

Exploring the Impact of Art on Human Well-Being: Creative Expression, Emotional Health, Social Connection, and Community

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Abstract

Artistic participation is increasingly examined as a contributor to individual and community well-being. This chapter reviews evidence on the relationship between visual and participatory arts, emotional health, interpersonal relationships, social cohesion, and life satisfaction. It addresses a gap between research that investigates individual health outcomes and research that considers the wider social and community effects of art. A secondary, literature-based approach was adopted using five peer-reviewed studies: an integrative review, a systematic review and meta-analysis, a qualitative thematic synthesis, an experimental pre–post study of a public exhibition, and a population-based survey analysis. The reviewed evidence suggests that artistic engagement can provide opportunities for emotional expression, meaningful interaction, neighbourhood connection, and improved subjective well-being. However, the strength of evidence varies. In the meta-analysis of active visual art therapy, only 18% of 217 analysed outcomes favoured the intervention, 1% favoured controls, and 81% showed no improvement; overall study quality was low. A public-art study involving 64 participants reported increased neighbourhood connectedness and well-being after an exhibition. The chapter concludes that art should be understood as a potentially valuable complement to broader health and community strategies, while stronger, longer-term and culturally diverse research is required.

Keywords:

Art participation; human well-being; emotional health; creative expression; social cohesion; community engagement; life satisfaction

1. Introduction

Art is commonly understood as a form of creative expression, cultural communication, and shared experience. A major World Health Organization scoping review synthesized evidence from more than 3,000 studies and identified potential roles for the arts in health promotion, prevention, and the management of illness across the lifespan [6]. It includes activities such as drawing, painting, sculpture, crafts, visiting museums and galleries, engaging with public exhibitions, and participating in community-based creative programmes. Beyond aesthetic appreciation, these activities can create opportunities for reflection, emotional expression, communication, and interaction with other people. The relationship between arts participation and well-being has therefore become an area of interest across public health, psychology, cultural studies, and community development [1], [5].

Well-being is multidimensional. It includes emotional and psychological states, perceived quality of life, meaningful relationships, and a sense of belonging. The reviewed literature suggests that art may relate to these dimensions through different pathways. Active creation can provide a means of expressing experiences that may be difficult to communicate verbally. Receptive engagement, such as viewing an exhibition, can prompt emotion, reflection, and



dialogue. Group and community activities can bring people together around shared experiences and cultural meanings [1], [3], [4].

The importance of these pathways became especially visible during the COVID-19 pandemic. Restrictions on movement and social interaction disrupted routines and community activities, while prolonged isolation was associated with distress and reduced opportunities for social support. Stevenson and Alzyood's review describes how both structured art therapy and informal creative engagement were used by adults during this period to process emotions, maintain connection, and cope with uncertainty [3]. Their synthesis also emphasises that access and outcomes may differ for older people, disabled adults, and low-income households.

Although many studies report positive associations between arts engagement and aspects of health or well-being, the evidence should not be treated as uniformly conclusive. Joschko et al.'s systematic review and meta-analysis of active visual art therapy found substantial variation in populations, outcomes, and study quality. Of 217 outcomes included in the meta-analysis, 18% favoured art therapy, 1% favoured the control condition, and 81% showed no improvement; the authors rated the overall study quality as low [2]. This finding cautions against making broad claims that art invariably improves health.

A further issue is that individual health outcomes and social outcomes are often studied separately. Sonke et al. identify a need to examine arts participation, social cohesion, and well-being together in community contexts. Their integrative review included 18 articles from 12 countries and suggests that social cohesion may be one mechanism through which arts participation contributes to community well-being [1]. Similarly, Kühnapfel et al. experimentally examined a pedestrian-level public exhibition and reported changes in neighbourhood connectedness and well-being after engagement with the exhibition [4].

This chapter therefore examines art not as a guaranteed treatment or a single uniform intervention, but as a range of practices that may support human well-being through emotional, interpersonal, and community pathways. Its central objective is to synthesise the five selected studies and identify areas of agreement, differences in evidence, limitations, and practical implications.

The chapter has four objectives: (1) to describe how artistic participation relates to emotional and psychological well-being; (2) to examine the role of creative activity and art viewing in social connection and interpersonal relationships; (3) to consider the contribution of public and community art to neighbourhood belonging and social cohesion; and (4) to identify limitations and future research needs. The scope is restricted to the findings reported in the five selected research papers. It does not claim to represent every form of art or every population.

2. Background and Literature Review

2.1 Art participation and well-being

The reviewed studies use different definitions and forms of arts engagement. Joschko et al. focus on active visual art therapy, defined as activities in which participants actively manipulate materials, including drawing, painting, ceramic sculpting, arts and crafts, and sand painting [2]. Lee et al. examine cultural participation through visits to museums and galleries [5]. Kühnapfel et al. investigate receptive engagement with a publicly accessible, pedestrian-level exhibition [4]. Sonke et al. and Stevenson and Alzyood consider a wider range of participatory and community-based arts activity [1], [3]. These differences matter because creating art, viewing art, and participating in a group programme are not interchangeable experiences.

The studies also approach well-being from different perspectives. The literature includes measures or discussions of mental health, depression, anxiety, self-esteem, social adjustment, quality of life, life satisfaction, emotional processing, social connectedness, and community well-being [1]–[5]. The breadth of these outcomes supports a multidimensional understanding of well-being, but it also makes direct comparison between studies difficult.



2.2 Creative expression and emotional health

Stevenson and Alzyood synthesised seven qualitative studies published during the 2020–2024 period. They identified five themes: emotional processing and expression through symbolic creation; adaptive communication and nonverbal connection; communal support and collective meaning-making; empowerment and regaining agency; and transformation of trauma into post-traumatic growth [3]. These themes suggest that creative activity may provide an accessible way to externalise feelings and communicate experiences, particularly when ordinary verbal communication is difficult.

The review also highlights that participatory arts interventions should be assessed not only for reported outcomes, but also for acceptability and gender responsiveness. A systematic review by O'Donnell et al. specifically examined these dimensions in arts-based mental-health and well-being programmes [7]. This supports the need to design interventions around participants' needs and contexts rather than assuming that one programme will suit everyone.

Joschko et al. provide a more quantitative assessment of active visual art therapy. Their meta-analysis included 50 studies, 217 outcomes, and 2,766 individuals. The outcomes most frequently examined included depression, anxiety, self-esteem, social adjustment, and quality of life [2]. The review found an improvement associated with art therapy in 18% of outcomes, compared with 1% favouring controls, while 81% showed no improvement. The authors also reported standardised mean differences indicating improvement in pooled analyses, but emphasised heterogeneity and low overall study quality [2]. The findings therefore indicate potential benefits for some outcomes, alongside a need for better-designed studies.

Taken together, the two reviews complement one another. Stevenson and Alzyood explain how participants may experience creative engagement, while Joschko et al. assess outcomes across controlled trials. The qualitative themes help describe possible processes; the meta-analysis demonstrates why positive experiences should not be converted into an unsupported claim of consistent clinical effectiveness.

2.3 Art, interpersonal relationships, and life satisfaction

Lee et al. analysed data from the seventh Taiwan Social Change Survey, using a sample of 2,034 adults (1,042 men and 992 women; mean age 47.67 years) [5]. Their study focused on museum and gallery participation and examined life satisfaction while considering physical health, mental health, interpersonal relationships, and background characteristics. The authors reported that more frequent museum and gallery participation was associated with greater life satisfaction and more frequent interpersonal contact. They also found that interpersonal relationships partly mediated the relationship between cultural participation and life satisfaction [5].

This finding is important because it suggests that the relationship between art and well-being may not be limited to an individual's immediate emotional response. Cultural participation may also create occasions for interaction, shared interests, and stronger relationships. However, the study used existing survey data and focused on a particular form of participation—visiting museums and galleries—in Taiwan. Its findings should not automatically be generalised to all countries, art forms, or age groups.

2.4 Public art, neighbourhood connectedness, and community

Kühnapfel et al. investigated a free sidewalk-level exhibition about a neighbourhood in Berlin, Germany. Their pre-registered pre–post study involved 64 passers-by who engaged with the exhibition. Participants reported significantly greater neighbourhood connectedness and improved well-being after the experience. The changes were higher among participants who experienced emotions intended by the artist; feelings of expansive emotion and cognitive appraisals such as meaningfulness and understanding were also related to increased neighbourhood connectedness [4].

This study adds a spatial and public dimension to the literature. Rather than requiring attendance at a formal gallery or participation in therapy, the exhibition was placed at pedestrian level in the neighbourhood. The authors describe publicly accessible art as a possible community-connecting node [4]. The small sample and pre–post design mean that the result is preliminary; it does not establish that every public artwork will produce the same effect or that changes will persist over time.



Sonke et al.'s integrative review provides a broader community perspective. It included 18 articles—16 original research articles and two reviews—from 12 countries. The review identified the importance of physical engagement in community spaces, culturally rooted programming, co-creation, and social relationships. It proposes that social cohesion may operate as a mechanism linking arts participation with community well-being [1]. This complements the Berlin exhibition study: one provides a synthesis across settings, while the other examines a specific public-art experience.

2.5 Synthesis and research gap

Across the five studies, a consistent theme is that arts engagement may support well-being through more than one pathway. Active creative work may facilitate expression and emotional processing [2], [3]. Cultural participation may create interpersonal contact and relate to life satisfaction [5]. Public and community arts may contribute to neighbourhood connection and social cohesion [1], [4].

Nevertheless, the evidence is uneven. Studies differ in design, population, art form, setting, outcome measures, and duration. The quantitative meta-analysis reports heterogeneous results and low overall study quality [2]. The qualitative synthesis highlights lived experience but includes only seven studies [3]. The public-art study has a sample of 64 and measures immediate pre–post changes [4]. The Taiwan survey has a larger sample but examines museum and gallery visits in one national context [5]. The integrative review identifies a need for prospective research to test the relationship between arts participation, social cohesion, and community well-being [1].

The gap addressed by this chapter is therefore not the absence of research on art and well-being, but the need to consider emotional, interpersonal, and community dimensions together while remaining attentive to differences in evidence strength. This chapter brings those dimensions into one framework without treating their measures as directly equivalent.

3. Core Concepts

The core concepts for this topic are forms of arts engagement and the pathways through which they may relate to well-being. The reviewed studies do not evaluate a particular emerging technology, algorithm, or digital system; therefore, no technological performance claims are made.

3.1 Forms of engagement

Active creation refers to making or manipulating artistic materials, such as drawing, painting, sculpting, and crafts. This is the form examined in the active visual art therapy meta-analysis [2]. Receptive engagement refers to viewing or experiencing art, including museum visits, gallery visits, and public exhibitions [4], [5]. Participatory and community-based engagement includes collective creative activity, co-creation, and culturally rooted programmes considered in the integrative and qualitative reviews [1], [3].

3.2 Possible pathways

The literature suggests four connected pathways. First, emotional expression: symbolic creation can help participants give form to feelings and experiences [3]. Second, reflection and meaning: viewing art may evoke emotions and encourage interpretation, understanding, and meaningful appraisal [4]. Third, interpersonal interaction: visits and shared activities can create opportunities for communication and relationships [5]. Fourth, social cohesion: culturally rooted and co-created programmes may strengthen belonging, solidarity, and participation in community life [1].

These pathways should be treated as a conceptual synthesis of the reviewed studies, not as a validated causal model. The studies differ in methodology and do not test every pathway in the same population or setting.



4. Applications and Multidisciplinary Perspectives

4.1 Mental health and supportive settings

The reviewed literature describes art therapy and informal creative activity in health-related contexts. Active visual art therapy has been studied among patient groups with mental, neurological, and other somatic conditions, as well as in prevention contexts [2]. Stevenson and Alzyood discuss creative engagement during pandemic-related isolation, including its relevance to older people, disabled adults, and low-income households [3]. These findings support considering arts activities as possible complementary resources, while avoiding claims that they replace clinical assessment or treatment.

4.2 Museums, galleries, and cultural institutions

Museums and galleries can provide spaces for aesthetic experience, learning, and social interaction. Lee et al.'s analysis associates more frequent visits with life satisfaction and interpersonal contact [5]. The study suggests that cultural institutions may have value beyond the display of objects: they can also provide settings in which people share experiences and interact. Since the data are observational, the association should not be interpreted as proof that museum visits alone cause higher life satisfaction.

4.3 Public space and urban community

Public art can bring artistic experience into everyday pedestrian environments. In the Berlin study, participants who engaged with a neighbourhood exhibition reported improved neighbourhood connectedness and well-being [4]. This points to a potential role for artists, urban designers, cultural organisations, and local authorities in making art accessible in shared spaces. The evidence is preliminary and does not establish long-term neighbourhood change.

4.4 Community development and public health

Sonke et al. suggest that place-based arts strategies, cultural sharing, co-creation, and social relationships can support social cohesion and may contribute to community well-being [1]. This perspective connects arts practice with public health and community development. It also highlights the importance of local culture and physical community spaces rather than relying on a one-size-fits-all programme.

4.5 Multidisciplinary interpretation

The findings are relevant to several disciplines. Psychology contributes concepts such as emotional processing, self-esteem, and subjective well-being. Public health considers access, prevention, and population-level outcomes. Sociology and community studies examine belonging, social relationships, and cohesion. Art and cultural institutions contribute creative practice, interpretation, and cultural participation. Urban studies and design can consider how public settings make artistic engagement accessible. These perspectives are complementary, but the reviewed studies do not establish a single universal model.

5. Methodology / Research Approach

This chapter uses a secondary qualitative literature-synthesis approach based on five core research papers. No new participants were recruited, no survey was administered, and no experiment was conducted for this chapter. Accordingly, all numerical findings reported below are attributed to the original studies.

5.1 Sources and selection

The source set comprises five core papers and three additional sources identified through bibliographic research: the World Health Organization's scoping review, a systematic review of participatory arts interventions, and a qualitative systematic review of social capital in participatory arts [6]–[8]. The five core papers comprise: (1) Sonke et al.'s 2025 integrative review of arts participation, social cohesion, and well-being; (2) Joschko et al.'s 2024 systematic review



and meta-analysis of active visual art therapy; (3) Stevenson and Alzyood's 2025 quasi-systematic qualitative review of art and adult mental well-being during the COVID-19 pandemic; (4) Kühnapfel et al.'s 2025 pre-registered pre–post study of a pedestrian-level public exhibition; and (5) Lee et al.'s 2021 analysis of Taiwan Social Change Survey data on art and cultural participation and life satisfaction [1]–[5].

The papers were selected because their stated aims and findings relate to at least one of the chapter's core themes: emotional or mental well-being, creative expression, interpersonal relationships, social cohesion, community connection, or life satisfaction. The source set includes different research designs to provide a broader view of the topic.

5.2 Analytical procedure

The papers were read for their research objectives, study designs, populations or samples, forms of arts engagement, reported outcomes, principal findings, and limitations. Relevant material was grouped under four themes: (a) emotional and psychological well-being; (b) creative expression and communication; (c) interpersonal relationships and life satisfaction; and (d) public art, social cohesion, and community well-being. Findings were compared across studies, while differences in methods and scope were retained.

5.3 Evidence handling

Quantitative values are reproduced only where they are explicitly reported in the reviewed papers. The chapter distinguishes study findings from interpretation. Associations are not described as causal unless the original study design supports that interpretation. Findings from qualitative reviews are presented as themes or reported experiences, not as numerical effect estimates. No missing sample sizes, effect estimates, publication details, or statistical tests have been inferred.

5.4 Limitations of the approach

This is a focused synthesis of five selected papers, not an exhaustive systematic review of all available literature. The source set is heterogeneous and includes different forms of art, populations, geographical contexts, and outcome measures. The chapter therefore offers a structured overview rather than a pooled estimate of the overall effect of art on well-being.

6. Results, Findings and Discussion

6.1 Overview of the evidence

The five studies collectively cover review-level evidence, controlled intervention evidence, qualitative experiences, a public-art pre–post study, and population survey analysis. Table 1 summarises their designs and relevant findings.



Table 1. Overview of the five reference studies

Study	Design and sample	Relevant reported findings
Sonke et al. (2025) [1]	Integrative review; 18 articles from 12 countries	Arts participation, social cohesion, and community well-being are linked in the reviewed literature; co-creation, cultural roots, and community spaces are highlighted.
Joschko et al. (2024) [2]	Systematic review/meta-analysis; 50 studies, 217 outcomes, 2,766 individuals in meta-analysis	18% of outcomes favoured active visual art therapy, 1% favoured controls, and 81% showed no improvement; overall study quality was low.
Stevenson and Alzyood (2025) [3]	Quasi-systematic qualitative synthesis; seven studies	Five themes include emotional expression, nonverbal connection, communal support, empowerment, and post-traumatic growth.
Kühnapfel et al. (2025) [4]	Pre-registered pre–post public exhibition study; N = 64	Participants reported greater neighbourhood connectedness and improved well-being after engaging with the exhibition.
Lee et al. (2021) [5]	Taiwan Social Change Survey analysis; 2,034 adults	More frequent museum/gallery participation was associated with greater life satisfaction and interpersonal contact.

6.2 Emotional and psychological well-being

The findings indicate that artistic activity may be relevant to emotional well-being, but the degree of support varies by evidence type. Stevenson and Alzyood describe emotional processing and expression as a central theme in qualitative accounts of art engagement during isolation [3]. This offers insight into why people may find creative activity meaningful: the activity can provide a non-verbal or symbolic channel for experiences that are difficult to articulate.

The meta-analysis by Joschko et al. offers a more cautious quantitative picture. Although pooled analyses indicated improvements associated with active visual art therapy, only 18% of the 217 analysed outcomes favoured the intervention and 81% showed no improvement; the overall study quality was low [2]. The implication is not that art therapy is ineffective, but that outcomes are not consistently positive across all measures and

populations. Stronger research is needed before making broad claims about clinical effectiveness.

6.3 Social relationships and interpersonal contact

Lee et al. found that museum and gallery participation was associated with more frequent interpersonal contact and greater life satisfaction. Their analysis also indicates an indirect relationship through interpersonal relationships [5]. This supports the idea that cultural participation may contribute to well-being partly by creating opportunities for



social interaction. A qualitative systematic review of participatory arts also identifies social capital as an important dimension for understanding how arts programmes may contribute to well-being [8]. However, the study is based on survey data and cannot by itself establish that participation causes improved relationships or life satisfaction.

Stevenson and Alzyood's themes of nonverbal connection and communal support add a qualitative dimension [3]. Together, these studies suggest that social value may arise both from shared attendance and from creative activities that allow communication without relying exclusively on spoken language.

6.4 Neighbourhood connection and social cohesion

The public exhibition study provides a specific example of art in an everyday urban setting. Kühnapfel et al. report that the 64 participants felt more connected to their neighbourhood and reported improved well-being after viewing the exhibition [4]. The relationship between felt emotion, meaningfulness, understanding, and changes in connectedness suggests that the experience of public art may depend on how people interpret and emotionally engage with it.

At a broader level, Sonke et al. identify community spaces, culturally rooted programming, co-creation, and social relationships as important themes in the literature on arts participation and social cohesion [1]. Daykin et al.'s qualitative systematic review similarly examines the role of social capital in participatory arts for well-being [8]. Their review proposes social cohesion as a possible mechanism for enhancing community well-being.
This offers a useful bridge between individual experience and collective outcomes.

6.5 Integrated interpretation

Across the studies, art appears to operate through several related but distinct forms of engagement. Making art may support expression and agency; viewing art may prompt reflection and emotion; attending cultural institutions may facilitate interpersonal contact; and participating in place-based activities may support belonging and cohesion. These are plausible pathways supported to varying degrees by the reviewed evidence, not guaranteed outcomes.

The strongest conclusion is therefore measured: art participation has potential relevance to well-being, and several studies report positive findings in specific settings, but evidence quality and generalisability remain uneven. The diversity of methods is useful for understanding different dimensions of the topic, but it prevents the findings from being combined into one simple numerical estimate.

7. Challenges, Ethical Considerations and Limitations

7.1 Variability in evidence and outcomes

A major challenge is the diversity of art forms, populations, interventions, and outcome measures. Active art therapy, museum visits, public exhibitions, and community co-creation involve different levels and types of participation. Their outcomes cannot be assumed to be equivalent. Joschko et al. explicitly report heterogeneity in outcomes, populations, and study quality [2].

7.2 Causality and duration

Some studies identify associations rather than causal effects. The Taiwan survey analysis reports relationships between cultural participation, interpersonal contact, and life satisfaction, but observational survey data cannot establish the direction of causality [5]. The Berlin public-art study uses a pre–post design, but its sample is small and the reported change is measured around one exhibition experience [4]. Longitudinal research is needed to establish whether any effects persist.

7.3 Access and inclusion

Access to art activities may be affected by mobility, disability, income, age, location, language, and digital access. Stevenson and Alzyood emphasise the importance of hybrid delivery and cultural adaptation for equitable



implementation [3]. Community programmes should therefore be designed with the intended participants rather than assuming that one format is accessible to everyone.

7.4 Ethical practice

Art-based activities can involve personal experiences, identity, grief, trauma, or other sensitive material. Facilitators should respect participant autonomy, privacy, cultural context, and the right not to disclose personal information. Where activities are presented as therapy or mental-health support, appropriate professional boundaries and referral pathways are important. The reviewed papers do not provide a single universal ethical protocol; these considerations are practical safeguards relevant to implementation.

7.5 Limitations of this chapter

This chapter is limited to five selected studies. It is not a comprehensive database search or a formal systematic review. The studies differ in their settings and methods, and some findings are context-specific. The chapter does not independently reanalyse participant-level data. The three supplementary sources [6]–[8] are used to broaden the literature context and are not treated as part of the core five-paper source set. All statistics are reported as presented in the original papers, and no new effect size or causal estimate has been calculated.

8. Future Scope and Research Directions

Future research should address the limitations identified across the source papers. First, more high-quality controlled studies are needed to evaluate active visual art therapy and distinguish which interventions and outcomes show reliable benefits [2]. Second, prospective and longitudinal studies should examine whether changes in emotional health, social relationships, neighbourhood connectedness, and community well-being are sustained over time [1], [4].

Third, research should compare different forms of engagement—creating art, viewing exhibitions, visiting museums, and participating in community co-creation—without treating them as a single intervention. Fourth, studies should include culturally diverse populations and examine how disability, age, income, and local context affect access and outcomes [3]. Fifth, mixed-methods research could combine validated well-being measures with interviews and observation to capture both measurable changes and participants' experiences.

Finally, future community-based research could examine whether co-designed public art programmes strengthen belonging and participation in different neighbourhood contexts. Such studies should clearly describe the programme, participation levels, comparison conditions, outcome measures, and follow-up period. These directions follow the limitations and recommendations identified in the reviewed literature rather than assuming that all art programmes will produce the same results.

9. Conclusion

This chapter reviewed five studies examining the relationship between art and human well-being, with attention to creative expression, emotional health, interpersonal relationships, social connection, and community. Across the literature, arts engagement is associated with several potential benefits: opportunities for emotional expression, non-verbal communication, interpersonal contact, life satisfaction, neighbourhood connectedness, and social cohesion [1]–[5].

The evidence is not uniform. The meta-analysis of active visual art therapy found that most analysed outcomes did not show improvement and rated overall study quality as low [2]. Qualitative research provides insight into the ways participants experience creative activity, while survey and public-art studies identify associations or pre–post changes in particular settings [3]–[5]. These findings should be interpreted in light of their methods and limitations.

The overall contribution of this chapter is to bring individual and community dimensions into one discussion. Art may be valuable not only as an individual creative activity but also as a shared cultural and social experience. It



should, however, be regarded as a potential complement to wider well-being and community strategies rather than a guaranteed substitute for healthcare or social support. More rigorous, inclusive, and longitudinal research is needed to establish when, how, and for whom arts participation is most beneficial.

10. Recommendations / Practical Implications

1. Cultural institutions and community organisations should create accessible opportunities for both active art-making and receptive engagement, while considering barriers related to mobility, disability, cost, language, and location [3], [5].

2. Public-art initiatives should be developed with local communities and evaluated using clearly defined measures of participation, neighbourhood connectedness, and well-being. The preliminary findings from the Berlin exhibition study provide a reason to investigate such approaches further, not a guarantee of impact [4].

3. Community arts programmes should consider culturally rooted content, co-creation, and meaningful social interaction, which are highlighted in the integrative review as relevant to social cohesion [1].

4. Health and social-care practitioners should treat arts activities as potentially supportive or complementary resources. Claims about therapeutic effectiveness should be matched to the quality of available evidence, which remains variable [2].

5. Researchers should report intervention details, participant characteristics, outcome measures, limitations, and follow-up periods transparently. Mixed-methods and longitudinal designs would help clarify both measurable outcomes and lived experiences [1]–[3].

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