**Art Therapy and Digital Media**

Penny Orr

Sometimes I feel that as art therapists we can get stuck with paint and paper not only because we are usually short of space but because we may be a little trapped in the conventions of the traditional “studio”’ and the convention of “Art as expression,” when it refers to art therapy. (Waller, 1993, p.55)

At the time of this statement, traditional materials in art therapy such as paint, clay, and pencil were still dominant in the practice of art therapy. However, traditional film and photography were also being used as a creative “technology” tool within art therapy as early as 1972 (Arnott & Gushin, 1976; Fox & Wortman, 1975; McNiff & Cook, 1975; Muller& Bader, 1972; Nelson-Gee, 1976; Wolf , 1976; Zwick, 1978). By the 1980s, digital media in the form of computer art making, digital photography and film making was being explored (Canter, 1987; Weinberg, 1985). However, by the early 1990s, at the time of Waller’s comment, these new mediums were still in an exploratory stage of use in the field of art therapy.

Art therapists, like all artists, are influenced by and work with new creative media and innovations as they arise. Because art therapists have the added component of maintaining client confidentiality and well being while working with these new media or innovations, art therapists are more cautious in adopting new media. In this chapter, how new media, specifically digital media, are used in art therapy is explored.

**Historical and Theoretical Underpinnings**

Photography was first invented in 1839 and was seen primarily as a documentation tool and not an art medium. It was used by Brady during the Civil War for documentation and by Maybridge to scientifically understand how a horse runs. It wasn’t until 1879, 40 years after photography’s invention, that Jacob Riss used photography in an intentionally artistic and social manner and was recognized by the society at large as having created art (Newhall, 1982). It took another 70 years for art therapists to pick up the camera to determine how to use it artistically and therapeutically within practice.

The gap between the invention of photography and its use in art therapy may seem large at first glance, but to be fair, one has to recognize that art therapy was a named concept until 1940, which was almost a hundred years after photography was invented (Junge & Asawa, 1994). Once art therapy was recognized as a therapy, it was focused for the first 30 years on traditional drawing, painting and clay media. By focusing on these three media, art therapists had a starting point for understanding the dynamics of art therapy and the role of the media within it. These were the media with which art therapists were most familiar, and these therapists inherently understood their therapeutic value for clients. It makes sense that early art therapists would stick to what they understood best.

When the Expressive Therapies Continuum (ETC) was developed in the late 1970s, art therapists gained a systems approach framework for beginning to understand and intentionally use media within art therapy (Kagin & Lusebrink, 1978; Lusebrink, 1990, 1992). During the early stages of art therapy theory development, the number of media was limited. As art therapists were able to grasp a clearer framework for understanding and choosing media within art therapy, experimentation with additional types of media expanded, while drawing, painting, and clay media remained a solid foundation. Thus photography was researched and written about as an art therapy medium as early as 1974 (Hogan, 1980; Maciag, 1976; Milford, Fryrear & Swank, 1983; McNiff & Cook, 1975; Nelson-Gee, 1976, Zwick, 1978; Wolf, 1976). Other newer media, such as video and color photography, were to follow quickly (Canter, 1987; Fryrear & Stephens, 1998; Weinberg, 1985).

Computers were invented in 1951, used to create art in 1963, and used by art therapists with clients in 1985. The time lag between the media’s use in the art world and the art therapy world is still large (34 years), but it had a shorter adoption time period than photography. With the availability of the digital camera in the early 80s and digital manipulation software in the early 90s, access to digital media, and the ability to use it within sessions became easier and more prevalent. At the same time, due to the invention of the Internet and its symbiotic relationship with digital media, the social and confidential aspects of using digital media beyond the therapeutic environment became a new issue that art therapists had to work through. The Internet allowed clients easy access for sharing their work, and the social boundaries among clients, therapists, and the larger world became murky. Art therapists began to write less about what technology-based or digital media was used and how it was used in practice, and more about why that particular media was or was not used and the ethical ramifications of its use (Peterson, 2010).

Art therapists wrote about what was therapeutic about digital media (Barbee, 2002; Hartwich & Brandecker, 1997; Horovitz, 1999; Martin, 1997; McLeod, 1999; Orr, 2005; Parker-Bell, 1999; Rutherford, 2001; Seiden, 2001; Thong, 2008; Wolf,2007); what was not therapeutic (Williams et al., 1997); the ethics that may be involved in the use of digital media in art therapy practice (Alders, Beck, Allen, & Mosinski, 2011; Jacobs, 1994; Moon, 2006; Orr, 2011 a.,b.,c.); digital media’s social implications (Belkofer & McNutt, 2011; Kapitan, 2007; Orr, 2011, a.,b.,c.); and the training needed to address the complicated theoretical and ethical aspects of digital media for future art therapists (Moon, 2006; Orr, 2012). From these conceptual and research writings on digital media use, the following themes have emerged:

***Principle 1: Digital media has limitations.* However, with knowledge of those limitations, art therapists can mitigate them and ethically use digital media in practice.**

1. Confidentiality and security: No matter how great the encryption or firewall in place, there are always limitations to the ability to maintain confidentiality and security when working, transmitting, or storing data within an electronic environment. Art therapists are responsible for informing clients of these limitations prior to working with digital media within an electronic environment, and for learning about and using updated security measures.
2. Digital impressions never disappear. Information and imagery created or placed in digital form is difficult and sometimes impossible to completely erase or remove from memory storage, networks, and the Internet. The only way to completely remove digital information from a device is to thoroughly physically destroy the hardware. The Internet cannot be destroyed and any imagery placed on the Internet will always be on the Internet somewhere. Art therapists, when gaining consent from clients for use of their art on the Internet, need to inform them that they will not be able to revoke their consent at a later date, as the imagery can never be totally removed.
3. Technology fails. When working with digital media, it is always possible and probably likely that at some point the physical hardware will fail, causing loss of work and, in the online environment, loss of connection with clients. Art therapists should always have backups of important information (like client records) in different locations and on different devices. Art therapists should also have backup means of communications with clients for times of crisis if the technology should fail.
4. Digital media is not for everyone. Digital media, like other art media, have inherent therapeutic benefits for some clients, but can also be detrimental to other clients. When choosing media to use with a client, it is always important to determine client interests, personal associations, and experience with any medium before working with that medium. Most of all, any medium should be chosen (or provided as an option for choice) for clients based on what is going to help or meet the needs of that individual client at that point in their therapeutic process. As a result, there will be particular times when it is therapeutically beneficial to work with digital media with a particular client, and times when it is not beneficial and may even be harmful to work in digital media with that client. As with all art media, it is not a question of whether or not digital media is helpful or harmful when used in art therapy practice; it is a question of when is it helpful and when is it harmful.
5. Digital media and the Internet are not limited by physical space and time, but people and regulations are. It is possible to communicate, socially interact, provide therapy, collaborate on creations, and show your art to anyone anywhere at anytime in the world through the Internet. When media is created in digital form, it becomes something that smoothly translates into the Internet environment. Art therapists should be aware of who they are working with, the location in which they are working, and should have a clear understanding of the type of relationship implied in communication. It is easy to develop dual relationships with clients in the online environment due to the profusion of social media and the ease with which a person can misrepresent himself online. There are macro and micro regulations for counselors that differ from state to state and country to country. An art therapist should be aware of these regulations and of how they may apply to each online relationship in reference to the type of relationship established between client and therapist, and the physical locations of the client and the therapist.

Kapitan (2011) stated that working within the specific codes of practice for art therapists (AATA, 2011; ATCB, 2011) will help to guide us in the ethical practice of art therapy no matter what media or what environment we are working within.

***Principle 2: Digital media is limitless.* Art therapists’ continued exploration into specific digital media (ex. digital video, digital assessment, computer art, mobile art) has revealed that we are more limited in our imagination than digital media is in its possibilities.**

1. Digital media is fluid in its symbolic and conceptual meanings. Ottiger (2004) explored the meaning of the computer medium in art psychotherapy. In her study she stated:

The computer is a paradox, and full of opposites: it is real yet unreal, a physical object (material) yet a mental space (immaterial), visible yet invisible, subject and object, or neither. This constant switching in the computer‘s meaning and position, from which it is regarded, is a fundamental difference that traditional art mediums used in art therapy do not have. The speed and the diversity in the technique of the computer is phenomenal. (p. 53)

Ottinger posits that the paradoxical nature of digital media allows the client to associate meaning with their product, their relationship to the product and the product’s impact on them as viewer in a malleable way that can change, as the client’s needs change, and is only limited by the client’s needs.

1. Art therapy assessment translates well to digital structure in its administration, collection, analysis, and implementation. In the late 80s art therapists began to experiment with the possibility that computers could analyze art therapy images to provide more consistency and less bias in these evaluations (Weinberg, 1985; Canter 1987). Later, the Expert System for Diagnosis in Art Psychotherapy (ESDAP) was a program that developed using “if-then” statements to connect drawing characteristics with diagnosis (Kim, Kim, Lee, & Yoo, 2007; Kim, Kang, & Kim, 2009) Mattson (2011) explored creating a revised Face Stimulus Assessment to measure Formal Elements to be adapted for computer analysis. He modified technology already developed for analysis of biomedical imagery to analyze the artwork. He concluded with continued improvement in the technology, and felt that there was much promise in the development of using computers to standardize assessment in art therapy. We are just at the beginning of being able to realize the potential and pitfalls of computer assessment of art-based images (Mattson, 2012).
2. Digital media is developing toward more human-responsive interfaces. One concern that many art therapists have cited about using digital media rather than traditional art media is that it lacks sensual and tactile qualities. With advances in technology--touch sensitivity, 3-D imagery, and virtual worlds-- the cold technology is becoming more integrated with human interactions, human senses, and human emotions in an intuitive and responsive way (MIT, 2012; Austin, 2010). The dimensions of possibilities that may evolve from these innovations and the art making that could result is beyond what we can imagine.

**Use of Digital Media in Art Therapy Practice**

Orr (2012) explored the changes in attitudes, use, and adoption rates of technology by art therapists between 2004 and 2011. The survey showed that in 2011, art therapists were adopting technology in art therapy practice and were increasing their knowledge at a parallel rate with that of the general population in their everyday lives. However, because art therapists started at a much lower adoption level in 2004 than did the general public, we remain lower in our use of technology as digital media within art therapy practice than does the general public. However, there are a number of art therapists that have been working with digital media, presenting and writing about their results, and contributing to closing the gap between the digital media use of their clients and the media they are using in art therapy practice.

In this section, pioneering art therapists working in digital media discussed their projects. The three art therapists are: Leonhardt, Austin, and Mosinski. They write about these projects in their own words.

**Leonhardt on the Use of iPads in Hospitals**

Ginger Pool and Bridget Pemberton-Smith use art apps to help treat children in the [pediatric oncology ward](http://pediatrics.med.unc.edu/specialties/hematology-oncology) at [UNC Hospitals](http://www.unchealthcare.org/site?utm_source=google&utm_campaign=UNC%20Brand&utm_content=UNC%20Brand&utm_term=unc%20hospitals&utm_medium=ppc&gclid=CI2-mMym-a0CFSgRNAod-wFvrg). Working with the North Carolina Art Therapy Institute, they provide art therapy for children staying in hospitals and are working to expand their services to other clients in the health care system. They find that iPads are easy to use, so patients can spend more time creating art and talking about it, father than learning how to use a program. IPads are a sterile art medium that works well in a hospital setting. They realized that working with iPads while undergoing procedures helped to reduce stress for patients.

Inset Figure 1: iPad art about here

**Austin on The Animation Project**

The Animation Project’s (TAP) mission is to nurture the social, emotional and cognitive growth of at-risk teenagers, using digital art technology as a therapeutic medium and a work force development tool. We capitalize on teenagers’ natural interest in new media to engage them in group therapy sessions, cultivating self expression, improving self esteem, enhancing social and emotional coping skills, while simultaneously fostering the development of practical computer competencies that transfer to many career and education paths. TAP believes that in order to effect change in the lives of youth, we must first build the emotional coping skills, especially impulse control, necessary to ensure that they make good choices. Secondly, we must improve their interpersonal skills by promoting collaboration, healthy self-esteem and self-governance, enabling the autonomy needed to fulfill adult roles and responsibilities. Thirdly, by capitalizing on the emotional and social growth of our initial steps, we are able to create an environment whereby youth are able to effectively learn and make use of practical technical skills (in our case, digital art technology).

These multiple returns begin with our core program: **3D Computer Animation Therapy Group**. In these hands-on, direct service groups, youth work as a team to produce an original, computer-animated video. Co-led by a computer animator and an art therapist, these sessions allow youth to practice self-governance and learn social skills through making creative decisions as a group. Simultaneously, they learn professional-level computer animation skills (Autodesk 3ds Max) and use them as an expressive means of revealing and managing their aspirations and frustrations.

Insert Figure 2: TAP about here

**Mosinski on Database Development**

In 2009, when I was hired as an art therapist, at GMHC, a nonprofit agency in New York, I noticed racks of artwork made during art therapy sessions with several art therapists, some of whom no longer worked at GMHC. The artwork accumulated over time and was relegated to the top of file cabinets located in a secured “staff only” area of the Mental Health Program. It was apparent that a system for returning artwork to clients or for cataloging the artwork had not been developed. Consequently, the artwork was not available or useful to anyone, except maybe the art therapist who put the art there in the first place or the curious clinician who might take a look at a drawing or painting that was partially visible through the wire racks. The art therapy team created a database on a stand alone hardrivew of all the artwork created in sessions. The database was designed so that it could easily be searched and each piece was clearly identified in several key areas: artwork, client code, therapist and date of the session (Basia & Mosinski, 2012).

The contents of this hard drive were moved to a designated drive housed within the Information Systems department of GMHC. The art therapy database is accessible on the desktop of any computer given permission to access the drive at GMHC. The images are now accessible to the entire team of clinicians, no matter where in the building they are located. Non art therapy clinicians have been using client imagery, electronic communications Facebook, etc. as part of the therapy sessions. With prior approval those electronic media can be downloaded and catalogued as part of the therapeutic session.

**Making Decisions**

As illustrated with these examples, there are many options and a multitude of decisions that an art therapist must make before and during the use of digital media within art therapy practice. Art therapists, who determine that using digital media meets the therapeutic goals and needs for their clients, have many options and digital tools available to them.

If an art therapist should choose to use traditional paints with a client, they should consider the different qualities that different types of paint (watercolor, acrylic, oil, finger-paint, etc.) inherently possess. They also have to decide what tools to use for transferring and manipulating the paint (fingers, broad brushes, thin brushes, sponges, palette knife, etc.). All of these choices fall under the category of ‘painting’ with art therapy clients, because of similar fluid qualities in all paints, but each type of paint, each type of tool, can change the therapeutic quality of art experience.

The same idea applies to digital media. The main thing that all digital media have in common is that they are binary-based, which makes them extremely flexible. The underlying structure (binary) of digital media always remains the same, what changes over time are the programs and the hardware. There are similar qualities across all digital media due to this binary foundation, but each type of digital media (drawings, photos, film, animation, collage, etc.) and each type of tool (computer, mouse, touch screen, stylus, camera, etc.) brings unique qualities to each therapeutic experience. The art therapist has to take into account each medium’s over-all qualities and differences in the sub-mediums and the tools that work with them.

The underlying binary structure of digital media makes it flexible. Manipulation of the product is endlessly possible. Digital media is easy to store, share, and use in conjunction with other media. It can record process as well as product and multiple outcomes are possible for any project and all outcomes can be saved as separate final products. However, as with any strength, this flexibility is also digital media’s main weakness. Digital media can be stolen, shared without permission, is continually evolving, difficult to stay up to date with, and once shared often difficult to permanently erase.

Art therapists, when thinking about working with digital media, or any media for that matter, should have experience working with that media prior to using it with the client. This will help in the decision making process as to whether or not a particular sub-media of digital media and particular tools will best meet the clients needs and goals. An exception to this rule would be if the goal of the session was to allow the client to teach the therapist about a particular media or a shared learning experience would be most beneficial.

**Conclusion**

When a new media that could be used in art therapy is discovered or created, art therapists shouldn’t reject them because they are unknown, but instead they should systematically explore them to see how these new tools can best benefit clients and what needs to be kept in mind to protect the client. Art therapists are currently in this exploration process with using digital media in practice. Art Therapists are adopting and exploring these new media in a parallel process with the general public, but at a step behind in order to make sure that they understand the qualities of the media and how it can help our clients in a safe and confidential manner.

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Figure 1: ipad art



Figure 2: TAP