

'There is a sense of bravery in having to make a mark'

Resilience and art therapy in South Africa

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Bio

Saxon is a student at the University of Johannesburg currently completing her Master in Art Therapy. Her particular interests lie in the complex nature of resilience and its relevance within the South African context.

Abstract

This article is located within the complex landscape of South Africa's mental healthcare system and its associated challenges regarding socioeconomic and historical injustices. Despite decades of enquiry across diverse fields, the concept of resilience remains subjective. Although tentative connections to creativity, artmaking, and art therapy exist, a contextually relevant South African-focused investigation is missing, providing the gap for this research. Using a constructivist-interpretivist framework and qualitative methodology, discoveries as to how training art therapists conceptualise, utilise, and safeguard their resilience through artmaking were generated. Data was gathered using individual, semi-structured interviews amongst five purposively sampled training art therapist participants and thematic analysis was used to present the findings. Results provide insight into how training art therapists foster resilience through artmaking which equips them to offer similar opportunities for their clients. Findings also suggest that resilience is as crucial for practitioners as it is for clients, especially if the modality is to be sustained long term. Some suggestions for safeguarding practitioner resilience are offered. Consequently, the article offers some evidence as to

how and why art therapy offers an accessible and alternative form of healing for people living in South Africa.

Background

Art therapy at the University of Johannesburg

Two years ago, the University of Johannesburg welcomed six passionate future art therapists into its Faculty of Art, Design, and Architecture, offering them the chance to study art therapy. Following an extensive battle to register the profession locally, these students were the first in South Africa to receive training on their own soil. Within weeks of the inaugural programme's start, the arrival of the coronavirus necessitated a swift transformation of the in-person curriculum into an adaptable online experience. Since that demonstration of resilience,¹ the programme has continued to grow, with 24 students currently enrolled, nine of whom will qualify as professional art therapists in 2024. It is within this novel art therapy programme and the broader context of South Africa that this particular article is located.

South Africa

South Africa's public mental healthcare system was in crisis before the pandemic ensued and issues surrounding insufficient delivery and services, especially amongst poorer communities, have meant "the treatment of mental health in South Africa is a case for violation of human rights and disregard for the lives of those who live with mental illnesses" (Nguse & Wassenaar, 2021, p. 304, 305). It is also widely acknowledged that the mental health needs of our country supersede the available resources, incentivising more creative responses within healthcare systems (Swartz, 2022, p. 2). Considering the arguably deficient provision of adequate mental healthcare services, particularly in the public system, the long-lasting effects of the coronavirus pandemic only exacerbate mental health issues already existent amongst those living in South Africa (Nguse & Wassenaar, 2021, p. 309). Furthermore, multiple socioeconomic concerns, including elevated unemployment

1 Despite the acknowledgement that resilience is virtually impossible to conceptualise in a single definition, in the context of this article, resilience is referring to a person's capacity for surviving and thriving despite experiencing some form of adversity (Breda, 2015, p. 2).

statistics and gender-based violence, continue to rise (Nguse & Wassenaar, 2021, p. 307). These concerns are often the consequence of, or coincide with, excessive levels of poverty due to the country's longstanding history of racial injustice and inequality (Mubangizi, 2021, p. 242) compounded by current failures. Considering that these contextual issues may "interfere with healthy development" and wellness (Charles, 2015, p. 682), the mental health of healthcare providers is just as much at risk as their clients. Recognising these contextual risks to one's mental health, and the health of one's clients, offers an opportunity for practitioners to think creatively and innovatively about ways in which these risks may be mitigated whilst ensuring the modality provides an effective healing space that is so desperately required. One such approach, which formed one aim of the original study, is by prioritising every individual's resilience, be they client or practitioner, through the practice of creativity, artmaking, and art therapy.

Conceptualising resilience

Defining resilience has proved challenging for countless researchers across many decades. Historical and current studies span as many borders as they do disciplines (Herrman et al., 2011, p. 259), with definitions of the term ranging from "ordinary magic" and bouncing back to bouncing forward (Masten, 2001, p. 227; Breda, 2015, p. 2; Manyena et al., 2011, p. 417). Despite multiple attempts across diverse fields, there is still no universal explanation as to what resilience is (Herrman et al., 2011, p. 259). When investigating human nature, the concept generally seeks to explain why some people survive and thrive after adversity while others do not (Breda, 2015, p. 2). No matter which definition is favoured, it remains pertinent for any research investigating the nature of resilience to interrogate how it does so for it to be considered ethical² (Theron, 2012, p. 333). Two authors who advocate for a critical approach to resilience research are Hamideh Mahdiani and Michael Ungar. Mahdiani and Ungar (2021, p. 151) warn against blind acceptance and promotion of peoples' resilience within systems that may be considered dysfunctional and unequal. For instance, in a community where resources are lacking and poverty is endemic, resiliency could arguably be considered

2 Though the nature of this research sought to understand how resilience is conceptualised and demonstrated amongst participants, these conceptualisations could arguably be challenged, critiqued, and better understood if more contextual information were provided. However, for the purposes of this particular article, the concept is discussed generally.

dysfunctional, most especially if it leads to prolonged suffering exacerbated by complacent governing (Mahdiani & Ungar, 2021, p. 150, 151). Mahdiani and Ungar's (2021) work serves as an important reminder that resilience is not always an entirely positive adaptation, but can have negative consequences or trade-offs.

While initial research conceptualised resilience as a personality trait, more recent studies have redefined it as an interplay of processes involving the multiple systems in which a person exists (Herrman et al., 2011, p. 259; Ungar & Theron, 2019, p. 1). Consequently, current definitions of resilience are more systemic (Ungar & Theron, 2019, p. 1). Particularly useful in the context of this study is Ungar and Theron's (2019, p. 1) description of resilience as "the process of multiple biological, psychological, social, and ecological systems interacting in ways that help individuals to regain, sustain, or improve their mental wellbeing when challenged by one or more risk factors". Such definitions illustrate how a person's capacity for resilience is more complex than just one aspect of their character and that resilience may fluctuate across time and aspects of a person's life (Herrman et al., 2011, p. 260). This would suggest that provided they have the necessary protective mechanisms in place, any person can improve their resilience (Masten, 2001, p. 234).

Characterising resilience

Authors have argued that without adversity, there can be no resilience (Masten, 2001, p. 228; Mahdiani & Ungar, 2021, p. 150). That being said, one of the limitations of this in resilience research is that definitions of what constitutes adversity and positive adaptation (resilience) are varied and contextually bound (Mahdiani & Ungar, 2021, p. 148). Risk factors may be individual and/or environmental and are influences that threaten an individual's well-being and mental health (Worrall & Jerry, 2007, p. 37). Particularly troublesome is the fact that often environmental risks coexist, such as poverty and violence (Gore & Eckenrode 1994 in Worrall & Jerry, 2007, p. 37). According to Seedat et al. (2009, p. 1), South Africa "faces an unprecedented burden of morbidity and mortality arising from violence and injury" which may pose just as much of a threat to the art therapist as the clients with whom they work. Moreover, our country's incidence of rape and intimate partner violence is far greater than the global average (Seedat et al., 2009, p. 1). Mental healthcare practitioners working with clients who have or continue to experience high levels of

violence, poverty, or trauma, often become deeply affected by the work that they do (Charles, 2015, p. 682), signifying the need for South African art therapists to be acutely aware of how they approach their work, especially with regards to sustaining long and healthy careers. This consideration may be particularly important for those art therapists who are or will be working in the public health sector, where caseloads are likely to be higher (Swartz, 2022, p. 2) and the risk of burnout considerably greater. Like risk factors, protective mechanisms may be personal and/or environmental (Worrall & Jerry, 2007, p. 38). These mechanisms affect the individual's capacity for resilience, examples of which include personal factors (character, disposition, and demographics), biological factors (neural structuring and genetics), environmental and systemic factors (the micro and macro systems in which the person exists) (Herrman et al., 2011, p. 260). In Ebersöhn's (2012, p. 30) study relating to resilient community responses, "individuals use a process of solidarity to access, mobilise and sustain resource use to counteract ongoing risk" offering a unique way of conceptualising resilience and serving as a reminder of the constant exposure to risks which those living in South Africa face.

Resilience and creativity

The interaction between risk factors and protective mechanisms concerns the practising art therapist, whose modality offers compelling opportunities for enhancing a person's resilience (Malchiodi, 1998, p. 160) and subsequently, their mental health. In particular, these opportunities are manifested through creativity. This ability has long been considered a formidable protective mechanism in the context of resilience (Van Lith et al., 2018, p. 214). Considering that "creativity and imagination are seen as personal strengths in people who are deemed to be resilient" (Worrall & Jerry, 2007, p. 39), the modality of art therapy that cultivates both capabilities is particularly well positioned to increase peoples' capacity for resilience (Malchiodi, 1998, p. 160). Moreover, based on theories of community resilience (Ebersöhn, 2012, p. 30), there is reason to believe that through the continual evolution of the modality within our context, every individual's capacity for resilience shall increase another's, thereby expanding resilience within the systems in which that individual is located (Breda, 2015, p. 3). Consequently, the potential efficacy of art therapy to promote resilience, and the resilience of those who utilise this modality, should not be overlooked. Nor should the cumulative resilience be overlooked

that may be fostered by relationships between training practitioners at the forefront of this burgeoning profession.

Resilience and art therapy

Considering that resilience is an anticipated adaptive response (Masten, 2001, p. 234), it seems appropriate that the most “effective resilience interventions may be those interventions that tap into the basic systems for development and adaptation”, one of which is creativity and consequently, art therapy (Worrall & Jerry, 2007, p. 35). Despite many studies having investigated the links between resilience and creativity (Metzl & Morrell, 2008; Prescott et al., 2008), few have focused specifically on the mechanisms through which art therapy fosters resilience. Even fewer studies have investigated the nature of resilience amongst practitioners and clients of art therapy, and no research on the matter currently exists in South Africa. Nevertheless, there is no contesting the links that exist between art therapy and resilience, particularly their mutual relationship with creative problem solving (Berberian, 2019, p. 16). According to seminal author Marygrace Berberian (2019, p. 26), “creative problem solving is both a protective factor and an adaptive response in the pursuit of resilience”, which for the South African art therapist means offering clients a safeguard against future risk/s, and opportunities to triumph over historical and/or current ones. It also suggests that the art therapist themselves are likely to benefit from using creativity for their own personal growth.

Alongside the resilience-enhancing mechanisms of the modality, the relationship between art therapists and their clients is similarly beneficial. Considering that healthy interpersonal relationships are protective mechanisms (Herrman et al., 2011, p. 260), an attuned art therapist offers opportunities for resilience development simply by sharing the therapeutic relationship. Despite the inherent benefits, the nature of all therapeutic relationships demands a highly attuned and empathic practitioner, who is consequently at risk of experiencing “vicarious traumatisation” (Charles, 2015, p. 682), a term used to describe how a client’s experience of trauma negatively effects the practitioner with whom they work (McCann & Pearlman, 1990, p. 131; van der Merwe & Hunt, 2018, p. 10). In the South African context, there is considerable risk for this phenomenon amongst those who work in the trauma field (van der Merwe & Hunt, 2018, p. 10), and therefore also for some practising art therapists.

Conversely, there is also the possibility that such work may have positive effects on a practitioner, and specifically the development of “vicarious resilience” which Hernandez et al. (2007, p. 237) describe as “a unique and positive effect that transforms therapists in response to client trauma survivors’ own resiliency [...] it refers to the transformations in the therapists’ inner experience resulting from empathetic engagement with the client’s trauma material”. Alongside the potential for vicarious resilience is the possibility of a client serving as a reminder of the therapist’s own capacity for resilience, and the protective factors, which they possess, but perhaps take for granted. Essentially, resilience could be a reciprocal benefit of some therapeutic relationships.

Few professions require such deep empathic engagement between therapist and client or rely on a person’s capacity to imagine what life is like for another human being in the hopes of helping them (Charles, 2015, p. 692). These aspects elucidate the need for safeguarding resilience amongst South African art therapists, justifying why their mental health is just as important as their clients and serving as a key objective of this study.

Although quantifying the effects of art therapy in general is challenging, Berberian (2019, p. 14) successfully identified three interdependent processes responsible for promoting resilience within art therapy. These include:

1. The process of making art and the creation of products both act “as a conduit”, offering opportunities for the client to access and process traumatic memories, mitigating negative physiological effects.
2. The art therapist provides an empathic and “attuned relationship” through which neural mirroring and modifying maladjusted attachment styles may occur.
3. The process of making art and the creation of artwork offer opportunities for the client to experience moments of “pleasure and mastery”, both of which are inherently beneficial.

In addition to these three particular mechanisms of change, there are many other benefits of art therapy through which resilience may be increased. Making art is an accessible and developmentally appropriate means of self-expression across a range of client groups (Berberian, 2019, p. 16), which is particularly advantageous in a country as racially and culturally diverse as South Africa. The visual communication inherent in artmaking reduces the need

for spoken language (Berberian, 2019, p. 16), which is especially beneficial considering the linguistic and/or cultural obstacles a South African art therapist may face in the public and/or private sector. By widening the scope for multiple client groups, access to mental health care and support is greater. Artmaking also offers valuable opportunities for sensory-based practices and the metaphoric/symbolic expression of life experiences (Berberian, 2019, p. 16). Material choice and interaction offers means to decrease anxiety and improve one's sense of self (de Witte et al., 2021, p. 9). Furthermore, artmaking may be a more manageable means of self-expression, particularly with regard to complex or distressing experiences (trauma) and/or feelings (Berberian, 2019, p. 16). The act of artmaking is also helpful in increasing a person's self-awareness and offering new perspectives on their experiences (de Witte et al., 2021, p. 9).

When combined with the witnessing of an attuned art therapist, neuroscientific research suggests that creative expression in this context is likely to result in psychic integration, and consequently healing (King et al., 2019, p. 154). Considering that these mechanisms of art therapy will strengthen a person's capacity for resilience, justification for using this powerful modality is significant for our context.³

Methodology

The aim of this work was to ascertain particular ways in which artmaking and art therapy offer opportunities for training practitioners and their future clients to strengthen their resilience. Investigating the longstanding relationship between art therapy and resilience (Berberian, 2019, p. 13) in literature and conducting qualitative research among South African training art therapists offers a limited, but nonetheless, contextually sensitive understanding of this concept. Ethics approval for the original study was granted by the university's higher degrees committee.

The methodological choices of this study were guided by a constructivist-interpretivist framework that values the subjective and contextual implications of what it explores (Ponterotto, 2005, p. 130). Using this framework allowed for generating insights into resilience and art therapy collaboratively created by the researcher and participants (Ponterotto, 2005, p. 131). By uncovering

3 Owing to the scope of this research, this particular hypothesis could not be explored in detail. Further research into the matter would be required to offer more significant evidence.

and deepening meaning through cooperation between the researcher and participants (Ponterotto, 2005, p. 131), the data-gathering process echoed the relationship between art therapists and their clients (Berberian, 2019, p. 24).

Purposive sampling (Strydom, 2021, p. 382) was utilised and every student in the 2022 Master in Art Therapy cohort at the University of Johannesburg was invited to take part in the study. Of those ten, five students agreed to participate in the study (including the researcher-participant, which makes six). Five of the six participants were female, four of whom were willing to classify themselves as white. The fifth participant was male and classified himself as Indian. The participants' ages ranged from 29 to 54. Therefore, the sample consisted predominantly of white South African women, indicative of the sample's lack of demographic diversity.

Permission to use the artworks and specify certain participant demographics was granted, however, names and identifying details were omitted to ensure anonymity. Participants were provided with the necessary consent forms and information letters, which contained the instruction to create an artwork⁴ exploring the concept of resilience. On completion of their individual artworks, created within a one-month time frame, semi-structured interviews were utilised to gather more data exploring how training art therapists in South Africa conceptualise resilience regarding their own artmaking and the modality of art therapy.

Authentic and thorough understanding of the participants' experiences (Geyer, 2021, p. 355) was made possible through one-on-one interviews that took place online and were recorded using videoconferencing. The duration of each interview averaged approximately 40 minutes. After completing the five interviews, data was manually transcribed by the researcher-participant. Thereafter, a thorough thematic analysis was conducted using an adaptation of Braun and Clarke's (2006, p. 87) six-phase guide. Specifically, manual coding and multiple versions of a thematic map (Braun & Clarke, 2006, p. 89) resulted in key themes, forming the basis of this article's findings.

A common limitation of qualitative research investigating the nature of resilience is that results may not be used to make generalisations in other

4 In addition to the participants' artworks, researcher-participant response art, writing, and poetry was made prior to and post-interviews. The researcher's artwork has not been included in this particular publication.

contexts (Herrman et al., 2011, p. 262). This limitation applies to this particular study. Another limitation of this work is that of time and scope. More time and deeper investigation into how qualified and practising art therapists in South Africa understand resilience in their own work and their client's experiences would prove extremely valuable. It is important to note that the subjective nature of what constitutes risk and resilience in an individual's life is virtually impossible to take into account in a study limited by such a small sample size and scope. Moreover, though an art therapist is likely to benefit from a resilience-focused approach to their work, the nature of resilience may look entirely different for every client the practitioner works with and every practitioner themselves. Had the sample size been larger and more inclusive, broader, and more accurate findings may have been yielded.

Findings and Discussion

Conceptualisations of resilience

Like the many definitions that feature across decades of research on the topic, resilience was conceptualised subjectively by each participant, whose definitions are listed in Table 1. These explanations were given in response to the question: What does the term 'resilience' mean to you?

Table 1: Definitions of resilience

Participants' definitions of the term 'resilience'
Participant 1: "The words that come to my mind are: overcoming, integrating, learning [...] I think resilience is something about being able to overcome, being able to integrate, sometimes you can't fix it [...] but you can learn how to integrate it."
Participant 2: "Resilience for me just represents strength via experience. So, so building up some sort of an armour or an arsenal of things that you can use to, or because you've learnt that you need them."
Participant 3: "You learn some hard lessons, but then you recycle it into something positive, hopefully for yourself and for others [...] it's a transformative act of taking the hard things and putting them into something positive for the community."

Participants' definitions of the term 'resilience'

Participant 4: "For me it feels like the building up or the strengthening capacity of these, you know of being wounded and kind of rebuilding or adapting [...] the word strengthening comes to mind."

Participant 5: "Showing up, even when you don't want to [...] I don't know what makes some people show up, even if they just want to be under the duvet, and other people just staying under the duvet, it's a very complicated question [...] I don't know if resilience has to do with making meaning, if you can lead a meaningful life. Maybe that's what resilience is? And if you can come out the other side able to put your suffering aside and I don't know, support the suffering of others."

Certain commonalities within these definitions, such as sentiments of intentional and active transformation, integration, and learning, suggest that participants generally conceptualise resilience as a process rather than an outcome, aligning with the work of Breda (2015, p. 2). That sense of 'doing' is symbolically implied through the act of artmaking, whereby participants are actively engaged in transforming their ideas about resilience into an expressive physical object. Two participants referred to notions of strength/strengthening, which could suggest their own experiences of having fostered particular protective mechanism/s after adversity. The act of strengthening oneself to guard against future risk/s is echoed in the work of Worrall and Jerry (2007, p. 39), who assert that by doing so, individuals may safeguard themselves against similar risks encountered in the future.

Interestingly, Participant 4 chose to use oil paints as her medium, which requires a repetitive layering (that is, a building up) to achieve the desired outcome. The result is a texturally rich and three-dimensional artwork, echoing this particular participant's definition of resilience.

The innate capacity of participants to recognise aspects of resilience in their own lives and work suggests that it is indeed a normal adaptive process possessed by most (Masten, 2001, p. 227). Moreover, the consensus that there cannot be resilience without risk or adversity (Masten, 2001, p. 228; Mahdiani & Ungar, 2021, p. 150) is evoked by Participant 3's artwork made from recycled materials to form a celebratory three-dimensional lotus flower (known for its associations with rebirth and resilience). The murky dark surface on which the flower sits is a reminder that "there's value in all that muck [...] you can't have,

you can't have growth, actually without it" (Participant 3). Her choice to use recycled materials also echoes her personal definition of resilience.

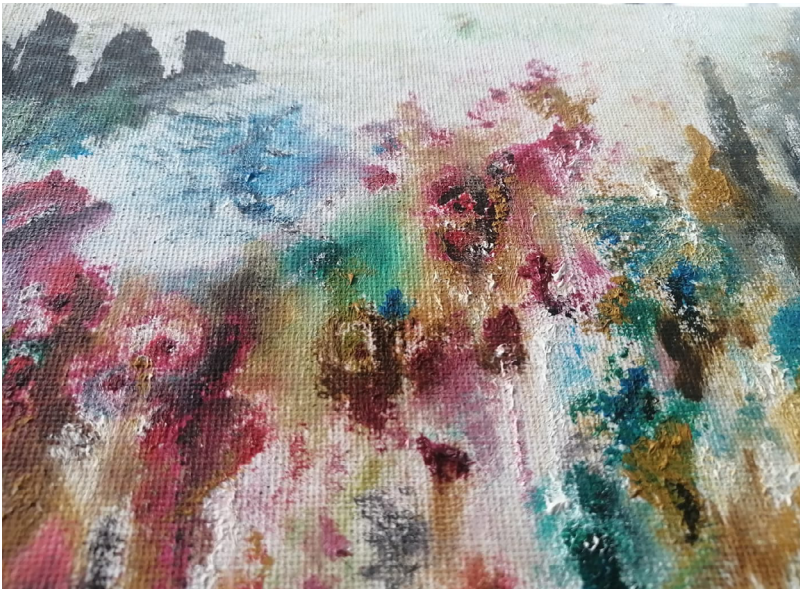


Figure 1: *'Little Woundings'*. Participant 4 (Oil on canvas)



Figure 2: *'Celebration'*. Participant 3
(Recycled materials, tissue paper and paint)

When asked whether they believed resilience to be something that one can practise, participants' answers varied. Participant 1 described resilience "as a muscle you have to keep adding" and Participant 2 believed it to be something which "comes and goes", adding "I would hope that it comes when resilience is required, but I don't, I wouldn't call myself a consistently resilient person". These beliefs suggest that an individual's capacity for resilience is not static across their lifespan, corresponding with the work of Herrman et al. (2011, p. 263) who advocate the same. Participant 1's reference to resilience as a practicable and repetitive pursuit seems echoed in their use of twisting figures along the right-hand side of the work. Their reference to integration could also be implied through a mixed media approach and the choice to tear up and then reform the upper part of the figure's head.



Figure 3: *'When I melt into you'*. Participant 1 (Charcoal, ink, pencil, paper)

These sentiments also serve as a valuable reminder of why intentionally recognising and reflecting on one's resiliency is so useful throughout one's life. Participant 2's artworks (she created three, which are juxtaposed with one another) may echo her acknowledgement that resilience is something that fluctuates over a lifetime, requiring continuous self-reflection and acknowledgement. There is also some sense of chance implied through the process and materiality "the ink is almost used to darken, so I sort of in my mind that was something that was challenging or horrible [...] a time of darkness, and the bleach was almost like an intentional disinfecting or cleaning or taking away and the water was sort of this neutralizing agent [...] when you put the three of them together you actually really can't control what they do" (Participant 2) which is a fascinating interpretation which could be considered evocative of Masten's (2001, p. 235) paradoxical description of resilience as an ordinary kind of magic.



Figure 4: 'Untitled'. Participant 2 (Ink, water, bleach)

Contextual implications for resilience

Participants were able to think critically about the need for resilience in South Africa, with one participant, in particular, echoing the work of Mahdiani and Ungar (2021): "Just thinking about South Africa actually, it's so [horrible] that people have to be resilient, and that resilience is like a positive thing, that one can survive one's dire circumstances and that's what makes you resilient, so I just think it's such a complicated word [...] So, deep ambivalence" (Participant 5).

This serves as a valuable reminder that care should be taken in how and when we choose to commend people's resilience, especially in contexts where a necessity for resilience impedes or lessens the necessity to challenge structural inequality (Mahdiani & Ungar, 2021, p. 151). In congruence with Theron (2012, p. 340), the ambivalence implicated within the concept is a valuable reminder of why it is important to be critically and contextually reflective when studying resilience or trying to foster it in clients.

Interestingly, Participant 5 described her creation as a warrior doll and/or sangoma, alluding to the cultural implications of resilience and what it means to heal. The warrior doll holds a large staff and a small container filled with herbs collected from the participant's garden.



Figure 5: *'Preparing'*. Participant 5 (Mixed media)

Participants also recognised the effect that resources (protective mechanisms) have on a person's likelihood to be resilient, for instance, Participant 5 who states: "I think resilience also has to do a little bit with luck, you know I think it's easier to be resilient if you've got access to resources". This reiterates the work of authors (Ungar & Theron, 2019, p. 2) who assert that resources such as socioeconomic status will affect an individual's resilience capacity. In discussing their experience of working as a community art counsellor with inner-city children, Participant 3 explains: "It's just like they found some resilience in connecting with each other in the community [...] there is something in the way the children interact with each other like extended brothers and sisters you know, there's some kind of resilience there". These reflections may demonstrate an example of what Ebersöhn (2012, p. 30) referred to as "flocking", whereby communities demonstrate resilience by utilising shared resources in ways which mitigate shared risks.

Importance of practitioner resilience

Participants were particularly cognisant of the need for South African art therapists to be resilient, especially considering the cultural, linguistic, and socioeconomic complexities that may present across client groups. Participant 4 explains: "I think its hugely important in terms of flexibility and adaptability to circumstances that you find yourself faced with [...] especially with different cultural norms and languages and all those thrown in the mix. I think you've got to be extremely resilient". Flexibility and adaptability, referred to as helpful in this regard, are both considered protective mechanisms in the context of resilience (Joseph & Linley, 2006, p. 1043; (Worrall & Jerry, 2007, p. 42). Participants' reference to the country's mental healthcare system and its failings (Nguse & Wassenaar, 2021, p. 304) also signify this as a relevant risk for South African practitioners, who should be mindful of this: "It can be very easy to burn out, there's just so much need, so much poverty" (Participant 3). Although not specified by participants, references to the potential risk of excessive need and extreme poverty are more likely found in the public health sector, as opposed to the private (Swartz, 2022, p. 2). Arguably, the inequality and insufficiency of mental health services in the public sector (Nguse &

Wassenaar, 2021, p. 304, 305) place a heavy burden on the practitioners working in these spaces and their capacity for resilience.⁵

Upon reflecting on whether their resilience may be increased through the work that they do, some participants believed or desired this to be true, affirming the theories on vicarious resilience (Hernandez et al., 2007, p. 237): "I want to say yes. I don't know why I want to say yes, but I do" (Participant 1). Other participants were more cautious, for example, Participant 3, who argues that: "It's a very fine line [...] it could, look, yes, it will lead to resilience, but you also need to be careful that you don't burn out, traumatise yourself". This wariness confirms the potential for vicarious traumatising espoused by Charles (2015, p. 682). When asked how practitioners may safeguard their resilience in this regard, participants referred to the importance of noticing one's potential for or experience of burnout, the value of continuous and sufficient self-care throughout one's career, the importance of adequate supervision and personal therapy, the necessity of setting and maintaining therapeutic boundaries, acceptance and acknowledgement of one's personal and professional limitations, recognition and respect of one's roles and responsibilities, the value of fostering self-knowledge and self-awareness over one's lifetime, and the wisdom and willingness to ask for help or support when necessary. Arguably, by considering these suggestions, South African art therapists will have more sustainable and efficient careers despite the many challenges they face.

Relationship between artmaking and resilience (for practitioners)

Every participant believed there to be a clear connection between artmaking and resilience, substantiating existing research (Worrall & Jerry, 2007; Berberian, 2019). In particular, participants referred to their natural magnetism towards artmaking during challenging times in their lives, historically and presently. Participant 1 claimed: "Art has always been part of my resilience", and Participant 5 responded similarly, stating that: "Any kind of creative endeavour is linked to resilience". Participant 3 explained her personal experiences in more detail, describing how: "Artmaking has been my coping mechanism and my resilience actually forever, since I was a very little child [...]"

5 An investigation into the degree to which inequality and insufficiency of mental health services and a comparative analysis of the public and private sector is beyond the scope of this work. Further research would be required in order to offer insight on the matter.

That's how I would survive [...] artmaking in itself is therapeutic and I think it did, good, for me, in school, like throughout my life". The participants' use of artmaking for its inherently therapeutic benefits confirms the accessibility of the practice and how it serves as a valuable form of "self-expression and reflexivity" (Participant 2) regardless of a person's age (Berberian, 2019, p. 16).

When considering the mechanisms that enable this resilience-building, Participant 4 describes how the artmaking process and product "enables you to see something from a different perspective and literally externalises the experience [...] it puts it out there and then reflects it back at you", which she believes to be resilience enhancing, similar to Berberian's (2019, p. 14) suggestion of artworks as conduits allowing for organisation of the maker's memory and thinking. Furthermore, Participant 2 explains how: "Artmaking points to teaching you or mirroring things back to you that you hadn't possibly seen or thought of in a particular way", allowing for self-reflection and exploration of one's experiences in the world, as mentioned by de Witte et al (2021, p. 9).

Another benefit of this creative expression is that it mitigates the feeling of being overwhelmed often associated with difficult experiences, offering more manageable means of processing and integration (Berberian, 2019, p. 16). Participant 1 states that "There is a sense of bravery in having to make a mark [...] part of that is always that resilience, that I made this, regardless of knowing that people might see it and not like it", suggesting that the act of artmaking itself offers an opportunity for the maker to witness their own capacity to create, which is reaffirming of their resilience. Moreover, the fact that you "don't even have to think about words when [you're] making art" (Participant 1) is an equally valuable advantage of art therapy. Participant 2 affirms this thinking: "So, if you sit and talk about it [being resilient] it's not going to evoke as much relevance", suggesting that creative expression may, in some instances, prove more effective and accessible than talking about one's experiences or emotions (Berberian, 2019, p. 16).

Conclusion

Resilience is a complex, subjectively understood concept, possibly as difficult to measure as it is to define. Like art therapy, it involves multiple mechanisms through which mental well-being may be improved, maintained, and protected throughout a person's lifetime. Thinking critically and contextually

about resilience means recognising that it does not look the same or work in the same ways for everyone. However, there is sufficient evidence to suggest that a person's capacity to be resilient and their engagement with artmaking are intrinsically connected.

Faced with countless potential political, practical, and personal challenges within their scope of work, the South African art therapist will likely benefit from practising within a resilience-conscious framework, whether in a public or private sector. In this way, the modality may prove to be a particularly valuable and sustainable resource for South Africans' mental health and broader improvement thereafter. The resilience of art therapy practitioners is of equal importance to that of the clients they serve, and they will benefit from continuously recognising how their personal resilience may be safeguarded, be they starting in the field or veterans thereof. As artmaking within a therapeutic relationship offers clients opportunities to recognise, foster or maintain their resilience, so too may the intrinsic values of artmaking for the art therapist. Though challenging, South Africa presents opportunities for increasing practitioner resilience through their relationships and work. Ultimately, by keeping resilience in mind within the scope of this modality, sustainable and much-needed healing may take place in our country.

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