

A Qualitative Study of Art Therapy Open Studios in the United States

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## **ABSTRACT**

Open studios have grown in popularity as a way for art therapist to practice and meet the needs of clients in nonclinical settings. Factors such as state licensure, healthcare reform, and corporate and educational cutbacks may have contributed to the rise in this modality. Therapists looking to create stable jobs that are independent and more community based such as private practices and studios. Proponents of the studio movement have taken a positive approach, encouraging art therapists to reclaim their artistic roots instead of aligning with other fields to establish professional identities separate and apart from art therapy. While therapists are adapting to changing markets, what is still missing are strong business models to ensure that these new therapy environments are sustainable. Interviews with studios and their founders lead to conscious, structural, and dual clinical and business considerations for running studios that can withstand market and social pressures.

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## **CHAPTER I**

### **Introduction**

The field of art therapy has grown significantly since the formation of the American Art Therapy Association (AATA) in 1969 (Malchiodi, 1999). Career advancements have provided opportunities in rehabilitation clinics, school systems, and social service agencies both in the public and private sectors. As the field of art therapy continues to grow, therapists have sought ways to expand their professional identities, some focusing on a clinical approach, while others an arts-based model. For the purposes of this thesis, I will concentrate on studios that have taken an arts-based approach to open studios as a business model.

Open studios, which are also sometimes referred to as studios or community art therapy, provide an arts-based approach to therapy (Moon, 2002). Ideas generated from this form of practice are reaching clients in mainstream settings, and art therapy is beginning to shape and redefine the field (Kapitan, 2008). Shifts in practice from traditional clinical settings to community-based ones have been researched and evaluated. Rapid changes in the healthcare system have contributed to the demise or removal of studios from clinical settings and shifts where professionals are practicing in community settings (Wood, 2000). It may be inferred that these shifts in professional practices are correlated with limited job opportunities and the lack of a governing licensing body, which restricts opportunities for art therapists.

A growing trend in art therapy involves the therapist seeking additional, license-eligible credentials in counseling and/or receiving his/her doctorate in psychology to enhance marketability for jobs. This diversifying licensure trend seems apparent in that most art therapy programs in the United States offer courses in psychology and counseling. Art therapists in these programs receive dual counseling and art therapy degrees and often pursue dual licenses in their

clinical careers. Cathy Moon (2002) discussed the resistance and the lure for art therapists to pattern themselves after colleagues in psychology, counseling, or related fields. Out of necessity, art therapists have begun to create their own job scenarios and newly defined roles (Moon, 2002). Fortunately, some of these other fields are aware of the value of art therapy and counseling and mental health professionals may offer a component in art therapy in their practice, even without the proper training and credentials. In AATA's white papers for state licensure they demonstrated increasing evidence of untrained individuals misleading the public by calling themselves art therapists (AATA, 2013).

To my knowledge, no actual business model has existed to date for open studios, yet there is a great need for art therapists to develop practices that can withstand the cultural, educational, and political challenges affecting the profession. With this in mind, I have sought out to evaluate the success of existing professionals and their open studios. Results from this study will provide a platform for founders and studios to have a collaborative learning environment about their programs' successes and growth curves. It is my hope that this research will assist others looking to form and sustain open studios and related community services in art therapy.

### **The Researcher's Personal Investment in Open Studios**

When I entered the master of art therapy program (MAAT) at Saint Mary-of-the-Woods College, I began to consider final thesis topics and subjects of interest for research. Prior to this, I had opportunities to volunteer at hospice along with several area schools and a domestic violence shelter, which allowed for a breadth of client experiences. These natural courses of exploration with new populations led to the realization that I was most comfortable working with children. In order to begin working with children, I wanted to establish a place and research

ways to utilize an open studio model to provide the children in my community a safe, non-threatening therapeutic environment.

Pat Allen, who developed open studio programming, discussed her studio process in-depth in her book *Art is a Spiritual Path* (Allen, 2005). Unfortunately, what I found missing here and in similar literature was a good business model for those wishing to open and maintain their own studios. I believe that a strong framework and business strategies would make this a more viable career option. For example, the state of Michigan, where I reside, does not have licensure for practicing art therapists. Licensure and other contributing factors such as funding, location, and site selection are important business decisions that must be considered. Skillfully bridging the gap between wish and reality is not only important for our survival, but has proven to increase job performance and satisfaction (Vick, 1996). In the long term, what is most important for art therapists to consider is what is needed to feel nurtured, excited, and inspired about their work (Malchiodi, 1999).

### **Statement of the Problem**

The practice of community-based art therapy is emerging as more people replace mental healthcare based on a medical model with health-promoting alternatives (Kapitan, 2010). Over the last 20 years, open studios have proven to be viable business options with entrepreneurs making great strides within their communities. Unfortunately, those wishing to pursue this career path discover a lack of business information available. In order to determine what has made these open studios successful, I researched studios across the United States to speak with those that are top in their field to uncover business strategies. I interviewed each studio and founder and compared the studios as a group to determine what has led to their collective success. This comparison study took a close look at three open studios and their business models



in an effort to determine the key strengths of each. Through the discovery process, I provided each participating professional with the growing knowledge and business strategies gathered from the research.

### **Research Question**

The research question for this research was: What are the key elements that make an open studio successful? This inquiry raised additional questions as to why some studios have found success and prospered, while others have closed their doors. Within the initial research, immediate similarities in the form of location, funding, and available resources was prevalent. In conducting interviews with each studio and founder, it was the researcher's goal to uncover further commonalities among the studios' business models to determine what had led to their success. Also of importance were the professional benefits each studio gained from the developing knowledge base and collective learning environment forming current business strategies.

### **Basic Assumptions of the Research**

Initial assumptions for the research included understanding each studio's business structure in light of the population each serves. Essentially, a particular studio's success may actually be due to the population it serves and available funding. Expanding upon this, a studio's location may also contribute to its success. Opportunities for grant writing and formed partnerships may also impact a studio's ability to succeed. Moreover, the choice to market or sell clients' artwork also may affect marketing strategy and lead to more visibility and direct community financial support. I assumed there would be slight differences in business strategies among studios, but that a large part of the open studio's success could be measured against the goals and visions of the founder. It was also the researcher's assumption that comparable

components would exist among business models and by eliminating the variables and illuminating the similarities, we could understand what led to their successes.

### **Definition of Terms**

*Open studios* are more closely aligned to an individual's health than to any disease process, promoting the relationship between each of us and the artist within, or the self with the soul" (Allen, 2008, p.11). Patricia Allen started the studio arts movement in 1992, as an alternative approach to what she described as the "clinification" of the field (Junge, 2010). The *studio art approach* is a community art studio in which the art therapist functions as a facilitator of art media and processes, rather than as a clinician of a patient with a mental illness or dysfunction (Junge, 2010). *Studio therapies* are studio-based open groups offered in a flexible space that focus on image making and dialoging for an in-depth experience with the art process (Luzzatto, 1997). Art therapists may refer to *studio art therapy* as a process in which the art therapist acts more as a facilitator than a therapist and uses materials to help clients experience their potentialities rather than exploring therapeutic goals (Junge, 2010). The AATA defines *art therapy* as:

The use of art creation as a form of psychotherapy for people experiencing trauma or illness, seeking personal development, or struggling to deal with the day-to-day act of living. Through the act of creating art and enacting the creative processes and engaging materials and media, people are able to develop skills that increase cognitive ability, increase awareness of self and others, and help them cope with the distressing symptoms or limitations imposed by disability or disease. ("The History of Art Therapy," n.d., para. 1)

The *community studio movement* began in 1995 with the opening of Pat Allen's open studio and founded by stepping outside of art therapy's focus and language around treatment and diagnosis, aligning closer to an individual's health than to a disease process (Kapitan, 2008). The AATA connects professionals to the important work of art therapists around the world who use the creative process to help people of all ages to improve their health and emotional well-being (ATTA, 2014). *Community-based art therapy* is about community empowerment and art to be shared publically in a way that will effect change in the wider community (Elmendorf, 2010). *Social action art therapy* combines art and therapy with a commitment to social responsibility (Block, 2005).

### **Ethical Implications**

The ethical considerations for conducting this study included (a) providing a clear statement of the intention and rationale behind the research, (b) signing confidentiality agreements for each studio, (c) collecting appropriate consent forms, and (d) safeguarding all business information.

Prior to conducting any research, the researcher thoroughly explained the study's intent and reviewed company policies and procedures to determine the level of exposure with which each studio would be comfortable. Informed consent was obtained once both parties had a clear understanding of how they would proceed and confidential business information would be safeguarded or shared.

Respect for founders and the studio requires a commitment of ensuring the autonomy of the research participants and protecting people from any exploitation of vulnerability. Adherence to this principle ensures people will not be used simply as a means to achieve the research objectives (Family Health International, n.d.). In addition to this, respect for the

studio's community and its members was also considered of the utmost importance when conducting the study. This is fundamental for research done within a community when community-wide knowledge, values, and relationships are critical to the research success and may in turn be affected by the research process or its outcomes (Family Health International, n.d.).

The limitations I expected included difficulty arranging the interviewing process due to scheduling conflicts and issues of confidentiality or a general apprehension to share business information. To help alleviate participants' reluctance to share, studios were selected outside one another's service areas such that there was a clear benefit in sharing and gaining knowledge from other studios that are promoting the potentials of art therapy. Other considerations included difficulty comparing drastically different studio models in order to bracket and identify general themes.

### **Early Studio Pioneers**

The open studio is certainly not a new concept with our European counterparts practicing art therapy in the 1940s and promoting its growth across the world and into the United States. Edward Adamson, the European artist at Netherne Psychiatric Hospital, discovered the use of art as therapy while employed for research (Jungels, 1985). Adamson worked under Adrian Hill, who coined the term "art therapy" while recovering from tuberculosis (Junge, 2010). Adamson eventually opened a studio with the intention of having patients create freely without comment or judgment (Jungels, 1985). He considered himself a "non-interventionist," having patients create art for self-expression rather than for psychological interpretation from clinicians (Jungels, 2014).

In the United States, the field of art therapy was still new when Margaret Naumburg, commonly referred to as the “mother of art therapy,” devoted her life to its development as an intellectual concept (Wix, 2000, p. 169). Her sister, Florence Cane, who was not nearly as decorated, took a very different approach as an artist and educator and worked from a more intuitive perspective. Cane believed that she was in violation by interrupting, directing, or interpreting others’ work (Wix, 2000). Each sister had a different idea as to how art therapy might help clients, with two distinct perspectives that are still alive and well today. In her article “Studios as Locations of Possibilities,” Wix (2000) described the way in which AATA’s history was recounted by Jung and its associated five founders, leaving out a great deal of art therapy’s history that is more art-centered.

The art therapist Mary Huntoon worked with patients in Topeka, Kansas using a studio approach similar to Cane’s. Huntoon trusted that the studio would provide a “container” for healing through art (Wix, 2000). She encouraged original artwork and allowed clients to choose the medium that best suited them. Huntoon was an artist who had a great appreciation for the studio experience and its choices of media and subject matter (Wix, 2000).

## CHAPTER II

### Review of the Literature

The current North American literature on open studios can be divided into three categories: (a) individuals advocating for open studios promoting their effectiveness, (b) those currently running open studios, (c) and those who are conducting research on the topic.

European contributions to the field are addressed briefly, with the main focus on developing studios within the United States.

#### **The Evolution of the Studio: Leaving the Clinical Setting**

Several reasons have led to the disappearance of clinical studios in hospital settings and the surfacing of studios into community settings to serve a number of populations and diagnoses (Malchiodi, 1999). Allen (2011) noted that the crumbling United States mental health system, schools cutting basic services, and the economic downturn have collectively undermined the viability of nonprofit organizations. The practice of community-based art therapy has emerged as medical models are being replaced with health-promoting alternatives in new environments (Kapitan, 2010). Within the trends and perpetual decades of changes to managed care, Malchiodi (1999) has stressed that art therapists are faced with a very practical reason to turn their attention to being artists.

Wood (2000) has written extensively about the significance of studios, positing that a number of factors have resulted in their removal from healthcare venues. He postulated that fundamentally, their decrease in the 1980s and 1990s could be linked to the economic climates of those decades. Studios had previously flourished from the 1940s into the late 1970s, but experienced a downturn in popularity with changes to healthcare (Wood, 2000). Wood further noted the manner by which historical changes have transitioned European studios from

institutional settings into the community sectors. In his view, the studio is an ideal place to provide for what he refers to as “absorption” (Wood, 2000, p. 47) by engaging participants in the moment and in turn, being absorbed in life and what they are doing. Studios have always been a magical and important aspect of the artist’s life because they provide a vital space to create, dream, grow, and experiment. Art therapists have used the arts to help communities with group reflection and expression, personal growth, and movement toward a more just and socially responsible society (Junge, 2010). Wood (2000) also discussed the fears many art therapists hold; believing studio practices and environments could detract from the psychotherapeutic nature of art therapy relationships. His research demonstrates that this is not the case and that more attention should be spent evaluating new dimensions of practice in the studio in order to form relationships with clients (Wood, 2000)

### **Is This Considered Art Therapy?**

The approach many American art therapists use is rooted in the psychological model developed by Naumburg, as opposed to the art-centered model used in Europe. In the early 1990s, the AATA national conference discussed the death of art therapy, highlighting the professional split whereby some art therapists teamed up with other professions for licensure, while others felt the profession was losing touch with the art-making foundations of the profession (Junge, 2010). Professional identity has continued to be debated and discussed within the membership, with some taking a more clinical perspective while others have focused on an arts-based model. Kaplan (2006) has encouraged the continued debate on ways art therapists are expanding their roles into community outside the traditional therapy settings.

In “When the Edges Bleed,” Wadeson (1996) pointed out how art therapists have tried to define themselves over time, noting that what they have done thus far is not refinement as much

as polarization. Wadeson (1996) was aware of external pressures, recognizing that counseling licensure has changed art therapists' responsibilities from that of administrator and to that of "art therapists who do little or no art therapy" (p. 208). She also illuminated the fuzzy boundaries between trained and licensed counselors and studio art-making and stated that it is the art therapist's focus and commitment to the growth of the individual that distinguishes him/her from other artists working in similar modalities. There are scores of artists that are not trained art therapists offering similar therapeutic or self-actualization services. It is the art therapist's knowledge in human dynamics and the arts for personal growth that distinguishes him/her from other artist. Wadeson forecasted endless circular trends in art therapy where the therapist is arts-based and then intoxicated with and lured into the clinical identity (Wadeson, 1996).

Wix wrote two articles; "Studios as Locations of Possibility" and "Looking for What's Lost". Wix (2010) described art therapy as having "cyclical phenomena" (p. 178) with history, which has eventually contributed to a healthy contemporary understanding. There was an entire generation of female artists from the late 1800s into the early 1900s setting up and facilitating therapeutic art studios. She also conducted a great deal of historical research on Huntoon's contributions and felt the profession could learn a lot from Huntoon's discoveries, offering the artist/studio paradigm that has been missing historically. Instead of a primarily psychological focus, Huntoon beckoned others to consider the use of the studio as a container for healing through art (Wix, 2000).

In her second article, Wix (2010) interviewed the existing founders of AATA. Myra Levick (1999) stated, "we all came as artist, then moved forward with psychological orientation" (M.Levick, personal communication, September, 16,1999, p.179, Wix, 2010). Kramer (1999) added, art therapists forget what they can do best, which is work with art materials" (E. Kramer,



personal communication, September 23, 1999, p179, Wix, 2010). Kramer was in favor of offering more training on art and studio work, where interestingly all founders referred to themselves as artist (Wix, 2010).

It is the researcher's belief that art therapists in the United States are returning to their foundations and that the development of studio therapy and community arts studios will continue to grow in popularity. It is time that art therapists begin to see that we are indeed returning to our artist roots (Wood, 2000).

### **Returning to Our Roots**

Kapitan (2008) revisited the therapeutic studio and its role in the art therapy narrative with her editorial page for the *Journal for the American Art Therapy Association*. She referred to the community-based studio as settings that are uniquely positioned incubators for new ideas that will help to define professional practice and the future of art therapy. Those who would like to weave the threads of social change into their practices would benefit from this new narrative. Kapitan also urged that failure to update or broaden the narrative of the profession beyond its history would hold back important developments for underserved populations (Kapitan, 2008).

In Catherine Hyland Moon's (2002) book *Studio Art Therapy: Cultivating the Artist Identity in the Art Therapy*, she discussed the difficulty art therapists have in finding a firm footing in art and therapeutic practices. She noted, "Out of necessity, art therapists have begun to create their own job scenarios with newly defined roles" (Moon, 2002, p. 26). When the panic inspired is kept at bay, the creation of satisfying, more fulfilling, more passion-driven practices versus security-driven work will take root. Moon further details the setting up of a studio, how it begins to take shape, and the use of the studio approach with clients (Moon, 2002).

Reflecting upon this shift positively, several art therapists contributed to the article “Connecting with the Art World: Expanding Beyond the Mental Health World” (Lachman-Chapin et al., 1998). Realizing that art therapy is an expanding profession, these therapists urged others to inform themselves about the many art and healing activities that are useful to the profession. Artists are now being asked to fulfill the work that art therapists could be doing and clinical groups who want to keep us from getting state licensure. Art therapists must ask themselves if they are fully claiming their roles. They may be missing out on job and grant opportunities and ways to develop and market themselves as artists.

Young (1995) predicted that therapeutic studios would become the dominant form of private practice, where the artist will share his/her art with people of all ages. He reminds art therapists that many cultures do not even have a word for artist and that the Balinese use art in everything as more of a worship of life. Art therapy is facing its own postmodernism, existing 25 years in the shadow of the medical model and it is time to allow it its place in society (Young, 1995).

### **The Studio Arts Movement**

The studio arts movement is credited to Patricia Allen, who cofounded the first art therapy open studio in Chicago in 1991 (Junge, 2010). In *Art Is a Spiritual Path*, Allen (2005) goes into great detail regarding the open studio process and how other art therapists can create a profession within a studio environment. According to Allen, you can make a living as a studio art therapist with enough business skills as long as you are not hung up on the trappings of therapy (Junge, 2010). Allen (2005) “abandoned the role of expert” (p. 11) in favor of the role of the artist-in-residence in her community studio. The Open Studio Project became an alternative way to reach clients and avoid the “clinification” of the field (Allen, 2008).

Dayna Block, one of the cofounders of Open Studio Project, has been running the organization for over 15 years in Evanston, IL (Block, Harris, & Liang, 2005). Block created a vibrant program called Art & Action providing programming for at-risk youth. Block et al. (2005) described Evanston as a community of residents that come together to identify and solve problems. They are passionate about changes that could enhance the ambiance, culture, and values of their community. The Art & Action outreach program began as a pilot project funded by the local arts council after identifying an area of need within the community. The primary goal of Art & Action is to help young people find creative ways to express themselves, providing a safe space where they can discover their own creative resources from within. The studio works to support and empower people and provides a space that directly connects the community to the social issues that are faced by the youth within the community. Since June of 2001, Open Studio Project has provided more than 20 programs and has more agency requests for services than can be physically provided (Block et al., 2005).

McGraw (1995), in her article on studio-based art therapy, identified a unique cooperative relationship between a nonprofit art therapy studio at Metro health and the medical center in Cleveland, OH. The program is one of the oldest studio arts program in the country funded by individuals, corporations, foundations, and programs within the hospital. The founder's focus was on creating art that helped clients develop their strengths and find solutions to their issues. The art therapy studio meets the needs of patients dealing with medical issues that are further complicated during treatment with medical or emotional crisis. By keeping the focus on creating art, patients inevitably make art that highlights their strengths, issues, and solutions. Throughout the years, McGraw and her staff have worked to identify specific patient needs and ways to address them using the studio model. This collaborative relationship provides

a model for other hospital organizations interested in providing art therapy service within a fiscally restrictive healthcare climate (McGraw, 1995).

Additionally, Timm-Bottos (2011) has over 17 years of experience setting up and working with community studios. Her first collaborative studio, ArtStreet, eventually grew into the home place of OFFCenter Community Arts. OFFCenter uses entrepreneurial methods for artists supporting themselves on small incomes and solidly connects them with their community. In her article, Timm-Bottos described another project she recently has been working on. In this project, a 9-month community action project was created within a thrift store. The community art therapy methods were blended with the thrift store's social mission, and together Endangered Threads was created with revenue of \$10,000 and major cost reductions of \$2,400 in waste products. The studio also became a place for adolescents that created the Up-Cycled fashion show to raise money for an alternative high school and for the purchase of new sewing machines for future shows. These socially committed community arts projects, all falling under the name Kitchen Table Arts, provided a space for the imagination and turned into a global social justice issue (Timm-Bottos, 2011).

### **Trending the Studio: The Cyclical Nature of the Work**

Vick and Sexton-Radek (2008) performed a comparison study on community-based studios in Europe and the United States, revealing differences in the manner by which studios are run. They compared seven community studios in Europe to eight studios in the United States. Using a quantitative survey research method, they were able to interview and compare studios against their counterparts. In the comparison study, they paid close attention to existing structure and practices, concluding that art therapists in the United States used similar methods to those in Europe run by artists. Interestingly, despite all the similarities, European studios did not

consider what they were doing to be art therapy. Ultimately, the comparison of these studios calls into question the traditional art therapy values as well as current ethical and practical guidelines. They also addressed several unanswered questions as to whether the profession should reevaluate the way in which art therapy is performed. Are the current standards of practice in limiting art therapists' options, and by practicing in traditional ways, do they find that they are not elastic enough to adapt? (Vick & Sexton-Radek, 2008).

In Lynn Kapitan's (2008) editorial review of Vick and Sexton-Radek's (2008) comparison study, Kapitan discussed the field's concern for studios not being art therapy-based when self-esteem, quality of life, social perceptions, and empowerment were all addressed. This concept created a stir within the art therapy community, as many therapists felt they were similar. Kapitan postulated that when a whole community embraces the idea art is healing and it suits the individual's own particular needs, then art therapy has been defined and falls in line with the humble beginnings of the profession. In her opinion, as the profession grows, it will be critical to incorporate new knowledge and work outside the non-traditional domains (Kapitan, 2008). She noted,

Community studios often gather people who live outside the mainstream with little access to traditional mental health services. Therefore they are oriented differently and much less invested in the traditional structures and concepts assumed by many professionals to be beneficial. When art therapist strive to learn how such groups use art therapy to serve their own distinct needs, applications to mainstream practice are enhanced as well. (p. 2)

The Maryland Institute College of Art posed a self-reflecting questionnaire to art therapists who have created afterschool programming. Elmendorf (2010) asked: If the program

does not offer clinical services or mental health treatment, then what is the role of the art therapist? The question was really asking: What is the purpose and what are the parameters of the field? This study urged art therapists to be mindful and honor the ethical dilemmas that may arise within this type of work. A verbal discussion of the expectations and limitations of the art therapy processes should be handled in the same manner as those working in treatment facilities, whereby treatment consent must be addressed (Elmendorf, 2010).

Shaun McNiff (1995) of Lesley University has done extensive research on arts-based practices. In his article “Keeping the Studio,” (McNiff, 1995) he used the studio to define his role as an art therapist to create a space to mirror his clients with limited engagement. McNiff examined art therapy from the perspective of a therapeutic community, in which the focus would be on the physical space as opposed to the conventional assessment of a patient’s problems. McNiff urged the AATA to reevaluate graduate-level coursework to include studio experiences; feeling art therapy is at a historic point of definition in terms of what it has to offer beyond the clinical realm (McNiff, 1995).

### **The Need for a Business Model**

Within current art therapy research and literature, professionals have spoken about theories, practices, and studio setup, but none have offered business concepts for starting an open studio business. The research is missing key business strategies in marketing, fundraising, location, and setup. With this knowledge, art therapists could really capitalize on their talents and find rewarding forms of practice outside of the restraints of large corporations and politics. Establishing a useful business would not only help make open studios a more viable career, but also ensure their success and longevity down the road. Randy Vick in Chicago is currently the only researcher discussing the business side of art therapy. The research will begin with this

concept and build upon it.

Vick (1996) created the dimensions of service model, highlighting 10 central facets of the art therapy profession and how therapists can apply their skills and training. The dimensions of service model are: (a) context, (b) nomenclature, (c) realm of need, (d) role, (e) conceptual model, (f) purpose, (g) level of function, (h) length of contact, (i) age range, and (j) groupings. The consideration of these elements is helpful in branching off into uncharted areas and populations. This tool is also used to assist the exploration of current or ideal career paths and the delivery of services. Vick advised that the challenge to the contemporary art therapist is to merge the best of historical and current practice paradigms. Certainly, practices in the United States could benefit from a shift in how they view art therapy to mirror a more European model. Choosing to expend efforts debating over how art therapists should practice and subscribing to the “art versus therapy” debate may only serve to limit opportunities to practice and the exploration of new job opportunities. External factors, such as job availability, salary, career advancement potentials, and chaos in the healthcare industry unfortunately play a role as well. Focusing more on the internal factors, such as the depth of theory, literature, political advocacy, the sophistication of our practice, and the selection and education of trainees should be more carefully scrutinized (Vick, 1996).

## **CHAPTER III**

### **Methodology**

The current study employed a qualitative, phenomenological framework to collect data and synthesize the results. Three participating studios and founders made up this multiple-case study and comparative analysis was performed to scrutinize their business practices. Data collected from the interviews captured thick description of participants' experiences and the details that highlighted the successes and weaknesses of each studio. Similar methods are currently being used by other businesses versus data processing and auditing procedures, realizing that the key to success can often be determined by understanding what customers want from a business and delivering those services (Jacka, 2012). Qualitative analysis can provide a framework that leads to helpful insights and improved business strategies. More companies are turning to similar forms of qualitative monitoring to ensure the success of their business (McAdam & Leonard, 2005).

#### **Techniques for Measurement**

Studio founders and executive board members were mailed research packets containing an introductory letter (see Appendix A), confidentiality agreement (see Appendix B), and consent forms (see Appendices C and D). Follow-up phone calls were made to review the packet and determine the interest and availability of each studio. Once the studio agreed to participate, a participation agreement was signed along with a confidentiality agreement. Upon receipt, a multiple choice intake questionnaire (see Appendix E) was sent via e-mail to be completed via SurveyMonkey. The intake questionnaire served as a quick tool to extract information regarding how the studio runs its business. Ten questions (see Appendix F) covering topics such as referral bases and social media served as a lens to capture the initial



image of the studio. This also helped to provide both theoretical and logical direction for the onsite interview (Agee, 2009). Business comparisons were then made through an established set of criteria developed from the initial questionnaire identifying several areas of importance to the studio operations.

Once the intake was completed, site visits were arranged to administer the in-depth interview. The on-site interview contained clear concise questions (see Appendix G) targeting (a) historical foundation, (b) description of services, (c) range of service, (d) resources and funding, (e) budget, (f) participant involvement, (g) staff functions, (h) vision and mission, (i) studio, (j) marketing, (k) founder, (l) community, and (m) future. Each section contained subcategories offering further clarity to develop areas of uniqueness. A glossary was reviewed for clear definitions of terms and key concepts to eliminate misinterpretations during the interview. Studio tours dates were set up to conduct the interview and to collect further data through written notes and photography in order to round out the study and give breath to the design.

**Sample selection.** Three studios in the United States agreed to participate in this multiple-case study to evaluate, examine, and formulate business strategies for art therapy open studios. Studios were selected due to their length of service, the volume of clients served, and the contributions they have made to the field of art therapy. The studios' locations were also of consideration to provide variation to the study and increase level of comfort in sharing pertinent business information. Once the studio completed the necessary paperwork and protocols, the researcher conducted a site visit and interviewed the executive director and founder. Each interview lasted an hour and a half, including a studio tour and opportunity to document the studio environment.

**Procedures for data collection.** Once the studios agreed to participate, a confidentially agreement was signed between parties to insure the protection of privacy. The studio and founders remained anonymous so that business information and studio privacy was not compromised. The initial questionnaire was collected and reviewed to formulate the in-depth interview. The interview was recorded and media releases were signed, such that the researcher could carefully transcribe the interview for accuracy and form comparison tables. Photos that were taken were reviewed and noted, adding data to the tables. The full procedure for data collection included: (a) initial questionnaire, (b) in-depth interview, (c) studio tour, (d) photos and recorded documentation. The researcher then compared and contrasted the material and analyzed the data to identify the key elements that led to a studio's success in order to make recommendations and business strategies to the field of art therapy.

**Data collection and storage.** To achieve confidentiality, all data were stored on a password-protected personal computer. Interviews and questionnaires were coded using a numbering system to remain anonymous and avoid confusion of data. Photographs were downloaded from the camera memory disk and stored within the secured computer. Personal notes and interviews were recorded, transcribed, and coded on the secured computer. Photos were taken with the intent of gathering critical data to better understand each studio's process; they were not used for any other purposes.

### **Transforming the Data**

The strength of qualitative research is its ability to provide complex textual descriptions of people's experiences within a given phenomenon (Family Health International, n.d.). Analysis means to break down the data into parts, which tend to lose the phenomenon and thus, it is important to determine a way to transform the data into meaningful results (Groenewald, 2004).

In order to do this, significant topics were established from the intake questionnaire to form the criteria for comparative analysis. The in-depth interview provided a general framework and a flexible instrument to help categorize the studios; responses into units. Open-ended questions offered richer data for the development of significant units of comparison. The researcher handled any discrepancies or further need for clarification by contacting the studio for clarification. Once the interviews were transcribed, they were scrutinized for substantial and interesting themes to formulate business strategies. The tool that was used for the explication of data is a simpler version of Hycner's (1999) five-phased process provides a way to transform the data through interpretation (Groenewald, 2004).

**Hycner's five-phased process as developed by Groenewald (Groenewald, 2004).**

***Bracketing.*** Before analysis, the researcher examined her presuppositions to avoid the imposing her own meanings and interpretations on the data (Hycner, 1999).

***Delineating units of meaning.*** Data were carefully scrutinized and formed relevant units of meaning from each interview, while eliminating redundancies (Hycner, 1999).

***Clustering units of meaning to form themes.*** By rigorously examining the list of units, the researcher was able to elicit the essence of the units within a holistic context. This involves the researcher's own judgment, which must be bracketed again to offer creative insight (Hycner, 1999).

***Summarize each interview, validate, and modify.*** A summary incorporated all the themes from the data and highlighted business strategies. The researcher also returned to each studio to make sure everything was correctly captured and the information was valid (Hycner, 1999).

*General and unique themes for all the interviews and composite summary.* Once the above steps were complete, the researcher looked for common themes that occurred in most or all of the interviews, as well as the individual variations (Hycner, 1999).

## CHAPTER IV

### Results

Three studios across the United States agreed to participate in this study. They are labeled below as Studio A, Studio B and Studio C. The Table 1 below detail specific categories from the data collected from studios after the delineation process and placed side by side to provide a strong visual comparison of business practices. This was termed Part one of the research results. Part two included the data analysis and written summary of the studio and founder interviews that describe seven major themes synthesized in detail.

#### Part 1: Categories of Studio Comparisons

*Table 1. Studio Comparisons*

Categories	Studio A	Studio B	Studio C
1. History	Founded 40+ years ago	Founded 10+ years ago	Founded 20+ years
2. Location	In a large hospital with several neighboring locations.	Downtown in a large urban city.	In an upscale Neighborhood.
3. Population	Children and adults that are physically, medically and emotionally ill, those seeking wellness, and professionals using alternative methods	Low income, incarcerated, mentally ill, marginalized developmentally disabled, handicapped	Adults, teens, community wellness, students
4. Description of Services	Expressive Arts Therapy	Arts-based Therapy	Artist in resident model

5. Range of Service	Open studio, hospital based, in-service, community based, offsite, professional education CEUs	All inclusive open studio, weekly workshops, performance space, art sales shop, afterschool programing	Open studio, workshops, training programs, afterschool programing CEUs
6. Funding	Contract work, grants, collaborations, scholarships, donations, bequests, wish lists.	Fundraising, grants, collaborations, donations, volunteers, scholarships, wish lists.	Contract work, grants, collaborations, and sponsorships.
7. Budget (Rounded)	\$300,000	\$150,000	\$170,000
8. Participant Involvement	Individual, groups, gallery shows	Groups, gallery shows, festivals	Groups, gallery shows
9. Staff Functions	Board of directors, board of trustees, director, business manager, office manager, 3 staff, several clinical ATRs, interns	Board of directors, executive director, president, vice president, secretary, 2 staff, instructors, volunteers, interns	Board of directors, advisory board, executive director, 2 staff, facilitators, interns
10. Vision	To serve patients after their release from the hospital recognizing that people need a touchstone, somewhere to continue to have socialization and to continue to learn new artist skills.	To contribute to the well being and stability of our community and to provide a working model of a non-institutional community art setting that sustains and improves community mental health and social capital.	Through workshop classes, exhibition and especially community partnerships, we teach participants how to use art making effectively as a safe, powerful and reliable medium for personal exploration and growth.

11. Mission	To enhance the quality of life for those with physical, cognitive, or emotional challenges through the therapeutic use of art.	To promote positive self-identity and resilience through art making by providing a safe environment for creative social interaction with an emphasis to enhance the lives of those most marginalized in our community.	To utilize and bring the creative process to interested individuals and groups of all ages and backgrounds, and to empower people to turn to art for personal growth.
12. Studio	Several well organized studios of varying in sizes	Large studio, with lots of options and supplies in a relaxed community environment	Small studio with attached gallery space, well organized with planned activities.
13. Marketing	Newsletter, website, gallery, advertising, social media, PBS, AATA publications	Newsletter, website, gallery, social media, radio, PBS, on-line sales shop, AATA publications	Newsletter, editorials, flyers, gallery, local news stations, articles, books, AATA publications
14. Founder	Art therapy consultant and educator, MA, BFA, ATR,	Assistant professor, AATA board member, Ph.D., PT, ATR-BC	Instructor, MAAT, BA, ATR
15. Community	Urban city center, low income, large hospital campus	Large city, low income, low cost of living	Upscale metropolitan neighborhood
16. Future	Wants to increase profits, and looks into partnerships with universities.	Looking to increase staffing, and find a new director that is passionate about art therapy and has good business skills	Would like to expand training programs and consider other locations.

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## **Part Two: Themes Synthesized from Studio and Founder Interviews**

**Why studios are set up as nonprofits.** Each studio was set up as a 501(c)(3) and categorized as an “Arts and Social Services” organization. Collectively, all executive directors and founders agreed that this was the best way to set up the studio to meet the goals and services they provided. Nonprofit business models involve as well as inspire community members in ways that could not be reached if they were for-profit. Studios were asked if they could operate their business as a for-profit venue and still be successful. This was largely rejected.

One executive director highlighted the important consideration a founder should have in evaluating how to set up a studio, and whether or not they would be establishing their business for the short-term, or if the goal is for the studio to outlive the founder. Forming a business as a nonprofit would offer that type of longevity. Another reason for setting up a studio as a nonprofit is that for-profit studios would rely completely on fee-based services, which would change the nature of the programming studios could offer and limit the number of people that could benefit from these programs. Without soliciting funds through grants and fundraisers, studios may have a difficult time making enough money to turn a profit. Many community studios make just enough to break even, and it is through the fundraising efforts and donations that they to cover the expenses of offering free or low cost programming.

**How partnerships are essential to a studio’s success.** A great deal of the studio’s success can be linked to the partnerships it has formed. Partnerships not only help to staff and run the studio with volunteers, but also provide meaningful connections with other like-minded social services agencies working with similar populations. Without networking and developing partnerships and forming other referral bases, an independent studio may find it more challenging building a client base. Agencies like AmeriCorps, Big Brothers Big Sisters, and



local treatment centers, shelters, and youth organizations can help support and fund collaborative programming. One studio used the term “friendraising” with a foundational understanding that all partnerships and potential donors start developing from friendships. The focus on finding and maintaining community partnerships has been demonstrated to lead to a studio’s success and longevity. A healthy partnership not only provides volunteering opportunities, but also offers financial support in terms of donations, sponsorships, and endowments.

**Why word of mouth is still the best way to communicate.** Popular social media venues such as Facebook, Twitter, blogs, and studio websites revealed surprising results in terms of a studio’s marketing campaign. Each studio participated in almost every form of social media available to connect with studio participants, potential funders, and interested individuals. On average, the studios were surprised by the lack of participation and activity that resulted. One studio stated that of all the forms of social media, that it was their website that granted the most activity. Facebook was incredibly disappointing due to the fact that no one was responding or posting to topics. Another studio referred to “hot” and “cold” marketing contacts to describe face-to-face interaction versus social media contacts. All studios affirmed that face-to-face contacts and word of mouth still creates the most reliable connections, with many becoming fully invested participants in the studio.

**Why participants are referred to as “artists” rather than “clients”.** A great deal of care and sensitivity was taken into how the studios chose to address the participants they were serving. Within clinical settings, participants are most likely referred to as “clients” or “patients.” In the studios, neither term was used; in fact, for one studio it was found rather offensive and thoughtless. In general, the studios felt it was an important part of their mission and form of care to choose a more appropriately fitting name. One studio referred to participants

as “artists.” Another studio simply referred to the individuals as “participants” and expected that each person entering the studio would be actively participating rather than observing. All studios agreed that referring to participants as “artists” or “participants” instead of “clients” and “patients” established equality right from the beginning of the relationships between facilitators and participants. This assisted in eliminating the power dynamics that are typically present between therapist and patients in a clinical setting.

**Freedom should be left with the participant.** In general, each studio had very simple rules and expectations for the studio environment. One studio stated there are two rules by which everyone must abide: (a) that participants come in and make art, and (b) that participants treat others with respect. By following these rules, the studio naturally forms a community that becomes self-regulating. Another studio set the tone that how a person utilizes the studio is left up to him/her, and if he or she did not feel like creating or making art that day, that it would not be forced upon them. Thus, they possibly came for community or for a cup of coffee and nourishment, but no great list of rules or preconceived notions were forced upon the participants. In one of the studios, the mission statement was visible, but nothing else was posted. Behavior issues were not addressed by using force, but more so with redirection and the importance placed on making good choices in order to be part of the studio community.

**Board members and a governing structure that is simplified.** Due to the fact each studio was a 501(c)(3), they each had an established board of directors. In the beginning, it is common for small studios to have a board of directors that consists of the founder’s friends and family. The studio grows over time to involve more dynamic members from diverse backgrounds and areas of expertise. Studios stressed the importance of finding key people to compliment the organizations’ vision and mission. Many of the studios’ board members were

attorneys, accountants, marketing experts, or important figureheads within the community offering services with little to no added cost. Each offered a very important skill and a great percentage of the overall funding dollars could be traced back to a key board members at some point. Of obvious concern was losing one of these key board members and the financial impact that this could have on the studio. Thus, careful evaluation of the strength of board members as well as their individual contributions is incredibly important. It is within the governing structure that a founder can find support and assistance.

**Facilitator serving as a role model instead of a therapist.** Typically within art therapy positions, one would find patient–therapist relationships, with the therapist serving as the expert to help diagnosis and form a treatment plan for the patient. Two of the three studio founders abandoned this clinical structure when they formed their community studios. It was within this departure that they redefined their roles from “expert” to more a “facilitator” or “role model.” Along with defining the relationship, this helped eliminate the power dynamics and instill an “artist-in-residence” model by creating art alongside participants and offering gentle guidance. The studios workshops had different levels of structure, but during studio workshops the sense of direction was achieved through modeling. One studio facilitator assisted others by exhibiting successful creative problem solving using an artist-in-residence model, while another studio offered positive feedback and encouragement helping participants achieve a healthy sense of self-worth and autonomy.

## **Results Summary**

The research was able to achieve the main goals of the study to (a) identify the key concepts that made for a successful business model, and to (b) help deliver business strategies for others in the field of art therapy. Within the three studios that participated, clear distinctions and

similarities were found in how they ran their businesses. Similarities and distinctions were illuminated through bracketing and developing units of measurement to form categories for comparison. Careful consideration of these components will give art therapists a framework to develop a structure and a successful business model.

## **Discussion**

Gaining the opportunity to talk to studios and founders that are top in the field was an excellent experience. During the on-site interviews, the studios shared candidly their successes and struggles of running a studio. The knowledge gained was not only helpful for me to receive, but beneficial to the participants in that they gained an understanding of how similar studios were meeting the challenges they were faced with and finding creative solutions. We can learn a lot from one another by simply asking, “How did you do it?” Many who have formed or attempted businesses are willing to share their stories and happy to help others out. Once I revealed that I was interested in starting a similar studio, the interviews naturally shifted to giving kind advice and gentle guidance that was unexpected highlighting what I could be doing to help my community.

I would like to take a moment to highlight two additional concepts that should be further explored by those looking to utilize the open studio as a business model. The first is the importance of community, not only as a business location, but for its contributing members and the personal investment that can be made. The second is to have a firm understanding of personal strengths and weaknesses in order to identify areas that will need additional support.

The idea of working with a community can be wonderful yet a rather illusive concept for studios. Within the same pool of resources, community members can become participants, critics, advocates and even major funders. Potential studio founders should take time to fully

understand the needs and social issues that are affecting the community. Working in a community where the founder is completely invested, keeps the studio connected to important issues and develops a healthy reputation. A founder who has an invested interest within the community may raise their family there, join other local organizations for social change, take care of personal and business matters in the community, and keep up to date on political issues affecting the community and surrounding areas. The reward is twofold when individuals establish a deeper connection with the community and its members because it allows for the development of more purposeful studio programming.

The other component is to have the ability to carefully examine and self-reflect upon your character and personality structure. By having a high level of emotional intelligence it opens the door for self-awareness and the ability to recognize personal strengths and weaknesses. This will develop a platform and starting point in order to go forth with confidence and find the necessary resources. Passion and motivation provides the fuel for ideas and projects, but a strong understanding of weaknesses opens individuals up for the assistance we needed from others to achieve them. By filling in the gaps the likelihood for success is that much greater.

An interesting turn of events happened when I was walking to the last studio interview and came across a studio that had children playing and celebrating a birthday. Immediately, the graphics caught my eye and the lighting and colors on the walls were intoxicating. I carefully walked inside to inquire about their business and services they provided and was greeted by a counter offering coffee. While I waited, children in the front craft area moved seamlessly to the back play space to explore and play with manipulatives. Behind the play area was a puppet show and another quiet sofa area dimly lit for adults. The owner emerged to discuss her business with me and answer any questions I had. What surprised me was that she was an art therapy graduate

who studied and taught with the studio owner I was about to interview. She had recently opened this community space for parents and children to create together. This studio was a for-profit business that rented to private parties and groups and offered individual time slots. The owner was working with children within a normal range of functioning and offering them a creative experience making art with art therapists. I realized that with this discovery my research was not over and that there was still more to explore in the area of for-profits.

### **Recommendations**

Recommendations from this study can help support and encourage art therapist to further define his or her concepts of art therapy and offer successful business strategies. Art therapists are still trying to define the field and the areas in which they practice. It is the researcher's concern that as art therapists focus on redefining their role in the field that they may be neglecting other components of their own success. I recommend that art therapists continue to lean on one another to advance the field rather than trying to mimic other disciplines. Art therapists have found great success in alternative approaches and collaborations with other organizations. I spoke to Bruce Moon during my practicum and shared my concerns regarding state licensure and if I should be considering other degrees to become more marketable. His response to me was, "If you want to be an art therapist, be an art therapist" (B. Moon, Personal communication, November 13, 2012).

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## APPENDIX A: INTRODUCTORY LETTER

September 9, 2014

Founder or Executive Director, Credentials  
 Position within Studio  
 Studio Name  
 Address  
 Phone /E-Mail Address

RE: Permission to Conduct Research Study

Dear (Founder/Executive Director),

I am writing to invite the (Studios Name) to be part of a research study. I am currently enrolled in the Master's of Art Therapy program at Saint Mary-of-the-Woods College in Saint Mary-of-the-Woods, Indiana and am in the process of writing my Master's Thesis. The study is entitled: A Qualitative Study on Art Therapy Open Studios in the United States.

If approval were granted, I would ask the founder(s) of your organization to anonymously complete a questionnaire and line up a date to meet in person to conduct an in-depth interview. Prior to this, a confidentiality agreement (copy enclosed) will be signed between parties and returned to the primary researcher. Company policies and confidentiality will be reviewed for a clear understanding as to how business information will be handled.

A link to the questionnaire will be sent to the (Studios Name), and will take five minutes to complete. One in-depth interview will be conducted on site during a time that is convenient for you, and should take no longer than one hour to complete. The data and results will be pooled for the thesis project and each participating studios will remain anonymous. Should this study be published, only pooled results will be documented. The (Studios Name) will incur no costs in order to complete this study.

Your approval to conduct this study will be greatly appreciated. I will follow up with a telephone call next week and would be happy to answer any questions or concerns that you may have at that time. In the meantime, you may contact me at my email address: [healingpaintbrush@gmail.com](mailto:healingpaintbrush@gmail.com).

If you agree, kindly sign below and return the signed form in the enclosed self-addressed envelope. Alternatively, kindly submit a signed letter of permission on your institution's letterhead acknowledging your consent and permission for me to conduct research at your institution.

Sincerely,

Sara Manchester, BFA  
Saint Mary-of-the Woods  
MAAT Graduate Candidate 2014

Enclosures

cc: Dr. Jill McNutt, Research Advisor, SMWC

Approved by:

---

Printed Name / Title

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Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## APPENDIX B: CONFIDENTIALITY AGREEMENT

### Confidentiality Agreement

1. I hereby undertake not to use, nor disclose to any unauthorized person, any confidential information relating to or received from the Art Therapy Studio for any reason unless expressly authorized by the Art Therapy Studio or required by law. I understand that this applies both during the term of my schooling and after graduation.
2. Information may be classified as 'confidential' if the Art Therapy Studio would not release it in response to a request made under the Freedom of Information (Scotland) Act 2002. Information is also confidential information if it is clearly marked as such or by its very nature is evidently confidential. This includes but is not limited to financial, business, and procedural information.
3. I understand that the use and disclosure of all information about living, identifiable individuals is governed by the Data Protection Act. I will not use or disclose any personal data I acquire during my research for any purpose that is or may be incompatible with the purposes of the MAAT Thesis.
4. I understand that I am required to keep all confidential and personal data securely, and undertake to follow all relevant local procedures in doing so.
5. I hereby undertake to ensure that all records provided or created for the purposes of this agreement, including any backup records, are passed back to the Art Therapy Studio or deleted as directed, once I have received confirmation that the research I have done has been satisfactorily completed and all the required information has been provided in accordance with the Art Therapy Studio wishes.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature Date

Sara Manchester, BFA  
 MAAT Graduate Candidate 2014  
 P.O. Box 69  
 Walloon Lake, MI 49796  
 (231) 459-8840  
 healingpaintbrush@gmail.com

## **APPENDIX C: CONSENT TO PARTICIPATE**

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

The goal of this qualitative study is to compare and contrast data collected from selected studios across the United States. Interviews and site visits with studio entrepreneurs will identify the key elements that have led to their success and encourage future programs for art therapists to develop.

This study is a requirement of the class, AR591 Research, for Sara Manchester, a student majoring in Art Therapy at Saint Mary-of-the-Woods College.

The procedure involves minimal risk for the participants and all business information will be coded with a numbering system to maintain confidentiality. Studios and founders will have the right to remain anonymous. Prior to conducting any research the researcher will thoroughly explain the intent of the study and review company policy and procedures to determine the level of exposure each studio is comfortable with. Once the studio has agreed to participate, a confidentiality agreement will be signed between parties to insure the protection of privacy, and discuss how business information will be handled. Each studio will be photographed in order to document the space and better understand layout and use for clients. Photos will only be taken to assist in gathering critical data about each studio. Images that contain client artwork or confidential material will be destroyed unless releases have been signed and approved by the studio.

Ethical considerations for conducting this study are: (1) to provide a clear statement for the intention and rationale behind the research conducted with each studio (2) safeguarding all business information (3) protecting the dignity of the studio, owners and clients (4) collecting signed releases of artwork photographed (5) maintaining confidentiality with all research data. The benefit of participation is that each studio will be provided recommendations and business comparisons based on an established set of criteria that will identify and measure several aspects of how studios run their business. This approach will use comparative criteria to gather and develop a framework for a business model. This type of framework can lead to helpful insights that will improve an existing business model and develop long-lasting success for art therapists running open studios.

Only the researcher will have access to the completed forms and interviews that will be maintained for a period of three years after publication of the results.

Recommendations based on this study will be made to help support the existing business concepts used by each studio. This research hopes to gain helpful insight and knowledge by providing a collaborative learning experience. Upon completion of the study studios will be contacted to review the completed research.

Studios have the right to decline participation by stating so. In addition, studios may withdraw from the study at any time without penalty, simply by notifying the researcher.

This study was approved by the Saint Mary-of-the-Woods College Human Subjects Institutional Review Board on August 26<sup>th</sup>, 2014.

If you have questions or concerns about this study, please contact Sara Manchester or the researcher's supervisor or the chair of the Human Subjects Institutional Review Board.

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**Chair, IRB**

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### Consent to Participate

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

\_\_\_\_\_  
Printed Name / Title

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

*Note: If participant is under the age of 18, participant's parent or guardian must sign the consent form and the participant must sign an assent form.*

## APPENDIX D: CONSENT TO PHOTOGRAPHY/VIDEO/AUDIOTAPE

### CONSENT TO PHOTOGRAPH/VIDEOTAPE/AUDIOTAPE

Thank you for your participation in this research project. As part of this project, you may choose to be photographed, videotaped, and/or audio taped. Please indicate below the use of the media to which you are willing to consent by placing your initials in the blank in front of the item. Initial the item that best suits your level of comfort. There will be no negative consequences for refusing to be photographed, videotaped, and/or audio taped. 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 will be used in presenting this research.

Please initial

I give approval for my artwork to be photographed.	Yes: _____	No _____	
I give approval for my image to be photograph or videotaped.	Yes: _____	No _____	
I give approval for my interview to be recorded for transcript.	Yes: _____	No _____	
I give approval for my voice to be heard on tape.	Yes: _____	No _____	

I understand that I can withdraw my permission to be photographed, videotaped, and/or audio taped at any time without prejudice and with no explanation required.

I have read the above and give my consent for the use of the photograph/videotape/audiotape as indicated. I certify that I am eighteen (18) years of age or older and that I have been given a copy of this form for my own records.

\_\_\_\_\_  
Printed Name / Title

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## APPENDIX E: INITIAL INTAKE QUESTIONNAIRE

### Intake Questionnaire

Welcome Letter:

I want to welcome you and thank you for being part of this important research.

The questions you are about to answer will determine the focus of our interview. Please answer each question according to its relevancy with your studio. I have provided additional space for comments if you find your answer seems incomplete. Otherwise this intake should take less than five minutes to complete.

Please contact me if you need any assistance.

Thank you,

Sara Manchester, BFA

MAAT Graduate Candidate 2014

(231) 459-8840

Q1: Our founder is still actively involved with the studio.

Strongly Disagree    Disagree    Neither disagree    Nor Agree    Agree    Strongly Agree

Q2: Our studio typically works with adults and clients over the age of 18

Strongly Disagree    Disagree    Neither disagree    Nor Agree    Agree    Strongly Agree

Q3: Our studio accepts referrals from outside agencies and organizations.

Strongly Disagree    Disagree    Neither disagree    Nor Agree    Agree    Strongly Agree

Q4: Most of our funding come from grant writing.

Strongly Disagree    Disagree    Neither disagree    Nor Agree    Agree    Strongly Agree

Q5: Our studio is well located and accessible to our clients.

Strongly Disagree    Disagree    Neither disagree    Nor Agree    Agree    Strongly Agree

Q6: We try to offer additional programming within our community by collaborating with other organizations

Strongly Disagree    Disagree    Neither disagree    Nor Agree    Agree    Strongly Agree

Q7: Our studio uses social media's (e.g., Facebook, Twitter, etc.) to reach our clients.

Strongly Disagree    Disagree    Neither disagree    Nor Agree    Agree    Strongly Agree

Q8: Our companies mission and vision still matched that of our founder.

Strongly Disagree    Disagree    Neither disagree    Nor Agree    Agree    Strongly Agree

Q9: Our studio space is not used by other organizations or available for rent.

Strongly Disagree    Disagree    Neither disagree    Nor Agree    Agree    Strongly Agree

Q10: Most of our classes and workshops are fun by art therapist.

Strongly Disagree    Disagree    Neither disagree    Nor Agree    Agree    Strongly Agree

## **APPENDIX F: QUESTIONS FOR THE FOUNDERS**

### **Questions for Founders**

1. Was there a moment or a person who has inspired you to do what you do?
2. When did you know this was the right path for you?
3. When you first started out were there skills or experience you wish you had that would have been helpful to you.
4. When did the studio model become clear for you, how many concepts did you go through before you ended with your current model?
5. What development, event, or new understanding did you have that made the most impact on your original idea for the studio?
6. Do you feel this model could ever be “For-Profit”, or would you ever consider this?
7. How have you changed over the years, and how do you stay connected with the studio?
8. What advice would you give others that came to you looking to do the same thing?
9. How do you explain art therapy to others and the benefit of it?
10. What direction would you like to see the Art Therapy studio go in over the next 10 years?

## APPENDIX G: INTERVIEW PROMPTS

### Interview Questionnaire

Date: / /

Start of Interview \_\_\_\_:\_\_\_\_ End Time \_\_\_\_:\_\_\_\_

#### Contact Information

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hours: \_\_\_\_\_

Follow Up Contact: \_\_\_\_\_

Website: \_\_\_\_\_

*\* Please Attach Additional Information \**

#### Part 1: Glossary of Terms

*Open studio:* are closely aligned to an individual's health than to any disease process, promoting the relationship between each of us and the artist within, or the self with the soul (Allen, 2008).

*Studio art approach:* is a community art studio in which the art therapist as artist acts as a facilitator of art media and processes, rather than as a doctor of a patient with a mental illness or dysfunction (Junge, 2011).

*Studio therapy:* is studio based open groups focusing on image making and dialoging with containment and client privacy (Luzzatto, 1997). Art therapists using this concept may refer to it as “studio art therapy” in which the art therapist acts more as a facilitator than a therapist, using materials to help clients experience their potentialities rather than exploring therapeutic goals (Junge, 2012).

*Art therapy:* according to the American Art Therapy Association (AATA), is the use of art creation as a form of psychotherapy for people experiencing trauma or illness, seeking personal development, or struggling to deal with the day-to-day act of living. Through the act of creating art and thinking about the process and medium, people are able to develop skills that increase cognitive ability, increase awareness of self and others, and help them cope with the distressing symptoms or limitations imposed by disability or disease. The primary purpose of art therapy is to help patients heal their mental and emotional wounds as much as they can (AATA, 2014).

*Community studio movement:* The community studio movement began in 1995 with the opening of Pat Allen’s open studio and founded by stepping outside of art therapy’s focus and language around “treatment, therapy, and diagnosis of art therapy and aligning closer to an individual’s health than to other disease processes” (Kapitan, 2008, p. 2).

*Community based art therapy:* is more than individual psychology; it can be about community empowerment and art to be shared publically and in a way that will effect change in the wider community (Elmendorf, 2010).

*Art therapy & social action:* Art therapy in a social action context combines art and therapy with a commitment to social responsibility (Block, 2001)

### **Part 1: Historical Foundations**

1. What was their mission statement and how does it differ from today?
2. Why did you choose non-profit/for profit?
3. When did you open your studio?
4. Are there other programs like yours?
5. What is your relationship like with other studios, or locations, or affiliations?
6. How did you determine your location?
7. What were your initial goals and populations you were working with?

### **Part 2: Description of Services**

1. What is the population you work with?
2. What needs are you addressing?
3. Do you offer year round services?
4. Do you have other areas (Meditation, quiet areas, homework, cooking)?
5. How would you describe yourself; arts-based, art therapy, community therapy, wellness)?
6. How do you meet the needs of your clients (assessments, goals, directives, follow-up)?
7. What type of structure do you offer?
8. Are there rules within your studio?
9. What is your length of service working with clients?
10. How do you handle behavioral issues?

### **Part 3: Range of Service**

1. What is your service working area?
2. Where do you receive your referrals?
3. Do you have other locations you work at/with?
4. Do you have other sites?
5. Do you offer training, CEU's?
6. Have you expanded your programing to other locations?
7. Do you have state licensure?
8. How does your local arts counsel or state chapter support you?

### **Part 4: Resources & Funding**

1. Explain your existing marketing plan?
2. What strategy have you used to reach clients?
3. How do you advertise, and what mediums have you used to advertise?
  1. What businesses do you collaborate with to offer services?
  2. What type of budget do you have to offer services?
  3. What type of fundraising do you do?
  4. Are you using social media to reach clients and inform the public?
  5. Why did you choose non/for profit?
  6. What other organizations do you collaborate with for programing?
  7. Where do you receive referrals?



8. Do you do grant writing?
9. What services do you offer for free/low cost/pay?

### **Part 5: Participant Involvement**

1. What type of projects are you working on at the center?
2. Explain your set-up?
3. Do you work in groups or individually?
4. Are you involved with other organizations in the area?
5. Do school groups attend your center?
6. Is your space open for rent or private parties?
7. Explain one of your latest projects in detail?
8. How are you using artwork to address these needs?
9. How do you protect your client's confidentiality?
10. How do you address ethical issues such as informed consent to protect clients and studio?
11. How do you view yourself different than community arts?
12. How do you view yourself different than clinical art therapist?

### **Part 6: Staff Functions**

1. What is your background as director?
2. Is some of the staff contracted?
3. What do you look for in a staff member?
4. Do you hire art therapist?
5. What accreditations does your program and employees have?
6. Could you please explain your staff and their responsibilities/staff functions?
7. Is your staff teachers, artist, guests, or volunteers?
8. How would you explain your companies' management style?
9. What does a typical week look like?
10. What is the culture like in your company?
11. Who handles your event planning?
12. Have you always had a board, how did you select them?
13. What do you look for in a staff member?
14. Do you have volunteers?
15. Do you have a mentoring program?
16. Do you work with area colleges or interns?

### **Part 7: Studio**

1. How many locations do you have?
2. How do you refer to people within the studio: artist, participants, clients
3. Do you have other studio locations, and if so, how do they differ from one another?
4. What type of projects are you working on at the center?
5. Is your space open for rent or private parties?
6. What theories, directives or art therapist do you model after?
7. Do you work in other modalities (meditation, yoga, movement, breathing)

8. Please explain your client art show and how those are handled?
9. How do you come up with pricing for your studios?
10. How do you remind clients, deal with attendance issues?
11. Open studio process – How do you measure the success of these workshops?
12. How do you view yourself different than other community arts studio?

### **Part 8: Vision & Mission**

1. How did you develop your mission and vision?
2. How does the community support that mission?
3. How do you make sure you meet your goals each year?
4. What exciting ideas do you have for the future?
5. How do you make sure you meet your goals each year?
6. Do you consider working as a retreat center, more locations, growing nationally?

### **Part Nine: Marketing**

1. What forms of marketing do you use?
2. Have you written any articles?
3. Have you been featured in news stories?
4. How did you develop your logo?
5. Do you showcase client's work?

### **Part 10: Founder**

1. How would you describe the founder?
2. How do they compare to other founders or studios?
3. When did they start the organization?
4. What degrees and credentials does your founder have?
5. What university did they attend?
6. What was their previous employment and positions?
7. What did they look to specialize in?

### **Part 11: Community**

1. What is your community like?
2. What is the average income?
3. Are their resources and other agencies similar to yours?
4. Do you form partnerships?
5. What type of support do you receive from your community?
6. What type of support do you receive from your local arts council?

### **Part 12: Future**

1. How would you like to see your organization change in the future?
2. Are there other programs you would like to offer?

3. What is your vision for the future?
4. What are your concerns for the future?
5. What are your next 10-year goals?