Art Therapy in Canada, Now and Then – A Comparison between the National Surveys of Art Therapists in Canada 2005 and 2010

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Abstract

The demographic data of the 2005 and 2010 National Surveys of Art Therapists in Canada were compared in this study to reveal any current and longitudinal trends in the art therapy profession. The current job market trends and demand for art therapists were also investigated. Noteworthy findings included significant percentages of part-time workers; holding of multiple job titles; need to work at multiple job settings; employment with several employers and low income below poverty line (18% in 2010 and 26% in 2005). All these could be indicators on the strain of the job market to provide sufficient jobs for all art therapists.

Art Therapy in Canada, Now and Then – A Comparison between the National Surveys of Art Therapists in Canada 2005 and 2010

The main goal of this study was to compare the demographic data of the 2005 and 2010 National Surveys of Art Therapists in Canada with the objectives to reveal any current and longitudinal trends in the art therapy profession as well as to investigate the current job market trends and demand for art therapists. This information is vital to provide insights on how to further the development of the art therapy profession in Canada. Over the past 5 years, the profession has experienced a significant growth as more training programs are available. However, the growth and development might have been dampened by the downturn of the economy. Thus, it is necessary to update data on current and longitudinal trends to monitor the development of the profession.

Method

Data and information obtained from the 2005 and 2010 National Survey of Art Therapists in Canada were compared and analyzed using statistics such as frequency, medians, modes and means, as well as non-parametric tests such as the Fisher Exact Test and Wilcoxon Mann-Whitney Test (also known as WMW test or Mann-Whitney U test) (Wilcoxon, 1945), where appropriate. Data was compiled and tabulated into tables and graphs for easier interpretation.

When doing the statistical analysis for longitudinal trends, the null hypothesis was set for: there was no difference in the data obtained between the 2005 and 2010 populations. The level of significance was set at 5% and the null hypothesis would be rejected when p value was less than 0.05. Therefore, with any p values <0.05, it implied there existed a statistically significant difference between the two samples.

Any current and longitudinal trends noted in the art therapy population within the past 5 years would be reported in this article.

Results

The comparison of the results of the two national surveys revealed the following changes and growth in the art therapy profession (with all p values <0.05, which implied there existed a statistically significant difference between the two samples):

Population Size

There has been growth in the actual size of the art therapist population. The survey questionnaires were sent to all registered and professional art therapists across Canada according to the database from the Canadian Art Therapy Association as well as the provincial art therapy associations. The increase can be reflected by the number of questionnaires sent: 479 in 2005 versus 609 in 2010. There are 130 more art therapists in 2010, an increase of 27.1%.
In 2005, after the closure of the art-therapy training program at the University of Western Ontario, there were five established training programs in Canada. Four of these offered training at a graduate-diploma level — Vancouver Art Therapy Institute, British Columbia School of Art Therapy, Kutenai Art Therapy Institute and Toronto Art Therapy Institute — while Concordia University offered a master’s degree (Burt, 2005). As of 2010, seven art-therapy training programs approved by the Canadian Art Therapy Association exist. In addition to the above, two new master’s degree programs are offered by St. Stephen’s Theological College and Athabasca Open University. The increase in number of training programs has definitely contributed to the increase in number of art therapists in the work force.

**Age**

The data indicated that the 2010 population is “older” (i.e. having a higher average age) as confirmed by Mann-Whitney U-test with p=0.0022. The mean age was 45.1 years for 2005 and 48.7 years for 2010 (Figure 1 & Table 1).

**Figure 1.** Comparison between 2005 and 2010 – Age

**Table 1**

<table>
<thead>
<tr>
<th>Age</th>
<th>2005</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>45.1</td>
<td>48.7</td>
</tr>
<tr>
<td>Median (50th percentile)</td>
<td>45</td>
<td>47.5</td>
</tr>
<tr>
<td>Standard deviation</td>
<td>10.57</td>
<td>10.55</td>
</tr>
<tr>
<td>Sample Size</td>
<td>132</td>
<td>275</td>
</tr>
</tbody>
</table>
Gross Annual Income (all jobs inclusive)

In general, art therapists are earning more in 2010 as compared to their counterparts in 2005 (Figure 2 & Table 2). Average income in 2010 is $37.6K while it was only $32K in 2005. The median was also increased from $35K to $40K (Table 2).

![Gross Annual Income in $ (All Jobs Inclusive)](image)

Figure 2. Comparison between 2005 and 2010 – Gross Annual Income (All Jobs Inclusive)

Table 2

<table>
<thead>
<tr>
<th>Gross Annual Income ($/K)</th>
<th>2005</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>32.04</td>
<td>37.56</td>
</tr>
<tr>
<td>Median (50th percentile)</td>
<td>35</td>
<td>40</td>
</tr>
<tr>
<td>Standard Deviation (SD)</td>
<td>16.961</td>
<td>16.495</td>
</tr>
<tr>
<td>Sample Size (N)</td>
<td>115</td>
<td>254</td>
</tr>
</tbody>
</table>

There is also statistical significant difference in the following subgroups between the two populations. There is less art therapists earning less than $10K in 2010 (15.7% in 2005 vs. 7.1% in 2010, p= 0.0136, Fisher’s Exact Test). On the other hand, there is an increasing number of art therapists earning more than $40K (33.1% in 2005 vs.50% in 2010, p=0.0032, Fisher’s Exact Test).

According to the low income cut-offs (LICOs) used by Statistics Canada for one-person household in urban area, $17,906 (2005) and $19,144 (2009) (Note: LICOs for 2009 was used here as the figure for 2010 had not yet been published), a substantial percentage of the respondents’ income were below the poverty line: 26.1% in 2005 and 18.1% in 2010 earned less than $20K annually with all jobs inclusive.
A new question in the 2010 survey further distilled the data focusing on art therapy. Those respondents with more than one job unrelated to art therapy were asked to specify their gross annual income pertaining only to art therapy. Eighty (31.5%) responded to this question. Fifty-six point two percent in this group of respondents (n=45) reported earning less than $10,000 per year for their art therapy services (Figure 3). Of course, the income was proportional to the number of hours worked per week in art therapy (Figure 4). The distribution of the gross income for art therapy only curve was significantly skewed to the left with an outlier in the 96K-100K. That respondent reported working 43 hours per week in art therapy. The mean annual income was $14.56 K while the mode was 6 to 10K.

![Gross Annual Income Pertaining to Art Therapy Only](image1)

*Figure 3. Gross Annual Income Pertaining to Art Therapy Only (Figure adopted from Lee, 2010)*

![Hours Worked Per Week Pertaining to Art Therapy Only](image2)

*Figure 4. Weekly Work Hours Pertaining to Art Therapy Only (Figure adopted from Lee, 2010)*
Twenty-six percent of respondents in the 2005 survey commented it was hard to find jobs and difficult to support oneself over time (Burt, 2005). Similar results were also observed from the qualitative data in the 2010 survey.

The median annual income and the mean weekly work hours for art therapists were shown to vary according to their province of residence in the 2010 survey. Art therapists in Alberta and Manitoba worked the most hours and full time, 31-35 hours per week. Those in Ontario, Quebec and British Columbia worked mostly part-time between 26-30 hours per week. Art therapists in Nova Scotia and Saskatchewan worked 21-25 hours per week. For the same number of working hours, the income in Ontario was less than Quebec and British Columbia ($35,000-$40,000 vs. $41,000-$45,000) (Figure 5).

![Provinces - Weekly Work Hours and Annual Income](image)

The results from the 2010 survey also showed that recent Master’s degree graduates have a larger income than recent post-graduate level diploma graduates. When comparing the annual income of art therapists with the same years of art therapy experience but with different academic qualifications, using the Wilcoxon Mann-Whitney Test, it was shown that the Master’s degree holders earned a higher income than the graduate level diploma holders in the group with 2-5 years’ experience (p=0.038). The median income for the graduate level diploma holders in the 2-5 years of experience group was $26,000-$30,000 whereas income for Master’s degree holders was $41,000-$45,000. Despite no statistical significance, the other groups with other number of years of experience also showed a trend that the Master’s degree holders were earning a higher income as compared to graduate level diploma holders.

After 16 years, it appeared that work experience was more of an influential factor on income than academic qualifications. For those with above 25 years of experience, the median income of the graduate level diploma holders were higher (above $50,000 versus $41,000-$45,000) (Figure 6).

This current finding of recent Master’s degree graduates having a larger income than post-graduate level diploma graduates
demonstrated there is a greater need for Master’s degree programs in Canada.

**Figure 6.** Annual Incomes with Yearly Experience for Graduate Level Diplomas vs. Masters Degrees (Figure adopted from Lee, 2010)

**Number of Hours Worked**

The art therapist population in 2010 had worked more number of hours at all jobs inclusive compared to their counterparts in 2005. The results showed a statistically higher mean (26.18 hours vs. 23.57 hours) and higher median (27.5 hours vs. 22.5 hours) (Table 3 & Figure 7).
Number of hours worked (All Jobs Inclusive)

Figure 7. Comparison between 2005 and 2010 – Number of Hours Worked Per Week (All Jobs Inclusive)

Table 3
Comparison of 2005 & 2010 – No. of Hours Worked Weekly

<table>
<thead>
<tr>
<th>No. of Hours Worked Weekly</th>
<th>2005</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>23.57</td>
<td>26.18</td>
</tr>
<tr>
<td>Median (50th percentile)</td>
<td>22.50</td>
<td>27.50</td>
</tr>
<tr>
<td>Standard Deviation (SD)</td>
<td>11.62</td>
<td>12.87</td>
</tr>
<tr>
<td>Sample Size (N)</td>
<td>135</td>
<td>274</td>
</tr>
</tbody>
</table>
In Canada, part-time workers were those who usually worked fewer than 30 hours per week at their main or only job (Marshall, 2001). Those who worked more than 30 hours per week were considered full time at their career. There was no statistical difference between the 2005 and 2010 population on the proportion of part-time and full time workers (p=0.0877, Fisher’s exact test). For the two populations, roughly half was part-timers working less than 30 hours a week and the other half worked full-time (Figure 8).

**Regular Professional Tasks**

There is a significant drop of art therapists doing research (Figure 9). In 2005, 19.4% reported doing research as a regular professional task but only 11.3 % in 2010 (p=0.0379, using Fisher exact test).

Amongst other regular professional tasks, it was observed that there were less art therapists engaged in administrative and paper work (p<0.0001, Fisher exact test); teaching art therapy (p=0.0007, Fisher exact test); assessment and evaluation testing (p<0.000, Fisher exact test) in the 2010 population (Figure 9).
Figure 9. Comparison between 2005 and 2010 – Regular Professional Tasks

Professional Liability/Malpractice Insurance Coverage

More art therapists have insurance coverage in 2010 than 2005 (94.6% vs. 81.1%, p<0.001, using Fisher exact test). Most of the respondents in 2010 (69.5%, n=171) had their insurance premium paid by their employers. About three-quarters of respondents in 2010 had malpractice insurance coverage of $1,000,000 to $2,000,000.

No Difference/Changes Between 2005 and 2010

The demographics pattern of the art therapist population in Canada has remained the same over the last five years with no major changes in the following areas (with p values > or = 0.05, implying any difference between the two sampled populations is not statistically significant):

I. Gender
II. Respondent’s province of residence
III. Respondent’s city of residence
IV. Number of art therapists residing in a city
V. Number of working full-time & part-time
VI. Number of employers
VII. Year of art therapy experience
VIII. Current Job Title (Top three ranked: 1. Art therapist 2. Counsellor/Psychotherapist/Family Therapist 3. Others)
IX. Current Work Setting (Top ranked: private practice)
X. Client population most worked with
(Top three ranked: 1. General population 2.
Behaviourally and emotionally disturbed
3. Abused/neglected children)

XI. Regular Professional Task – Main tasks:
individual therapy and group therapy

Current Trends from 2010

Below are highlights of some current findings/trends which did not expose itself in 2005. These findings arose from the new questions introduced in the 2010 survey or as a result of no previous comparable data available from the 2005 survey.

Two-thirds (64%) of respondents held more than one job title, while the other third held one job title only. The most common single job title held was art therapist, i.e. art therapy being their sole profession. For those who had more than one job title, the most common job titles concurrently held were art therapist and counsellor/psychotherapist/ family therapist. This further confirmed a point mentioned earlier that many other helping professionals are incorporating art therapy into their services as a subsidiary service.

Again, more than half of the respondents worked in multiple work settings (56%). Sixty percent of respondents worked in private practice. The top two most common work settings were in private practice and community centres and working in private practice and hospital or hospice setting.

The majority of respondents were in private practice followed by being employed by one employer. Fourteen point three percent worked for 2 or more employers (Figures 10 & 11). This also supported the phenomenon that many of the jobs were part-time and some art therapists had to work several jobs to earn a substantial income for a living. Many art therapists had several one-day contracts at various different agencies.

About 60% worked in private practice. For those private practitioners, 46% indicated they were employed by one or more employers working at agencies or other organizations as well. Likewise, the need to work at multiple settings and employment with several employers was also an indicator on the strain of the job market to provide adequate amount of jobs for all art therapists.

Figure 10. Current Number of Employers (For respondents with single response)
(Figure adopted from Lee, 2010)
Figure 11. Number of Respondents with One vs. Multiple Current Employers (Figure adopted from Lee, 2010)

Discussion

Age
In general, a growing work force should result in a younger work force. The factors on average age would depend on age of the additions and leavers of the work force. Additions include fresh graduates, immigrant art therapists from other countries, job switchers (including “re-joiners” such as those previously on maternity/sick leave, taking leave of absence for further study and training or leave for other reasons, etc.) Leavers include dropouts for various reasons- a natural one is retirement.

It is speculated that the “older” population age in 2010 could be explained by the additions, mainly the fresh graduates, actually having a higher average age. Besides, art therapists in the 2010 population tend to retire very late. The proportion of the “older” art therapists aged 55 and above was significantly higher than 2005 (Figure 1). Another probable factor was the natural aging of the art therapy population.

As a helping professional, the art therapist’s age with more maturity, life and work experiences, is certainly an asset.

Low-income

It is very important yet disturbing to point out that there are still a significant number of our art therapist colleagues living below poverty line. Using the low income cut-offs (LICOs) for one-person household in urban area, $17,906 (2005) and $19,144 (2009), 26.1% in 2005 and 18.1% in 2010 of art therapists earned less than $20K annually with all jobs inclusive.

Low income cut-offs (LICOs) is defined by Statistics Canada as income levels at which families or persons not in economic families spend 20% more than average of their before tax income on food, shelter and clothing. Persons living below these income levels are considered to be living in “straitened” circumstances (Statistics Canada, 2010). Also it is imperative for readers to remember that having marginally above the cut-off income is not substantially different from those having an income marginally below. The negative effects of poverty tend to be continuous rather than discrete, and the same low income affects people in different ways (Statistics Canada, 2010).

When questioned specifically for annual income earned pertaining only to art therapy, 56.2% (n=45) of respondents, who answered this question, reported earning less than $10,000.
course, the income was proportional to the number of hours worked per week in art therapy. The distribution of the gross income for art therapy only curve was considerably skewed to the left. The mean annual income was $14.56 K while the mode was 6 to 10K. (Figure 3 & 4)

It could probably be concluded that these respondents were providing art therapy as an auxiliary service to their main profession as psychotherapists, counsellors, social workers, or other health professionals, etc. If art therapy were their main profession, subsidiary income was needed from other jobs to supplement the low income coming from merely providing art therapy services.

Twenty-six percent of respondents in the 2005 survey commented it was hard to find jobs and difficult to support oneself over time (Burt, 2005). Similar results were also observed from the qualitative data in the 2010 survey. The low income does raise several concerns: 1) Lack of demand from the job market: whether there are enough jobs around for all art therapists to earn a decent income. 2) Low status of art therapy in the health care system as a necessary treatment modality. 3) Under recognition of training and academic qualifications of art therapists for a higher pay. 4) Under representation of art therapists in the current health system. These are some dire issues that the art therapy profession needs to address and take action.

**Income and Academic Qualifications**

The results from the 2010 survey revealed that recent Master’s degree graduates have a larger income than post-graduate level diploma graduates. The median income for the graduate level diploma holders in the 2-5 years of experience group was $26,000-$30,000 whereas income for Master’s degree holders was $41,000-$45,000.

After 16 years, it appeared that work experience was more of an influential factor on income than academic qualifications. For those with above 25 years of experience, the median income of the graduate level diploma holders were higher (above $50,000 versus $41,000-$45,000) (Figure 6).

This current finding of recent Master’s degree graduates having a larger income than recent post-graduate level diploma graduates demonstrated there is a greater need for Master’s degree programs in Canada.

**Part-time vs. Full-time**

For the two populations, roughly half was part-timers working less than 30 hours a week and the other half worked full-time. It was worth noting that this is quite a substantial percentage of part-time workers (Figure 8). Part-time workers are frequently paid on an hourly rate and are not entitled to receive the same work benefits as their full-time counterparts such as sick leave with pay, medical and dental benefits, unemployment and disability insurance, etc. This phenomenon of large percentage of part-time workers also raised the hidden concern whether there are enough jobs around for all art therapists to work full-time. On the other hand, one could argue that it was the personal choice of the art therapist population to work part-time for a more balanced lifestyle in return of a lesser income.

**Multiple Job Titles, Work Settings and Employers**

Two-thirds (64%) of respondents held more than one job title, while the other third held one job title only. The most common single job title held was art therapist, i.e. art therapy being their sole profession. For those who had more than one job title, the most common job titles concurrently held were art therapist and counsellor/psychotherapist/ family therapist. This further confirmed a point mentioned earlier that many other helping professionals are incorporating art therapy into their services as a subsidiary service.

More than half of the respondents worked in multiple work settings (56%). The majority of respondents (60%) were in private practice followed by being employed by one employer. Fourteen point three percent worked for 2 or more employers (Figures 10 & 11). This also supported the phenomenon that many of the jobs were part-time and some art therapists had to work several jobs to earn a substantial income.
for a living. Many art therapists had several one-
day contracts at various different agencies.
About 60% worked in private practice. For
those private practitioners, 46% indicated they
were employed by one or more employers
working at agencies or other organizations as
well.
Furthermore, the need to work at multiple
settings and employment with several employers
could be indicators on the strain of the job
market to provide adequate amount of jobs for
all art therapists.

Art Therapy Research
There is a significant drop of art therapists
doing research. In 2005, 19.4% reported doing
research as a regular professional task but only
11.3% in 2010.
In the current job market, potential
employers, the Ministry of Health, and other
funding and grant agencies often allocate
funding and job openings according to evidence-
based quantitative art therapy research findings.
The existing research literature in art therapy is
not abundant. If fewer art therapists are
conducting research, this would jeopardize the
academic growth of art therapy as well as
credibility of the art therapy as a profession.
This finding is important for training program
directors to know. Hopefully, through
improvement in their research training
curriculum, more students and art therapists are
inspired to conduct research in the future.

Study Limitations
One limitation of the study was that the
overall number of art therapists across Canada
was relatively small. This made further
meaningful sub-analysis difficult. Another major
restriction to meaningful statistical analysis and
comparison for longitudinal trends was the
unavailability of the raw data from the 2005
survey. Some of the numerical information
reported in the 2005 survey was in terms of the
actual number of respondents, instead of the
percentage or proportion of that population.
Thus, it could not depict representation for the
whole art therapist population for that time.
Therefore, for some variables, even though
observations suggested that there might be
similarities or differences between the two
surveyed populations, comments could only be
made as a trend since statistical tests could not
be performed to prove the statistical significance
on the findings.

It is also important to note that for some of
the categorical variables such as work settings,
current job titles, regular professional tasks,
client population, etc., some respondents had
checked more than one option. The percentages
calculated in the 2010 survey were based on the
total number of valid respondents to the
question, not the number of “responses”.
However, the calculation method was not clearly
stated in the 2005 survey.
Besides unavailability of the original 2005
questionnaire and result data for reference, other
factors that made comparisons between the two
surveys difficult were: 1. use of close-ended
multiple choice questions in 2010 survey vs.
open-ended questions in 2005 2. different
categorization and groupings between surveys
3. new questions added in 2010.

Suggestions for Future Research
The significant percentages of art therapists
working part-time and earning below the low-
iccome cut-off line are of definite concerns.
Further studies are warranted to investigate into
different factors causing such phenomenon, for
example whether not working full time is a
decision by choice or lack of job opportunities.
As income is dependent on the number of hours
worked, it would be more helpful if the income
data could be obtained and analysed as salary of
hourly rate. Also in the future, if there is a wide
variation of hourly pay, those underlying factors
need to be delved into more deeply. The hourly
rate would further aide to identify which jobs are
better paid.

Since some art therapists had more than one
job unrelated to art therapy, it would be
recommended in future studies to have a specific
set of questions about their income, hours
worked, work settings and number of employers
regarding art therapy only. An extra question
could be added to all jobs inclusive questions
about the percentage of time spent on art therapy
to further verify the answers.
Conclusions

The present study had updated the information on the workforce within the art therapy profession. The size of the art therapist population has grown in the past 5 years owing to more training programs.

In general, art therapists are earning more in 2010 as compared to their counterparts in 2005. However, it is very important yet disturbing to note that a substantial percentage of our art therapist colleagues are still living below the poverty line. Near to half of the respondents are not working full-time and the need to work at multiple work settings, employment with several employers, holding multiple job titles all raises the concern whether the job market was strong enough to provide sufficient jobs and work hours for all art therapists. Many expressed concerns of finding a job and difficulty to support oneself over time.

Two –thirds indicated that obtaining higher qualifications after art therapy training were helpful to their career as well as to increase their annual income. About one fifth of the respondents held higher academic degrees such as Master’s degrees and PhDs. Results also concluded a trend of higher initial income amongst the new art therapists with a Master’s degree training in art therapy.

The significant drop of art therapists doing research in the last 5 years is another area of concern. This will impede both the academic and professional growth of art therapy. Research plays an important role in the generation of jobs as the current employers put heavy emphasis on evidence-based research treatment results to allocate funding, grants and resources.

The current study did provide insightful information about the art therapy work force at the present time and its longitudinal trends over the past 5 years. It offered a valuable resource for future planning of education and development within the art therapy profession. With the growing number of art therapists and the economic downturn over the past 5 years, there is evidence on the strain of the job market not providing adequate jobs for all art therapists.

Moreover, the 2010 survey was well received and supported by art therapists across Canada. The high response rate confirmed the degree of connectedness amongst the art therapy community, their engagement as well as their concern about the development of our profession. It demonstrated the survey respondents believed that participating in the survey would result in their opinions being heard and actions would be taken based on their feedback.

Thus, having a national survey is a good platform to unite all art therapists across Canada and to form liaisons between the provincial art therapy associations. Therefore, it is recommended that a national survey should be conducted at least once every five years in Canada.

References


Acknowledgements

First and foremost, my sincere thanks again to all art therapists across Canada for their participation in the 2010 National Survey. I am especially grateful for their generous encouragements and insightful comments.

I owe my thanks to Mr. Achilles Lau and Mr. John S. Lo for providing statistical advice. A special thank you is extended to Dr. Keith Lau for his computer technical support. Without
their assistance, this study would not have been possible.