincerely,

Julie Paterson

Appendix B: Recruitment Materials**Figure B1***Digital flyer*

Appendix C: Survey Questions and Art Prompt

Thank you for agreeing to participate in the study exploring the effects of art-making on well-being in professional artists. This research is being conducted by Ilyse Lindsey, Schelsey Mahammadie-Sabet, and Nicole Rademacher in fulfillment of their masters project at Loyola Marymount University in Marital & Family Therapy with a specialization in Clinical Art Therapy.

Your participation is completely voluntary and you can choose to revoke your responses at any time. Your participation is anonymous unless you decide otherwise. Your participation is in three parts: (1) a short demographic survey, (2) the art-making, and (3) a reflective survey.

Survey 1 (this should take no more than 7 minutes)**part 1: demographics**

1. What is your age?
 - 18-25
 - 26-35
 - 36-45
 - 46-55
 - 55+
3. What is your current state of residence?
4. What is your current city/town/suburb of residence?
5. How would you describe your gender? Please select all that apply.
 - Prefer not to say
 - Male
 - Female
 - Nonbinary/third gender
 - Genderfluid
 - Agender
 - Transgender
 - Cisgender
 - Gender not listed
6. How would you describe your sexual orientation? Please select all that apply.
 - Prefer not to say
 - Heterosexual
 - Gay or Lesbian
 - Bisexual
 - Queer
 - Asexual
 - Sexual orientation not listed

7. How would you describe your ethnicity? Please select all that apply.

- Prefer not to say
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian and Pacific Islander
- Hispanic, Latino/a/x, or of Spanish origin
- Non-Hispanic white
- Ethnicity not listed

8. How many people currently live in your home (including yourself)?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- More than 10

9. What is your marital status?

- Prefer not to say
- Single
- Domestic Partnership
- Married
- Divorced
- Widowed

10. Please select your overall physical health before and during the pandemic.

- Prefer not to say
- No pre-existing health condition
- Pre-existing health condition: _____

11. Please select your overall mental health before and during the pandemic.

- Prefer not to say
- No pre-existing mental health condition
- Pre-existing mental health condition: _____

12. Please select your employment status before and during the pandemic. Please select all that apply.

- Unemployed
- Part time

Full time
 Contract or Free-lance
 Part time student
 Full time student
 Retired

13. Is there another important aspect of your identity that you wish to name here?

part 2: regular art practice

14. What inspires you to create art? (short answer)

15. Is your art a means by which you achieve or hope to achieve a sense of relief or control?

Yes

No

Sometimes: _____

16. Is your art a means by which you achieve or hope to achieve a sense of adaptation or integration?

Yes

No

Sometimes: _____

17. If applicable, please explain how you share your artwork during the pandemic, and with who.

The internet/social media

Public spaces

Galleries

Mail

Other: _____

18. How does sharing your art impact your wellbeing?

19. If applicable, explain the importance of identifying yourself as an artist.

20. Is there anything else you would like to say about your regular art practice?

Art Directive (this should take no more than hour)

Using the indicated materials and working for no more than an hour, please create an art response to the following question: What are the effects of personal art-making on your wellbeing during the Covid-19 pandemic (between march and now)? For the purposes of this exercise, personal art making is defined as art that one feels internally compelled to make.

Survey 2 (this should take no more than 15 minutes)

(participant is free to skip any item)

part 3: art response

21. Does your art response have a title? Please enter it below.

22. Please describe the process of creating your art response. How does it compare to your regular practice?

23. What thoughts and feelings arose before, during, and after the act of creation? How does this compare to your regular practice?

24. Is there anything else you would like to say about your art response?

part 4: experience during the pandemic

25. Please identify any stressors (i.e. unemployment, health concerns, caring for a family member, etc.) you are experiencing between March and now, and how they have impacted your wellbeing. Please be specific.

26. Has your “regular art practice” changed during the pandemic? How?

27. Has your art practice impacted your experience of the pandemic? How?

28. Is there anything else you would like to say about your experience during the pandemic, including co-occurring events?

Appendix D: Informed Consent Form**Loyola Marymount University
Informed Consent Form**

TITLE:	The Effects of Art-making on Well-being with Professional Artists
INVESTIGATOR:	Ilyse Lindsey Nicole Rademacher Schelsey Mahammadie-Sabet Marital & Family Therapy with a specialization in Clinical Art Therapy College of Communication & Fine Arts artmakingANDwellbeing@gmail.com
ADVISOR: (if applicable)	Dr. Joyce Yip Green, PhD, LMFT, ATR-BC Marital & Family Therapy with a specialized training in Art Therapy College of Communication & Fine Arts joyce.green@lmu.edu
PURPOSE:	You are being asked to participate in a research project that seeks to investigate the effects of art-making on well-being in professional artists. You will be asked to complete a survey which will include collecting some general demographic information followed by an art response and short answer questions which will take up to 2 hours. You will be asked to utilize your own art materials for the study such as any drawing materials of your choice as well as an 8.5" x 11" sheet of paper. The purpose of this project is to understand how art-making impacts well-being during the time of the COVID-19 pandemic.
RISKS:	Risks associated with this study may include psychological discomfort when reflecting on experience during the pandemic and under safer-at-home mandates. If you have a diagnosed mental illness, please consult with your mental health professional(s) before doing this study.
BENEFITS:	The intent of this study is to investigate the effect of art-making on well-being during the COVID-19 pandemic. This project is not designed to have any therapeutic benefits to you. However, you may indirectly benefit from participating by reflecting on the impact of art-making on your wellbeing.
INCENTIVES:	Participation in the project will require no monetary cost to you. You will not be offered any monetary incentives for participating in this project.
CONFIDENTIALITY:	Your participation will be anonymous unless you decide otherwise. Your name will never be used in any public dissemination of these data (publications, presentations, etc.) unless you sign a release. All research materials and consent forms will be stored in an electronic

database using encryption to maintain confidentiality. When the research study ends, any identifying information will be removed from the data, or it will be destroyed. All of the information you provide will be kept confidential.

RIGHT TO WITHDRAW: Your participation in this study is *voluntary*. You may withdraw your consent to participate at any time without penalty. Your withdrawal will not influence any other services to which you may be otherwise entitled.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request. Summary will be available approximately on May 31, 2020. You may contact the research team at any time via this email address: artmakingANDwellbeing@gmail.com. LMU Faculty advisor is Dr. Joyce Yip Green, PhD, LMFT, ATR-BC
joyce.green@lmu.edu

VOLUNTARY CONSENT: I have read the above statements and understand what is being asked of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason, without penalty. If the study design or use of the information is changed I will be informed and my consent reobtained. On these terms, I certify that I am willing to participate in this research project.

I understand that if I have any further questions, comments or concerns about the study or the informed consent process, I may contact Dr. David Moffet, Chair, Institutional Review Board, Loyola Marymount University, 1 LMU Drive, Los Angeles, CA 90045-2659 or by email at David.Moffet@lmu.edu.

Participant's Signature

Date

CONSENT/RELEASE TO USE ARTWORK AND (optional) IDENTIFYING INFORMATION:

I give my permission for my artwork and/or name (please specify) to be used in any presentations, publications, or other public dissemination of the research findings of this study.____

Participant's Signature

Date

Appendix E: Response Art

Figure E1

IN THE WEEDS (sketch)

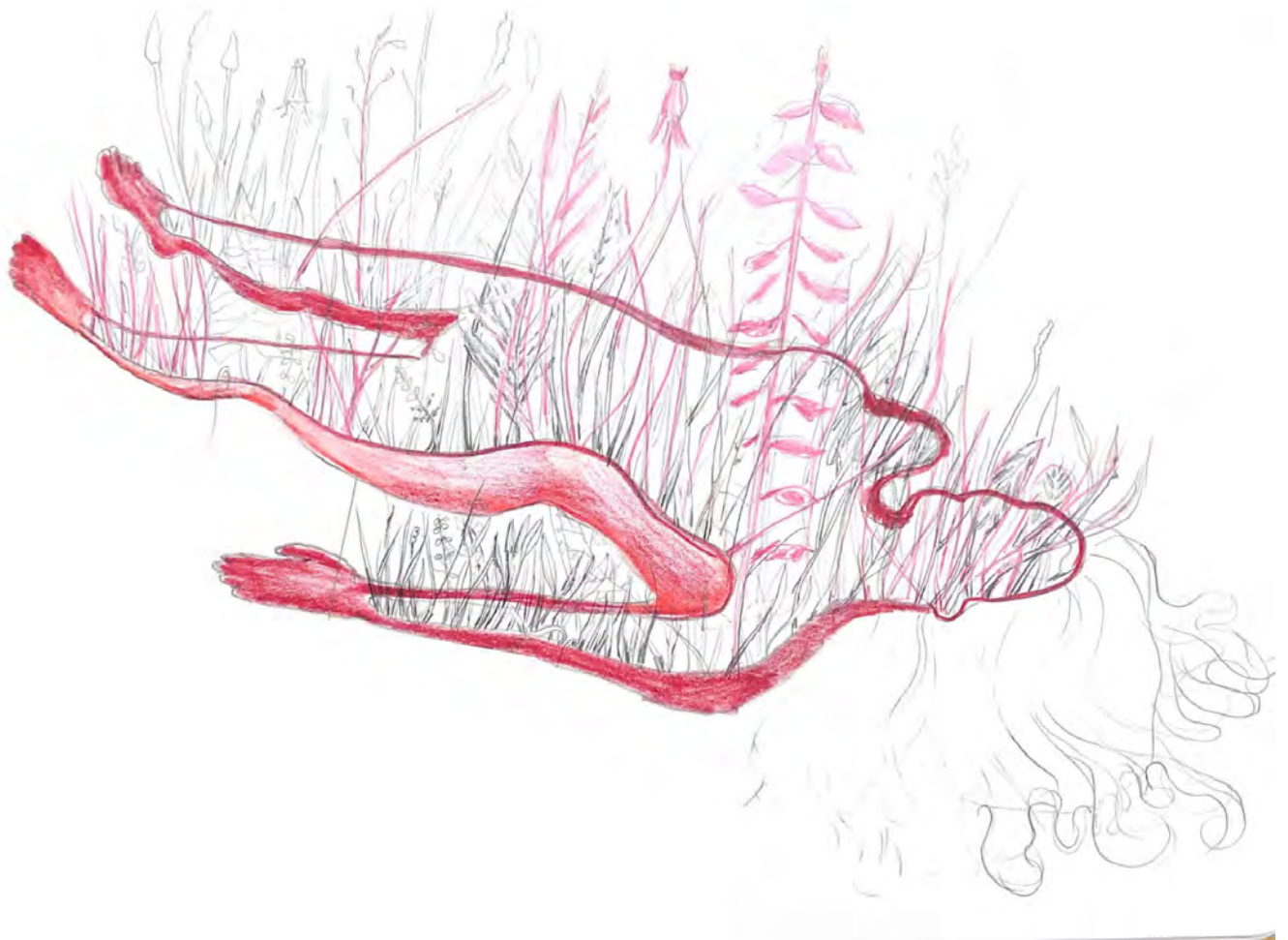


Figure E2

In it for the Long Haul



Figure E3

10hrs a day



Figure E4*Seeing being seen*

Figure E5

My Ship has Come in Over the Don't Care Sea

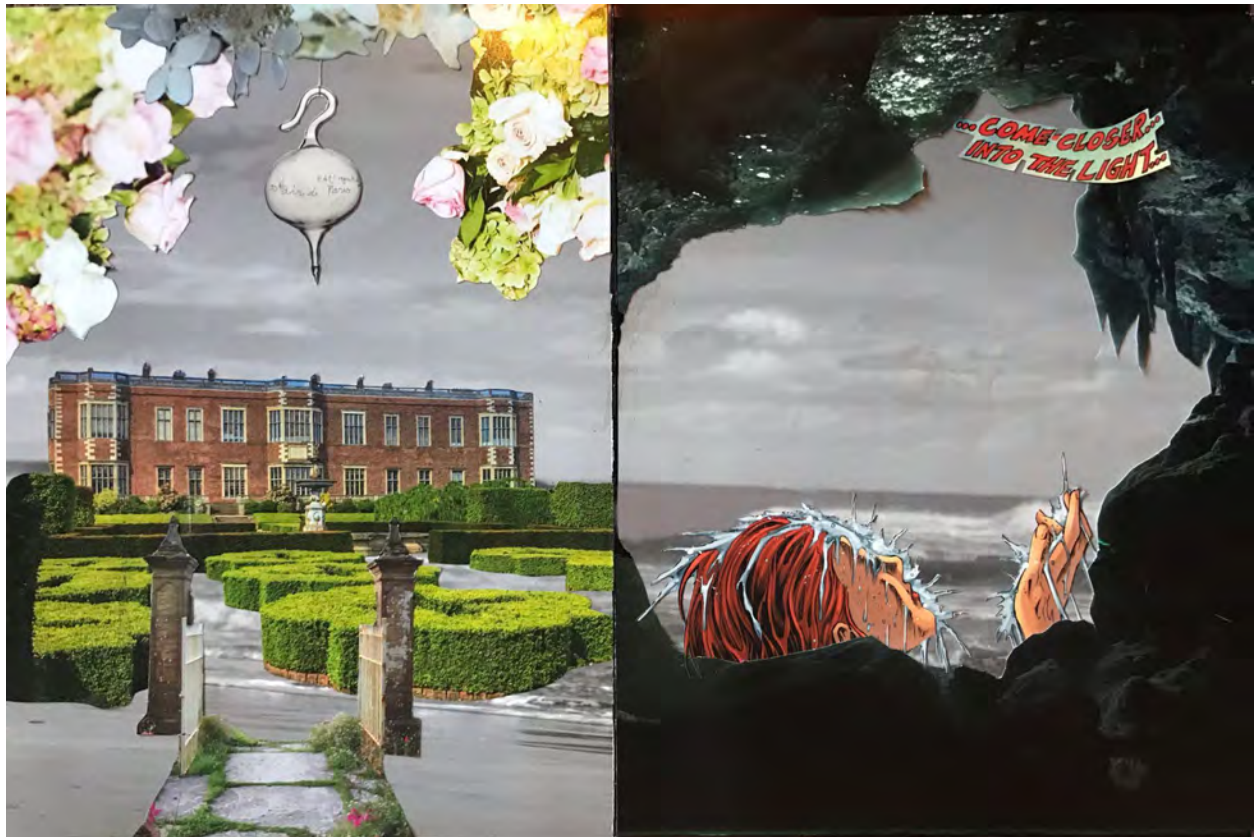


Figure E6

Untitled

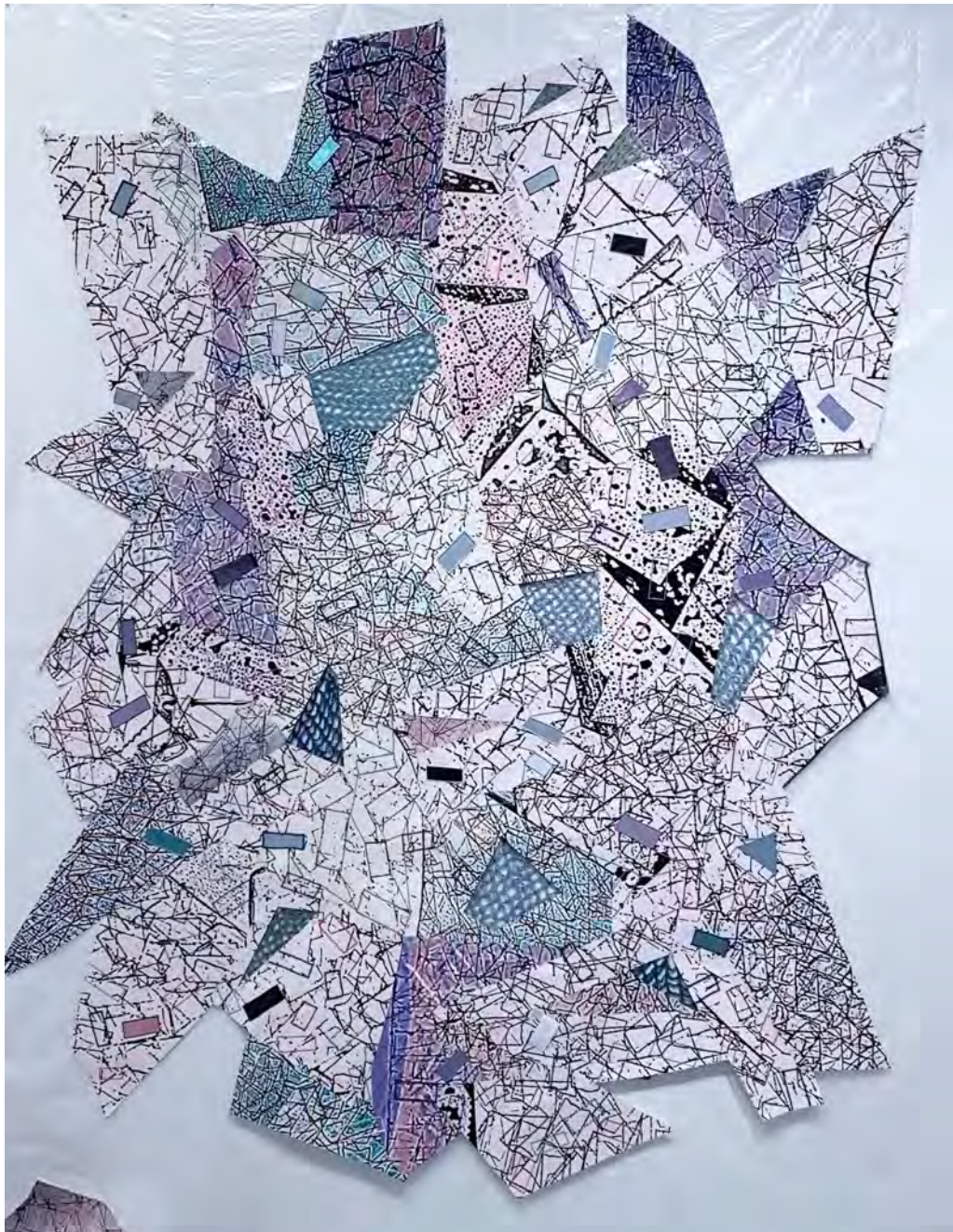


Figure E7

California solitude



Figure E8

Untitled

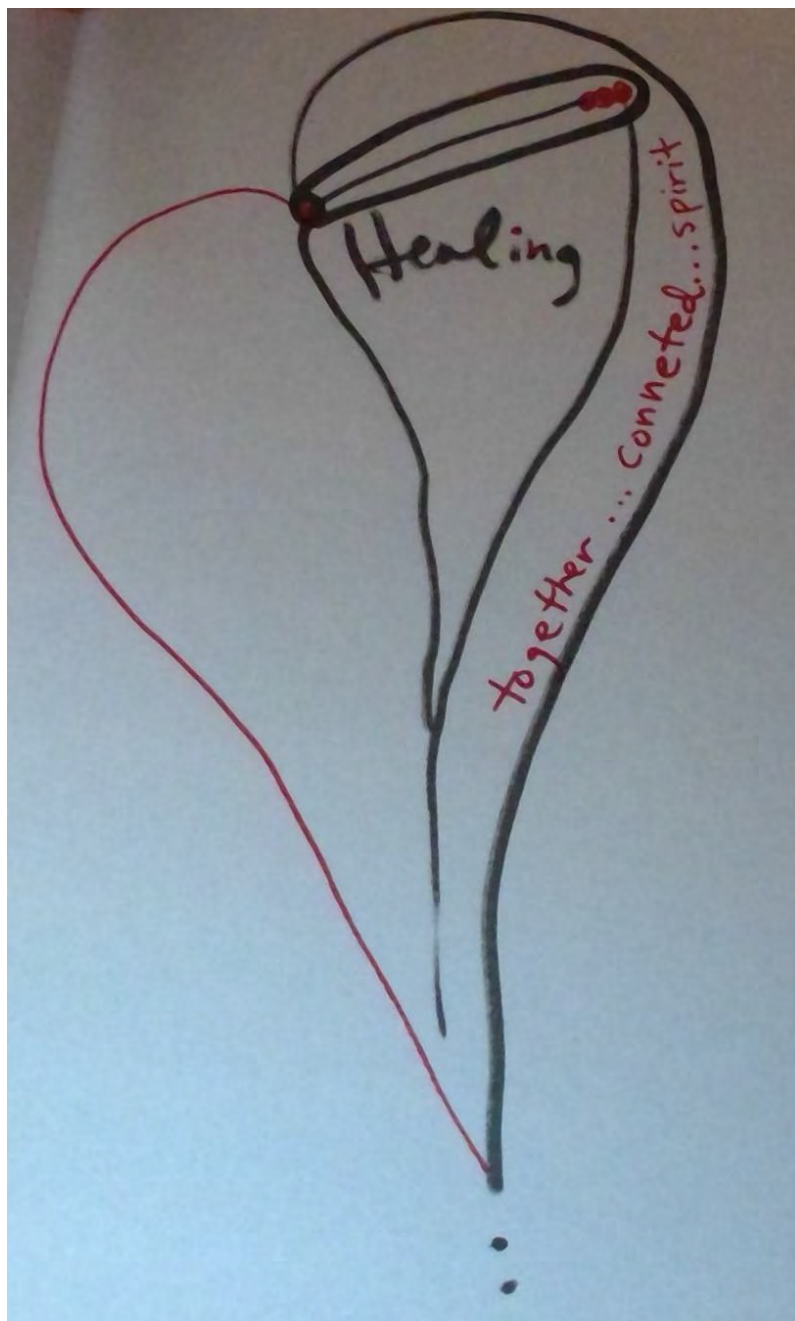


Figure E9

Paper Folding Arts-Crafts-And-Telling



Figure E10*Genuflect*

Figure E11

Confluence



Figure E12

Tangible Connections to the Outside World



Figure E13

Yes

