Open Studio Art Therapy: A Participatory Study

Leah Kennett Ourso

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Department of Art Therapy in the Graduate School Saint Mary-of-the-Woods College Saint Mary of the Woods, Indiana

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ABSTRACT

Open studio art therapy is an emerging tradition in the field of art therapy, and has grown in reputation as an option for art therapists looking to meet the needs of clients in a nonclinical setting (Manchester, 2014). Open studio art therapy is centered on an intentional, art-based art therapy practice (Moon, 2002). This qualitative, participatory study examined the emotional effects of open studio art therapy based the analysis of interviews, artwork, and the researcher’s observations of the participants involved (Creswell, 2014). Participants were selected from attendees who volunteered to be a part of the study within the six-week period. They included both men and women and ranged in age from 15 – 50. Themes, which came up during this research included positive benefits and changes in the emotional state that participants experienced during open studio art therapy. These results could help validate the open studio art therapy approach as an effective and valuable method for a diverse group of individuals in the field of art therapy.
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Introduction

Sometimes referred to as “studio art therapy,” or an “art-based approach to art therapy” (Moon, 2002, p. 21), open studio art therapy can reach a client by allowing the individual to choose what they need based on how they are feeling at that moment rather than asking them to respond to a pre-planned directive and materials. Studio art therapy is primarily an art-based approach, applied in groups, and in which art composes the foundation, thus differentiating it from other helping professions (Moon, 2002). Pat Allen (2008) described the healing aspects of open studio art therapy coming from “the making and the doing, the trying and failing, the experimenting and succeeding, alongside others” (p. 11). Clients of all ages come to open studio art therapy to express themselves and process their lives and events together. Open studio art therapy encourages individuals to autonomously develop problem-solving skills, and improve self-reflection and self esteem (Langner, 2008). An open studio is a place where people make empowering choices to support their own journey and creativity. Open studios are for anyone who needs the freedom to make their art about the experience of making art, and to discuss their process once they are done (Riley, 2001). The focus of this approach is on observing the stream of creative expression during the period when making art in the open studio, then learning from that experience (Allen, 2008). This research study highlights the experience of individuals in open studio art therapy by looking at personal feedback, observations, and artwork created during open studio art therapy and then making an effort to understand what the specific benefits may be.

Open studio art therapy can be defined many different ways depending on the art therapist who facilitates the group session. Individuals are encouraged to allow the process to guide them through the image and to choose materials accordingly (Allen, 1995). The way a session might
feel could depend on the choices available to a client when she is searching for the right materials and media to convey whatever emotion or internal struggle they might be processing. As Allen (1995) stated, “In the creative and emotionally appropriate use of materials art becomes therapy and moves beyond a diagnostic adjunct to verbal work.” (p. 23). The client is in complete control over her art in open studio art therapy, potentially decreasing any apprehensions around making art (Wadeson, 2000). The actual space the studio is in could also impact an open studio session (Moon, 2016).

Art therapy open studios differ according to which mental health program, traditions and procedures they maintain (if any) (Allen, 2008). At 100th Monkey Studios in Portland, Oregon, where this study took place, individuals are able to attend group open studio art therapy sessions. These sessions include supported open studio, journaling groups for adults and teens, and insight-oriented groups. Sessions such as supported open studio are entirely self-paced and proceed however the client wants during that time. During these sessions, an art therapist makes art alongside the group members and is available for any assistance or support they might need. Other sessions are more heavily structured and guided by an art therapist, who continues to maintain the same open atmosphere while being more available or more directive. The art therapist also participates in art making during these groups (100th Monkey Studio, n.d.). Like other art therapy open studios, 100th Monkey Studio follows Allen’s (2008) model as it is open to a very diverse population and creates opportunities for members from all different parts the community to come together with the shared purpose of making art and benefiting from its therapeutic nature. It is a safe space where individuals are able to experience taking secure risks and problem solving first through creating their art, and eventually applying those experiences to their everyday lives (Betensky, 1995).
Essentials of Open Studio Art Therapy

An early advocate of what is now called open studio art therapy, Florence Cane (1924), wrote, “I feel it a violation of the human being for one person to interrupt or direct another. Who knows what the vision of the worker is except the worker himself…?” (p. 96). In an open studio for art therapy, the space acts as a form of community art studio where the art therapist acts as a facilitator of art media and process, as opposed to a clinician for a patient with a mental disorder or dysfunction (Junge, 2010). As a facilitator, the art therapist in an open studio guides the individual through the experience (helping with the materials) to discover her potential rather than exploring therapeutic goals (Junge, 2010). At the same time, the art therapist is attending to his or her own art, giving the client an opportunity to witness how therapeutic art making can be (Allen, 1992). This process should not be confused with art education since the art therapist is also there to assist with material use. Any instructions do not involve needing to “make pretty pictures or to please the therapist, doctor, or family” (McGraw, 1995, p. 169), but instead to ease aggravation or improve skill in order to increase capacity for creative self-expression (McGraw, 1995). In an art therapy open studio, each individual has a different creative process and, therefore, the materials are available for individuals to use whatever they need. McGraw (1995) describes the possible focus for an open studio art therapy session thus,

Artwork reflects the person who created it and serves as an external lasting reminder of his or her accomplishment that helps restore self-worth. Art therapy sessions may focus on creative arts experiences that emphasize experimentation, the learning of new information, the development of motor or cognitive skills, and creative thinking. The focus is on the art making process. At the other end of the spectrum the focus may be expressive arts experiences that encourage discussion of feelings and promote
adjustment, socialization, and group interaction. An equal emphasis is placed on the
process and product, on making art and talking about it. (p. 169)

In Luzzato’s (1997) opinion, more art therapists are coming around to the open studio approach
and it’s potential when it comes to some of its main characteristics, which include the adaptable
space, deeper experience with the art process, and openness to choose one’s own media.

**History of Open Studio Art Therapy**

Art therapy can embody many perspectives and ideas (Moon, 2016), but what we now
call open studio art therapy began with mid-century ideas from pioneers such as Florence Cane
(Allen, 2001) and Mary Huntoon (Wix, 2010) from the United States and Edward Adamson
(Moon, 2016) in Britain. They saw their responsibility as a facilitator and did not believe in
“making suggestions, criticizing, praising, or interpreting the patients’ art” (Moon, 2016).

Florence Cane considered the studio a place where one’s process could develop (Allen, 2001).

Don Jones, another early art therapist, thought the studio gave emphasis to art expression as a
means to recovery at his work in state mental hospitals (McNutt, 2013). Mickie McGraw created
an open studio for art therapy in 1967 at a hospital in Cleveland, Ohio that is still in operation
today (Moon, 2016). Later, art therapists such as Shaun McNiff (Allen, 2001), Pat Allen, and
Janis Timm-Bottos (Moon, 2016) would become strong advocates of open studio art therapy, its
ties to the foundation of the field, and its benefits (Moon, 2016). Those art therapists and others
started art therapy open studios around the United States and inspired many others to do so as
well.

**Open Studio vs. Clinical**

Art therapists continue to debate and discuss their opinions about the differences between
clinical art therapy and open studio art therapy. There is a place in the field of art therapy for
both studio-based and clinical art therapy (Malchiodi, 1999), and there shouldn’t be a fear that emphasizing the need for open studios could take away from art therapy practiced in a clinical setting (Wood, 2000). For instance, many art therapists will refer to themselves as art psychotherapists to convey their clinical ability (Malchiodi, 1995). Art therapists will also replace some characteristics of the field with those from other disciplines as a reaction to the demands for managed care (Moon, 2002). Struggles to achieve state licensure, healthcare reform, and corporate and educational reductions are all factors contributing to the rise of clinical art therapy (Manchester, 2014). Malchiodi (1995) noted that in her opinion, “studio approaches to art therapy are seen as a less prestigious career path as opposed to the clinical positions” (p. 155).

Open studio art therapists call into question whether their practice can be found within the field of art therapy, which, according to McNiff (1995), typically sides “with clinical rather than the studio, institutions rather than places, populations rather than communities, data rather than images” (McNiff, 1995). As discussions about the profession evolve, more research (such as the current study) is needed inform those exchanges.

Allen (1992) describes this as the “clinification syndrome,” in which art making gradually dies away to make more space for clinical skills in an art therapy career path. Allen’s opinion is based on direct experience setting up and running an open studio. She defines clinification as “when the primary focus in art therapy is the discussion and interpretation of the art product” (p. 22). One proposed remedy is to allow clients to make art in a space and to direct it more towards the open studio method, away from the use of directives and, instead, make the media, space, time, and experience become the therapeutic process (Allen, 1992). While many art therapists claim to concentrate on the process of making art, regrettably they do not often push their clients when it comes to helping them explore that part of the art therapy experience
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(Rubin, 2011). McNiff (1988) emphasized that the “silent dialogue with art materials” (p. 136) is being underused since talking in art therapy and psychology become increasingly common. Moon (2002) emphasized that in the open studio model of art therapy the products and processes of making art account for the basic structure of the work rather than serving as a starting point for theoretical adaptations from other therapeutic disciplines. Rubin (2011) agrees that reflection on the process has been overlooked, which is concerning since she feels that “exploring reactions to the process of creating is as important as responding to the art itself” (p. 117).

Problem Statement

Currently, there is limited research on the use of art therapy in an open studio setting. This might be due to a lack of awareness of the benefits of the approach: “The concept of art therapy within a studio space is not in and of itself novel, although it has not received much formal attention in our literature” (Malchiodi, 1995, p. 154). There is also very little research on the emotional benefits of open studio art therapy from the perspective of an active participant. Opinions and statements of participants about how art therapy in a studio has affected their emotional circumstances are needed and will support other research about open studio art therapy by Moon (2001, 2010), Allen (1992, 1995), McNiff (1995), McGraw (1995), and many others in this field. Using a qualitative data analysis method, this researcher examined surveys, researcher observations, and artwork from participants in the study to report on any emotional benefits that came up for participants while participating in open studio art therapy.

Research Question

What emotional benefits do participants feel after attending an open studio art therapy session? This study asked open studio art therapy participants to describe any emotions (positive,
negative, neutral) they experienced utilizing art therapy in an open studio setting in order to determine the best use of and who will get the most out of open studio art therapy. A written survey was given before and after an open studio art therapy session to participants in the study.

Rationale

While there have been a few studies conducted and editorials written on open studio art therapy, there is a gap when reporting on its emotional benefits according to participants involved. This study aims to fill some of that gap, and add to the existing literature by contributing participant feedback about the emotional benefits they experienced from the sessions of open studio art therapy. The contribution of this research has the ability to support future art therapy open studio research as well as art therapists seeking to use the open studio art therapy approach with their clients.

Purpose of the Study

The purpose of this study was to identify emotional reactions of the individuals participating in an open studio art therapy session and share data that can inform the continued use of this approach in the practice of art therapy. Identifying specific emotional changes within individuals and to particular groups could benefit art therapists who question the advantages of applying studio based art therapy in their own practice. The open studio model allows participants to feel a connection to other individuals in the space while minimizing any differences by allowing everyone to become artists (Moon, 2016). This research recognized common themes in the results of the participants' work in order to determine the situations in which open studio art therapy could be used most effectively.

Hypothesis
Attending art therapy in an open studio was hypothesized to promote positive emotional benefits by making the types of struggles that come with the processes of art making available for participants to work through in a safe space (Moon, 2016). Moon (2016) states that overcoming such struggles in a safe space (the open studio) can lead to improved self esteem and support a feeling of normalcy by witnessing other people going through similar efforts. This study recorded the results in order to consider specific emotional benefits.

**Definition of Terms**

**Open studio** is an art therapy approach in which individuals are encouraged to allow the process to guide them through the image and choose materials accordingly (Allen, 1995).

**Participatory research** is a research method in which those individuals being researched will also be involved in planning and conducting the research (Bergold & Thomas, 2012). Individuals who would typically be named as the subjects in a research study will be a part of deciding the problem that is worth investigating and analyze that problem from an insider’s perspective in order to find a solution (Kapitan, 2010).

**Qualitative analysis** is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The process of research involves emerging questions and procedures; collecting data in the participants’ setting; analyzing the data inductively, building from particulars to general themes; and making interpretations of the meaning of the data. (Creswell, 2014, pp. 246-247)
Review of the Literature

The practice of open studio art therapy slowed significantly when more clinical methods of art therapy came to the forefront (Wix, 2010). However, art therapists eventually began embracing and supporting open studios within the art therapy community again (Allen, 2008). There has also been a large push for graduate art therapy programs to retain their artistic roots by giving graduate students access to an open studio during their studies (Allen, 1992). This follows the American Art Therapy Association’s Masters Education Standards (2007), which state that art therapy masters students should “maintain contact with the discipline of art making. Explore the impact of art processes and materials through ongoing participation in personal art making” (p. 5).

A lot of the existing literature on open studio art therapy consists of documenting current open studios and implementing open studio programs into the education and practice of art therapy (Allen, 1992, 1995, 2008; McGraw, 1995; Timm-Bottos, 1995; Wix, 1995, 2010). Supporters of open studio art therapy contribute most of the current research, and have encouraged fellow art therapists to recover their identities as artists rather than identify with other fields or create new identities that are disconnected from art therapy (Manchester, 2014).

Existing Open Studios

Internet and database searches for art therapy open studios revealed at least 50 currently in the United States. However, only a few of the open studios have conducted research at or about their program or services. Allen (1995) discussed the Open Studio Project (OSP) in Chicago, Illinois and how it had a “strong focus on developing awareness of one’s response to process. Participants were encouraged to allow imagery to develop in its own way and to trust the image to be a guide” (p. 165). Her exploration concentrated on how art therapy had evolved
back to the open studio concept from art psychotherapy and how the concepts of art therapy were challenged as a result (Allen, 1995). In addition, the OSP in Chicago was used as a model for social action in the research conducted by Block, Harris, and Laing (2005). This model was implemented in the community to “address a need for arts programs for at-risk youth” (Block et al., 2005, p. 32). Their research states the OSP began with the “intention to make art and to be of service” (p. 32) while its most important goal was to help young people help themselves in new, creative ways. The art therapists encouraged positive decision-making and respectable management of the ups and downs of teenage years while making the art therapy open studio available so that it would be easy to get to and be a place teens would actually want to go. The OSP experience showed that the population of at-risk youth responded well to an open studio setting where they were able to work through life’s challenges in a safe, controlled environment (Block et al., 2005). Allen noted that another purpose of the OSP in Chicago was to offer a space to social activists where they could “clear their vision” (Allen, 2007). Around the same time, Artstreet was founded in Albuquerque, New Mexico as an art therapy open studio interested in bringing their community together by providing individuals and families dealing with homelessness a place to use art to increase self-esteem, self-sufficiency, and hope (Timm-Bottos, 1995).

Another open studio art therapy program, established at a medical center in Cleveland, Ohio around the same time as the OSP and Artstreet, described how the specific needs of patients can be uniquely addressed by the open studio method (McGraw, 1995). As the first open studio of its kind, the art therapists on staff created their own art alongside the hospital residents. This practice set a great, creative example and promoted a trusting, therapeutic relationship between art therapist and client as they shared in the creative, open studio art therapy
process (McGraw, 1995). The success of this open studio program shows there is a place for this type of art-centered art therapy even in clinical settings where the pressure to use a more psychotherapeutic approach can be very strong.

In addition, other research suggests that open studios can be used anywhere art therapy is being practiced (Moon, 2002). Deco (1998) reported that her acute psychiatric population was not responding to groups in a traditional, clinical art therapy setting, but that they responded very well to open studio art therapy groups. In the open studio, individuals were able to choose whether they wanted to work closely with others or by themselves. Deco allowed clients to work at their own pace while always being present and observing in case someone was in need of extra support. The goal of the group was to give participants the opportunity to either interact or to withdraw (Deco, 1998). However, Deco recognized that this art-based therapy worked well with some but not with others.

The freedom of an open studio comes with limitations. Luzzato (1997) discussed one of these in the context of her experience with an art therapy open studio in an acute psychiatric ward. Open studios usually have an “open door” policy that does not require participants to attend any or all sessions, but allows them to come when they feel it is right for them. This lack of consistency could be viewed as altering the therapeutic environment (Luzzato, 1997).

The open studio art therapy model was applied in the Lower East Side Harm Reduction Center (LESHRC) in New York City to help those who suffer from chemical dependency and poverty. Wise (2009) explained that using art therapy in an open studio helped this group of marginalized people build connections with others, feel a sense of hope, and offset the overall feeling of loneliness that often comes with their lifestyle. This open studio gave participants a safe place to explore their creativity while healing themselves. Wise (2009) found that through
the shared experience of art making in this safe space, participants showed more acceptance and patience with one another, and found commonalities among themselves other than their addiction and displacement (Wise, 2009).

McNiff (1995) suggested that art therapy should focus on the physical space and the images created there. This space becomes the foundation for a community in which the art therapist is the “keeper” (McNiff, 1995). The space as well as the art therapist and the art become an essential part of meeting the client’s therapeutic goals as opposed to the more conventional identification and assessment of a patient’s problems. Individuals are free to take their own personal journeys in a place where art leads the way (McNiff, 1995).

**Implementing Open Studio Programs in Art Therapy Education**

Many art therapists are concerned that the center of attention is more on the clinical aspects of therapy rather than those of art in art therapy curriculums (Cahn, 2000). The open studio model may remedy this split for Master’s level students of art therapy and allow them to also focus on their own art making (Allen, 1992; Cahn, 2000). Wix (1995) conducted a pilot study for art therapy interns to participate in open studio time during their program in order to promote personal and professional growth. Her intent was to instill “art as ‘the way’ rather than art merely as a therapeutic tool” (Wix, 1995, p. 176). She noticed within the first year that the open studio setting helped the students maintain the idea of art therapy actually being about art and the reason they chose this profession to begin with (Wix, 1995). Wix (1995) stated that “[w]hen art is made the center of the art therapy education, then the passion of the making is remembered by the maker and imparted to the patient” (p. 178). This is why she felt that implementing such a program during the training of art therapists would benefit their clients and the field. While using the open studio approach with art therapy students is seen as beneficial
those in Wix’s Intern Studio program gave positive feedback), more literature is needed on implementing and studying the benefits on a non-art therapy population.

**Conclusion of Literature**

Young (1995) expected studio-based practices would become the principal form of private practice in which the art therapist, who is also the artist, uses his or her art to share with and help other people. He believed that art therapy would be approaching its own postmodernism after many years existing in the clinical world and that it was time to develop its own role in society (Young, 1995). While one of art therapy’s many origins was in the studio, it does not seem to be receiving much formal attention in literature and research. Additional research about the benefits of studio-based art therapy is needed so that art therapists can learn how to implement a more art-based approach in their practice.

Although there are some studies on how the open studio concept could benefit art therapy clients, this researcher has not found any participatory studies in which the clients participate in the research and directly report their personal outcomes after partaking in an open studio art therapy session. Moon (2010) proposed that more research could help determine whether an open studio environment is actually beneficial. Using a participatory research strategy in which the methods accounts for the experiences of the individual being studied could benefit both art therapists and clients (Bergold & Thomas, 2012). Wood (2000) asserted the significance of open studio art therapy and suggested that they become more conventional, once again. Currently, art therapists need to fill in the gaps with feedback from participants engaged in the open studio environment.
Methodology

Research Design

This qualitative participatory approach was designed to uncover the emotional effects of open studio art therapy in clients who took part in this type of art therapy. This method was chosen in order to gain perspective on open studio art therapy from individuals who were participating in it. Participants were directly involved in the research in order to gain the most useful feedback (Bergold & Thomas, 2012). The survey, which was developed by the researcher with client input asked participants to respond based on their experience with open studio art therapy (Creswell, 2014). Current open studio research does not show feedback from actual participants, which is why this study was needed to contribute to the knowledge around open studio art therapy—how and for whom it would be most helpful.

The participants consisted of clients from an open studio art therapy office in Portland, Oregon. While observing this space, the researcher wanted to know more about how the clients perceived their experiences in the open studio. The use of the participatory research style allowed the researcher to make use of participants’ perspectives through the use of a participant researcher model (Bergold & Thomas, 2012). The study site consisted of an open, indoor space with various art materials on shelves and in drawers throughout the room. The large room led into a hallway and connected to more therapy offices. The room was semi-private since there was only a curtain to close off the space. There were several windows that provided natural light and four separate tables where art making took place for as many as eight participants at one time. The research study was limited to participants at 100th Monkey Studio in Portland, Oregon.
Selection of Sample

The survey was given to any willing participant who attended an open studio art therapy session at 100th Monkey Studio during a six-week period. The researcher was able to use the previously established clientele at 100th Monkey Studio to participate in the study. Ten willing participants were informed about the study and completed a consent form before any data was collected.

Procedures for Data Collection

The researcher selected a six-week period during which most of the participants could attend. During this period, any individual who attended an open studio art therapy group or individual session which was facilitated by either the researcher or the registered art therapist on site at 100th Monkey Studios was offered the opportunity to sign the consent form then take part in the research study. The researcher used a pre and post survey she designed with participant input to collect feedback about the emotional results of open studio art therapy, challenges participants faced, goals participants expected to reach during the sessions, overall demographics of participating individuals, and any other feedback participants felt would be beneficial to the research. Participant artwork was also documented (with consent) in order to connect results from the survey to material and media choices in the artwork for future research. Since an open studio can be less formal than a clinical setting, the researcher was unsure who would actually participate and how many there would be. In addition to the survey and participant artwork, the researcher took qualitative observations and field notes to record the experiences as they occurred (Creswell, 2014). Participant observation is a tool widely used in qualitative research for collecting data and allowed the researcher to depict existing situations in a way that, normally, only a participant would be able to (Kawulich, 2005).
Open studio art therapy research groups were limited to five participants at one time in order to maintain a safe space and allow the researcher to most effectively observe and record data. Artwork created during open studio art therapy was also photographed and recorded as evidence of the individual’s involvement in the session (Creswell, 2014). Pictures of artwork, surveys, and consent forms will be stored in a secure, locked location for no less than five years as required by the American Art Therapy Association’s *Ethical Principles for Art Therapists* (2013).

**Analyzing Data**

In order to identify themes, the researcher read and analyzed all the data she collected. There were surveys, artwork participants created while in open studio, and researcher observation notes. The first step was to thoroughly read through each survey and match it with the corresponding artwork and researcher observation notes to find themes. By having more than one source or perspective to support the themes she identified, the researcher was able to justify her conclusions (Creswell, 2014). It also brought up additional themes that might not have been apparent based on the surveys alone. Including the artwork illustrated participants’ points about the changes (or lack thereof) in their emotional states. It also added an additional element to the discussion when analyzing the emotional states that came up during the open studio art therapy and the materials each participant used. Meanwhile, researcher observations added a third layer of support to themes and outcomes.

Organizing data into a spreadsheet and using colors to code then flag patterns and themes reduced all data. After coding themes, the data was combined into overarching themes that accurately depicted the data. Once themes and descriptions were discovered, it was organized so that it could be interpreted for meaning and to determine how those themes support the research
hypothesis (Creswell, 2014). In addition, to go along with the participatory research methodology, once organized, the data was presented to participants so that they were able to read and comment on the findings and participate in the analysis. Their comments are included in the results of the study.

**Ethical Implications**

The study was designed to cause very little disruption to the site where it was conducted based on researcher observation and participant feedback. The researcher and participants followed already established patterns and norms of 100th Monkey Studio. The schedule of groups and individual sessions remained the same, the studio setup was not disturbed, and other employees at the studio were able to perform their duties as they normally would. The researcher provided a clear statement of the intention and rationale behind the research. In addition, the researcher participated in an internship at the site for the seven months prior to conducting the study and was known by and has been seen many times by the majority of the participants. The researcher knew that this familiarity could promote bias and therefore engaged in self-reflection, supervision, and thorough attention to participant input to minimize such bias.

Each participant was treated the same according to the AATA’s *Ethical Principles for Art Therapists* (2013) nondiscrimination consideration. In depth discussion of the purpose of the study and how the data was used took place at 100th Monkey Studio prior to beginning the study and was open to all clients of the studio in case they chose to participate. The researcher was available to answer any questions or address any concerns that arose for the participants. Participant names were not used in the study and no identifying information was shared (AATA, 2013) and participants were provided with a brief summary of the results if they requested. The steps taken to come to arrive at the conclusions of the study were conveyed, explained, and open
to feedback to ensure the credibility and accuracy of the findings (this is consistent with a participatory research approach). The method used for data analysis was consistent with those used by other researchers across different research projects (Creswell, 2014). In addition, participants were able to withdraw from the study at any time without penalty.

The researcher followed all ethical guidelines as stated in the AATA’s Ethical Principles for Art Therapists (2013) and exposed clients only to minimal risks, which may have included experiencing some unconstructive or uncomfortable feelings. In following the open studio tradition, the researcher is accustomed to being part of a group and making art alongside other participants. She is also comfortable with making herself available to anyone who may need extra support due to negative effects that occur. Participants were able to stop answering questions at any time they felt uncomfortable and if any unpleasant feelings surfaced they were offered a referral to a mental health professional for counseling.
Results

Several of the results from this study will add to the information on open studio art therapy. These include a reduction in stress levels, improved description of mood, and rise in energy level. Results were recorded after giving surveys to ten individuals who participated in the study. Pictures of the artwork they created while participating in open studio art therapy were also taken to contribute to the validity of the data by adding an additional source of information about the participants’ experience. Participants were also involved in reading and analyzing the data once it was organized. Their comments will be included in the results.

Pre and Post Survey

The pre and post survey was given to the ten individuals who agreed to participate in the study and who were labeled as participants 1 through 10. Survey questions asked participants to describe their emotional state before and after open studio art therapy using one word, rate their stress level before and after, rate their energy level before and after, and what their goal(s) were for participating in open studio art therapy. The researcher decided on these questions after discussing options with the participants.

Words participants used. Participant input during the research included having individuals provide a word to describe their emotional state or mood before and after their open studio art therapy experience (Figures 1 & 2). These gave the researcher a better understanding of how the participants felt before and after the sessions. The results showed that before open studio art therapy, 40% of participants used words the researcher categorized as harmful or negative, which are shown in red. However, 40% also used words categorized as positive, which are represented in blue. The other 20% provided words somewhere in between harmful and positive, described as neutral and shown in purple.
Figure 1. Words given by participants pre session are shown grouped according to mood description. Red represents a negative word, purple represents a neutral word, and blue represents a positive word.

After the open studio art therapy experience, 90% of participants gave words to describe their mood that were considered positive (blue) while 10% gave words that were emotionally neutral (purple).
Figure 2. Words given by participants post session are shown grouped according to mood description. Purple represents a neutral word, and blue represents a positive word.

**Stress level.** Stress levels were rated before and after the open studio art therapy experience. Participants were asked to rate their stress level on a scale choosing none, slight, moderate, significant, or severe. Figure three shows the change in stress level each participant experienced during open studio art therapy.
Figure 3. Changes in stress levels before and after open studio art therapy for each participant.
**Energy level.** The survey asked participants to document their energy level before and after open studio art therapy to determine if the experience had any effect (Figure four).

*Figure 4.* Changes in stress levels before and after open studio art therapy for each participant.
**Participant goals.** The survey also included a question about the goals each participant hoped to achieve while attending open studio art therapy. It was added based on input from participants whose responses are presented in Table one. Possible goals were listed so that participants could choose the one(s) that best suited their objectives. These included “art making for healing, self-exploration, art exploration, gain coping and soothing skills, and be a part of a community.”

<table>
<thead>
<tr>
<th>Table 1.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goals Chosen for Each Participant</strong></td>
</tr>
<tr>
<td>Goal</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Art Making for Healing</td>
</tr>
<tr>
<td>Self-Exploration</td>
</tr>
<tr>
<td>Art Exploration</td>
</tr>
<tr>
<td>Gain Coping and Soothing Skills</td>
</tr>
<tr>
<td>Be a Part of a Community</td>
</tr>
</tbody>
</table>

*Note.* Participants chose goals that best described their reason(s) for attending open studio art therapy.

**Participant Feedback**

Participants were excited to be more involved in this study. Each person who took part in reviewing the results and giving feedback attended open studio at 100th Monkey Studio for several months. They were passionate about open studio art therapy and took great pleasure in sharing their experience, being a part of analyzing the results, and giving their own feedback.
At a predetermined time, participants came to 100th Monkey Studio to view the results compiled by this researcher based on responses from the surveys. The researcher took notes while each participant examined the results and commented on them. Their comments included which results from the surveys were used and how they should be presented. They also discussed limitations of the study and gave some recommendations for ways to improve the study in the future. These included using more participants and giving them more time to document how open studio art therapy affected them. They also found it interesting that all but one participant felt a decrease or no change in stress level. Further studies about the media choices were also recommended. In general, participants noticed the majority of results showed there were benefits from attending open studio art therapy. The researcher found this group discussion about the results very helpful and felt that the different perspectives it accounted for made the study more reliable.

**Researcher Observation and Participant Artwork**

After each open studio art therapy experience, the researcher took informal observation notes about the session. Most of the notes included ideas and associations the researcher had when observing but also included the media each individual chose to work with as well as photographs of their artwork. Researcher observation notes, photographs of participant artwork, and survey results were all combined to triangulate the data and have a deeper discussion about the study outcomes.

Participants either chose to work with a group at a large table or sat in a more isolated area and created artwork at a smaller table. There was never much conversation other than the occasional question or comment during the art making part of each session. Participants moved around the room as needed to gather new media and return materials they had finished with.
When the art making part was over, all participants came back together in a large group at a center table and shared about their art and process according to their level of comfort doing so (the voluntary and collaborative nature of this sharing separates it from a group discussion in the clinical tradition). Participants discussed any struggles that arose and how they worked through them and when each person had the opportunity to share about their experience during the art making some talked about their media choices while others shared about the symbolism that came up in their art and how it connected to their lives.

The researcher and participants noted the different media choices after looking at pictures of participant artwork. There were a variety of media and art processes used.

**Results Summary**

The researcher found clear patterns in the individuals who participated in the study before and after open studio art therapy. While not much change was observed, the results did show some change occurred. Those patterns were highlighted in tables and charts so that they could be compared to the other results. Careful consideration of these patterns might give art therapists a deeper understanding of the benefits of open studio art therapy.
Discussion

The research was able to address the main goals of the study, identifying some of the emotional benefits of open studio art therapy as they appeared in the study participants and presenting them for others in the field of art therapy. Information gained from the survey and participant feedback identified many interesting themes.

Participants and this researcher decided on three main groups to describe a participants’ emotional state, which are positive, neutral, and negative. The data showed that 90% of participants expressed an improvement in their mood description after open studio art therapy. When participants gave words to describe their mood before open studio, 40% were considered negative while 60% were considered positive. Those who gave negative words also rated their stress level as moderate to significant with a neutral energy level. After open studio, 90% of participants gave a positive word to describe his or her mood. Stress levels showed a corresponding reduction with 80% of participants reporting little or no stress while a few felt no change in their already low stress level. Energy levels after the sessions either remained the same or rose.

These results show an improvement in the way the participants described their moods as well as a reduction in stress levels after attending open studio art therapy. As one participant stated: “I felt like it helped calm my mind. I feel a lot better than I felt earlier” (Personal communication, P# 3, 2016). However, this study’s results did not indicate any significant increase or decrease in energy level. This seemed to indicate open studio art therapy does not have an impact on energy level or that the measure used was unable to capture a change in energy.
Survey responses and artwork did show some correspondence with 50% of participants choosing to work with mixed media collage (the most common media choice during the study). This suggests that collage might be a common media choice for open studio art therapy with these participants. Most who created collages reported a decrease in stress level after open studio, which could show some connection between the mixed media collage process and reduced levels of stress. The two participants who mostly used acrylic paint both reported having a slight stress level before and no stress after. Therefore, acrylic paint could also have an impact on reducing stress levels. The participant who used colored pencil and acrylic paint reported no stress before or after but was the one of the only individuals who felt an increase in energy levels, suggesting that the use of colored pencils might have brought this about.

Counter to what was expected, one participant used the word “contemplative” to describe her mood after the session, which would be considered neutral, according to feedback from participants. It does mean that open studio still had some impact on her mood and thought process since she described her mood as “content” prior to the session. However, she did not use a positive word post session like the other 90% of participants. At the same time, this participant reported a rise in stress level after open studio art therapy. This individual was also the only participant who used only magazine images in her collage. Participant feedback suggested that using only one type of media could be a factor in her increased stress level since the other participants all used at least two types and saw reductions in their stress.

**Limitations**

There were a few elements of this study, which the participants and researcher felt were limiting, including the number of participants, duration, data collection method, and the researcher’s personal bias.
During the pre-determined time period during which the study took place, the studio was closed to prepare for the change in season, the researcher was unexpectedly ill and unable to attend sessions at the studio, and a few groups were cancelled for holidays. Had the researcher been able to extend the study, she would have had more time to collect data and more groups would have been able to participate. With more participants and more data, perhaps even more patterns would have emerged and been seen in the artwork. In addition, the participants shared that they felt interviews would have been a better method for collecting data about their emotional states since recording such information on paper did not seem very personal and did not take much thought.

The researcher’s personal bias towards open studio art therapy could be a limitation. While I have had some experience with other types of art therapy, being completely immersed in the open studio approach at 100th Monkey Studio has created a passion for this art therapy model.

**Recommendations**

It is the researcher’s recommendation that this study be used as a template for future research and that these results be expanded upon and further validated. The focus of future studies might include: media choices in open studio, social benefits, and achievement of goals in open studio. The minimal literature that currently exists on the topic along with the results from this study suggests that open studio art therapy offers a number of benefits to participants. Outcomes from this study could help support and encourage art therapists to further refine their concepts of art therapy. The results also suggest that more open studios should be added in both communities and art therapy education programs.
Conclusion

An open studio art therapy approach provided this group of participants with positive emotional effects as well as steps to help them achieve their goals. Allen (2001) described the general effect of engaging in the open studio art therapy process as being an understated change in a person as the individual gains access to the “meaning and purpose of his or her life” (p. 188). The open studio model does have a place in the art therapy field as a valid approach, which provides benefits to clients. As stated by one participant: “this experience was very cathartic. I felt much more open and relaxed after this open studio session” (Personal communication, P# 1, 2016). In this researcher’s personal life and time spent as a student intern, she has experienced “particular faults and failings” (Allen, 2001, p.188) coming perspective, from which she has, subsequently, learned during open studio art therapy. This has provided benefits both for the self and for others. Thus, this study has shown some of the ways that art therapy open studios can be important, special places, where participants can make art alongside others without any limits.
References


Block, D., Harris, T. & Laing, S. (2005). Open studio process as a model of social action: A


doi:10.1080/07421656.1995.10759156


Appendix A:

Saint Mary-of-the-Woods College
CONSENT TO PARTICIPATE IN RESEARCH

The proposed research will allow the researcher to develop an understanding of how art therapy works in an open studio setting. The findings will be organized into a written thesis and will not use any participant names or identifying information. This research study will assist art therapists in using art therapy in this emerging tradition. This study is a requirement of the class, AR 591-Research, for Leah Kennett Ourso, a graduate student majoring in Art Therapy at Saint Mary-of-the-Woods College.

Potential benefit of participation will be a better understanding of the therapeutic benefits of open studio art therapy and contribution to research in a field that is under examined. Potential risks include strong feelings and emotions that may surface as a result of the concepts introduced during the art making process, or through the use of certain materials. A participant may need to have additional counseling available to help work through any difficult and challenging emotions. For this reason master’s level staff therapists with will be present at all times. The participants have the right to decline participation in this process by not returning the form and will still be able to participate in their planned art therapy open studio session as usual. In addition, participants may withdraw from the study at any time without penalty, by notifying the researcher. All ethical guidelines, presented by the American Art Therapy Association, will be followed. There are limitations of confidentiality, if necessary to protect your safety or the safety of others, if there is a perceived threat of harm.

This study was approved by the Saint Mary-of-the-Woods College Human Subjects Institutional Review Board on _____________________________, and was approved by the 100th Monkey Studio, Beth Ann Short ATR-BC on March 22, 2016.

If you have any questions or concerns about this study, please contact the researcher, the researcher’s supervisor, or the chair of the Human Subjects Institutional Review Board.
**Principal Researcher**

Jill McNutt  
Assistant Professor of Art Therapy/Operations Director of Art Therapy  
Saint Mary-of-the-Woods College  
Saint Mary-of-the-Woods, IN 47876  
jmcnutt@smwc.edu  
(812) 535-5160

**Co-Researcher**

Leah Kennett Ourso  
2402 SE Morrison Street  
Portland, OR 97214  
lkennett@smwc.edu  
(850) 524-2052

**Chair, IRB**

Dr. Lamprini Pantazi, PhD.  
Chair, Human Subjects Institutional Review Board  
Saint Mary-of-the-Woods College  
Saint Mary-of-the-Woods, In 47876  
(812) 535-5232  
lpantazi@smwc.edu

My signature below indicates that I am 18 years of age or older, I have been informed about this study, or I consent for my child _______________________________ to participate, and I have received a copy of this consent form.

__________________________________________________________  
__________________________________________________________

Signature of legal guardian of participant  Date
Signature of legal Co-researcher  Date
Appendix B:

Saint Mary-of-the-Woods College
Group Participation Form

I am doing a study to learn about how art therapy in an open studio makes people feel. I am asking you to help because I am interested in learning how any person who participates feels about open studio art therapy.

If you agree to be in my study, I am going to ask you to participate in the open studio art therapy group like you normally do, but I will ask you to answer some questions about your time in open studio art therapy before you begin and when you are finished. I will also make some notes about what you are doing and take a picture of your art, if that’s okay.

I will only ask you to do what you normally do while in this group. There is not a right or wrong way because this is not a test. You can ask questions at anytime. If you decide you do not want to be in the study anymore, you can tell me and that will be okay.

If you sign this paper, it means that you have read this and that you want to be in the study. If you don’t want to be in the study, don’t sign the paper. Being in the study is up to you, and no one will be upset if you don’t sign this paper or if you change your mind later.

Your signature: ___________________________________________________ Date

Your printed name: _______________________________________________ Date

Researcher’s signature: ____________________________________________

Researcher’s printed name: __________________________________________
Appendix C:

Open Studio Art therapy
Saint Mary-of-the-Woods College
Media Consent Form

CONSENT TO PHOTOGRAPH ART

Thank you for your participation in this research project. The results of this study may be presented in educational settings, scientific journals, popular press or newspapers, professional conferences, or the media. The researcher agrees to only use the materials in ways to which you agree. Pseudonyms or numerical representation will be used in presenting this research.

As part of this project, you may choose whether your artwork may be photographed. Please indicate below whether you are willing to consent by placing your initials in the blank after each item. Initial the item that best suits your level of comfort. There will be no negative consequences for refusing.

Please initial

I give approval for my artwork to be photographed. Yes: _____ No_____

I understand that I can withdraw my consent to photographing my art at any time without prejudice and with no explanation required.

I have read the above and have clearly represented my choice regarding photographing my art. I certify that I am eighteen (18) years of age or older or that I am giving consent as a parent or legal guardian and that I have been given a copy of this form for my own records.

Signature or Legal Guardian or Participant ________________________________

Printed Name ________________________________

Date ________________________________
Appendix D:

Open Studio Art Therapy Survey

Please note that answers to this survey are anonymous and confidential, and participation is voluntary. When formulating your responses, please answer honestly and thoroughly.

Thank you for your time!

Pre Session: Please fill out this section prior to beginning open studio art therapy.

Participant #:

Pronouns:  He/Him    She/Her    They/them    Other (Please Identify)

Age:

1. How would you describe your emotional state before beginning open studio art therapy? (Circle one)
   - Negative
   - Neutral
   - Positive

2. How would you rate your stress level before beginning open studio art therapy?
   - None
   - Slight
   - Moderate
   - Significant
   - Severe

3. How would you describe your energy level before beginning open studio art therapy?
   - Low
   - Neutral
   - High

4. What do you hope to achieve from your open studio art therapy experience? Circle all that apply:
   - Art making for healing
   - Gain coping and soothing skills
   - Self exploration
   - Be a part of a community
   - Art Exploration
   - All of the above
Post Session: Please fill this section out after your open studio art therapy session.

1. How would you describe your mood after open studio art therapy? (Circle one)
   Negative  Neutral  Positive

2. How would you rate your stress level after open studio art therapy?
   None  Slight  Moderate  Significant  Severe

3. How would you describe your energy level after open studio art therapy?
   Low  Neutral  High

4. Is there anything else you would like to add about your open studio art therapy experience?

Developed By Leah Ourso 8/1/2016
Appendix E:

Researcher Observation Form

<table>
<thead>
<tr>
<th>Participant #:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space</td>
<td></td>
</tr>
<tr>
<td>Number of other people present</td>
<td></td>
</tr>
<tr>
<td>Group name</td>
<td></td>
</tr>
<tr>
<td>Prompt (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Media used</td>
<td></td>
</tr>
<tr>
<td>Time spent</td>
<td></td>
</tr>
<tr>
<td>Time of day</td>
<td></td>
</tr>
</tbody>
</table>
Any other observations to note:
Appendix F:

Open Studio Art Therapy Session Outline

I. Introduction

A. Check-in, introductions to the group, and naming of pronouns.
   1. Pronouns are identified prior to beginning each session to create a safe environment for all clients. 100th Monkey Studio in Portland, Oregon has a large transgendered population and identification of gender using pronouns is preferred. Some use they/them to represent their current gender fluidity.
   2. Journal and Exploring Identity groups will discuss focus for the session.

II. Studio Time

A. Clients begin their art process using any materials available in the studio.
   1. Materials include: paint (watercolor, tempera, acrylic), drawing materials (pencils, color pencils, oil pastels, chalk pastels, charcoal, markers, crayons, watercolor crayons and pencils), collage supplies (appropriate magazines, pattern paper, maps, calendars, tissue paper, construction paper), scissors (safety), exacto knives (kept locked away and available upon request), glue, found objects.
   2. Art therapist is available for guidance and support.

III. Conclusion

A. Clients conclude their art making.
B. Each person will share their process and art piece to their level of comfort.
C. After each person has shared who wants to share, the art therapist will ask if there is anything else left unsaid and will have a closing remark or closing check-in.
D. Group clean up.