

ATOL: Art Therapy Online

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An extended reflection for the case study issue by ATOL board member

On Ethics in Practice: The use of client narratives and creative outputs in community and Not-for-Profit art therapy settings

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Across 15 years of professional engagement in art therapy within homelessness, family violence and public and community mental health services in Victoria, Australia, I have repeatedly encountered organisational requests to procure client narratives and creative outputs from those accessing therapeutic programs. From art works to personal stories and more, these requests typically stem from institutional imperatives to evaluate service efficacy, substantiate program legitimacy, promote organisational services and secure ongoing funding—a process well-documented in the literature on community-based interventions (Gilroy, 2006; Rossi et al., 2019). Such expectations necessitate the provision of concrete evidence, including client stories, artworks and testimonials, so as to demonstrate measurable outcomes. However, this practice often foregrounds profound ethical tensions for art therapists, particularly regarding the authenticity of informed consent, the dynamics of power within therapeutic relationships and

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the potential long-term ramifications of disseminating personal material as circumstances change and evolve over a lifetime.

A pivotal ethical concern centres on whether clients, embedded within the hierarchical structure of service provision, can offer genuinely autonomous consent to share their narratives or artistic expressions. The therapeutic alliance is inherently asymmetrical, with clients potentially perceiving an unspoken obligation or subtle coercion to acquiesce to requests (Corey et al., 2019; Fisher, 2017; Moon, 2010). This can occur for a range of reasons not limited to anxiety regarding the security of the therapeutic relationship, or a felt need to reciprocate energy and value for the therapy received. This obligatory or coercive dynamic might easily compromise the voluntariness, clarity and safety of therapeutic engagement. Yet, an alternative perspective posits that enabling clients to share their work voluntarily might enhance their sense of agency and foster reciprocity, aligning with empowerment-oriented models of art therapy (Hinz, 2020). Many clients I have had the privilege to work with have indicated in a range of ways their desire to participate in the work of advocating for ongoing availability of an art therapy service. This has come in the form of many client-initiated offers over time, for example to write feedback "if you ever need it", to "tell whoever funds this that it is vital to our recovery" or to offer up art work "so other people know this is here [in the organisation or service]". The phrase "what do/can we do to ensure this [art therapy] continues" echoes over time for me from countless clients across many organisational service providers.

And when invited to participate in the giving of feedback or other forms of material for the purposes of evaluation or promotion, funding acquittal, or grant applications, clients have most often in my own experience responded with notable enthusiasm. Recurring sentiments include: "Anything I can do to help, I'm happy to share"; "Can we please print my name too? I want my name next to my art"; "I want my face in the photo"; "We need more art therapy—they should have this every day, I'm happy for you to put it all in"; and "This was the one thing that really clarified things for me, made sense, expressed what I felt—everyone should have access to it here, I'll say anything you need". These paraphrased responses, distilled from consistent patterns in client feedback, perhaps reflect not only willingness but also pride and a desire to advocate for and contribute to art therapy service expansion.

And so, these ethical complexities position art therapists, both novice and seasoned, at the nexus of competing obligations: allegiance to the employing organisation versus fidelity to client welfare. Can both exist at once? This tension is not unique to art therapy; it echoes broader debates in the helping professions about balancing accountability with ethical practice (Reamer, 2018). Navigating this liminal space demands reflexive praxis, as therapists must judiciously evaluate the immediate benefits of client participation against potential future vulnerabilities and their practice code of ethics (Kapitan, 2017).

Perhaps it might be possible, even sound to regard as unique to each person and circumstance the offering or response from a client who expresses willingness to share and contribute as just that, a statement of intent that is true in the time and place in which it is made. Nevertheless, demonstrated eagerness does not absolve therapists of their duty to interrogate the implications of public disclosure and engage in robust discernment to consider the nuanced circumstances and situation of any person offering to share a part of their story, therapeutic work or feedback publicly or otherwise. Immediate consent may not fully consider possible future regret or shifts in personal identity, a concern underscored by Moon (2010), who advocates for ongoing consent processes in art therapy. This might perhaps be facilitated by a mechanism in contract, technology and administration to be able to remove a story at any time should the client wish. It seems and has been discussed that the organisational imperative to "showcase" client outcomes risks commodifying personal narratives, potentially undermining the therapeutic ethos of unconditional regard (Corey et al., 2019). This act of commodification can show up in the form of out of context extracts from a client's shared feedback or story, spun to communicate a distorted message unrelated to the original material or meaning. As such, art therapists must adopt a considered, reflective, longitudinal perspective, ensuring that ethical decision-making encompasses both present benefits and prospective adverse impact. This reflective stance, informed by professional guidelines, supervision and scholarly discourse remains essential to reconciling organisational demands with client-centred practice in community and not-for-profit contexts as the question of who benefits and how is held in the balance.

About the author

Ange Morgan is a registered art therapist, living and working on the lands of the Wurundjeri people of the Kulin Nation within the continent now known as Australia. Ange works with adult populations within community mental health and in private practice as an art therapist and supervisor. They have previously worked with child populations within family violence services and with adults in public mental health, homelessness and addiction services. Ange has lectured and developed art therapy course work within higher education and holds a special interest in art therapy in the service of people experiencing homelessness. They continue to work to improve LGBTIQ+ inclusive practices within organisations, including health and education settings.

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