

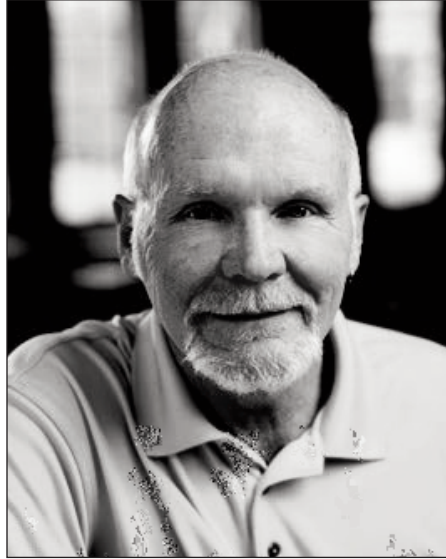


# ETHICAL ISSUES IN ART THERAPY

THIRD EDITION

Bruce L. Moon

# **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. He is the co-founder of the first doctorate of art therapy program in the United States. Dr. Moon's clinical practice of art therapy, focused on the treatment of emotionally disturbed children, adolescents, and adults, has spanned over forty years. He is the 2007 recipient of the Honorary Life Member Award from the American Art Therapy Association, and he has lectured and led workshops at many colleges, universities, conferences, and symposia in the United States, Canada, Hong Kong and Taiwan.

Dr. Moon is the author of *Art-Based Group Therapy*, *Existential Art Therapy: The Canvas Mirror*, *The Role of Metaphor in Art Therapy*, *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 co-author of *Artist, Therapist, Teacher: Selected Writings*; 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.

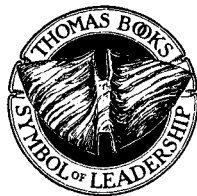
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# ETHICAL ISSUES IN ART THERAPY

*By*

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

*Mount Mary College  
Milwaukee, Wisconsin*



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## FOREWORD

Art therapy has been significantly advanced since Bruce Moon adopted 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 immersed in a serious and sustained commitment to the examination of comprehensive ethical principles in the three editions of this book originally published in 2000.

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 people with a comprehensive and open-minded understanding of the varied experiences and conflicts that characterize practice shape the most effective and credible ethical standards. 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 that 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 person-

al interpretation of situations and problems; a true interplay between guiding tenets and action in the world as demonstrated through every section 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 classical 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 an image 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 the way we approach images has everything to say about how we relate to others and thus the ethical treatment of images and the love for them has bonded us in art therapy since the early 1970s when we joined to offer an alternative to viewing artistic expressions simply as data for analysis within the therapeutic experience. These commitments continue today as we strive to bring the same values to research where artistic inquiry helps us discover and communicate how art heals and transforms lives.

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 ther-

apy 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 contemplation 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 real 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 cannot be gained through an extended inquiry and process of communication about practice.

*Ethical Issues in Art Therapy* offers a living engagement with of 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, a role consistently manifested in 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 our best to help others and serve the world.

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

## PREFACE

This third 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 will also be helpful in stimulating discussion in art therapy supervision 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, or poetry.

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 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 effects do multicultural competencies and diversity issues have on 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?

There are four primary goals of this book. First, I want to raise questions and provide information related to the many ethical dilemmas art therapists face. Second, I want to present models of how to think through and resolve the difficult ethical problems art therapists encounter during their professional lives. Third, I intend this book to be used creatively by course in-

structors and art therapy supervisors as a basis for engagement with students and supervisees exploring ethical problems. Finally, in each chapter I provide suggestions for artistic activities that hope will serve as creative means to grapple with ethical dilemmas.

In a few instances, I will offer examples of how a particular ethical question might be addressed. However, I do not intend those discussions to be edicts for the behavior of others. I present the arguments only in an effort to provide illustrative 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 grappled with this demon in the course of creating this book and I hope I have held him in check.

In this third edition, I often refer to the *Ethical Principles for Art Therapists* (AATA, 2013). I also refer to *Code of Professional Practice* of the Art Therapy Credentials Board (ATCB, 2011). These documents are included with the permission of those associations in the appendices to this text. For those readers who are interested, I have also included the ethics documents of the British Association of Art Therapists (BAAT, 2014) and the Australian and New Zealand Arts Therapy Association (ANZATA) for the sake of comparison. 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. I hope 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. 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 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 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 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. In 2000, 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*. Corey et al., have since revised that text several times and in this edition I have updated references to Corey, Corey, Corey, and Callanan (2015) Ninth Edition, and I encourage you to explore that text as well. It provides a thorough exploration of 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 third edition was necessary at this time due to significant changes that were made to the AATA Ethics Document in 2003 and again in 2013. From 2001–2003 I served as Chair of the AATA Ethics Committee and during my tenure, in collaboration with Terry Tibbetts, shepherded the 2003 revision of the document. The Ethics Document, *Ethical Standards for Art Therapists* (AATA, 1997) that was in effect from 1997–2003 was filled 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 in its language. Most of its sections were clearly phrased as commandments, while others seemed almost to be suggestions.

Suffice it to say that when you read the *Ethical Principles for Art Therapists* (AATA, 2013) you will find no paragraphs that begin with, “Art Therapists Shall” and few “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 to the 2003 document we 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 adopted 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.

In addition to updating references to the *Ethical Principles for Art Therapists* it has also been necessary to revise and expand several chapters. While each chapter has been revised, some have been changed more extensively than others. For example, the complexity of practicing art therapy from a stance of global literacy demanded attention in the chapter on multicultural competency and diversity issues. Likewise the plethora of issues related to technology in art therapy, art therapy by electronic means, and social media also mandated significant attention.

All of us, whether we are seasoned professionals, novice practitioners, 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 such 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-BC, HLM  
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Milwaukee, Wisconsin

## **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 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, 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 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 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. I am also appreciative of suggestions and comments related to the multicultural competence I received from art therapy colleagues, Stella Stepney, Cheryl Doby Copeland, and Jordan Potash. Thanks also to my friend and colleague, Shaun McNiff for contributing the updated Foreword to this edition. Finally, special thanks go to Catherine Hyland Moon for her patient, constructive critiques of the original manuscript.



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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?”

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 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 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 pro-

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. 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) commented, "Just as legalism triumphed among the Jews after the exile, so, in spite of Je-