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The Arts in Psychotherapy



Ethical considerations in the global teaching and promotion of art therapy to non-art therapists

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ABSTRACT

Working with and through art in the context of mental health has become popular and quite well known amongst social workers, community workers, nurses, artists and teachers. Many seek art therapy skills, and a greater understanding of the use of art in healing. In parts of the world where there is no professional art therapy training and no established art therapy profession, some may go on to call themselves art therapists. Despite this, art therapy is a recognized profession, with a master's level or post graduate level training and a written code of ethics. This article looks at the ethical considerations we as art therapists face in training non-art therapists. To explore this subject in greater depth we draw upon training we have delivered for social workers in Hong Kong.

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Introduction

It is common for helping service professionals to recognize the benefits of including art making in their practice and many today recognize that trained art therapists have a specialized knowledge in this area. But this can pose some complex questions for the profession of art therapy. Art therapists across the globe have developed different training models to respond to requests for this understanding. While deciding on the training content is important. we also need to look at the ethics involved in training as it relates to our responsibility to the training participants and to our profession. We specifically invoke ethics because they provide a model of good practice. According to Blackburn (2001), ethics build our environment, inform our relationships, and determine our behavior because they "shape our very identities. Our consciousness of ourselves is largely or even essentially a consciousness of how we stand for other people. We need stories of our own value in the eyes of each other, the eyes of the world" (p. 1). Levick (1995) heightens this notion for our profession when she writes on how ethics give form and credibility to art therapy among other profes-

Ethical standards in art therapy are best shaped by art therapists who have a breadth of practice and understanding of the profession,

URL: http://www.atinitiative.org (D. Kalmanowitz).

as each situation can present different ethical challenges and perspectives. Ethics is a branch of philosophy. When thinking about the subject of ethics, we are entering into a contemplation on morality. Morality refers to our standards of conduct, to universal principles of behavior, the way in which we live, interact, and shape our world.

Edwards (1993) differentiates between *codes of ethics* and *professional principles*. Because professional principles, code of ethics, values and morals most often overlap it may be useful to take a closer look at these terms. According to Edwards, "When we speak of personal or professional values we are referring to what is good and desirable, whereas ethics concern what is right and correct" (p. 16). This distinction is significant, as it seems that principles lay out a set of values, whereas a code of ethics set out "moral principles adopted by an individual or professional group to provide rules for correct conduct and tend, therefore to be more prescriptive" (p. 16).

Each circumstance in which we find ourselves contains moments of personal choice, and each time we choose, we take an ethical stance. We wish to look at personal choices we face as art therapists and what guides these. Thought and study alone do not produce a professional or personal code of ethics. It is only when we get confused while we move in the grey areas of our work that we are forced to find solutions, challenge our models, and establish standards. The ethics about which we are speaking are rooted in our work.

Art therapists are increasingly being asked to provide trainings to non-art therapists for several reasons. Professionals may look to enhance and add to their skills or professionals would like to

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expose themselves to knowledge or expertise, which does not exist in their country. A more acute reason occurs in situations of political conflict or natural disaster where there is a need for new skills, to help in situations that often extend beyond the range of the norm of the culture. In these situations we need to carefully consider what constitutes appropriate response. In all cases, we believe that the most appropriate response is that which will be sustainable and out live the duration of the training. Rather than attempt to engage in clinical work that we are unable to see through to the end, or teach exercises which can be then carried out by rote, we should strive to teach an overall understanding and sensitivity to the art, and principles of best conduct within this context that will support teachers, and therapists with knowledge and skills to incorporate into their work. This idea leads us exactly to the dilemma under discussion.

This article has been greatly informed by our experience offering this kinds of training. Specifically, we draw from the joint work developed in contexts of political violence by Kalmanowitz and Lloyd (1997, 2002a, 2002b) through the Art Therapy Initiative (ATI), by trainings offered by Potash in the US, and is based on the current work of Kalmanowitz and Potash in Hong Kong. Where appropriate we will refer to the feedback and comments we received from training participants. We also recognize that these concerns are not unique to art therapy, but rather have application to other psychotherapies and creative arts therapies. We are focusing on art therapy due to these specific trainings and expertise, but invite practitioners of other creative arts therapy fields to adapt these models to their uses.

Ethical considerations in training non-art therapists

A fundamental question to ask is whether art therapists should be providing this kinds of training at all. After all, art does not exclusively belong to art therapists. Art is used by mental health professionals across the board. Artists, too, use their arts to work in social and community contexts, using art as a therapeutic intervention. We could potentially leave it there; that the use of art, indeed all the arts and imagination have historically been firmly embedded in healing techniques and rituals (Achterburg, 1985), so that, the arts will be used by many different people at different times. Many of us recognize that art can be used on a continuum from recreation and leisure, therapeutic and supportive, to therapy and psychotherapy. The real problem comes in the form of the current trend to add the word therapy to any activity that may have therapeutic benefit. The result can be confusing for practitioners and clients in understanding the necessary training and balance between psychotherapeutic practice and facilitating creative process. Those seeking training in art therapy may actually be looking for training in how to use art in the context of clinical or therapeutic art, but possibly not in the professional discipline of art therapy.

As recently as May 2009, this debate again rose to the fore when an art therapist posted an advertisement for a course on the therapeutic use of art and images on the art-therapy Yahoo! Groups list serve. Almost immediately, this posting was followed by the response "Am I the only one that thinks that selling art therapy to other clinicians is professionally short sighted at best and unethical and potentially dangerous to patients at worst?" (King, 2009). The on-line group forum has been inundated with emotive responses and opinions on this issue, many of these mirroring past arguments and contributing to the rich and complicated dispute.

For some art therapists, the choice not to train may lead to limitations; it may stunt the growth of other professionals by cutting them off from theories, practice and research developed by the field of art therapy. It also may lead to stagnation in our profession as we

are viewed as isolationist and not growing through dynamic interactions. As we have seen above, within the profession itself there are different views. These are not new and have been explored in recent art therapy literature. McNiff (1997) suggests that the only way for the discipline of art therapy to grow is through identifying creative partnerships, learning from others, and sharing our practice, whereas Landgarten and Lubbers (as cited in McNiff, 1997) call for us to maintain art therapy as a completely self-contained profession. Moon (1997) continues McNiff's idea, but specifically addresses the concerns of training non-art therapists in art therapy as diluting the marketplace and blurring the distinction of what it means to practice art therapy. What is clear from each of these authors is that art therapists have a specific set of knowledge that interests others. Many of these authors noted in their experience that training participants usually leave with a greater respect for how to use art materials and for the profession of art therapy in general. Offering trainings may lead to increased skill sets in others and recognition for our profession.

Moon (2006) specifically addresses this issue in his book on ethics in art therapy. He writes of the various ethical considerations that an art therapist should consider. On one hand it may be considered as the ethic of "Responsibility to Clients" (AATA, 2003) in that sharing such information promotes others to use art in a responsible way. On the other hand, it may be considered a violation of "Professional Competence and Integrity" as well as "Responsibility to the Profession" in that there is no way to ensure that the practitioner will use the skills responsibly. Of course, adhering to art therapy ethics may be the responsibility of art therapists, but it does not necessarily extend to non-art therapists using art. As a result, professional standards adopted by art therapists to protect the public cannot be extended to professionals in other disciplines. Art therapists providing training may have similar responsibilities to those who choose candidates for their degree programs and those who decide to grant registration, certification, or licensure. There is a duty to ensure that training enhances skills and is used properly.

Part of ensuring that training is used correctly is to really know about the backgrounds of the training participants. Rubin (1984) suggests that there are certain qualities that make for a good art therapist. Leaving aside training in psychotherapeutic theories, art making practices, and general qualities expected in a helping service professional, she stresses the need for creativity, flexibility, and one "who enjoys the challenge of using creative thinking in the service of the therapeutic task at hand" (p. 71). Moon (2003) expects art therapy candidates to be mature, disciplined and able to work empathetically while setting aside their own concerns. Feen-Calligan (2007) goes further in her assertion that educators should strive to link personal characteristics with professional competencies. Knowing what kind of people are taking trainings and selecting those who are interested can be tricky. We live in a time when people feel that they should be able to access any service or resource if they are willing to pay for it. Understanding that those who complete isolated trainings will not develop skill at the same level those who attain a master's degree in the field, this question of pre-existing skills may be worth considering.

Ethical considerations for global art therapy trainings

These ethical questions are sometimes easier to answer when they are being posed in places where art therapy is an established profession. The field continues to struggle with recognition and professional title protection in countries like the United States and the United Kingdom. However, processes of awarding credentials in both the UK and US are easing this problem. It can be more difficult to practice unless you are registered, and the profession is gain-

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