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## The Course of COVID: How Has the Pandemic Changed the Ways Therapists Use Art in Their Therapeutic Practice?

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This thesis, written under the direction of the candidate's thesis advisor and approved by the program chair, has been presented to and accepted by the Biological Sciences Program, at Dominican University of California, in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Art Therapy.

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**The Course of COVID:**  
**How Has the Pandemic Changed the Ways Therapists Use Art in**  
**Their Therapeutic Practice?**

By  
Deborah Sharpe

A culminating dissertation submitted to the faculty of Dominican University of California in  
partial fulfillment of the requirements for the degree of Doctor of Philosophy in Art Therapy

Dominican University of California  
San Rafael, CA  
2023

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## **Abstract**

In 2020, the global pandemic fundamentally changed our everyday lives personally and professionally. The purpose of this study was to explore the impact of COVID-19 on the art therapy profession: the challenges of shifting to telehealth, managing work/life balance, confronting new realities around notions of privacy and confidentiality, and adapting the materials used in sessions. The necessary innovations and adjustments also revealed the unexpected benefits the pandemic and online therapy platforms provided.

The researcher was interested in exploring the challenges and benefits of telehealth, the changes to the practical and essential qualities of the art therapy session, the therapeutic relationship, and the overall effectiveness of art therapy under new and very different circumstances. This research study strove to explore these questions through both quantitative and qualitative measures and to connect with art therapists around the world in order to include their experiences in the data.

Seventy-four art therapists responded to an online demographic survey and questionnaire of which nine participated in a 60-minute one-on-one online interview. Results were gathered from the quantitative and qualitative data. Inferential statistical analysis employed a Chi-square test to determine statistically significant differences in frequency of response to the online survey questions. The interview data were interpreted using a reflexive thematic analysis approach.

The COVID-19 pandemic revealed the necessity and importance of technology for the art therapy profession. Future research will be crucial to take what art therapists have learned about the importance of flexibility and adaptability in their approach to art therapy practice, at the same time maintaining high standards of ethical and effective treatment. Hopefully, this study has made a small but useful contribution.

### **Dedication**

This work is dedicated to my mother, Roberta Sharpe, who in later life pursued her lifelong dream of graduate school and becoming a hospital chaplain, and who always encouraged me to follow my dreams.

## Acknowledgments

The African proverb that it takes a village to raise a child was also applicable to this student's journey. It has taken a village to support me in completing my dissertation project.

I am grateful to my chair, Dr. Arnell Etherington Reader, for supporting me throughout this long process, with such encouragement and trust. I am grateful also to my second reader, Dr. Lisa Hinz, for our weekly Zoom sessions, and supporting and encouraging me with patience and clarity to keep taking the next step. I am grateful to Dr. Nancy Choe, my third reader, who jumped onto the project midstream and provided invaluable constructive feedback. And, I am grateful to Dr. Jen Mank, who provided tireless proofreading and such helpful feedback and support. This dissertation project would not be possible without all of them.

I am proud to add my name to the list of Drs. Sharpe: my grandfather, Russell, my father, William, and my Aunt Saxon. I thank them for giving me role models to follow, a lifelong passion for learning, and the perseverance to keep striving even when it is difficult.

I want to thank my participants for the generosity of their time and their stories about their experiences of practicing art therapy during the COVID-19 pandemic. Their contributions, and their wisdom and insight, are the heart of the project. Their passion for and dedication to art therapy are ultimately what kept me going.

Finally, I am grateful to my friends and family, to my husband, Bill Burmester, and my son, Liam Sharpe-Burmester, for their patience and endurance, their love, encouragement and support, and for believing in me more than I often believed in myself. They have expressed that they are happy to have me back, undistracted by this project.

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## **Chapter 1 Introduction to Research**

### **Statement and Significance of the Problem**

In 2020, as the COVID-19 pandemic fundamentally changed the landscape of what was necessary to continue to function professionally and personally, it also transformed the collective understanding of what was possible. The lockdown forced people in all professions around the globe to rethink their work. Art therapists for the most part, except those considered essential workers in some medical, psychiatric and shelter settings, found themselves, by necessity, quickly transitioning to online platforms in order to continue to provide services to their clients.

### **History of Digital Art Therapy and Telehealth**

Historically, many art therapists have held a generally negative view of technology and the digital arts and instead promoted the exclusive use of traditional art materials and tools in 'traditional 'settings. Furthermore, before the COVID-19 pandemic, art therapy professionals had also been resistant overall to working with clients remotely. Face-to-face art therapy was seen as the gold standard and the art therapy profession stringently advocated that only in-person art therapy was effective (Zubala, Kennell, & Hackett, 2021).

A small number of art therapists were proponents of digital art therapy as early as the 1980s and 1990s. Weinberg, Johnson, and Canter wrote about the use of digital technology in the mid 1980s (Zubala, et al., 2021). Parker-Bell (1999) encouraged research into ways in which art therapists could use graphics software as creative and interactive tools. According to Kuleba (2008), Schaverian, McNiff and Wadeson were also early advocates for the therapeutic use of digital art tools and technology. The author also cited a study of the benefits of technology with 'hyperactive children 'conducted by Wadeson, Durkin, and Perach in 1989 (Kuleba, 2008).

The discussion has expanded in more recent years with researchers, practitioners and authors purporting the benefits of technology in art therapy. A number of well-known art therapy researchers and authors have been pointing out the benefits of technology and the digital arts since the mid 2000s (Zubala, et al., 2021).

According to the American Psychiatric Association, telehealth has been a part of psychiatry since the 1950s with the Nebraska Psychiatric Institute using the first videoconferencing to provide consultations, medical student training, and group and long term therapy in 1959 (Von Hafften, 2023). Massachusetts General Hospital offered psychiatric consultations to children and adults at Logan International Airport's health clinic in 1969. Telehealth/telemedicine expanded to include most diagnostic consultations and therapeutic interactions and became increasingly common in the 1970s and 1980s (Von Hafften, 2023).

Telehealth expanded across the world in the 1990s and was particularly utilized in Australia where it was researched for its ability to provide access to health care across large distances and in remote areas. By the 2000s, telehealth was largely seen as an effective treatment platform, albeit different from in-person care (Von Hafften, 2023).

In the art therapy profession, Collie and Cubraniç (1999) were forerunners in the 1990s in developing a telehealth model to provide effective art therapy services to individuals with cancer and traumatic illnesses, those living in remote areas, and those with mobility issues. The authors provided this care in 'real time, 'or in what is now commonly called synchronous art therapy sessions (Collie & Cubraniç, 1999). The pandemic has significantly increased interest in the topic of telehealth with numerous studies conducted during the COVID-19 pandemic, leading to more evidence that telehealth is here to stay, which will be discussed further in the literature review.

## **Purpose of the Study**

The purpose of this study was to explore the impact of the COVID-19 pandemic on how art therapy professionals provide services to their clients. The pandemic was a globally disruptive phenomenon. It was clear that changes had to be made, and quickly, to continue to provide therapeutic services to the populations with whom art therapy professionals work. This researcher was interested in exploring these changes through both quantitative and qualitative measures and to reach art therapists around the world to include their experiences in the data.

In addition, because art therapists were equally impacted by the COVID-19 pandemic, its disruptions, uncertainties, stressors and necessary adaptations, it was important to explore the significance of the practice of self-care by art therapists during that tumultuous period.

## **Research Questions**

The areas of particular interest to the researcher included: the impacts of moving online as well as staying in person, the type and use of materials in sessions, whether and how art therapists used their own art making for self care, clients' reactions to making art under new conditions, and whether art therapists identified any challenges and benefits to working with clients online. The researcher's musings led to the following five research questions:

1. How has the pandemic impacted the use of art in therapeutic practice, both in materials used and frequency of sessions?
2. What were the impacts of moving online for those who did?
3. Has the use of art making for self-care changed among art therapists and, if so, how?
4. What was the impact of telehealth on clients' willingness and ability to make art during therapy sessions?

5. How likely are art therapists to continue offering online art therapy sessions as restrictions ease?

### **Conceptual Framework**

The research questions listed in the previous section provided the general foundation for the development of more detailed questions used in both the online survey and individual interviews. They provided the scaffolding for the line of inquiry into changes, both beneficial and challenging, that the pandemic necessitated in how art therapists practiced in a changing landscape.

### **Researcher Stance**

The researcher identifies as an art therapist and has been practicing in clinical settings since 1990 and as an educator since 2003. Being an art therapist impacted personally and professionally by the COVID-19 pandemic could be a potential bias in analyzing the data collected from other art therapists practicing during the pandemic lockdown.

### **Definition of Terms**

The following are some key terms addressed within the research study:

#### ***Art Therapy***

Art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active visual art making, the creative process, applied psychological theory, and human experience within a psychotherapeutic relationship (American Art Therapy Association, 2019, p. 1).

#### ***COVID-19 Pandemic***

The COVID-19 pandemic is a global outbreak of coronavirus, an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus. The first



cases of novel coronavirus (nCoV) were first detected in China in December 2019, with the virus spreading rapidly to other countries across the world. This led the WHO to declare a Public Health Emergency of International Concern on January 30, 2020, and to characterize the outbreak as a pandemic on March 11, 2020 (World Health Organization, 2023).

### ***Self Care***

Self-care is the practice of individuals looking after their own health using the knowledge and information available to them. It is a decision-making process that empowers individuals to look after their own health efficiently and conveniently, in collaboration with health and social care professionals as needed (Global Self Care Federation, 2023).

### ***Telehealth***

Health care provided remotely to a patient in a separate location using two-way voice and visual communication (as by computer or cell phone) (Merriam-Webster, 2023).

### **Assumptions and Limitations**

This research was conducted under the assumption that many or most art therapists were forced to move their work with clients to online formats (telehealth) due to the COVID-19 pandemic, although art therapists who were considered essential workers in medical, psychiatric and shelter settings remained in person and therefore faced some different challenges.

Limitations of the study were influenced by the number of practicing art therapists who responded to the online survey and a smaller number who were available for an online interview. Assumptions and limitations will be addressed more fully in the discussion in the discussion section.

**Significance of the Study**

Because the COVID-19 pandemic was such an unprecedented and global disruptor of life as we know it, studies like the current one are important to provide relevant information about the essential nature of art therapy as an approach to mental health around the world, investigating how it can be effectively delivered to clients online, and exploring how art continues to be a source of self-care for art therapy professionals.

**Summary**

This chapter addressed the purpose of the study by exploring how the COVID-19 pandemic fundamentally changed the ways in which art therapists work, as well as the significance that the pandemic posed worldwide. The chapter looked at the history of technology within art therapy and the attitudes towards technology and online therapy. Some of the key terms were defined and assumptions and limitations addressed will be explored more fully in the discussion section.

## **Chapter 2 Literature Review**

The COVID-19 pandemic fundamentally changed the ways in which art therapists provide therapy to clients and patients. Because the pandemic has been a recent phenomenon, research studies are somewhat limited. However, those studies that do exist provide valuable information and context for the significance of art therapy to alleviate mental health challenges during the pandemic and beyond. In addition, there are research studies prior to the pandemic showing the effectiveness of telehealth as a platform for delivering therapeutic services, including art therapy to veterans, clients with mobility issues, or to those who live in remote areas.

This literature review is divided into five categories that reflect some of the main topics of research of this doctoral study that include: mental health impacts of the COVID-19 pandemic on children, adolescents and adults, online art therapy prior to the pandemic, online art therapy during the pandemic, self care for art therapists during COVID-19, and future best practices in art therapy.

### **Mental Health Impacts of the Pandemic**

#### ***Children and Adolescents***

Children and adolescents are facing “devastating” mental health consequences partly as a result of the COVID-19 pandemic, according to the U.S. Surgeon General (Chavira, Ponting, & Ramos, 2022). According to Chavira and colleagues (2022), this statement is based on a number of recent studies conducted between 2020 and 2022 by the World Health Organization (WHO) and the United Nations (UN) who have raised the alarm at a global level (Chavira, et al., 2022). The current generation of young people already faced challenges that increased mental health concerns prior to the pandemic; COVID-19 escalated those concerns (Chavira, et al., 2022). The

past two years exposed children and adolescents to unprecedented periods of quarantine and school closures which disrupted relationships with peers and inhibited socialization practices, especially for young children. Young people have experienced COVID-19 infections, the loss of loved ones, and an overall sense of unpredictability and uncertainty in their lives (Chavira, et al., 2022).

While data regarding mental health consequences were scarce prior to and shortly after the onset of the pandemic, a few studies in the United Kingdom and United States, showed a significant increase in cases of anxiety and depression among young people (Chavira, et al., 2022). Longitudinal studies in China, Australia, the U.S. and the U.K. that have looked broadly at symptoms, show a similar picture, especially in youth with pre-existing mental health issues, as well as those with other external factors, such as poverty. Depression and anxiety have been the primary symptoms reported (Chavira, et al., 2022).

A study of teens in Norway reported a slight increase in depressive and anxiety symptoms (Hafstad, et al., 2021). The COVID-19 pandemic only partially explained the increase in symptoms, whereas age, single-parent household, child maltreatment, and other external factors also contributed, and plans were made for future studies to include demographic data regarding living conditions when making recommendations (Hafstad, et al., 2021).

### ***Adults and Older Adults***

Mental health impacts among older adults have been mixed. Overall, according to Hochman (2023), seniors have fared better psychologically than younger Americans; however, substance use has increased and fitness has decreased within this age group. In the long term, the author projected that the many variables of new Coronavirus strains, waning immunity, and a

return to social activities, may affect the over-60 demographic more negatively (Hochman, 2023).

The psychological implications and risk factors for mental health challenges related to COVID-19 include: consequences of extended quarantine, confusion and anger over the uncertainty of the course and length of the pandemic, concerns about supply availability, and financial losses. These have caused an increase in mental health challenges experienced by youth and adults. Additional concerns have focused around social stigma and discrimination against specific groups who may already be more vulnerable (Silva, et al., 2020).

In summary, the COVID-19 pandemic has had mental health impacts on all age categories. Research conducted around the world showed increases in anxiety and depression among children, teens, adults, and older adults. The consequences of extended quarantines, isolation and disconnection, illness of self and/or loved ones, and loss and grief have impacted all age groups, especially older adults in residential care. Children (especially young children) and teens have been adversely affected by loss of social connection, and opportunities for social skills development. Adults were also faced with competing demands of family and work, including job insecurity and job instability, and financial hardship. Individuals and families with other vulnerabilities, such as poverty, national or regional conflict, immigration issues, and community violence were at particular risk for increases in mental health challenges.

### ***Refugees***

Two case studies in this article elucidate the impacts that the COVID-19 pandemic superimposed on the challenges refugees already faced and how they exacerbated them (Feen-Calligan, et al., 2023). According to the United Nations High Commissioner for Refugees (UNHCR, 2022, as cited in Feen-Calligan, et al., 2023), 27.1 million people have been forced to

flee their homes because of conflict or national disaster during the COVID-19 pandemic. The added stress of COVID-19 on this already traumatized group prompted the authors to create an online space to offer support and services to refugee youth and their families.

Art therapy is known to reduce trauma-related stress and psychopathology in refugee youth (Feen-Calligan, et al., 2023). Partnering with a local resettlement agency, the program was designed to offer culturally-appropriate art therapy services facilitated by Master's level art therapists and supervised art therapy interns. Two cycles of programming were developed: one for families who had fled from the Democratic Republic of Congo (DRC), and the second, later cycle, for families from Syria. The culturally appropriate curriculum was developed to accommodate the known interests and ages of the participants and using a trauma informed approach to provide safety (Feen-Calligan, et al., 2023).

The authors describe positive outcomes for both groups of refugee youth and their families but caution that, because there were no previous studies, and no known 'best practices,' a causal relationship between art therapy and improved mental health cannot be assumed. They therefore recommend future research, including randomized controlled trials, be conducted to better measure the results (Feen-Calligan, et al., 2023).

The study emphasized that the persistence of the COVID-19 pandemic continues to impact everyone. However, as refugee crises around the world increase, these groups experience the confluence of events more severely (Feen-Calligan, et al., 2023). This creates unique needs for mental health services, which the authors believe virtual art therapy can provide. Home-based family-centered services provided access to rich community experiences for participants. The study concluded that art therapy can create a bridge for refugee families and immigrants as they resettle in new host countries (Feen-Calligan, et al., 2023).

### ***Mental Health Assessment***

A study using the Formal Elements Art Therapy (FEATS) Scale, noted a pervasive view within the art therapy field that art materials should play a central role in art assessment but that there is a paucity of research on the role different art materials play (Pénzes, et al., 2014). In this study, nine in-depth qualitative interviews were conducted and analyzed using grounded theory. The analysis produced a theoretical framework containing the use of art materials in assessments. The study further showed that the way that clients interact with the specific qualities of art materials reflects aspects of their mental health. Art therapists, then, can gain insight into their clients' mental health by methodical observation of clients' material interaction (Pénzes, et al., 2014). This type of observation aids art therapists with decisions regarding treatment options, such as formulating treatment goals, whether to offer further treatment, and choosing appropriate art interventions. Material intervention links properties of art materials to art making, art product, and mental health (Pénzes, et al., 2014).

### **Online Art Therapy Before the Pandemic**

A cross-disciplinary research project was developed between an artist/counselor and a computer scientist to explore telehealth as a distance therapy. The purpose was to provide an innovative low-cost alternative to other forms of distance mental health services available at the time (Collie & Cubraniç, 1999). Phase one of the project involved a team of co-researchers from the community to develop and evaluate a computer system and consider the issues involved in providing computer-supported mental health services. Art therapy, the authors realized, might be uniquely suited to telehealth because it is visual by nature and design (Collie & Cubraniç, 1999).

This realization led to the creation of a computer system that supported both audio communication via synchronous speech and visual communication through client-generated

hand-drawn computer images. The system was designed to provide group art therapy to alleviate the isolation of clients with mobility issues and/or living in remote areas. In addition, it was also recognized to be suitable for working with individual clients. The system allowed for therapists to see the images as clients were creating them and to communicate verbally during the session (Collie & Cubraniç, 1999).

The process of developing the computer system evolved quickly, necessitating a participatory design whereby the team was learning by doing and simultaneously developing and testing. Of particular significance was that the co-researchers were the future users and were therefore actively contributing to the new technology from which they would also benefit. Finally, the participatory design paired naturally with art therapy, according to Collie and Cubraniç (1999).

The data collection from the study included transcripts of group discussions and notes from the co-researchers and authors. These were analyzed using content analysis methods from action research and focus group research (Collie & Cubraniç, 1999).

Ultimately, the team discussed the pros and cons of using computers in art therapy and computer-supported distance art therapy. The team had found solutions to address most of the potential problems and there was general agreement that the combination of art therapy and remote delivery could provide significantly greater access to mental health services (Collie & Cubraniç, 1999).

Case studies of three veterans in the southeastern United States explored the benefits and challenges of providing general mental healthcare and rehabilitation services via telehealth and the creative arts therapies, specifically. Each case highlighted therapeutic progress as well as challenges. The authors made recommendations for further research and practice to explore



limitations, risks and advantages of online creative arts therapies, not only with veterans, but expanding to include other populations (Spooner, et al., 2019).

The author noted that comparative research between online and traditional in-person creative arts therapies could address issues of effectiveness, benefit retention, and compliance with treatment. If effective online treatment can be provided, it addresses accessibility by veterans who have mobility or transportation issues, live in rural or isolated geographic areas, and who may experience other barriers or challenges to transitioning to civilian life (Spooner, et al., 2019).

Online creative arts therapies can potentially provide veterans a bridge between continued clinical care and integration into their home communities. Veterans have more opportunities to integrate family and community support into their treatment with telehealth, as well as maintaining engagement with their home community. An added benefit, described by the authors, is that engagement in the creative arts therapies program has led many veterans to explore other types of technology and media, such as art videos, apps, social media groups and connection to national arts programs designed especially for service members and their families (Spooner, et al. 2019).

The literature details a number of studies addressing the benefits and effectiveness of online mental health services (telehealth) developed for specific populations prior to the COVID-19 pandemic. Groups of mental health consumers, such as veterans, and individuals with mobility issues and/or living in remote areas were offered opportunities for group and individual art therapy services online. Computer-assisted distance therapy offered opportunities for mental health support that would not otherwise be available. These individuals were able to participate

in health and growth-promoting programs at the same time they were able to stay within their own communities and/or transition back to families and communities of support.

### **Online Art Therapy During the Pandemic**

A large hospital in Houston, Texas, transitioned its out-patient psychiatric program to telehealth because of the COVID-19 pandemic. The study addressed the strengths and challenges of the transition in order to improve online clinical practices in the long term (Sasangohar, et al., 2020). The authors discussed the psychological effects of online services, which encompassed both the loss of the physical therapeutic environment, as well as the unique interpersonal dynamics that the virtual environment creates. In addition, they highlighted the logistics necessary in implementing online services, such as scheduling, communication, coordination, and capacity (Sasangohar, et al., 2020). Their group art therapy program served as an applied case study to demonstrate the benefits and challenges of a telehealth program. Benefits, and the overall value of the program, were measured through patients' receptivity and engagement, while challenges included the learning curve of implementing online services, session interruptions due to internet difficulties, and changes in type and amount of materials available in clients' home spaces versus the well-stocked clinic (Sasangohar, et al., 2020).

Their conclusions from the case study reflected other studies' observations that telehealth provides a glimpse into clients' home environments. Challenges included how to provide safety plans for high-risk patients and strategies for maintaining professional boundaries and work/life balance for therapists (Sasangohar, et al., 2020).

Hilton (2021) conducted a research study that surveyed art therapists in Australia. Searching the Australian yellow pages online directory for keywords 'art therapist' and/or 'art therapy' revealed 107 items. Twenty-one of the listings identified art therapists and their contact

information. Each of the 21 was emailed a manuscript regarding the benefits of art therapy (Hilton, 2020) and were asked a simple yes/no question, “Are you currently doing any art therapy work with clients related to the COVID-19 pandemic?” Seven respondents replied ‘yes,’ while three replied ‘no’; an additional six did not reply. While the sample size was extremely small, the author concluded that the results suggested that a percentage of art therapists were working with clients experiencing symptoms of COVID-19 related stress, anxiety or depression.

A detailed study in 2022 focused on a group of arts based therapists, at the Bonny Method of Guided Imagery and Music (GIM) in Appalachia, as they shifted to providing online telehealth sessions in response to the COVID-19 pandemic (Honig & Hannibal, 2022). The new format was found to offer both advantages and disadvantages and the research explored client experiences of shifting from receiving in-person therapy to online therapy. A thematic analysis of semi-structured interviews, with two participants with major depression disorder, suggested that telehealth sessions were experienced as beneficial, but initially less effective than in person. It was also noted that the therapeutic relationship in both cases had developed in person prior to the pandemic and their therapists supported their transition to online sessions. Finally, participants stated that their experiences of telehealth sessions improved as they became more familiar with the online format (Honig & Hannibal, 2022).

Results of the study, gleaned from a 22-question semi-structured survey, provided preliminary evidence that the GIM program worked effectively online, within an already established therapeutic relationship that had been developed prior to moving to a telehealth format. However, it was noted that, even with an established connection between therapist and client, the therapeutic process might take more time to develop since telehealth sessions might be experienced with lower intensity than in-person sessions (Honig & Hannibal, 2022).

A research study in the United Kingdom by Zubala and Hackett (2020) explored art therapists' perceptions of the effect on their clients of moving their sessions to telehealth. A survey was circulated online and 96 participants responded. Of the 96 respondents, 86.9% reported that they had moved their sessions with clients online. While a number of questions were included in the survey, the article focused on two themes in particular that the authors believed were of greatest concern for participants and for the impact of the COVID-19 pandemic on therapeutic practice.

The first theme was safety. Participants reported that the safety of their clients was a key concern for them, followed by their own safety vis a vis the pandemic (Zubala & Hackett, 2020). A second primary theme that was highlighted was participants' levels of confidence in being able to provide effective therapy online (Zubala & Hackett, 2020). The study identified 35.7% of respondents reported being 'slightly more confident' in face to face sessions, and 33.3% reported being 'much more confident' in face to face sessions. A smaller group of 20.2% of respondents reported feeling equally confident in both online and face to face sessions, while 4.8% felt 'slightly more confident' in online sessions, and another 4.8% of respondents felt 'much more confident' in online sessions (Zubala & Hackett, 2020). The article noted that, because the authors were eager to provide data to the art therapy community, they saved other themes that arose from the survey for future writings.

Several strategies and resources were identified by participants through their responses, which were also detailed in the article. These included support from colleagues during the transition to online therapy and additional training (Zubala & Hackett, 2020). The authors concluded that, although their participants reported their intention to return to mostly face to face

therapy, they also acknowledged the reality that telehealth is here to stay and that safety and therapist effectiveness will continue to be important considerations.

Art therapy is relatively new in the Arabian Gulf. During the COVID-19 pandemic and the changes it brought, art therapists seized an opportunity to address important issues within their art therapy practice. Two experiences and views were presented regarding two similar Middle Eastern countries that took different approaches to the pandemic (Carlier, et al., 2020).

The two accounts contrast the development of an online private art therapy practice in the UAE with the multiple adaptations required to continue to provide art therapy services within a hospital setting in Qatar. The private practice setting expanded access by allowing the art therapist to provide online services to individuals residing in various emirates and even beyond. While access was a benefit, confidentiality and stigma became a concern, as clients were receiving services at home (Carlier, et al., 2020).

In the hospital in Qatar, COVID-19 brought a new way of working that focused on safety. The changes brought unexpected benefits, such as more collaboration among other providers, increased patient engagement, and a new openness among families to discuss mental health issues. Both art therapists found opportunities for growth and development of their practices. The article's focus highlights the cultural differences within this region and acknowledges the need for future research (Carlier, et al., 2020).

An article by Datlen and Pandolfi (2020) described the creation of an online art therapy support group for adults with learning disabilities during the COVID-19 pandemic. An existing in-person art therapy group using a studio model was adapted to online sessions for five members who had been meeting bi-monthly in an artist community prior to the pandemic. The

in-person sessions had been facilitated by two art therapists and a support worker (Datlen & Pandolfi, 2020).

Even before COVID-19, adults with learning disabilities had fewer avenues for socializing, due to communication issues and difficulties using technology, leading to the potential for social isolation and loneliness. Because the pandemic increased the use of digital interaction, adults with learning disabilities were at higher risk for mental health issues (Datlen & Pandolfi, 2020).

WhatsApp was used as a platform to maintain a consistent communication structure with which the participants were familiar. Participants were able to continue to meet regularly, create art, and communicate with one another. Themes, benefits and challenges were highlighted within the study. Participants' input was included and the authors recommended further research to develop best practices for future groups of this kind (Datlen & Pandolfi, 2020).

Art Refuge, begun in 2015, was a program for international refugees relocated to Northern France. The program used art therapy to support the mental health and well-being of people displaced by war, persecution, and poverty. A team of art therapists and visual artists developed social media and in-person tools that transitioned online during the COVID-19 pandemic. The charity began to see the creative potential for continued social engagement. The article focused on how to create online models tailored to refugee groups that provide ethically based skill sharing and daily rituals that maintain consistency and community (Usiskin & Lloyd, 2020).

Art Refuge found innovative ways of working online, particularly when integrated with in-person services. More research is needed to address technological inequalities and issues of

access. In addition, the researchers recommended that evaluation studies be conducted to explore whether this model could be generalized for use with other populations (Usiskin & Lloyd, 2020).

A qualitative case study explored the effects and clinical themes raised by the necessity to transition to online art therapy services due to COVID-19, and the impact this had on art therapy trainees (Bianchi, et al., 2022). Trainees, according to the authors, were able to expand their skills, confront the challenges of a shift in how they provided services, find connection and purpose through their work with clients, and ultimately develop their emerging professional identities as art therapists (Bianchi, et al., 2022). The authors suggested a future study that would explore the long term impacts of the pandemic and the effect of moving to telehealth on newer art therapists and their career development (Bianchi, et al., 2022).

The impact of the COVID-19 pandemic was the topic of a qualitative study of six participants in an online art therapy group for adult mental health consumers in the United Kingdom (Biro-Hannah, 2023). Although there were challenges to an online art therapy group, the participants provided feedback about their experience of online group art therapy in developing social connection during a time of isolation. The author reported that the pandemic highlighted the importance of developing best practices for online art therapy and that collaborative research with service users is essential to that development (Biro-Hannah, 2023).

A Master's thesis project, using a heuristic approach, explored the effect of telehealth on the therapeutic relationship and therapeutic presence in art therapy (Surabian, 2021). Five participants and the student researcher completed a series of interview questions and an art directive to explore themes of connection and isolation. The student researcher identified several themes from the participants' responses. These included varying levels of control, communication, and connection (Surabian, 2021). The author concluded that the therapeutic

relationship and therapeutic presence, though altered, remain significant and crucial in therapy, and can be maintained through telehealth. The researcher further noted the most significant findings of the study were the the necessity of connection between therapist and client during a time of global and collective crisis, the importance of creating a safe and supportive environment regardless of setting, and the significance of the acknowledgement that the therapist is also part of the collective experience (Surabian, 2021).

The literature regarding the move to telehealth was surprisingly expansive given the relatively recent appearance of COVID-19, and the research studies spanned the globe. Each study explored both the challenges and benefits of telehealth. Despite the fact that a quick and unexpected transition to providing mental health services online was necessitated by the pandemic, researchers did not only discuss the challenges of this new therapeutic delivery system, but rather highlighted the unexpected benefits of the new platform. Themes that were repeated among different studies that worked with a variety of populations included: connection, continuity, community, acquisition of new skills, and creativity. Safety was another theme that was emphasized in some studies, and even the reduction of stigma around mental health was noted in several. Overall, the literature addressing online art therapy during the COVID-19 pandemic reported multiple benefits to counterbalance the challenges.

### **Self-Care for Art Therapists During COVID-19**

Eastwood (2022) explored the question of how art therapists can process their own experiences of trauma triggered by the COVID-19 pandemic, and use those experiences to continue to provide ethically sound services to clients, and to enhance interactions with colleagues. The study used an intersectional model of art-based self reflection (Talwar, 2019, as cited in Eastwood, 2022) to explore grief and loss from a variety of perspectives, including



personal, cultural and political. Eastwood (2020) used heuristic self-exploration as a process to address issues of belonging, choice and power, and ultimately shared the process with colleagues, which initiated practices of community care among healthcare professionals. The author's future goal is to heal and strengthen relationships within the art therapy profession by working with marginalization and systemic oppression and otherness (Eastwood, 2022).

A study of Korean art therapists and art therapy students addressed whether there was a relationship between fear of COVID-19 and subjective well-being and whether mindfulness practices had a mediating influence (Jue & Ha, 2022). The authors began with existing data from 203 Korean art therapists measuring subjective well-being and recruited an additional 132 new participants who completed a subjective well-being questionnaire, followed by a Fear of COVID-19 scale, and a mindfulness questionnaire. Their results indicated lower levels of well-being during the COVID-19 pandemic than prior to the pandemic. They noted, however, that mindfulness contributed a positive mediating factor (Jue & Ha, 2022).

The study further discussed that some of the components of mindfulness, such as decentering (or decentered attention) and embodiment, are qualities shared with art therapy, and are important aspects of subjective well-being (Jue & Ha, 2022). The authors suggested that their study was significant to the literature for two reasons: 1) by providing a more concrete understanding of the effect of the COVID-19 pandemic on the subjective well-being of Korean art therapists, and 2) that mindfulness practices provided a protective factor.

Limitations to the study reported by the authors included two main points. First, the study was conducted with art therapists and art therapy students in South Korea. The fear of COVID-19 might vary in different countries and regions, and subjective well-being and ideas about mindfulness might also vary from place to place. The authors therefore cautioned against over-

generalizing or interpreting the results (Jue & Ha, 2022). Their second point was that their study was a cross-sectional study that was conducted at a specific point in time. They recommended a longitudinal study to increase confidence in their inferential results of possible causal relationships among fear of COVID-19, subjective well-being, and the mediating impact of mindfulness (Jue & Ha, 2022). Finally, the authors did recommend that art therapists consider increasing mindfulness routines, especially focusing on attention and awareness to foster subjective well-being during the pandemic (Jue & Ha, 2022).

A self study using a combination of narrative art therapy, response art, authentic movement, memoir writing and public art exhibition helped the author of a heuristic study ameliorate personal trauma with secondary traumatic stress and compassion fatigue. The article has positive implications for art therapists related to their own personal trauma, coping with the COVID-19 pandemic and its aftermath, and utilizing self care tools and practices to maintain a healthy work/life balance (Hyatt, 2019).

A Master's thesis study by an art therapy student at Loyola Marymount University followed a heuristic approach to self-care while completing an internship at a pediatric hospital. The literature review explored art making as a self-care concept for art therapists and art therapy students, as well as other mental health professionals, working in hospital settings. The author found that the literature strongly supported the practice of self-care for psychological, emotional and physical health, overall, and that art therapists specifically found art making to be essential for their self-care (Hargraves, 2021).

A Master's thesis project studied the effects of meditation and art making to reduce stress, compassion fatigue, and the risk of burnout in graduate art therapy students (Howard, 2015). The student researcher had the 27 participants engage in a one-time meditation and then create a

mindfulness art piece about the meditation experience. Two pre- and -post questionnaires were used to assess the effectiveness of the interventions. These measured stress levels and current self care abilities of the participants. The researcher stated two goals for the study. The first was to assess any changes in stress levels after the meditation and mindfulness art making activities, and the second was to teach the participants a self care practice that they could continue to use as graduate art therapy students to reduce stress, and the risk of compassion fatigue and burnout (Howard, 2015). The author recommended further research into finding and/or developing self care tools, especially for graduate students and trainees.

In 2023, Tomkins Rosa authored a study that explored the effectiveness of therapists making art alongside clients in sessions. The humanistic research approach highlighted the benefits of a shared creative journey built on the foundation of the therapist's presence, empathy, authenticity, acceptance, and unconditional positive regard as facilitative to the growth of both the client and the therapist (Tomkins Rosa, 2023). The reticence of many therapists to make art in sessions with clients stems from uncertainty regarding the appropriateness of co-creating as a therapeutic tool, which may be rooted in the neutrality of the early psychoanalytic traditions. In addition, there are concerns within the art therapy community, that art making in sessions can be detrimental in several ways: taking attention away from the client, clients comparing their artistic ability to the therapist, the therapist getting lost in the art making, and blurring the boundaries between therapist and client (Tomkins Rosa, 2023).

Tomkins Rosa (2023), using a humanistic perspective, explored the benefits to both therapist and client of side-by-side art making in sessions. The author argued that when therapists fully participate in the art making process, they build trust in the therapeutic relationship, increase their authentic therapeutic presence, and are better able to support clients in

their own creative expression. The author further explains that art therapy improves well-being overall, especially in communication and relationship skills, emotional self-regulation, and self-discovery (Tomkins Rosa, 2023).

These benefits are important for both clients and therapists. As a profession, art therapy values art expression as a tool for well-being. By sharing in the creative process of art therapy, therapists can simultaneously support their clients, while also supporting themselves (Tomkins Rosa, 2023).

In summary, the themes woven into the literature of self-care revolved around therapists' own trauma, their well-being, work/life balance, growth and development, and the mitigation of the vicarious effects of working with the trauma of others. Although the research participants in the various studies worked in a variety of settings, and the avenues to pursue self-care were diverse, creativity and mindfulness were recurring themes. The practice of self-care was also upheld as an essential part of being a fully functional, balanced, and ethical practitioner. As the pandemic increased stress for essential workers, it seems especially important for art therapists to maintain an active self-care focus including a personal artistic practice.

### **Value of Art and Art Therapist Identity**

Brown (2008) conducted an arts-based research study to investigate the role of art making in art therapist identity. Forty-five creative arts therapists working in hospital settings in New York, who identified themselves as making art outside of work, were asked to create improvisations, movement, sound, music, writing, and art in response to two posed questions: "What is the relationship between your artistic pursuits outside of work and your work as a therapist in the hospital?" and "What happened to you when you stopped making art?" The co-researchers, who participated in an on-site workshop at the hospital where they worked, were

then asked to form a subgroup based on matching their work to others whose work was similar to theirs in theme, pattern, or rhythm (Brown, 2008).

The subgroups were asked to collectively create a new art piece that embodied the essence of individual members' responses into one cohesive piece, using one or several art forms. Each group then presented their piece and were asked to decide on a title for their piece. This workshop protocol was presented at three hospitals in New York between 2004 and 2006. The author ascribed to an arts-based research method that supported creative arts therapists. Following Hervey's (2000) artistic ways of knowing method, Brown's (2008) study used artistic methods to gather, analyze, and present data. This process was designed to engage in and acknowledge that research is a creative process, and that research is determined by and motivated by the aesthetic values of the researcher(s) (Hervey, 2000, as cited in Brown, 2008). The author encouraged using creative arts based research methods as a credible source of knowledge, and recommended more research that explores what happens when creative arts therapists stop making art, and the implications both on the impact to clients as well as on the growth and health of the profession (Brown, 2008).

A research study in South Korea surveyed 240 art therapists (n=59) and art therapy students (n=181) regarding their professional identity versus their artist identity (Jue, 2017). A majority of responses (97.0%) chose 'psychotherapist' as the profession most closely aligned with theirs; no one selected 'artist' (Jue, 2017). An additional question asking which art therapy approach was most consistent with respondents' own views elicited a 54.5% response of 'art psychotherapy.' A total of 84.1% of respondents, however, believed it was important for art therapists to identify as artists (Jue, 2017). A majority, 95%, responded that it was imperative for

art therapists to continue making art, and a slightly small number, 82%, responded that it is important for art therapists to participate in art exhibitions (Jue, 2017).

Overall, the results of the Jue (2017) study suggest that the art therapy community in South Korea identify themselves primarily as mental health professionals, and at the same time, maintaining an active art making practice was considered a critical part of their role and identity as art therapists (Jue, 2017). In a subsequent study, Jue and Ha (2021) found that among art therapy students, maintaining a personally reflective art practice was significantly correlated with developing professional identity and career commitment.

Iliya (2014) reviewed the literature about art making and creative process as essential to the creative arts therapist identity. The author first mentioned art therapy pioneer, Pat Allen, and Allen's warning that the loss of creative expression can lead to the 'clinification' of practitioners (Allen, 1992, as cited in Iliya, 2014). Other sources in the literature reiterated the importance of creative self-expression, not only for knowledge, growth, and development of identity and skills, but to deepen the field as a whole. It was proposed, also, that it is not enough to practice art professionally for clinical skills, but to practice personally for self-enjoyment and self-expression (Iliya, 2014).

The author expressed alarm that research in the area of self-expression and art therapist identity is scant and made the recommendation, not only for more studies, but for a call to action to creative arts therapists that creating and maintaining an art making practice is essential to health and growth of the profession, as well as to individual practitioners (Iliya, 2014).

A Master's research study explored the relationship between art therapists' use of personal art making and professional art therapy work. Three in-depth and open-ended interviews were conducted with three professional art therapists employing a qualitative thematic

analysis to process the interview data. Relational theory was used as a guiding principle for the study. Participants identified a number of influences to their personal art making, including environmental factors, materials, the art-making process, and their purposes for creating art (Odom, 2021).

The study goes on to propose that when art therapists engage in personal art-making with materials commonly used in art therapy sessions, this practice, it is suggested, may increase proficiency. The study asserts the need for more research about personal art making by art therapists in order to establish philosophical assumptions about knowledge and practice in art therapy. One challenge, states the researcher, is to preserve the “constructivist nature of art therapy” while adapting to the pragmatics within chimeric political and cultural climates that often promote the idea of a singular reality (Odom, 2021).

The primary conclusion of the research was that the two art therapist identities - personal and professional - could not be separated and this became emblematic of the study overall. Although the researchers attempted to keep the identities separate for the analysis, the results underscored the notion that they are inextricably symbiotic and intertwined (Odom, 2021).

The literature regarding art therapist identity and the value of art was quite sparse and some of the themes overlapped with those found in the literature on self-care and future best practices. Identity is a complex topic but two of the themes related to identity within the literature included personal art making and the dual identities of artist and therapist. It seems that maintaining a personal art practice is strongly associated with professional identity. Anecdotally, art therapists claim that as their professional practices increase in volume and demands, it is more difficult to preserve a reflective art practice. Thus, it will be important to note the effects on

art therapists art practice, as the stress of the COVID-19 pandemic mounted and there was more demand for mental health services (Odom, 2021).

A Master's thesis group study explored the link between art therapist identity and personal art making. The student researchers designed a study that surveyed art therapists about the role of both clinical and personal art making in their professional practice (Cota, et al., 2022). The study was designed using a mixed-method approach that included a survey of 88 art therapy graduates, interviews of participants, art making directives for participants and response art creations by the student researchers. Thematic coding was used to analyze the data from the surveys and interviews, identifying common themes reflected in the research questions. The research questions explored the relationship between personal art making and the development of the art therapist identity, as well as what factors do art therapists find either support or inhibit their ability to engage in an art making practice, both inside and outside their clinical practice (Cota, et al., 2022).

The study's conclusions included the importance of art therapists maintaining an active art practice, and the impact that personal art making has on the therapeutic relationship with clients. The study also highlighted the evolving discussion of the dual but interrelated personal and professional identities of artist and therapist (Cota, et al., 2022).

### **Future Best Practices in Art Therapy**

An article written in 2020 was one of the first to address the lessons art therapists were learning in the midst of the COVID-19 pandemic (Potash, et al., 2020). Art therapists familiar with working during pandemics in different parts of the world shared the challenges and benefits of providing art therapy services to communities affected by the disruption and loss, and the fear, grief and uncertainty that a pandemic engenders. The authors also discussed the benefits of using



digital tools to provide support, maintain community interactions, offer insight, encourage self-care, and instill hope, not only to art therapy clients and communities in crisis, but also to essential workers and healthcare providers (Potash, et al., 2020). Although the article did not address future recommendations directly, it did report that art therapists were adjusting to providing psychosocial tools to clients and communities and predicted that art therapy would continue to be an effective resource during and beyond the COVID-19 pandemic (Potash, et al., 2020).

Snyder (2021) highlighted the history of digital art therapy before describing how the COVID-19 pandemic necessitated a new discussion of online therapy as a viable format. The article focused on the author's own transition to online art therapy as an ethical response to be able to provide continuity of care to clients. Two case studies in the article highlighted the pros and cons of telehealth. For one young client, the move online was beneficial, while telehealth did not work for a teen client and the decision was made to cautiously return to in-person sessions (Snyder, 2021).

Suggestions for future research focused primarily on issues of access to services as well as assessing clients for whom telehealth is the preferred platform for care (Snyder, 2021). Reviews of best practices will be important, according to Snyder (2021), including creating therapeutic alliances to ensure that effective therapy can happen online. In addition, the author pointed to a growing body of research into digital tools that are showing promise for effective therapy. Ultimately, Snyder (2021) proposed research that uses practice-based evidence by practitioners globally, to look at what has worked and what has not when bringing online therapy to clients.

An integrative review of digital art therapy written by Zubala, Kennell and Hackett (2021) endeavored to explore the uses of digital tools and media by art therapists and to discuss the implications. Their thorough review of the literature produced over 400 citations in articles, books and book chapters; however the authors limited their review to 13 articles from peer reviewed journals that employed empirical research to support the studies' conclusions (Kubala, et al., 2021).

The authors found two main categories of discussion in the articles they reviewed: online tools for distance art therapy and digital tools and media for use within art therapy sessions. They further divided their review into challenges and opportunities within the categories of distance art therapy and of digital media within sessions (Kubala, et al., 2021). The review looked at challenges and opportunities of using technology within art therapy practice in general, which they labeled as concerns and benefits. General concerns included *cost of equipment*, *extra time*, and *technical issues*. Concerns regarding online therapy included *safety and confidentiality*, as well as *technical limitations*. Benefits in online therapy were identified as *bridging divides/connecting*, *therapeutic rapport* and *empowerment*. Finally, the authors found two articles that they felt addressed best practices in the use of technology for online therapy (Kubala, et al., 2021).

Within the category of digital arts media, the authors simply divided their findings into concerns and benefits of digital art media. Concerns included *lack of tactile qualities* and *limited room for expression* and benefits included *freedom of expression* and *digital environment* (Kubala, et al., 2021).

Discussion and recommendations reviewed that digital technology is not a new phenomenon in art therapy but that many art therapists have historically expressed hesitation

about or resistance to using digital tools. The authors highlighted the advocacy within the art therapy profession for continued research and training for art therapists in the effective and ethical use of technology. They reported that calls have been made to develop new ethical guidelines for art therapists, providing a framework that supports the needs of art therapists with practical considerations for the use of technology. Finally, because of the reality that online art therapy is a permanent part of the landscape, the authors encouraged continuing research and development of digital tools and media for use by art therapy professionals (Kubala, et al., 2021).

A mixed methods study exploring the experiences of creative arts therapists in multiple countries was conducted during the first year of the COVID-19 pandemic. The authors presented a review of the qualitative results of the larger study (Keisari, et al., 2023). They noted that mental health professionals have had to cope with the same challenges as their clients, including a shift to telehealth without prior education or training, in addition to work overload, infection risk, and personal sources of stress caused by the pandemic (Keisari, et al., 2023).

Interviews were conducted with 20 creative arts therapists between July 2020 and March 2021. A thematic analysis provided qualitative data. Three main themes were identified: processing losses caused by the pandemic, adaptations made by the therapists which provided a restorative orientation, and innovations that led to both professional and personal growth (Keisari, et al., 2023).

Art making and creative activities were identified as resources to cope with losses and also helped therapists adapt to using telehealth. A recommendation was made for further study of the potential for advances in the creative arts therapies to address the need for specific training and development of digital methods, ethical guidelines, and dedicated supervision and support for therapists (Keisari, et al., 2023).

The art therapy profession has been challenged by the COVID-19 pandemic in multiple ways: how we think about therapeutic practice, the ways in which we provide services to clients, how we navigate through our own experiences of a global pandemic, and our personal identities as artists and therapists were tested. The current literature reflects our expanding knowledge about both the challenges and benefits of the changes that face the field of art therapy as it navigates the delivery of therapeutic services via telehealth. Consistent in the literature were themes of professional and personal identities, methods and techniques for practicing art therapy, how art therapists navigate through systems, art therapy on a global stage, and, of course, art therapy with different populations. The creativity and resilience of art therapy practitioners will help us to change and develop the profession to step into whatever new challenges await.

## **Chapter 3 Methods**

### **Research Design and Rationale**

The realities of the COVID-19 pandemic forced everyone to fundamentally rethink how to navigate work, home life, and how to alter their everyday routines. This research study explored the ways the pandemic specifically affected, influenced, and changed how art therapists practice and the impacts on themselves and their clients.

This research study was designed to reach a large number of art therapists throughout the world via an online survey questionnaire. The purpose of distributing an online questionnaire to art therapists in different locations was to gain a clearer picture of what fundamental changes have occurred in the use of art in therapeutic settings, and the potential benefits and costs that the pandemic is leaving in its ongoing wake. In addition, the researcher was interested in finding out about how art therapists employed art in their own self care before and during the pandemic.

To expand the data from the online questionnaire, the researcher wanted to further explore themes or trends within the data by conducting online one-on-one interviews whereby the participants could respond to open-ended versions of the same questions posed in the online questionnaire. The rationale for these interviews was to find support and amplification of themes that arose from participant responses and to develop a theory grounded in the data regarding how the COVID-19 pandemic has changed the ways art therapists practice and what lessons can be learned to develop new best practices in a 'post-pandemic' world.

### **Participant Description**

The study's participants were credentialed art therapists according to the standards of their country. Participants needed a minimum of two years in practice so that they could compare their experiences pre- and post-pandemic. Snowball samples were collected and/or utilized from

the researcher's connections with individual art therapy professionals in various locations throughout the world. The majority of respondents reported living and working in the United States.

### **Participant Recruitment**

Participants were recruited through online sources and invited to participate in an online questionnaire, which included demographic information, 11 multiple choice questions and one open-ended survey question focusing on their use of art in their therapeutic practice and any changes they had noticed or implemented in that usage, including how frequently they used art, what materials they used, their attitudes about art and the use of art therapeutically, and whether and how any of those factors changed prior to COVID-19 and the present.

Online recruitment sources included posting the invitation to participate with the American Art Therapy Association (AATA), the Canadian Art Therapy Association (CATA) and the Australian and New Zealand Art Therapy Alliance (ANZ). The researcher also reached out to affiliate member chapters where there were personal and/or professional contacts, which were primarily Northern and Southern California. The remainder of contacts came from a variety of personal and professional connections. These included former board member affiliation colleagues with the AATA and the Art Therapy Credentials Board.

Alumni groups within the United States were recruited through program chairs at Antioch University, Dominican University of California, Emporia State University, Florida State University, George Washington University, Lewis and Clark College, Loyola Marymount University, New York University, Pratt Institute, Southern Illinois University at Edwardsville, The School of the Art Institute of Chicago, University of Alabama at Birmingham, University of Kentucky, University of North Carolina at Greensboro, and Wayne State University.

Participants outside of the United States were recruited through professional contacts in the EU (Germany and Austria), UK, Middle East, Singapore and New Zealand. Contacts were pursued but not found in Africa, Latin America and the Pacific Islands, as well as other parts of Asia and the EU. Participants were recruited by invitation and their participation was completely voluntary.

Using questions devised in an online survey format, the researcher invited art therapy professionals who identified themselves as seeing clients during the COVID-19 pandemic, to share their experience of how they practiced and in which settings, and the challenges they identified facing. In particular, the researcher had participants explore the changes the COVID-19 pandemic created in how they conducted therapy sessions, the role and facilitation of art in those sessions, and potential changes to how art was viewed, valued and integrated into their therapeutic practice.

All materials, including invitation letter, informed consent, demographic survey and questionnaire were written in English, and the individual interviews were conducted in English.

## **Research Methods**

The study focused on two methods of information-gathering: an online questionnaire and one-to-one scripted interviews. Online surveys used a multiple choice format plus one open-ended question. Inferential statistical analysis employed a Chi-square test to determine statistically significant differences in frequency of response.

The researcher conducted one-on-one interviews online via Zoom and utilized a reflexive thematic analysis approach to organize and interpret data (Braun & Clarke, 2020). The interview transcripts were printed and read by the researcher in order to become familiar with the content. Next, the transcripts were divided by question and open coding was implemented to find initial

categories (Saldaña, 2016). Words and phrases that surfaced organically were highlighted in an inductive, i.e, data-driven, coding process (Braun & Clarke, 2020). Corbin and Strauss (2008) call these in-vivo codes because they glean the data for categories and/or themes from the actual words of participants. After a number of categories were identified the data were reviewed and the researcher developed and refined themes that remained aligned with the initial categories. At the same time, the emergent themes in the qualitative data seemed to support the results of the quantitative data (Braun & Clarke, 2020).

## **Measures**

### ***Demographic Form***

Because the goal was to survey art therapists in different parts of the world, the demographic form included geographic location, in addition to race/ethnicity, age, gender, and years in practice. Also of interest were the clients/populations and clinical settings, as these factors were thought to likely have been impacted by the pandemic.

### ***Online Survey***

The purpose of distributing an online survey questionnaire to art therapy professionals was to gain a clearer picture of what fundamental changes have occurred in the provision of services to clients in various settings, especially with the use of art in therapy settings, and the potential benefits and costs that the pandemic is leaving in its ongoing wake. In addition, the researcher was interested in discovering whether there were any noticeable differences between the ways art therapists had been using - or not using - art in their sessions during the pandemic.

### ***Individual Interviews***

The informed consent form asked respondents to participate in a follow-up interview, via a recorded Zoom session, where the same questions were asked in an open-ended format for



more individualized responses. In those cases, email addresses were collected for the purpose of contacting art therapists who had expressed interest in participating in an online interview.

Pseudonyms were used as labels for the interview transcripts and all data, both quantitative and qualitative, were maintained in a password secured personal laptop.

Follow-up individual interviews were solicited in order to clarify and amplify art therapy professionals' reflections on the challenges and benefits of using art during the pandemic, changes to their therapeutic practices, and potential changes in attitudes towards the use of Telehealth in the future.

### **Data Collection Timeline**

Approval for the research study was given by the Dominican University of California Institutional Review Board on February 22, 2022. Recruitment of participants for the online survey took place from March 1, 2022 to May 20, 2022. It began with postings on larger electronic mailing lists through the American Art Therapy Association (AATA), affiliate member chapters of the AATA, the art therapy alumni group for NDNU/Dominican University, the boards of directors of the AATA and the Art Therapy Credentials Board, and other member associations in Canada and Australia/New Zealand.

Next, the researcher created a snowball sample by reaching out to colleagues in art therapy education programs and clinical settings, asking these colleagues to share the research study link with their departments and alumni groups. In all, 21 colleagues were contacted across the U.S., in the UK, Germany, Austria, Saudi Arabia, and Singapore. In art therapy programs without a known contact, an introduction email and request were sent to program chairs listed on university art therapy department websites. These requests took place from April 2, 2022 to May 20, 2022.

Prospective participants who were recruited through electronic mailing lists received directly in their email a packet containing an invitation to participate, an informed consent form to sign, and a survey which included a demographic questionnaire and 12 questions that asked them to consider how they used art in their therapeutic practice and any changes to their practice and/or use of art in their practice because of the COVID-19 pandemic.

Colleagues comprising the snowball sample were sent individual emails on April 2 and 3, 2022, with an introduction and request, and the link for the research study was included for dissemination by these direct contacts. In each case, a reminder was sent out in individual emails between May 9 and 20, 2022. Where possible, a second email was posted again to the larger electronic mailing lists. The survey was closed on May 31, 2022.

While the online survey was open, respondents who had indicated interest to participate in a one-to-one interview by including their email address, were contacted to schedule an interview by Zoom. These 60-minute interviews were scheduled and conducted with the researcher between April 23, 2022 and June 21, 2022.

## **Procedures**

The online survey was composed of 12 questions and 11 of the questions offered five multiple-choice answers; the 12th question was open-ended. The questions were grouped into three thematic categories: 1) the use of art in therapy sessions pre- and post-pandemic, 2) various impacts of the pandemic, and 3) use of online therapy (Telehealth). The 'Use of Art 'category included one question asking how art therapists value the use of art in their therapeutic work; a second question asked about art as a self-care tool for the participants. The 'Pandemic Impact ' category contained the majority of questions, seven, which included subcategories of themes, such as, changes in the use of art in therapy sessions, changes to therapeutic practice overall,

reflections on the quality of treatment offered during the pandemic, and the use of art by art therapists for self care. The 'Telehealth' category included two questions, which pertained to participants' attitudes about online therapy since the pandemic.

Subsequent to the online survey, interviews were conducted with participants who had indicated their interest. They were asked the same questions from the online survey in an open-ended format. Their responses were recorded and transcribed.

### **Data Analysis**

Quantitative data were collected from the demographic survey and the online questionnaire. Because there were multiple choice options in both, the data were categorical in nature, versus scaled data found in a Likert scale. Therefore, the Chi-square test was applied to the data in order to evaluate the likelihood that any observed difference within the sets of data could have occurred by chance. The data in this research study were compared for possible correlations between the demographic data and the survey response data.

Qualitative data were collected from the one-to-one interviews, which were recorded and transcribed. Open coding was used to extract themes, which were then categorized (Saldaña, 2016). Some themes from the first round were discarded as irrelevant or were collapsed into other existing themes (Saldaña, 2016). Axial coding was then used to highlight sub-themes within the original themes and relationships between sub-themes and themes were explored for further relevance (Corbin & Strauss, 2008; Saldaña, 2016).

To increase trustworthiness of the results, the qualitative data were ultimately compared to the quantitative results to confirm whether the categories, themes and sub-themes discovered in the qualitative data supported the frequency of responses found in the quantitative data extracted from participant responses to the online survey questions.

To provide further credibility to the qualitative analysis, the researcher used inductive coding to extract the raw data, and systematically built the categories, themes, and sub-themes based on the words of the participants (Nowell, et al., 2017). An analytic memo was created to track the rationale for the ongoing coding and recoding, which also provided a record of the data analysis throughout the process. (Saldaña, 2016; Corbin & Strauss, 2008). The analytic memo included notes on thoughts, questions, and rationales that were used when coding the data. As it tracked the coding process, the memo also was also useful for quickly highlighting any weaknesses in the researcher's logic during the coding and analysis processes (Corbin & Strauss, 2008). In addition, the researcher consulted with a colleague about the coding, categories, themes and sub-themes, and gained helpful feedback from this additional outside perspective.

### **Methodological Limitations**

The research study surveyed only those art therapists who continued to work during the COVID-19 pandemic, thus excluding those art therapists who ceased working, either temporarily or permanently, during that time. Including these individuals would have provided comparative information regarding some of the barriers to practicing during COVID-19, and the factors that might have led to some art therapists to choose to retire or or close their practice, or the cases in which art therapists were laid off during the pandemic. Two participants who responded to the questionnaire had experienced changes or reductions in their employment during the pandemic. These narratives were captured in the open-ended question in the online survey questionnaire, and were placed under a 'Change in Employment 'category during the qualitative data analysis.

The online survey responses would have been easier to evaluate had they been worded in a Likert scale format; hence the response options were somewhere between quantitative and

qualitative in nature. They did, however, capture important distinctions among the experiences of participants relating to practicing art therapy during the COVID-19 pandemic.

In retrospect, the research study would have shown more rigor, and benefitted overall, by including interview participants in the qualitative data analysis (Nowell, et al., 2017). Careful open and axial coding, and keeping an analytic memo, and consulting with a colleague, provided some credibility to the study, but having a team of co-researchers would have added transparency to the study, and ensured a greater level of trustworthiness (Nowell, et al., 2017). Perhaps one of COVID-19's many impacts, in this case isolation, may have directly influenced the way in which the study was conducted, i.e., a lone researcher working remotely.

### **Ethical Considerations**

There were few foreseeable risks to participants in this study, except the possible discomfort of completing an online demographic survey and questionnaire lasting approximately 30 minutes or less. Participants were advised that they might experience mild psychological distress from reading and/or answering the survey because the questions addressed the COVID-19 pandemic and asked participants to consider the ways in which the pandemic had affected, potentially both positively and negatively, how they practiced art therapy and compared this to their pre-pandemic practice.

Those art therapists who decided to participate in the follow-up online interviews at a later date were also advised that they might experience mild psychological and/or physical distress related to being interviewed online. Participants were able to choose at any time to curtail their participation to alleviate any stress they might be experiencing.

Participants were informed of the nature of the research and the potential risk of psychological distress in the invitation to participate and the informed consent and could decide

whether or not they wished to participate. Individuals who were interested in further participation through an online interview indicated their interest by including their email address in the online survey. The researcher then contacted them and they were asked to reply to the researcher's student email account to schedule a recorded Zoom interview. Participants were able to withdraw their agreement to participate at any time. In cases where an interview had already been recorded, the recording and transcript would have been immediately deleted.

Participation in this study was anticipated to benefit art therapy professionals directly as a tool to reflect on how their therapeutic practice had been impacted by the COVID-19 pandemic, including shifting from face to face to online (Telehealth) sessions, and the adjustments they made in whether and/or how they used art as a tool in their therapeutic practice. In addition, their responses were expected to contribute to the literature in the field, thereby benefiting the art therapy profession, other mental health professionals, agencies, and consumers accessing mental health services, especially those including art.

Costs to participants included both the time and effort involved in responding to a 15 to 20 minute online survey questionnaire and those who agreed to participate in an online interview contributed an additional 60 minutes of their time.

There were two parts to this research study. In the first part, participants' contact information (i.e., email address) were used for recruitment only via electronic mail groups and were not connected to the demographic data or questionnaire responses. In a few very rare cases, prospective participants reached out to the researcher directly, having heard about the research study, and asked to participate. Their email addresses were not stored. In the second part, email addresses were kept separate from interview recordings and transcripts and pseudonyms were used in place of participants' names to identify the subject of each interview.

Raw data from demographic surveys, questionnaires and online and telephone interviews were stored in a locked file cabinet in a secure office in the researcher's home. Computerized data were stored in a password protected file on the researcher's personal computer, which was kept secure and was not shared with other users.

Participants for part one of the research study were recruited in two ways: via electronic mail groups and through contacts with the researcher's colleagues who forwarded the research study link to their electronic mail groups in a snowball sample procedure. Email addresses of participants were never in the possession of the researcher and were not associated in any way with the demographic survey or online questionnaire since those data were gathered anonymously through the Qualtrics survey platform.

In part two of the study, the handful of participants who agreed to sit for an interview had their identity protected by keeping their contact information secured in a password protected file and pseudonyms were used in place of their names for identification purposes.

Email contacts were deleted/destroyed after recruitment was completed. Recordings and transcripts from interviews will be destroyed three years after the completion of the research study, in compliance with IRB guidelines.

## **Chapter 4 Results**

### **Demographic Characteristics of the Sample**

A total of 154 people opened the link to the research study. Of those 154, 83 people completed the demographic survey. Of those 83, 74 people went on to complete the questionnaire. The demographic characteristics of the initial 83 participants are presented in Tables 4.1 to 4.4 below. As can be seen in the tables, the sample drew from people across the world with the majority of participants coming from the United States, 78.3%, but with participants representing South Wales, the United Kingdom, Europe, Asia and the Middle East as well. Although the survey was sent to art therapy practitioners in Mexico, Central and South America, unfortunately, no participants identified themselves as living or working in Latin America. The majority of the participants identified as female (86.7%), and White/Caucasian (71.1%), which is representative of the art therapy profession in the United States, according to Elkins and Deaver (2015). The two largest age groups were young (26 to 40 years) (39.7%) and middle aged (41 to 60 years) (42.2%).

Years in practice is shown in Table 4.5, with 37 participants indicating one to ten years in practice (44.6%) and 39 participants indicating 11 to 30 years in practice (46.9%). There was a steep decline in participants (7) indicating 31 to 50+ years in practice (.08%).



*Table 4.1*  
*Demographic Characteristics: Race/Ethnicity*

<b>Race/Ethnicity</b>	<b>Frequency</b>	<b>Percentage</b>
African-American/Afro-Caribbean/Black	4	4.8%
Asian	12	14.5%
Laino/a/x or Hispanic	1	1.2%
Middle Eastern	2	2.4%
Native American/Pacific Islander	2	2.4%
White/Caucasian	59	71.1%
Two or More	2	2.4%
Unknown	1	1.2%
Prefer not to say	5	6.0%

Note: N = 83, percentages can exceed 100% as participants were allowed to choose multiple options

*Table 4.2*  
*Demographic Characteristics: Gender*

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Female	72	86.7%
Male	6	7.2%
Non-binary/Third Gender	2	2.4%
Trans	1	1.2%
Prefer not to say	3	3.6%

Note: N =83, percentages can exceed 100% as participants were allowed to choose multiple options

*Table 4.3*  
*Demographic Characteristics: Age*

<b>Age</b>	<b>Frequency</b>	<b>Percentage</b>
26-35	16	19.2%
36-45	26	31.3%
46-55	17	20.4%
56-65	17	20.4%
66-75+	7	8.4%

Note: N = 83

*Table 4.4*  
*Demographic Characteristics: Geographic Location*

<b>Geographic Location</b>	<b>Frequency</b>	<b>Percentage</b>
Asia	5	6.0%
Australia/New Zealand/Oceania	2	2.4%
Canada	6	7.2%
Europe (EU)	4	4.8%
Middle East	1	1.2%
United Kingdom	6	7.2%
United States	59	71.1%

Note: N = 83

*Table 4.5*  
*Art Therapy Practice Characteristics: Years in Practice*

<b>Years in Practice</b>	<b>Frequency</b>	<b>Percentage</b>
1-10	37	44.6%
11-20	24	28.9%
21-30	15	18.0%
31-40	4	4.8%
41-50+	3	3.6%

Note: N = 83

*Table 4.6*  
*Art Therapy Practice Characteristics: Treatment Setting*

<b>Treatment Setting</b>	<b>Frequency</b>	<b>Percentage</b>
Community center	19	22.9%
Day treatment program	6	7.2%
Drop-in center	1	1.2%
In-patient	8	9.6%
Medical hospital	7	8.4%
Memory care clinic	2	2.4%
Online therapy/ telehealth/teletherapy	29	34.9%
Out-patient	20	24.1%
Private practice	39	47.0%
Psychotherapy clinic	4	4.8%
Residential treatment	9	10.8%
School and/or after school program	19	22.9%
Shelter	3	3.6%
Social work agency	7	8.4%
Treatment center	5	6.0%
Other	16	19.3%

Note: N = 83; percentages can exceed 100% as participants were allowed to choose multiple options

Looking at the treatment settings indicated by participants in Table 4.6, the two largest categories were private practice (47.0%) and online therapy/telehealth/teletherapy (34.9%). The next three largest categories indicated were out-patient (24.1%), as well as school/after school programs and community centers (each 22.9%).

Following the completion of the demographic portion of the survey, nine people declined to complete the survey when they read that it focused on being in current active art therapy practice, some specifically stating that they were not currently practicing art therapy. Thus, a total of 74 participants completed all 11 of the quantitative survey questions. A subsample of 20 people elected to provide a comment to the open-ended question, “Is there anything that you think I should have asked but didn’t?” Finally, 10 of the 20 participants who answered the open-ended question were later contacted and asked to participate in an online interview. Of the 10 contacted, nine participated in the hour-long interview, providing the qualitative data for the study.

In summary, 74 participants completed the entire survey. The participants tended to be female, Caucasian, young to middle aged, and from the United States, which reflects the demographic results compiled by Elkins and Deaver’s (2015) from a 2013 survey of the American Art Therapy Association membership. Responses by participants in the current study indicated that they worked in a variety of treatment settings, including private practice, and many reported using Telehealth for sessions during the COVID-19 pandemic.

### **Research Questions: Survey Results**

1. How has the pandemic impacted the use of art in therapeutic practice, both in materials used and frequency of sessions?
2. What were the impacts of moving online for those who did?

3. Has the use of art making for self-care changed among art therapists and, if so, how?
4. What was the impact of Telehealth on clients 'willingness and ability to make art during therapy sessions?
5. How likely are art therapists to continue offering online art therapy sessions as restrictions ease?

In this section, the results of the online survey will be reviewed. The survey questions (see Appendix 2) were developed from the research questions (shown above). There were 12 questions in total, with 11 being multiple choice, and one being open-ended. In the tables below, each of the 11 multiple-choice questions will show the percentages of endorsement for each response option. In addition, the individual participant responses to the open-ended question at the end of the survey will also be reported. The questions were organized into three categories that seemed to best fit thematically: Importance of Art, Pandemic Impact, and Attitudes towards Telehealth. The percentages are reported in Tables 4.7, 4.8, and 4.9 below. The open-ended responses to question 12 are summarized in Table 4.23.

*Table 4.7*  
*Importance of Art in Session*

<b>Importance of using art in clients' sessions</b>	<b>Frequency</b>	<b>Percentage</b>
Very important; it is integral to my work with most or all of my clients.	48	64.9%
Important; I regularly find it useful when a client seems 'stuck.'	19	25.7%
Neutral; I may use art once in a while or with certain clients, like children, who are less willing to talk.	6	8.1%
Not very important; I rarely use art in my sessions, unless a client requests it.	1	1.4%

Note: n = 74

Table 4.8  
*Importance of Art for Self-Care*

<b>Importance of making art as a self-care tool</b>	<b>Frequency</b>	<b>Percentage</b>
I made art for self-care daily or several times weekly.	17	23.0%
I usually tried to make art for self-care at least once or twice a week.	29	39.2%
I used art as a self-care tool when dealing with particularly challenging clients or situations but not regularly.	27	36.5%
I have rarely if ever thought about using art for my own self-care.	1	1.4%

Note: n = 74

The first research question on the survey was, “How important is the use of art in your sessions with clients?” (See Table 4.7)

The majority of participants (64.9%) in the online survey reported that the use of art in sessions with clients was very important and/or integral to their therapeutic work. A further 25.7% of participants reported that the use of art was important, especially when a client seemed ‘stuck.’ Another (8.1% of participants reported they were neutral about the use of art in sessions with clients. Only one participant (1.4%) reported that the use of art was not very important in sessions, and/or was used only when a client requested it.

Another question read, “Did you regularly use art as your own self-care tool prior to COVID-19?” Twenty three percent of participants responded that they made art for self-care daily or several times a week before the pandemic. A large portion of respondents (39.2%) reported that they made art for self-care at least once or twice per week. An almost equal number of respondents (36.5%) reported that they used art as a self-care tool when dealing with particularly challenging clients or situations but did not do so regularly. One participant (1.4%) responded that they rarely if ever thought about using art for their own self-care. No participants

responded that they had not found art-making useful as a self-care tool for themselves (Table 4.8).

Tables 4.9 through 4.15 show the second, and largest, thematic category with seven questions. These questions focused on the pandemic and changes experienced within the areas of art therapy sessions with clients, including frequency of sessions, types of materials used, and the importance of the use of art in therapy sessions. Other questions in the category of “Pandemic Impact” were related to how much of participants’ therapy practice was moved online, the number of clients seen and with what regularity, the impact of meeting online, the frequency of the use of art in sessions and willingness of clients to engage in art making online. The final question in this category addressed the use of art by art therapists as a self-care tool since the onset of the pandemic.

*Table 4.9*  
*Pandemic Impact: Frequency of Art Making in Session*

<b>Frequency of art making in sessions pre-COVID</b>	<b>Frequency</b>	<b>Percentage</b>
My clients, overall, made art in every session.	36	48.6%
I always offered; some clients would and others wouldn’t.	29	39.2%
I had simple materials like markers and paper available; it was up to clients to choose to use them.	3	4.1%
Once in a while, I would suggest art making for certain clients, whom it seemed might benefit from it.	6	8.1%

Note: n = 74

*Table 4.10*  
*Pandemic Impact: Changes to Art Making in Session*

<b>Changes to use of art making in sessions since COVID</b>	<b>Frequency</b>	<b>Percentage</b>
Art making has become more important than ever as a way to connect with my clients.	21	28.4%
I still find art making in sessions to be useful with most clients.	37	50.0%
It is difficult to incorporate art because my clients don't have access to materials.	9	12.2%
My clients and/or I have difficulty navigating the technology necessary to make and/or share their artwork.	4	5.4%
My clients more often refuse to make art than before.	3	4.1%

Note: n = 74

*Table 4.11*  
*Pandemic Impact: Percentage of Online Practice*

<b>Percentage of Practice Moved Online</b>	<b>Frequency</b>	<b>Percentage</b>
My practice is 100% online right now.	14	18.9%
My practice is about 75% online and 25% in person.	17	23.0%
My practice is 50% online and 50% in person.	11	14.9%
My practice is about 25% online and 75% in person.	12	16.2%
I have continued to see 90-100% of my clients in person.	20	27.0%

Note: n = 74



*Table 4.12*  
*Pandemic Impact: Number and Frequency of Client Meetings*

<b>Number and Frequency of Clients Since COVID</b>	<b>Frequency</b>	<b>Percentage</b>
I still see the same number of clients and they attend regularly online.	29	39.2%
I see approximately the same number of clients but less frequently now that we meet online.	1	1.4%
My clients are less consistent about attending their scheduled sessions.	8	10.8%
I have experienced a drop in the number of clients who want to attend sessions since going online.	6	8.1%
I have had an increase in requests for sessions with new or returning clients who say they're seeking treatment because of the pandemic.	30	40.5%

Note: n = 74

*Table 4.13*  
*Pandemic Impact: Frequency of Art Making*

<b>Frequency of Art Making Since COVID</b>	<b>Frequency</b>	<b>Percentage</b>
I use art at the same rate as when sessions were in person, whether clients use traditional or digital art materials.	47	63.5%
I have shifted to using online tools like whiteboard to facilitate client art making in sessions.	8	10.8%
I am finding it more difficult to navigate the logistics of making art in sessions, so I offer it less often.	11	14.9%
If a client requests to make art, I will offer ideas and/or options for materials, and facilitate the process.	8	10.8%

Note: n = 74

*Table 4.14*  
*Pandemic Impact: Client Willingness to Make Art*

<b>Client Willingness to Make Art Since COVID</b>	<b>Frequency</b>	<b>Percentage</b>
More of my clients request to make art in online sessions than they did in person.	2	2.7%
My clients request to make art at about the same frequency as before.	50	67.6%
Many of my clients still request to make art, but fewer of them, and/or less frequently.	10	13.5%
I have shifted to using online tools like whiteboard to facilitate client art making in sessions.	11	14.9%
I am finding it more difficult to navigate the logistics of making art in sessions, so I offer it less often.	1	1.4%

Note: n = 74

*Table 4.15*  
*Pandemic Impact: Art as Self-Care Tool*

<b>Art as Self-care Tool Since COVID-19</b>	<b>Frequency</b>	<b>Percentage</b>
I am making more art now than before the pandemic and find it helpful to my overall state of well-being.	27	36.5%
I make art about as frequently as I did before the pandemic and find it especially helpful now to my overall state of well-being.	20	27.0%
I make art about as frequently as I did before the pandemic and find it equally helpful now as I did before.	18	24.3%
I make art less often now than before the pandemic but haven't really noticed a difference in my overall state of well-being.	4	5.4%
I don't make art as frequently as I did before the pandemic and find making less art has had a negative impact on my overall state of well-being.	5	6.8%

Note: n = 74

In assessing the impact of the COVID-19 pandemic on the practice of art therapy, there were seven research questions in the online survey designed to elicit responses from participants about changes they noticed and adjustments they made to their therapeutic work with clients and

one question about changes to participants' own use of art for self-care during and/or after the pandemic.

The first question in this category, "How frequently would you say you used art in your sessions prior to the pandemic?" addressed the frequency with which participants in this research study implemented the use of art with clients in their sessions prior to COVID-19. The largest percentage of respondents (48.6%) reported that, overall, their clients used art in every session. A second group (39.2%) said that they always offered art materials, and that some would accept, and some would decline. A small third group of participants (4.1%) stated that art materials were available and it was left up to the clients to use them. A slightly larger fourth group of participants (8.1%) reported that they would suggest an art therapy intervention that they believed clients might benefit from on an as-needed basis.

The second question within this category, "How has the use of art making changed in your therapeutic practice since the pandemic began?" addressed the pandemic-related changes art therapists in this research study noticed in how their clients made use of art in therapy sessions. In this question, the majority of participants (50.0%) chose the second option, indicating that they still found art-making in sessions to be useful with most clients. The next largest group of participants (28.4%) reported that art-making had become more important than ever as a way to connect with clients. In the last three categories, other challenges seemed to hinder the use of art for relatively small numbers of art therapists. Of these participants, (12.2%) found it difficult to incorporate art in online sessions because their clients did not have access to art materials at home. An additional 5.4% of participants reported that they and/or their clients had difficulty navigating the technology necessary to make and/or share their artwork. Finally,

4.1% of participants selected the response indicating that their clients more frequently refused to make art in sessions than before the COVID-19 pandemic.

Question three within the “Pandemic Impact” category asked “How much of your therapeutic practice have you moved to an online (telehealth) format?” Responses to this question were more evenly distributed than those to other questions. At the time of the survey, 18.9% of participants reported their practice was 100% online. An additional 23.9% of participants reported their practice to be approximately 75% online and 25% in person. Another group of participants (14.9%) reported their practice was equally divided, approximately 50% online and 50% in person. A similarly sized group of participants (16.2%) reported their practice was 25% online and 75% was in person. Finally, 27.0% of participants reported that they were continuing to see 90 to 100% of their clients in person.

Question four within this category asked participants, “What impact has the pandemic had on the number of clients you see and how regularly?” At the time of survey completion, 39.2% of participants responded that they were seeing approximately the same number of clients online and that their clients attended online sessions regularly. Only one participant (1.4%), reported seeing approximately the same number of clients but less frequently once they began meeting online. Another 10.8% of participants reported that their clients were less consistent about attending their scheduled sessions. Six participants (8.1%) reported having experienced a drop in the number of clients who wanted to attend sessions once they were moved online. By far the largest number of responses (40.5%) came from participants who reported that they had experienced an increase in requests for sessions with new or returning clients who said they were seeking treatment because of the impact of the COVID-19 pandemic.

The fifth question within this category asked, “How frequently do you use art in your sessions since the pandemic began?” A significant majority of participants (63.5%) responded that they used art at the same rate online as they did when sessions were in person. They reported that this was true regardless of whether clients used traditional or digital art media. The percentages of responses to the remaining three options were fairly evenly distributed. While 10.8% of participants responded that they had shifted to using online tools like whiteboard to facilitate client art making in sessions, another 14.9% participants responded that they found it more difficult to navigate the logistics of making art in sessions and therefore offered it less often. Finally, 10.8% of participants responded that if a client requested to make art, they would offer ideas and/or options for materials, and facilitate the process online.

Question six within the “Pandemic Impact” category asked, “Do you notice your clients are more or less willing to engage in art making during sessions since the pandemic?” Only 2.7% of participants reported that more of their clients requested to make art in online sessions than they did when meeting in person. The majority of participants (67.6%), reported that their clients requested to make art at about the same frequency as before. Ten participants (13.5%), reported that many of their clients still requested to make art, but fewer of them, and/or less frequently. Eleven participants (14.9%), reported that fewer clients overall requested to make art in online sessions and were less likely to agree to make art when it was suggested. Finally, one participant (1.4%), reported that their clients generally expressed frustration over trying to make and/or show their art in online sessions.

The final question in the category asked, “If you use art making as a self-care tool, how has it changed since the pandemic?” Twenty-seven participants (36.5%), responded that they were making more art at the time they completed the survey than before the pandemic and that

they found making art to be helpful to their overall state of well-being. Twenty participants (27.0%), responded that they were making art at the time they completed the survey approximately as frequently as they had before the pandemic and they found it especially helpful to their overall state of well-being. Eighteen participants (24.3%), responded that they were making art at the time they completed the survey approximately as frequently as they had before the pandemic and that they found making art equally helpful during the pandemic as they had prior to the pandemic. Four participants (5.4%), responded that, at the time they completed the survey, they were making art less often than they had before the pandemic and had not really noticed a difference in their overall state of well-being. Finally, five participants (6.8%), responded that, at the time they completed the survey, they were not making art as frequently as they had prior to the pandemic and they found that making less art had had a negative impact on their overall state of well-being.

The third category of online survey questions addressed the participants' attitudes about conducting therapy online (Telehealth). These two questions assess participants' overall view of the value of Telehealth, as well as whether and/or how meeting online had changed the value art therapist participants placed on using art with clients in their therapeutic sessions. Percentages of responses can be found in Tables 4.16-4.17 below.

*Table 4.16*  
*Attitudes Towards Telehealth Therapy: Likelihood of Continuing*

<b>Likelihood to Continue Online After COVID</b>	<b>Frequency</b>	<b>Percentage</b>
I see advantages to conducting therapy online in some situations and plan to continue to offer it to at least some of my clients.	30	40.5%
I find Telehealth to be convenient and flexible and plan to continue to see most of my clients online.	15	20.3%
I will return to seeing clients in person and only use Telehealth when absolutely necessary.	15	20.3%
I have no desire to work with clients online and will return entirely to working in person.	8	10.8%
I have no strong opinion either way.	6	8.1%

Note: n = 74

*Table 4.17*  
*Attitudes Towards Telehealth Therapy: Change in Value*

<b>Change in Value of Art as Therapy Since COVID</b>	<b>Frequency</b>	<b>Percentage</b>
I am as committed as ever to art making as a therapeutic tool and have found creative ways to continue to facilitate it with clients.	34	45.9%
I used art more during in-person sessions but find it difficult to adapt it to online therapy.	24	32.4%
I see equal or more value in using art in my practice now because of the connection I am able to create with clients while meeting remotely.	14	18.9%
I don't believe art making transfers well to online therapy sessions and have stopped using it.	1	1.4%
I have never felt a strong commitment to use art with clients; it has depended on the client and/or the situation.	1	1.4%

Note: n = 74

Question one in this category of attitudes towards Telehealth therapy asked, "When restrictions to meeting in person are eased, how likely are you to continue to conduct online therapy sessions?"

The largest number of participants (40.5%) responded that they saw advantages to conducting therapy online in some situations and planned to continue to offer an online option to some of their clients. Two response options were equally distributed between two groups of participants. One group (20.3%) reported that they had found Telehealth to be convenient and flexible and planned to continue to see most of their clients online. A second group (20.3%) reported that they would return to seeing clients in person and only use Telehealth when absolutely necessary. A smaller group of participants (10.8%) stated that they had no desire to work with clients online and would return entirely to working in person when it was available. The final and smallest group of participants (8.1%) stated that they had no strong opinion either way.

Question two in this category asked, “How has the pandemic, and seeing clients remotely, changed your view of the value of art in your therapeutic practice?” The largest number of participants (45.9%) reported that at the time of survey completion they were as committed as ever to art making as a therapeutic tool and had found creative ways to continue to facilitate it with clients. The second largest group of participants (32.4%) reported that they used art more during in-person sessions but had found it difficult to adapt it to online therapy. A smaller group of participants (18.9%) reported that they placed equal or more value in using art in their therapy practice because of the connection they were able to create with clients while meeting remotely. These three responses constituted the majority of participants’ respondents. Only one participant (1.4%) responded that they did not believe art making transfers well to online therapy sessions and had stopped using it. One other participant (1.4%) responded that they had never felt a strong commitment to use art with clients; it depended on the client and/or the situation.



## Correlations and Statistical Significance

The Chi-square test is a statistical test that is used to explore the association between two categorical variables. Because the data collected from the demographic survey and the questionnaire were categorical in nature, the Chi-square test was applied to the data to evaluate the likelihood that any observed difference between the sets of data arose by chance. The data in this research study were compared for possible correlations between the demographic data and the survey response data. Most of the associations showed no statistical significance. However, several Chi-square tests yielded results that were statistically significant. These results are displayed in Table 4.18 and discussed below.

*Table 4.18*

*How has the pandemic, and seeing clients remotely, changed your view of the value of art in your therapeutic practice?*

	Positive attitude	Negative attitude	Chi-square test results
<b>Years of Practice</b>			$\chi^2(2) = 7.385$ , $p = 0.025$
1-10	15 (50%)	15 (50%)	
11-20	14 (63.6%)	8 (35.4%)	
21+	19 (86.4%)	3 (13.6%)	
<b>Working with groups</b>			$\chi^2(2) = 5.840$ , $p = 0.016$
No	21 (52.5%)	19 (47.5%)	
Yes	27 (79.4%)	7 (20.6%)	

As can be seen in Table 4.18, the survey question, “How has the pandemic, and seeing clients remotely, changed your view of the value of art in your therapeutic practice?” was correlated with the number of years in practice from the demographic survey. Participants with

one to ten years in practice responded with an equal (50%) positive attitude and (50%) negative attitude towards the use of art in their therapeutic practice since the onset of the pandemic.

Participants with 11 to 20 years in practice responded with a 63.6% positive attitude and a 36.4% negative attitude towards the use of art in their therapeutic practice since the pandemic. Finally, participants with 21 or more years in practice responded with 86.4% positive attitude towards the use of art in their therapeutic practice since the pandemic. In this association,  $\chi^2(2) = 7.385$  ( $p = 0.025$ ); therefore, the number of years in practice was significantly correlated with an increasingly positive attitude towards the value of using art in therapeutic practice since the beginning of the pandemic lockdown.

The same question, “How has the pandemic, and seeing clients remotely, changed your view of the value of art in your therapeutic practice?” was subsequently correlated with art therapy group or individual practice. Participants who worked individually with clients demonstrated a near-even split between those who expressed a positive change (52.5%) and those who expressed a negative change (47.5%) in view of the value of art in therapy. By contrast, participants running groups showed a much higher percentage of positive change in view of the value of art (79.4%). In these results, the Chi-square statistic is 5.840 and the p-value = 0.016. Therefore, participants using art with groups demonstrated an increasingly positive attitude towards the value of the use of art in their therapeutic practice, compared to those who worked with clients individually.

Table 4.19

*How has the use of art-making changed in your therapeutic practice since the pandemic began?*

	Positive attitude	Negative attitude	Chi-square test results
<b>Online</b>			$\chi^2(1) = 6.707$ , $p = 0.010$
No	42 (87.5%)	6 (12.5%)	
Yes	16 (61.5%)	10 (38.5%)	
<b>Working with adult population</b>			$\chi^2(1) = 4.763$ , $p = 0.029$
No	14 (100%)	0 (0%)	
Yes	44 (73.3%)	16 (26.7%)	

Data in Table 4.19 address the associations between use of art in therapy and the use of online therapy during the pandemic as well as the association with client age (adult versus child or adolescent clients). As can be seen in Table 4.19, therapists who used online therapy platforms prior to the pandemic were significantly more likely to do so were associated with a smaller increase (61.5%) in use of art making since the beginning of the pandemic compared to practitioners that did not use online therapy (87.5% increase).

Seventy three percent (73.3%) of art therapists working with adults reported an increase in working online since the beginning of the pandemic. All practitioners who reported working with child or adolescent clients reported an increase in their use of art making in their practice since the beginning of the pandemic compared to those working exclusively with adults.

Table 4.20

*How much of your therapeutic practice have you moved to an online (Telehealth) format?*

	<b>50% or more of my practice is online</b>	<b>Less than 50% of my practice is online</b>	<b>Chi-square test results</b>
<b>In-patient therapy settings</b>			$\chi^2(1) = 6.555,$ $p = 0.010$
No	35 (66.0%)	18 (34.0%)	
Yes	7 (33.3%)	14 (66.7%)	

Table 4.20. shows the relationship between in-patient setting and percentage of online practice. Therapists working in in-patient settings reported using a significantly smaller proportion of online sessions (only 33.3%) had 50% or more of their practice online compared to therapists that had no in-patient practice. A significant majority of therapists (66.0%) who worked in person in other settings reported that 50% or more of their practice moved online during the pandemic ( $\chi^2(1) = 6.555, p = 0.010$ ).

Table 4.21

*What impact has the pandemic had on the number of clients you see and how regularly?*

	<b>Fewer Clients</b>	<b>Same</b>	<b>More Clients</b>	<b>Comparison test results</b>
<b>Working with adults</b>				Fisher Exact test p = 0.040
No	6 (42.9%)	5 (35.7%)	3 (21.4%)	
Yes	8 (13.3%)	25 (41.7%)	27 (45.0%)	
<b>Working with refugees</b>				Fisher Exact test p = 0.029
No	11 (16.4%)	30 (44.8%)	26 (38.8%)	
Yes	3 (42.9%)	0 (0%)	4 (57.1%)	
<b>Working with teens</b>				Fisher Exact test p = 0.028
No	10 (28.6%)	16 (45.7%)	9 (25.7%)	
Yes	4 (10.3%)	14 (35.9%)	21 (53.8%)	
<b>Out-patient therapy settings</b>				Fisher Exact test p = 0.015
No	13 (23.6%)	17 (30.9%)	25 (45.5%)	
Yes	1 (5.3%)	13 (68.4%)	5 (26.3%)	

<b>Private Practice</b>				Fisher Exact test p = 0.004
No	9 (24.3%)	20 (54.1%)	8 (21.6%)	
Yes	5 (13.5%)	10 (27.0%)	22 (59.5%)	

Table 4.21 summarizes the association between demographic variables (type of client) and the impact of the pandemic on the number of clients seen in clinical practice. As can be seen in Table 4.21, there were several statistically significant associations found. Practitioners who reported working with adults reported a significant increase in the number of clients seen since the pandemic (45.0%) reported seeing more clients compared to practitioners who did not work with adults (only 21.4%) reported seeing more clients. The results of the current investigation demonstrated that the majority of practitioners who worked with teens saw an increase in the number of clients since the pandemic (53.8%), compared with practitioners who did not work with teens, where only 25.7% reported seeing more clients.

Further, with practitioners who reported working with refugees, the pandemic had a mixed impact, but it impacted all practitioners who dealt with refugees. A majority (57.1%) reported seeing more clients, and 41.9% said that they saw fewer clients, but none reported the same number of clients.

A vast majority of practitioners (68.4%) working in out-patient therapy settings reported no change in the number of clients seen since the pandemic. This was compared to practitioners (45.5%) not working in out-patient therapy settings, who reported they saw more clients. Finally, practitioners working in private practice therapy settings reported an increase in the number of clients seen (59.5%) compared to those having no private practice experience. Only 21.6% of

therapists not in private practice reported seeing more clients since the beginning of the pandemic.

### **Qualitative Data Results: Online Survey Open-ended Question**

#### ***Content Analysis***

After participants completed the 11 multiple choice survey questions, they were given the option to complete an open-ended question to elaborate on any relevant information that they felt had not been captured by the survey questions. Thirty-six participants (48.6%) responded to the open-ended question. Their responses are recorded below and themes are noted in Table 4.22. Because some responses had multiple themes, parts of responses were separated into the relevant categories. As a consequence, the number of responses (68) exceeds the number of respondents (36). An additional 26 respondents indicated they had nothing further they wanted to communicate.

*Table 4.22*  
*Use of Art in Art Therapy Practice*

<b>Use of Art in Art Therapy Practice</b>	<b>Frequency</b>	<b>Percentage</b>
Is there anything I didn't ask that you would like me to know about the use of art in your therapeutic practice?		
Theme 1: Benefits of Telehealth	24	35.8%
Theme 2: Challenges with Telehealth	30	44.7%
Theme 3: Environmental Factors	14	20.8%

Note: n = 68

The categories were divided into themes that further elucidated the qualitative data to reflect the experiences of the research study participants. Table 4.23 provides a visual representation of the themes which are described in the next section.

*Table 4.23*  
*Summary of Content Analysis Results*

<b>Category (from Content Analysis)</b>	<b>Themes</b>
Benefits of Telehealth	Access/Convenience/Comfort
Mentioned by 35.8%	Increased Creativity and/or Resilience
	Connection
	Adaptability
Challenges of Telehealth	Discomfort with Technology
Mentioned by 44.7%	Access to or Changes in Art Materials
	Reluctance to Participate
	Communication
	Safety/Privacy
Environmental Factors	Stayed in Person
Mentioned by 20.8%	Changes in Employment
	Preferred In-Person Art Making

Note: n = 68

### **Benefits of Telehealth**

#### *Access/Convenience/Comfort*

Respondents whose answers to the open-ended question fit within this sub-theme discussed the benefits of seeing clients online. Two responses noted that clients felt comfortable in their home environments and being able to use their own art materials and reflected on the different levels of rapport possible when therapists and clients are able to glimpse each other's



home environment during online sessions. Six noted greater access and/or convenience for clients with mobility issues or who lived at greater distances.

### ***Increased Creativity and/or Resilience***

Respondents whose answers fit within this sub-theme reflected on several ways they were able to enhance their online sessions with clients. They discussed providing more structured art directives, having clients gather materials ahead of time to use in sessions and using video to bring an art directive alive. They also noted that the creativity and resiliency enlisted by clients and therapists alike in online sessions was a metaphor for the ways in which individuals were employing them in their response to the challenges of the COVID-19 pandemic overall.

### ***Connection***

Respondents whose answers fit within this sub-theme reflected on the importance of connecting to others, including peers and colleagues, and that online platforms had made it possible to maintain and even expand community, have a fuller sense of the global impact of the pandemic, and provided opportunities for online learning courses.

### **Challenges with Telehealth**

#### ***Discomfort with Technology***

Respondents whose answers to the open-ended question fit within this sub-theme noted the challenges that technology presented. For therapists the challenges were primarily described as becoming comfortable with an unfamiliar technology in order to be able to facilitate art making in sessions.

#### ***Access to or Changes in Art Materials***

The issues within this sub-theme fell into two categories: access to materials and changes to the type of materials being used with clients during COVID-19. Some respondents focused on

clients' lack of access to art supplies in their home environments, whether for financial or convenience reasons. Respondents who continued to work in person during the pandemic described using fewer and simpler materials that were easy to clean between uses.

### ***Reluctance to Participate***

Respondents whose answers to the open-ended question fit within this sub-theme noted that clients appeared uncomfortable working on art in silence when online versus being comfortable with making art in silence during in-person sessions. Also noted was a lowered ability to “work through” issues through art and an increased need for immediate results in therapy to feel better.

### ***Communication***

Respondents whose answers to the open-ended question fit within this sub-theme noted that it was more difficult to read clients' non-verbal cues and they frequently could not see what their clients were making or how. Respondents also noted that they had a more difficult time conveying art making directives. Additionally, they highlighted an increased need to coordinate with caregivers of child and teen clients, which increased the amount of communication necessary, as well as increased dependence on caregivers to facilitate an effective session.

### ***Safety/Privacy***

Respondents emphasized the challenge of working with trauma issues over telehealth because of the limits of privacy within younger clients' home environments. These therapists discussed the dualities of working online and trying to balance the need to hold the space, as well as the images created in that space, and not being able to. With younger children in particular, respondents also pointed out the necessity of having a caregiver help with an art directive, which then eliminated the opportunity for privacy and confidentiality. One respondent reported the lack

of privacy and/or safety as the reason they were using art less in online sessions. They described feeling the need to set containing boundaries when a client wanted to step deeper into the therapeutic process because the therapist did not feel they could contain the client's environment.

## **Environmental Factors**

### ***Stayed in Person***

Respondents whose answers to the open-ended question fit within this sub-theme stated that they had stayed in person during the COVID-19 pandemic due to the population(s) they served and/or the settings in which they worked. Four (4) respondents stated that they had made the decision to stay in person in their private practice settings and that they refused to move their work with clients online.

### ***Changes in Employment***

Respondents whose answers to the open-ended question fit within this sub-theme discussed issues of unemployment, under-employment and/or changes in employment during the COVID19 pandemic, particularly in situations where they were no longer employed as art therapists, even if they were still working.

### ***Preferred In-person Art Making***

Respondents whose answers to the open-ended question fit within this sub-theme discussed the resistance to art making they experienced with clients in online sessions versus clients' receptivity to making art in-person both before the pandemic and when sessions returned to being in person. Other observations included less resistance to art making online if a relationship between therapist and client had been established prior to the pandemic and a preference expressed by clients meeting online to make art outside of sessions that they would share about verbally during online sessions.

“I began transitioning back to in-person sessions a couple months ago; I'm now about 50% in person, 50% virtual since many patients in our clinic are high-risk for covid (sic). Most of the patients I'm now working with in person were consistently resistant toward creating artwork via telehealth, but every single one of them is bursting at the seams with creativity now that we're back in the office.”

In summary, three main themes were identified by the researcher. These were *Benefits of Telehealth*, *Challenges with Telehealth* and *Environmental Factors*. Within these three broader themes, several sub-themes were identified for each. Within the Benefits of Telehealth theme, *Access/Convenience/Comfort*, *Increased Creativity and/or Resilience* and *Connection* were highlighted in 24 responses (35.8%). Within the Challenges with Telehealth theme, *Discomfort with Technology*, *Access to or Changes in Art Materials*, *Reluctance to Participate*, *Communication* and *Safety/Privacy* were identified in 30 responses (44.7%). Within the Environmental Factors theme, *Stayed in Person*, *Changes in Employment*, and *Preferred In-person art making* were cited in 14 responses (20.8%). All of the responses could be related back to specific questions within the online survey and supported and amplified the original research questions of the study.

### **Qualitative Data Analysis: Participant Interviews**

Of the 74 participants who completed the online survey, and the 36 participants who chose to add a response or responses to the open-ended question, 20 indicated their interest in being interviewed online by including their contact information via an email address. Of those 20, the researcher was able to schedule nine interviews with art therapists living and working in different parts of the world.

Ten of those 21 participants responded and nine 60-minute interviews were scheduled and conducted with the researcher. The researcher was unable to find a time to meet with one of the 10 respondents because of time zone issues and scheduling.

Of the nine interview participants, one identified as living in Asia, one in the United Kingdom, one in Canada, and the remaining six in the United States. One interview participant identified as male and the remaining eight as female. Two participants identified as Asian, two as African American, and five as white.

The interview participants responded to open-ended versions of the online survey questions. A reflexive thematic analysis approach was utilized to organize and interpret the data (Braun & Clarke, 2020). Words and phrases within the responses to each question were highlighted and organized into categories using first level or open, inductive coding, driven by the data (Braun & Clarke, 2020; Saldaña, 2016). These categories held the emergent themes and sub-themes as they were developed and organized by the researcher during second level coding (Saldaña, 2016). The results are detailed below.

### ***First Level Coding***

The data from the nine online interviews were organized into 12 categories using open coding collected by highlighting words and statements that stood out from the interview transcripts (Saldaña, 2016). These categories included: *Value of Art/Art Therapy, Pandemic, Telehealth, In Person, Benefits, Challenges, Changes, Media, Frequency, Clients/Populations, Self Care*, and *art making in Session*. The researcher also sorted verbs from the interviews into three themes: *Verb Phrases, I Verbs* and *Negative Verbs* based on a feminist research model designed to identify the unique voices of participants in interviews (Gilligan & Eddy, 2021). However, since the analysis of this type of data was not included in the original research study

proposal, they are not relevant to the overall focus of the research and will be saved for a future study.

During the open coding, an analytic memo was generated to explore the relevance of the identified categories and to capture first impressions of the prominent themes that were emerging within the categories identified from the interview responses. The analytic memo helped to highlight not only those themes but also began to suggest linkages between themes.

Two categories: *Pandemic and Clients/Populations* were almost immediately eliminated. Since the pandemic was the reason for the study, including it as a category was both redundant and unnecessary. Clients or populations also did not yield information that was relevant to the pandemic or changes due to the pandemic and was, therefore, also unnecessary to understanding the implications for art therapy practice. The remaining categories initially appeared to have unique characteristics but with further analysis revealed similarities and/or connections that could be combined under other categories. Therefore, the final collection of 10 categories determined to continue to have unique characteristics were identified as: *Value of Art/Art Therapy, In Person, Benefits of Telehealth, Challenges of Telehealth, Media, Frequency of Sessions, Self Care, and Art Making in Session*.

### ***Second Level Coding***

Second level or axial coding was applied to the emerging themes to look for connections and/or relationships among them and to identify additional themes and sub-themes grounded within participants' responses and the collected data (Saldaña, 2016). During this coding, or essentially, re-coding, some themes were collapsed or combined and others were relocated under more relevant categories. Thus, the original 13 themes were condensed into seven themes, which are discussed in the next section.

A third review of the themes and categories revealed additional linkages and connections and led to further refinement of the data (Braun & Clarke, 2020; Corbin & Strauss, 2008; Saldaña, 2016). The final collection of categories holds the most salient and relevant themes and sub-themes and reflects their interrelationships. Highlighting responses in different colors presented a visual structure showing the weight of each category with its relevant themes and sub-themes that paralleled the frequencies discovered in the quantitative data analysis (Rouder, et al., 2021).

### ***Themes and Sub-themes***

Under the Value of Art/Art Therapy category, two sub-categories emerged: Art Therapist and Client. Four themes emerged: Importance to Identity, Importance as a Tool, Love of Art and Equality. Participant responses suggested that Importance to Identity and Importance as a Tool themes fit under the Art Therapist sub-category because they reflected the ways art therapists value art and art therapy and *Love of Art and Equality* themes fit under the Client sub-category because they reflected what art therapists saw as the value to clients.

The In Person category initially had three themes: Adaptability, Ethics and Risk. Connections and Necessity were later added as also being distinct themes, for a total of five themes.

The Benefits of Telehealth category initially had six themes: Creativity, Resilience, Resource(s), Flexibility, Convenience and Access but the last two were recognized as sub-themes and were collapsed into Flexibility.

Under the Challenges of Telehealth category, there were five themes. These were: Space, Ethics, Materials, Communication, and Motivation. These remained the same, although Privacy was briefly considered before Ethics was chosen.

The Media category was given five themes: Type, Amount, Found Objects, Kits, and Technology. When the Changes category was eliminated, the original Materials sub-category was moved to Media and the responses were redistributed among the five themes listed above.

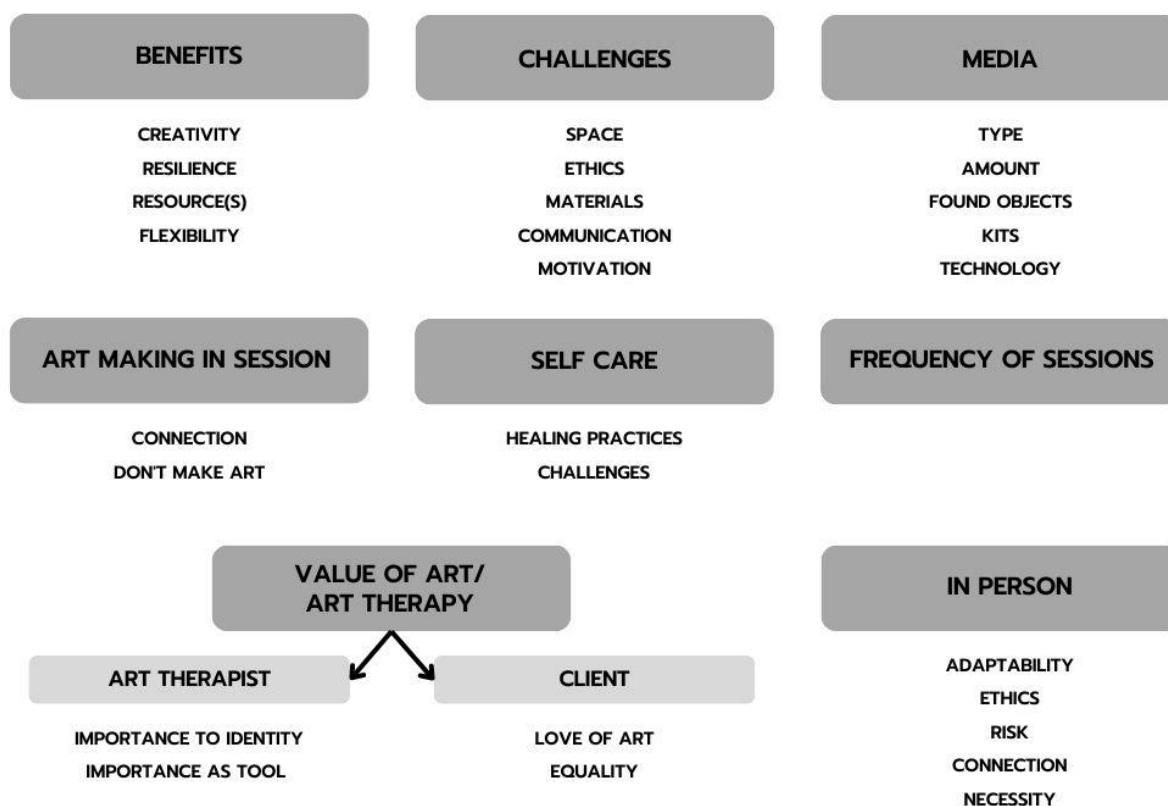
A slightly different process occurred with the Frequency of Sessions or art making in Sessions category. Because it was already divided into two parts, it became clear that art making in Sessions was actually a sub-category that would fit under Value of Art/Art Therapy, which left Frequency of Sessions as a stand-alone category.

The Self Care category was initially divided into six themes. These included: Identity, Stress, Renewed Interest, Healing, and Practice. It became clear that Identity and Renewed Interest theme fit within the Value of Art/Art Therapy category under its sub-category Importance to Identity. The Stress theme was folded into a new theme which combined Healing and Practice into Healing Practice. A new theme called Challenges was added to the Self Care category because the entries did not fit easily under any other existing categories.

The final category was art making in Session. This category was also reconfigured. The original themes included: Value, Benefit, Challenge, Self Care, Connection and Don't Make Art. Again, it became clear that the Value theme fit under the original category Value of Art/Art Therapy and was moved there. The Benefit and Challenge themes seemed to obviously fit under Benefits of Telehealth and Challenges of Telehealth, respectively and they, too, were relocated. The remaining two themes of Connection and Don't Make Art remained in the art making in Session category where they began. Please see Figure 4.1 for a summary of categories and themes.



Figure 4.1  
Summary of Categories and Themes



### *Ensuring quality of the analysis*

The first level coding identified categories found within the interview participants' responses to open-ended versions of the online survey questions. The second level coding further identified and highlighted connections between themes and thereby supported and amplified the quantitative results.

## Chapter 5 Summary

The qualitative portion of the research study confirmed and strengthened the findings of the quantitative research data. The two parts respond to the original research questions. To the question: “ How has the pandemic impacted the use of art in therapeutic practice, both in materials and frequency?,” the qualitative results supported the quantitative results that the types of materials used in art therapy were changed by the COVID-19 pandemic, as well as the frequency in which art was used in therapy, both online for those who made the shift, as well as for those who remained in person, either by choice or necessity. The willingness of clients to engage in art online was also addressed and reflected in the interview responses and showed both the challenges and resilience of both clients and art therapists during the pandemic. In both the quantitative and qualitative data, it became clear that art therapists will continue to utilize the online option, both because of access for clients with mobility issues and distance challenges, and for convenience when a session would otherwise be canceled. This is a permanent change.

Finally, the question of whether art making for self care has changed among art therapists, the results showed that, overall, there was an increase in the use of art for self care and, in many cases, a renewed interest because of the pandemic.

## Chapter 6 Discussion

The COVID-19 pandemic has had a significant impact on the field of art therapy, forcing art therapists to adapt their practices to meet the changing needs of their clients, while at the same time navigating their own course through the pandemic. The present investigation attempted to elucidate some of these adaptations by surveying a group of art therapists about their COVID-19 experiences. Seventy-four art therapists responded to an online survey questionnaire and nine of those 74 consented to a full one-on-one online interview. Results from the study, reviewed in the previous chapter, indicated that some of the ways COVID-19 changed the way art therapists use art in their therapeutic practice could be sorted into several categories. These included: the benefits and challenges of telehealth, changes in the type and use of materials, changes in session frequency and structure with clients, connection versus isolation, and creativity and resiliency of both art therapists and their clients.

Some of the most significant results were found in both the quantitative and qualitative data, each supporting and reflecting similar findings of the other. This chapter will endeavor to explore some of the reasons for these results and why they are important. Qualitative data from the survey questionnaire and interview transcripts will be shared to amplify the experiences of participants of this study.

### In Person

The qualitative data reflected the unique challenges that art therapists who remained in person faced as well as their resiliency during the pandemic crisis. The themes within the In Person category included: *Necessity*, *Ethics* and *Risk* related to the challenges while *Connections* and *Adaptability* were indicative of the resourcefulness and resilience of these practitioners.

The necessity of remaining in person was directly related to the setting in which art therapists were working when the pandemic began and lockdowns were imposed by numerous governments. Those participants who had remained completely or partially in person, recounted their experiences of working under extreme pressure and grueling work hours. Shortage of protective equipment, such as masks and gloves, were a daily part of working in person within settings that could not transition to distance therapy. Some respondents explained how they attempted to maintain their ethical standards within a quickly evolving work situation.

Risk for the participants who stayed in person, especially in the early months of lockdown, revolved around fear and uncertainty about how the coronavirus could be transmitted from person to person, and there was a scarcity of protective equipment for workers, as well as basic cleaning and sanitizing supplies. Many in-person art therapists described using fewer, simpler materials that were easy to clean and sanitize between uses.

Connections and adaptability were the flip side to the challenges art therapists faced in person. Interview participants described the creativity of their art directives and modifications to the art space and use of materials. They acknowledged that they were often a lifeline for patients and clients, who already often fell into vulnerable groups. Their narrative themes fit directly into

These themes were also reported in some responses to the open-ended question in the online survey questionnaire.

“It's really hard to use ... diverse options for a patient. We limited our materials in a session, but still we're using some type of art. Even though the armature [*sic*] is limited, we're using art all the time.”

## **Frequency of Sessions**

A majority of art therapists working with adults reported a general increase in their therapeutic work during the pandemic. This reflects the research findings that adults reported significant increases in anxiety and depression directly related to COVID-19 and a general increase in demand for mental health services due to the pandemic. The disruptions to everyday life, fear of the coronavirus, loss of loved ones, isolation and disconnection, and uncertainty about the future were reasons specified by adults for seeking mental health services in larger numbers than prior to the pandemic (Silva, et al., 2020). Another point to note is that the data suggested that all practitioners who identified themselves as working with child or adolescent clients reported an increase in their use of art making in their practice during the pandemic, whereas those working exclusively with adults reported a decrease or same level of art making in sessions. Anecdotally, art therapists may often experience adults, generally, as expressing less interest, confidence and/or comfort with making art. However, research shows that art making is beneficial to adults' overall well-being (Kuta, 2022; ).

Practitioners who reported working with adults reported a significant increase in the number of clients they saw during the pandemic, again, likely due to the increase in stressors caused by the COVID-19 pandemic and the resulting demand for mental health services worldwide. Practitioners who worked with teens also reported an increase in the number of clients during the pandemic, which corresponds to research studies showing spikes in anxiety and depression among adolescents and children caused by the pandemic (Chavira et al., 2022; Silva et al., 2020).

A conflicting result was that practitioners who reported working with refugees noted that the pandemic had had an impact on the number of clients they saw, but some saw more refugee

clients, and some saw fewer. However, the number of practitioners working with refugees was also very small so the differences would likely have been magnified by the small sample size.

For refugees, the dual traumas of forced relocation and the pandemic crisis multiplied the layers of fear and anxiety and art therapy has been a valuable intervention for exploration and integration of those traumas (Feen-Calligan, et al., 2023; Potash, et al., 2020). One interview participant shared the story of a client, the son of refugees, for whom art therapy created a profound shift:

This was a son of refugees from Laos; so he's an Asian male in his thirties, and he had a stroke when he was in his twenties. He's been living his survivor story for a decade. And the way he started expressing himself through the art, we all of a sudden started noticing all these cultural connections to his parents and his grandparents and the way that they made art. Like, his grandmother was apparently a renowned story cloth maker of the refugee story from Laos. And we started noticing really similar themes in what my client would draw and what he would make, and some of them would just look like story cloth. So, it just created a really cool bridge to his cultural identity, being a second generation immigrant in America.

A vast majority of practitioners who reported working in out-patient therapy settings reported no change in the number of clients seen since the pandemic began. However, practitioners who reported working in private practice therapy settings reported an increase in the number of clients they were seeing during the pandemic. In addition, a significant majority of art therapists who had worked in person in other settings reported that half or more of their practice moved online during the pandemic. In contrast, therapists working in in-patient settings, such as

psychiatric and memory care units, residential treatment settings and shelters, reported that, for the most part, they were forced to remain in person during the pandemic.

### **Art Making**

In response to the question regarding how art making with clients had changed since the pandemic, practitioners who had not used online therapy prior to the pandemic reported a much larger increase in use of art than did art therapists who had been using art therapy in online therapy platforms prior to the pandemic. Of particular note in this comparison is that art therapists, for whom telehealth was a new phenomenon, clearly endeavored to continue to offer art making to clients in their sessions, thereby further reinforcing their commitment to continuity of quality care during the pandemic, as well as their belief in art as a therapeutic tool. This was echoed in both responses to the open-ended question in the online questionnaire as well as in interview participants' responses. One person commented:

“They seem to be more willing once they understand how to use it [art] and what it does. They do find that it’s comforting, it’s self soothing, and it gives them the opportunity to express something that they couldn’t in words. Some have even said that it’s a refreshing way to do therapy as opposed to the verbal part. They can see themselves in a different way.”

### **Media**

The Media category in the qualitative data revealed the themes *Type*, *Amount*, *Found Objects*, *Kits*, and *Technology*. The responses of interview participants and in some of the responses to the open-ended question in the online survey questionnaire revolved around the changes they had experienced with art materials. Whether or not art therapists moved online or stayed in person the pandemic had a significant impact on media. Those participants who stayed in person during the pandemic had reduced the number and type of materials used in art therapy

sessions and much of the decision was based on how easily they could be cleaned, sanitized and reused between sessions. The majority of research participants had transitioned to telehealth and were confronted with the issue of clients' access to materials. A few participants chose to mail art kits to their clients. Most worked around what clients had available and many became creative and resourceful in what they defined as art media, including household items, materials from nature, and found objects. A few also incorporated technology such as whiteboards, digital art programs, and webcams.

“So, I have to work with no control over what somebody has. Hence, the magic object. ‘I’ll give you ten seconds. Find an object. It doesn’t matter what it is. It can be a ball of dust. It can be a paperclip, a pen, a shoe ... I don’t care. Okay, you have it. Now, this has magic qualities. What are the qualities and what do you want to do with it? Well, this allows you to leave the confines of your cousin’s mother’s house where you don’t want to be all day, but you have to because your mom has to work. You can go to Italy. You can go visit your friend. ‘You know, and that was very engaging for them.”

### **Value of Art/Art Therapy**

How much art therapists value art was a significant question, both quantitatively and qualitatively; however, this doctoral research study appears to be unique in identifying the importance of art making to both the identity of the art therapist and as a therapeutic tool. The literature includes numerous studies about the importance of creative arts therapists making art with clients (Brown, 2008; Tomkins Rosa, 2023), making art for expression or self-reflection (Iliya, 2014; Odom, 2021), for developing professional identity in art therapy students (Jue, 2017), and for self-care (Hargraves, 2021; Howard, 2015). However, these studies do not



necessarily measure the intrinsic value of art itself for art therapists. A four-issue volume of the American art therapy journal in 2000 was devoted to responding to the question, “Is art therapy an idea or a profession?” and included numerous articles about art therapist identity, but these compared the art therapy professional identity with other mental health professions (Allen, 2000; Gussak, 2000; Lachman-Chapin, 2000; Moon, 2000; Vick, 2000).

In contrast, this doctoral research study asked participants to overtly explore the intrinsic value art held for them individually. The results emphasized the importance that art holds for art therapists and the significant way in which value of art and years in practice were related. This statistically significant association was interpreted to mean that more experience with art as a therapeutic tool increased its value for the practitioner over time.

Several studies explored the artist/art therapist identity indirectly. Brown’s (2008) article, Jue’s (2020) article, and Tompkins Rosa’s (2023) article support this doctoral study’s findings about the importance and significance of the value of art to art therapists as a source of identity. Brown (2008) investigated the relationship between the participants’/co-researchers’ art making outside of work in comparison to their work at the hospital as therapists, and also what happened when they stopped making art. They explored these questions by creating individual art expressions and then collective ones (Brown, 2008). The research methods used in this study engaged the participants’/co-researchers’ identities as creative arts therapists as being central and essential to the study and results.

Comparing associations between the demographic data and responses to the online survey questions yielded a positive association between years in practice and how art therapists valued the use of art as a therapeutic tool; the more years in practice the deeper the belief in the value of art. A general hypothesis around these findings may be tied to art therapist identity and

how that develops over time. Especially in states where counseling licensure is a key component in the professional career of art therapists, they often pursue their counseling license before art therapy credentialing, and it typically takes two to three years to complete their post graduate hours (Board of Behavioral Sciences, n.d.). Anecdotal evidence from these emerging professionals' self reports follows a typical narrative: after two to three years of pursuing necessary psychology licensure, they feel they have lost their art therapist identity. Conversely, art therapists who have been in practice for 20 years or more have had decades to develop and solidify the art therapist identity in their practice.

Interview data extracted an explicit link between the valuing of art as being an essential part of the art therapist identity. While this may appear obvious, it was noteworthy that a number of interview participants highlighted it specifically, stating, "It is part of who I am." "It is essential to what I do." The category in the qualitative data labeled *Value of Art/Art Therapy* and its two themes related to art therapist identity and art as a therapeutic tool further supported the quantitative results. A majority of the interview participants echoed this conviction in their responses, like the one below:

"I see art therapy as being more important than ever as a way to work. It has reinforced my belief that there is nothing like it."

### **Self Care**

The *Self Care* category within the doctoral study was divided into themes of *Healing Practice* and *Challenges*. Self-care within art therapy literature is a popular topic. Published articles and several Master's thesis projects devoted their research to the topic of self-care. Several studies explored self-care for resolution of personal or professional trauma (Eastwood, 2022; Jue & Ha, 2022; Hyatt, 2019; Tomkins Rosa, 2023). Some of the same studies and several

others highlighted well-being, and growth and development as a crucial part of self-care (Jue & Ha, 2022; Hyatt, 2019; Hargraves, 2021; Odom, 2021). Mindfulness was a third and pervasive topic related to self-care (Jue & Ha, 2022).

Clearly, self-care is a central and ongoing theme within the art therapy community both prior to and during the COVID-19 pandemic. It is an important component of maintaining an ethical and effective practice (Howard, 2015; Tomkins Rosa, 2023). The literature echoes the themes that surfaced within the qualitative data analysis of the doctoral research study. The pandemic triggered trauma responses in many individuals and groups; art therapists were not exempt from experiencing trauma and reaching for tools to help themselves cope and keep going.

A majority of interview participants reported that self-care had been an important daily practice for them prior to COVID-19 and that it only increased in importance during the pandemic. While some participants recounted meditation and exercise as part of their routine, most indicated that art making was a primary source of self-care. A few others admitted that they had come back to making art for self-care purposes because of the pandemic and had found it essential to maintaining a sense of equanimity.

“I see the benefit of it [art making] as I’m kind of getting back into it for myself, and I think that it’s really just to say, trust yourself. And, so that’s kind of where I want to get to because I see what it’s doing for me on this end, and it’s a skill that I can support and offer.”

Although self-care was not directly related to the changes in art therapy clinical practices brought about by the pandemic that was the primary focus of the doctoral research study, it was a topic of interest to this researcher because of the impact the pandemic had on art therapists, and the implications of practicing, or not practicing, self-care during a time of crisis. Self-care was,

therefore, one of the study's original research questions, and has been included in the discussion.

It was a frequently occurring topic in the open-ended question portion of the online survey questionnaire as being important and was also highlighted by interview participants. Most rated self care practices as being equally or more important to them since the beginning of the pandemic. A few also acknowledged challenges to maintaining a regular self care practice.

“I think we as artists, as art therapists, have to ask ourselves, have we been doing more art as a result of the pandemic for our own self care?”

### **Challenges**

The challenges of telehealth begin with technical issues such as poor internet connectivity or computer malfunctions, access to a computer and/or the internet, and unfamiliarity with online platforms and digital art making programs. Any of these factors can disrupt the therapy session and make it difficult to engage in art making. Telehealth can create a sense of distance between the therapist and client, which can be especially challenging for clients who have difficulty forming relationships or who struggle with social isolation (Datlen & Pandolfi, 2020).

The literature and the challenges detailed by the authors there, reflect the challenges faced by the participants in this doctoral research study. Technology generally was listed as a challenge in a quite a number of studies (Sasangohar, et al., 2020; Honig & Hannibal, 2022; Zubala & Hackett, 2020; Carlier, et al., 2020; Bianchi, et al., 2022; Biro-Hannah, 2023). Some authors also cited unfamiliarity with telehealth and telehealth technology as being particularly difficult (Sasangohar, et al., 2020; Honig & Hannibal, 2022). Loss of the physical environment was a common theme (Sasangohar, et al., 2020; Honig & Hannibal, 2022; Datlen & Pandolfi, 2020). Communication and scheduling were also listed as initial challenges (Sasangohar, et al., 2020).

Telehealth may also limit the therapist's ability to observe non-verbal cues and body language, which can hinder the ability to assess clients' emotional state and any risk factors that may be present. While some art supplies can be provided to clients, the range of therapeutic tools available during a telehealth session are often limited compared to in-person sessions. Clients may be concerned about the privacy and security of their personal information, as well as the therapy sessions themselves. Therapists have had to modify informed consent forms, enlist caregivers to create a safe, private and contained space, and supply materials. This has meant that art therapy practitioners have generally been forced to give up some of the control of providing the container for clients; it does, however, also provide an opportunity for clients to feel they are collaborating in their own therapy.

A lot of the qualitative data yielded important responses from both the open-ended question in the online survey questionnaire and the interview participants regarding the benefits and challenges of telehealth which have implications for future practice. The challenges art therapists encountered were to be expected and carried themes like *Space*, *Materials*, *Communication*, and *Motivation*. *Ethics* was a theme that surfaced in the responses of both art therapists who shifted to telehealth and those who remained working in person throughout the pandemic. Most interview participants who transitioned to online therapy referred to space as presenting a challenge both to clients and for themselves. Likewise, materials were a challenge, altering clients' access to them or the types of materials available to them.

The theme of communication also changed in a number of contexts. Certainly verbal and non-verbal communication were affected by meeting within the small rectangles of online platforms such as Zoom. In addition, art therapists had to adapt the ways in which they explained art directives and invited verbal processing of art activities.

Finally, interview participants and several of the open-ended question responses frequently mentioned the theme of client motivation being a change in art therapy sessions. Sometimes motivation increased but they reported that it often decreased and they found themselves employing more verbal prompts and encouragement to reticent clients and also needing to manage their own frustrations.

Studies of material interaction have shown that different materials have specific qualities that art therapists can use to assess the mental health of clients. The way that a client uses and responds to particular materials, based on the Formal Elements Art Therapy (FEATS) Scale, offers a glimpse to the therapist into the client's current state (Pénzes, et al., 2014). This reflects the therapist's ability to see where a client is from a mental health standpoint, and "meet them where they are." A therapist from the study demonstrated the importance of materials and meeting clients when they are stated,

"And so they chose something that was very structured, a coloring page, and they just colored. And for them, that was helpful for them to be mindful and to find a place of peace. But I had other expectations, right? So, it helped me to check myself that I have to meet them where they are."

### **Benefits**

Many of the same articles in the current literature that discussed the challenges of online therapy also acknowledged the benefits of connection that online art therapy provided during the COVID-19 pandemic (Honig & Hannibal, 2022; Carlier, et al., 2020). In cultures where mental health challenges are a taboo discussion, Carlier, et al. (2020), discovered that online therapy ultimately reduced stigmatization among the families of their clients. Not only connection but improved communication skills were the result of an online group in the UK (Datlen & Pandolfi,

2020). Skill sharing and daily routines were developed in an online program for refugees that increased support and reduced exposure to discrimination (Usiskin & Lloyd, 2020). Learning to use telehealth effectively with clients improved trainee therapeutic skills (Bianchi, et al., 2022). Conducting research around the challenges and benefits of telehealth encouraged programs to develop future best practices (Biro-Hannah, 2023; Zubala & Hackett, 2020). The current literature discussing the benefits of telehealth, supports this doctoral research study's findings in the qualitative data.

The Benefits of Telehealth category in the qualitative data yielded themes of *Creativity*, *Resilience*, *Resource(s)* and *Flexibility*. All of the interview participants and a number of the open-ended question responses reflected on the unexpected benefits that the COVID-19 pandemic, and even telehealth, had provided. Many noted that the creativity and resilience demonstrated by their clients, and that they acknowledged in themselves in their approach to online art therapy, was an apt metaphor for the creativity and resilience demonstrated in response to the pandemic overall. Resources also emerged consistently as a theme and flexibility was acknowledged as a direct result of the forced adaptations art therapists made in response to the COVID-19 pandemic.

"I feel like I have learned to be really resourceful and my groups are very interactive. The children talk with one another and we are doing really creative things. I think going back to simple ideas and projects has been part of the shift."

### **Validity and Reliability**

The researcher employed reflexivity as a way to establish validity of the qualitative results. According to Johnson (1997), reflexivity is "critical self-reflection about potential bias" (Johnson, 1997, p. 284). Potential biases were addressed by the researcher practicing self-

awareness about personal opinions (Marshall, 1996; Vagle, 2016). Descriptive validity was utilized through the use of transcribed interview recordings to ensure the factual accuracy of the interviews. The researcher was unable to include multiple researchers for this study, which is recommended by Johnson (1997). All recordings were listened to while comparing them with the transcripts to ensure that the transcriptions were accurate, thus verifying the accuracy of the transcripts. Improvements to the research design and data analysis would have included the participants as co-researchers who reviewed the data and confirmed the validity. Because the survey questions were created by the researcher, reliability could not be confirmed, as it could have been by employing standardized and tested measures.

## **Conclusions**

It cannot be overemphasized that the COVID-19 pandemic transformed all of us. We all experienced the disruptions and losses. We all were forced to confront our own grief, fear and anxiety provoked by the crisis. By necessity or choice, most of us 'pivoted' to working in the unfamiliar terrain of telehealth. Learning new technologies, brainstorming alternative materials to use in sessions with clients, navigating the waters of working in our homes and seeing clients in their environments - and they seeing us in ours - has irreversibly changed all of us and, consequently, the profession of art therapy.

Overall, COVID-19 has provided an opportunity for art therapists to fully embrace being creative and flexible in their approach to using art in therapy. While the pandemic created many challenges, it has also provided opportunities for innovation and growth within the field of art therapy.

## **Implications**

Providing art therapy through telehealth has become more common since the COVID-19



pandemic, and there are both benefits and challenges to this format. Some of the benefits of providing art therapy through telehealth include: accessibility, convenience, flexibility, comfort and safety. An equal number of challenges of telehealth include: technical difficulties, lack of personal connection, limited materials, privacy concerns and limited non-verbal cues.

On the beneficial side, telehealth has made art therapy more accessible to individuals who may not have access to in-person therapy due to geographic, mobility, or scheduling limitations (Carlier, et al., 2020; Spooner, et al., 2019). Telehealth eliminates the need to travel to a therapist's office, which can save time and reduce the burden of transportation costs to both clients and therapists. Telehealth allows for more scheduling flexibility, which can be especially important for clients with busy schedules, families, and due to illness and other situations where, in the past, the only option would have been to cancel an appointment. Some clients may feel more comfortable participating in therapy from the privacy of their own home, which can increase their willingness to engage in the therapeutic process. During the COVID-19 pandemic, telehealth also helped reduce the risk of spreading the virus, and allowing clients to receive therapy remotely, reduced the anxiety of meeting in public spaces and potentially contracting the virus.

Overall, telehealth has proven to be a valuable tool for providing art therapy, and will continue to be a preferred option for many practitioners, but it may not be appropriate for everyone or every situation. It has been, and will continue to be, important for art therapists to consider the benefits and challenges of telehealth (Zubala & Hackett, 2020). Now that many art therapists have been able to return to seeing clients in person, it is a new and important responsibility to work with clients to determine the best approach for their individual needs on a case by case basis.

## Limitations

Limitations to this study included a relatively small sample size and a majority of respondents identifying as White/Caucasian women from the United States. Although these demographic characteristics mimic those of the field of art therapy in the U.S. (Elkins & Deaver, 2015), the sample achieved did not represent the diversity of participant experiences hoped for by the researcher. However, there was some representation from other countries, racial and ethnic groups, and genders among the participants in the online interviews representing a more diverse group of art therapists.

The structure of the multiple choice questions limited the types of quantitative statistical analysis available and therefore the data analysis leaned more heavily on the interview data and qualitative analysis than on quantitative analysis (Saris, & Gallhofer, 2014). However, the quantitative analysis did reveal some statistically significant results. In addition, the trustworthiness of the study could have been enhanced by having interview participants review the coding of responses to ascertain whether they agreed with the categories, themes and sub-themes identified by the researcher (Nowell, et al., 2017). Despite these limitations to the design and methodology of the study, the literature written before and during the pandemic supports many of the findings of this research study.

It is important to acknowledge that the researcher was also affected by the COVID-19 pandemic and, while not in clinical practice at the time, was forced to quickly transition to distance teaching through an online platform. The researcher, therefore, also experienced some of the challenges and benefits of using technology in attempting to provide continuity of services to students and colleagues. In addition, the researcher felt the impact of many of the stressors caused by the pandemic that have been reported globally, including fear, anxiety, uncertainty

about the future, and, to some extent, the impact of social distancing and isolation (Hochman, 2023; Silva, et al., 2020). The shared experiences of the researcher, rather than contributing to a bias in the research, more likely contributed to an understanding of the participants and the basis for their responses to both the online survey questions and the interview questions. However, the researcher made an assumption that most or all participants would have transitioned to telehealth and, therefore, the questions were skewed towards that perspective.

There might also have been some other unconscious assumptions that surfaced during the creation of the survey questions based on the researcher's experiences during the pandemic and may have biased the wording and/or excluded potential response options. The inclusion of an open-ended question in the online survey questionnaire was an attempt to lessen the impact of potential bias by giving participants an opportunity to highlight what was important to them and/or to point out where questions were skewed in one direction or did not address an important topic.

Finally, during the coding phase the researcher tried to acknowledge and set aside potential biases before analyzing the qualitative data using the phenomenological tool of bracketing. However, because of the shared collective experience of both the researcher and participants, who were all art therapists practicing during the COVID-19 pandemic, researcher subjectivity seemed both inevitable and important. The researcher, therefore, chose to take a Heideggarian stance during the qualitative data analysis (Tufford & Newman, 2012).

### **Practical Considerations**

A number of tools emerged as practical considerations for enhanced art therapy practice using telehealth. Several participants in the research study recommended having a webcam as a useful addition to online art therapy, allowing client and therapist to both see each other's faces,

as well as their hands and art piece in progress. Webcams come in a range of prices, making them relatively affordable. Also suggested was the use of short videos for inspiration and/or explanation of a topic or art activity, as well as to encourage exploration and discussion. Some art therapists found it helpful to create examples of art directives ahead of their sessions, especially for directives that were more difficult to explain verbally. Guided imagery was also mentioned as a helpful tool to inspire clients and when materials were limited or not available.

Because the art therapy practitioner cannot control clients' environments outside of their offices, the use of telehealth has necessitated different and/or enhanced types of informed consent. Since regulatory bodies and professional organizations are also regrouping to understand the new complexities of online therapy, updated guidelines and best practice details are still being developed. Art therapists, therefore, have had to adapt previous consent forms on their own to reflect the factors that exist in an online therapy practice, based on the unique needs of their clients and situations. Finally, if they did not send "art kits" of appropriate art materials to their clients, art therapy practitioners have had to rely on collaboration with clients and client caregivers to provide appropriate materials and a safe and private space to participate in online sessions. These shifts and alterations will continue to be a part of the therapy landscape going forward as art therapists and other mental health practitioners continue to utilize telehealth to provide care to clients.

### **Recommendations for Future Research**

The intrinsic value that art therapists place on art as part of their identity has not been thoroughly studied. Even the topic of art as a therapeutic tool has not been studied in terms of its intrinsic value but has rather been studied in relation to building relationships with clients, as a response to working with clients or issues within client treatment, and as a self-care practice.

The COVID-19 pandemic has significantly impacted the field of art therapy, and art therapists have learned several valuable lessons during this challenging time. Building on what we have learned these past three plus years, the research points to several recommendations. First, the findings detailed in the Practical Considerations section can continue to be studied and implemented and eventually may provide new best practices for art therapy in a 'post-pandemic' world. It will be important, as suggested by Snyder (2021) to continue to engage in research regarding best practices; it is needed to determine what type of client best benefits from the use of art therapy delivered via telehealth platforms.

The pandemic has highlighted the importance of technology in art therapy. Art therapists have had to adapt to telehealth technologies to continue providing therapy services remotely, and they have realized the benefits of using technology to connect with clients who may not have been able to access therapy services otherwise. As art therapists continue to use telehealth, future research will be able to study the tools and challenges as they evolve. Developing and strengthening the education and training in digital tools and online resources will also continue to be important to therapists who are committed to providing high quality telehealth care.

COVID-19 also taught us all the need for flexibility. Because the pandemic disrupted schedules, routines, and daily life, art therapists have had to adapt to these changes. Future research will be important to take what we have learned about the importance of being flexible and adaptable in our approach to therapy, and ensure that we maintain the highest standards of ethical practice to ensure the safety and privacy of clients, as well as the effectiveness of treatment. The professional community must continue to focus research efforts on the new realities of therapy, both online, and in person, including: adjustable schedules, modified therapy

techniques, using a wider variety of non-traditional art materials, and accommodating clients' needs in different ways.

The pandemic and the necessity of modifying how we deliver therapeutic services has reinforced the value of creativity. The pandemic highlighted the power of creativity in managing stress, anxiety, and other mental health challenges. Art therapists understand the importance of incorporating creative activities in online therapy sessions to help clients express their emotions, cope with stress, and improve their overall well-being. The field of art therapy will benefit from continued investigation of the ways in which creativity can be supported and enhanced via telehealth.

Self-care continues to be a significant area of concern for mental health practitioners since the pandemic has taken a toll on everyone's emotional and mental well-being, including art therapists, over the past several years. Art therapists have learned the importance of prioritizing self-care, seeking support from colleagues and friends, and practicing self-compassion to manage the stress and emotional challenges of the pandemic. Future research can continue to investigate the importance of an active art practice as a significant self-care practice for art therapists.

The pandemic has also highlighted the importance of social connection and community. Art therapists are reminded of the significance of creating a sense of community among clients, connecting with colleagues, and providing opportunities for social connection and support.

The COVID-19 pandemic has presented a number of challenges for art therapists, but it has also offered opportunities for growth and learning. Art therapists have adapted to new technologies, become more flexible in their approach to therapy, prioritized self-care, recognized the value of creativity, and emphasized the importance of social connection. These lessons will undoubtedly continue to shape the field of art therapy in the post-pandemic world.

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## **Appendix A Survey Questions**

I am interested in understanding how mental health professionals use art in their therapeutic practice and how that usage may have been changed by the COVID-19 pandemic. Thank you for completing the demographic questionnaire and responding to the survey questions below. Please respond with the answer that most closely fits your situation.

**1. How important is the use of art in your sessions with clients?**

1. Very important; it is integral to my work with most or all of my clients.
2. Important; I regularly find it useful when a client seems ‘stuck.’
3. Neutral; I may use art once in a while or with certain clients, like children, who are less willing to talk.
4. Not very important; I rarely use art in my sessions, unless a client requests it.

**2. How frequently would you say you used art in your sessions prior to the pandemic?**

1. My clients, overall, made art in every session.
2. I always offered; some clients would and others wouldn’t.
3. I had simple materials like markers and paper available; it was up to clients to choose to use them.
4. Once in a while, I would suggest art-making for certain clients, whom it seemed might benefit from it.
5. I offered materials only if a client requested to make art.

**3. How has the use of art-making changed in your therapeutic practice since the pandemic began?**

1. Art-making has become more important than ever as a way to connect with my clients.
2. I still find art-making in sessions to be useful with some clients.
3. It is difficult to incorporate art because my clients don’t have access to materials.
4. My clients and/or I have difficulty navigating the technology necessary to make and/or share their artwork.
5. My clients more often refuse to make art than before.

**4. How much of your therapeutic practice have you moved to an online (Telehealth) format?**

1. My practice is 100% online right now.
2. My practice is about 75% online and 25% in person.
3. My practice is 50% online and 50% in person.
4. My practice is about 25% online and 75% in person.
5. I have continued to see 90-100% of my clients in person.

**5. What impact has the pandemic had on the number of clients you see and how regularly?**

1. I still see the same number of clients and they attend regularly online.
2. I see approximately the same number of clients but less frequently now that we meet online.
3. My clients are less consistent about attending their scheduled sessions.
4. I have experienced a drop in the number of clients who want to attend sessions since going online.
5. I have had an increase in requests for sessions with new or returning clients who say they're seeking treatment because of the pandemic.

**6. How frequently do you use art in your sessions since the pandemic began?**

1. I use art at the same rate as when sessions were in person, whether clients use traditional or digital art materials.
2. I have shifted to using online tools like whiteboard to facilitate client art-making in sessions.
3. I am finding it more difficult to navigate the logistics of making art in sessions, so I offer it less often.
4. If a client requests to make art, I will offer ideas and/or options for materials, and facilitate the process.
5. I discourage the use of art in online sessions because it doesn't seem to work well.



**7. Do you notice your clients are more or less willing to engage in art-making during sessions since the pandemic?**

1. More of my clients request to make art in online sessions than they did in person.
2. My clients request to make art at about the same frequency as before.
3. Many of my clients still request to make art, but fewer of them, and/or less frequently.
4. Fewer clients overall either request to make art or agree to when I suggest it.
5. My clients generally express frustration over trying to make and/or show their art in online sessions.

**8. Did you regularly use art as your own self-care tool prior to COVID-19?**

1. I made art for self-care daily or several times weekly before the pandemic.
2. I usually tried to make art for self-care at least once or twice a week.
3. I used art as a self-care tool when dealing with particularly challenging clients or situations but not regularly.
4. I rarely if ever thought about using art for my own self-care.
5. I have not found art-making useful as a self-care tool for myself.

**9. When restrictions to meeting in person are eased, how likely are you to continue to conduct online therapy sessions?**

1. I find Telehealth to be convenient and flexible and plan to continue to see most of my clients online.
2. I see advantages to conducting therapy online in some situations and plan to continue to offer it to at least some of my clients.
3. I will return to seeing clients in person and only use Telehealth when absolutely necessary.
4. I have no desire to work with clients online and will return entirely to working in person.
5. I have no strong opinion either way.

**10. How has the pandemic, and seeing clients remotely, changed your view of the value of art in your therapeutic practice?**

1. I see equal or more value in using art in my practice now because of the connection I am able to create with clients while meeting remotely.
2. I am as committed as ever to art-making as a therapeutic tool and have found creative ways to continue to facilitate it with clients.
3. I used art more during in-person sessions but find it difficult to adapt it to online therapy.
4. I don't believe art-making transfers well to online therapy sessions and have stopped using it.
5. I have never felt a strong commitment to use art with clients; it has depended on the client and/or the situation.

**11. Is there anything I didn't ask that you would like me to know about the use of art in your therapeutic practice?**

**Appendix B Interview Questions**

1. How important is the use of art in your sessions with clients
2. How consistently would you say you used art in your sessions prior to the pandemic?
3. How has the use of art-making changed in your therapeutic practice since the pandemic began?
4. What kind of supplies did you use before the pandemic versus now? Are they the same or different?
5. How much of your therapeutic practice have you moved to an online (Telehealth) format?
6. When it comes to Telehealth, how have you conducted your sessions? (e.g., Zoom, Skype, telephone, etc.)
7. What impact has the pandemic had on how regularly you see your clients?
8. How frequently do you use art in your sessions since the pandemic began?
9. Do you notice your clients are more or less willing to engage in art-making during sessions since the pandemic?
10. Tell me a story of when you used art with a client(s) and the session felt successful. And/or you felt successful as a therapist.
11. Tell me a story of when you used art with a client(s) and you felt challenged. Was there anything about the art process that made you wish you knew something more that might have been helpful or useful?
12. What about the two stories you told, about being successful and feeling challenged, was memorable?
13. Is it a practice with you to make art with your clients in sessions? If so, how has this changed since moving to Telehealth?
14. Did you regularly use art as your own self-care tool prior to COVID-19?
15. Besides self-care, what other reasons did or do you make art?
16. As restrictions to meeting in person ease, how likely are you to continue to conduct online therapy sessions?
17. How has the pandemic, and seeing clients remotely, changed your view of the value of art in your therapeutic practice?
18. Is there anything I didn't ask that you would like me to know about your use of art in your therapeutic practice?

**Appendix C IRB Approval Letter**



January 26, 2022

Deborah Sharpe  
50 Acacia Ave.  
San Rafael, CA 94901

Dear Deborah,

On behalf of the Dominican University of California Institutional Review Board for the Protection of Human Participants, I am pleased to approve your proposal entitled *The Course of COVID: How Has the Pandemic Changed the Ways Clinicians Use Art in Their Therapeutic Practice?* (IRBPHP Initial IRB Application #[10988]).

In your final report or paper please indicate that your project was approved by the IRBPHP and indicate the identification number.

I wish you well in your very interesting research effort.

Sincerely,

Michaela George, Ph.D.

Chair, IRBPHP

Cc: Arnell Etherington Reader