

Art therapy in the Global South: Now and next

Panel: Convened and co-moderated by

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Bio of panellists

Nelly Adhiambo is a teacher and counsellor who has been in practice for 20 years. Her work includes working with children and young adults in school and mentoring programmes. She is a curriculum expert who has participated in forming educational and empowerment curriculums for both boys and girls at county and national levels. She is also the founder and director of Token of Mercy, a community-based organisation in slums in Nyalenda (Kenya), where she uses therapeutic art interventions to create awareness about sexual and reproductive health and gender-based violence. Adhiambo is a poet and music lover and uses these avenues to spread information about teenage pregnancy, early marriages, and the need for economic empowerment among adolescent mothers and women. Her hobbies are writing poems, listening to gospel music, travelling, and crafting.

Hayley Berman is an art psychotherapist, social activist, practising artist, and a founding director of Lefika La Phodiso. She is one of the core team of theory lecturers for the University of Johannesburg Art Therapy programme and also contributes to community and professional practice. Berman is currently the clinical lead at Woodford (United Kingdom).

Catherine Hyland Moon is professor emerit at the Department of Art Therapy and Counselling, School of the Art Institute of Chicago. She is the author of *Studio Art Therapy: Cultivating the Artist Identity in the Art Therapist* and contributing editor of *Materials and Media in Art Therapy: Critical Understandings of Diverse Artistic Vocabularies*. She has worked in varied settings, from a psychiatric hospital to home-based care. Her current art therapy practice is focused on co-leading cross-cultural therapeutic arts training programmes in East Africa through the Global Alliance for Africa and co-facilitating free community art studios in the United States aimed at cultivating community across social differences.

Lyambai Kestone has an MSc in mental health and psychiatry and BSc in mental health and psychiatric nursing from the University of Zambia. Kestone is passionate about art therapy. As the head of the Department of Mental Health and Psychiatry at the University's School of Nursing Sciences, he oversees academic development, research, and staff management. Kestone also directs Therapeutic Art Zambia, a non-profit promoting art therapy. With extensive clinical experience, he excels in patient care. Recognised for his commitment to professional growth, he engages in conferences, presentations, and consultancy work. Kestone's dedication to advancing mental health through art therapy is evident in his multifaceted roles.

Isaac S. Lema is a clinical psychologist in the Department of Psychiatry at Muhimbili University of Health and Allied Sciences (MUHAS) in Tanzania. He teaches, co-facilitates seminars, provides supportive supervision to students on various academic issues (including research and clinical supervision), and is a research co-investigator in the department. He has skills in therapeutic art and is an expert on Art Therapy Open Studio, an intervention particularly effective in enhancing psychosocial support for individuals with distress, mental health problems, and mental disorders. He has facilitated various art therapy sessions for individuals and groups in areas including emotional regulation, anger management, trauma, and professional self-care. He is a chairperson of the Mental Health Association of Tanzania (MEHATA) and a National Trainer on Mental Health and Psychosocial Support (MHPSS).

Paola Luzzatto is a philosophy and comparative religions scholar with a doctorate, trained in art psychotherapy at Goldsmith College, University of London. She further specialised in psychoanalytic psychotherapy at the Tavistock Institute. Luzzatto worked for eight years with psychiatric patients

in London and later established the art therapy service at the Memorial Sloan-Kettering Cancer Center in New York, earning the 2004 Clinical Award from the American Art Therapy Association. In Tanzania, she served as an honorary lecturer, developing innovative art therapy protocols for trauma and addiction. Luzzatto is an accomplished author and has written books on art therapy, a biography, and three children's books.

Emma Mills is a State-registered art psychotherapist, supervisor, and teacher with extensive experience in child and adolescent mental health in the United Kingdom National Health Service, Women's Aid (refuges and outreach centres), community projects, local authority teams, and schools. She is also a private practitioner. She worked for ten years as an art teacher and counsellor at St Joseph's College (Botswana) and lectures at Goldsmiths College, University of London. Mills is the co-author of a paper in the *International Journal of Art Therapy* on using group art therapy to address domestic violence and its effects on children regarding the shame and silencing surrounding children's experiences of witnessing domestic violence.

Prof Mavis Osei is an associate professor in the Department of Educational Innovations in Science and Technology at Kwame Nkrumah University of Science and Technology (KNUST), where she also trained as an artist (Bachelor of Arts) and an art educator (Doctor of Arts). She had her art therapy training via a Fulbright scholarship at Long Island University (United States). Her experience in the creation and successful running of two art therapy programmes for about 30 mental health clients for over nine months was the basis for her additional training through a Diploma in Mental Health Studies. She has also worked with children for over ten years and facilitates a vacation art workshop for children. She is the author of West Africa's first art therapy master's programme, which started in September 2019 and has successfully graduated two students.

Joanna Pearce trained as an art therapist and has a master's degree in advanced art psychotherapy from Goldsmiths (United Kingdom). She worked for the National Health Service in Scotland for over 20 years in adult learning disabilities (forensic and mental health). As part of Zambia Therapeutic Art, she has developed and delivered training to health and social care professionals and trainees since 2014. Pearce trained in trauma treatment through art therapy (TT-AT). In 2022, she supported the piloting of the trauma protocol in Zambia.

Pamela Reyes has an MD PhD and heads the Health and Art Therapy master's programme at Universidad Finis Terrae, Chile, with 16 years teaching art therapy and 12 years leading the first graduate Art Therapy programme at the University of Chile. As director of the 2009 Latin American art therapy conference, she is a key member of the Latin American art therapy network. Reyes contributes to the research group on Artistic Education for Social Justice at Universidad Autónoma de Madrid and collaborates in their Master of Art Therapy programme. Her work explores art, community, and mental health, which is evident in her private practice and roles in community recovery projects following natural disasters. She is a peer reviewer for *Art Therapy Online* (ATOL) and the *Art Therapy* journal. She investigates intersections between art education and community art therapy.

Abstract

This article describes the development of art therapy education and practice in Botswana, Chile, Ghana, Kenya, South Africa, Tanzania, and Zambia, as discussed in a panel presentation at the University of Johannesburg's Art Therapy in the Global South Conference with the theme *Training Art Therapists for Social Justice*, Johannesburg, July 2023. Panellists discussed the challenges and successes of varied educational paradigms, from paraprofessional training programmes to higher education courses and degree programmes. Among the panellists were citizens of the countries under discussion, as well as art therapy educators from the Global North who worked as visiting professionals in these countries. The panellists touched on practices that have emerged from these trainings, ethical considerations for the development of Indigenous education and practice models, and questions of social justice related to the development of culturally relevant, context-specific art therapy. Included in the article are key questions identified by panellists prior to the conference, a summary of the conference presentation, and visual and written reflections from the panellists after the conference.

Introduction

Though cultural practices across Africa have always incorporated the arts for social transformation and interpersonal healing, art therapy as a profession defined by the Global North (i.e., including standards of entry, formalised education, code of ethics, and sanctioning organisation) is relatively new

throughout the world and still emergent in many Global South countries. This article reports on the status of art therapy education, training, and practice in the countries of Botswana, Chile, Ghana, Kenya, South Africa, Tanzania, and Zambia, as described by a group of ten panellists at the University of Johannesburg's Art Therapy in the Global South Conference with the theme *Training Art Therapists for Social Justice*, Johannesburg, July 2023.

Prior to the conference presentation upon which this article is based, some of the presenters/authors gathered online to identify key questions we hoped to explore. Though the time limitations of the panel presentation prevented each question from being fully addressed, the overarching topics suggested by the questions provided the structure of this article. In this way, we hope to convey that the questions raised are at least as important to the ongoing development of the discipline of art therapy in the Global South as the responses to those questions.

In addition to providing a summary of the panel's dialogue related to each topic, presenters' post-conference reflections and creative responses (poetry, creative writing, and visual art) are included as forms of arts-based research and reflexive practice. These responses to the panel offer new ways of coming to know not only the *current state of art therapy in the Global South* but also what might come *next*. Informed by historical understandings of Indigenous healing arts practices and by current iterations of those practices that have been shown to be effective in the local context, we can find our way forward. By weaving together numerous voices and perspectives, we aim to reflect the multifaceted nature of the developing field and to model and promote a democracy of practice, one with social justice at its core.

We acknowledge that the 'Global South' is a complex and contested term. 'Global North' and 'Global South' mostly denote richer and poorer countries, not geographical locations. Also, countries in both the north and south manifest extreme economic disparity and the ongoing effects of colonisation, such as transgenerational trauma. Thus, our reference to the Global South is an acknowledgement of ongoing colonising systems that benefit some groups of people at the expense of other groups.

This ongoing colonising effect is apparent in how art therapy theory and practice models continue to originate largely from the Global North, rather than from an equitable and meaningful Global North-Global South partnership. In such a partnership, multiple forms of scholarship and practice would be

equally elevated and equally impactful in shaping art therapy globally. In writing this article, we initially identified art therapy literature we might cite to support and amplify the topics addressed. However, in keeping with the intent of our presentation, we resisted complicity with the systemic use of academic publications to elevate Global North voices and perspectives while Global South voices and perspectives are excluded, marginalised, or disregarded. Instead, we focused on the rich material that came from the collaborative, cross-cultural process in which we had engaged. Our 'references' are reflexive and representative of multiple cultural contexts, as expressed through our stories, musings, images, and poetry.

Diverse models of art therapy education in the Global South

The education and training models in the seven countries discussed here vary in relation to who the education is for, the educational models in use, and whether the training is associated with a community-based organisation (CBO) or an educational or healthcare institution. In relation to the master's degree programmes in South Africa, Ghana, and Chile, the students are those who meet the qualifications set by each university and who can afford the tuition. In relation to CBOs, learners might range from artists who already use the arts for therapeutic and socially transformative aims to people with higher education degrees in the helping professions. In some training models, the students are those with advanced degrees whose art therapy training is considered a complementary addition to existing professional skills, and in at least one country, Zambia, this additional education has become a required component of bachelor's and master's degrees in mental health.

As the maturation process of art therapy education continues in these countries, key questions remain. Are current education and training programmes supporting or interfering with the cultural knowledge through which people use the arts for personal and collective wellbeing? What are the benefits and disadvantages of these different educational models? Is there a need to establish a core curriculum for training programmes across the spectrum of educational models and contexts?

Post-conference reflection from Mavis Osei

I was excited about how the South African community has embraced the therapeutic use of art through the Lefika La Phodiso programme. With some training, people who are passionate about helping others can indeed make a huge impact. It made me think about how to establish community-based training as an alternative to the formal art therapy programme I lead at my university. In my Ghanaian context, there is a great need for community-based therapeutic art.

However, I also felt somewhat unsettled. Though I was excited to learn from the well-established and renowned art therapists on the panel, I was concerned that art therapy education, as established in the Global North and passed along by White art therapists, might be seen as the ultimate way to train art therapists in Africa. I have struggled with these 'voices' at the forefront in Ghana, both because I obtained my master's degree in art therapy in the United States and because the master's level art therapy training programme in Ghana was originally modelled after the Educational Standards of the American Art Therapy Association. As a result, conflicts arise when using art therapy themes and art practices that are not a good fit for Ghanaian culture. For example, the use of the assessment theme, 'Person Picking an Apple from a Tree', is incongruous with a context where apple trees are not typically grown. Similarly, the use of conventional fine art practices like drawing and painting are widely viewed as childlike in Ghana, whereas textile work, beading, or clay work is embraced because it is embedded in our culture and the outcome of the session is something functional and useful. Though attitudes about art are changing as people become sensitised to diverse art practices, it remains important to integrate culturally relevant craft practices into art therapy.

Post-conference reflection from Paola Luzzatto

Art therapy education in the Global South may consist of 'a module' (within a modular training), or 'a bachelor's', or 'a postgraduate diploma', or it might be given a name in the local language. It could be the same in all African countries... or it could be different in each country.

You may use several bricks of different size and colour... and in the end, you have a beautiful little house (Figure 1).



Figure 1: Village house in Sicily, Italy. Photograph by art therapist Alessandra Agnese

Influence of Global North on the development of art therapy in the Global South

Most of the educational programmes discussed were either led by Global South citizens who had been educated in the Global North or co-led by visiting arts therapists from the Global North. Given the ongoing impact of colonialism, it is important to ask how we might minimise the dominating influence of the Global North and align art therapy education and practice with the art forms, cultural values, social contexts, and caring practices of each country. It must be acknowledged that throughout history and into the present, highly effective African healing arts practices have been marginalised, distorted, appropriated, and sometimes destroyed because of colonisation, apartheid, and academic imperialism.

While there is value in the global sharing of knowledge and skills, how do we determine when it is time for visiting professionals to no longer be involved? How do we disrupt the long-established and highly problematic pattern of treating the Global North as the producer and distributor of knowledge and the Global South as the recipient of such knowledge? What if the role of Global North professionals was to make amends for the long-term ravaging effects of colonisation by acknowledging complicity in academic

imperialism, humbly admitting to a position of not knowing (or not knowing nearly enough), making reparations through resourcing, and insisting on the representation of Global South voices, knowledge, and experiences in the development of art therapy pedagogy and practice globally?

Post-conference reflection from Catherine Hyland Moon

I was both heartened and dismayed by my Kenyan colleague Nelly Adhiambo's comments about our collaborative therapeutic arts training programme, which is structured as an exchange of skills and knowledge among East African and Global North therapeutic arts practitioners. The stated core concept is that everyone is a teacher, and everyone is a student. I was heartened by Adhiambo's expression of appreciation for her ability to adapt what she has learned about art therapy to her local context, where she knows best what her community needs. And yet, I was dismayed when this was framed as "they let us adapt..." because it seemed to suggest a hierarchical, paternalistic relationship to knowledge dissemination. It was a reminder to me of the ongoing effects of colonialism and the complexity of extricating ourselves from it.

My textile art piece (Figure 2) is something I started during the most recent therapeutic arts training programme in Kenya. I completed it later, after the University of Johannesburg's Art Therapy in the Global South Conference. As I arranged and rearranged the fabric remnants and secured them with thread, I remembered sewing side-by-side with my East African colleagues. Each of us was working from the same pile of fabric remnants, quietly seeking to make something of them, perhaps something beautiful or meaningful. Inevitably, we were as tangled as the knotting threads and the unravelling fabric edges. As we worked, the impact of our own and each other's cultures, histories, aesthetics, and sense of place in the world moved through our hands to create something visible and tangible.



Figure 2. Textile art piece by Cathrine Hyland Moon

Post-conference reflection from Isaac Lema

When I was thinking about the conference and what has been done in the art therapy field in Africa, it reminded me of a previous journey I took to my village with my family.

My home village is beneath Mount Kilimanjaro. The village is located at the top of a hill and between two rivers that unite at the end of the village. We travelled together in a car to go back to the village. We crossed the river and slowly climbed up the hill to reach our homes. We were joyful to go back home. However, the journey became difficult because it had rained. Slippery roads made it difficult to arrive at the hilltop. United, we pushed the car, and eventually we reached the top of the hill. We were grateful that we had made it, and the driver was happy to have had people to help during such a challenging journey.

We all aim to go back home. We are ready to push the car and face the mad, slippery road. We are all happy to reach home despite our various feelings and perspectives about the journey. This is where we belong. Though we have

reached home, we keep reminding ourselves that the end of this journey is the beginning of another one the next day.

Practices emerging from varied educational models

The practices emerging from these diverse forms of education range from applying core principles of art therapy in diverse settings (witnessing, self-reflection, grounding, and containment, among others), to employing specific art therapy protocols in clinical settings (for example, a series of ten art therapy prompts to address substance use issues in Tanzania), to engaging in community-based practices (for example, using poetry in Kenya to enable vulnerable youth to convey their experiences and how they have developed from those experiences). Training in art therapy has also led to community partnerships, such as using art therapy methods in Ghana to train police officers in assisting traumatised populations, employing art therapy in Botswana to encourage children to keep taking their HIV medications, and incorporating art therapy in Zambia into the training of HIV-AIDS peer counsellors.

The panellists focused mostly on successful post-education outcomes. Yet, there remain barriers to practice due to the lack of recognition of art therapy as a legitimate profession. For this reason, some panellists would like to see art therapy become a specialised field in their countries through the establishment of certificate or diploma programmes in higher education. Others, seemingly wary of the potential rigidity and inaccessibility of institutional structures, advocated for flexibility. Flexibility might manifest in the way space and time are employed to deliver education, or by retaining diverse educational options, or through openness to educating different kinds of professionals and community workers, such as activists, art facilitators, and clinicians.

Post-conference reflection from Joanna Pearce

An expensive master's degree course is not going to be accessible to many people. How can the practice be sustainably available to most of the population? If the training/practice becomes elitist, it is the opposite of social justice.

ART IS NOT ROMANTIC
IT IS HARD WIRED IN US

POWERFUL, AND LIKE FIRE CAN BOTH NOURISH AND DESTROY.
I WATCH OTHERS MAKE AND FEEL AND I LEARN
I AM SCOTTISH NOT ZAMBIAN, BUT STILL A GLOBAL CITIZEN

Post-conference reflection from Kestone Lyambai

As a Zambian art therapist, I stand in the middle of Zambia, where sunsets paint the sky with flaming hues, with a vision of change and rejuvenation. My passion was sparked by the panel discussion. It demonstrated how art therapy can be used to treat people from many backgrounds and cultures, igniting interest and excitement among a broad audience. This conversation inspired me to take an active role in reframing the conversation about art therapy education in our community.

Making art therapy education available to everyone, regardless of socioeconomic background, was one of the panel's most important takeaways. Regarding social justice, this had a strong resonance. As an art therapist from Zambia, I am dedicated to investigating accessible and neighbourhood-based training options. Most of the population in Zambia should be able to receive art therapy, which should continue to be an inclusive and empowering discipline. We are creating a future where justice and art coexist peacefully in the core of our country through our artistic expressions and teamwork.

My drawing (Figure 3) depicts how art has the unique ability to depict one's past, present, and future, weaving a narrative that transcends time and captures the essence of personal experience.



Figure 3. Artwork by Kestone Lyambai

Ensuring professional/paraprofessional ethical standards

Whether art therapy practice develops through paraprofessional training or through higher education programmes, it is incumbent upon educators to establish and reinforce standards for responsible, ethical practice, thereby protecting those who are recipients of art therapy services. Ethics emerging from conventional Western psychology focus on the individual, yet many countries in the Global South have collectivist cultures where a psychosocial approach is more appropriate. At the Universidad Finis Terrae in Chile, for example, there is an understanding that fundamental concepts such as creativity, imagination, metaphor, nonverbal communication, and triangular relationships do not only apply to the individual, but also contribute to the social fabric. Thus, the university takes a community-oriented approach to ethics that is guided by principles of social justice and human rights.

Post-conference reflection from Pamela Reyes Herrera

My textile image (Figure 4) reflects on the notion of mental health in the context of extreme poverty and social crisis. Someone asked our round table how we could think about mental health when reality crushes us? This question moved me. I don't have an answer, but maybe something human is to build from scraps, memories, and hope.



Figure 4. Textile art piece by Pamela Reyes Harrara

Educating art therapists for social justice

What does it mean to train art therapists for social justice? Critical to the socially just development of context-specific art therapy education and training is foregrounding the voices and perspectives of practitioners from the Global South while decentring the dominating voices of Western, predominantly white, 'experts' so that contextually sensitive and culturally relevant practices might develop in each country.

One of the challenges is to ensure the focus of our practice transitions from individual distress or internal conflicts to interpersonal relationships, and from there to broader social, cultural, and political processes. This includes considering personal and family histories as well as the histories of social groups, communities, and nations. It requires conceptualising mental health not through an individualistic lens, but as something that is created within the context of community. For example, in Chile, post-colonial issues, such as the challenges of Indigenous people in relation to transgenerational trauma or the consequences of the Cold War and numerous coups d'état in Latin America, cannot be ignored. Students of art therapy must learn how to attend to both individual and social psychology, both personal mental health and community wellbeing.

Another example is a group-based art therapy model of training and therapeutic provision at Lefika La Phodiso in South Africa. This programme was developed in response to a specific time in the country's post-apartheid history to redress past social injustices. Lefika La Phodiso established a new category of professional identity, *community art counsellor*, and made the training widely accessible, including for people already doing arts-based community work who could not afford university educations (see Lefika La Phodiso – Community Art Counselling and Training, <https://www.youtube.com/watch?v=ffqq3r4eEXk>.)

Some cultural understandings of art also present challenges to art therapy becoming a culturally accepted practice. While the roots of the art therapy field are anchored in a view of art as individual expression, this perspective is not universal. In creating culturally relevant approaches to practice, we need to be attentive to how the arts are already being used in a particular context, and what kinds of art practices are effectively fostering health and wellbeing in communities. Instead of painting and drawing, we might need to consider craft practices or the integration of visual art with dance, theatre, and spoken

word. Indigenous arts and care practices provide a strong foundation on which art therapy can be built because, as one audience member noted, our theory and practice must reflect the people and how they want their lives to be defined and formed.

Post-conference reflection from Emma Mills

As I created an art piece to reflect on the conference experience (Figure 5), I was deeply moved by the number of attendees at the conference and by the art therapy healing techniques that are being shared in the Global South. It became apparent to me that there is an urgent need for Global South voices to be heard regarding what is needed for healing, and for the Global North to effectively gain a better understanding of various cultures and ethnicities. It is crucial for us, as global participants, to recognise what can truly be beneficial and consider the long-term support needed for those who are implementing new skills and drawing from Indigenous healing practices.

Samu's [audience member] response resonated with me, particularly their contemplation of the terminology associated with mental health and the spaces for expressions that may not yet exist or differ across cultures. In every aspect, we should remain receptive to the wisdom rooted in Indigenous traditions. This may require a form of political activism from all of us.



Figure 5. Art piece by Emma Mills

Post-conference response from Hayley Berman

My art piece (Figure 6) reflects how our panel highlighted the complexity and continual need to lean into difficult conversations. We invited an exploration of generational and intergenerational discourses of access to education, privilege, and power and the intersections of mental health and creativity in countries that are part of the Global South.

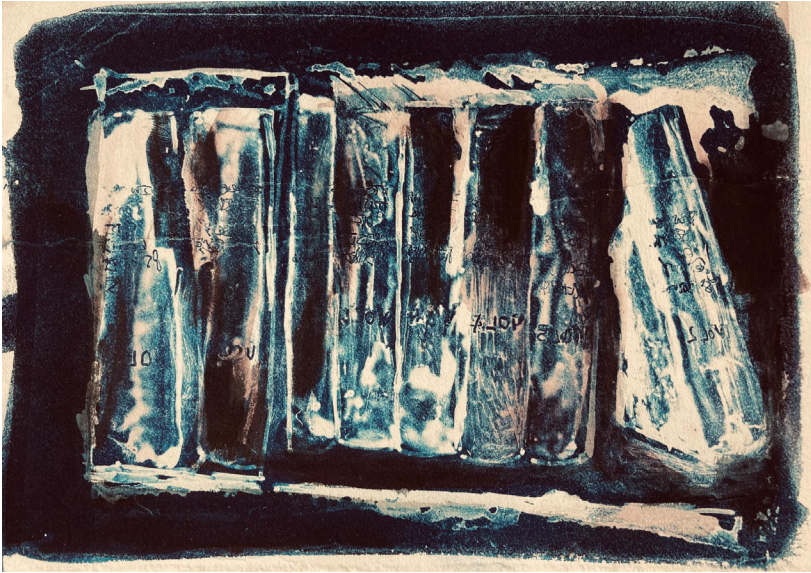


Figure 6. Art piece by Hayley Berman

Promoting and sustaining art therapy and art-as-therapy training requires deep curiosity and democracy of thought and practice. This translates into cultivating and harvesting Indigenous knowledge, drawing on models of practice that encourage integrity of identity, and fundamentally representing and reflecting the people who will receive and implement the work long term.

Conclusion

The Global South provides fertile ground for the expansion of the field of art therapy beyond its roots in the Global North. Differences in world views – in ways of conceptualising art, therapy, and wellbeing – have the potential to upend conventional art therapy theory and practice and to bring about enriching, generative changes within the field. The potential to learn from one another will come about through a generous, cross-cultural exchange of skills and knowledge, along with the willingness of Global North art therapists to take a step back from their expert roles and create space, platforms, and support for Global South peers to step forward as equal colleagues on the world stage. Such efforts will help ensure that art therapy in the Global South takes root and thrives.

Post-conference reflection from Nelly Adhiambo

SHE SOARS

Little voices whisper in the background.

A lot to be heard up the arena.

The stage set to start the play.

Get up and raise your voice.

Is it excitement or surprise?

Something familiar yet so new?

Can dance heal or art treat?

Raise your voice, we need to hear.

Beautiful souls knitted with threads.

Entangled in love, ready to help.

Do I need a paper to spread love?

Speak up, someone hears your voice.

Give a chance, the whisper to hear.

Set the arena, build the stage.

The South is set for all to see.

Art is real and it can heal.