

Editorial: Psycho-Spiritual Practices in Arts Therapies in Africa and the Global South

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I'd like to propose that we should stop making so narrow what constitutes the African aesthetic. It is not something that is bound only to place, it's bound to a way of looking at the world. It's bound to a way of looking at the world in more than three dimensions. It's the aesthetics of possibilities, labyrinths, of riddles—we love riddles—of paradoxes.

(Wilkinson, 1992, pp. 87-88)

Reclaiming wholeness in therapeutic practice

The late Zulu sangoma and keeper of African wisdom, Credo Mutwa, once reflected on a profound moment of healing that challenged his understanding of therapeutic intervention. Having exhausted Western medical approaches to address his psychological distress following a violent attack in 1937, it was his grandfather, a man dismissed by missionaries as an 'ungodly heathen', who ultimately restored him to health (Mutwa, 1964). This experience led Mutwa (1964) to question why those dismissed by missionaries as 'ungodly heathens' possessed healing knowledge that Western medicine lacked. This poignant reflection encapsulates the central

tension that this special issue of the *South African Journal of Arts Therapies* seeks to address.

For generations, Indigenous populations across Africa and the Global South have experienced what we might term a triple displacement: the physical removal from ancestral lands (Isaack, 2024; Nyathi, 2024), the marginalisation of their social and economic participation in modern states (Marko & Constantin, 2019), and perhaps most devastatingly, the epistemic erasure of their knowledge systems from dominant therapeutic paradigms (McKinnon, 2016; Pillow, 2019). This exclusion has not merely been an oversight; it has been a profound act of cultural dismissal that has impoverished our understanding of healing and personhood (Dudgeon & Bray, 2023).

This special issue emerges in direct response to this exclusion. We seek to honour Indigenous understandings of personhood, particularly as they manifest in Africa and the Global South, and to invite arts therapy practices that embrace the psycho-spiritual dimensions of being (Beresford & Rose, 2023; Mkhize, 2006). Our central premise is that personhood is not a static or isolated state but rather a relational, dynamic exchange of the self with Divine, elemental, ancestral, and environmental realms (Dutta, 2022). Healing, therefore, cannot be understood apart from these interconnections.

Beyond individual-centred models

The dominant therapeutic paradigms, both globally and locally, have become increasingly reductive, focusing on the measurable while systematically excluding the intangible elements of personhood (Brownson et al., 2018). This Western biomedical model, with its emphasis on evidence-based practices and quantifiable outcomes, has created what we might call “therapeutic containers” that compartmentalise human experience in ways that are fundamentally at odds with African perspectives of being (Corso et al., 2022).

From Indigenous African viewpoints, personhood is defined through interrelation, interbeing, and what we term “humaning processes”, encompassing constant beingness with oneself, as well as spiritual, elemental, and metaphysical dimensions (Chilisa, 2024). The urgency of this reclamation becomes even more poignant as we write in the wake of the passing of Ngugi wa Thiong'o, a towering figure in the decolonising

agenda across Africa. His lifelong commitment to “decolonising the mind” and his insistence on the centrality of African languages and worldviews in defining African personhood reminds us of the enormity of the challenge we face in reclaiming what he termed the “African imagination” (Ngugi, 1986; 2012). wa Thiong’o’s work consistently demonstrated that the restoration of Indigenous knowledge systems is not merely an academic exercise but a fundamental requirement for psychological and spiritual liberation.

This understanding of personhood as inherently relational and spiritually embedded finds profound expression in Ben Okri’s aesthetic philosophy, particularly in his exploration of African consciousness in *The Famished Road* (1991) and *A Way of Being Free* (1997). Okri’s (1991; 1997) articulation of an African aesthetic that embraces the “invisible realities” and that recognises the fluidity between material and spiritual realms offers a powerful framework for understanding why Western therapeutic models, with their emphasis on bounded individuality, often fail to address the fullness of African experience. For Okri (1991; 1997), true freedom, including healing, requires acknowledging these multiple dimensions of existence that Indigenous African thought has consistently recognised.

Both Ngugi (1986; 2012) and Okri (1991; 1997) remind us that therapeutic practice in African contexts cannot simply add spiritual components to Western frameworks but must fundamentally reconceptualise what it means to be human in relationship with ancestors, community, and the natural world.

This understanding recognises that doing therapy in Africa means accounting for the more-than-human experience of the individual within local conceptualisations of personhood (Captari et al., 2022). When a person attributes witchcraft to symptoms typically diagnosed as schizophrenia, for instance, we are not witnessing a failure to understand medical reality but rather an expression of a different ontological framework that demands therapeutic attention (Pillow, 2019).

To ignore this multitude of perspectives is not only a clinical oversight but a profound act of cultural dismissal (Chilisa & Mertens, 2021). Our goal, therefore, has been to move beyond narrow and purely individual-centred models toward approaches that engage a more holistic¹ view of the human

¹ We acknowledge the complex history of the term ‘holistic’, which was coined by Jan Smuts in his 1926 work *Holism and Evolution*. While Smuts’s philosophical concept of holism—the idea

experience, one that includes what the African perspective recognises as the intangible and immaterial, and what Western frameworks might dismissively label as irrational.

Weaving knowledge systems

The five contributions included in this special issue offer compelling responses to how local and Indigenous knowledge expands our understanding of therapeutic practices. They do so by weaving together elements of social justice, integrated approaches to health care, and the preservation of human dignity, creating a tapestry that honours both traditional wisdom and contemporary therapeutic innovation.

Saxon Kinnear examines pedagogical strategies for social action during the COVID-19 pandemic, offering a critical analysis of Kim Berman's work within the context of the University of Johannesburg's pioneering Art Therapy programme. This review situates arts therapy within broader frameworks of social justice and community action, demonstrating how therapeutic practice can extend beyond individual healing to address collective trauma and social transformation.

Nsamu Moonga's conceptual review explores the potential of integrating arts therapies more fully into Zambia's healthcare system, demonstrating how arts therapies rooted in Indigenous knowledge systems align with cultural healing practices that emphasise communal well-being, spiritual connection, and creative expression. The work synthesises literature and cultural practices to propose a theoretical framework for future research, highlighting the value of arts therapies in addressing contemporary mental

that wholes are greater than the sum of their parts—has influenced various fields, including psychology and medicine, it is crucial to recognise that Smuts was also the architect of South Africa's apartheid policies and held deeply racist views about African peoples. His theoretical framework, despite its apparent embrace of interconnectedness, was developed within and served to justify a system of racial segregation and white supremacy. When we invoke holistic approaches in this special issue, we do so not in reference to Smuts's appropriation of interconnectedness for colonial purposes, but rather in recognition of Indigenous African worldviews that have always understood personhood, healing, and well-being as fundamentally relational and integrated. These Indigenous understandings of wholeness predate and exist independently of Smuts's formulations, emerging from epistemologies that centre community, ancestry, and spiritual interconnection rather than the hierarchical and exclusionary framework that Smuts promoted. Our use of 'holistic' thus reclaims the concept from its colonial distortions and grounds it in the very Indigenous knowledge systems that apartheid sought to suppress.

health challenges while remaining culturally grounded. This contribution exemplifies how Indigenous artistic traditions, historically pivotal in community healing and spiritual connection, can inform contemporary therapeutic practice without losing their essential character.

Vasintha Pather's work examines how colonialism and apartheid in South Africa systematically stripped people of colour of the beauty inherent in their spiritual, cultural, and environmental landscapes, limiting their ability to nurture beauty in their lives. The research highlights how this disruption affects psycho-spiritual well-being and suggests that arts therapies, through aesthetic engagement, may offer a powerful means to restore beauty and support healing and justice across generations. This contribution is particularly significant in its recognition that things as seemingly delicate as aesthetic choices, a touch of makeup, a carefully chosen accessory, can become sources of dignity and agency in contexts where structural violence has attempted to strip away such possibilities.

Kirti Ranchod's perspective examines the sensitive application of spiritual practices in neuroscience to assess the tangible health benefits of using visual art within spiritual traditions as a compelling example. As a neurologist and brain health specialist, Ranchod demonstrates how research in neuroaesthetics reveals that creating and viewing visual art activates the default mode network, the same self-referential network activated during meditation (Ramírez-Barrantes et al., 2019; Vessel et al., 2019). This work bridges the tension between subjective spiritual experiences and evidence-based healthcare demands, offering a framework for understanding how sacred art forms can serve as accessible, acceptable, and affordable resources for health care across diverse communities. Ranchod's contribution exemplifies the kind of integration we seek, honouring traditional practices while engaging with contemporary scientific frameworks to advocate for their inclusion in health systems.

Alisa Ray's reflection illustrates how African psycho-spiritual approaches, abstract artmaking, and conventional Western models can be integrated into dementia care. Drawing on weekly group sessions in Johannesburg's frail care centres, this work highlights how a holistic, spiritually informed approach can uphold the dignity of dementia patients while addressing the emotional and spiritual needs of caregivers. Ray's work challenges Western perspectives that place cognition at the forefront of being, the 'I think

therefore I am' paradigm, and instead offers an approach that recognises the sacred dimensions of therapeutic encounter even when cognitive faculties are compromised.

Embracing the intangible

One of the most significant contributions of this special issue lies in its willingness to engage with what Western therapeutic frameworks have traditionally approached with scepticism: the intangible aspects of human experience that people encounter phenomenologically but cannot easily quantify or measure (Low & Useb, 2022). How does an arts therapist work with the elemental, ancestral, or spiritual dimensions of a client's experience when the dominant canon demands evidence-based practice that prioritises the observable and measurable?

The works in this issue suggest that the invitation to include these dimensions is not merely about adding spiritual components to existing therapeutic frameworks but fundamentally reconceptualising what it means to work with the whole person in their context. This reconceptualisation requires what we might term "therapeutic courage", the willingness to sit with uncertainty, honour ways of knowing that cannot be reduced to clinical measures, and recognise that healing often occurs in spaces that resist easy categorisation (Kendall-Taylor & Levitt, 2017).

Implications for practice and training

The implications of this work extend far beyond theoretical considerations to practical questions of training, supervision, and therapeutic practice. How can we prepare arts therapists to work competently in contexts where clients' worldviews may include beliefs about ancestral influence, spiritual possession, or traditional healing practices? How can we create training programmes that honour both Indigenous knowledge systems and contemporary therapeutic frameworks without merging the two? These questions become particularly urgent when we consider the demographics of mental health care in regions such as South Africa, where private mental healthcare hospitals have only recently become accessible to people of colour, and where African traditional healing is gradually being integrated into multidisciplinary care approaches (Qhobela, 2024). The challenge is not simply one of cultural competence but of epistemic humility, recognising

that different knowledge systems may offer equally valid yet fundamentally different approaches to understanding and addressing human suffering.

Research by dos Santos and Brown (2021) provides crucial insights into these therapeutic complexities. Their study, involving 14 South African music therapists, revealed how practitioners navigate the interface between their own spiritual beliefs and those of their clients, experiencing not only cognitive and affective empathy but also "spiritually resonant empathy" and "transrelational empathy", forms of therapeutic connection that extend beyond conventional Western frameworks (dos Santos & Brown, 2021).

Their findings demonstrate that shared spiritual orientations between therapist and client can enhance relationships through trust but risk over-identification, while differing orientations sometimes compromise authentic engagement. South African music therapists developed sophisticated strategies for navigating these tensions, including "therapeutic multivocality", holding multiple ways of knowing in productive tension rather than collapsing them into false syntheses (dos Santos & Brown, 2021; ; Guimaraes, 2019).

The way forward

This special issue represents more than an academic exercise; it constitutes a call for the decolonisation of therapeutic practice in ways that honour the complexity of human experience across diverse cultural contexts. We are not advocating for a simple replacement of Western therapeutic approaches with Indigenous approaches, nor are we suggesting an uncritical romanticisation of traditional healing practices. Instead, we invite a more nuanced integration that recognises the limitations of purely individual-centred, cognitively focused therapeutic models while maintaining rigorous attention to therapeutic outcomes and ethical practice.

The path forward requires what we might call "therapeutic multivocality", the ability to hold multiple ways of knowing in productive tension rather than collapsing them into false syntheses (Guimarães, 2019). Therapeutic multivocality ability entails creating space for practices that honour the spiritual dimensions of healing while maintaining critical engagement with questions of efficacy and ethics (Captari et al., 2022). In addition, therapeutic multivocality ability involves recognising that the preservation and revitalisation of Indigenous knowledge systems is not merely a cultural luxury

but a therapeutic necessity in contexts where clients' lived experiences are shaped by worldviews that include more-than-human relationships.

Conclusion

The contributions to this special issue provide more than new techniques or approaches; they extend invitations to fundamental shifts in how we conceptualise therapeutic relationships, healing, and human flourishing. These contributions challenge us to transcend the comfortable boundaries of evidence-based practice and engage with the messier, more complex realities of therapeutic work in contexts where the spiritual, elemental, and ancestral dimensions of experience cannot be bracketed out without doing violence to clients' ways of being in the world.

As we move forward, we invite readers to contemplate how the insights presented here might transform not only their therapeutic practice but also their understanding of what it means to be fully human in relationship with others, the natural world, and the sacred dimensions of existence that Indigenous wisdom keepers have long understood as central to healing and wholeness.

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