

Integrating Arts Therapies in Zambia: A Reflection on Psycho-Spiritual Cultural Dispositions and their Potential for Healing

Nsamu Moonga 

University of Pretoria, South Africa 
mwendandende@gmail.com

Submission Date: 11 December 2024

Acceptance Date: 12 May 2025

Abstract

The arts therapies, comprising music therapy, art therapy, dance/movement therapy, and drama therapy, present a promising *pathway* for integrating Zambia's rich cultural and psycho-spiritual traditions into contemporary healthcare provision. These therapeutic modalities, emphasising self-expression, emotional regulation, and communal healing, demonstrate significant alignment with Zambia's spiritual and artistic heritage, deeply rooted in Indigenous knowledge systems. Historically, Zambian healing practices have utilised music, dance, and visual arts as instruments for spiritual connection and social cohesion, suggesting their potential efficacy in addressing contemporary mental health challenges. This conceptual review synthesises existing literature and cultural practices to provide a theoretical framework for future empirical research on integrating arts therapies into Zambia's healthcare system. The review examines the intersection between Indigenous healing traditions and contemporary therapeutic approaches, explores transferable insights from regional African contexts, and proposes pathways for culturally responsive mental health interventions that honour local knowledge whilst addressing current healthcare gaps.

Keywords: Arts-based healing practices, Indigenous knowledge systems, Indigenous spiritual practices, mental health integration, cultural psychiatry

Positionality statement

As a Zambian scholar and arts therapies practitioner, my perspective emerges from the intersection of lived experience, cultural heritage, and established therapeutic theory and practice. This dual positioning informs the paper's central aim: preserving and revitalising Zambia's Indigenous knowledge systems whilst facilitating their integration into contemporary therapeutic frameworks. This approach advocates for centring local knowledge within collaborative methodologies, ensuring that Zambia's unique cultural identity not only endures but evolves meaningfully within global mental health discourse.

Introduction

Zambia, a landlocked nation in Southern Africa, boasts a vibrant cultural landscape shaped by over 70 distinct ethnic groups (Taylor, 2006). These diverse traditions emphasise the interconnectedness of mental, spiritual, and physical well-being (Bojuwoye & Moletsane-Kekae, 2018; Sandlana, 2014) and have long embraced artistic expressions as vital conduits for healing, emotional release, and communal bonding (Bwalya, 2019; Ukoha, 2023).

Traditional healing practices remain central to Zambian cultural identity and health ecosystem. For example, the masabe rituals among the BaTonga people integrate rhythmic drumming, call-and-response singing, and communal dance to facilitate emotional processing during significant life transitions (Moonga, 2019). Similarly, the *nyau* dance ceremonies of the Eastern Province employ elaborate masks and choreographed movements for storytelling and collective catharsis (Zulu, 2016). The Tumbuka healing practice of *vimbuza*, recognised by the United Nations Educational, Scientific and Cultural Organization (UNESCO) as a key element of intangible cultural heritage, employs percussion-driven trance states and expressive dance to address conditions such as anxiety, depression, and trauma (Friedson, 2009). Moreover, visual arts, from the creation of protective amulets to symbolic clay figurines, further underscore the therapeutic role of creativity within local communities.

Despite the therapeutic potential of these Indigenous approaches, Zambia's formal mental healthcare system operates in isolation from traditional practices, creating a fragmented landscape where severe systemic

constraints further limit opportunities for meaningful integration. With a population exceeding 19.6 million (World Bank, 2024) and fewer than 15 practising psychiatrists (WHO, 2020), mental health services are profoundly centralised in urban areas, most notably at Chainama Hills Hospital in Lusaka, which recorded 22,751 mental health cases in 2023 (Phoenix FM, 2024). This centralisation, coupled with a predominantly biomedical model that often fails to account for cultural and spiritual dimensions, drives many Zambians to seek support from traditional healers and community-based practices (Chama, 2016; Moshabela et al., 2015; Ndetei et al., 2013; Sorsdahl et al., 2009; Musyimi et al., 2016; Wilson, 2023).

Contemporary arts therapies are structured approaches that utilise modalities such as visual arts, music, dance/movement, drama, and storytelling to foster psychological and social well-being (Malchiodi, 2013) to offer a promising alternative that naturally complements these traditional practices. For instance, communal drumming in music therapy parallels Indigenous healing ceremonies, just as narrative approaches echo enduring oral traditions. Globally, such interventions have demonstrated effectiveness in promoting emotional regulation, charting trauma recovery, and enhancing social cohesion (Bunn et al., 2014; Monteiro & Wall, 2011; Oladeji et al., 2022).

Integrating arts therapies into Zambia's healthcare framework not only presents an opportunity to address pressing mental health challenges but also validates and preserves the nation's rich cultural legacy within a modern therapeutic context. This study, therefore, examines the intersections between Indigenous healing practices and contemporary arts therapy modalities, laying the groundwork for future empirical research and policy development.

Methodology

This study employs a conceptual review and qualitative synthesis approach to examine the integration of arts therapies into Zambia's healthcare system. A conceptual review constitutes a comprehensive analysis that critically examines concepts, theories, and evidence across disciplines to develop new theoretical insights or frameworks (Jabareen, 2009; Luft et al., 2022). This methodology was selected for its capacity to integrate diverse knowledge sources, from psychological literature to anthropological studies, necessary for understanding the complex intersection of arts therapies and traditional

healing practices. The qualitative synthesis process involved systematically identifying, evaluating, and interpreting findings from multiple sources to generate new conceptual understandings (Luft et al., 2022; Noblit & Hare, 1988).

The review process followed four sequential phases:

- 1. Literature identification:** Systematic searches across academic databases, including PubMed, JSTOR, and AJOL, with a focus on publications from the past decade to ensure contemporary relevance. Search terms included "arts therapies in Zambia", "Indigenous healing practices in Africa", "mental health interventions", "creative arts therapy", and "mental health services in Zambia"
- 2. Screening and selection:** The application of inclusion criteria prioritises studies addressing arts therapies in relation to African cultural and psycho-spiritual practices, with preference for articles exploring traditional healing methods and their alignment with mental health interventions
- 3. Data extraction:** Systematic extraction of key themes, methodological approaches, and findings from selected literature
- 4. Synthesis and framework development:** Integrating insights to develop a coherent conceptual framework for implementation.

Inclusion criteria

Literature selection was guided by criteria ensuring cultural relevance and academic rigour:

- Studies addressing arts therapies (music, art, drama, movement therapy) in relation to African cultural and psycho-spiritual practices
- Articles exploring traditional healing methods and their alignment with mental health interventions
- Case studies demonstrating the efficacy of arts therapies within African contexts
- Publications addressing socio-cultural dimensions of mental health in Africa
- Literature examining general principles and global applications of arts therapies

- Documents addressing mental healthcare interventions in Zambia, including policy documents and programme evaluations.

All selected publications were peer-reviewed, published in English, and addressed relevant socio-cultural dimensions.

Data analysis

Selected data underwent thematic coding, identifying four key analytical areas:

1. **Cultural alignment:** How arts therapies integrate with Zambian traditions
2. **Therapeutic relevance:** Mental health outcomes addressed through creative modalities
3. **Transferability:** Insights from other African contexts applicable to Zambia
4. **Barriers and enablers:** Structural and cultural factors influencing implementation.

These findings were organised into evidence tables that visualise the intersections between arts-based interventions, psycho-spiritual healing practices, and national healthcare priorities.

Ethical considerations

Given the conceptual nature of this study, ethical considerations focused on ensuring the integrity of research sources and establishing foundations for ethical engagement in future research and practice. Only peer-reviewed literature adhering to recognised ethical guidelines was included, ensuring academic credibility and respect for the ethical implications of the knowledge utilised.

Objectives of the conceptual review

This conceptual review aimed to synthesise existing literature on integrating arts therapies into Zambia's healthcare framework and explore their alignment with Indigenous psycho-spiritual practices. Arts therapies encompass diverse evidence-based interventions utilising creative expression

through visual arts, music, dance/movement, drama, and poetry to promote psychological healing and well-being (Karkou & Sanderson, 2006; Malchiodi, 2014). These therapeutic modalities have demonstrated efficacy across various populations and mental health conditions, with meta-analyses showing moderate to strong effect sizes for depression, anxiety, trauma, and psychosocial functioning (Koch et al., 2019; Uttley et al., 2015). Arts therapies operate through multiple mechanisms, including non-verbal emotional expression, symbolic processing of difficult experiences, enhanced embodied awareness, and the therapeutic relationship within creative contexts (Czamanski-Cohen & Weihs, 2016).

Research questions

Specifically, the review addressed the following research questions:

1. How do Zambia's cultural and psycho-spiritual practices align with arts therapy principles?
2. What transferable insights from other African contexts can inform Zambian interventions?
3. What are the potential benefits and barriers of incorporating arts therapies into Zambia's healthcare framework?
4. How can traditional practices, such as the Tumbukas' *vimbuza* and BaTonga's *masabe* rituals, inform culturally responsive therapeutic approaches?
5. What policy recommendations emerge from this analysis to ensure sustainability and acceptance?

Theoretical framework

This study is grounded in a dual theoretical perspective that bridges contemporary arts therapies with African psycho-spiritual traditions. On the one hand, Stephen K. Levine's principles of arts therapies provide a foundation through his poiesis theory. Levine (1997) conceptualises artmaking as an inherently healing process that restores psychological integration by creating form from chaos, allowing traumatic experiences to be externalised, witnessed, and transformed within a safe therapeutic container. In this view, the creative process becomes an act of reorganisation

and catharsis, echoing therapeutic practices long featured in Zambia's traditional healing systems.

In parallel, the African philosophy of Ubuntu offers a distinctly communal perspective on healing. Ubuntu, summarised in the Nguni Bantu expression *umuntu ngumuntu ngabantu* (a person is a person through others), emphasises relationality and collective well-being (Tutu, 1999; Mkhize, 2018). This philosophy aligns with the participatory nature of arts therapies by underscoring that healing is not solely an individual process but one deeply embedded within community ties. The communal focus inherent in Ubuntu underpins many traditional practices in Zambia, where rituals and ceremonies are designed to foster social cohesion as well as personal healing.

Further reinforcing this integrative model is the concept of psycho-spirituality, which is central to many African healing traditions. Psycho-spirituality denotes the interplay between psychological states and spiritual dimensions, a duality prominently reflected in practices such as the *vimbuza* healing dance (Friedson, 2017; Mbiti, 1990). In such practices, music, drumming, and movement are catalysts for emotional expression and restore spiritual balance, offering a holistic approach to wellness. This multifaceted dynamic mirrors the mechanisms of arts therapies, which utilise creative expression to address psychological and spiritual needs.

These theoretical perspectives demonstrate that contemporary arts therapies are not foreign interventions but share profound similarities with Indigenous healing practices. Drawing on both Levine's (1997) *poiesis* theory and the communal, relational principles of Ubuntu (Chilisa, 2024), alongside the concept of psycho-spirituality, this framework provides a robust basis for understanding how creative therapeutic modalities can be authentically integrated into Zambia's culturally rich mental healthcare environment.

Arts therapies: Core theory and practice

Arts therapies encompass diverse therapeutic modalities utilising creative expression as the primary vehicle for psychological healing and transformation. These approaches are grounded in specific theoretical frameworks that guide their application across various contexts. In drama therapy, Phil Jones (2007) identifies nine core principles forming the practice foundation: dramatic projection, therapeutic performance, drama-therapeutic empathy, embodiment, playing, life-drama connection,

transformation, witnessing, and interactive audience engagement. These principles emphasise how theatrical elements create safe spaces for exploring difficult emotions and experiences through metaphor and embodiment. Sue Jennings' (1998) embodiment-projection-role model demonstrates how drama therapy progressively engages individuals from sensory-physical experiences to symbolic play and finally to role enactment, making drama therapy exceptionally adaptable to diverse cultural contexts where ritual performance plays a central healing role.

Music therapy operates through mechanisms including emotional expression, identity formation, and relational engagement (Bruscia, 2014), whilst art therapy emphasises visual symbolisation and externalisation of internal states (Malchiodi, 2013). Dance/movement therapy emphasises the body as a primary site for emotional processing and integration (Koch et al., 2019). Research demonstrates these modalities' effectiveness across various mental health conditions, with meta-analyses showing moderate to strong effect sizes for depression, anxiety, trauma, and psychosocial functioning (Uttley et al., 2015).

However, Western models of arts therapies often emphasise individualistic approaches to healing that may not align with collectivist cultures. Makanya (2014) argues that drama therapy in South Africa must integrate traditional healing systems to fully accommodate African health and well-being perspectives. Similarly, Siko (2020) explores how African spiritual healing in drama therapy utilises movement and sound as essential tools for facilitating emotional and psychological restoration.

Arts therapies in Indigenous contexts

Arts therapies have demonstrated effectiveness in diverse cultural settings, blending creativity and therapeutic interventions to promote emotional, psychological, and social well-being. Research highlights their effectiveness in fostering self-awareness, emotional regulation, and trauma recovery (Musyimi et al., 2018). When appropriately adapted to honour cultural protocols and knowledge systems, arts therapies can bridge traditional practices and contemporary mental health approaches (Bojuwoye & Moletsane-Kekae, 2018).

Zambian healing practices

To address the first research question, how Zambia's cultural and psycho-spiritual practices align with arts therapies principles, this section examines traditional healing modalities that incorporate artistic expression as central to psychological and communal well-being. Traditional Zambian practices, such as *vimbuza* (Friedson, 2017) and *masabe* (Moonga, 2019), demonstrate close alignment with principles of arts therapy. These practices utilise music, dance, and storytelling to facilitate emotional release and spiritual reconnection, highlighting their therapeutic potential. The *vimbuza* healing tradition notably demonstrates how embodied performance serves as a vehicle for individual and communal transformation, addressing psychological distress through culturally meaningful symbolism and ritualised expression that integrates spiritual dimensions often neglected in Western therapeutic approaches.

Comparative case studies

This section addresses the second research question regarding transferable insights from African contexts by exploring established models in Nigeria, Kenya, and South Africa, identifying how they can inform Zambia's interventions. The three diverse case studies from across Africa showcase the integration of arts-based interventions with local cultural practices. Presenting these examples side by side affords valuable insights into how therapeutic strategies, rooted in Indigenous traditions, can enhance mental healthcare.

Several interventions demonstrate that aligning therapeutic methods with cultural practices fosters emotional regulation, social cohesion, and holistic healing. The following table summarises the key elements of these studies:

Table 1: Comparison of case studies

Case study	Cultural alignment	Therapeutic methods	Key outcomes
Ngoma healing ceremony in South Africa (Vinesett et al., 2017)	Emphasises traditional drumming, dance, and communal engagement—elements common across many African cultures	Music, drumming, and participatory dance	Reduced stress, enhanced resilience, emotional release, and a reinforced sense of spiritual connection
Bedside arts programmes in Nigeria (Oladeji et al., 2022)	Grounded in local cultural expressions, adaptable to Indigenous crafts and musical forms	Visual arts and music therapy interventions	Improved emotional well-being, reduced anxiety, enhanced patient-centred care
Community-based theatre in Kenya (Elliott, 2024)	Reflects rich oral traditions and local storytelling practices integral to many African communities	Drama therapy and narrative storytelling	Addressed trauma, promoted social healing, and facilitated collective reflection and resolution

These case studies collectively suggest that when arts therapies are adapted to reflect the cultural context, they address individual psychological needs and strengthen communal bonds. For Zambia, the lessons drawn from these examples provide a blueprint for designing interventions that honour Indigenous traditions while incorporating contemporary therapeutic practices.

In particular, the rhythmic and performative elements of the Ngoma ceremony highlight the power of music and dance in soothing emotional distress and reinforcing cultural identity. Similarly, the bedside arts programmes in Nigeria demonstrate the effectiveness of visual and musical expression in creating accessible, cost-effective therapeutic solutions. Finally, the community-based theatre in Kenya underlines the transformative potential of narrative and drama in addressing trauma and fostering community dialogue.

Findings

The review's core insights have been organised into several interrelated themes. These themes (see summary in Table 2: Key findings) capture the intersections between Zambia's Indigenous psycho-spiritual traditions and contemporary arts therapies, along with the structural challenges and opportunities for integration. The table categorises each finding by theme, provides a concise description, and lists supporting examples from the literature. Following the table is a discussion of the findings and their relevance to the research questions.

Table 2: Key findings

Theme	Description	Examples
Cultural alignment	Strong resonance between arts therapies and Zambian traditions, including music, dance, and storytelling	Vimbuza rituals, masabe practices
Therapeutic relevance	Arts therapies address emotional regulation, community bonding, and trauma recovery	ZTA Course findings: Ngoma healing ceremony
Comparative insights	Case studies from other African nations provide actionable frameworks for adapting arts therapies	Bedside arts in Nigeria, community-based theatre in Kenya
Barriers	Limited resources, stigma, and a lack of trained arts therapy professionals	Minimal inclusion in policy, societal perceptions
Opportunities	Collaborative research, policy advocacy, and capacity-building initiatives	International partnerships, local practitioner training

Discussion

In this section, I synthesise the review's findings by organising the discussion around five key themes, as summarised in Table 2. These themes directly correspond to and systematically address the research questions as follows: *cultural alignment* demonstrates how Zambia's cultural and psycho-spiritual practices connect with arts therapy principles (RQ1); *therapeutic relevance* further explores this connection by examining how traditional practices like *vimbuza* and *masabe* rituals can inform culturally responsive therapeutic

approaches (RQ4); *comparative insights* examines transferable knowledge from other African contexts, including Kenya's Amani People's Theatre and Nigeria's Arts in Medicine programme, to inform Zambian interventions (RQ2); *structural barriers* identifies the challenges and limitations of incorporating arts therapies into Zambia's healthcare framework (RQ3a); and *opportunities and policy implications* presents the potential benefits of integration along with concrete policy recommendations for ensuring sustainability and acceptance (RQ3b and RQ5).

Cultural alignment

The review demonstrates that many traditional Zambian practices, such as *vimbuza* healing dances and *masabe* rituals, as well as other culturally embedded ceremonies, share core elements with arts therapies. These practices emphasise communal participation, rhythmic engagement, and symbolic expression, all integral to modern creative therapeutic modalities (Monteiro, 2011; Cox & Youmans-Jones, 2023). Such alignment is exemplified by *vimbuza*, which functions as a diagnostic ritual and treatment for various psychological disturbances attributed to spirit possession. The rhythmic drumming, dance, and communal participation foster a therapeutic environment that encourages emotional expression and community support (UNESCO, 2008). Similarly, *masabe* rituals amongst BaTonga utilise music, movement, and symbolic objects to address conditions characterised by emotional distress, social withdrawal, and intrusive thoughts, symptoms aligning closely with what Western frameworks might diagnose as anxiety or trauma-related disorders (Matanzima & Saidi, 2020; Moonga, 2019).

These traditional practices can inform therapeutic frameworks through several concrete pathways:

- **Integrated assessment models:** Therapeutic assessment tools can incorporate elements from *vimbuza* diagnostic practices, considering not only individual symptoms but also social relationships, spiritual dimensions, and community dynamics (Kaimal et al., 2020). Assessment protocols could include questions about social harmony and perceived spiritual well-being alongside conventional symptom screening. Recent research emphasises that the most critical part of treating trauma is conducting the process in a manner that people recognise as healing,

and advocates for integrated approaches that honour cultural healing knowledge (Sánchez-Flores, 2024).

- **Movement-based interventions:** The structured yet improvised movements in *vimbuza* dances can inform dance/movement therapy protocols. Therapists can create sessions that incorporate traditional movements into therapeutic choreography, addressing specific emotional states and facilitating processing. Contemporary research validates that dance rituals are an essential part of the healing process, particularly in alleviating the symptoms of psychological distress. It emphasises their role in socialisation, expression, and community, which helps maintain societal health (Cox & Youmans-Jones, 2023). The American Dance Therapy Association's recognition of ancient healing and modern practice approaches supports this integration (Bryl et al., 2022).
- **Rhythmic regulation:** The carefully structured percussion progressions in *vimbuza* and *masabe* rituals can inform music therapy interventions. The gradual building of rhythm that characterises these traditions provides templates for interventions targeting emotional regulation and autonomic nervous system modulation. Research on the Ngoma tradition confirms that Indigenous healing rituals around the world employ powerful rhythms and prolonged music and dance in a social context for therapeutic purposes (Vinesett et al., 2015). Studies involving BaTonga communities specifically demonstrate that they rely on musical healing rituals as these are aligned with their relational cosmology and accommodate their perceptions of well-being (Moonga, 2019).
- **Community integration:** By following these traditional practice models, arts therapy interventions can be designed to involve family and community members at appropriate stages, recognising healing as a communal rather than solely an individual process. Research on incorporating traditional healing practices emphasises that ceremonial participation, traditional education, culture keepers, and community cohesion are viewed as key components of a successful traditional healing programme (Hartmann & Gone, 2012). Furthermore, successful integration necessitates community engagement, elder support, or Indigenous ceremonies or traditions, with collaborative and Indigenous-led strategies proving to be the most effective (Corso et al., 2022).

- **Ritual structure:** The ceremonial frameworks of these practices, including preparation, main therapeutic actions, and reintegration phases, can inform the overall structure of arts therapy sessions, honouring cultural healing knowledge while incorporating contemporary therapeutic understanding. Contemporary frameworks for Indigenous and traditional arts practices emphasise that healing systems are founded on generations of observations, a deep understanding of culture and context-specific needs, and advocate for approaches that avoid culturally misinformed or ill-suited Western imperialist approaches to treatment (Kaimal et al., 2020). The ecological model of traditional healing recognises that the individual, family, community, and culture are interlinked and require ethical integration that respects cultural healing traditions (Iyer & Kaimal, 2021).

Therapeutic relevance

Evidence suggests that the inherent components of Zambia's Indigenous practices not only facilitate emotional catharsis and community bonding but also directly impact trauma recovery and overall psychological resilience. For instance, group drumming or narrative storytelling in traditional settings mirrors the mechanisms used in music and drama therapy interventions (de Witte et al., 2021; Laranjeira & Querido, 2023). Research on Indigenous healing approaches demonstrates that traditional tribal families can use crises as opportunities for growth and possess the capacity to face crises and utilise the discoveries from these experiences to become stronger (Lucana & Elfers, 2020). Zambia's diverse psycho-spiritual traditions offer valuable foundations for integrating arts therapies. Modern therapeutic approaches can be customised to embody cultural authenticity and clinical efficacy by integrating practices that blend symbolic expression, community involvement, and transformative rituals (Corso et al., 2022; Kaimal & Arslanbek, 2020).

Traditional practices and therapeutic applications

- **Ng'ombu divination:** Practised among the Ndembu, Ng'ombu divination involves a symbolic diagnostic system using a *mpang'u* (basket of objects) to represent various states of being and relational dynamics. When cast, these objects form patterns that trained diviners interpret to uncover

psychological and spiritual disturbances (Turner, 1975). In an art therapy context, this process could be reimagined by encouraging clients to create personal symbol sets that externalise their internal experiences. Recent research on symbolic healing confirms that symbolism allows clients to explore difficult material, experience transference, and create links between known and unknown realms (de Witte et al., 2021). Therapeutic activities might involve crafting personalised representations of *mpang'u* objects, arranging them to explore relational patterns and conflicts, and using these configurations as starting points for reflective dialogue (Goodwyn, 2019).

- **Chisungu initiation rituals:** Among the Bemba, female initiation ceremonies known as Chisungu are marked by clay figurines, symbolic drawings, and embodied performance. These rituals convey psychological insights about life transitions and identity transformation (Richards, 1956). In contemporary practice, such traditions could inform developmental art therapy by inspiring rites-of-passage workshops. Research on initiation rituals demonstrates that these ceremonies have profound psychological effects on individuals as they transition into new social statuses, helping participants experience a heightened sense of self-worth and belonging (Clarke, 2024). These sessions would integrate traditional Bemba symbols and artmaking techniques, supporting adolescents and young adults in navigating identity formation and other modern psychological challenges.
- **Chinamwali initiation rituals:** Closely related to Chisungu, Chinamwali initiation rituals practised by the Chewa mark the transition into adulthood. These ceremonies combine symbolic teachings, ritual seclusion, and artistic expressions such as beadwork and pattern-making. Elder women, known as *anamkungwi* or *asungi*, guide initiates through structured beadwork rituals to restore spiritual harmony, reinforce ancestral ties, and prepare participants for new social roles (Mutale, 2017; Talakinu, 2019). The repetitive, meditative quality of these practices aligns well with current understandings of rhythmic activities that regulate the autonomic nervous system. Contemporary research confirms that ritualised processes allow for the progressive release of emotions and support concretisation through embodied therapeutic processes (de Witte et al., 2021). In art therapy, such methods could be adapted for interventions aimed at reducing anxiety, improving

attention, and integrating traumatic memories (Barudin, 2021; Bowler, 2020).

- **Nyau mask traditions:** The Chewa's *nyau* mask traditions involve elaborate masks and costumes designed to embody spiritual forces and archetypal characters (Kambalu, 2016; de Aguilar, 1996). These masked performances facilitate psychological transformation as participants embody diverse personas and access deeper emotional realms. This tradition offers promising avenues for drama therapy and mask work, where clients might create masks representing aspects of their inner experiences, experiment with varied roles in a safe performance environment, and engage in communal activities that address collective traumas and social challenges. Research demonstrates that art, particularly in the form of masks and ceremonial objects, facilitates communication with ancestors and spiritual entities during initiation rituals and serves spiritual, educational, and commemorative functions (Ansloos et al., 2022).

Together, these culturally rooted practices highlight how Indigenous traditions in Zambia incorporate symbolic expression, community involvement, and transformative rituals, which are fundamental to arts therapies. Recent research confirms that "Indigenous healing rituals around the world use powerful rhythms and prolonged music and dance in a social context" for therapeutic purposes (Vinesett et al., 2015, p.460). Adapting these methods enables practitioners to create therapeutic interventions that respect and leverage Zambia's rich psycho-spiritual heritage while addressing contemporary mental health needs, as such practices serve as culturally resonant, non-invasive alternatives for treating mental health holistically (Malchiodi, 2018). The following sections explore how culturally resonant, non-invasive arts therapies, grounded in creative expression, rhythm, and communal participation, complement and enhance traditional Zambian healing practices.

Music therapy applications

Music therapy techniques (such as the ISO principle, which involves matching music to a client's emotional state before gradually shifting towards a therapeutic goal) can be adapted to incorporate traditional Zambian rhythms and instruments (Heiderscheit & Madson, 2015; Starcke & von Georgi,

2024), including the *silimba* (xylophone) and *kalimba* (thumb piano). The ISO-principle, originally developed in 1948, is a technique by which music is matched with a client's mood and gradually altered to affect the desired mood state (Goldschmidt, 2020). Recent research highlights the effectiveness of the ISO principle in mood management, where therapists use music that aligns with a patient's current emotional state before transitioning to more uplifting compositions (Qiu et al., 2023).

For example, a music therapist working with depressed clients might begin with slower, minor-key improvisations using familiar Zambian tonal patterns before gradually introducing more dynamic rhythms, fostering emotional regulation and re-engagement with the community (Starcke et al., 2021). This approach addresses depression by providing culturally familiar pathways for emotional expression, strengthening community bonds and cultural identity, key protective factors in mental health resilience (den Hertog et al., 2021; Ozidu & Dourado, 2024). Contemporary research confirms that functional biological indicators (vital signs) respond to auditory stimulation and musical structure and dynamics and that music therapists can use tempo aligned with the ISO principle to achieve desired physiological outcomes (Qiu et al., 2023).

Drama therapy and storytelling traditions

Drama therapy techniques can be effectively integrated with Zambia's rich oral storytelling traditions, particularly through the developmental transformations approach, which emphasises embodied presence and improvisation. This method mirrors Zambian *ngano* (folktales) and oral narratives, incorporating role-playing and embodiment to convey cultural wisdom and emotional expression (Landers, 2008). Recent research on African storytelling confirms that these traditions serve as both a form of education and entertainment. They provide an immersive experience that engages listeners, allowing them to delve into vivid narratives that captivate their imagination and impart crucial life lessons (Moonga, 2022).

Similarly, recent research highlights that African folktales frequently convey values like honesty, hard work, empathy, and wisdom, functioning as tools for teaching children how to behave and interact with others (Juma, 2022). Integrating drama therapy with embodied storytelling, therapeutic methods based on the Zambian oral tradition of *twaano* (educational tales)

can create safe spaces for trauma processing. This technique employs distancing and metaphor to help participants manage difficult emotions within a secure framework of cultural symbols (Liu & Yang, 2024).

Research in the therapeutic storytelling field demonstrates that oral narratives inherently contain therapeutic elements, including communal witnessing, metaphorical meaning making, and embodied expression (Juma, 2022). Juma (2022) emphasises that therapeutic storytelling is a distinct intervention prevalent in Indigenous approaches to healing within diverse African communities and continues to be relevant in contemporary therapeutic contexts (Juma, 2022). There are increasing calls for relational, culturally grounded epistemologies that honour community-based healing knowledge and Indigenous storytelling as forms of psychological resilience (Chilisa, 2024).

Art therapy: Evidence from the Zambia Therapeutic Art Course

The findings of the Zambia Therapeutic Art (ZTA) Course provide compelling evidence for the effectiveness of arts therapies in the Zambian context. Hill et al. (2018) documented specific outcomes among mental health professionals who completed the training, including enhanced therapeutic communication skills, improved empathic understanding of patients' experiences, and strengthened clinical assessment abilities. Participants noted that artmaking activities enabled patients to express concerns previously difficult to articulate verbally, particularly those related to stigmatised conditions. The study further highlighted that art therapy interventions proved particularly effective for trauma survivors, supporting their emotional processing and recovery within structured therapeutic frameworks (Hill et al., 2018).

Recent research on arts-based spiritual health care confirms that artistic creation can reach the human spirit during the psycho-spiritual search for wholeness, indicating that creativity, imagination, and the creation of artefacts are indicators of spirituality and transcendent potential" (Laranjeira & Querido, 2023). This recent research supports the Zambian findings and suggests a broader applicability of culturally integrated arts therapy approaches.

Comparative insights

The review's comparative analysis of case studies from other African countries (e.g., the Ngoma healing ceremony in South Africa, bedside arts programmes in Nigeria, and community-based theatre in Kenya) offers practical models that can be adapted to the Zambian context. These examples reinforce the premise that culturally aligned therapies are not only effective but can also provide cost-efficient, community-driven alternatives to conventional psychiatric care (see Table 2 'Comparative insights'). Drawing insights from established programmes in these countries provides valuable implementation models for Zambia.

Kenya's Amani People's Theatre programme

The Amani People's Theatre programme, established in 1994, utilises participatory theatre techniques to address collective trauma and conflict in areas affected by post-election violence (Joseph, 2016). The programme integrates traditional performance elements with contemporary psychosocial support principles through:

- **Community trauma mapping:** Facilitators guide communities in creating performative maps of collective experiences, identifying resources and challenges
- **Forum theatre:** Participants dramatise conflicts and collectively explore alternative resolutions through interactive performances
- **Ritual integration:** Traditional cleansing and reconciliation rituals are incorporated into performances, honouring cultural healing frameworks
- **Training local facilitators:** Community members receive training to conduct ongoing theatre-based interventions

The programme's work has been recognised for its impact on peacebuilding and trauma healing, though specific data on PTSD reduction and community cohesion metrics require further validation through independent studies. Existing research supports the effectiveness of forum theatre and ritual-based interventions, yet additional studies would clarify the extent of measurable psychological benefits in different socio-cultural settings (Joseph, 2016; Burns & Beti, 2015).

These insights could be applied to Zambia through:

1. Identifying Zambia-specific collective challenges through participatory assessment
2. Adapting the forum theatre model to incorporate Zambian performance traditions like *nyau*, *vimbuza*, or *kalela* dances
3. Establishing training partnerships between Amani People's Theatre and Zambian community organisations
4. Developing evaluation protocols sensitive to Zambian cultural expressions of well-being.

Nigeria's hospital-based arts medicine programme

Nigeria's Arts in Medicine (AIM) programme at the University College Hospital in Ibadan integrates visual arts, music, and storytelling into medical care settings. Key components include:

- **Bedside arts interventions:** Artists utilise portable arts materials to work individually with hospitalised patients, particularly those with chronic conditions
- **Ward-based performance:** Musicians and storytellers conduct regular sessions in common areas, creating therapeutic environments that foster community
- **Healthcare worker training:** Medical staff receive basic training in arts-based approaches to patient care
- **Cultural adaptation:** All interventions incorporate regionally specific arts forms and cultural references.

Whilst research supports the positive impact of arts-based interventions on patient well-being, independent studies are needed to verify specific outcomes related to pain reduction, medication usage, and overall patient satisfaction. Existing literature highlights the role of arts-based interventions in improving emotional engagement and well-being, but further analysis would clarify their economic and long-term health-care effects (Oladeji et al., 2022).

For adaptation to Zambia, this model would require:

1. Pilot implementation in major hospitals such as the University Teaching Hospitals in Lusaka
2. Development of partnerships between healthcare facilities and existing Zambian arts organisations
3. Adaptation of protocols to incorporate Zambian visual arts traditions, musical forms, and storytelling approaches
4. Creation of a Zambian-specific training curriculum for healthcare workers and artists.

Drawing on these established models whilst prioritising Zambian cultural contexts can create scalable, innovative approaches that inspire similar initiatives across the continent whilst maintaining cultural authenticity and relevance for Zambia.

Structural barriers

The analysis also highlights significant challenges facing Zambia's mental health system. Over-reliance on Western biomedical models, pervasive social stigma, and a severe shortage of mental health professionals limit access and diminish the cultural relevance of conventional treatments. While these structural limitations are detailed early in the manuscript, they are a constant reference point that underscores the need for alternative, culturally informed interventions (see Table 2 'Barriers').

Zambia faces significant and multifaceted mental health challenges within a severely constrained healthcare system. With fewer than 15 practising psychiatrists serving a population exceeding 19.6 million and most mental health services centralised at Chainama Hills Hospital in Lusaka (which recorded 22,751 mental health cases in 2023), accessibility represents a critical barrier, particularly for rural populations (WHO, 2020; Phoenix FM, 2024; Mwape et al., 2010; Kapungwe et al., 2011).

The Mental Health Strategy for Zambia 2017-2021 acknowledges these challenges, noting that approximately 20% of primary healthcare attendees present with mental health conditions, yet services remain inadequate (Ministry of Health, Zambia, 2017). According to the World Health Organization (WHO, 2020), mental disorders contribute substantially

to Zambia's overall disease burden, with depression and anxiety being the leading causes of disability-adjusted life years (DALYs). The WHO Mental Health Atlas (2020) reports that Zambia maintains only 0.04 psychiatrists per 100,000 individuals, highlighting an extreme deficiency in specialised mental health personnel that falls significantly below global standards.

The structural limitations extend beyond workforce constraints. Mental health services remain predominantly urban-centric, leaving rural and peri-urban communities without adequate infrastructure for accessing mental health support (Mwape et al., 2022). These structural limitations mirror broader trends across sub-Saharan Africa, where low-income nations often lack sufficient funding, trained personnel, and integrated mental health policies (WHO, 2019).

Furthermore, Zambia's mental health paradigm remains shaped primarily by biomedical models, which often fail to incorporate cultural and spiritual dimensions of healing critical to local epistemologies and Indigenous knowledge systems. This disconnection contributes to treatment gaps, with studies showing that 70-80% of Zambians experiencing mental health challenges seek help from traditional healers rather than formal healthcare providers (Mayeya et al., 2004). Western psychiatric frameworks do not always align with Zambian perceptions of mental illness, leading to low treatment adherence and mistrust toward formal medical interventions (Munakampe, 2020; WHO, 2020; Kapungwe et al., 2010).

The WHO's call for including culturally sensitive approaches underscores the need to integrate community-led interventions reflecting traditional practices, such as *vimbuza* healing and *masabe* rituals, into mental health frameworks to enhance accessibility and effectiveness. This urgent need for culturally congruent approaches to bridge these divides, whilst expanding access to care, provides the context for considering arts therapies as a viable integration strategy.

Current conventional treatments in Zambia predominantly rely on pharmacological interventions (primarily antidepressants and antipsychotics) and limited psychotherapy, which face significant limitations (Kapungwe et al., 2011). These approaches often suffer from irregular medication supply chains and high costs (making them inaccessible to many Zambians), side effects that reduce treatment adherence, and cultural incongruence with local understanding of mental health. Conventional treatments frequently

operate within a disease model, emphasising symptom reduction rather than holistic healing, neglecting social and spiritual dimensions central to Zambian conceptions of well-being (Alemu et al., 2023).

Strengthening community-based interventions and developing culturally responsive therapeutic models grounded in African-centred healing traditions could address systemic gaps whilst ensuring equitable mental health care in Zambia. A shift toward holistic, accessible, and socially relevant frameworks would align Zambia's mental health strategy with global best practices, supporting policy reform and grassroots mental health initiatives (Farah Nasir et al., 2021).

Opportunities and policy implications

Finally, the findings point to considerable opportunities for reform. By leveraging collaborative research, targeted policy advocacy, and capacity-building initiatives, Zambia can bridge the gap between traditional healing and formal mental health care. Expanded training programmes, digital integration for remote outreach, and ethical frameworks that protect Indigenous knowledge are pivotal to ensuring sustainable implementation (see Table 2 'Opportunities').

Integrating arts therapies into Zambia's healthcare framework requires a robust policy strategy honouring local cultural traditions while embracing modern therapeutic innovations. The foundation of this strategy is the inclusion of arts therapies in national mental health policies. The Ministry of Health should work closely with relevant stakeholders, including the Ministry of Youth, Sport and Arts, to incorporate arts therapies into the National Mental Health Policy. This collaboration must build on existing frameworks such as the National Arts Policy Implementation Plan, emphasising creative, inclusive, and sustainable approaches to national development.

Implementation strategies

- **Collaborative capacity building:** A central component of this policy is the development of specialised training programmes that foster collaboration between mental health practitioners, local artists, and traditional healers. By co-designing curricula that integrate Indigenous knowledge with evidence-based arts therapy practices, as demonstrated in successful models in South Africa (Makanya, 2014), the policy can

professionalise arts therapies while ensuring cultural authenticity. Training initiatives should include workshops, certification courses, and continuous professional development modules that are accessible in both urban and rural regions.

- **Multi-stakeholder partnerships:** Successful integration relies on robust partnerships among government agencies, community leaders, non-governmental organisations, and international bodies. These partnerships can facilitate knowledge exchange, resource mobilisation, and the adaptation of best practices. For example, drawing on regional initiatives like Kenya's Amani People's Theatre and Nigeria's hospital-based arts medicine programmes, policy frameworks should enable cross-sectoral collaborations to guide implementation and to share lessons learned.
- **Digital integration and remote delivery:** To overcome geographical barriers and reach underserved communities, the policy should promote the development of mobile applications and virtual platforms that deliver arts therapies. Digital tools can support remote training, facilitate community-based therapy sessions, and foster online communities that sustain cultural dialogue. This digital integration is particularly promising in contexts where in-person interventions face logistical challenges.

Sustainability measures

- **Dedicated funding mechanisms:** Reliable funding must underpin long-term sustainability. Government budgets dedicated to mental health should earmark funds for arts therapies, supplemented by public-private partnerships and grants. Incorporating these initiatives into national health insurance schemes can further ensure that arts therapies are financially accessible and sustainable over time. Such an economic model not only reduces the cost burden traditionally associated with individual therapies but also promotes group-based interventions that are more resource-efficient.
- **Ongoing evaluation and research:** Institutionalising regular monitoring and evaluation protocols is critical for assessing the clinical, social, and economic outcomes of integrated arts therapies. Establishing research consortia collaborating with academic institutions can ensure that outcome data is systematically collected and analysed. This evidence

base will inform continuous policy adjustments and support advocacy for increased investment in culturally responsive mental health care.

- **Ethical integration and cultural safeguarding:** As traditional healing practices and contemporary arts therapies merge, ethical guidelines must protect Indigenous intellectual property and prevent cultural appropriation. Policies should establish clear protocols for collaboration that require fair compensation for cultural custodians and foster respectful knowledge exchange. By embedding ethical considerations into the framework, Zambia can ensure that traditional practices are preserved authentically while benefiting from modern therapeutic advancements.

Addressing mental health stigma

Mental health stigma in Zambia manifests across multiple levels, from individual internalised shame to institutional discrimination. Research by Kapungwe et al. (2010) found that mental illness stigma remains pervasive, affecting individuals within families, communities, healthcare systems, and government policies. Misunderstandings about mental illness aetiology, fears of contagion, and associations with HIV/AIDS contribute to exclusion and discrimination (Kapungwe et al., 2010). Local terms for mental illness, such as *kufunta* (madness), carry significant negative connotations and social rejection.

Arts therapies help address this stigma through multiple pathways:

1. Providing non-verbal expression paths that circumvent stigmatising language often associated with mental health conditions (Hill et al., 2019)
2. Creating communal healing spaces that normalise emotional expression within cultural frameworks (Hill et al., 2019)
3. Shifting focus from pathology to creativity and shared humanity
4. Integrating with traditional healing practices already respected within communities (Hill et al., 2019)
5. Aligning with Zambia's holistic understanding of well-being, which integrates emotional, spiritual, and community dimensions (Mildnerová, 2015).

Additionally, integrating arts therapies into primary healthcare settings can increase accessibility and normalise mental health care as part of general well-being (Hill et al., 2019).

Economic implications of arts therapies

Examining the economic dimensions of arts therapies, this section answers the third research question concerning the potential benefits and barriers to integration within Zambia's healthcare system. Incorporating arts therapies into Zambia's healthcare system could yield significant economic benefits through multiple pathways. By addressing emotional and psychological distress early, arts therapies can reduce reliance on costly pharmacological interventions and hospitalisations (Hill et al., 2019). Additionally, utilising a group-based model rooted in traditional Zambian concepts of communal healing would substantially lower intervention costs than conventional individual therapy models (Hill et al., 2018).

Research highlights that arts-based interventions improve patient outcomes and reduce hospital readmissions, making them cost-effective additions to healthcare systems (WHO, 2021). These therapies enhance emotional regulation, strengthen support networks, improve treatment adherence, and address underlying psychosocial factors often missed in purely biomedical approaches (WHO, 2021).

Furthermore, arts therapies empower communities to engage in preventive care, reducing financial strain on individuals and national health budgets (WHO, 2021). This preventive effect operates through building community resilience, early identification of mental health concerns, destigmatisation, and skills transfer, enabling community members to apply therapeutic techniques independently (WHO, 2021).

Beyond direct healthcare savings, arts therapies contribute to broader economic gains. Improved mental health increases productivity, higher educational attainment, and lower workplace absenteeism (Hill et al., 2019). For Zambia, this potential makes the integration of arts therapies an investment in human capital development.

Research limitations and future directions

Whilst this paper draws on extensive literature and culturally situated examples, there remains a notable scarcity of empirical studies from within Zambia, specifically examining arts-based mental health interventions. Consequently, many conclusions are necessarily extrapolated from regional comparisons, theoretical alignments, and limited case studies rather than from robust in-country implementation research. Additionally, the heterogeneity of Zambian cultural practices necessitates caution when making generalisations across all ethnic groups, as healing traditions vary significantly between communities.

Future research should prioritise participatory methodologies enabling Zambian communities, traditional healers, mental health practitioners, and patients to co-create knowledge around arts therapies. Mixed-methods studies combining qualitative exploration of cultural acceptability with quantitative assessment of clinical outcomes would provide the grounded evidence needed to progress from conceptual framing to formal integration into healthcare systems. Pilot programmes testing culturally adapted arts therapy protocols in both rural and urban Zambian settings would prove particularly valuable. Additionally, longitudinal studies examining the sustainability and long-term impacts of such interventions would yield essential insights. Importantly, future work should explicitly address potential tensions between Indigenous knowledge systems and Western therapeutic paradigms, developing frameworks for ethical integration that preserve cultural integrity whilst meeting contemporary mental health needs.

To address these identified gaps, I am currently undertaking an empirical study examining arts therapy innovations through the Indigenous Musical arts use to manage anxiety and distress in oncology care settings in Zambia. Ethical clearance was obtained from the University of Pretoria Research Ethics Committee (Reference: 16369174 [HUM007/0424]), the University of Zambia Biomedical Research Ethics Committee (Reference: 5850-2024), and the National Health Research Authority (Reference: NHRA-1642/17/10/2024), with institutional permission from the Cancer Diseases Hospital, Lusaka (Reference: MH/CDH/101/14/1). This ongoing research will provide much-needed empirical evidence for arts therapy effectiveness within Zambian healthcare settings.

Conclusion

This review demonstrates that integrating arts therapies with Zambia's traditional healing practices presents a culturally authentic and practical approach to mental health care. By blending creative modalities, such as music, dance/movement, drama, and visual arts, with longstanding Indigenous practices like *vimbuza*, *nyau*, and *ubwinga*, Zambia can address significant mental health challenges while preserving its cultural heritage. Such an integrative model challenges the limitations of a purely biomedical framework and aligns with global efforts to decolonise mental health interventions.

This approach's economic, social, and therapeutic benefits, from enhanced community cohesion and improved treatment adherence to reduced healthcare costs, underscore its vital potential. Establishing robust training programmes, policy support, and sustainable funding mechanisms will be crucial to fully embed these culturally responsive interventions into Zambia's healthcare system.

Fusing contemporary arts therapies with traditional practices offers a promising solution to Zambia's mental health gaps and contributes valuable insights to global dialogues on culturally grounded health care.

Declaration of interest

The author declares no conflict of interest regarding this study. This research received no external financial support and was conducted independently.

References

- Alemu, R. E. G., Osborn, T. L., & Wasanga, C. M. (2023). The network approach: A path to decolonising mental health care. *Frontiers in Public Health*, 11, 1052077. <https://doi.org/10.3389/fpubh.2023.1052077>
- Ansloos, J., Morford, A. C., Dunn, N. S., DuPré, L., & Kucheran, R. (2022). Beading Native Twitter: Indigenous arts-based approaches to healing and resurgence. *The Arts in Psychotherapy*, 79, 101914. <https://doi.org/10.1016/j.aip.2022.101914>
- Arslanbek, A., Malhotra, B., & Kaimal, G. (2022). Indigenous and traditional arts in art therapy: Value, meaning, and clinical implications. *The Arts in Psychotherapy*, 77, 101879. <https://doi.org/10.1016/j.aip.2021.101879>

- Barudin, J. W. G. (2021). From breath to beadwork: Lessons learned from a trauma-informed yoga series with Indigenous adolescent girls under youth protection. *International Journal of Indigenous Health*, 16(1). <https://doi.org/10.32799/ijih.v16i1.33220>
- Bojuwoye, O., & Moletsane-Kekae, M. (2018). African Indigenous knowledge systems and healing traditions. In R. Moodley & E. J. R. Lee (Eds.), *Global psychologies* (pp. 77–98). Palgrave Macmillan. https://doi.org/10.1057/978-1-349-95816-0_5
- Bowler, S. (2020). *Stitching ourselves back together: Urban Indigenous women's experience of reconnecting with identity through beadwork*. University of Victoria (doctorate).
- Bruscia, K. E. (2014). *Defining music therapy* (3rd ed.). Barcelona Publishers.
- Bryl, K., Fontanesi, C., & Stewart, C. (2022). Abstracts from the 2021 Research and Thesis Poster Session of the 56th Annual American Dance Therapy Association Conference, Dance/Movement Therapy: Ancient Healing, Modern Practice, Virtual Conference, October 14-17, 2021. *American Journal of Dance Therapy*, 44(1), 85–92. <https://doi.org/10.1007/s10465-022-09361-6>
- Bunn, M., Goetz, E., & Warria, A. (2014). Arts as an ecological method to enhance the quality of work practice with homeless persons: A transdisciplinary implementation of dignity. *International Journal of Qualitative Studies on Health and Well-being*, 9(1), 26391. <https://doi.org/10.3402/qhw.v9.26391>
- Burns, M. A., Beti, B. N., Okuto, M. E., Muwanguzi, D., & Sanyu, L. (2015). Forum theatre for conflict transformation in East Africa: The domain of the possible. *African Conflict and Peacebuilding Review*, 5(1), 136-151. <https://doi.org/10.2979/africonfpeacrevi.5.1.136>
- Bwalya, W. (2019). *The search for healing and health in the eastern province of Zambia: A sociological investigation of imbricated health systems*. University of Pretoria (master's).
- Chilisa, B. (2024). Relational ontologies and epistemologies informed by our philosophies: Inaugural Ubuntu Annual Lecture 2022. Ubuntu lecture delivered on 25 November 2022. *African Journal of Social Work*, 14(3), 158–165. <https://doi.org/10.4314/ajsw.v14i3.8>
- Clarke, E. (2024). What does musicking afford? *Ecological Psychology*, 36(2), 56–68. <https://doi.org/10.1080/10407413.2024.2355894>
- Corso, M., DeSouza, A., Brunton, G., Yu, H., Cancelliere, C., Mior, S., Taylor-Vaisey, A., MacLeod-Beaver, K., & Côté, P. (2022). Integrating Indigenous healing practices within collaborative care models in primary healthcare in Canada:

- A rapid scoping review. *BMJ Open*, 12(6), e059323. <https://doi.org/10.1136/bmjopen-2021-059323>
- Cox, L., & Youmans-Jones, J. (2023). Dance is a healing art. *Current treatment options in allergy*, 1–12. Advance online publication. <https://doi.org/10.1007/s40521-023-00332-x>
- Czamanski-Cohen, J., & Weihs, K. L. (2016). The bodymind model: A platform for studying the mechanisms of change induced by art therapy. *The Arts in Psychotherapy*, 51, 63–71. <https://doi.org/10.1016/j.aip.2016.08.006>
- de Aguilar, L. B. (1996). *Inscribing the mask: Nyau masks, ritual and performance among the Chewa of Central Malawi*. University of London (thesis).
- De Witte, M., Orkibi, H., Zarate, R., Karkou, V., Sajnani, N., Malhotra, B., ... & Koch, S. C. (2021). From therapeutic factors to mechanisms of change in the creative arts therapies: A scoping review. *Frontiers in Psychology*, 12, 678397. <https://doi.org/10.3389/fpsyg.2021.678397>
- den Hertog, T. N., Maassen, E., de Jong, J. T., & Reis, R. (2021). Contextualised understanding of depression: A vignette study among the! Xun and Khwe of South Africa. *Transcultural Psychiatry*, 58(4), 532-545. <https://doi.org/10.1177/1363461520901888>
- Elliott, M. (2024). Arts-based methods as a critical and decolonising process in global mental health: Reflections on popular discourse, artistic rigour and limitations. *Methods in Psychology*, 10, 100137. <https://doi.org/10.1016/j.metip.2024.100137>
- Farah Nasir, B., Brennan-Olsen, S., Gill, N. S., Beccaria, G., Kisely, S., Hides, L., Kondalsamy-Chennakesavan, S., Nicholson, G., & Toombs, M. (2021). A community-led design for an Indigenous model of mental health care for Indigenous people with depressive disorders. *Australian and New Zealand Journal of Public Health*, 45(4), 330–337. <https://doi.org/10.1111/1753-6405.13115>
- Friedson, S. (2009). *Remains of ritual: Northern gods in a southern land*. University of Chicago Press. <https://doi.org/10.7208/9780226265063>
- Friedson, S. M. (2017). Dancing the disease: Music and trance in Tumbuka healing. In *Musical healing in cultural contexts* (pp. 67–84). Routledge. <https://doi.org/10.4324/9781315090719-4>
- Goldschmidt, D. (2020). *Investigating the ISO principle: The effect of musical tempo manipulation on arousal shift*. Colorado State University (master's).
- Hartmann, W. E., & Gone, J. P. (2012). Incorporating traditional healing into an urban American Indian health organisation: A case study of community member

- perspectives. *Journal of Counselling Psychology*, 59(4), 542–554. <https://doi.org/10.1037/a0029067>
- Heiderscheit, A., & Madson, A. (2015). Use of the ISO principle as a central method in mood management: A music psychotherapy clinical case study. *Music Therapy Perspectives*, 33(1), 45-52. <https://doi.org/10.1093/mtpt/miu042>
- Hill, L. A., Lyambai, K., & Sheikh, W. A. (2019). Enhancing mental health care through therapeutic art in Zambia. *Medical Journal of Zambia*, 46(4), 179–186. <https://doi.org/10.55320/mjz.46.4.603>
- Hill, L. A., Pearce, J., Paul, R., et al. (2018). The 'Zambia Therapeutic Art' course: An innovative approach to increase the psychological skills of Zambian mental health professionals. *Health Press Zambia Bull*, 2(2): 4–7.
- Jabareen, Y. (2009). Building a conceptual framework: Philosophy, definitions, and procedure. *International Journal of Qualitative Methods*, 8(4), 49–62. <https://doi.org/10.1177/160940690900800406>
- Jennings, S. (1998). *Introduction to dramatherapy: Theatre and healing, Ariadne's ball of thread*. Jessica Kingsley Publishers.
- Jones, P. (2007). *Drama as therapy: Theory, practice and research* (Vol. 1, 2nd ed.). Routledge. <https://doi.org/10.4324/9780203932902>
- Joseph, C. O. (2016). Theatre for peace in East Africa: The quest for 'cosmic equilibrium'. *Applied Theatre Research*, 4(2), 137–146. https://doi.org/10.1386/atr.4.2.137_1
- Juma, F. A. (2022). Recapturing the oral storytelling tradition in spiritual conversations with older adults: An Afro-Indigenous approach. *Religions*, 13(6), 563. <https://doi.org/10.3390/rel13060563>
- Kaimal, G., Rattay, K., Tshering Vogel, S., & Wamala-Andersson, S. (2020). Indigenous and traditional visual artistic practices: Implications for art therapy, clinical practice, and research. *Frontiers in Psychology*, 11, 1320. <https://doi.org/10.3389/fpsyg.2020.01320>
- Kalyati, F. (2016). *Mental health in Zambia: A sociological understanding and perception of mental illness in Zambia*. Pontifical Gregorian University (doctorate).
- Kambalu, S. (2016). *Nyau philosophy: Contemporary art and the problematic of the gift – a Panegyric*. University of the Arts London (doctorate).
- Kapungwe, A., Cooper, S., Mayeya, J., Mwanza, J., Mwape, L., Sikwese, A., & Lund, C. (2011). Attitudes of primary health care providers towards people with mental illness: Evidence from two districts in Zambia. *African Journal of Psychiatry*, 14(4), 290-297. <https://doi.org/10.4314/ajpsy.v14i4.6>

- Kapungwe, A., Cooper, S., Mwanza, J., Mwape, L., Sikwese, A., Kakuma, R., Lund, C., & Flisher, A. J. (2010). Mental illness: Stigma and discrimination in Zambia. *African Journal of Psychiatry*, 13(3), 192-203.
- Karkou, V., & Sanderson, P. (2006). *Arts therapies: A research-based map of the field*. Elsevier Health Sciences.
- Koch, S. C., Riege, R. F. F., Tisborn, K., Biondo, J., Martin, L., & Beelmann, A. (2019). Effects of dance movement therapy and dance on health-related psychological outcomes: A meta-analysis update. *Frontiers in Psychology*, 10, 1806. <https://doi.org/10.3389/fpsyg.2019.01806>
- Landers, F. L. (2008). The dynamics of play in Developmental Transformations drama therapy sessions: A discovery-oriented psychotherapy process study to generate hypotheses about a possible relationship between therapeutic play and violent behaviour. *Frontiers in Psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1132584>
- Laranjeira, C., & Querido, A. (2023). An in-depth introduction to arts-based spiritual healthcare: Creatively seeking and expressing purpose and meaning. *Frontiers in Psychology*, 14, 1132584. <https://doi.org/10.3389/fpsyg.2023.1132584>
- Levine, S. K. (1997). *Poiesis: The language of psychology and the speech of the soul*. Jessica Kingsley Publishers.
- Liu, S. & Yang, J. Z (2024). Using distance-framed narratives to foster health communication outcomes among e-cigarette users and non-users. *Journal of Health Psychology*. 29(9):989-1005. <http://doi.org/10.1177/13591053231223810>
- Lucana, S., & Elfers, J. (2020). Sacred medicine: Indigenous healing and mental health. *The Qualitative Report*, 25(12), 4482-4495. <https://doi.org/10.46743/2160-3715/2020.4626>
- Luft, J. A., Jeong, S., Ildsardi, R., & Gardner, G. (2022). Literature reviews, theoretical and conceptual frameworks: An introduction for new biology education researchers. *CBE—Life Sciences Education*, 21(3), rm33. <https://doi.org/10.1187/cbe.21-05-0134>
- Mabingo, A. (2019). Dancing with the “other”: Experiential and reflective learning of African neo-traditional dances through dance education study abroad. *International Journal of Education & the Arts*, 20(1). <https://doi.org/10.18113/P8ijea20n2>
- Makanya, S. (2014). The missing links: A South African perspective on the theories of health in drama therapy. *The Arts in Psychotherapy*, 41(3), 302–306. <https://doi.org/10.1016/j.aip.2014.04.007>

- Malchiodi, C. A. (2013). *Art therapy and health care*. Guilford Press. <https://doi.org/10.1016/j.aip.2014.04.007>
- Malchiodi, C. A. (2014). Creative arts therapy approaches to trauma. In C. A. Malchiodi (Ed.), *Creative interventions with traumatised children* (2nd ed., pp. 3-23). Guilford Press.
- Malchiodi, C. A. (2020). *Trauma and expressive arts therapy: Brain, body, and imagination in the healing process*. Guilford Publications.
- Matanzima, J., & Saidi, U. (2020). Religious rituals and socio-economic change: The impact of the Zimbabwe' cash crisis' on the BaTonga *Masabe* (alien spirits) ceremony. *African Identities*, 20(1), 57-72. <https://doi.org/10.1080/14725843.2020.1811637>
- Mayeya, J., Chazulwa, R., Mayeya, P. N., Mbewe, E., et al. (2004). Zambia mental health country profile. *International Review of Psychiatry*, 16(1-2), 63-72. <https://doi.org/10.1080/09540260310001635113>
- Mbiti, J. S. (1990). *African religions and philosophy* (2nd ed.). Heinemann.
- McNiff, S. (2019). Reflections on what "art" does in art therapy practice and theory. *Art Therapy*, 36(3), 162-165. <https://doi.org/10.1080/07421656.2019.1649547>
- Mildnerová, K. (2015). *From where does the bad wind blow? Spiritual healing and witchcraft in Lusaka, Zambia* (Vol. 49). LIT Verlag Münster.
- Ministry of Health, Zambia. (2017). *Mental Health Strategy for Zambia 2017-2021*. Government of the Republic of Zambia.
- Mkhize, N. (2018). Ubuntu-Botho approach to ethics: An invitation to dialogue. In N. Nortjé, J. C. De Jongh, & W. Hoffmann (Eds.), *African perspectives on ethics for healthcare professionals* (Advancing Global Bioethics, Vol. 13). Springer. https://doi.org/10.1007/978-3-319-93230-9_3
- Monteiro, N. M., & Wall, D. J. (2011). African dance as a healing modality throughout the diaspora: The use of ritual and movement to work through trauma. *Journal of Pan African Studies*, 4(6), 234-252.
- Moonga, N. U. (2019). *Exploring music therapy in the life of the Batonga of Mazabuka, Southern Zambia*. University of Pretoria (master's).
- Moonga, N. U. (2022). Once were stories: A celebration of Black African folklore. *Voices: A World Forum for Music Therapy*, 22(1). <https://doi.org/10.15845/voices.v22i1.3261>
- Moshabela, M., Zuma, T., & Gaede, B. (2016). Bridging the gap between biomedical and traditional health practitioners in South Africa. *South African Health Review*, 2016(1), 83-92. <https://hdl.handle.net/10520/EJC189316>

- Munakampe, M. N. (2020). Strengthening mental health systems in Zambia. *International Journal of Mental Health Systems*, 14(28). <https://doi.org/10.1186/s13033-020-00360-z>
- Musyimi, C. W., Mutiso, V. N., Nandoya, E. S., & Ndetei, D. M. (2016). Forming a joint dialogue among faith healers, traditional healers, and formal health workers in mental health in a Kenyan setting: Towards common grounds. *Journal of Ethnobiology and Ethnomedicine*, 12(1), 4. <https://doi.org/10.1186/s13002-015-0075-6>
- Musyimi, C., Mutiso, V., Loeffen, L., Krumeich, A., & Ndetei, D. M. (2018). Exploring mental health practice among traditional health practitioners: A qualitative study in rural Kenya. *BMC Complementary Medicine and Therapies*, 18(1), 239. <https://doi.org/10.1186/s12906-018-2393-4>
- Mutale, P. (2017). *The significance and resilience of the Chinamwali initiation ceremony of the Chewa people of Katete district of Zambia in the face of social change*. University of Zambia (doctorate).
- Mwape, L., Sikwese, A., Kapungwe, A. et al. (2010). Integrating mental health into primary health care in Zambia: A care provider's perspective. *International Journal of Mental Health Systems*, 4, 21. <https://doi.org/10.1186/1752-4458-4-21>
- Ndetei, D. M. (2013). Traditional healers and provision of mental health services in cosmopolitan informal settlements in Nairobi, Kenya. *African Journal of Psychiatry*, 16(2), 134-140. <https://doi.org/10.4314/ajpsy.v16i2.17>
- Noblit, G. W., & Hare, R. D. (1988). *Meta-ethnography: Synthesising qualitative studies*. Sage Publications. <https://doi.org/10.4135/9781412985000>
- Oladeji, E. O., Ezeme, C., & Bamigbola, S. (2022). A systematic review of the effect of arts-based interventions on patient care in Nigeria. *Cureus*, 14(3), e32883. <https://doi.org/10.7759/cureus.32883>
- Ozidu, V., & Dourado, H. (2024). Systematic review of cultural expressions of depression in African communities: Implications for service provision. *BJPsych Open*, 10(S1), S70–S70. <https://doi.org/10.1192/bjo.2024.224>
- Phoenix FM. (2024). Chainama Hills Hospital records a rise in mental health cases. *Phoenix News Zambia*. <https://phoenixfm.co.zm/chainama-hospital-records-over-22700-mental-health-cases-in-2023/>.
- Qiu, Z., Yuan, R., Xue, W., & Jin, Y. (2023). Generated therapeutic music based on the ISO principle. In *Summit on music intelligence* (pp. 32-45). Springer Nature Singapore. https://doi.org/10.1007/978-981-97-0576-4_3
- Richards, A. (1956). *Chisungu: A girl's initiation ceremony among the Bemba of Zambia*. Faber & Faber.

- Sánchez-Flores, H. (2024, April 17). *A healing-centred, culturally rooted approach to trauma*. HealthCity. <https://healthcity.bmc.org/healing-centered-culturally-rooted-approach-trauma/>
- Sandlana, N. S. (2014). Umoya: Understanding the experiential value of traditional African dance and music for traditional healers. *Mediterranean Journal of Social Sciences*, 5(3), 541-547. <https://doi.org/10.5901/mjss.2014.v5n3p541>
- Siko, Z. (2020). African spiritual healing in drama therapy: An exploration of movement and sound as a means of facilitating healing. *Proceedings of the Arts Research Africa Conference 2020*, 22-24 January, Johannesburg.
- Sorsdahl, K., Stein, D. J., Grimsrud, A., Seedat, S., et al. (2009). Traditional healers in the treatment of common mental disorders in South Africa. *Journal of Nervous and Mental Disease*, 197(6), 434-441. <https://doi.org/10.1097/NMD.0b013e3181a61dbc>
- Starcke, K., Mayr, J., & von Georgi, R. (2021). Emotion modulation through music after sadness induction—the ISO principle in a controlled experimental study. *International Journal of Environmental Research and Public Health*, 18(23), 12486. <https://doi.org/10.3390/ijerph182312486>
- Talakinu, C. M. (2019). The Chinamwali: A construction of subservient femininities? An exploratory study. *International Journal of Sociology of the Family*, 71-92. <https://www.jstor.org/stable/45204004>
- Taylor, S. D. (2006). *Culture and customs of Zambia*. Bloomsbury Publishing. <https://doi.org/10.5040/9798400636066>
- Turner, V. (1975). *Revelation and divination in Ndembu ritual*. Cornell University Press. <https://doi.org/10.7591/9781501717192>
- Tutu, D. (1999). *No future without forgiveness*. Doubleday. <https://doi.org/10.1111/j.1540-5842.1999.tb00012.x>
- Ukoha, B. (2023). Music and art: Zambia's rising influence in Africa's creative scene. *African Leadership Magazine*, 45(3), 112-118.
- UNESCO. (2008). *Vimbuza healing dance: Intangible cultural heritage*. United Nations Educational, Scientific and Cultural Organization. <https://ich.unesco.org/en/RL/vimbuza-healing-dance-00158>
- Uttley, L., Scope, A., Stevenson, M., Rawdin, A., et al. (2015). Systematic review and economic modelling of the clinical effectiveness and cost-effectiveness of art therapy among people with non-psychotic mental health disorders. *Health Technology Assessment*, 19(18), 1-120. <https://doi.org/10.3310/hta19180>
- Vinesett, A. L., Price, K. O., Wilson, K. D., & Stanton-Hicks, M. (2015). Therapeutic potential of a drum and dance ceremony based on the African Ngoma

- tradition. *Journal of Alternative and Complementary Medicine*, 21(8), 460–465. <https://doi.org/10.1089/acm.2014.0247>
- Vinesett, A. L., Whaley, R. R., Woods-Giscombé, C. L., Dennis, P. A., & Wilson, K. H. (2017). The modified Ngoma healing ceremony: A pilot study on stress reduction. *Journal of Alternative and Complementary Medicine*, 23(10), 800–808. <https://doi.org/10.1089/acm.2016.0410>
- WHO. (2013). *Mental Health Action Plan 2013-2020*. World Health Organization. <https://www.who.int/publications/i/item/9789241506021>
- WHO. (2019). *Mental health*. World Health Organization. Retrieved 9 May 2025, from https://www.who.int/health-topics/mental-health#tab=tab_1
- WHO. (2020). *Mental Health Atlas 2020*. World Health Organization. <https://www.who.int/publications/i/item/9789240036703>
- WHO (2021). *Mental health investment case: A guidance note*. Policy Commons. Retrieved 9 May 2025 from <https://coilink.org/20.500.12592/xt0tn5>.
- World Bank. (2024). *Population, total - Zambia*. <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=ZM>
- Zulu, B. (2016). *The Nyau cultural dance of the Chewe people as an instrument of education and moral values*. University of Zambia (master's).