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ART THERAPY - OPENING DOORS
MASTER'S THESIS VIDEO:
AND
ORGANIZATIONAL MANUAL

Cynthia L. Schwartz

A Thesis
in
The Department
of
Art Therapy

Presented in the Partial Fulfillment of the Requirements
for the Degree of Masters of Art Therapy at
Concordia University
Montreal, Quebec, Canada

February, 1994

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ABSTRACT

"Art Therapy - Opening Doors"
Master's Thesis Video
and
Organizational Manual

Cynthia L. Schwartz

Art Therapy is a rapidly developing alternative to the traditional verbal therapies. It places much of its emphasis on the act of creative problem solving through the production of art work, within a therapeutic environment. The video, "Art Therapy - Opening Doors," is an attempt to synthesize many of the current trends, theory, approaches and ideology that make up the practice of Art Therapy. The information for this video was abstracted from a series of interviews with professional art therapists across Canada and the United States.

The sixteen minute video was edited with the potential employer in mind. The video was created in part, to serve as a resumé supplement for art therapists seeking employment. The video in this way, would introduce the concepts of art therapy, enabling the therapist to focus on why she/he might be the right art therapist for the position.

The manual entitled "Art Therapy - Opening Doors"; Master's Thesis Video : Organizational Manual, is a written synthesis of the video. It includes the objectives for the video, the budget, proposals for financial assistance, the video content, notes on the filming, the interview techniques, editing and some helpful hints about the production of a thesis video.

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I Introduction - What "Opening Doors" Expresses

Art Therapy and the title "Opening Doors" are used together to suggest an openness to new possibility. Although the open door can signify many concepts, it is used here to describe the profession of art therapy as the new alternative that exists when doors of the psyche are opened. It also makes a reference to those potential employers and the symbolic door opening as opportunity for employment.

The video actively describes the key concepts, theories and practices of art therapy in a verbal as well as visual format. The non-written format of the video allows the viewer to concentrate on the overall message and content of the video. The written manual that accompanies the video, clarifies these thoughts and turns attention to the process of the video's production.

WHY A VIDEO FORMAT?

In 1991, with the changes and amendments to the Concordia University Masters thesis policies and procedures handbook, a unique opportunity arose to express oneself via one's thesis, through a non-traditional and a non-written format. This new protocol left an opening for creative and different solutions to the left brain oriented written thesis. As part of this new amendment, the video format permits a creative approach that could otherwise be virtually impossible to achieve through the older pre-existing system. Because art therapy is most importantly a visual process, an overview of this process would be best served through a visual modality or medium. Through the visual medium of the video, the process of art therapy is explored using a collection of edited video clips from a series of interviews with art therapists.

For the art therapy graduates and even for the practising professional, the question of "what is art therapy?" still persists. This video is an attempt to provide a working definition of art therapy that can be used as either an educational tool or as part of an overall resumé package. For the graduating student seeking employment, the video will be presented as a resume supplement to potential employers, to facilitate the transition of art therapy into the work place. As an educational tool, the video provides a wide range of different approaches, theoretical orientations and innovative ideas. Used either way, this video is meant to both answer questions as well as to stimulate them. If used as a springboard for further discussion, this video could help describe and depict the

various clinical settings, the diverse client populations and the varied approaches of a professionally trained art therapist. The video also addresses certain stereotypes about art therapy and presents a balanced professional view regarding interpretation, diagnosis, and the varied theoretical foundations, along with an openness to new ideas and an unwillingness to oversimplify the art therapy process.

Perhaps the most obvious reason for a video format thesis would be its accessibility. For one reason or another, potential employers may find themselves unable to read up on the progresses in art therapy as well as some of the newer helping professions. If an individual is otherwise not acquainted with art therapy, the video provides a quick and readily available solution. In sixteen minutes a video can underline and describe a considerable more amount of material than could be read.

The phrase "a picture is worth a thousand words" is a noteworthy depiction of both art therapy and the video format thesis. Although the video is not a collection of drawings, it does possess a collection of shapes, colors, patterns and images. Together, these video images with the words, provide a more multi-dimensional approach to describing the practice of art therapy. The enthusiasm of the individuals who speak in the video comes clearly across and hopefully leaves a lasting impression of art therapy and professionalism.

One standard operational definition of art therapy does not exist. Through a mosaic of different thoughts and ideas, a working definition is created. The onus is then placed upon the individual showing the video to round out, fill in any gaps and answer any questions generate by the video and its content. It would also be

up to the individual showing the video to make links between the video's content and the context in which he/she is showing the video.

OUTLINING THE OBJECTIVES:

A) INTENDED AUDIENCE:

The targeted audience for this video is the potential art therapy employer. This person or persons may be the recruitment coordinator, a program director, the admissions officer, the Human resources department or another health care professional on a given treatment team. The video length of sixteen minutes is designed to cater to the tight schedules of the potential employer.

With the understanding that not all health care professionals have the same background and that not all are acquainted with the practice of art therapy, the video aims to cover a wide range of comprehension levels. The dialogue of the video journeys from the very basic concepts of art therapy to expounding in certain areas for those who already have some grasp or understanding of art therapy tenets. The video should provide some new insights for any viewer.

The main message for the viewer, pertains to the versatility and flexibility of art therapy. The video underlines the notion that art therapy can be integrated into any existing program or facility. It should also be clear that art therapists work in a variety of different settings with a variety of different cliental populations. Differing theoretical perspectives and ways of working, are also established.

B) OTHER VIEWERS:

Although this video was designed for the potential employer, as part of an overall resume package, its applications may vary. Because the dialogue covers a wide range of art therapy perspectives and practices, it could also serve as an educational tool for anyone who may be interested in learning about this field. The clarity of the speakers and the easy to follow dialogue permits a basic understanding to those outside the realm of health care.

C) KEY CONCEPTS (TERMS) COVERED IN THE VIDEO:

I - Roles of an Art Therapist:

- teacher
- witness
- facilitator
- healer
- animator
- educator
- clinician
- diagnostician

Throughout the video art therapists explore some of the various roles that they have had to adopt throughout the years. It is suggested that these roles vary from time to time and are always changing. The emphasis seems to be on realizing what the clients particular needs are and working from that understanding.

The clinical setting, school setting and other factors, play a crucial part in establishing the role for the art therapist. Certain settings automatically suggest a particular role while at the same time excluding others. Certainly the framework that a therapist works in, has a lot to say about how and in what way the therapist will function or practice.

II - Materials:

- choice
- selection
- imposing structure on materials
- have dimensions

Choice of materials is mentioned briefly within the video. Most art therapists agreed that the art therapy room or studio space, should be equipped with a wide range of materials. These materials should include two and three dimensional media. Art therapists suggest having the following materials on hand:

- wet and dry paints
- material for sculpting (clay, paper, plastercine, pipe- cleaners)
- drawing tools (pencils, pencil crayons, markers, oil pastels, chalk pastels, etc.)
- paper in a variety of shapes, color and sizes
- tools like rulers, scissors, brushes, pencil sharpeners, erasers and glue
- odds and ends (string, yarn, egg cartons, coloured cellophane etc.)

Although the choice of material is usually governed by the particular preference of any client, the therapist may decide that certain materials would not suit the immediate needs of a client at a given time. The looser media such as wet clay and water paints are often withheld until the therapist feels certain that these would not be too overstimulating. Because certain media promote regression more than others, the art therapist may have to restrict the choice of materials until its introduction is appropriate.

Another way to manipulate the materials is to impose structure on them. Clay for instance, can be used with either more or less water. The more water added to the clay, the looser and more (potentially) regressive it becomes. Another example might be the use of erasers. Some therapists feel that erasers do not belong in the art therapy room, that erasing means that you have made a mistake. These art therapists feel that there are no such things as mistakes, just learning experiences. Other art therapists may be inclined to use for example - the eraser. It may be used as a drawing tool, it may act as a metaphor for mistakes in life, and it may also symbolize a gesture of reparation or expression of denial, undoing etc.

III - Approaches:

- structured vs. non- structured
- directive vs. non- directive
- primary or adjunctive therapy

The art therapists interviewed for this video project and indeed, probably every therapist practising art therapy, have their own personal way of working.

With certain basic tenets constant, the therapist brings into sessions, his or her own unique way of working. Because art therapy is such a broad field, and because it is practised within many different institutions and organizations, it is hence, practised with many contrasting approaches.

One of the major contrasts in approach is the adoption of a directive over a non- directive approach. The directive therapist is more likely to "direct" the client during an art therapy session. This therapist may suggest a particular theme, the choice of medium and perhaps even the subject material. The non- directive therapist will usually allow the therapy session to take its own course with the client as the leader of this spontaneous journey. Each of these ways of working has its own merits, and has a place during the course of therapy. It should also be noted that these two approaches are not mutually exclusive and that one way of working does not exclude the other. A therapist might feel that a session is getting "out of control" and that some structure or directive is necessary, while at other time feel quite comfortable without any directives at all.

The video also suggests that art therapists work in varying capacities as either primary and/ or adjunctive therapists. Again this depends upon the setting in which the therapist works and the personal preferences of the individual therapist. This would also be influenced by the existing structure of the institution, be it group treatment, a treatment team, private practice etc.

- IV Art serves as / or promotes:
- a record
 - a springboard
 - a concrete proof of a session
 - growth
 - self esteem
 - mastery of tools and materials
 - insight
 - self expression
 - self awareness
 - conflict resolution
 - a non- verbal form of communication
 - a safe form of regression / aggression
 - a metaphor / symbol
 - a non- verbal vocabulary
 - a statement after the process
 - a witness of the change
 - spontaneity
 - establishment of boundaries
 - a concrete, tangible object to manipulate

Throughout the duration of the video, the importance of the artwork itself is surveyed. The art is described as a springboard for further communication on both a verbal and non- verbal level. Individuals spoke of the art with common phrases like: "esteem building," "growth promoting," "self awareness," "self expression," "insight" and a "safe form of aggression or regression."

During the process of developing mastery and through the use of tools and approaches to media, an individual in therapy could resolve personal conflicts with the support of an empathic therapist. Through the art process of self discovery, the personal vocabulary of symbols, signs and metaphors emerge. The art product itself is something concrete and tangible that can then be manipulated and changed by the client if he or she so desired. It serves as a record and a concrete proof of what actually transpires during any given session, as a statement after the process.

Through the artwork one can witness the subtle, and not so subtle changes that occur. The art which allowed for spontaneity, also made it possible for the therapist to establish and maintain boundaries

V Process:

- right brain vs. left brain process
- conscious / unconscious
- external image / concretized
- circular, not a linear process
- primary / secondary process
- internal process

The art therapy process provides an alternative to the traditional verbal therapies. The video briefly mentions some of the factors involved in the art therapy process. It is described by some of the art therapists as a circular rather than a linear thought process and therapy. Art therapy employs and taps into the functioning of the right brain while still utilizing the left. It is also a therapeutic

process that initiates both primary and secondary process thinking

Many of the art therapists interviewed for the video spoke about the art in the therapeutic session as a means to externalize an internal feeling, problem or issue. The process of externalizing the image, was described as the point of mystery. At this point the unconscious was being explored through the visual medium of the art work. When the art work is released from the depths of the unconscious, and placed or contained in an external source or media, the individual can better grasp the issue.

VI Creativity:

- healing
- therapeutic
- basic human need

Creativity and the creative process are prominent themes throughout the video. Many of the therapists interviewed spoke freely about the inherent therapeutic values of the creative process itself. The very act of creating something while going through therapy was described as healing

The creative instinct or urge was clearly defined as a basic human need. The caveman drawings and other ancient artworks were cited as examples of man's quest to be creative and make "art." The creative process however, was not pigeon- holed to merely represent the visual or graphic arts, but was also to include other creative modalities such as theatre, dance, music and movement.

VII Diversity of:

- populations
- work settings
- cross cultural
- intelligence level or age

Art therapy is a diverse practice, drawing from many different sources.

Starting with backgrounds in both the art world and the realm of psychology, it is no wonder that it can serve such a wide range of populations. Art therapy has been described as a therapy for the working class. It can be implemented with almost any individual, family or group, because its application covers all age groups, from young children, to adolescents, to adults and even the elderly and geriatrics. Work in the field of art therapy has spanned from psychiatric hospital facilities, to community mental health, to nursing homes, day treatment centres, educational systems, correctional facilities, private practice and even to corporate business offices in need of management counselling.

Art therapy is a cross- cultural practice that can adapt to suit the needs of most ethnic or religious groups. Through art, most any issue can be addressed. Art therapy also works with a range of clinical "disorders," including: schizophrenia, manic depression, borderline personality disorder, conduct disorders, and attention deficit, etc. Art therapy, unlike some of the traditional verbal psychotherapies, does not demand a certain level of verbal articulation or intellectual level. Work has been successful with individuals with vastly differing intelligence levels.

VIII Defenses:

- not the same defensive structures or stereotypes
- traditional defenses don't exist, don't have skills to censor

Art therapy and the creative arts therapies have a unique way of getting past some of the defensive structures set up by the verbal vocabularies that we employ on a daily basis. Because we are trained with a verbal and written language from a very early age in life, many of us are able to censor and monitor our verbal choices. We learn what we can and cannot say, we also learn to keep secrets and how to avoid revealing them. These defensive structures that are so built up around our verbal and written vocabularies, do not exist in the world of art. The stereotypes that we so easily avoid by censoring our speech emerge when we draw pictures, paint or sculpt.

IX Training:

- specialized training; master's level
- interdisciplinary program
- trained therapist and trained artist

The video only briefly mentions the training of an art therapist. The training of a qualified professional art therapist begins at the Master's level. Art therapy is an interdisciplinary program which draws from many distinct sources. Most art therapists are both trained artists and trained therapists.

Through the art training, the student learns about the variety of media and how to manipulate them. The students also gain some insight into the specific

properties of each of these media. This knowledge is essential during the practice of art therapy so that a rational conscious decision can be made and understood when selecting or omitting certain choice media from a particular client. Although there is no rule of thumb in art therapy, wet clay may prove, for example, to be overstimulating for an encopretic child.

Through the art training the budding therapist also discovers color, shape, line, form, texture and symbolism. These properties of any given art work are not fixed but may provide valuable insights into the art work of another.

The psychological aspects of an art therapists training are very expansive and cover many different theoretical models, theories and approaches. To enter the first year diploma program at Concordia University, students require a bachelor's degree with a background in studio art, psychology, art education, art history and art therapy. In the first year, students complete five courses including:

1. Readings in Art Therapy - Theory and Research
2. Symbolic Imagery and Art Therapy - Studio /Workshop
3. Art Therapy Practicum I
4. Introduction to the Expressive Art Therapies
5. Introductory Clinical Topics in Psychology for Art Therapists.

In the second year - Masters, the following is studied:

1. Art Therapy Skills - Special Problems
2. Case Studies in Art Therapy
3. Art Therapy Practicum II
4. Advanced Art Therapy Practicum

5. Specific Application of Art Therapy
6. Research in Art Therapy
7. Thesis seminar
8. Selected issues in art Therapy (or independent study)
9. a 12 credit Thesis.

The two clinical internships or practicums are coupled with weekly indepth supervision by the placement setting and the university

X Faster identification of issues:

The video takes some assertive steps and suggests why art therapy may be the modality of choice for certain individuals. Some art therapists claim that because the same defensive structures do not exist in art therapy, that first the identification and the resolution of the issues occur more rapidly than in some other therapies.

XI Importance of keeping the art work:

Part of the framework of an art therapy practice involves the safe storage of the client's art work. Over time, this collection of art, will serve as a record of the client's progress in therapy. When examined as a collection of works, the therapist and client should be provided a fuller picture and some insight into the intricacies of any individual's issues. The art in this practice becomes the modality or vehicle for change and development in therapy.

XII Art therapy involves the whole person:

The art therapist and the art making process ascertain the full spectrum of the human body and emotion within the framework of a particular session. With a stable holding environment clearly established, the art involves the body on a physical as well as spiritual level. This holding environment is a space that the therapist and client share, where the therapist mirrors the patient's inner representational world. It employs a search into the conscious, subconscious and unconscious parts of our psyche. The art presents us with both personal and collective imagery, from the present and past, even preverbal childhood memories may surface through the art in masked or unmasked forms.

XIII Other art therapy issues covered in the video.

The video covers a wide gamut of topics, and certain issues are dealt with more sufficiently than others. For example, intervention choices, artistic merit and arts role in society are of considerable importance to the study of art therapy, but were beyond the limits of this video study in terms of in-depth time allotment. Intervention choices are briefly mentioned. It is however, clear from the video that different clients, contexts, situations and circumstances, merit different intervention choices.

Another point delineated in the video qualifies the value of aesthetics and artistic merit within the art therapy framework. The therapists interviewed, clearly indicate that how well an individual draws, does not improve or degenerate the quality of the therapy. Each individual who enters art therapy is aware that no judgements will be placed upon them for an apparent talent or lack thereof with

respect to the art work done in art therapy. Art therapists do access the art work, but not according to how “well” someone can draw. The therapist is interested in both the process and the product, not talent.

The last issue pertains to redefining the role of the arts in society and the importance of the whole visualization process. As we know, there are strong connections between visualization and understanding. Phrases like “I see what you mean” or “can you imagine that,” are suggested to come from this connection between visualization and understanding. Art therapy links the worlds of art and psychology by showing us that what we draw, paint or sculpt, is a reflection of our understanding of the world around us. The art helps us articulate those issues that are otherwise undefinable through the language of words

NEED FOR THIS VIDEO:

Although the practice of art therapy is well established with its roots starting back in the 1940's in the United States, with the pioneering work of Margaret Naumberg and in England as well, much work is ahead in Canada and abroad in terms of public awareness. A lack of understanding and misconceptions about the theory and practice still remains even within established organizations and health care facilities. The general public has an even lesser opportunity to reap the benefits of art therapy, as many are unaware of its existence.

Considering the budget restraints and poor economic times associated with the 1990's and the recession, new means have to be developed to accommodate the growing needs and gaps in our mental health care system. Although art therapy provides some of the missing links, it is yet to be included in many health care facilities. It is therefore, up to the art therapists, to introduce art therapy into existing facilities. It is also the mission of the art therapists to "promote" and explain the differences between art therapy and some of the other therapies

Art therapy is most importantly, a visual process and is understood best through visual means. A visual tool like a video can potentially clarify some of the questions a prospective employer may have about art therapy and about creating a new job opening in this domain. As a supplement to a resume for potential employers, a video can introduce and explain the basic tenets of art therapy in a clear and concise manner. If successful, the video should "open doors" and provide the art therapist with an opportunity to explain why she/he is the right therapist for the position, instead of having to teach or convince an

organization that art therapy is a worthy profession

II The Making of "Opening Doors"

There were many considerations in the planning for this video. The cost and budget were considered and in effect, determined some of the limits for the production. Other limits were constructed, contingent on restrictions regarding written consent, filming equipment, studio space and editing facilities. The following section deals with some of these restrictions and considerations.

BUDGET:*

Predetermining an approximate budget is a crucial part of planning a video thesis. This budget can be used as a guideline for project expansion or contraction, depending on the availability of financial resources. The organization of a budget also helps to eliminate unplanned expenses. It is important, to remember that no matter how carefully one plans, that unforeseeable expenses will arise.

These unforeseeable expenses could be anything from thank you notes, to plants for the filming set and even emergency equipment repair. A budget should not be so tight that these unplanned expenses cannot be covered. The quality of the finished project should not be compromised by the budget increases.

* The cost breakdown approximation for this video thesis project can be viewed in section a) of the appendix.

PROPOSALS FOR FINANCIAL ASSISTANCE*

Proposals for financial assistance, should be directed and adapted to suit the requirements and particular needs of a specific organization. Proposals should contain an outline of the project (thesis proposal), a cost breakdown, and should include a statement that clearly explains what benefits that organization will receive, if they decide to provide any financial assistance.

The proposal should differentiate your project from any similar to it and highlight the uniqueness. Questions that one might want to answer, relate to the intended audience, who will benefit from this project, and time objectives (including the finishing deadline).

* Information, pertaining to the proposals for financial assistance can be viewed in section 10 of the appendix.

VIDEO CONTENT:

A) PROFESSIONAL IDEAS ABOUT ART THERAPY:

The video content is a collection of thoughts and ideas with respect to the practice of art therapy by professional art therapists. This mosaic of thoughts was obtained and edited from answers to a series of questions which were all video taped. Through the interview questions, the therapists explored their personal methods, approaches, theoretical backgrounds, and ideologies with art therapy as the main focus.

This collection of interviews with different professionals was then compiled and organized to construct a working type definition of art therapy. This collage of ideas reflects the tremendous diversity within the context of practical art therapy practice. The content is arranged in such a manner, as to leave the viewer with an impression rather than a definitive bottom line statement about art therapy.

B) CALL FOR PROFESSIONALS:

The call for professionals was different in Canada than in the United States. After making contact with the American Art Therapy Association, for permission to film at the 1992, 23rd annual conference, an announcement was to be placed in the upcoming addition of the A.A.T.A. newsletter. This announcement was to describe the nature of the project and to invite professional members to participate. Due to unforeseeable circumstances, the announcement did not make print.

Because the announcement was not printed, flyers were distributed (see section c) of the appendix).

The flyer was printed on neon pink, yellow and green paper in a desperate attempt to attract the attention of those professionals at the conference (the flyer was also printed on basic white). A sign-up sheet was posted on the conference billboard and the flyers were distributed at the front desk. When it became evident that people would need more persuasion, word of mouth and approaching and asking became the way to set up interviews. When the conference was over, a total of twenty professional art therapists had been interviewed in less than three days.

The call for professionals in Canada (more specifically in Montreal), took a considerable amount more effort. All professional members of L'Association des art-thérapeutes du Québec were mailed a flyer and an invitation to take part in the filming to take place in Montreal. Three days were allotted to cover this region. When a very limited response arrived, the next step was to make phone calls to draw more professionals to represent Canada. After seven separate filming dates, thirteen Canadian art therapists were interviewed.

With ten separate filming dates, a total of thirty- three professionals have been interviewed from across Canada and the United States. These art therapists ranged from younger, less experienced therapists to older more experienced pioneers. A wide range of different practices and approaches were

obtained, as well as a variety of theoretical approaches.

FILMING:

A) SCHEDULING:

A critical element in the filming process, requires the organizer to predetermine a date, time, and place for filming. A well organized schedule should allow extra filming dates to accommodate those people who cannot participate on the regular scheduled days. The time frame between interviews to be filmed should allow some leeway for unexpected surprises and those who might show up late. With extra time between interviews, an interview may carry on longer without disrupting the schedule to follow.

A schedule should be drafted up and followed as closely as possible. All events and interviews should be listed on the schedule to avoid omission. It is easy to forget things that are not marked down on the schedule.

The filming location should be easily accessible and clearly indicated for those who will be interviewed. If the location is in a more difficult to find place, a map with directions would be appropriate. Along with the sign that indicates the filming location, a do not disturb sign should be placed on the door of the studio. This sign will prevent intruders and knocks on the door while filming.

B) PERMISSION TO FILM:*

Permission to film takes place on at least two levels. The location for filming (if not a private residence) should be approved by the rightful owner of that space. The shooting of this video took place on five separate locations. The first location was the Riviera Hotel in Las Vegas. Permission to film here for example, had to be released by the hotel and by the American Art Therapy Association.

The second half of obtaining permission to film, involves the consent of the individual who is to be filmed. To avoid any confusion this agreement should be drafted up and presented as a document for the individual to sign. The format should be simple and easy to read. It should outline the requirements and leave room for comments and/or restrictions. Space should be left so that essential information may be added, including address, phone number, the date and most importantly their signature.

* The two consent / release forms used for this video project can be found in section d) of the appendix.

C) STUDIO SPACE:

Studio space should be set up long before the first interview. Your camera, sound and lighting equipment should be checked and double checked ensure that all is functioning properly. The fewer errors while filming, make the final editing process much easier.

The set should also be checked for color balance and composition. A few plants or a different back drop can dramatically alter the composition. A test run with the camera or video crew is imperative. This will hopefully avoid major adjustments while doing the actual interview filming and allow your schedule to flow as planned.

INTERVIEW:

A) THE QUESTIONS:

The following is a list of questions that were asked during the interview for the video. These questions served as a rough outline and may not have been asked in this particular order. Some of the questions were expanded upon, some were eliminated and others were created to suit the flow of the interview and the particular person being interviewed.

QUESTIONS.

1. When and how did you first learn about art therapy? Describe your personal journey.
2. What about your own creative process and art work? Has your creative ability been affected or changed in any way since you started to learn about the art therapy process?

- 3 "What types of institutional frameworks did you work in?" (Martha Foster, 1989).
4. What client populations can art therapists work with?
5. How did your practicum placements prepare you for the work world?
- 6 Could you speak about your theoretical orientation in art therapy? - your approach; to theory, to materials, with the clients etc.
- 7 What do you feel your role is as an art therapist?
- facilitator, educator, healer, clinician, diagnostician...
- 8 What does a qualified art therapist have to offer?
9. Use the following words to make a statement (or group of statements).
Creativity, symbolism, metaphor, imagery, unconscious, color, process...
- 10 Your feelings and understanding of the "art as therapy"
verses "art psychotherapy" issue.
11. What is the importance of the art in art therapy?
- 12 What if any is the value of artistic merit or aesthetics in art therapy?

13. "What changes or trends have you witnessed in art therapy?"
(Martha Foster, 1989).
14. What is the difference between art therapy and other therapies?
i.e. occupational therapy
15. Could you talk about the specialized training that a graduate with a
Master's in art therapy would have?
16. How do the art therapy associations ensure the standards of practice?
17. Could you talk about the code of ethics and confidentiality?
18. Could you give a definition of art therapy in your own words?
19. Scenario: You are introduced to an individual for the first time and he/she
are told that you are an art therapist. How do you describe what you do as
an art therapist when he or she asks? Does your response depend on
who you are talking with?
20. Is there anything that I have not asked that you would like to add?

B) THE APPROACH:

The approach used to interview for this video was very informal and relaxed. The art therapists were told that if they felt uncomfortable about answering any of the questions, that the question would be dropped with no questions asked. They were also aware that the interview would be extensively edited and that only appropriate material would be selected for the final version of the video. Participants also had the right to decide that they did not want their footage to be part of the video up until the final product was produced.

C) THE DURATION:

Originally the estimated time for one complete interview was to be approximately twenty minutes. Although some interviews did last twenty minutes, a couple were shorter and most were considerably longer. Some of the interviews spanned as long as an hour and thirty minutes. The art therapists were given as much time and latitude as they wished unless another speaker was waiting or scheduled for an interview.

THANK YOU NOTES:

From the address information gathered on the release form, all participants in the video were sent a thank you note. This note also included a return name and address where more information or up dates on the video's progress could be found.

BOOKING STUDIO TIME:

This video was edited and produced at the audio-visual department at Concordia University. It is important to remember to book studio time well in advance at any studio. If the equipment is not booked in advance, you may find yourself waiting up to three weeks before you can begin the editing process

TAKING WORKSHOPS AND LEARNING TO USE EQUIPMENT

Concordia University has a wide range of sophisticated sound, filming and editing equipment for producing a video similar to this one. Avista and the audio visual department also provide educational workshops for minimal fees. With these workshops and the help of the technical staff, the complications of producing a video can be overcome. It might be wise to take workshops and check out the equipment before embarking on the actual process of filming and editing.

EDITING:

A) TIME CODING:

The editing process begins with the time coding of all the recorded tape. The time code is a numerical code placed on the bottom of a recorded tape to help locate a particular sequence. This code is essential if there is major editing work, and if you plan on doing insert editing. To time code fifty hours of footage (as there was for this video) will take approximately fifty hours.

B) SELECTION OF MATERIAL:

Selecting the material to be used in the video is perhaps the most lengthy process involved in the production of a video of this nature. The tapes have to be viewed many times before the selections can be made. This production started with approximately fifty hours of raw, unedited footage and aimed to yield a fifteen minute production.

Each segment had to be carefully weighed against the next to ensure that it best represented the topic or issue. The overall message had to somehow develop by piecing together different clips from different professionals.

To expedite the selection process, all workable sequences from every speaker, were first written down verbatim and then organized according to content. The sequences were then compared to similar ideological statements made by the different art therapists. Making sure that all topics were covered, the most suitable clips were chosen. This became a very demanding task that required rationalization and much "objectivity."

C) SOUND:

Sound was a major problem and shortcoming for this video project. Because the sound was recorded on a separate pcm track, and at a different speed, it became unusable. If the sound had been laid directly onto the video cassette, this would not be a predicament. The difficulties with sound eliminated the possibility of using certain clips, even though they were best suited for the final copy of the production.

Sound effects and music inlays were available resources at the audio - visual department. These pieces were placed on yet another portion of the video tape itself during the editing process.

D) FINAL CREDITS:

At the end of the video, is a list of credits and acknowledgements. Included in this list are all those art therapists who participated in the video by being interviewed. The thesis advisor and readers are also recognised for their role in the production of the video. The technical crew is listed, financial supporters, and the University as well. Anyone or any organization that was involved in the process, must be recognized.

E) DUBBING:

When the video editing was completed, the dubbing process began. Dubbing is simply the transfer of material from one tape to another. The dubbing for this video went from Hi8 video to standard VHS tapes. Although VHS provides the most accessible form of home viewing, it also is one of the worst quality tapes. Dubbing, from VHS to VHS, would therefore not be practical.

III: CONCLUDING REMARKS:

The intricacies of this video project can hardly be described in a paper of this length. Perseverance and creative thinking are perhaps the most important tools to have when embarking on a project such as this and indeed were the driving force that helped me see this project to its end. There were many setbacks and unplanned obstacles that emerged throughout the production of this project. These setbacks should not be allowed to cloud your judgement and prevent the realization of your final goals. This video project is a collection of creative solutions to many hurdles all of which were conquered and inspired by a personal and unified interest in art therapy.

IV Limits of the Study

This study is an attempt to capture the views of all professional art therapists practising in Canada and abroad. Due to Financial restrictions and time allotment, only certain views could be represented here. Many of the therapists interviewed were not physically represented in the video, although their views were expressed via another therapist. These views in turn were not fully explored, as they appeared in the unedited versions of the interviews, but show or capture the main objectives of each point. A further development of these ideas, approaches and methods of practising was beyond the limits of this study.

Although each of the therapists interviewed for this production were equally exciting and informative, certain choices had to be made in terms of content to ensure that the video did not appear repetitive and that as many different points could be covered in the time allotment. Other factors that influenced the choice of material included omissions due to poor sound and various other technical difficulties.

V REFERENCES:

1. Ardizzone, C., (1980). Art as therapy. The Artist, vol. 95
(U.K.).
2. Arnheim, R., (1980). Art as therapy. Ann Arbor Arts in
Psychotherapy, 1980 vol. 7 (4). University of Michigan college of
Literature, Science and the Arts.
3. Dalley, T., (1984). Art as therapy: an introduction to the use of art
as a therapeutic technique. London, England: Tavistock
Publications.
4. Dalley, T., (1987). Images of art therapy: new developments in
theory and practice. London England: Tavistock Publications
5. Delfino- Beighley, C., (1978). Defining a field: art therapy,
Belle Mead, NJ.
6. Foster, M., (1989). A historical overview of art therapy since
the advent of deinstitutionalism. Concordia M.A. Thesis
7. Gonick- Barris; Esther, S., (1982). Art, feeling and personal
growth. Columbia University Teachers College, p p. 3190, vol
43/10 - A of Dissertation Abstracts International.
8. Keyes, M.,F.; Vignes, (1985). Inward journey: art as therapy.
Series: Reality of the Psyche Ser. vol. 6.
9. Kivnick, H.Q.; Erickson, J.M.,(1983). The arts as healing.
American Journal of Orthopsychiatry, vol. 53:4, p.p. 602 - 618.
Albany, U.S.A.

- 10 Lachman - Chapin, M., (1983). Making verbal the nonverbal: A commentary. Norwich University, Vermont College Graduate Art Therapy program: Montpelier.
11. Levy, B., Kramer, E., Kwiatkowska, H., Lachman, M., Rhyne, J., & Ulman, E., (1974). Symposium: integration of divergent points of view in art therapy. American Journal of Art Therapy, vol.14. no address.
- 12.Liebmann, M., (1981). The many purposes of art therapy. Inscape, vol. 5, p.p. 26- 30; (U.K.).
- 13.Males, J., (19??). Art therapy: investigations and implications. Inscape, vol. 4, pt.2, p.p.13 - 15. U.K.
- 14.Marshall, D., (1986). Creative therapy: every picture tells a story. Nursing Times, April 30 - May 6, 82 (18), p.p.36 - 37.
- 15.Mayhew, N., (1978). Art therapy - expanding horizons. The practice of art therapy in a special education setting. American Art Therapy Association (9th annual conference L.A. California, Oct. p.p. 25 - 29: Maryland, U.S.A.
- 16.McNiff, S., (1975). On art therapy: a conversation with Rudolf Arnheim. Art Psychotherapy. Cambridge, MA
- 17.McNiff, S., (1988). Fundamentals of art therapy. Springfield, Ill, U.S.A: c.c. Thomas Publications.
- 18.No author. Art Therapy Congress, (1988). Professionalism in practice. American Art Therapy Association; 19th annual conference, Nov. 20/88: Palmer House, Chicago IL.

- 19.No author, (1979). Topics in art therapy. Louisville, Ky: I.E.T
- 20.Rubin, J. A., (1982). Art therapy: What it is and what it is not.
American Journal of Art Therapy, vol.21, p.p. 57 - 58
- 21.Rubin, J., A., (1987). Approaches to art therapy. theory and
technique. New York, New York: Brunner/Mazel.
- 22.Spaniol, S.E., (1989). Organizing exhibitions of art by people
with mental illness: a step by step manual. Boston, MA Boston
University Press.
- 23.Ulman, E., Kramer, E., & Kwiatkowska, H., (1977). Art therapy in the
United States. Art Therapy Publications; Craftsbury Common, Vermont
- 24.Wadeson, H., (1978). Some uses of art therapy data in
research. American Journal of Art Therapy, 18 (1), p.p.11 - 18
- 25.Wadeson, H., Durkin, J., Perach, D., (1989). Advances in art therapy.
New York, New York: Wiley Publications.
- 26.Wasserman,B., (1981). Art within the healing process. School Arts,
vol. 81, n7, p.p. 30 - 31, March.
- 27.Wilson, L., (1987). Confidentiality in art therapy: an ethical dilemma.
American Journal of Art Therapy, Feb. vol. 25 (3), p.p.75 - 80.
- 28.Wright; Douglas, A.; Farris, E., (1980). Trends in vocational education in
the arts 1980. Fast response survey system.
Westat Research Inc. Rockville Md. National Center for Educational
Statistics; Washington DC. (Video).

VI Appendices:

a)

BUDGET:

ART THERAPY THESIS VIDEO

COST BREAKDOWN OF PROJECT:

* Indicates an approximation - cost may vary slightly

Indicates the precise cost to the nearest dollar

1 TRAVEL

- CIBC confirmed lowest price

from: Syracuse, N.Y. to Detroit;

transfer Detroit to Las Vegas

return flight.....**\$ 373.29 each x 2 \$ 746.58#

Intercity travel; taxi to/from airport..... \$ 40.00*

2 LODGING

- Riviera Hotel from: Nov.3 - Nov.8

\$75.00 U.S + tax / day..... \$99.18 Canadian

x 5 days x 2 people..... \$ 991.88#

3. FOOD

- basics, from: Nov.3 - Nov.9; 6 days

6 days x 2 people x \$25.00/day..... \$ 300 00*

4. TECHNICAL ASSISTANCE \$ 160.00#

5. MISCELLANEOUS

TAPES

- 8mm, 90 min. tapes - at \$8.80 each

Concordia depot x 30 tapes..... \$264 00*

- standard VHS cassettes \$5.00 x 2..... \$ 10 00*

- standard VHS cassettes \$19.99 (for 6 tapes) x 7 \$139 93*

- Hi8, 90 min. video tapes \$15.00 each x 2... \$ 30 00*

- batteries..... \$ 13 00*

CONFERENCE COST for 1 AATA member... \$ 110.00*

PAMPHLET, laser copies to announce the

video at the conference..... \$ 20 00#

- mailing in Quebec..... \$ 35 00*

SET

- Plant rentals \$30.00/day x 2 days..... \$ 60 00#

- Lights..... \$ 65.00#

- Coffee, tea, juice and cookies..... \$ 30.00*

approximate TOTAL:..... \$3015 39

b)

MASTERS' THESIS VIDEO PROJECT:

A RESPONSE TO QUESTIONS THAT YOU MIGHT HAVE-

Q What is the nature of this project?

This project as previously mentioned, will be filmed at the AATA conference in Las Vegas Nevada as well as some filming here in Montreal. The final result will be a short educational and promotional type video. This video will eventually be used by art therapy professionals and graduating students from University who are in need of employment. This video will be introduced as a resume supplement called: Art Therapy - Opening Doors.

Q Who will the project benefit?

This project will benefit graduating art therapy students and other art therapy professionals who are seeking out new placement settings or job transfers.

I also feel that by educating other professionals about art therapy, that art therapy can reach a greater population of individuals who many benefit from the art therapy process.

Q: Schedule?

The first filming segment will be from Nov. 3 - 8th in Las Vegas. During the subsequent three weeks in November, more filming will be produced here in Montreal. I have allotted two months for the editing process, yielding a first rough draft by the beginning of February. Without any major and unanticipated setbacks, this video should be finished in its entirety by no later than April 1/93

Q: Who else has been solicited for funds?

Four sources are being approached for funding:

1. Art therapy Department - Concordia University
2. G.S.A. Graduate Student Association - Concordia University
3. A.A.T.Q. Association des art-therapeutes du Quebec
4. G.A.T.S.A. Graduate Art Therapy Students Association -
Concordia University

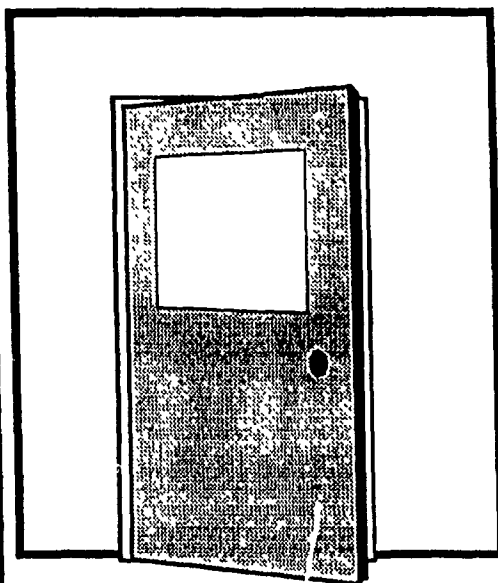
IN EXCHANGE FOR FINANCIAL SUPPORT:

Although I am asking for one third of the cost of the project, I am open to other financial arrangements. Any funding at this point would help to ease the financial burden of this project.

In exchange for financial support, I would give the A.A.T.Q. a copy of the final video to use within the organization with professional discretion. Although I would retain the copyrights to this video, permission to sell this resource could be arranged, allocating a certain percentage of the sale profit to go directly to the A.A.T.Q.

ART THERAPY OPENING DOORS

MASTER'S THESIS VIDEO



As part of my Master's thesis for Concordia University's Art Therapy program, I will be producing a video. This video will contain a series of interviews that will help to serve as a working definition of art therapy. The video will be directed to potential employers as part of an overall resume package. This educational video will emphasize the uniqueness, versatility and flexibility of our field to prospective employers in other professional fields.

Being here at the AATA conference, you can participate in this thesis project. I am interested in your personal definitions of art therapy as well as your special interests and experiences.

Each interview will take approximately twenty minutes and will be filmed on location here at the Riviera Hotel. If you are interested in sharing your thoughts and ideas, I would appreciate your input and support.

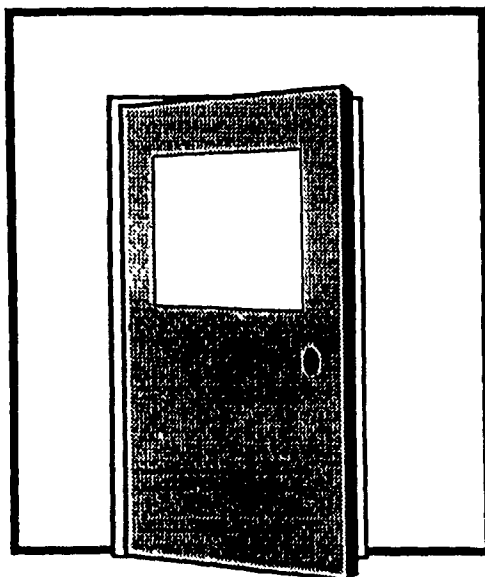
For a brief interview or more information, please contact:

Cindy Schwartz - MA thesis pending

Look for the sign-up sheet !

ART THERAPY OPENING DOORS

MASTER'S THESIS VIDEO



As part of my master's thesis, for Concordia University's art therapy program, I will be producing an art therapy video. This video will contain a series of interviews that will help to serve as a working definition of art therapy. The video is to be a collection of professional art therapists, speaking about some of their experiences and thoughts regarding art therapy. I will be looking to establish a working definition of art

therapy by creating a mosaic of personal definitions, thoughts and ideas.

The video will be titled "Art Therapy - Opening Doors," and will eventually serve as a resume supplement. The video will be directed to potential employers as part of an individual's overall resume package. My aim with this video is to introduce art therapy to prospective employers in other professional fields. This educational video will emphasize the uniqueness, versatility and flexibility of art therapy to other professionals.

I will also be using personal historical data from the interviews to compile a separate video on the history of art therapy in Quebec and Canada.

The filming of this video has been divided into two dates and locations. The first filming was this past November in Las Vegas, Nevada at the American Art Therapy Association's annual conference where the following people were interviewed:

Robert Ault,	Elizabeth Blake,
William Brewer,	Cam Busch,
Jerry Fryrear,	Kasia Daum,
Edith Kramer,	Kiene Landry,
Debra Paskind,	Rosalynn Munson,
Elizabeth Ratcliffe,	Janie Rhyne,
Phyllis Ricci,	Judith Rubin,
Mary St. Clair,	Bobbi Stoll,
Harriet Wadeson,	Karen Wakeley,
Diana Windsor,	Judith Yeager,

The second location chosen for filming is in Montreal Quebec. This filming location was selected specifically to ensure an appropriate Canadian representation in the video.

If you are a professional member of AATQ, you can participate in this thesis project and contribute your thoughts and ideas by scheduling an interview. Video interviews will be filmed at Studio "B" in the Hall building at Concordia University. Interviews will be conducted on Friday, February 5th; Saturday, February 6th and Sunday, February 7th by appointment only. If you are seriously interested in this project and find that none of the filming dates are convenient, the possibility for other arrangements still exists.

I would truly appreciate your input and support. What I am asking for is approximately twenty to thirty minutes of your time. This time would be prearranged and at your convenience.

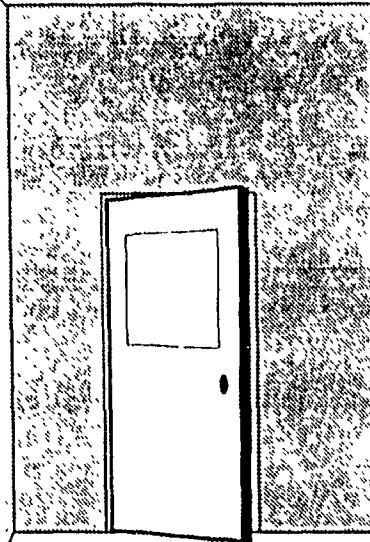
If you need more information, clarification or would like to set up an interview please contact:

Cindy Schwartz
3015 Sherbrooke St. West, Apt. 119
Montreal, Quebec. H3Z 1A1
tel: (514) 931 - 3296.

* this document is being sent to all professional members of AATQ

ART THERAPY OPENING DOORS

MASTER'S THESIS VIDEO



As part of my Master's thesis for Concordia University's Art Therapy program, I will be producing a video. This video will contain a series of interviews that will help to serve as a working definition of art therapy. The video will be directed to potential employers as part of an overall resume package. This educational video will emphasize the uniqueness, versatility and flexibility of our field to prospective employers in other professional fields.

If you are here at the AATA conference, you can be a part of this project. I am interested in your personal definitions of art therapy as well as your special interests and experiences.

If you have approximately twenty minutes to spare and you would be interested in sharing your thoughts and ideas, I would appreciate your input and support.

For a brief interview or more information, please contact:

**Cindy Schwartz
at The Riviera Hotel**

Look for the sign-up sheet !



RELEASE FORM:

ART THERAPY MASTER'S THESIS VIDEO by Cindy Schwartz

I _____ hereby give consent that the video material recorded at the 1992 American Art Therapy Association in Las Vegas may be used by Cindy Schwartz for the following purpose:

- For the partial fulfilment of the requirements for the Master's degree at Concordia University

Comments and/or Restrictions:

Address: _____ tel: _____

Where I work: _____

Position: _____

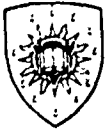
Specialty: _____

University where Art Therapy was studied: _____

Signature: _____ Date: _____

Witness: _____

** All participants may view their contribution at their request.*



Concordia
UNIVERSITY

RELEASE FORM:

ART THERAPY MASTER'S THESIS VIDEO by Cindy Schwartz

I _____ hereby give consent that the video material recorded at Concordia University in Studio "B" may be used by Cindy Schwartz for the following purpose:

- For the partial fulfilment of the requirements for the Master's degree at Concordia University

Comments and/or Restrictions:

Address: _____

tel: _____

Where I work: _____

Position: _____ Specialty: _____

University where Art Therapy was studied: _____

Signature: _____ Date: _____

Witness: _____

**All participants may view their contribution at their request.*

VII Disclaimer

The views expressed within this manual and the accompanying video cassette reflect the opinions of the individual presenting them and do not necessarily comply with ideologies or approaches of the Concordia University Art Therapy Department and or any other art therapy organization or association.