A group art therapy intervention model to address mental health stigma in a rural community in South Africa

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Bio

Kara Schoeman is a South African artist residing in the Free State town of Clarens. She is currently completing her master's degree in art therapy at the University of Johannesburg. She is part of the first cohort of students to study art therapy in South Africa. Her article presents an art therapy intervention that can be implemented with groups in rural areas of South Africa to address mental health stigma. Schoeman is a psychology facilitator at the University of the Free State's QwaQwa campus. She graduated with a BA Fine Art Degree (cum laude) in 2016. Thereafter, she graduated with a BA Honours Psychology degree in 2017 and a BA Honours in Art Therapy degree (cum laude) in 2021.

Abstract

Mental health stigma is one of the main reasons why individuals do not seek mental health treatment, and it can lead to discrimination and alienation. Group art therapy is a successful and economical intervention option to address mental health stigma, specifically in rural areas like Phuthaditjhaba in South Africa. This article refers to a research study where a short-duration art therapy intervention was implemented with female students in Phuthaditjhaba, a densely populated and isolated rural area in South Africa. The study used a reflective action research cycle and found that a group art therapy intervention informs the group members about mental health stigma, its repercussions, how to prevent it, and how to heal from experienced stigma. Traditional healing objects and traditions were included in the intervention, making it an inclusive and less-threatening option for various cultures. A group art therapy intervention model is presented as a possible process guide for art therapists who would like to address mental health stigma in group therapy.

ISSN 2960-1614

The participants have experienced mental health stigma in Phuthaditjhaba. Their visual stories of change capture the internal changes that took place for them due to the intervention. They are now more aware of what stigma is, its repercussions, how to prevent it, and how to heal from experienced stigma. Group art therapy is a suitable therapeutic paradigm for addressing mental health stigma in rural areas of South Africa.

Keywords: Art therapy intervention, group art therapy, mental health stigma

Introduction

I conducted a study for my Master in Art Therapy thesis, for which I conducted limited research into the mental health stigma in Phuthaditjhaba and how the stigma can be addressed in a group art therapy intervention. This article presents aspects of the art therapy intervention I developed in collaboration with three female students in Phuthaditjhaba.

Nicolas Rüsch, Matthias Angermeyer, and Patrick Corrigan (2005, p. 531) explain stigma as stereotypical beliefs that give rise to prejudice, leading to discrimination as a behavioural reaction. Some discriminatory behaviour against stigmatised people includes withholding help and opportunities, avoidance, infliction of labels, and rejection by the community (Rüsch et al., 2005, p. 531). A division between 'them' and 'us' develops, creating a power imbalance between people.

Stigma results in feelings of isolation, discrimination, rejection, alienation, low self-esteem, and low self-efficacy (Carr & Ashby, 2020; Sorsdahl et al., 2012; Kakuma et al., 2010; Rüsch et al., 2005). South African studies report that mental health stigma can worsen a person's symptoms, cause depression, prevent the person from seeking medical treatment, and influence their capacity to recover and live a normal life (Sorsdahl et al., 2012; Kakuma et al., 2010). Often, misguided beliefs cause stigma that can result in maltreatment, such as isolation, verbal and physical abuse, neglect, and infrequent caretaking, as the caretaker might neglect to feed and bathe the individual (Egbe et al., 2014). The individual might become homebound as they fear experiencing stigma, discrimination, and name-calling when leaving their house, preventing access to support, education, clinics, medication, and therapy (Egbe et al., 2014).

Previous research and current literature indicate a high prevalence of mental health stigma in South Africa (Egbe et al., 2014; Sorsdahl et al., 2012;

Kakuma et al., 2010; Botha, Koen & Niehaus, 2006). Egbe et al. (2014) found that families, communities, and healthcare professionals in South Africa discriminate by teasing, name-calling, and making fun of persons who reveal that they are dealing with mental health, even if the symptoms no longer exist.

Although there have been government and NGO-initiated anti-stigma campaigns in all the provinces of South Africa, I am not aware of any implemented in the rural town of Phuthaditjhaba. Kakuma et al. (2010) write about the numerous mental health awareness and anti-stigma campaigns in South Africa but note the need for more evaluation and reporting on these strategies. They found that increased mental health awareness would not necessarily change the public's attitudes and behaviour toward the stigma surrounding mental health. Kakuma et al. (2010) agreed that anti-stigma interventions should focus on the content and mode of intervention, with an appropriate method to evaluate its impact. My study attends' to Kakuma's opinion, and it focuses on improving content and mode of intervention by evaluating the intervention's impact.

Carr and Ashby (2020) stress the importance of research into mental health stigma. They believe that "research to understand the impact of a mental health diagnosis on clients is in its infancy, and much work should be done to understand the extent of prejudice that people living with mental illness experience" (Carr & Ashby, 2020, p. 2). A lack of research, as well as the accompanying socio-economic conditions, makes it difficult for art therapists or any mental health practitioner to begin to change the stigma surrounding mental illness in South Africa.

Group art therapy allows for a topic such as mental health stigma to be discussed among a few individuals within a therapeutic space. Art materials can be utilised to represent the urgent problem from which creativity can be used in the group to address these problems and heal from past experiences related to the topic. It provides a platform where group members can uncover and communicate what is lacking in their community while gaining understanding and solutions to their unique situation.

A group therapy space can be used to adjust the participant's reality rather than adjusting the participant to oppressive realities, preventing the group from developing symptoms of oppression, discrimination, and marginalisation (Huss, 2015). I see this as developing and practising empowerment, agency, and a shift in roles within the group, where art materials can act as a medium

to explore these changes. Group work offers a space where reparative relationships can be explored and can be an economical solution to address the immense need for therapeutic practices in South Africa (Berman, 2011). One art therapy practitioner can reach a larger population through group work, and the group members can practise relational behaviours in the group before applying the behaviours in their communities.

Most art therapy literature regarding mental health stigma campaigns discusses art interventions that engage with the public (Carr & Ashby, 2020; Ho et al., 2017). These interventions create awareness and conversations to ignite empowerment and change (Carr & Ashby, 2020; Ho et al., 2017). In comparison, private art therapy allows the group to uncover their experiences, beliefs, and stigma-reduction needs and address them through art materials within a group's vulnerable and intimate setting (Gillam, 2004). I believe a private art therapy setting allows for unconscious material to arise and be dealt with directly or through metaphors, symbols, dreams, transference, and identification. In contrast, a public setting allows for a deeper understanding of a topic through discussion. In this article, I discuss an art therapy intervention I implemented in 2022 in Phuthaditjhaba as part of my master's research study.

Methods

Research design

I used an action research methodological framework to design a group art therapy intervention and implement it with a group of women between 25 and 26 years of age in Phuthaditjhaba. Action research (AR) is a methodology in which the research participants become collaborators, enabling the research to be conducted from the participants' perspective of a current communal problem. AR is geared toward empowerment and social change. It aims towards collaborative change based on the joint construction of meaning through the democratic process of integrating the realities of various individuals, relying on the participants' strengths as the basis for method and analysis (Carolan, 2001, p. 203).

One can see AR as a bottom-up approach where the research is designed around the participants' needs and understandings. Similarly, art therapy often relies on a client-centred approach. The participant's current experiences determine the direction of both art therapy and action research

(Carolan, 2001, p. 203). These principles ensure that both the participants and the researcher benefit from the research process (McNiff & Whitehead, 2006).

With clinical supervision, I developed a series of five art therapy sessions. Each session followed an action-reflection cycle (see Figure 1) identified by McNiff and Whitehead (2006). The cycle consists of five steps that are repeated in each session. Repeating the steps allows each session to be improved by the previous sessions' evaluation.

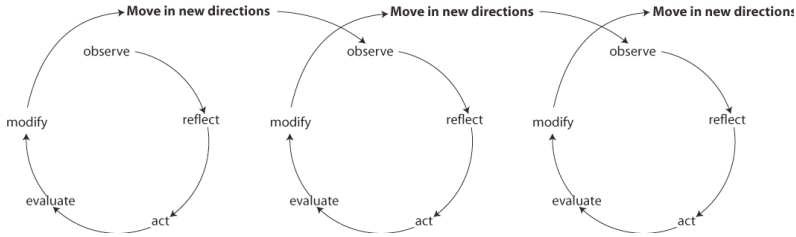

Figure 1: Visual example of the procedures of the action-reflection cycle in the art therapy group sessions in this research study (McNiff & Whitehead, 2006)

In the five sessions, I used therapeutic discussions, group reflections on the individual and group artworks and my response art in each session as research data. I will not elaborate on the response art in this article. I applied the five steps of the action-reflection cycle within each of the five sessions and adapted art therapy practices to fit into these steps.

The sessions started with a check-in process where the participants chose an object to present their current mood to the group (Step 1: Observe). We then reflected on the group's current needs (Step 2: Reflect). Thereafter, we implemented an art therapy process consisting of artmaking and reflections (Step 3: Act). The group then evaluated the current session (Step 4: Evaluate), and modified our plans for the next session (Step 5: Modify).

Ethics

All stakeholders provided clearance for the study.[1] The participants were thoroughly informed regarding the aims and procedures of the research, and their identities remain anonymous throughout the research process and this paper. During the first art therapy session, the participants chose pseudonyms for use during the research, my supervision, and the written report. The participants received no academic advantages or disadvantages for participating in this research and were allowed to withdraw from the research project without consequences.

The research participants were three female students from a tertiary institution in Phuthaditjhaba completing their higher certificates. I was their facilitator for this institution's module on skills and competencies for lifelong learning.

Procedures

In the group art therapy sessions, the individuals created artworks. After the creation process, each group member reflected on their artwork by telling the group how it felt to create, why certain colours, textures, and materials were used, and why certain topics were depicted in the artwork. The verbal reflection and visual artwork serve as information or data for this research study. Verbal reflection is a way of understanding information from the participant's personal perspective.

I used stories of change to evaluate the intervention and critically discuss its application for future use. The stories of change were drawn and adapted from the Most Significant Change (MSC) technique. It is a form of participatory monitoring and evaluation.

In each session, we started with the check-in directive. I provided the group with a variety of objects. Each member chose an object that represented their current mood and then expressed their current mood to the group by referring to the characteristics of the object. We ended our sessions with

1 University of Johannesburg's Faculty of Architecture, Design, and Art, granted this research study ethical clearance, along with their Faculty of Education registered with the National Health Research Ethics Council (NHREC), with the ethical clearance number Sem 2-2022-011. The University of the Free State's General/Human Research Ethics Committee (GHREC) is also an approving authority for this study as their students are used in the research. They approved the study with Ethical Clearance number UFS-HSD2022/1295/22.

the same process. The main objective for Session 1 was for the group to familiarise themselves with each other. The group and I made nametags and drew symbols on them representing ourselves. We introduced ourselves to the group by referring to the symbols we drew. Thereafter, the group drew a community map. The group drew places in Phuthaditjhaba that feel either safe or unsafe. It enhanced my understanding of the town, how the group experienced various places in the town, and where stigma is experienced.

Session 1

The art therapy processes in Session 1 allowed for a therapeutic space where relationships are built and a sense of safety is developed. The group could discuss their perspectives and experiences of mental health stigma. In Table 1, I evaluate each art therapy process implemented in Session 1. In the second column, I state the benefits that I observed during the process. In the third column, I state the mental health stigma information that was brought forth in each process. This information can help art therapists decide which processes are valid for their clients.

Table 1: Evaluation of Session 1

Art therapy process	Benefits of the process	Stigma discussed
Nametags	Self-introduction method Group identity development Relation building Trust building Support building Process of validation Testing the process of sharing personal information with the group and building confidence in doing so Navigate group dynamics by sharing art materials Improve observation and listening skills Improve ability to use symbols and metaphors to describe self Enhance self-knowledge	"How I see myself and how other's see me" Stigma attached to personal history, family and friends, town of origin, and current town of residence

Art therapy process	Benefits of the process	Stigma discussed
Participant shares with the group	Gives the group insight into her life Gives her the opportunity to share feelings and release pent-up feelings Gives the researcher insight into mental health stigma Shows the group how families develop mental health stigma	Feels pressure from family to forget about loss and trauma Family discourage her from expressing feelings Family does not believe in depression Family did not support their brother after his suicide attempts
Community map	Create a sense of community in shared experiences Navigate social interactions with the group Build union and trust Develop vulnerability and honesty Opportunity to share and express feelings and experiences Develop the researchers understanding	Health services are insensitive towards mental health needs. One is exposed to traumatic events regularly. Discrimination against Zulu culture Judgement towards people who struggle with mental health Blame those with mental health problems (they did it to themselves) Name-calling and exclusion of those who show mental health symptoms Laughing and joking about the symptoms

Session 2

The main objective of Session 2 was to understand each group member's experience with mental health and stigma. Once again, we started and ended the session with a check-in/out to clarify how the group members felt. we discussed what the group required from the intervention, from me, and from each other. Thereafter, the group members and I created artworks to express our experiences with mental health. Most artworks (see Figure 2 and 3) illustrated the group members' family history and current mental health needs. Referring to the artworks, we discussed the mental health stigma

in the group members' families and communities. Table 2 presents the art directives implemented in Session 2, the benefits of each art therapy process, and the stigma topics discussed during the implementation thereof.

Figure 2: Participants' session 2 artworks

Figure 3: Participants' session 2 artworks

Table 2: Evaluation of Session 2

Art therapy process	Benefits of the process	Stigma discussed
Needs analysis	Build trust and relations Boundary formation Inform the researcher of the group's current needs	None
Mindfulness drawing	Bring the group into the current moment – allowing participants to be present Calm nervous system Allow connection with feelings	None
Individual artmaking	Self-expression Stigma reduction Improve self-esteem Build support network Trauma healing	There are few emotional support systems within the families. I encouraged individuals to be aware of their own emotions. Elders need to be respected regardless of their actions. Women need to confide in the men of the family to make any decision and cannot discuss matters among themselves before it is discussed with the men. The community judge and laugh at families who have a member with addiction problems Individuals feel more discouraged than encouraged by their families to further their education.

Session 3

In Session 3, the group created mental health stigma awareness posters (see Figure 4 and 5) posted on their tertiary education campus. The posters

revealed what the group has learned about mental health stigma and what they think the community should become aware of regarding this topic. I could see that the members felt more comfortable with each other. They engaged with each other more during the creation process, sharing conversations and art materials and helping each other to post the posters onto the outside walls of campus buildings. This session needed more time for reflecting on the artmaking and displaying process.

The group discussed that they had not received mental health or stigma education before, as well as that they now understand the importance of the education and that their posters convey the psycho-education they received during the intervention thus far. They want the public to have access to mental health education, as this can reduce the stigma attached to mental health and its treatment. Table 3 presents the benefits of creating posters in a group art therapy session and the stigma discussed during Session 3.

Figure 4: Participants' Session 3 mental health awareness posters

Figure 5: Participants' Session 3 mental health awareness posters

Table 3: Evaluation of Session 3

Art therapy process	Benefits of the process	Stigma discussed
Poster making	Physical support while creating and sticking posters – mimic emotional support Relaxed and creative atmosphere Embodied creation- beneficial for trauma work Mixed-media use – enhanced expression of self Loud sounds of material use – enhance mindfulness	Exclusion of those being stigmatised Lack of support network Self-isolation Disrespect Discrimination Judgement Humiliation Demeaning

Session 4

Session 4 did not have a pre-planned artmaking directive. It resulted in no artmaking but rather in-depth conversations regarding mental health

stigma. The session took place online as Phuthaditjhaba was experiencing transport strikes.

Session 4 was a difficult session for therapeutic engagement because some members' internet connections was unstable, causing them to come in and out of the session. However, the session resulted in rich research information regarding the group's mental health treatment traditions and taboos. The session benefits and the stigma discussed are presented in Table 4.

Table 4: Evaluation of Session 4

Art therapy process	Benefits of the process	Stigma discussed
Online therapy	Introduction to cultural taboos Information about mental health stigma Stigma attached to the medical model of mental health treatment professionals, processes, and facilities Traditional treatments for mental health	Lack of understanding and support from the community and family Exclusion of individuals who refuse the community's rituals and prefer outside help Individuals might suffer in silence due to fear of being undermined Families encourage members not to speak to others about their struggles as it will affect the family's reputation Adults see symptoms of ADHD, depression, and anxiety in their children as disobedient behaviour and as them being ungrateful for schooling opportunity

Session 5

Before Session 5 commenced, the group members planned its procedures. The group utilised a cell phone texting app with a grouping facility to discuss what they would like to do during Session 5 as an ending ritual, as Session 5 was our last art therapy session. The group decided to present traditional healing objects they use as forms of self-care and mental health treatment.

This session was planned for two weeks before it commenced. No adjustments were made to these plans during the session.

The participants presented their objects and engaged in a creative expression of their feelings. Valuable information regarding their current healing practices was collected, and we discussed how the information could be incorporated into art therapy practices. The benefits of the art therapy procedures and the stigma discussed during the procedures are displayed in Table 5.

Table 5: Evaluation of Session 5

Art therapy process	Evaluation of process	Stigma discussed
Healing object	Increase confidence and self-esteem through the honest expression of self Self-acceptance Receive support and understanding	Internalised and perceived stigma Cultural sensitivity Traditions and rituals
Artmaking (no directive)	Practise expression of self Each member could engage in any form of creative expression. Drawing and song were used. Allowing for inclusivity. Discussion regarding the approachability of art therapy, how various cultures can accept it through using culturally appropriate artmaking directives	Community support Traditional healing practices How art therapy can address and change mental health stigma

Personal reflection through response art

In my research study I used response art as a way to make sense of my stigma, expectations, fears, and disappointment. I will not elaborate on the response artworks in this article, however, I found that I was aware of my age, class, race, and educational differences from the participants. I am a 29-year-old white Afrikaans woman born in the Free State as apartheid ended. My participants

are between the ages of 25 and 26. They are black Zulu and Sesotho-speaking females born a few years after apartheid ended. I am currently busy with my master's degree, and the participants are completing their tertiary certificates. I teach the participants in one of their university modules. I reside in Clarens, a small town dependent on tourism. The participants reside in Phuthaditjhaba, a densely populated rural town, far from any cities, with poor service provision. I am aware of colonialism, especially my culture's role in the racial oppression of the Sotho and Zulu cultures, the current class inequality and the Eurocentrism of the universities through which I engage with the participants. The participants and I engaged in conversation about the effects of oppression on them and their elders and topics around race and class. Ratele and Malherbe (2022) agree with Neville Alexander's notion that race should be raised in therapeutic sessions to decrease colonial reasoning and reimagine communities that centralise their humanity.

I am also aware of our similarities. We are all women, studying towards degrees and careers. We all have experienced aggression and violence from older men, fear being attacked while walking in the streets, and grieve the loss of loved ones. We have the desire to express ourselves and heal from our pasts. The participants and I have observed some of our elders' beliefs: that mental health should not be discussed. The participants and I come from conservative and traditional cultures, we are aware of the discrimination that happens between our cultures and our races, and we are aware of the importance that our families place on their reputations. In the participants' and my cultures, respect must be given to our elders, regardless of their behaviour and how they treat us. The participants and I engaged in making art together. In this creative space, we expressed ourselves, entered a vulnerable space, and developed a therapeutic relationship rooted in empathy. We listened attentively to each other and engaged in therapeutic discussions. I discussed my response art and therapeutic relationship with the participants in my research report (Schoeman, 2022).

Intervention analysis through stories of change

The group was tasked to create an artwork of change accompanied by a story of change. They created an artwork reflecting on the therapy sessions and wrote a story capturing the changes they noticed within themselves and the group. This directive was adjusted from the MSC technique. The technique can

be used to evaluate outcomes and the impacts of a community project. Unlike conventional deductive quantitative evaluation, MSC can provide information regarding unexpected outcomes through inductive evaluation (Davies & Dart, 2005). MSC allows for a diverse evaluation of the project; the storytellers write from their subjective experiences, which enables rather than directs them.

The stories of change from the participants of this research do not follow the conventional steps of sifting through the stories and choosing the most significant ones. Rather, all of the stories are considered significant. This more simplistic process can reduce bias towards success stories as all stories are treated equally. Including the evaluation process throughout the intervention allows for the intervention's successes and failures to be constructive, as there is space in the next session to improve. The participants' stories and artworks of change can be seen in Figures 6, 7, and 8.

Findings

The data collected from the group art therapy sessions, individual and group artworks, and stories of change indicate a need to break the mental health stigma within the art therapy group. The information collected from the participants' stories of change suggests that the group has experienced changes during the intervention. These changes can potentially improve their self-acceptance, trauma work, self-identity, mental health awareness and sensitivity, self-esteem, emotional regulation, relationships, healing, grief, stress management, discrimination towards others, self-expression, self-confidence, and outlook on life.

The participants hope that the posters have increased mental health awareness in the community and that the participants' sensitivity towards stigma would motivate others to reconsider their beliefs regarding mental health. The participants' positive stories of change lead me to believe that art therapy is an appropriate therapeutic option for the community of Phuthaditjhaba. It is important to make art therapy accessible in rural communities like Phuthaditjaba to encourage psychosocial change. Long (2016) explains that mental health services have been scarce among black South Africans because of ongoing class oppression.

Figure 6: Participant's artwork of change

My artwork is the tree as you see, I drew this as my therapy progressed so before I attended this therapy I was empty, bleeding, confused, and had wounds that I didn't think would fade away but this session helped me a lot. It helped me to change the unhelpful or unhealthy ways of thinking, feeling, and behaving. As you all know that I experienced the trauma of emotional abuse. This tree shows that I now feel better, my wounds are slowly fading away and my thought is fruitful, I am shining, and able to deal with negative things. I love myself.

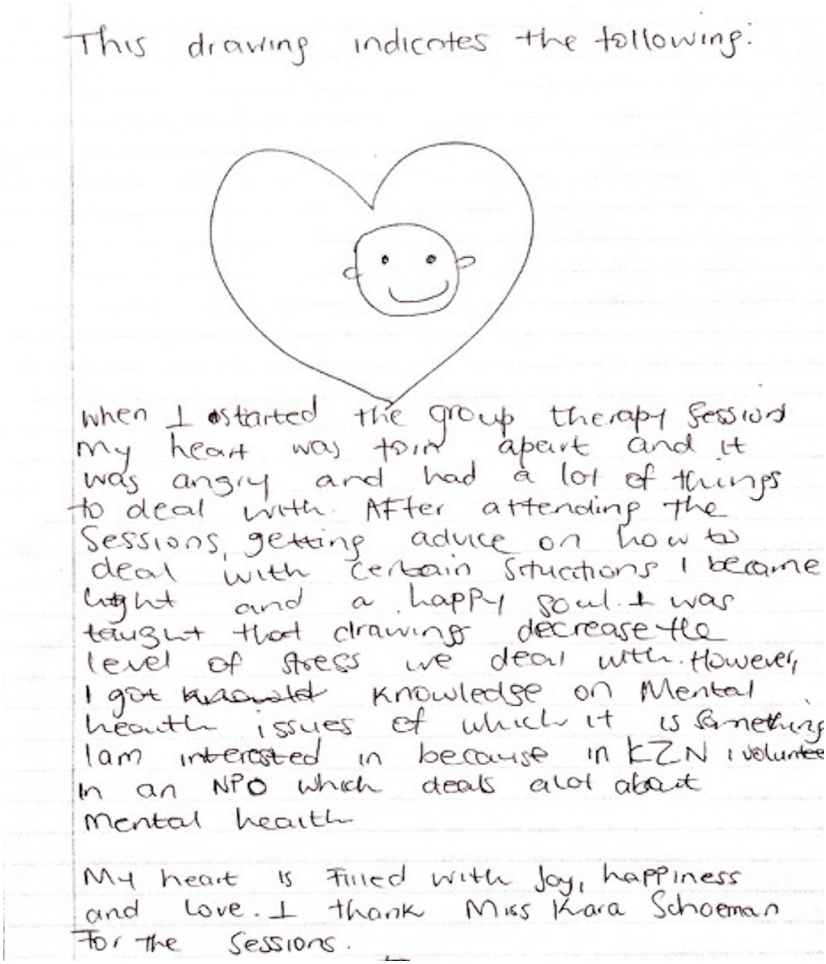

Figure 7: Participant's artwork and story of change

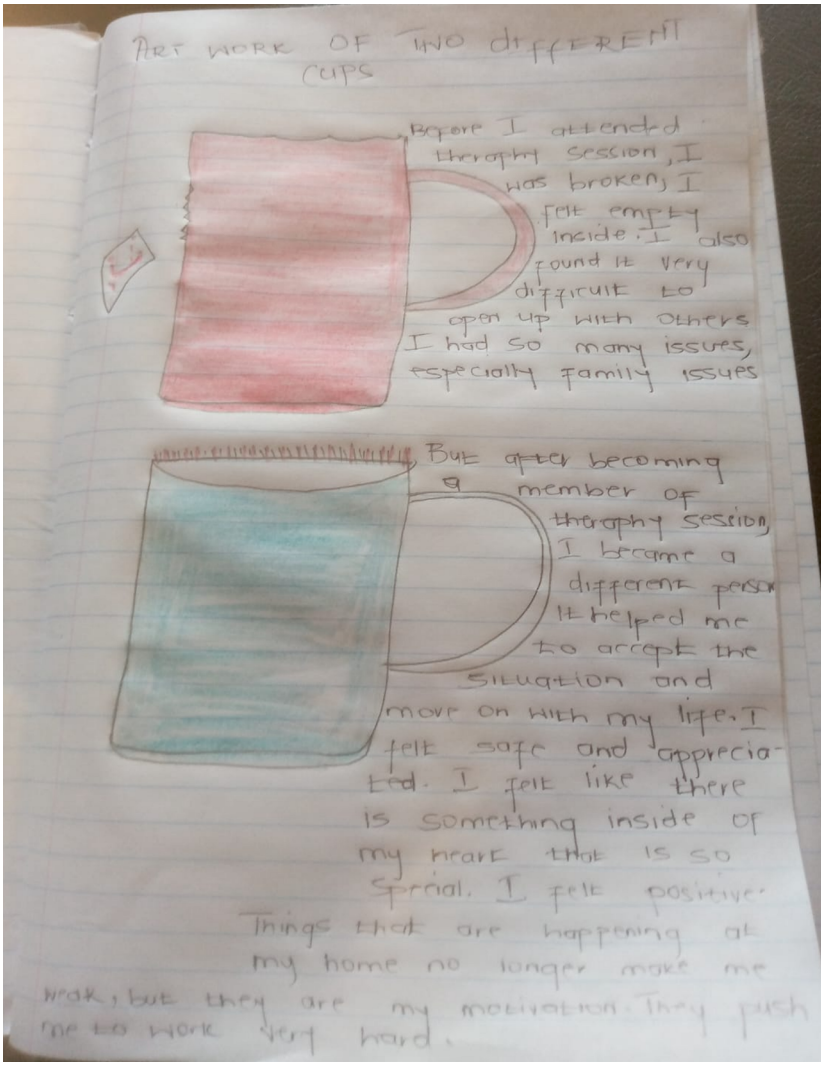

Figure 8: Participant's artwork and story of change

Art therapy is less threatening than other mental health treatments because it takes an egalitarian approach. It includes the beliefs of the client, group, and community, as well as incorporates what is already working within the community. Because of the egalitarian approach and because art therapy is

relatively new and unknown within most South African communities, it has less stigma attached to it than the medical model of mental health treatment.

Table 6 presents the outcome of the action-reflection cycle. After implementing the group art therapy intervention and evaluating and modifying it in each session, I was able to define it into a group art therapy intervention model to guide art therapists when working with stigma.

Table 6: Intervention model. Art therapy intervention: Mental health stigma

Directives	**Benefits**
Session 1	
Group check-in	Allow group members to become aware of each other and their own current mood
Information and questions	Clear confusion Clear expectations Understand the aims and procedures of the intervention Introduction to mental health stigma
Nametags	Self-introduction method Group identity development Relation building Trust building Support building Process of validation Testing the process of sharing personal information with the group and building confidence in doing so Navigate group dynamics by sharing art materials Improve observation and listening skills Improve ability to use symbols and metaphors to describe self Enhance self-knowledge
Community map	Create a sense of community in shared experiences Navigate social interactions with the group Build union and trust Develop vulnerability and honesty Opportunity to share and express feelings and experiences Develop the therapist/researcher's understanding

Directives	Benefits
Group check-out	Allow group members to exist in the safe space of therapy by becoming aware of self and the impact that the session has had on them
Session 2	
Group check-in	
Psycho-education – mental health and stigma	Improve sensitivity towards mental health stigma Become aware of the implications of mental health stigma Gain clarity on misperceptions regarding mental health
Mindfulness drawing	Bring the group into the current moment – allowing participants to be present Calm nervous system Allow connection with feelings
Poster of needs and group contract	Build trust and relations Boundary formation Inform the therapist/researcher of the group's needs allowing; they should guide the sessions
Individual artmaking	Self-expression Stigma reduction Improve self-esteem Build support network Trauma healing
Discuss mural/poster for next session	Prepare group for next session
Group check-out	
Session 3	
Group check-in	
Psycho-education – support networks and mural making	Become aware of the impact that a mural has on the public and what it means to use one's voice to address a larger population than this group
Mural/Poster	Physical support while creating and sticking posters – mimic emotional support Relaxed and creative atmosphere Embodied creation – beneficial for trauma work Mixed-media use – enhance expression of self Loud sounds of material use and environment-enhance mindfulness

Directives	Benefits
Discuss objects of healing for next session	Individuals evaluate their own healing practices and the types of healing that they have experienced
Group check-out	
Session 4	
Group check-in	
Group present objects	Increase confidence and self-esteem through honest expression of self Self-acceptance Receive support and understanding
Individual artworks-healing practices	Practise expression of self Determine own healing practices and coping mechanisms Find methods of expression
Discuss ending ritual for last session	Opportunity to practice agency Discuss group needs Discuss grief and endings
Group check-out	
Session 5	
Group check-in	
Group ending ritual	Practise agency – making decisions as a group without a therapist/researcher Discuss endings and how it relates to other feelings, such as loss and grief
Reflection on intervention	Reflect on what has been experienced during the intervention, personally and as a group
Artwork of change	Determine what personal shifts have happened within the individual, the group, and the community Evaluate the intervention Determine personal growth Determine awareness of stigma and sensitivity towards mental health Determine coping mechanisms and support network
Group check-out	

The intervention is designed for large groups in specific areas. A research study with more participants would be more representative. Nonetheless, the small sample group allowed for an intimate space where the participants felt safe to share vulnerable information and engage in therapeutic processes. The sample group consisted of only women, allowing the women to share their experiences with the elder men in their families. However, the intervention is designed for both men and women, and the voice of young men in Phuthaditjhaba is not heard in this research study.

Two sessions took place online, suggesting the validity of a dual-medium intervention if participants have stable internet connections. I suggest that future research studies implement the proposed intervention model, and adjust it to their groups' needs, improving the development of a group art therapy model to address mental health stigma and collecting information about mental health stigma in rural communities.

The intervention encouraged participants to draw from traditional healing methods with which they are familiar. The research study's findings show that the participants' communities support individuals with their mental health needs through traditional healing methods. These methods include church ceremonies, healing practices with traditional healers, slaughtering animals, drinking traditional beer, using healing objects, collecting holy water, and community prayer and song at a river.

The participants of the study have not had any mental health education. Art therapy interventions can include psycho-education regarding mental health and stigma to inform people of stigmatising behaviour and its repercussions.

The participants observe that families in their communities do not want their members to speak about their mental health. They fear it may affect the family name, and the community will judge and disrespect the family. Some families in the participants' culture believe that an individual is cursed or bewitched when the individual displays mental health symptoms and has to be cured of the symptoms or curse. These stigmatising beliefs cause individuals to hide their mental health needs from their family and community. The participants know elders in their culture who do not welcome mental health treatment from outside the community. The participants felt relieved by sharing their feelings and experiences with the group in the art therapy sessions. They realised their need for a support network within their community with whom they could share their feelings.

Art therapy can become a mental health treatment option for various communities in South Africa because it can be facilitated within the area of the community, and it can incorporate the community's traditional healing methods. Art therapy can act as a bridge between traditional healing and HPCSA-registered mental health treatment. Art therapists encourage the use of objects and body movement during therapy. Art therapists would be open to prayer and song as these are methods of creative expression. The participants responded positively to the inclusion of traditional healing objects and methods within art therapy, making art therapy more approachable to those who are hesitant regarding mental health treatment.

Conclusion

As part of the action research cycle, I developed a series of five art therapy sessions in which the topic of mental health stigma was explored through the five steps of the action-reflection cycle. The visual, verbal, and written material produced during each session was data that I reflected on through response art. The data gave me a better understanding of the mental health stigma in Phuthaditjhaba and how mental health needs are traditionally treated in the participants' Sesotho and Zulu cultures.

The participants expressed resistance in their culture towards mental health treatment from outside their culture. The group's feedback on each session allowed me to design a revised intervention that included traditional healing objects and practices. The inclusion thereof can make art therapy more approachable to communities that stigmatise mental health treatment because it would be more relatable. Art therapists can collaborate with community leaders to present the intervention in the community and incorporate the community's preferred healing methods. Art therapy can include traditional rituals, objects, dance, song, and prayer, as these are methods of creative expression. The art therapy intervention can be adjusted to incorporate healing traditions that the participating group and the community, find respectful, non-invasive, and supportive.

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