MOON'S ETHICAL ISSUES IN ART THERAPY

FIFTH EDITION

EMILY GOLDSTEIN NOLAN

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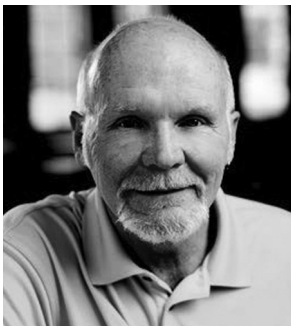

ABOUT THE AUTHORS

Emily Goldstein Nolan (she/her), D.A.T., ATR-BC, LPC, LCAT, SEP, is an assistant professor of art therapy with extensive clinical, administrative, and teaching experience. She is a registered and board-certified art therapist who holds a doctorate in art therapy. She is the founder of Bloom Art and Integrated Therapies, Inc., a non-profit art therapy studio based in Milwaukee, WI. Her specialties include working with people who have experienced trauma, as well as being an advocate for access to art therapy and quality, wellness, and mental health care overall. Dr. Nolan has presented nationally and internationally and is the author of a number of journal articles and scholarly writings. Her experience with clients, teaching, providing supervision to art therapists and art therapy students, and developing successful art therapy programs all inform the revision of this seminal text originally written by her mentor, Dr. Moon.

Bruce L. Moon, Ph.D., ATR-BC, is a Professor Emeritus of art therapy with extensive clinical, administrative, and teaching experience. He is a registered and board-certified art therapist holding a doctorate in the creative arts with a specialization in art therapy. He is the co-founder of the first doctoral program in art therapy 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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By

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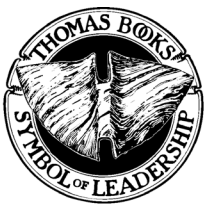

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PREFACE

This fifth 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, art therapy supervision, and as a supplemental text in art therapy theory and practice courses. This book endeavors to stimulate discussion in art therapy ethics courses, supervision, and consultation groups. The issues addressed in this book are specific to art therapists but may also apply to therapists from other disciplines who engage clients in metaverbal treatment modalities utilizing visual arts, music, drama, movement, poetry or play.

For this fifth edition, I (Emily) have been invited by my mentor, Dr. Bruce Moon, one of the most influential and prolific art therapists, to continue to revise his foundational art therapy text, *Moon's 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 me 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.

This book has four primary goals. First, raising questions and providing information related to the many ethical dilemmas art therapists face. Second, to present models of how to think through and resolve the difficult ethical problems art therapists encounter during their professional lives. Third, this book is 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, artistic activities are incorporated into some chapters, offering creative ways to work through ethical dilemmas.

The ethical dilemmas discussed are those typically encountered by art therapists throughout their careers. Readers will be engaged in the process of learning to grapple with professional moral issues that profoundly affect the daily practice of art therapy. The process of discernment begins, and probably ends, with questions. How does an art therapist consider moral questions in relation to professional 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 certain 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 do art therapy educators have to their students and the profession?

In a few instances, examples are offered as to how an ethical question might be addressed. However, there is no intention that those discussions be edicts for the behavior of others. Bruce and I present the arguments only to provide illustrative examples of ethical reasoning. We hope this will encourage the reader to form their own positions. In fact, it is incredibly important for art therapists to reason through concerns and never accept any answer at face value.

The fifth edition provides numerous updates to previous editions of this text. The first chapter delves into critical thinking strategies that can be applied in any decision-making situation and in here applied to ethical situations. I have updated sections using the most recent *Codes governing Standards of Practice, Eligibility for and Regulation of Credentials, and Disciplinary Procedures* (*Code*) from the Art Therapy Credentials Board (2025). In some cases where the Code does not discuss a topic, I refer to the *Ethical Principles* put out by the American Art Therapy Association (2013). Using both documents invites art therapists to be thoroughly aware.

Of importance to note when considering both the code and guidelines provided to art therapists is the difference in the goals of both the American Art Therapy Association (AATA) and the Art Therapy Credentials Board (ATCB). The ATCB's mission is "to protect the public by establishing and upholding the highest standards for competent practice of art therapy through the credentialing and certification process" (atcb.org). The AATA's mission is "to advance art therapy as a regulated mental health profession

and build a community that supports art therapists throughout their careers" (arttherapy.org). The AATA has an ethics committee within the organization made up of art therapists who "recommend changes to and endorse the Ethical Principles for Art Therapists. The Ethics Committee educates the membership of the Association and the general public and responds to inquiries regarding issues of ethical practice" (arttherapy.org). Although both are interested in the promotion of art therapy to the public, the ATCB's focus is to protect the public, and the AATA is motivated to support art therapists. Understanding these key differences helps art therapists to know why there are 2 sets of different yet related guidelines.

The ethics documents from the American Art Therapy Association and the Art Therapy Credentials Board are extremely helpful resources for practitioners working through ethical dilemmas, but they are ultimately inadequate to address every circumstance. In the end, practitioners, students, supervisors, and educators must 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 problem they are 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 of dilemmas 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, visual, and embodied 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). Educators and supervision group leaders can use the suggested art tasks 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 one's artistic sensibilities serves to enrich and deepen intellectual discussions. 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.

It has been a delight to update this text, especially because I love reasoning through difficult situations. However, if you are coming to this book in search of unmistakable answers to the innumerable ethical questions arts therapists face, you will be disappointed. The real world of professional ethics in art therapy is, more often than not, a spectrum of possibilities.

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.

ACKNOWLEDGMENTS

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 made sacrifices 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 Jennifer DeLucia, who I can always count on for support and sense making. Most of all, I am extremely grateful for my children, Liam, Maisie and Jasper, and our critical conversations that grapple with tough subjects. For my husband Sean Nolan, thank you for being with me through it all, everything and in between.

Emily Goldstein Nolan

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MOON'S ETHICAL ISSUES IN ART THERAPY

Chapter I

CRITICAL THINKING AND ETHICAL DECISION-MAKING MODELS

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 goodbye. 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 of days ago."

"She was," the art therapist said. "She stopped in to say goodbye 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 that art therapists must wrestle. Questions can 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 way 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 like 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 does an ethical art therapist 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. How does an art therapist know what is right in any given situation? According to Chadda and Agrawal (2023), morality distinguishes between good and bad, right and wrong. Although morals may be subjective, due to individual experiences and perceptions, cultural norms, values, religious beliefs, and so forth, it is essential to have agreed-upon guidelines to define behavior. Ethics provides a system, or an organized way to deal with the subjectivity of morality. Therefore, art therapists follow ethical guidelines to help wrestle with moral principles in practice.

Becoming a professional art therapist with good ethics is not easy. Even though most people want and intend to do the right thing, intention is different than impact. Professional ethical quandaries often resist easy answers. Working hard at practicing ethically requires continuous care and reflection. Art therapists 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. Those in this profession expect that all 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. Many people want to be the all-knowing person who can clearly see the future and know what is going to happen; anticipating what's coming next can help them act accordingly and dodge uncertainty. Relationships with clients in art therapy are unfolding; practitioners must hold themselves accountable and remain present to the uncertainty, making the best decision possible for each situation.

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 look at a map (if one exists) or consult a GPS to plan the routes 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.

Deontological legalism is concerned with rules and which portion of the ethical codes applies. Teleological contextualism applies principles for the greatest good for the greatest number of people. The consequences of this perspective consider the context of the practitioner. Antinomianism, however, posits that every situation is unique and privileges the provider as knowing the answer when the time is right. Even though art therapists may find one of these three modes of thinking advantageous, there are times and situations when one of these modes may be more appropriate than another. People who make the decision for the greater good are more teleologically contextual, perhaps thinking broadly about how the principles apply. However, a person who applies an antinomian mode of thinking reflects on how to make decisions based on what's happening at the time the decision needs to be made. Whereas people who espouse to deontological legalistic decision-making follow rules and regulations strictly.

Ethical reasoning requires intentional thinking. Critical thinking can aid in ethical decision making, and important when the ethical codes or guidelines do not make the best solution to a problem obvious. In fact, there is only one clear ethical guideline, don't engage in sexual intercourse with your client. The rest of the situations an art therapist come across will mostly likely not be that straightforward. Critical thinking can be defined as "a metacognitive process – consisting of a number of skills and dispositions – that through purposeful, self-regulatory reflective judgment, increases the chances of producing a logical solution to a problem or a valid conclusion to an argument" (Dwyer, 2023, p. 105). Critical thinking can improve reasoning and helps to eliminate bias by considering all facets of a situation. This includes asking all the possible who what where when why and how questions that also consider both the client and the therapist's power,

culture, and identity. Critical thinking also requires the therapist to question who else may be involved, consider their power, cultures and identities, and how they may benefit from the situation as it is, or the resolution of it. This chapter aims to aid the reader in developing both critical thinking and applying that to ethical decision-making models that make sense for art therapy contexts. The first step is to determine what is happening and assess the situation.

When assessing a situation, the practitioner asks:

1. What is the problem?
2. Why is this a problem?
3. Who does it involve?
4. What is the level of risk?
5. How much time do I have available to decide?

Depending on the answers to those questions, a different decision-making strategy could be appropriate (Flin et al., 2007) (see Table 1). If someone has a lot of risk and very little time, then they are going to go with an intuitive recognition primed decision-making strategy. This means that the practitioner has seen this type of situation before, many times, and based on those prior experiences and what they clinically know they are going to decide fast (Klein, 2003). If someone has a high-risk situation with a little more time, they are going to pay more attention to the rules and standards of care. If someone has a moderate amount of time and low risk, then they might be more analytic in their choice of decision-making strategy. They might consider more than one path and carefully analyze each before acting. If there's variable risk and more time, they can be more creative with their actions. Using this type of situation assessment can help guide the clinician making the best decision for each scenario.

TABLE 1
Situation Assessment, Using Risk, Time Allotted, And Decision-Making Strategies (Flin et al., 2007)

Situation	Time	Decision-Making Strategy
High risk	Little time	Intuitive/recognition primed
High risk	A little more time	Rule-based
Low risk	A moderate amount of time	Analytic
Variable risk	More time	Creative