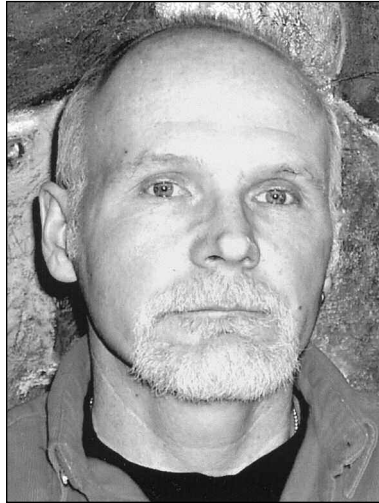


ETHICAL ISSUES IN ART THERAPY



ABOUT THE AUTHOR

Bruce L. Moon, Ph.D., ATR-BC is a professor of art therapy with extensive clinical, administrative, and teaching experience. He is a registered and board certified art therapist who holds a doctorate in creative arts with specialization in art therapy. Dr. Moon's clinical practice of art therapy, focused on the treatment of emotionally disturbed children, adolescents, and adults, has spanned over thirty years. He has lectured and led workshops at many college, universities, conferences, and symposia in the United States and Canada.

Dr. Moon is the author of *Existential Art Therapy: The Canvas Mirror*, *Essentials of Art Therapy Training and Practice*, *Introduction to Art Therapy: Faith in the Product*, *Art and Soul: Reflections on an Artistic Psychology*, *The Dynamics of Art as Therapy with Adolescents*, *Working with Images: The Art of Art Therapists*, and *Word Pictures: The Poetry and Art of Art Therapists*. He has also written a number of journal articles. Bruce's many years of experience in clinical and educational settings coupled with a rich tradition of interdisciplinary training in theology, ethics, art therapy, education, and creative arts provide this text with a thought provoking and engaging theoretical and practical approach to ethical issues in art therapy.

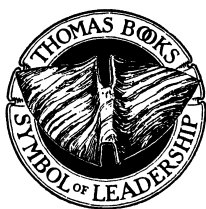
Second Edition

ETHICAL ISSUES IN ART THERAPY

By

BRUCE L. MOON, PH.D., ATR-BC

*Mount Mary College
Milwaukee, Wisconsin*



CHARLES C THOMAS • PUBLISHER, LTD.
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.
2600 South First Street
Springfield, Illinois 62704

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ISBN 0-398-07626-X (hard)
ISBN 0-398-07627-8 (paper)

Library of Congress Catalog Card Number: 2005053802

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*Printed in the United States of America
CR-R-3*

Library of Congress Cataloging-in-Publication Data

Moon, Bruce L.

Ethical issues in art therapy / Bruce L. Moon.--2nd ed.

p. cm.

Includes bibliographical references and index.

ISBN 0-398-07626-X -- ISBN 0-398-07627-8 (pbk.)

1. Art therapy. 2. Art therapy--Moral and ethical aspects. I. Title.

RC489.A7M6575 2006
615.8'5156--dc22

2005053802

FOREWORD

Art therapy is fortunate to have Bruce Moon adopting ethics as a major focus of his teaching, scholarship, and professional practice. Where so many other professions rely on specialized ethicists from outside the domain of practice, we have one of our most prominent art therapists making a serious and sustained commitment to the examination of comprehensive ethical principles.

In addition to authoring and updating this important book in the current edition, Bruce Moon served the American Art Therapy Association as Chair of the Ad Hoc Ethics Committee and worked with his predecessor, Terry Tibbetts, in coordinating a major new Association document entitled *Ethical Principles for Art Therapists* (2003). I served as AATA President during this period when Bruce, building on the work of Terry and his committee, systematically engaged people from every sector of our community in an open dialogue about what really matters in relation to the ethical practice of art therapy. As a result of these efforts, art therapy now has a set of ethical standards that educate all of us, from the most senior practitioners to aspiring students, in relation to a wide spectrum of situations and challenges that we encounter in our work with others. These principles of ethical practice truly define our profession; they guide and inspire our efforts to serve others.

I believe that the most effective and credible ethical standards are shaped by people with a comprehensive and open-minded understanding of the varied experiences and conflicts that characterize practice. All too often, we are faced with situations today where people with limited understanding of particular professional situations, or others intent on advancing a particular moral code, work to impose their perspectives onto others. The classical study of ethics reinforces the existence of universal principles of moral conduct, categorical standards which transcend relativism and individual freedom. But no matter how committed we may be to transcendent ideals and beliefs, the practice of ethics is always circumstantial and involved with the personal interpretation of situations and problems; a true interplay between guiding tenets and action in the world as demonstrated through sections of this book.

Although all professions involving work with other human beings share common moral underpinnings, fields such as art therapy present unique opportunities and challenges that can only be appreciated and understood by ethical guides who truly know the terrain. Bruce Moon's commitment to the ethical treatment of images in art therapy exemplifies how important it is for art therapy ethics to grow from a deep sympathy with the complete context of practice. The art therapy field has a pervasive concern for the needs of people who suffer and whose life circumstances make it difficult for them to advocate for themselves, yet we do not always show this same compassion and responsiveness to the rights of images within the context of clinical practice. In our zeal to help others and understand their expression, we often overlook the dignity and unique authenticity of images, reducing them to what we think is wrong with the person we are trying to assist.

As an artist, Bruce Moon is sensitively attuned to the autonomous life of images, their existence as living things, like the great symbols that permeate our collective cultures and histories. The images of art affect people in endlessly varied and personal ways and from art therapy practice, we know that this relationship is often characterized by a sanctity that must be protected. The safety and respect that we establish in relation to images in many ways provides an ethical framework for how we treat one another. There is thus a very direct correspondence to the more universal ethical principle of examining the value our own lives in relation to how we treat what might be perceived as "the lowliest" amongst us.

Can we deeply empathize with the expression of an image while suspending judgment and the urge to explain it according to our point of view? Can we view the process of interpretation as opening to what it has to say about itself and perhaps learn something new? How do our relations with images analogize to the way in which we treat others? Like Bruce Moon, I believe that the way in which we approach images has everything to say about how we relate to others.

Bruce Moon's approach to the images of art therapy as equal participants in the overall process, with rights and needs for proper care and attention, exemplifies how the most unique aspects of our particular domain can inform an overall approach to ethical practice that not only guides the art therapy field, but suggests to other disciplines how they might further sensitivity to overlooked aspects of professional practice. *Ethical Issues in Art Therapy* has a great deal to offer people inside and outside art therapy through its creative and sensitive expansion of the moral discourse.

In this book, Bruce Moon offers a truly fascinating and provocative spectrum of situations that closely correspond to the practice of art therapy. The issues and questions that he presents are closely tied to different sections of the AATA's *Ethical Principles for Art Therapists* and they invite serious con-

temptation by any person involved with art therapy, from the most experienced therapists to students, consumers, and the general public.

Although this book focuses on “ethical issues,” I am struck by how it offers an excellent and comprehensive description of art therapy practice. What better lens than ethics can a person have when it comes to looking at everything we do? The application of ethical reasoning to true life situations accounts for the book’s effectiveness and authority. Rather than providing a series of simplistic directives, Moon immerses the reader in the context of practice and the living experience of ethical deliberation from the different perspectives that he clearly describes. The genius of this text lies in its ability to involve the reader in the most introspective, intimate, and complex moral reflections, while simultaneously maintaining a true professional calm and even-handedness.

This emphasis on personal encounters with conditions that occur in art therapy practice reinforces my belief that ethics is too important to be approached as yet another separate “subject” to be taught in an increasingly long string of prescribed professional courses in our graduate programs. Ethical considerations lie at the essence of everything we do in all areas of art therapy training and practice, and especially in the realm of supervision, an area that Bruce Moon knows as well as any person who has ever practiced art therapy. The supervision chapter in this book is another of its distinctive features, offering new ideas to the art therapy literature. The descriptions of mentoring are particularly engaging and when Bruce speaks about this area, I find myself imagining his long and inspirational relationship with his mentor, Don Jones, who has given so much to all of us who practice art therapy.

In keeping with the pure strain of art therapy experience, readers of this book are invited to use the arts themselves as ways of knowing, problem-solving, and creative insight. We are encouraged to paint pictures, write poems, and utilize the intelligence of creative imagination to complement verbal analysis and access the wisdom that can be gained through an extended inquiry and process of communication about practice.

Ethical Issues in Art Therapy offers a living engagement with the purpose and values of art therapy with a depth that only Bruce Moon can convey. I have known him well and watched him carefully in the most challenging professional situations for three decades and I can affirm his legacy as the conscience of art therapy as manifested by the books he writes and the way he treats others, both people and images. Bruce Moon leads through example rather than prescription, through the way he shapes the conversation so that each of us can examine our experience with the goal of doing the best we can to help others.

Shaun McNiff, Ph.D., ATR, HLM
University Professor
Lesley University, Cambridge, Massachusetts

FOREWORD TO FIRST EDITION

It is a delight to write the foreword for Bruce Moon's book, *Ethical Issues in Art Therapy*. Many books on the market deal with the history, theories, and practice of art therapy, yet few have challenged or addressed the personal qualities inherent to becoming an effective, sensitive, and ethical art therapist. Throughout this book, Bruce Moon generously shares his expertise and wisdom in this area. Based on many years of practice, he offers the reader a path through the maze of issues, dilemmas, and moral questions we inevitably face each time we engage with a client, whether in a hospital, clinic, private practice, or studio. This is a timely, relevant work that will have an important place in the education and training of art therapists and as a refresher course for those already in the field.

Ethics was once a subject formally relegated to a single classroom session during a semester and relatively recently has been recognized as an intrinsic and integral element in the training of helping professionals (Corey, Corey, & Callanan, 1993). When I was training as an art therapist almost twenty years ago, the discussion of ethical and legal issues usually came up for informal discussion when someone in a class or supervision group had an ethical dilemma or moral question about the treatment of a client. I cannot remember being assigned a single reading on the subject and there were very few articles discussing the specifics of ethics of the practice of art therapy at that time. In any case, those informal discussions were a haphazard way of learning about ethics and how to make ethical decisions; it certainly was not a very effective way of learning how to think critically when an ethical dilemma arose.

After I graduated and entered the work world as an art therapist, I found myself employed in a shelter for women and children from violent homes. I occasionally think back to that time in my career life and realize how unfortunate and ill-equipped to understand and recognize the many ethical issues that confronted me on a daily basis. In the domestic violence shelter, I provided assessment and treatment for hundreds of children each year who were physically or sexually abused, and almost the same number of women who had experienced violence at the hands of a spouse or partner and were

often child survivors of abuse and neglect themselves. Needless to say, there were numerous issues to consider: when and how to report child abuse, confidentiality issues, and, most of all, the disposition of children's art expressions, many of which contained vivid elements and literal stories of their experiences of abuse and neglect. Luckily, my colleagues provided excellent supervision, helping me to learn to recognize and process ethical issues as they arose and to understand how to work both ethically and legally within child abuse reporting laws. More importantly, they guided me on how to work with each person's case with an ethical eye and to develop openness to many possibilities and answers to the inevitable ethical dilemmas in this setting. So I learned about how to make ethical decisions "on the job," but it would have been much more helpful to have formal guidance in ethics while in graduate school. Luckily, in recent years, educational training programs for art therapists have come a long way and ethical discussions are interwoven within the entire fabric of graduate study. Most programs now have specific courses on ethics and professional issues specifically relevant to the practice of art therapy. However, up until now, educators have had to compile readings from art therapy journals, monographs, and books, and material from related professions to create a template for classroom learning and discussion.

Bruce Moon's latest work has filled this gap in art therapy education by bringing together this information into one practical, thought-provoking text. Readers may be surprised, however, that the underpinning of this book is not a structured template for solving ethical dilemmas; there are no cut-and-dry answers provided here. Moon instead offers a multi-dimensional way of exploring subject matter through examining models of ethical decision-making, creative and experiential work, and investigation of a variety of ethical issues. He has fashioned a book that is not only rich in didactic information and practical discussions, but is also interactive through exercises and activities that can be used to stimulate classroom learning, develop skills and competencies, and promote discussion among professional peers and colleagues. Moon interweaves the importance of experiential learning with practical material to help students and professionals investigate their own ethical beliefs and philosophies in both dynamic and creative ways.

Regardless of the setting—clinic, hospital, studio, community agency, or private practice—all helping professionals are constantly confronted with ethical decisions. Typical ethical decision-making can include issues such as record-keeping and reporting, confidentiality, duty-to-warn, dual relationships, and research with human subjects. However, as Moon underscores throughout this book, these issues take on unique meanings and contexts with the field of art therapy and we often confront ethical questions and situations which no other helping professionals face. Because we deal with

images and the image-making process, art therapists naturally have to consider dimensions such as individuals' responses to the creative process, clinical relationships within a studio environment, display and disposition of art, and personal art making as a component to their continuing education.

With the advent of the digital age, we are now also forced to address new and unforeseen ethical questions in using computer technology, electronic mail, the Internet, and the impact of the growing field of "telehealth" on the practice of art therapy and the transmission of images (Malchiodi, 2000). I believe that we will see many of the same issues that Moon describes in this volume reemerge in our thinking about and understanding of the ethics of images, image-making, and therapeutic contact in this newest frontier for art therapy.

In thinking about this foreword for this important book, I recalled how in 1994 I wrote the following: "Ethics and legal issues are two confusing areas for both trainees and their supervisors. Even the most seasoned professional will be faced on occasion with a situation that stymies one's own professional knowledge base in these areas . . . it is imperative that a supervisor or instructor have an open mind to the variety of possibilities for interpretations of ethical situations, as well as a responsibility to stay current in laws and regulations governing therapeutic practice" (p. 204).

The study of ethical issues remains an area that is often confusing and overwhelming, given the complexities inherent to ethical decision-making and the impact of ever-evolving regulations, codes, and laws that affect clinical practice. This book is a great step forward in guiding art therapists through the scope and depth of the ethical issues that are part of clinical practice, whether one is a student just beginning in the field or an advanced professional. Bruce Moon has provided us with a text that outlines a philosophy of how to be sensitive and thoughtful in ethical decision-making rather than simply giving us a manual of what to do. In this day and age of changing health care, he has offered us a way to continue to explore who we are, how we think about what we do, and how we see our clients. Most of all, as Bruce has stated in his introduction and throughout this book, he has given us a way to sort out "what is right and what is good."

Cathy A. Malchiodi, ATR, LPAT, LPCC, REAT

PREFACE

This second edition of *Ethical Issues In Art Therapy* is written for art therapy students, art therapists, and expressive therapy professionals. It is intended as a textbook for art therapy courses dealing with topics such as professional ethics, and art therapy supervision, or as a supplemental text in art therapy theory and practice courses. This book may also be helpful in stimulating discussion in art therapy supervision groups. The issues I address in this book are specific to art therapists but may also apply to therapists from other disciplines that engage clients in metaverbal treatment modalities utilizing visual arts, music, drama, movement, or poetry.

The ethical dilemmas discussed are typical of those encountered by creative arts therapists throughout their careers. Readers will be engaged in a process of learning to wrestle with professional moral issues that profoundly affect the daily practice of art therapy. This process of wrestling begins, and probably will end, with questions. How does an art therapist go about considering moral questions in relation to profession work? What does it mean to be an ethical professional art therapist? How do moral, professional, ethical, and legal issues overlap? How do creative arts therapists maintain professional boundaries? Are there particular ethical problems indigenous to art therapy and other metaverbal modalities? What are the characteristics of high quality art therapy supervision? When is it appropriate to reproduce, exhibit, or publish a client's artwork? Who owns the artworks created in the art therapy session? Do the artworks themselves have rights? What impact do issues of diversity have on the practice of creative arts therapy? As artist-therapists, what responsibilities do we have to our society?

There are four primary goals of this book. First, I want to raise questions and provide information related to the ethical dilemmas art therapists face. Second, I want to present models of how to think through and resolve the difficult ethical problems art therapists face during their professional lives. Third, I intend this book to be used creatively by course instructors and art therapy supervisors as a basis for engagement with students or supervisees around ethical problems. Finally, I hope to provide artistic activities that serve as creative means to grapple with ethical dilemmas.

In some instances, I will offer examples of how a particular ethical question might be argued. However, I do not intend my views to be edicts for the behavior of others. I present my arguments only in an effort to provide examples of ethical reasoning. I hope this will encourage the reader to give form to her or his own positions. I am passionate about the art therapy profession and sometimes in writing my fervor can come off as pretentious. Please know that I have wrestled with this demon in the course of creating this book. I hope I have held him in check.

In this second edition, I often refer to the *Ethical Principles for Art Therapists* (AATA, 2003). I also refer to *Code of Professional Practice* of the Art Therapy Credentials Board (ATCB, 2005). These documents are reprinted with the permission of the American Art Therapy Association and the Art Therapy Credentials Board in the appendices to this text. The AATA (2003) document may also be obtained by contacting the National Office of the American Art Therapy Association.

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While ethics documents are extremely helpful, they are ultimately inadequate to cover every circumstance. In the end, students and professionals have to wrestle with questions of moral professional behavior as they arise. Each art therapist must decide how the statements in the ethics document applies to the particular problem he or she is facing. This can be difficult, sometimes confusing, and sometimes-frightening work. I hope this book will be of help along this challenging path.

Throughout the text, I give examples of ethical dilemmas with the hope that these examples will provide opportunities for discussion and debate in the classroom or supervisory group, or provide thought for individual reflection. I envision course instructors and supervision group leaders drawing upon the depths of their own professional experiences to model how the struggle with professional morality continues throughout one's career. Within the chapters, there are dilemma-laden vignettes intended to stimulate this reflection and discussion. Most chapters include a series of questions pertaining to practical applications aimed at helping readers review the materi-

al and begin to formulate or clarify their own positions on key issues. Also included are lists of suggested artistic tasks intended to help the reader engage with the topics in a meta-cognitive, kinetic, visual, and sensory way. The illustrations in this text are examples of artistic responses to the suggested tasks created by former graduate students at Marywood University. People learn in many different styles (Gardner, 1983, 1994) and making art about these topics is one way of deepening knowledge (Allen, 1995). Experience in teaching from this text in its developmental stages leads me to recommend educators and supervision group leaders use the suggested art tasks as a way to begin class/group sessions. Approaching the difficult and anxiety provoking topics inherent in the study of professional ethics in art therapy through creative engagement serves to enrich intellectual discussions of the subjects. In order for the artistic tasks to be meaningful, they must be engaged in with seriousness and respect. Each task holds metaphoric implications for art therapists. However, not every task will be useful to all art therapists at any given time. Art therapy instructors and supervisors are encouraged to use and adapt the artistic tasks as they see fit and to create their own directives.

When students and supervisees are sharing or displaying artworks created in response to the suggested tasks, instructors and supervisors are advised to avoid making interpretations or suggestions about the individual's problems or potentials as an art therapist. As Malchiodi and Riley (1996) note, "Being able to witness the work with a sense of objectivity may be the most helpful, thus respecting the very tender place that many novice supervisees [and seasoned practitioners] are in with regard to their work with clients and their own developing identities" (p. 101). It is more beneficial, in my experience, to just encourage the artist to tell the story of the artwork.

If you are coming to this book in search of black and white answers to the innumerable ethical questions arts therapists face, you will be disappointed. The real world of professional ethics in art therapy is, more times than not, a spectrum of shades of gray. When I wrote the first edition of this book, there was no text that specifically addressed the particular ethical quandaries unique to the creative arts therapies. I did, however, refer often to Corey, Corey, and Callanan's (1998) *Issues and Ethics in the Helping Professions*. I encourage you to explore that text as well. It is a thorough look at the ethical dilemmas faced by counselors, social workers, and psychotherapists. Many of the basic principles they address can be applied to the creative arts therapies. Art therapists, however, encounter ethical issues that are unique to the discipline of art therapy. It is my hope that this text will, in some measure, fill the void.

This second edition is necessary at this time due to significant changes that were made to the AATA Ethics Document in 2003. I served as the Chair of

the AATA Ethics Committee from 2001-2003 and during my tenure shepherded the revision of the document. The Ethics Document titled *Ethical Standards for Art Therapists* that was in effect from 1997-2003 was fraught with paragraphs that began, "Art Therapists Shall. . . . In fact, of the eighty paragraphs in the document, sixty-eight of them began in that manner. Of the twelve paragraphs that did not, eight included *shall*, or *must* later in the paragraph. I make no claim to be a skilled mathematician, but by my count, that's seventy-six paragraphs of imperatives; "art therapists thou shalt." So you see, the 1997 ethics document was a little like the Ten Commandments, except in that case, it was the Seventy-six Commandments.

As the members of the ethics committee began the process of revision, we were faced with a dilemma: Did we want to attempt to revise the document in such a way as to create a more comprehensive rulebook, one that would cover every conceivable ethical quandary? Or, did we want to fashion a set of statements that ethical art therapists aspire to? If we could write an exhaustive rulebook, then art therapists would not have to think about their behavior. They would just have to find the right rule to apply to a given situation. Of course, the committee realized that writing a comprehensive rulebook would be difficult, since there would need to be hundreds, maybe thousands of rules.

Another option for the ethics committee was to create an ethics document that positively described the intentions of ethical art therapists. In this mode, the statements in the ethics document would describe the aspirations of art therapists and the document would establish an affirmative attitude regarding professional conduct rather than an imperative or punitive tone.

Regardless of which of these approaches to revision we settled on, legalistic rules or aspirations, it was agreed that the document ought to be consistent in tone. One of the perceived problems with the 1997 *Ethical Standards for Art Therapists* document was that it was inconsistent. Most of its sections were clearly phrased as commandments, while others seemed almost to be suggestions.

Suffice it to say that when you take a good look at the 2003 *Ethical Principles for Art Therapists* you will find no paragraphs that begin with, "Art Therapists Shall . . ." and no "Art Therapists Must." Rather than simply construct an updated version of the seventy-six Commandments, the ethics committee chose to provide statements of aspiration. In the preamble I wrote:

This Ethics Document is intended to provide principles to cover many situations encountered by art therapists. Its goals are to safeguard the welfare of individuals and groups with whom art therapists work and to promote the education of members, students and the public regarding ethical principles of the art therapy discipline. The development of a vigorous set of ethical principles

for art therapists' work related behavior requires a personal commitment and constant effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems. (p. 2)

In 2003, the membership of AATA voted to adopt the new Ethics Document thereby condemning us all to think for ourselves. To paraphrase Joseph Campbell (1968), the tyranny of "Thou Shalt," the social fiction of moral law, has been supplanted by self-discovery. Alas, we are condemned to reason . . . to struggle . . . to search for our own moral truths.

All of us, whether we are seasoned professionals, novices, or students of the field, find ourselves confronted with ethical problems in our professional lives. It is critical that we wrestle with these dilemmas before they occur, while they are happening, and after the fact in order to shape and understand our professional demeanor. Setting a tone for this self-reflection is what this text is all about.

The ethical dilemmas explored in this book are from the viewpoint of a visual arts therapist. It is my hope that poetry therapists, music therapists, dance/movement therapists, recreation therapists, occupational therapists, and drama therapists will be able to recast the problems and ways of thinking about them into their own disciplinary context. Early in my career, I was fortunate to have the opportunity to work closely with and learn from professionals from a variety of action-oriented therapy disciplines. In my clinical work, I have often utilized poetry, music, movement, and drama in conjunction with painting, drawing, and sculpting. Still, I am clearly most knowledgeable about and most at home with the visual arts and this is evident in my writing.

In N. Richard Nash's (1957) play, *The Rainmaker*, the central ethical theme emerges in a scene where the morally outraged brother of a lonely, unmarried girl threatens to kill the Rainmaker. The brother is outraged because the Rainmaker made love to his unmarried sister. The Rainmaker's intent was to restore the spinster's sense of femininity and desirability. The girl's father snatches the gun away from his son and proclaims, "Noah, you're so full of what's right you can't see what's good." Many of the ethical problems discussed in this book are about being right in the middle of such quandaries. Effort must be put into sorting out what is right and what is good. I wish us all well.

Bruce L. Moon, Ph.D., ATR
Mount Mary College
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AUTHOR'S NOTE

The clinical vignettes in this book are, in spirit, true. In all instances, however, circumstances have been fictionalized in order to ensure the confidentiality of the persons with whom I have worked. The case illustrations are amalgamations of many specific situations. This has been done to offer realistic accounts of ethical issues faced by art therapists while protecting the privacy of individuals.

ACKNOWLEDGMENTS

I am indebted to many colleagues, teachers and mentors who shaped my approach to ethical reasoning. Among these are faculty members of The Methodist Theological School in Ohio, especially my professor of ethics, the late Dr. Ron Williams. Don Jones, A.T.R., H.L.M. helped to lay the groundwork for my understanding of moral and ethical professional behavior. I am thankful for the encouragement I received from Jerry Corey, co-author of *Issues and Ethics in the Helping Professions* (Corey, Corey, and Callanan, 1998). I wish to thank my friend, Mr. Paul Smith, Esq. for his legal research and advice. I appreciate the support of the leadership of the American Art Therapy Association. Their kindness in allowing me to refer often to the *Ethical Principles for Art Therapists* was most helpful. I am indebted to the student members of an art therapy ethics course that I taught at Marywood University, who experimented with this book while it was still in manuscript form. The critical responses and constructive suggestions given by Wendi Boettcher, Amy McBride, Marc Essinger, Holly Highfill, Annette Nemeth, Heather Picarsic, Heidi Ridgeway, Pauline Sawyer, Keli Schroeffel, Suzanne Wernette, and Rebecca Yoder were most helpful. They have all completed their art therapy education and are now practicing in the field. I also appreciate that several of these former students, along with Lolita Nogan, John Roth, and John Meza, contributed artworks used as illustrations for the book. I wish to express my gratitude to Randy Vick, Lynn Kapitan, and Bob Schoenholtz, art therapists who read the early drafts of the first edition of this manuscript. Their feedback was very helpful and I wouldn't have wanted to write the book without their support. Finally, special thanks go to Catherine Moon for her patient, constructive critiques of the text. Cathy's painstaking assistance was instrumental to the original writing and subsequent revision of this book.

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ETHICAL ISSUES IN ART THERAPY

Chapter I

THREE ROADS: MODES OF ETHICAL THINKING

Several years ago an art therapist working in a small private psychiatric hospital had the following experience. A client with whom he had worked for a few weeks came to the art studio to tell him good-bye. The client hugged the art therapist and told him that her time in the studio had been very meaningful to her. She was about to leave the building when the art therapist remembered that she had an unfinished painting in the drying rack. “Don’t forget to take your painting with you,” he said.

She turned to face him and replied, “Nah, I think I’ll just leave that thing here.”

He was surprised. The client had worked very hard on the piece and it was both expressive and technically well done. “Why would you leave it here?” he asked.

“Oh, I don’t know. I don’t have any paints at home, and I don’t really have any place to work on it either. It’d probably just end up getting messed up. Besides, it would remind me of being in the hospital. I’d rather forget all about it. Anyway, it’s just a painting.” Saying no more, she turned and left the studio.

Later in the week, as the art therapist was straightening up the studio, he came across the client’s painting. He pulled it from the drying rack and immediately felt a vague sense of sadness. “It’s just a painting,” she’d said. As he looked at the canvas, he kept thinking about the artist. Somehow, it bothered him that she had left her work behind so that she would not remember. One of his colleagues entered the room and asked, “Isn’t that Audrey’s piece? I thought she was discharged a couple days ago.”

“She was,” the art therapist said. “She stopped in to say good-bye the day she left.”

“Why didn’t she take her work?”

“She said it would remind her of being in the hospital.”

"Oh well," his colleague sighed. "We can recycle the materials. I will gesso over it tomorrow."

"No, I think we better hold onto it for awhile," he said.

* * * * *

This brief vignette highlights some of the significant ethical dilemmas with which art therapists must wrestle. Questions could be raised related to the client initiating physical contact and the therapist's response to the hug. Questions could also be brought forward regarding the manner in which this termination event was handled. Therapists of all disciplines, of course, must grapple with these kinds of questions. But there are additional questions related specifically to art therapy itself from which other therapy disciplines are exempt. Who owns the left-behind artwork? Some would suggest that the art piece is a record of the client's treatment (Braverman, J., 1995). If this is so, should artworks be kept in a manner similar to other elements of the client's chart? Is it ethical to recycle art materials from artworks that are abandoned by the client artist? Can left-behind works be exhibited?

At a meeting of the National Coalition of Art Therapy Educators, a group of art therapists discussed this topic and I can tell you there was a wide range of opinions. One educator insisted that client artwork is the property of the client-artist. Another art therapist argued that in her clinical setting, she considers client work to be her property. "After all," she said, "I am the one who buys all the materials." One colleague argued that all artwork everywhere belongs to the creative spirit of the world. Yet another suggested that the artwork made in clinical contexts is analogous to a urine sample given in a doctor's office, ergo, it is the property of the clinic. "No one asks for urine samples to be returned," he said. Perhaps questions like these cannot be fully answered in the Ethics Document published by the American Art Therapy Association, for they have to do with how we art therapists regard the artworks of our clients. Questions such as these are difficult to codify. So, what is an ethical art therapist to do?

At many points along the way in this text, questions will be raised about how ethical decisions and opinions, especially those most relevant to the creative arts therapy professions, can be justified. In all likelihood, this will lead us to wonder what we mean when we say that some thing or behavior is right, good, or just. Questions such as these have a long and honored history. Frankenna (1983) states, "Ethics is a branch of philosophy; it is moral philosophy or philosophical thinking about morality, moral problems, and moral judgments" (p. 4). Whenever a person reflects upon questions like these, the individual has entered the realm of philosophy. The study of professional ethics is an inquiry into the morality of professional behavior and reasoning.

At the beginning of any journey, it is helpful to take a look at a map (if one exists) to plan the routes to be taken in order to get from here to there successfully. The quest of this text is to explore the landscape of ethical decision-making in relation to the professional behavior of creative arts therapists. Fletcher (1966) outlined three primary modes of ethical thinking. I refer to these as the three major roads to follow, or approaches to take, in making ethical decisions. They are

1. Deontological–legalistic; the ethical doctrine which holds that the worth of an action is determined by its conformity to some binding rule rather than by its consequences;
2. Antinomian–the opposite of legalism; an unprincipled, anarchic, lawless approach;
3. Teleological–utilitarian/situational; the evaluation of conduct in relation to the end or ends that it serves.

All three of these roads have been influential in the development of the map of Western morality. However, the legalism of deontological thinking has been by far the most commonly traveled road. It can be argued that the very existence of professional ethics codes is an expression of Western deontological reasoning. In his *Situation Ethics*, Fletcher (1966) comments, “Just as legalism triumphed among the Jews after the exile, so, in spite of Jesus’ and Paul’s revolt against it, it has managed to dominate Christianity constantly from very early days” (p. 17). Legalism has also dominated the development of ethical codes in the helping professions for quite some time. However, questions arise in relation to deontological reasoning as to whether a rule can truly apply to every particular case. These questions are compounded when several conflicting rules exist simultaneously.

Let us take a closer look at these three roads to decision making, focusing first on the deontological approach.

The First Road to Ethical Decision Making

Deontological Legalism

The ethical reasoning road that leads to the right is deontological legalism. Art therapists who travel this road to decision making prefer to enter into ethical problem situations with a set of preestablished rules and regulations in the form of a code of ethics. An example of this kind of document is found in the 1997 version of the AATA *Ethical Standards for Art Therapists* (see