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### Occupational strain and professional artists: A qualitative study of an underemployed group

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## Occupational strain and professional artists: A qualitative study of an underemployed group

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**Primary objective:** The primary objective of this paper is to describe the occupational hazards and the health impacts that North American artists experience as a result of their profession.

**Research design:** A qualitative, constructivist grounded theory approach was used to understand the experiences of artists in their work lives and the health impacts of their occupation. In keeping with constructivist grounded theory, various key informants (participants) were sampled, to consider the multiple realities of various viewpoints.

**Methods:** The study setting was an outpatient occupational health clinic specializing in artists' health. Seven focus groups were conducted with a total of 38 participants. The study participants included health care providers working with artists ( $n = 19$ ), professional artists ( $n = 14$ ), and artist advocates ( $n = 5$ ). The focus group sessions were professionally transcribed and analyzed using an iterative approach.

**Findings:** Two main findings emerged. First, artists as a group experienced a societal devaluation of their work. This led to health implications for artists such as intense competition for employment, along with various sequelae (underselling, stigma, injury, unrealistic expectations). Second, artists experienced psychological stress as a result of job demands. Nevertheless, artists and their supporters maintained a strong connection to their artistry and to the belief their work is of value and importance. The literature related to personal, societal, and economic factors that contribute to occupational strain and ill health for artists, and barriers to receiving health care were also considered.

**Conclusions:** As a consequence of their occupation, artists experience exclusion and a feeling of societal devaluation, which negatively impacts their health and well-being.

We conclude with a focus on how health research can advocate for professional artists – a group who enrich the emotional, intellectual, and spiritual lives of a society.

**Keywords:** professional artists; health care providers; occupational strain; occupational stress; qualitative research

### Background

According to the Government of Canada, 700,000 people earn their living in the cultural sector (Canadian Heritage, 2004), while in the US, 2,665,824 are employed in the category

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of “arts, entertainment and recreation” (United States Census Bureau, 2005). In the May 2001 Canadian census, artists’ average earnings placed them in the lowest quarter of average earnings of all occupation groups (Canada Council for the Arts & Hill Strategies Research Inc., 2004). In the US, the median income for this group was \$20,104 (United States Census Bureau, 2005). Creative and performing artists often experience high levels of underemployment. For this paper, underemployment is defined as the amount of time spent working in one’s chosen field, as well as a consideration of an inability to work within one’s chosen field due to lack of jobs, low rates of pay, and extreme competition for work. For instance, professional artists often compete for a very small number of available jobs in their industry, or often accept jobs that do not use their full potential. The underemployment of artists, as an occupational group, is significant. For example, of those artists who worked in 1995, 45% worked mostly part-time compared with 23% for the labor force as a whole (Canada Council for the Arts & Hill Strategies Research Inc., 2004). In addition, artists are more likely to work less than a full year (whether full-time or part-time) due to the seasonal aspects of work in the arts.

The demands of life as a professional artist are many, and there are a-priori reasons to expect that artists may be exposed to occupational strain. For example, some professional artists experience injury and psychological strain from years of intensive training, repetitive movements, and performing. According to the job demand–control model of Karasek (1979), occupational strain occurs when high job demands combine with low opportunity to influence tasks and procedures, resulting in poor employee health. Karasek’s definition of occupational strain will be used throughout this paper. In addition, we define psychological stress according to the model of Lazarus and Folkman (1984), where psychological stress is a “relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (p. 19).

The majority of research on artists has focused on the incidence/prevalence and treatment of specific disease conditions and performance-related injuries. For example, research has examined the occurrence of skin disorders in instrumental musicians (Gambichler, Uzun, Bom, Altmeyer, & Altenmuller, 2008), vocal hygiene and vocal fatigue in singers (Carroll et al., 2006; Kitch & Oates, 1994; Timmermans, Vanderwegen, & De Bodt, 2005), gastroesophageal reflux disease in opera choristers (Cammarota et al., 2003, 2007), treatment strategies for respiratory allergies in voice users (Jackson-Menaldi, Dzul, & Holland, 2002), the effect of instrument playing on intraocular pressure (Aydin, Oram, Akman, & Dursun, 2000), hearing difficulties in musicians (Hagberg, Thiringer, & Brandstrom, 2005; Kaharit, Zachau, Eklof, Sandsjo, & Moller, 2003), musculoskeletal, repetitive strain and overuse injuries in performance artists (Bragge, Bialocerkowski, & McMeeken, 2006; Hodgkins, Kennedy, & O’Loughlin, 2008; Winston, Awan, Cassidy, & Bleakney, 2007), and lead poisoning in ceramic artists (Dorevitch & Babin, 2001; Fischbein et al., 1992) and textile workers (Koplan, Wells, Diggory, Baker, & Liddle, 1977).

Although it has been stated that artists suffer from special problems related to their occupation and lifestyle (Ostwald, Baron, Byl, & Wilson, 1994), few research articles address or discuss how these problems, and indeed, how one’s occupation as an artist impacts on, or interacts with, health. The connection between artists as an underemployed group and the occupational strain they experience resulting from their underemployment status has yet to be discussed in the existing health literature.

Our primary objective was to determine the occupational hazards and the health impacts that North American artists experience as a result of their profession. In addition, we considered the literature related to personal, societal, and economic factors that

contribute to occupational strain and ill health for artists, as well as barriers to receiving health care. We conclude the paper with a focus on how health research can advocate for professional artists – a group who enrich the emotional, intellectual, and spiritual lives of a society as well as provide economic benefit to their communities.

### Research Approach and Methodology

We undertook a qualitative study to understand the experiences of artists in their work lives and the health impacts of their occupation from the perspectives of various key informants. This consideration of multiple realities (Guba & Lincoln, 1994) of various viewpoints aligns with constructivist grounded theory (Charmaz, 2000), the method used for this project.

#### *Participants and Recruitment*

The study was conducted in an outpatient occupational health clinic that specializes in providing ambulatory care to artists. The clinic is located in a tertiary care hospital in a large, urban Canadian city. Participants of the study included health care providers working with artists, professional artists, and artist advocates. Since one focus of the study was to understand how occupation as an artist interacts with one's health, health providers were included in order consider their viewpoints, as determined in constructivist grounded theory (Guba & Lincoln, 1994).

Seven focus groups were conducted with a total of 38 key informants. This sample of 38 participants included 19 health care providers, with representation from nursing, physiotherapy, psychotherapy, medicine, chiropractic, massage therapy, music therapy, dietetics, and psychology. Input was sought from health care providers working within the clinic ( $n = 6$ ; "clinic practitioners," CP) and from those who work with artists, although not at the clinic ( $n = 13$ ; "non-clinic practitioners," NCP). The CPs were approached individually regarding participation in the study. For NCPs, the purposeful sampling method of "snowball sampling" (Grbich, 1999) was employed. First, a key informant list was generated in consultation with the clinic's supporting foundation, and the CPs. These informants were contacted, and the purpose of the study was explained to them. They were asked to name three individuals they believed would be important to include in the study. Participants from the snowball sampling technique were invited to the focus group based on: frequency their name was cited, and availability for the focus group. A balanced representation among various health disciplines was also considered.

Convenience sampling was employed to recruit a homogenous group of 14 artists. We assumed that all artists in this study, regardless of their art form, to be a homogeneous group, similar to that of other occupational groups, which are held together in some meaningful way. Furthermore, we defined professional artists as those who had the following characteristics, alone or in combination: someone who has presented his/her work to the public; is represented by a dealer, publisher, agent; devotes professional time to marketing their work; receives compensation for their work; has professional training relevant to their art form; has membership in a professional arts' association; and has received public acknowledgement of their work.

At the clinic, recruitment notices and verbal notification of the study were used to identify possible artist participants. The same recruitment notice was also posted in the community, in areas such as arts marketplaces, the gallery district of the city, live music

venues, and community arts events. Arts advocates/activists were recruited via the snowball sampling technique, as described above.

The artists and art advocate groups included representation from dance (modern/contemporary, middle-eastern, eurhythmics), visual arts (textiles, painters, mixed media, and sculptors), music (string and wind instruments), actors, directors/producers/screenwriters, and writers. The 14 professional artist participants included patients of the clinic ( $n = 6$ ) and artists not associated with the clinic ( $n = 8$ ). Finally, the total sample included five arts community advocates/activists group and included representation from various arts associations, unions that represent artists, and an art gallery owner. These differences in perspective are recognized in the analysis.

Focus groups had a range of participants, from three to nine. The smallest group ( $n = 3$ ) had fewer social interactions than focus groups usually generate, but the “collective interview style” allowed for in-depth data collection. Before the focus groups were conducted, two key informants were interviewed: a health care provider at the clinic, and an artist/advocate for the arts. These sessions were part of the exploratory and sensitizing process to alert the research team of any concepts/ideas useful in constructing the focus group questions.

The study obtained ethical approval from the University Health Network Research Ethics Board and informed consent was obtained from each participant.

### *Data Analysis*

Grounded theory studies involve coding (analyzing) as data are collected (Charmaz, 2000), and adjusting the focus group questions accordingly so that future participants can respond to emerging themes. As such, each focus group was scheduled approximately 3–4 weeks apart, allowing the researchers (KB, SS, IW) to pay close attention to themes that emerged and to further refine the semi-structured questions. This readjustment is called the “iterative process” and is central to the grounded theory method (Strauss & Corbin, 1998). The focus groups were tape-recorded and transcribed verbatim.

We followed Charmaz’s (2000) steps for data analysis. The first step in analysis was open coding, where we used “active coding” such that codes’ names included active verbs. Each analyst coded individually, followed by a meeting to discuss any discrepancies. The constant comparative method involved comparing different participants to one another, comparing data from same individuals, comparing incidents with incidents, and comparing data with categories and lastly, categories with categories. From open coding, the research team moved to selective or focused coding, where the initial codes developed in the open coding stage that reappeared frequently became higher-level codes (i.e. more abstract categories). Throughout the process, memo writing was used to elaborate the coding process, thereby encouraging the researchers to reflect, define codes and categories clearly, and link codes together. To ensure the findings were clear and logical the coding was shared with the other members of the research team (GH, JDC).

### *Results*

Two main findings emerged. First, artists as a group experienced a societal devaluation of their work, which lead to implications for artists including intense competition for employment, with various sequelae (i.e. underselling, stigma, injury, unrealistic expectations) as a result of the competition. Second, artists experienced psychological stress (i.e. perfectionism, vulnerability, isolation, and judgment) as a result of job demands

that evoked various critical appraisal processes. Nevertheless, artists and their supporters maintained strong connection to their artistry and to the belief their work is of value and importance.

Below, each theme will be explored in detail, with supporting quotes. Sources of quotes are indicated as follows: AA = arts advocate; A = artist. Health care provider (HP) will be used to refer to both NCPs and CPs.

### *Societal and Economic Devaluation of the Arts*

The majority of artists described experiences of economic devaluing of art, both at the societal (macro) level, and at the individual (micro) level. At the macro level, the majority of participants, despite their art form, communicated that societal institutions such as government (e.g. cultural programs and education) did not regard the arts as a priority as they do not protect funding for art and arts related activity:

AA 1: it's the first thing to go in any kind of budget crisis, like, slash the arts ... yet we're the first people they call on when they want to go over to whatever country it is and they want to start talking about Canadian culture ... you don't need the money but by the way, we're going over to Denmark, could you bring over a dance company ... because it's like branding and showing Canadian culture to the world but they are not willing to invest in it.

A 2: Most people don't understand the importance of art from the broader sense of the world. Look at the schools; they are taking art and music out of schools ... they feel that their kids don't need arts education ... many people have no idea how important it is and how it feeds into culture, and how it hopefully makes the world a better place.

The artists in our study described experiencing this macro level devaluation on a micro (individual) level. For example, the lack of funding for arts created sporadic and inconsistent employment situations for artists:

A 1: You work from project to project. It is very rare that you get something concrete forever ... there are so many times where there is no work that you can never say no

Such economic restrictions are evidence of a wider dearth of social valuing of the arts, because societies tend to support those initiatives they deem important for their people and their cultures. Several participants highlighted further evidence that Canadian society does not value the arts, when they spoke of the broader Canadian population:

HP 1: what does the general population care about? How many people tune into the Nutcracker on CBC [national television station] versus how many tune into the Olympics? People ... are more people engaged in sporting activities and can therefore connect with idols and role models in sports as opposed to in the arts.

The majority of artists believed that they were not seen as role models for Canadians. They spoke of an active derogatory attitude toward them as artists:

A 3: People say, "Well it's your own fault [you are poor], go out and get a job. Don't complain that you don't make enough money and that you have depression. Get a real job and go back to school and work in a cubicle then you would make a lot more money."

It should be noted, as required by constructivist grounded theory, that the research process itself may have informed participants' responses regarding devaluation. Participants were informed that the research sought to better understand artists' needs regarding health care. The context in which the study took place, that is the health center, had recently experienced difficulties with its subsidy program, such that some clients were having difficulty obtaining service. It may be that participants, aware of these restraints, felt the need to "shore up" support for the need for an artist health center. It should also be noted

that if the devaluation artists describe is acutely experienced in the wider social context, this wider social context would not permit open discussion of the devaluation. As such, artists may have experienced an unlocking of unspoken experiences in the focus group, having been surrounded by fellow artists in a supportive environment.

Several participants described how the lack of financial support and opportunity for the arts (and subsequent lack of employment) had two effects on artists' health and well-being. First, the majority of artists in this study reported compromising themselves either by cutting rates of pay ("underselling") or by doing other work to survive ("survival work"), which contributed to both a devaluation of the self and perpetuation of a life of poverty. Second, the intense level of competition for arts-based work leads to negative mental and physical health effects such as stigma and injury.

*Underselling and Survival Work.* The majority of artists and arts advocates reported that artists generally have to "undersell" their work to survive, as noted in this professional dancer's experience:

A 7: I also think people don't understand the value of art. I had someone want to hire me for \$50! I don't work for \$50! When I do a show it's \$200 for 20 minutes. But, yeah, people just don't, laugh. I have had people try and bargain with me. They will say, "well, I can get this one for \$150." Well the costume costs \$1000, I have to take pilates twice a week, I have to see my chiropractor once a week, I still have to work out the choreography, I have to make up my own choreography ... but people just see what is up on stage. They don't see how many years of work, how many hours of training and maintaining. They don't know that.

They reported a dilemma to this approach of underselling – while it allowed artists to survive, they also perceived that by doing so, they participated in the cycle of devaluation:

AA 1: I think that is actually the catch-22 of artists is the fact that constantly underselling themselves. You know for visual artists, they will spend two weeks on something not to mention the supplies and the canvass and they will sell, low, low, low, because they just want to sell and make a little bit of money and get it out there. ... It is part of that catch-22. If we undervalue ourselves then how can we expect society to start valuing our work?

Many artists, across art forms, described themselves as having to engage in "survival work," which they defined as work that they were not proud of, or connected to, for economic survival. This was reported to be difficult for them, as it left little time for artistic endeavors:

A 4: In my case it is not having enough time to paint, again because of financial reasons and I have certain things that make me have to work full time. So I always feel a big part of me is missing ... I'm stressed because of that. Just because I have to juggle a lot of things and I just don't get the opportunity to have my space to paint or to be creative. And I feel that I'm missing something all the time.

### *Intense Level of Competition*

As a result of economic constraints, there was an intense level of competition for arts-based work, especially performance-based art forms such as dance and acting. This competition was reported to lead to health effects such as stigma and subsequent injury. The health care providers communicated that from their perspective there appeared to be a stigma associated with help-seeking behaviors:

HP 1: There is still to some extent, stigma in artists seeking help from practitioners like ourselves, because it goes back to "the show must go on" mentality. Because, if I am seeking

help, it means I can't handle it and if I can't handle it, then I am going to get passed over of the next role.

HP 6: I wanted to add something about isolation and peer support. What I hear is that there is a stigma attached to getting help or they are not up to par if they are getting help. They are afraid they won't get jobs referred to them. They are afraid that they are just different and every other artist, they are not as good as, they don't feel comfortable seeking out help... There is a stigma.

The "show must go on" mentality and stigma for help-seeking seemingly created fertile ground for injury and harm in the arts community, especially for dancers, but also for actors involved in physically demanding roles.

AA 1: I don't think I've ever danced in a show where I haven't had an injury. I've had to do it first of all because it's what I've worked towards all my life and I wanted to do it. And be damned everything else I was getting up on that stage. ... Part of that was because I wanted to make the money and that ties in with the poverty thing.

A 5: And the pressure ... I hide my injuries because now I am already booked so I am not going to tell them that I sprained anything. And I just keep re-pulling things and re-injuring myself. And it just keeps happening.

The competition, compressed time frames when work is available and stigma for help-seeking culminate into acute and chronic health conditions for these performing artists. Here can also be seen the impact of economic hardship on the artists' capacity for self care:

HP 5: I see, almost exclusively muscular-skeletal ... The acute that I see comes from the artist's schedule. They will get a gig and have very little compressed time to rehearse. You have a group of people that does not have a lot of resources at their disposal so they are less likely to take care of themselves physically.

This mentality was not only exhibited by artists, but also by those involved in the production of the arts (employers and audience), who were reported to have unrealistic demands and expectations of performance-based artists related to work ethos, physical aesthetic and perfectionism.

With respect to work ethos, several health care providers and artists described the arts community as condoning and supporting unreasonable work schedules:

A 1: The expectation is that this movie has a deadline and that's all there is to it and if you work 17 hours today then that's fine, that doesn't matter ... there is not a lot of time for self-care in that situation ... There is a real sense that you must; you must, at all costs ...

The majority of arts advocates described the unrealistic demands of the arts community placed on artists with respect to perfectionism in physical aesthetic. This was especially the case for performing artists:

AA 2: I will use the dancer as an example ... I imagine it was something about this woman's build or stature that did not meet that artistic director's vision ... his only means of dealing with that was to tell her, "please become anorexic dear and you may look better" but I think that it didn't matter what this woman weighed, she would never meet his expectations.

A few of the health care providers reported that the unrealistic demands and high expectations of the arts community also extended to those involved in providing artists with health care:

HP 3: one particular school ... the administrator, they wanted unreasonable stuff like they wanted June's pager number so they could call her in the middle of the night so that she could take them to the [hospital] emergency [room] ... and I said well you know, if we are able to link them up with someone to talk to, they [the administration] said, well, they start at 8:30 in the morning and don't finish until 10:00 at night. Well, I said, well maybe that's one of the

issues . . . they [administrators] said, they [the students] just don't have any time. I said, well people who run multi-national corporations find time to see therapists. And they said, "That's because they have other people who can cover their work."

### *Psychological Stress*

According to the majority of participants, psychological stressors flourished in the midst of this economic devaluing and constraint. For instance, perfectionism runs rampant throughout the arts community, most certainly fuelled by the previously noted high expectations and lack of employment:

HP 4: You always have to be perfect, and perfect all the time.

In addition, given the precarious nature of employment, most artists reported intense feelings of vulnerability and fear of being easily replaced:

AA 3: You see it with pop musicians all the time. They will go into [a bar] and they'll play for free because they want exposure, or they'll go for a cut at the door, or a portion of the beer's sales or even some beer. I remember some guy said they played there and came away with \$7 but if they went in and asked for a decent wage, they would get nowhere because of course there are 50 other bands that will want to do that.

Several artists and arts advocates also described having to cope with intense scrutiny and judgment from themselves, audiences/consumers of art, and the arts community – a scrutiny that existed across art forms:

AA 2: There is something inherently different when what you are doing is either valued or criticized by a massive amount of people and that part is the same for the writer, the dancer, the visual artist, and the musician, and the actor and the lighting designer and all those people . . . you have to create it every time out with the same magic . . .

HP 5: These people are constantly going to auditions and being told, "no, I don't like you," or "thanks but you are not the right look" . . . the performance is judged by either a clap or a boo and their audition is judged. And so everything they do is judged by somebody else.

Overall, the majority of artists and arts advocates discussed feelings of disconnection from a larger community, which lead to experiences of isolation –thus exacerbating the psychological and economic difficulties they experienced as a result of their occupation:

A 6: the nature of art and writing they are solitary pursuits and when you really get into a project it has a way of walling the rest of the world away from you and that has its risks because it is really easy to get sucked into this total belief that, "the rest of the world does not exist."

AA 4: For me, a lot of these artists are in their studios and they don't talk to other artists about their work. They have anxiety and emotional issues, and I know everybody does, but it is a different mindset. They don't know whether their work is good or bad.

However, the majority of artists maintained a strong connection to their artistry. Despite the difficulties highlighted above, they communicated a strong belief in the importance of art, both for them as individuals and to the larger society as a whole. Despite their difficulties, they strongly believed in the role of art in human culture throughout history:

A 1: I believe that when you love something in your soul that much and when you can teach it and give it. Listen we don't have giant Museums and giant shines like the Taj Mahal, or anything like that. We don't have the pyramids. All throughout from the beginning of time with cave art there have been artists. There must be a reason they live, even though sometimes we wonder what that reason is.

It is perhaps this connection to the essentiality of art and to its long history that helps artists continue with their work despite experiencing hardship. The health providers treating them also shared this strong belief:

HP 5: I think as a society we need art. Art plays an incredible role in defining our culture. And if we had no art or no artists to provide art forms for us or help us see their world, our society would lack a great deal of what we are. As such, we have a great responsibility to help maintain that artists' health in order for them to continue to contribute to our society because I think it is a very valuable part of all of our health. Not just an individual's health because certainly their passion, that's why we buy art, that's why we go to plays or concerts or things, or we buy music. It's all of our passion, so in order for us to be healthy as a society, we need to have that in our lives. So it branches out from there. In order to allow those individuals to nourish our health, we have to help them achieve that.

Several participants spoke of this belief as an antidote to their hardships. While most of the findings related to the hardships artists' experience as an occupational group, all participants recognized the essential role art plays in their lives:

AA 2: I think the vision of greatness comes from our artists . . . my vision is that artists and art is essential . . . When I look at the world and when I get depressed, I think art is the only hope.

### Discussion

We report one of the first studies to examine artists as an underemployed occupational group. The artists in this study described themselves as a group that has particular needs, distinct and separate from the general population. Our findings suggest that artists' underemployment has effects on artists' physical and psychological health. Our discussion focuses on the study's findings and how they may relate to other research areas, such as work conditions as social determinants of health, and occupational identity.

#### *Work Conditions as Social Determinants of Health*

Our findings are consistent with models of work conditions as determinants of health (Cheng, Kawachi, Coakley, Schwartz, & Colditz, 2000; Marmot, Siegrist, Theorell, & Feeney, 1999; Wege et al., 2008). Similar to Karesek (1979; Karasek, Brisson, Houtman, Bongers, & Amick, 1998), we found that occupational strain has apparently synergistic effects forming a psychosocial risk complex for psychological and physical health (Johnson, Hall, & Theorell, 1989; Niedhammer, Chastang, & David, 2008; Wege et al., 2008). In the present study, we found all participants, regardless of art form, reported irregular and sporadic work, tight deadlines, and unrealistic expectations. Indeed, other research has noted that for musicians, the work environment is characterized by both high psychological demands and low levels of control and support (Fjellman-Wkilund, Sundlein, & Brulin, 2002) – similar findings to the current study, and those posited by Karesek's (1979) job demand–control model. The nature of such characteristics of artists' work can have similar health effects as seen in other professional groups. For example, construction work and artistry are similar as both are often characterized as relatively transient and casual work scenarios (Paton, 2005). Additionally, artists and construction workers both involve a culture of tight deadlines, which is related to occupational strain (Paton, 2005). For all artists, this culture of tight deadlines is likely connected back to the widespread economic devaluing of arts. Because of the paucity of funding for the arts, artists appear to have to “make hay while the sun shines” because they are very uncertain about when the next opportunity may arise.

This culture of intense demand has a unique expression for those in performance-based art forms. It is expressed as unrealistic demands regarding physicality, aesthetic and body

perfectionism, and this physical demand is echoed in other research. Alford and Szanto (1996) studied pianists' pain, illustrating how these musicians were trained in an atmosphere where pain was regarded as necessary for excellence. It appears that art is regarded as more worthwhile if pain – either bodily, as in this case, or emotional, as is seen in experiences of isolation, depression, devaluation – is involved in its creation. Perhaps this attitude is informed by Western society's strong basis in the Protestant work ethic, where work is required to be difficult, taxing, and demanding. In order for artists to legitimately claim their art is in fact work, it must then involve pain, sacrifice, and difficulty. If it does not, it risks being further regarded as a hobby or purely pleasurable activity, and as such, devalued even further by society.

Simultaneously, the musicians in Alford and Szanto's work (1996) experienced strong disincentives to acknowledge and seek help for the pain they experienced. Shame in help-seeking was also reported by health providers in the current study, due to fear of a performance artist's injury becoming known and the fear of being consequently regarded as less capable than other artists. This culture of intense demand, combined with the perception of high insecurity of transient work could act as a chronic threat, heightening physical and psychological anxiety, thus leaving the artist more vulnerable to the impact of occupational strain.

Additionally, the literature base on the social determinants of health sheds light on the primacy of economic sustenance. Research by Jerrett, Eyles and Cole (1998) found that low income was the strongest predictor for male mortality, while other research has found that low income is consistently associated with poor health (McLeod, Lavis, Mustard, & Stoddart, 2003) and decreased life expectancy (Wilkins, Berthelov, & Ng, 2002) among Canadians. A survey of the Canadian public found that 91% believed that poverty is linked to health (Reutter, Neufeld, & Harrison, 1999; Reutter et al., 2005). In the present study, participants spoke at length about artist's difficult and fragile economic situations – for example, doing “survival work,” or performing for bar credits or for free. Artists are in the lowest quarter of average earnings of all occupation groups (Canada Council for the Arts & Hill Strategies Research Inc., 2004), thus the negative relationship between health, wealth, and social status aptly applies to this occupational group.

The government of Ontario appears to be attempting to heed this message. In response to a report submitted to the Minister of Culture by the Minister's Advisory Council for Arts and Culture (The Status of the Artist Sub-committee: The Minister's Advisory Council for Arts and Culture, 2006), a new “status of the artist” legislation was proposed in March 2007 that seeks to recognize artists' contributions to the province's economy (CBC Arts, 2007), and recognize artists on a yearly basis on the first weekend of June. However, the proposal has been met with scepticism by arts advocates. Specifically, Canadian Actors' Equity Association (29 March 2008) believes The Act in its present form does not address improved minimum working conditions, economic and social benefits, or collective bargaining rights for artists. Real progress would be made by establishing a collective bargaining procedure for artists, as well as income averaging for tax purposes, thereby addressing the very difficult occupational conditions under which artists work (Canadian Actors Equity Association, 29 March 2008). Ensuring protection of arts-based education in schools may assist tempering the societal devaluation of artistry. Additionally, while Canada has an enviable publically funded health system, many treatments are fee for service including medication, physiotherapy, massage, and mental health care. Policy aimed at broadening insured health interventions beyond the medical model would serve not only to benefit artists, but Canadians in general.

Lessons may also be learned from other nations. Sweden has a number of innovative and interesting programs to promote culture and the arts. For example, Sweden's National Public Arts Council's (Statens konstråd) budget in 2004 was SEK 41.2 million (37 million Euros) in order to buy contemporary art to display in various state institutions across the country, including universities, regional boards, and courts (Council of Europe & European Institute for Comparative Cultural Research [ERICarts], 2008). In addition, the publishing house En bok för alla ("Books for Everyone") publishes quality books at very low prices, made possible through state subsidies. Finally, the Swedish Arts Council allocates special grants to "Culture in Working Life" (Kultur i arbetslivet), aimed at stimulating cultural activities in different places of work through various labor unions. Recently, the program's reach has widened and now includes the impact of culture in working life as a mechanism for health maintenance and promotion (Council of Europe & European Institute for Comparative Cultural Research [ERICarts], 2008).

### *Occupational Identity*

In North American culture, one's occupation is central to identity. As Everett Hughes (1959) long ago noted, work has been identified as one of the central ways in which individuals evaluate themselves, and are evaluated by others, thus constituting a core part of "social identity" and "the self." Christiansen (1999) argued that self-identity was closely related to what we do, and Unruh (2004) suggested that: "occupational identity could be conceptualized as the expression of the physical, affective, cognitive, and spiritual aspects of human nature" (p. 12). With occupation understood to be central to identity – and indeed the actual expression of "aspects of our human nature" – it is no wonder that when an occupational group is perceived as having less value to society (such as what artists report experiencing), members of that group might certainly experience negative ramifications – for it is not simply their occupation that is devalued, it is themselves.

As theorized here, occupational identity is a key mechanism in a society's hierarchy of labor. One of the most resounding findings in this study is that artists as an occupational group experience devaluation in society, which in turn impacts their health. Similarly, Daykin (2005) found in her research with musicians that they spoke of dissonance between cultural expectations of them and their musicality. For some of the participants, this dissonance played out in a sense of diminished value of their work and an experience of a marginalized identity. For example, in Daykin's study (2005), artistic endeavors were conceived of as "beyond normal work" (p. 73), and the current study found that artists believed their work is devalued.

The social-construction-of-reality theory suggests that meanings are derived from communication with others (Berger & Luckman, 1966). The belief that there is not one objective reality, but various realities that individuals create has been proposed by those associated with the development of theories of social constructionism (Berger & Luckman, 1966; Von Foerster, 1984). Gergen (1985) expanded the idea of the social construction of reality, and how social constructionism describes how individuals explain their views and life experiences. Social constructionism states that the realities individuals create (and may take for granted) influence their patterns of interaction and emphasizes the formation of a relational reality via conversations, actions and reactions, and sequence of events (Berger & Luckman, 1966). By applying the social constructivist perspective, we are attempting to understand a reality that is understood in the context of the research process; a discourse that is constructed through conversation. The notion of the artists as

“devalued” was situated within a specific context. In particular, the health center where the research project took place was organized with the goal of serving the “unique” artistic population. There is a clear sense at the health center that artists require a specific health setting in order to meet their needs. One focus group question asked participants to hypothetically respond to someone who asked the question “why do artists need their own health care center?” This line of questioning may have encouraged a defensive response from participants, encouraging them to generate powerful accounts of experiencing otherness and evaluation as a means to justify their “unique” health needs.

Despite the possible undertone of defensiveness, the research context was also a collective effort, and it may have encouraged a sense of “empowerment” in the participants though this is difficult to assess. In the literature, empowerment has been described as “ambivalent” (Gledhill, 1994), “ambiguous” (Charlton, 1998), and as a “buzz word” (Mullender & Ward, 1991; Rowlands, 1998). Authors seem to agree on the difficulty in deciding what empowerment actually is and ultimately what defines the outcome of an “empowering” process. In this study, the use of focus groups provided an opportunity for artists to engage in collective, self-reflective enquiry. Asking artists to help us define artists’ health required them to identify their needs and assist with the research findings. As a result, several artists described the focus group as cathartic. We can suggest that artists may have experienced a sense of empowerment through participating in the research process.

In spite of their struggles, most participants sent a robust message that artists maintain a strong connection to their work. This finding can be regarded as a counter discourse to the theme of devaluation. Participants described a deeply held belief in the value art provides for society. This might help to explain why artists “accept” less than ideal life circumstances. Our study illustrates artists’ deeply held belief that “art is essential,” which then encourages and motivates them to continue with the work they so deeply believe in, regardless of the evidence that their work may affect their economic, physical and emotional health. This finding is confirmed in Daykin’s research (2005). There, participants were able to engage in emotional, or vulnerable, labor activities because they reconfigured any risk associated with the vulnerability of artistry as an opportunity for service and connection with others. For health care, the belief in the essentiality of art may indeed be a strength that health care providers can encourage their patients to call upon in their journeys toward healing and health.

### Conclusion

This paper presents a qualitative study to aid in the understanding of artist’s as an occupational group. Artists reported experiencing devaluation of their work, which lead to underselling, stigma, injury, and unrealistic expectations. They also experienced psychological stress as a result of job demands. Nevertheless, artists and their supporters maintained strong connection to their artistry and to the belief their work is of value and importance.

The findings presented can be of use to health care planners and practitioners. Given that an important goal of the Canadian health care system is equitable access to health care services, to provide care to this sub-population, we must understand the occupational lives and occupational health impacts of artists’ work. For example, understanding the artist’s life situation will aid in making client-centered treatment plans, and may help assist practitioners in their interactions with clients (e.g. if client/patient presents with perfectionist tendencies). Caution is duly noted, as for all qualitative studies, that the

findings are context bound and thus not widely generalizable. Further research is warranted; for example, examining the multiple variables highlighted above to disentangle their effects either singularly, or as a group. Further work on artists' income and work life, as well as comparisons between sub-groups in the arts with respect to perfectionism, and its longitudinal impacts on artist's health are warranted.

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