

# **ETHICAL ISSUES IN ART THERAPY**



### ABOUT THE AUTHORS

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**Fourth Edition**

# **ETHICAL ISSUES IN ART THERAPY**

*By*

**BRUCE L. MOON, Ph.D., ATR-BC**

*and*

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## PREAMBLE

As I was putting the finishing touches on the first edition of this book in 1999, I had no inkling that there would be a second edition, much less a third or fourth. Yet, here I am in the summer of 2019 once again wrapping up this latest revision. I suspect there may be other editions yet to come as new ethical dilemmas for art therapists arise, but this will be the last ground for me.

My mentor, Don Jones, often said that nothing worth doing gets done in one lifetime. In light of this, I've enlisted my colleague and friend, Dr. Emily Goldstein Nolan, to carry on the work, and she has graciously accepted this passing of the torch. More than a decade ago Emily came to my office at Mount Mary University to interview for a position in the faculty of the graduate art therapy program. At that time, she was relatively new to academia, but I saw great potential, and I am pleased to see that potential fully realized as she has become a leader at the university and in the art therapy professional community. Emily's intelligence, compassion, and commitment to excellence has enhanced the value of this book. She has her finger on the pulse of contemporary ethical practice and her contributions here are deeply appreciated.

A few weeks ago, I was in London and made a pilgrimage to the zebra crosswalk just outside of Abbey Road Studios where the iconic photograph of the Beatles was taken. As I walked along Groves End approaching Abbey Road, I wasn't sure of what to expect, but when I came to the intersection, I was stunned to see so many people gathered there. People were smiling, some were crying, some taking selfies, and others writing messages on the wall in front of the studio. Although it's a busy intersection with cars zipping by, there was a sense of hushed reverence among the crowd. Fifty years had passed since the Beatles performed their final rooftop concert, half a century since the photograph was taken, but there was still musical magic in the air. What a testament to the power of their art!

Later that same afternoon, quite by accident, I bumped into Emily at a small restaurant at Mile End. She was in London attending a conference, and she asked what I'd done that day. As I started to tell her about my trek

to Abbey Road I was overcome with emotion and couldn't get the words out. Tears filled my eyes, and Emily stood and with her own tears, gave me a hug. She let me know that she understood what I'd experienced.

Things come full circle. Elsewhere in this text Emily refers to me as her mentor, but it is I who now regard her as the teacher who gives shape to the everchanging nature of ethical reasoning in art therapy. Some of the ideas in this book are rooted in philosophies hundreds of years old, while others have emerged from contemporary experience. It is our deepest hope that readers will find answers to questions they confront in their practice, while simultaneously questioning their answers.

B.L.M.

## PREFACE

This fourth edition of *Ethical Issues in Art Therapy* was written for art therapy students, art therapists, and expressive arts therapy professionals. It is intended as a textbook for art therapy courses dealing with topics such as professional ethics, and art therapy supervision, and as a supplemental text in art therapy theory and practice courses. This book endeavors to be helpful in stimulating discussion in art therapy supervision and consultation groups. The issues addressed 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, poetry or play.

The ethical dilemmas discussed are typical of those encountered by art therapists throughout their careers. Readers will be engaged in the 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 ends, with questions. How does an art therapist go about considering moral questions in relation to profession practice? What does it mean to be an ethical professional art therapist? When 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 should an art therapist use a consultant? When is it appropriate to reproduce, exhibit, publish, or post clients' artwork? Who owns the artworks created in the art therapy session? Do the artworks themselves have rights? What is the importance of multicultural fluency and diversity issues in the practice of creative arts therapy? As artist-therapists, what responsibilities do we have to our profession and to society? What moral responsibilities to art therapy educators have to their students and the profession?

The real uniqueness of this fourth edition lies in that I (Emily) have been invited by my mentor, Dr. Bruce Moon, one of the most influential and prolific art therapists to revise his foundational art therapy text, *Ethical Issues in Art Therapy*. I am humbled and honored to have been considered for such a

task. In this text, as I have revised it, I identify when it is Bruce or myself writing in the first person speaking about our personal experience by placing the name of the corresponding individual in parentheses at the start of the section. In such cases where I have made major changes to a chapter or added a new chapter I note that I am speaking in my voice at the beginning of the chapter.

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

In a few instances, examples are offered of how a particular ethical question might be addressed. However, there is no intention that those discussions be edicts for the behavior of others. We present the arguments only in an effort to provide illustrative examples of ethical reasoning. We hope this will encourage the reader to give form to her or his own positions.

The fourth edition provides numerous updates to previous editions. This edition includes a chapter discussing burnout and compassion fatigue the “costs of caring” (Figley, 2002) with an understanding the responsibility that systems hold in supporting therapists and clients. It includes information in the supervision chapter on developmental supervision and also on consultation. There is added information within the chapter on private practice to include ethics within community studio models. The chapter that discusses the importance of multicultural approaches has been significantly added to with discussion that competence is a baseline for practice as an art therapist. There are also significant updates to the chapter that discusses art therapy within the digital age.

In this fourth edition, the *Ethical Principles for Art Therapists* (AATA, 2013) are often referred. In addition, concepts are also discussed according to *Code of Professional Practice* of the Art Therapy Credentials Board (ATCB, 2019). These documents are included with the permission of those associations in the appendices to this text. For those readers who are interested, also included are the ethics documents of the British Association of Art Therapists (BAAT, 2019). A hard copy of the AATA (2013) document may also be obtained by contacting the National Office of the American Art Therapy Association.



American Art Therapy Association 4875 Eisenhower Ave.  
Alexandria, VA 22304  
Phone 888-290-0878  
E-mail: [info@arttherapy.org](mailto:info@arttherapy.org)  
Web Site: <http://www.arttherapy.org>

The ATCB (2011) document may be obtained by contacting the Art Therapy Credentials Board.

Art Therapy Credentials Board 3 Terrace Way  
Greensboro, NC 27403-3660  
Toll Free - (877)213-2822 Phone - (336)482-2858  
FAX - (336)482-2852  
Email - [atcbinfo@atcb.org](mailto:atcbinfo@atcb.org) Web Site: <http://www.atcb.org>

The ethics documents from the American Art Therapy Association and the Art Therapy Credentials Board are extremely helpful resources for practitioners grappling with ethical dilemmas, but they are ultimately inadequate to address every circumstance. In the end, practitioners, students, supervisors, and educators have to struggle with questions of moral professional behavior as they arise. Each art therapist must decide how the principles in the ethics documents apply to the particular problem he or she is facing. This can be difficult, sometimes confusing, and sometimes frightening work; hopefully, this book will be of help along this challenging path.

Throughout the text there are examples of ethical dilemmas that will provide opportunities for discussion and debate in the classroom or supervisory group, or stimulate thought for individual reflection. Course instructors, supervision group leaders, and art therapy consultants drawing upon the depths of their own professional experiences can model how the struggle with professional morality continues throughout one's career. Within the chapters, there are dilemma-laden vignettes intended to stimulate reflection and discussion. Most chapters include a series of questions pertaining to practical applications aimed at helping readers review the material and begin to formulate or clarify their own positions on key issues. Also included are suggested artistic tasks intended to help the reader engage with the topics in meta-cognitive, kinetic, visual, and sensory ways.

The illustrations in this text are examples of artistic responses to the suggested tasks created by former graduate students of Dr. Moon's 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 us to recommend educators and supervision group leaders use the suggest-

ed art tasks as a way to clarify and make sense of class/group discussions. Addressing the difficult and anxiety provoking topics that are inherent in the study of professional ethics in art therapy from the perspective of our artistic sensibilities serves to enrich and deepen 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 multiple 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) noted, "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.

E.G.N.

## **AUTHOR'S NOTE**

The clinical vignettes in this book are, in spirit, true. In all instances, details have been changed to ensure the confidentiality of persons with whom we 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.



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I am grateful to many people who have helped me with my own approach to ethical reasoning and work in art therapy. First, I thank my parents, Deane and Patricia Goldstein, who sacrificed much to send me to schools that taught me to think critically. I am indebted to Bruce Moon and Lynn Kapitan, my mentors and whose belief in my abilities have helped me to achieve more than I ever thought I could. I am sincerely grateful to Christopher Belkofer, who I can always count on for support, and find comfort in his fellow critical mind. I am also indebted to Rachel Monaco-Wilcox, my strong sister whom I have admired and learned much from, especially along the lines of legal and ethical reasoning. I appreciate the feedback I received when writing this revision from Jordan Potash, Gretchen Miller, and Lynn Kapitan. Most of all, I am extremely grateful for my children, Liam, Maisie and Jasper, and their patience with me while writing. For my husband Sean Nolan, thank you for our conversations about ethics and everything in between.

Emily Goldstein Nolan

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, ATR, HLM helped to lay the groundwork for my understanding of moral and ethical professional behavior. I am thankful for the encouragement I received from Gerald Corey, co-author of *Issues and Ethics in the Helping Professions* (Corey, Corey, Corey, and Callanan, 2015). I wish to thank my lawyer 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 the art therapy ethics course that I taught at Marywood University, who experimented with this book while it was still in its original manuscript form. The critical responses and constructive sugges-

tions 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 educations 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 Hyland Moon for her patient, constructive critiques of the original manuscript.

Bruce L. Moon

## CONTENTS

	<i>Page</i>
<i>Preamble by Bruce Moon</i> .....	v
<i>Preface</i> .....	vii
<i>Illustrations</i> .....	xvii
<i>Chapter</i>	
I. THREE ROADS: MODES OF ETHICAL THINKING .....	3
II. RESPONSIBILITY TO CLIENTS .....	20
III. THE RIGHTS OF ARTWORKS .....	54
IV. ART THERAPIST: ARTIST, THERAPIST, AND HUMAN BEINGS .....	85
V. RESPONSIBILITY WITHIN SYSTEMS OF CARE .....	111
VI. ART THERAPY SUPERVISION, CONSULTATION, AND EDUCATION .....	120
VII. MAINTAINING PROFESSIONAL BOUNDARIES .....	146
VIII. RESPONSIBILITY TO ART THERAPY RESEARCH PARTICIPANTS .....	178
IX. ART THERAPISTS' RESPONSIBILITY TO THE ART THERAPY PROFESSION .....	185
X. DEALING WITH AN ETHICAL VIOLATION .....	196
XI. MARKETING, ADVERTISING, AND PUBLICITY .....	201
XII. ART THERAPY STUDIOS: COMMUNITY AND PRIVATE PRACTICE .....	209
XIII. MULTICULTURAL COMPETENCE AND DIVERSITY ISSUES IN ART THERAPY .....	224
XIV. ETHICAL CHALLENGES OF TELEHEALTH, DIGITAL, AND SOCIAL MEDIA .....	235
XV. FINAL THOUGHTS .....	245

<i>Appendix A. Ethical Principles for Art Therapists (AATA)</i> .....	251
<i>Appendix B. Code of Professional Practice (ATCB)</i> .....	268
<i>Appendix C. Code of Ethics and Principles of Professional Practice (British Association Art Therapists)</i> .....	288
<i>References</i> .....	301
<i>Index</i> .....	313



## ILLUSTRATIONS

Cover Image—Windows of Truth and Reasoning	Emily Goldstein Nolan
Figure 1. Three Faces of Ethical Reasoning	Rebecca Yoder
Figure 2. It's About Connections	Annette Nemeth
Figure 3. Duty to Warn	Heather Picarsic
Figure 4. Weighing Responsibilities	Suzanne Wernette
Figure 5. Welcome to the Healing	Pauline Sawyer
Figure 6. At an Exhibition	Bruce L. Moon
Figure 7. Trembling Sobbing	Keli Schroeffel
Figure 8. Considering Documentation	Suzanne Wernette
Figure 9. Coat of Arms	Heather Picarsic
Figure 10. This Is Not Easy Work	Bruce L. Moon
Figure 11. About Relationships	Marc Essinger
Figure 12. Pedestals	John Roth
Figure 13. Passing the Torch	Pauline Sawyer
Figure 14. Supervision	Pauline Sawyer
Figure 15. Remembering a Client's Humanness	Marc Essinger
Figure 16. Considering Language	Wendi Boettcher
Figure 17. Gathering Together	Lolita Nogan
Figure 18. Art Street Studio	Amanda Herman
Figure 19. In the Studio	Bruce L. Moon
Figure 20. Exploring Difference	Holly Highfill
Figure 21. Examining Attitudes	John Meza



# **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?”

He replied, “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 a while,” 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 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 Documents published by the American Art Therapy Association or the Art Therapy Credentials Board, 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. Frankena (1983) stated, “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.

Becoming a professional art therapist with good ethics is not easy work. Professional ethical quandaries often resist easy answers. Working hard at practicing ethically requires continuous care and reflection. We must, at the outset, appreciate how hard the work is because it is a process, not an outcome. Being committed to doing what is ethically right entails consistent attention to one's conduct with clients, colleagues, students and supervisees. In some ways endeavoring to behave ethically is an act of heroism that demands holding oneself to high standards. Behaving ethically is an invaluable achievement. "But don't be fooled. A reputation for high ethical conduct can take a lifetime to earn and can be destroyed with one swift ethical infraction (Johnson & Ridley, 2008, p. xiv). We expect those who have earned the right to call themselves professional art therapists have accepted the moral responsibilities that go along with their positions. Holding oneself accountable in this way should be the norm.

Walking the path of ethical conduct can be a solitary journey. There are overt and covert pressures to forsake one's ethics. The compensations for exemplary ethical behavior are not always easily visible while the challenges and temptations are numerous. Still, the ethical high road is worth the effort. At the beginning of any journey, it is helpful to take a look at a map (if one exists) or consult a GPS 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. The following are three 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) commented, "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 pre-established rules and regulations in the form of a code of ethics. Examples of this kind of document were found in the *AATA Ethical Standards for Art Therapists* (1997) and in section IV of the Standards of Conduct of the *Code of Ethics, Conduct, and Disciplinary Procedures* of the Art Therapy Credentials Board (ATCB, 2018). These rules and regulations were regarded as a secure system of signposts that pointed the way to ethical behavior. When approaching problems from a deontological mindset the letter of the law reigns supreme. In a legalistic approach, the basic principles of ethical behavior are codified in rules that are viewed as directives that should and must be followed. Professional codes of ethics that are written from a deontological perspective are essentially regarded as contracts with society based on a public policy that are intended to protect the rights of citizens against unethical conduct by practitioners. In deontological codes, solutions to specific dilemmas are preset and the primary thinking one had to do was to sort out which rule applies in a given situation.

Most of the major Western religious traditions—Judaism, Catholicism, and Protestantism—have been legalistic. Fletcher (1966) noted that these religions have had tremendous influence upon the way Western societies think about ethical and moral issues. Further, they have helped to shape the development of the American judicial system. Thus, we see why deontological thinking has often been applied to professional, ethical, decision-making processes. Many published codes of ethics are a testament to the indigenous nature of this way of thinking in our culture. This situation is a natural outgrowth of the Western legal system that is based in Judeo-Christian traditions.

Deontological legalism possesses subtle and enticing qualities for art therapists. It enables a practitioner to take a course of action based solely on