Interest in the use of digital technology in art therapy has grown significantly in recent years. This book provides an authoritative overview of the applications of digital art therapy with different client groups and considers the implications for practice. Alongside Cathy Malchiodi, the contributors review the pros and cons of introducing digital technology into art therapy, address the potential ethical and professional issues that can arise and give insight into the effect of digital technology on the brain.
They cover a wide range of approaches, from therapeutic filmmaking to the use of tablet and smartphone technology in therapy. Detailed case studies bring the practicalities of using digital technology with children, adolescents and adults to life and the use of social media in art therapy practice, networking and community-building is also discussed. Visit Seller's Storefront. All books are shipped in New condition promptly; we are happy to accept returns up to 30 days from purchase. Orders usually ship within business days. If you are an Academic or Teacher and wish to consider this book as a prescribed textbook for your course, you may be eligible for a complimentary inspection copy. Please email our text Support Team on text woodslane.

Contact us on 02 You can search multiple categories by ticking each required category box. Click on the underlined category name to see more category choices. ISBNs separate by , ; or space :. You can search multiple publishers by ticking each required publisher box. Click on the underlined publisher name to see specific imprints belonging to the individual publisher. Woodslane Online Catalogues. Course Level e. Semester e. Section 1. Introduction to Art Therapy and Digital Technology. Cathy Malchiodi, PhD. We found frequent overlaps in aspects of technology discussed within papers, for example it was common for studies generally focusing on digital media to provide insights on remote delivery and vice versa. Not wanting to lose those, we decided to thematically analyze the content of all 13 included articles to identify themes relating to the advantages and disadvantages of technology use in art therapy, pertaining in particular to digital media and technologies and processes enabling remote delivery.

High cost of equipment was cited as the main reason for not including technology in art therapy sessions in a survey from Orr, and from Peterson et al. However, this issue was not as prominent in a survey from , when it seemed that ethical concerns of art therapists were predominant barriers to introducing technology in therapy sessions Orr. The importance of a specialist training for art therapists in the use of digital technology is highlighted across studies Collie et al.

It is recognized that skilful and active facilitation, essential for providing appropriate container safe environment and ensuring client safety Collie et al. A concern has been raised about this additional learning potentially impeding the therapeutic process and that extra time might be needed for establishing a therapeutic relationship Collie et al.

Unfamiliarity and not being comfortable with the devices were cited as key barriers to engaging technology in art therapy sessions Peterson et al. Problems with connectivity, including not having sufficient strength of signal and reliability, were cited as common issues in studies that examined online art therapy Levy et al. Both inexperience and technical breakdowns could cause distress to clients Collie et al. Concerns about maintaining confidentiality and privacy in art therapy sessions in which online technology is introduced were raised across the studies Orr, ; Collie et al.

It was suggested that conducting a session online does not allow for the same assurance of privacy as in a suitable therapy room, due to potential for interruptions from family or housemates Levy et al. When artworks were made using traditional art media and shown to the webcam, the quality of the image was at times compromised, leading to blur or loss in subtle detail Levy et al. Observing art making process directly seemed desirable while not easily achievable in online therapy setting Levy et al. In a survey from a doubt was raised as to whether it would at all be possible for an art therapist to conduct a session without being able to observe art making process in real time Collie et al.

It also helps make art therapy more accessible to clients regardless of barriers such as stigma or disability Spooner et al. It was also observed that technology might have an equalizing effect in a group therapy setting if it is new to everyone Collie et al. It was also felt by some that distance delivery promotes community involvement, integration and social engagement by, for example, allowing incorporation of family members into the treatment plan Levy et al. Some studies found a positive impact of online mode of art therapy on developing therapeutic rapport Orr, ; Levy et al. Some papers suggested that using technology for distance therapy can be empowering Orr, , allowing the client to take a more active role in their own treatment process and to have a greater autonomy within and outside therapy sessions Levy et al. There were also indications that creating art in a home setting might lead to increased engagement in arts processes on a more regular basis and between therapy sessions Levy et al.

Two papers in particular Collie et al. Among the recommendations developed by Collie and her team for distance art groups for women with cancer some seemed potentially applicable to all online art therapy situations Collie et al. The need for training for practitioners in offering art therapy from a distance was also highlighted Collie et al.

Similar message was repeated in a more recent study, which concluded that the importance of skilful and typically more active than face-to-face facilitation of an online art therapy group calls for specialized training Collie et al. It was also suggested that interruptions from family could be minimized if the therapist and the client agree in advance how these would be handled, e. Instructing clients to be prepared for the session and to call exactly at appointed times was also proposed best practice. To address issues with blurred or unclear image while showing artwork to the webcam, it was recommended that, in case of digital artwork, client might share their screen, and in case of art made with traditional arts media, a digital photograph might be taken and shared with the therapist.

Establishing a common vocabulary for describing artwork was another suggestion for improving communication. These seem to refer primarily to the nonsensory character of digital arts media Orr, , the lack of tactile and sensual qualities Collie et al. Technology was also cited as potentially overwhelming and distracting from the creative process Orr. Similar concern that the standardization of digital tools for art making could impede emotional or creative expression was voiced in forthcoming publications Collie et al. It was suggested across a number of papers that digital arts media can be empowering by possessing expressive qualities not necessarily achievable with traditional physical art materials Collie et al. Several studies reported therapeutic benefits of a mess-free digital environment for art making, particularly for clients resistant to touching materials Orr, , those who did not want to get messy during art therapy sessions Peterson, and particularly for clients with developmental disabilities combined with tactile or olfactory sensitivities Darewych et al.

Another potentially therapeutic feature of digital arts media was identified as being able to record and preserve the stages of development of an artwork Collie et al. This review set out to provide some understanding of how digital technology is applied with therapeutic intent within art therapy sessions. We were able to answer two of our research questions, describing how art therapists work with digital technology in their
practice and discussing the benefits and challenges of both online provision and the use of digital arts media. Research to date, although some survey-based, is largely qualitative and heterogeneous, presenting difficulties to any inter-studies comparisons. However, these seeming limitations demonstrate, in fact, the seriousness with which the subject has been approached by art therapy practitioners and researchers. Such approach seems highly ethical and client-focused, as indeed confirmed in this review in the reasons given by art therapists for their reluctance and caution in whether to introduce digital technology in art therapy sessions.

Impacts on clients are of primary importance and therapists, understandably, are not willing to compromise on client safety in adopting technological solutions not thoroughly tested Peterson, ; Orr. As suggested previously, the review confirmed that the perception of digital technology in art therapy realm is dominated by ambivalence and tendencies to pull toward and against, which seems an appropriate attitude on encountering something which we do not yet fully understand. Both an increasing interest in the opportunities that digital technology potentially brings, as well as caution around implementation have been apparent in the literature examined. Nevertheless, a common recognition seems to prevail that, given the likely permanency of digital technology in all aspects of our lives, understanding its benefits and potential harm in therapy situations is indeed essential to reduce risks and increase the therapeutic relevance of digital tools Kapitan, ; Asawa, ; Orr, ; Kaimul et al.

In addition to the increased research need, the importance of specialist training for art therapists has been commonly advocated Orr, ; Kapitan, ; Kuleba, ; Carlton, ; Kaimul et al. A call has also been made for development of new ethical guidelines for art therapists, which would provide an appropriate framework, aligned with practice needs and with practical considerations Alders et al. It is a striking realization that in a survey conducted only 15 years ago none of the respondents reported that they had conducted online art therapy Peterson. This review has synthesized the challenges and benefits of working with clients online, as reported in literature, and any solutions proposed by the authors.

The relatively novel way of working therapeutically demands more effort and time initially. More importantly, it demands skillful and perhaps more active facilitation from art therapists in order to create a safe enough container for clients in virtual space Collie et al. It is recognized that this might be harder to achieve in online therapy and compensations might need to be made for the lack of physical presence and limited non-verbal expressions Chilton et al. It has been suggested that semi-anonymity that online contact allows might be both restricting and facilitating for the development of therapeutic relationship and emotional connection Collie et al. The responsibility for successful outcomes does not lie entirely with art therapists, and clients might similarly be expected to take on a more active role in their own treatment for a distant art therapy to be beneficial.

There is a potential for this increased engagement to promote community integration and to feel empowering for the client Orr, ; Levy et al. The pace of technological advancements also means that certain technical limitations mentioned in the literature may already be overcome, for example observations by some that a computer is not conducive to group therapy Kuleba, As indicated at the beginning of our work, opportunities and limitations of digital technology in art therapy extend beyond telehealth and remote connectivity. The use of digital arts media presents entirely new challenges for the profession and, arguably, entirely new possibilities with potentially profound impacts on practice. There are polarized opinions and ideas around the therapeutic value and risks of incorporating digital arts media in art therapy sessions.

Similarly, propositions that interaction with digital art making tools gives a sense of mastery and independence Canter, ; Edmunds, ; Orr, might naturally become less relevant with increased use and familiarity. Nevertheless, the therapeutic potential of making changes to artwork, recording, sharing and revisiting the process of creation, and allowing both the artwork and the process evolve over time, cannot be underestimated Hartwich and Brandecker, ; McLeod, ; McNiff, ; Evans, ; Orr, Interaction between the person and the electronic device used for art making is potentially therapeutically powerful. It has been suggested that artmaking process becomes a mirror of this relationship Hartwich and Brandecker, but also that a computer is simply a mediator in the relationship developing between the client and the therapist Orr, or that it can support and provide a transactional space between them Gussak and Nyce, The role of the machine in the development of the therapeutic process remains unclear and it will be important to investigate how it affects or fits within?

However, some have observed that constant technological advances gradually lead to the cold digital media becoming more integrated with human interactions, senses and emotions, in increasingly intuitive and responsive way Orr, Touchscreen sensitivity, for example, allows for pressure to be incorporated in digital art making, mimicking physical art materials, an important quality which was not previously available for art created with a computer mouse, as noted by McNiff two decades ago McNiff, Despite some issues which are unlikely to be resolved, it is probably safe to say that with technology generally becoming more human-oriented we may expect an increasing relevance of digital art making tools for art therapy. An entirely new art medium which is now available within virtual reality environments presents its own unique concerns and prospects Kaimul et al. It remains debatable of course whether virtual presence is at all comparable to physical experience, but it might be that an opportunity to print out a virtually created artwork using a 3D printer makes the distinction less obvious.

A substantial attention is dedicated in literature to speculation on groups of clients who might benefit most from working with digital arts media. It has been suggested that although this is primarily an individual matter and not necessarily defined by age, contradictory to stereotype Asawa, ; children and young people might be particularly responsive to digital artmaking Alders et al.

Reports on successful practice with hospitalized children highlight the benefit of adaptations enabled by technology to compensate for physical and emotional challenges Thong, ; Malchiodi and Johnson, Digital arts media offer a sterile art making environment Malchiodi and Johnson, ; Orr, and can be used by patients who might not be able to hold art materials but might be able to interact with space or make art on a tablet device using tiny gestures McNiff, ; Halls and Cleaves, It has been also demonstrated that the previously mentioned lack of sensory input might be therapeutically beneficial for clients with developmental disabilities and those with olfactory and tactile sensitivities Darewych et al. It has been proposed that digital art making tools might be in fact an ideal medium for clients easily overwhelmed by tactile sensations Alders et al. Between the two polarizing perspectives might be most commonly advocated one, that digital technology is not a replacement for traditional arts media or long established ways of working, but rather an added value, a new quality, expanding and not limiting the profession McLeod, ; McNiff, ; Orr, ; Choe, While flexibility and adaptability have been cited as qualities shared by art therapists that could support them in the predicted continued integration of technology in therapy Spooner et al.
Given the growing interest in digital technology within art therapy world and the current global health crisis COVID pandemic which forced therapists to move their practice online, we expect and would welcome a rise in research in the area. Rise in online art therapy practice could be observed on a large scale in the previous months second trimester of and new interventions have been developed with impacts already captured in research which was in press at the time of writing of this review e.

It is important that these accounts of sudden changes in practice are recorded and examined for any lessons to be learned for a longer-term approach to how art therapy might contribute to mitigating the psychological impacts of the pandemic, which are likely yet to emerge Miller and McDonald, . Titov et al. This fact alone and combined with other factors may have huge implications for practice and we hope that these are captured sensitively in forthcoming research.

Regardless of the mode of delivery, there remains a lot to learn in terms of the emotional and interpersonal implications of digital artmaking for the development of the therapeutic relationship. Previous research encouragingly indicates that therapeutic alliance in verbal psychotherapies can be successfully recreated in an online setting Sucala et al. In art therapy case, however, potential impact of technology is not limited to client-therapist relationship but extends to the essence of the triangular relationship including also the artwork.

This review attempted to capture research findings from diverse literature for a holistic understanding of the topic Whittemore and Knaff, and we recognize that such approach brings some inevitable challenges which we were able to address partially. Firstly, the heterogeneous character of included studies and breadth of perspectives adopted by the authors meant that the synthesis relied vastly on our own interpretation of the findings due to no specific guidance on such syntheses available.

Neither meta-analysis nor meta-synthesis could be performed and instead a method not dissimilar to thematic analysis was employed for identifying key themes often present across the literature examined. It might be that such approach could have missed some of the findings potentially best captured via another methodology. Secondly, we acknowledge that PhD theses, dissertations and book chapters were deliberately excluded from the review due to limited resources and also due to expected further complexities arising from an attempt to synthesize insights from these data sources. The searches have, however, identified substantial volume of material on the subject published in books and available as unpublished doctoral theses and masters dissertations and it would have been valuable to examine these also, perhaps in a more narrative type of review or as part of more specific sub-topic explorations.

Similarly, only articles presenting empirical findings were included which means that a number of important opinion papers have not been formally a part of this review. Instead, recognizing the contribution of these authors to the overall conversation, we refer to their work in the extended discussion section. We are also aware that strict inclusion criteria meant that some contemporary uses of digital technology in art therapy such as digital photography, computer animation or digital storytelling, are not discussed here. Peer-reviewed papers in these areas seem sparse despite comprehensive practice-based literature available e. Therefore, while it was not our intention to exclude these widely used techniques, we acknowledge that this review might not be a complete representation of practice, now commonly adopting many other imaginative uses of digital technology.

Thirdly, we chose not to undertake a formal quality assessment of the studies included, which might have enabled a fairer weight to be allocated to findings, currently considered and presented as being of equal value. An informal quality assessment has been, however, included and we decided that a more formal analysis would not match the complexity of the topic and the nature of the very early exploratory studies, meaning that useful insights might be lost with a standardized form of assessment applied. With progress in research in the area and more methodologically coherent groupings of studies possible, we expect that future syntheses would be able to perform more formalized quality assessments, particularly on studies that report on client experiences. This review offers an integrative synthesis of research undertaken to date on the use of digital technology in art therapy, including both online connectivity allowing distance delivery as well as digital artmaking within therapy sessions.

The complex characteristics and methodologies of included papers resulted in diverse findings which were integrated to identify key themes in the growing debate on the role of digital technology in art therapy. Potential benefits and challenges were identified, including impacts on the therapy process and the therapeutic relationship. It may be safely concluded that the use of technology in art therapy presents both immense opportunities and serious risks that need to be considered by practitioners, professional associations, and the clients themselves. It is important that early research in the area strives to examine both in order to help art therapists make an informed choice when deciding on whether to incorporate digital technologies in their practice. We would like to invite the art therapy community worldwide to expand this conversation and to explore together, safely but with curiosity and openness, the expanse of the digital world which, if nothing else, deserves our consideration of its relationship to art therapy.

It might be a demanding but a fascinating journey. AZ conceptualized, planned, and undertook the review, analyzed the data, and wrote the first draft of the manuscript. NK and SH revised the work critically and contributed to edits. All authors contributed to and approved the final version of the manuscript. The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. AZ would like to thank co-authors, Catriona Machines, Simon Reekie, Gill Houlby, and other art therapists, conversations with whom helped shape the thinking about this research.


The Handbook of Art Therapy and Digital Technology by Cathy A Malchiodi

Add this book to your favorite list ». Community Reviews. Showing Average rating 4. Rating details. More filters. Sort order. Jul 08, Amy rated it it was amazing. This text has excellent information on ethics, practice and implications of digital influences. My only annoyance is the overuse of the word ubiquitous. This is a must read book. Shimak rated it it was amazing Nov 26, Dizzyca C rated it it was amazing May 09, Tyson Moll rated it
liked it Jan 04, Will rated it really liked it Nov 15, Tanya Gaunt marked it as to-read Jan 07, Debbie Hancock marked it as to-read Mar 23, Keri marked it as to-read Aug 11, Emily added it Sep 05, Ameenah added it Sep 18, Adela marked it as to-read Jun 26, Dane Cruz marked it as to-read Jul 20, Namran marked it as to-read Nov 01, Indre Antanaviciute marked it as to-read Nov 07, Jessica marked it as to-read Nov 09, Nathan marked it as to-read Nov 17, Candace marked it as to-read Dec 25, Katie marked it as to-read Jan 15, Hollie marked it as to-read Jan 21, Gor added it Feb 07, Moorea marked it as to-read Nov 08, Lisa marked it as to-read Dec 18, Karolyn marked it as to-read Feb 15, Ruth Hopper added it Mar 31, Robbye Runyan marked it as to-read Apr 02, Jacqueline marked it as to-read May 14, Maja Lykke marked it as to-read May 25, Mara marked it as to-read May 29, There are no discussion topics on this book yet.

Be the first to start one ». Readers also enjoyed. About Cathy A. Cathy A. Cathy Malchiodi is an art therapist, visual artist, research psychologist, and author in the fields of art therapy, trauma-informed practice, and art in healthcare. Cathy is a leading international expert in the "healing arts" fields of art therapy, art in healthcare, and expressive therapies, and has 25 years experience in trauma intervention and trauma-informed practice. She has published numerous Cathy Malchiodi is an art therapist, visual artist, research psychologist, and author in the fields of art therapy, trauma-informed practice, and art in healthcare. She has published numerous books, including, The Art Therapy Sourcebook, Handbook or Art Therapy, Expressive Therapies, Understanding Children's Drawings, and Creative Interventions with Traumatized Children, all of which have become standard texts; she has also published more than 50 invited book chapters and refereed articles and reviews various mental health journals.

A popular speaker, Cathy has given over invited keynote, workshops, and courses throughout the United States, Canada, Asia, and Europe. She has been an Adjunct Professor at Lesley University's Expressive Therapies Department for over 20 years and has been a visiting professor and lecturer at numerous universities throughout the US. She is a research psychologist, a Board Certified and Licensed Professional Art Therapist, Licensed Professional Clinical Counselor, Certified Trauma and Loss Educator with expertise in trauma-informed care, interpersonal violence intervention and disaster relief with children, adults, and families.

Cathy's current passion includes bringing together the art therapy community worldwide; to this end, she founded the International Art Therapy Organization in May, a network of approximately professionals and students across the globe. In April, she co-founded the non-profit group Art Therapy Without Borders ATWB, an organization dedicated to using art therapy to wake up the world through service, education, research, and global networking. ISBNs separate by: ; or space: You can search multiple publishers by ticking each required publisher box. Click on the underlined publisher name to see specific imprints belonging to the individual publisher. Woodslane Online Catalogues. Course Level e. Semester e. Section 1. Introduction to Art Therapy and Digital Technology. Cathy Malchiodi, PhD. Ethics, Evidence and Professional Issues. Christopher Belkopher, PhD. Section 2. The Digital Toolbox: Methods and Media. The Virtual Studio. Shaun McNiff, PhD.


The Handbook of Art Therapy and Digital Technology - Google Books

Dr McNiff has been honoured on many occasions for his pioneering contributions to the creative arts therapy field, and he is the recipient of the America Art Therapy Association's Honorary Life Member Award. Account Options Sign in. Top charts. New arrivals. Interest in the use of digital technology in art therapy has grown significantly in recent years. This book provides an authoritative overview of the applications of digital art therapy with different client groups and considers the implications for practice.

Alongside Cathy Malchiodi, the contributors review the pros and cons of introducing digital technology into art therapy, address the potential ethical and professional issues that can arise and give insight into the effect of digital technology on the brain. Video emerged as a third electronic art preceding the use of computers in art therapy McNeill and Cook; Weiser, In Chapter 5 of this book, McNeill recalls his experiences with videotape as a prelude to his early work with computer technology; he notes that in When portable video technology became available in the early s, I was given many opportunities to use it within the art therapy program that I was coordinating in a state hospital… This early experimentation with new media took place at a time when some in art therapy insisted that the discipline should be restricted to drawing, painting, and modeling with clay. The possibilities for applications of photography and videotape expanded the vision of art therapy 24 Introduction to Art Therapy and Digital Technology beyond the traditional methods of painting, drawing, and sculpture, and has set the stage for art therapists to continue to explore how computer and digital technologies can augment and enhance the creative process and self-expression.

The Twentieth Century: Computer-Mediated Art Therapy In, I observed that there were growing numbers of art therapists who saw possibilities for creative expression, therapeutic intervention, education, and online communication, pioneers who were exploring and developing the use of computer-related technologies in assessment, treatment, and intervention. In these earliest applications, inclusivity of client populations and sensitivity to individual needs, particularly people with disabilities, illnesses, or physical limitations that limit their involvement in traditional therapy, guided art therapists in exploring computers as a possibility for self-expression and therapeutic intervention. In the s, very few art therapists were writing about the use of computer technology within the practice of art therapy.

Diane Weinberg was one of very few addressing the interface of art therapy and computers, with a focus on the potential of computers with patients with physical limitations such as quadriplegia, stroke, or brain trauma. Because of the population with which she worked, Weinberg was prompted to explore computer art therapy as a rehabilitative support to conventional art therapy. She used what would now be considered extremely primitive technology: an Atari computer with a simple graphics program with which to draw and manipulate images. Although computers were comparatively simple at the time she did her work, her exploration underscored several points that still hold true today.

First, computers, then and now, offer the ability to change a simple design into one of complexity, rapidly provide the possibility for different visual orientations, and easily alter color and lines. For example, because computers have the capability to recognize and remember decisions made about composition, color, and design, they could conceivably be used to record for research purposes how patients use them to make decisions, problem-solve, and express themselves creatively. I believe that Weinberg was somewhat of a visionary with regard to possibilities for computer-
mediated art therapy, particularly in the area of learning just how people interface creatively and therapeutically with technology and how it could be applied to art therapy research.

She brought live demonstrations of computer technology to national conferences and contributed some early articles and chapters, Canter made a convincing case for why computers could be a medium of choice in work with children and adolescents in particular, populations that have come to know and feel comfortable with computers at an early age. For example, she noted that children and adolescents with learning disabilities experience success not achieved in other contexts through computer communication.

Twentieth-century art therapists also explored computer technology in order to develop new ways to offer individuals therapeutic experiences using drawing, painting, and photo software. Parker-Bell, investigated how art therapists can use various graphics software packages as interactive and creative tools. McLeod pioneered the use of computers and software in her work in schools, demonstrating how this technology can enhance creative expression, not only for children and adolescents, but for people of all ages. The Twenty-First Century: Digital Art Therapy Since, the availability of digital technology and media has exponentially enlarged capabilities for creative expression, communication, and networking; as these advancements rapidly continue to emerge, there is also an increased curiosity and discussion among art therapists about the impact and applications of digital technology on practice.

This is largely due to several factors. In contrast to pre, there is now wide availability of digital equipment and software for image creation and communication, not only through a computer screen, but also via personal cellular phones and other compact devices. One can create imagery by using an endless variety of painting and drawing apps, or simply manipulate images through various collage software packages, apps, or online programs. There is also easily accessible online photo and film editing software and increasingly accessible devices such as computer webcams, pocket-sized film cameras, and smartphones that can both take photographs and create film footage.

The currently ubiquitous 1 www. All of these developments have raised interest among art therapists and others who apply art-based methods in their work with individuals of all ages. Figure 1. Contemporary artists are incorporating VR, robotics, artificial intelligence, and various digital image manipulation methods in their work, integrating technologies that are currently having a major influence on society and culture. These rapidly emerging art forms not only force artists to broaden the question of what art materials are, but also impact how art therapists and those who apply art-based media to meet therapeutic goals enhance self-expression.

Also, it is now difficult for any practitioner to ignore that increasing numbers of art therapy clients are influenced by, and involved on a daily basis with, digital media and networking. The emergence of digital natives not only impacts direct art therapy services, it also continues to affect the delivery of art therapy education to incoming students who are savvy consumers of technology and social networking platforms. In response to these influences, digital and electronic media are more consistently cited in literature on art therapy materials and methods Garner, ; Malchiodi, ; Moon, , and a growing number of social networking pages and websites specifically dedicated to art therapy and digital technology now exist.

As a result, art therapists and other professionals continue to explore and develop digital media approaches cited earlier in this chapter. Art therapy education is also increasingly integrating digital technology, particularly in the area of online learning, within its pedagogical frameworks. The Endless Debate: Relational, Tactile, and Sensory Qualities of Digital Media Digital media involve some distinctly different relational, tactile, and sensory experiences in contrast to traditional art materials.

While computer technology does provide the senses with images, colors, sometimes sounds and, to varying extents, touch, pencils, pastels, paints, clay, and other traditional media are quite different sensory experiences Malchiodi. More recently, Carlton posed some deeper questions about digital media: I would like to counter these conclusions with a few questions. Is not the base nature of touch an experience of sensory, interactive, or spatial feedback? Do not these digital media materials provide both haptic immediacy to more abstract biochemical and behavioral response experiences within and around their screens, software, and hardware? Are some persons transgressing nuanced boundaries to reach in, touch, and be affected by computer matrices and pixels while others are not?

There are also emerging examples of how digital media may be a preferred mode of expression for some individuals; in other words, while tactile contact with materials may be beneficial for some individuals, the properties of digital media may be helpful for others. For example, the Google Project Spectrum software program Lynch, has demonstrated benefits with individuals with autism spectrum disorders. In brief, many of these individuals have reported that the manual process of drawing is frustrating, while creating using the virtual drawing program is not only gratifying, but also makes more visual sense to them than a pencil and paper. The new media have yet-to-be-imagined possibilities that may help some individuals find pathways to expression. Particular children, adolescents, and adults who may not be able to manipulate traditional art media or are uncomfortable with tactile or physical properties of paint or clay may discover the capacity to be expressive through a smartphone drawing app, collage software, or filmmaking programs via a tablet.

These platforms eventually impacted all forms of mental health and healthcare services, including art therapy and related arts-based fields, and were the starting point for ongoing discussions about confidentiality, secure transmission of data, and boundary issues in client—therapist communications. Today, counseling, psychology, and art therapy specifically address electronic and digital communications in their ethics codes and standards of professional practice. Art therapy continues to discuss and develop guidelines not only for text data communications, but also for Internetbased therapy and supervision as well as how art expressions are electronically transmitted and digitally stored with the goals of client 31

The Handbook of Art Therapy and Digital Technology privacy and confidentiality.

Because ethics and professional practice issues are closely connected to electronic and digital communications, Chapter 2 explores these forms of interaction, data transmission, and image storage in more depth. Social Networking and Social Media Digital communication has also brought about social networking the method of digital communication to engage with others and social media the photographs and data you upload through various platforms where people can transmit information in real time over the Internet via one-to-one interactions or within groups see Chapter The impact of digital communication gave birth to what we now know as social networking in the mids.
It was at that time that a new frontier called the Net became accessible through home computer use and the availability of Internet service providers ISPs. It was through AOL that I began to regularly communicate with another art therapist and fellow cyberspace traveler, Barbara Levy, who was extremely interested in computer technology, especially online communication and distance learning. To our surprise the room was packed with attendees who were taking copious notes on everything we had to say about the Internet and live online art therapy chats we conducted during that time.

For those digital 32 Introduction to Art Therapy and Digital Technology natives reading this, remember that at that time, cellphones were commonly the size of a brick and sported a long antenna; many consumers still did not yet own a home computer. In retrospect, it was amazing that we were also able to include a live demonstration of online message boards and chat rooms for creative arts therapists on AOL during the presentation. As far as I can recall, this was the first live online demonstration of cyberspace for art therapists at a national art therapy conference. At around the same time Barbara and I also hosted the first national online chat for art therapists through AOL.

It was cumbersome at best, but it was exciting to see that it could be accomplished and that a group of people could communicate to each other in the cyberspace simultaneously. Following that event there was a very active message board established and facilitated by Barbara, one of the first international forums where art therapy was discussed, debated, and promoted to anyone in the world who had the computer and Internet access to participate. By the end of the 20th century, more art therapists began to explore and expand the possibilities of computer technology for communication, creativity, and therapeutic intervention through the development of Internet forums, distance learning opportunities, e-mail listservs, electronic bulletin boards, and live cyber chats.

These primitive cyber events that took place decades ago formed the foundations for the social networking and social media phenomena that exist today, including Facebook, Twitter, Instagram, Pinterest, and LinkedIn, blogs, podcasts, and web-based video communications. In fact, individuals who have grown up with digital communications and social media now expect to communicate and express themselves far differently than in the past because of experiences with social networking, cellphones, and other devices; these trends may eventually hold true for digital immigrants who are increasingly embracing not only smartphone technology, but also Internet use as a source of news, information, and networking Pew Research Center. In addition to monitoring digital communications such as text messages and e-mail, it is probably safe to say that many individuals we see in therapy sessions now spend the majority of their waking hours looking at a smartphone, tablet, or computer screen.

The NEA reports that there is an overall rise in online sharing, access to and connection with creative expression, and art-related interactions among adult users. It attributes this to the characteristics of social networking and social media that provide accessible opportunities for engaging with art as well as sharing, viewing, and creating art expressions. In another research report, the Pew Research Center cites similar findings about the arts and digital access It is easy to understand that platforms like Facebook, Instagram, and others that allow for posting of images can manifest virtual environments where individuals can display their creative work, comment, collaborate, and support others or learn new approaches to art making.

Art therapists suggest that there are benefits to social networking and social media engagement through platforms such as online communities by encouraging motivation, sharing, displaying, and exchanging actual art images Chilton et al. These virtual spaces have an influence on resilience and positivity through meaningful interactions and a perceived sense of belonging according to some studies. However, therapists who are savvy on the clinical impact of digital technology on children, teens, and adults in art therapy treatment now recognize the social isolation and impersonal nature of computer work as a challenge manifested by social media and digital devices Klorer; Malchiodi, Digital communication and social media have also blurred the boundaries and the understanding of what is public and what is private see Chapters 2 and 3. Conclusion Digital technology continues to evolve at what often seems like a speed-of-light pace; over a brief span of years, exciting and extraordinary possibilities for expression and communication through the rapidly changing terrains of digital technology have developed.

Or will art therapists become technologically knowledgeable experts who embody the role of the sorcerer—where knowledge of media allows for the expression of rich symbolic content while also facilitating a therapeutic capacity to disperse the dark waters of our flooded clients? Art Therapy 28 4 , — Asawa, P. Art Therapy 26 2 , 58— Austin, B. Art Therapy 26 2 , 83— Belkofer, C. Cantor, D. Art Therapy 4 1 , 17— Wadeson, J. Durkin, and D. Perach eds. Advances in Art Therapy. New York, NY: Wiley. Carlson, N. The Arts in Psychotherapy 41 1 , 41— Gamer ed.


Innovative Interventions in Child and Adolescent Therapy. Vancouver, Canada: PhotoTherapy Centre. Wolf, R. Art Psychotherapy 3 3 , — Art therapists are now recognized professionals in a growing number of countries throughout the world; they not only adhere to fairly universal ethics codes governing professional standards and conduct, they also may be governed by national, state, or provincial regulations. In all cases, the ubiquitous presence of digital media impacts the work of all helping professionals, no matter where they live and practice. Readers will also find additional ethics discussions that address specific topics and 40 Ethics, Digital Technology, and Social Media situations included in several other chapters in this book. The authors identified several key issues: maintenance of computer and digital technology skills; storage issues; web management and professionalism; chat lines; and scanned and digital images of client art expressions.

The guidelines also discuss the uniqueness of digital images, underscoring the need for specific treatment and consent for display of art expressions on Internet platforms. While there are many codes of ethics that have been developed by art therapy organizations throughout the world, the Code of Ethics, Conduct and Disciplinary Procedures prepared by the Art Therapy Credentials Board ATCB, is the focus of this chapter because of its
recent additions covering digital communications and social media. Digital and Electronic Transmittal of Client Communications and Data All therapists who work at agencies, clinics, and hospitals, or as independent practitioners, have to follow not only ethical guidelines for transmittal of client data, but also laws and regulations about communication of sensitive or personal information.

The latter may be original artwork or digitally formatted images, and by HIPAA standards is defined as protected health information PHI because it may contain personally identifying characteristics or data. Individual agencies or hospitals also may or may not set specific policies for how to manage and document this digital data received from clients via text or e-mail. There are situations where it may seem clear that documentation is needed suicidal ideation or selfharm, while many other exchanges may not be so obvious. It is helpful to remind clients that texting or e-mailing always presents risks to confidentiality, even when systems are password protected or encrypted.

HIPAA regulations always apply, so therapists must follow these regulations. This means potentially their agency as well as the therapists as clinicians, and client should know where their clinical data lives. Therapists must develop these protocols for themselves, including the proper disposal and destruction of this information from personal devices if used in professional contexts Reamer, Therapists should also ensure that their disclosure statements and release of information forms contain specific information regarding electronic communications and digital data, including transmittal of images created during treatment. Here are two brief hypothetical case examples to consider which highlight some of the ethical questions that arise when client-created art expressions are publicly shared on the Internet, even when permission has been obtained.

Case Example 2. Although the drawings do not have names or dates of birth on them, nonetheless several of them have idiosyncratic features that could potentially identify the child who created them, one drawing has very specific content depicting details of a violent murder. The videos can be downloaded by viewers of the page. Unlike including images within an educational PowerPoint presentation shown to a group of professionals as part of a lecture or training session, images exhibited on the Internet can be digitally copied or manipulated. In brief, practitioners should always consider whether exhibit and display of any client art expressions is in the best interest of the individual in treatment or if they are being publicly shared for some other reason.

In these case examples, therapists may be unconsciously using a public social media platform for self-promotion of art therapy services over client welfare protection of confidential health information in the form of art expressions. In other words, in addition to considering how HIPAA impacts digital images, there are additional ethical reasons to avoid display of any client artwork, especially art expressions depicting highly charged events such as violence or abuse, on social media or other public web-based platforms.

Finally, after considering the ramifications of publishing the artwork of young clients on public webpages, these art therapists may decide to delete this material from social media. While that seems like a solution, unfortunately it is not. Data placed on SlideShare has often been downloaded or copied hundreds or thousands of times by visitors who may repurpose or use it in their presentations or post it elsewhere to social media. Even films that are posted on social 44 Ethics, Digital Technology, and Social Media media platforms such as Facebook can be downloaded with the right browser extension or software. So essentially, what is posted to the Internet lives on in cyberspace; it may be recoverable years later, possibly to the detriment of an individual in treatment who was entrusted to the psychotherapeutic care of an art therapist.

Informed Consent for Digital Artwork When it first became possible to make digital copies of client-created images, it was hard to grasp all the ethical issues that could arise from the sudden ease of display of art expressions via the Internet. HIPAA, discussed in a previous section, requires signed consent for any photographs or film, including those taken with a camera, cell phone, or other device. Therapists who seek to use client-created images in educational presentations and publications also must obtain specific informed consent and permission to reproduce any images not only for print, but for publication on Internet-based platforms.

In the past, a line item might be added to a standard consent and release form to state that permission was granted for electronic display and other nonbook formats. Today, the request to display images electronically is much more complicated because it is also easier for anyone to take a screenshot, download, or copy images from various media platforms. The participants have all signed consent forms allowing the art therapist to take photographs of their art expressions; confidentiality is protected and no identifying information is visible on any of the images. In order to transfer and store these images, the art therapist e-mails each photograph to her secure desktop from the digital camera provided by the agency.

What are some of the possible ethical challenges in transmittal of these client-created images? Secure networks for transmittal of data are now part of most agency and hospital systems; however, it is not always possible to tell if you are using a secure network if you are using a third-party e-mail platform. This is particularly true for many of the most widely used e-mail providers; to be safe, these should never be used for transmittal of client data under any circumstances. For example, an art therapist communicating via personal e-mail with sensitive client data may be using a non-encrypted system. In brief, a non-encrypted system can be easily hacked, allowing personal e-mail to be accessed and possibly posted to other platforms. In general, ethics codes also mandate that therapists employing communications and data transmittal technology in their practice are knowledgeable about and proficient in the digital devices they use.

This often means staying current about encryption standards and new technologies, particularly if one is in independent practice. In the case example provided, were you able to arrive at a technological solution to the secure transfer of images? One way to ensure secure transfer of images is to use a USB connector or other direct transfer to a secure storage device such as a hard drive that is password protected and stored in a locked location.

If the digital device in this case, a camera is used, after the transfer is complete the contents should be erased completely from the device. The ATCB ethics code addresses electronic means of communication and storage; see Appendix 2 for this section of the code. Also, in Appendix 3 some sample statements for e-mail transmittals are also provided; you must also check with your workplace and local regulations to establish what is necessary by law 46 Ethics, Digital Technology, and Social Media to include in any statements you wish to use. In general, a clause that explains the risks to confidentiality, how to handle unauthorized receipt, and any specific policies or rules for responding to or terminating e-mail correspondence are standard and should be included Zur, Art Therapy Online While most art therapy still takes place in face-to-face settings, the
growth of telehealth and telemedicine see Chapter 9 and other forms of digital communication are making possible more options for online or distance therapy and supervision.

Online or distance art therapy can be defined as sessions that take place by video, phone, chats, instant messaging, virtual platforms, or other forms of electronic communication during a scheduled time. Some individuals choose online therapy because of convenience, lack of access due to location or transportation, disability, social phobia, or simply because of personal preferences. Global access to practitioners, supervision, and education as well as the need for more therapists and supervisors with specific credentials may be supporting a trend toward online activities. In addition to knowledge of digital technology, online therapists should understand that relational qualities of distance therapy can be different than face-to-face sessions. Authorities on telehealth recommend that a camera scan the room prior to beginning a session to verify who is present and that the environment is secure American Telemedicine Association. Also, integration of art therapy into online sessions can be challenging.

Currently, it is difficult to say just how many art therapists, for example, are actually conducting sessions online. The few art therapists who currently do offer online sessions generally seem to prefer to use the time in a virtual session to discuss images created between sessions or provide various verbal approaches such as self-regulation protocols or psychotherapy techniques. There is a lingering question about what qualifications are actually needed to provide online therapy or counseling because it may take place across jurisdictions that regulate mental health practices; for example, in the US each state regulates standards of practice for counselors and, in several states, art therapists. If a therapist is licensed in New York and a potential client lives in Iowa, can that therapist undertake online therapy with that individual? The answer to that question is still not clear.

Also, art therapy is not a regulated profession throughout the US and the majority of states currently do not license art therapists. Until this question is finally resolved, therapists providing online sessions should clearly state, if licensed, in what jurisdiction they are licensed to practice and under what state laws they practice; and if not licensed, under what credentialing body they practice. This includes any supervisory relationship that takes place using telecommunications, e-mail, or video or audio conferencing taking place over the Internet using a variety of software applications. Like online therapy, any professional providing technology-based supervision must follow not only health privacy laws, but also any specific regulations for provision of supervision in their state or region.

Providing distance supervision requires that supervisors understand the benefits and limitations of the technologies they are using; this also includes informing supervisors of any limitations of technology being employed. Additionally, there are the ethical questions about online clinical supervision, confidentiality, and secure digital transmittal of images and information. Regardless of the device through with therapists receive the communication, they are still programmed, societally and biologically, to respond to the stimuli of a text message for several reasons. It may be out of fear and anxiety that something is happening to their clients; it may be dopamine-fueled positive reinforcement because of a future booked appointment, a kind word about the session they just left, a note about successfully using a coping skill, or a child making it through the school day with praise and positive feedback.

In all cases, therapists must be aware of how their thoughts, emotional states, and behaviors contribute to unhealthy technological patterns that put both clients and themselves at risk of compromised treatment, enmeshment, countertransference, and therapist burnout. Even though the phone is on silent, about nine new texts light up the screen, blaring louder than they would be if the phone actually made a sound. Texts 1 and 3 are from my client whose home I just left. A missed call pops up. Mom of a teen client who cut so deeply last week that her leg needed to be stapled together. Assessments and prior authorizations for insurance are due. Schedules are changing. Call me back. Let me know. Cold robot tones, no time for punctuation, let alone conventions like please and thank you. Shoot…the phone number my client needs is in my iPad. Maybe I can just grab it from my bag quickly at the stoplight. Somehow, I finish my drive home. What I do know is that behind my car drags a tangled tumbleweed of emotions: annoyance, anger, resentment, dread…and most profoundly guilt. Guilt because I know better. I still want to see my texts—whether they be from clients or emoji-laden quips from friends—throughout my day. My son is annoyed that I am still on my phone.

I feel like my energy is being syphoned from my fingertips through imaginary cables into my phone, my iPad, my computer. My house is warm and dry, but I feel anything but safe. I am exposed and drained. Therapists know emotions do not care about linear or logical timeframes; they have a unique professional role, as they are trusted with deeply sensitive and vulnerable expression on an everyday, often 50 Ethics, Digital Technology, and Social Media unpredictable, basis. However, even though therapists understand that emotional work does not always happen on a 9-to-5 schedule, this does not mean that they are charged with responding to emotionally charged communications with the exception of a true emergency in an immediate fashion. The world of e-mail and text messaging can be disorienting to the sense of time and space. This creates a collective culture of access and availability, which—while highly effective in managing crises and working with people who would not have traditional access due to distance or mobility or location—can also rob therapists of necessary non-clinical time to reflect, regroup, and create safe space for themselves.

In addition, many feel that constant access and availability can dilute the power and meaning of a therapeutic alliance and that they open doors to unnecessary risk related to ethics, consent, privacy, and boundaries American Telemedicine Association. Also, integration of art therapy into online sessions can be challenging.

Art Therapy and Digital Technology: The handbook of -
can arise and give insight into the effect of digital technology on the brain. They cover a wide range of approaches, from therapeutic filmmaking to the use of tablet and smartphone technology in therapy. Detailed case studies bring the practicalities of using digital technology with children, adolescents and adults to life and the use of social media in art therapy practice, networking and community-building is also discussed.

Our customers have not yet reviewed this title. Be the first add your own review for this title. Sign in to My Account. Karnac Books on Twitter, Karnac Books on Facebook. Attachment Theory. Autism and Aspergers. Brief Psychotherapy. Child and Adolescent Studies. This book provides an authoritative overview of the applications of digital art therapy with different client groups and considers the implications for practice. Alongside Cathy Malchiodi, the contributors review the pros and cons of introducing digital technology into art therapy, address the potential ethical and professional issues that can arise and give insight into the effect of digital technology on the brain.

They cover a wide range of approaches, from therapeutic filmmaking to the use of tablet and smartphone technology in therapy. Detailed case studies bring the practicalities of using digital technology with children, adolescents and adults to life and the use of social media in art therapy practice, networking and community-building is also discussed. Visit Seller's Storefront. All books are shipped in New condition promptly, we are happy to accept returns up to 30 days from purchase. Orders usually ship within business days. We are happy to accept returns up to 30 days from purchase. Please contact the seller directly if you wish to return an order. List this Seller's Books. Kopytin's chapter on photo-art therapy, for example, opens up an extended accessible range of collage activities. A new milieu can be formed using the digital in our community-based and clinical practices.

Malchiodi belongs to a small group of pioneers in this field and uses expertly her depth of understanding to address its potentials and pitfalls. This text is an accessible and comprehensive guide that invites a range of perspectives to explore meaning making from multiple technological data sources and helps to further define the evolution of art therapy in contemporary healthcare practice. Peppered with case examples and thoughtful recommendations, the authors never lose focus on the value of interpersonal relatedness and emphasize the priorities that a transforming society must have on attending to the bio-psycho-social and spiritual components of holistic and patient-centered care.

An internationally-renowned figure in the creative arts therapies, he has written many critically-acclaimed books including Art as Medicine: Creating a Therapy of the Imagination, Educating the Creative Arts Therapist and Depth Psychology of Art. Dr McNiff has been honoured on many occasions for his pioneering contributions to the creative arts therapy field, and he is the recipient of the America Art Therapy Association's Honorary Life Member Award. Section One. Introduction to Art Therapy and Digital Technology. Cathy Malchiodi.