

Art therapy, Ubuntu, and multidisciplinary collaboration in South Africa: 'We are because I am'

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Bio

Gugulethu Pearl Manana is based in Johannesburg and is registered as an art therapist with the Health Professions Council of South Africa (HPCSA). Manana holds qualifications in early childhood and foundation phase teaching, as well as a postgraduate degree in strategic marketing and marketing management. She has extensive experience in trauma-informed art therapy, community-based interventions, psycho-legal interventions, and psychoeducation, and has contributed to workshops, research, and presentations focused on children, adolescents, and survivors of gender-based violence in community, legal, and advocacy settings. Her work bridges psychosocial support and advocacy, emphasising culturally responsive and culturally sensitive practices. Manana trained as a community art counsellor, graduated with the very first master's in art therapy student cohort, and was the first Black African art therapist trained at the University of Johannesburg in South Africa in 2023.

Abstract

This conceptual paper examines the intersections between art therapy, multidisciplinary team (MDT) practice, and the African philosophy of Ubuntu in the South African context. Ubuntu, expressed through the



maxim “*I am because we are*”, represents an ethic of interdependence and shared humanity that has influenced health, education, and community development across the continent. Drawing on historical and contemporary scholarship, the paper positions Ubuntu as both a philosophical foundation and a practical framework for culturally grounded care. It explores how Ubuntu deepens art therapy’s relational and community dimensions and reshapes MDT collaboration by promoting dignity, empathy, and shared accountability. By synthesising South African and international perspectives, this paper offers new insights into how Ubuntu can inform decolonised and socially responsive art therapy practice while enhancing the collaborative ethos of multidisciplinary care.

Keywords: Ubuntu-informed, art therapy, multidisciplinary teams, collaborative, culturally-responsive

Setting the scene and introduction

The establishment and growth of art therapy in South Africa is inseparable from the country’s social, cultural, and political history. Since the 1970s, pioneers in art, music, dance, and drama therapy have worked across community, clinical, and academic settings to develop practices that respond to local needs and resonate with African ways of knowing (Solomon, 2006; Berman, 2011). While these disciplines drew from international traditions, they simultaneously faced the challenge of localisation, ensuring that their methods remained meaningful, legitimate, and relevant in South African communities shaped by apartheid, inequality, and collective trauma. One philosophical framework that continues to offer grounding and direction in this endeavour is Ubuntu, often expressed through the phrase “*I am because we are*”.

Ubuntu is widely recognised as an African philosophy that emphasises interconnectedness, mutual respect, and shared humanity (Metz, 2011; Ewuoso & Hall, 2019; Uda et al., 2025). Rather than viewing a person as an autonomous being, Ubuntu asserts that one’s identity and well-being emerge through relationships with others. As Uda et al. (2025) describe, Ubuntu embodies values of care, reciprocity, empathy, and solidarity that create moral responsibility toward others. Metz (2010, 2011) further explains that Ubuntu offers an ethical lens in which moral worth is grounded in community participation and acts that affirm human dignity. This orientation

is not only moral but deeply practical; it guides how people relate, heal, and build communities.

In everyday life, Ubuntu is experienced through acts of compassion, cooperation, and hospitality. For example, in township and rural settings, neighbours often share food, childcare, and emotional support during crises, reflecting the principle that *"a person becomes a person through other people"*. These lived expressions of Ubuntu mirror the collaborative essence of art therapy and multidisciplinary team (MDT) work, both of which rely on shared participation and mutual care.

In therapeutic contexts, Ubuntu reframes healing as a relational process, one that occurs within networks of family, community, and collective responsibility rather than through individual insight alone (Chigangaidze, 2021). In South Africa, the principles of Ubuntu have long shaped approaches to health, education, and social care. Nicolaides (2023) argues that Ubuntu in healthcare settings moves beyond Western individualism by centring compassion and humanising practices. This emphasis on dignity and interdependence aligns naturally with the principles of art therapy, which uses creativity as a tool for expression, connection, and transformation (Ottemiller & Awais, 2016). In art therapy groups, shared creative processes such as collective murals or storytelling reflect Ubuntu's relational ethos by promoting empathy, belonging, and emotional safety.

At the same time, Ubuntu provides an important ethical and cultural framework for MDT practice, where collaboration between professionals is essential for addressing complex psychosocial issues. MDTs bring together social workers, psychologists, educators, medical professionals, and creative arts therapists, requiring not only technical expertise but also relational understanding (Jones, 2006; Young & Nelson-Gardell, 2018). Ubuntu offers philosophical grounding for such collaboration; it encourages humility, mutual respect, and shared accountability for holistic care (Metz & Gaie, 2010).

Thus, Ubuntu's relevance to MDTs lies in its insistence that professional relationships, like therapeutic ones, must reflect care and interdependence rather than competition. In practice, this could mean a hospital team that values the insight of an art therapist equally with that of a physician, or a community NGO where educators, therapists, and caregivers co-create

support strategies rooted in shared goals. This ethos transforms collaboration from a procedural requirement into a moral and relational commitment.

In this article, Ubuntu is positioned as both a conceptual and practice-based framework that enhances the effectiveness of art therapy and MDT collaboration, particularly in communities navigating trauma, inequality, and social fragmentation. This paper, therefore, argues that Ubuntu offers a home-grown, culturally relevant approach that enriches both art therapy and MDT work by providing a relational model of care rooted in empathy, dignity, and collective responsibility. Drawing on historical and contemporary scholarship, the model synthesises research and practice-based insights to show how Ubuntu can strengthen relational healing, professional collaboration, and community resilience.

The article proceeds as follows: first, the article presents literature reviews on Ubuntu as a philosophical and therapeutic framework; second, it explores the development of art therapy in South Africa and its intersection with Ubuntu principles; third, it discusses how Ubuntu can inform multidisciplinary collaboration; and fourth, it presents the implications for education, training, and practice within culturally responsive art therapy and MDT frameworks (Powell & Hohenhaus, 2006).

Literature review

Ubuntu as a philosophical and therapeutic framework

Ubuntu is widely understood as a relational moral philosophy that situates human identity, dignity, and well-being within the network of social relationships that make up a community (Metz, 2011; Udah et al., 2025). Unlike Western individualistic paradigms that prioritise autonomy and self-determination, Ubuntu asserts that a person's humanity is actualised and affirmed through their relationships with others. This philosophy underscores that well-being is inherently communal and that the health of the individual is inseparable from the health of the social and cultural environment they inhabit (Ewuoso & Hall, 2019).

Metz (2011) positions Ubuntu as a humanistic ethic that informs justice, healthcare, and social cohesion. Udah et al. (2025) further unpack this humanistic ethic by identifying core principles of compassion, solidarity,

respect, cooperation, and restorative dialogue, which guide practical action in everyday life. These principles are not merely abstract ideals. They translate into everyday ethical behaviours, such as caring for neighbours, resolving conflicts through dialogue, and fostering mutual support networks. For instance, in township communities in South Africa, families and neighbours often coordinate collective childcare, provide emotional support in times of crisis, and share resources to meet basic needs, demonstrating Ubuntu in practice (Letseka, 2012; Engelbrecht & Kasiram, 2012).

Ubuntu's alignment with therapeutic and educational processes is particularly noteworthy. By framing personhood relationally, summarised in the axiom, "*a person is a person through other people*", Ubuntu foregrounds empathy, mutual aid, and the recognition that individual flourishing depends on the well-being of the community (Ewuoso & Hall, 2019). Therapeutically, this translates to viewing healing not as a private, isolated process but as a shared journey where the therapist, client, and social network are active participants. Hanks (2008) even characterises Ubuntu as "psychology's next force", advocating a shift from internalised pathology to relational wholeness. Van Dyk and Nefale (2005) propose "Ubuntu therapy" as a culturally attuned alternative to Western approaches, prioritising community values, shared responsibility, and relational ethics in the healing process.

Critics, however, caution that academic interpretations of Ubuntu risk domestication within Western ethical frameworks (Ewuoso & Hall, 2019; Udah et al., 2025). By framing Ubuntu as a philosophical theory alone, its rich lived application in South African social and professional contexts can be overlooked. This study, therefore, situates Ubuntu as a practice-based framework, one observable in the interactions, ethical decisions, and relational accountability of South Africans in both community and professional settings. For example, social workers and educators in township schools often mediate conflict, provide psychosocial support, and mobilise resources collectively, embodying Ubuntu's relational ethos in action (Ramose, 1999; Qangule, 2019; Yusupovna, 2025).

Art therapy in South Africa

Art therapy in South Africa has evolved against the backdrop of historical inequality, political violence, and community resilience. Emerging during the 1970s and 1980s, the discipline responded to the psychosocial needs

of communities affected by apartheid, structural violence, and systemic marginalisation (Solomon, 2006). Early interventions were community-oriented, blending creative expression with emotional support to address trauma and foster healing. Berman (2011) describes this evolution as “community art counselling”, a model which parallels Ubuntu by emphasising connection, shared meaning-making, and participatory engagement.

Community-based art therapy often extends beyond traditional clinical settings into schools, NGOs, and public spaces, addressing pressing social issues such as trauma, displacement, and HIV/AIDS (Mueller et al., 2011; Ottemiller & Awais, 2016). In a study by Mueller et al. (2011), children affected by HIV participated in art therapy sessions that facilitated peer connection, emotional expression, and psychosocial well-being. The group format created a sense of belonging, mirroring Ubuntu’s emphasis on relational identity and shared care. Similarly, contemporary art therapists in South Africa have facilitated murals, collaborative installations, and community storytelling projects that allow participants to process collective histories of violence, marginalisation, and resilience (Nolan, 2023; Fouché, 2021; Van Schalkwyk, 2022).

Decolonisation is a central concern for contemporary South African art therapy. Kapitan (2015) and Kapitan, Litell, and Torres (2011) emphasise the need for practitioners to challenge ethnocentric assumptions, engage participatory methods, and integrate context-sensitive approaches. However, the profession remains demographically narrow, with Black African practitioners underrepresented, raising questions about cultural relevance and accessibility (Berman, 2011). Bridging this gap requires art therapy models rooted in African worldviews, participatory methodologies, and Ubuntu principles, ensuring interventions are socially meaningful, inclusive, and culturally attuned.

Multidisciplinary teams (MDTs) and Ubuntu in practice

MDTs are designed to integrate expertise from multiple fields, including social work, education, healthcare, and psychology, to address the complex needs of clients (Jones, 2006; Benagiano & Brosens, 2014). In South African contexts, MDTs operate in hospitals, schools, and NGOs, where psychosocial, medical, and educational dimensions intersect. Despite their promise, collaboration is often hindered by professional hierarchies, role ambiguity,

and unequal recognition (Oborn & Dawson, 2010; Young & Nelson-Gardell, 2018).

Ubuntu offers a framework for re-imagining MDT collaboration. By positioning each professional as interdependent rather than hierarchical, Ubuntu fosters a moral community of care (Metz & Gaie, 2010). Leadership becomes facilitative, privileging humility, respect, and shared purpose over authority (Smith, 2015). A real-world example of this was observed during the COVID-19 pandemic, where MDTs prioritising emotional connection between staff, patients, and families delivered more compassionate, holistic care (Lee et al., 2023). In schools, MDTs integrating social workers, educators, and art therapists collaboratively design interventions such as group art sessions or creative safety exercises that foster trauma expression, emotional resilience, and communal healing (Miller, 2015; Raymond et al., 2015).

Community-based art therapy and Ubuntu

Community-based art therapy embodies Ubuntu by emphasising collective creativity, participation, and the co-construction of meaning. In high-risk communities in under-resourced, underserved communities, therapists facilitate group projects where participants collectively create symbolic artworks reflecting shared experiences of hardship, hope, and resilience (Fouché, 2016; Balfour, 2020; Van Schalkwyk, 2022). These sessions act as both therapeutic spaces and social interventions, reinforcing communal identity and social cohesion.

Ubuntu's relational ethos informs these practices by positioning care as a moral responsibility toward others (Letseka, 2012). The therapeutic process involves dialogue, empathy, and shared storytelling, translating Ubuntu's ethical principles into practice. Yet, professional challenges persist. Regulatory frameworks such as the Health Professions Council of South Africa (HPCSA) emphasise individualised treatment and diagnosis, often conflicting with Ubuntu's collective orientation (Mpofo et al., 2018). Similarly, Westernised curricula can limit contextual relevance, making culturally responsive training and supervision essential (Chilisa, 2012).

Balancing professionalisation with accessibility remains critical. While formalisation enhances legitimacy, it may inadvertently exclude the communities that art therapy seeks to serve. Ubuntu encourages practitioners to use participatory, inclusive, and community-centred

approaches, bridging clinical rigour with social engagement (Goldstein Nolan & Mumpton, 2024).

Discussion

Ubuntu in art therapy practice

Art therapy aligns naturally with Ubuntu, given its focus on relationality, creativity, and shared expression. Group art sessions allow participants to externalise experiences, collectively process trauma, and symbolise resilience (Kapitan, Litell, & Torres, 2011). Gylseth (2008) notes that in Ubuntu-informed practice, healing “does not occur in the vacuum of an individual psyche, but in the meeting between people”, highlighting relational interaction as central to therapeutic change.

In practice, therapists adopting Ubuntu principles move from expert authority toward collaborative facilitation. The artwork becomes an affirmation of personhood, belonging, and dignity, rather than a mere therapeutic tool (Nicolaidis, 2023). For instance, in a school-based art therapy programme, children co-create a mural representing personal and community aspirations. Each child’s contribution is valued, encouraging mutual recognition and reinforcing a sense of collective identity, a manifestation of Ubuntu in action (Fouché & Stevens, 2018).

Ubuntu in multidisciplinary teams (MDTs)

MDTs are often constrained by siloed expertise and hierarchical structures (Jones, 2006; Oborn & Dawson, 2010). Ubuntu reframes teamwork as relational care, emphasising mutual respect, accountability, and shared purpose. In educational settings, MDTs comprising social workers, teachers, and art therapists can design interventions that integrate psychological support, educational strategies, and creative expression, thereby addressing multiple dimensions of student well-being.

Ubuntu also reshapes leadership within MDTs. Instead of directive, authority-based approaches, leaders act as facilitators, guiding collaborative decision-making while honouring each professional’s expertise (Smith, 2015). This approach fosters cohesion, ethical accountability, and culturally sensitive practice, ultimately improving outcomes for clients.

The intersection: Ubuntu, art therapy, and multidisciplinary teams (MDTs)

When applied collectively, Ubuntu and art therapy offer a culturally responsive framework for healing and collaboration. Chigangaidze (2022) highlights that Ubuntu bridges individual, family, and community well-being, providing a multimodal approach in MDT contexts. For example, in a community affected by gender-based violence, an MDT including an art therapist, nurse, and social worker can combine collaborative artmaking, counselling, and medical interventions to address both psychological and systemic needs.

Ubuntu challenges the biomedical dominance prevalent in many MDT settings by foregrounding moral and cultural relationships. Clients are viewed as part of living systems, families, schools, and communities, rather than isolated individuals. This approach aligns with the goals of both social justice and culturally responsive practice, demonstrating that healing is inseparable from communal and relational contexts (Boboyi, 2024).

Implications

Ubuntu, as a philosophy and practice, provides a robust, culturally grounded framework for art therapy and MDT work in South Africa. By emphasising relationality, empathy, dignity, and collective responsibility, Ubuntu complements the principles of art therapy, which centre on creativity, expression, and human connection.

Ubuntu moves art therapy beyond Western individualism towards therapeutic processes that extend beyond the individual to include collaborative artmaking, participatory storytelling, and communal healing initiatives. Within MDTs, Ubuntu ensures that professional expertise is respected while maintaining humility and shared responsibility. The philosophy reframes collaboration as an ethical imperative rather than merely a procedural necessity, creating space for co-learning and collective decision-making (Van Dyk & Nefale, 2005; Ewuoso & Hall, 2019). For example, MDTs in hospitals or schools can incorporate art therapy in ways that enhance psychosocial support while respecting cultural norms and fostering resilience.

The implications of this integration are multifold:

- Training and education – art therapy and allied health programmes should include Ubuntu-informed approaches, emphasising relational ethics, cultural competency, and collaborative practice (Ngubane & Makua, 2021; Nicolaidis, 2023).
- Research – future research should explore empirical outcomes of Ubuntu-informed art therapy interventions and MDT collaborations, including qualitative studies on client, therapist, and team experiences (Chigangaidze, 2021; Hanks, 2008).
- Policy and advocacy – incorporating Ubuntu principles into professional guidelines and ethical frameworks can enhance the legitimacy of art therapy and promote culturally responsive care (Boboyi, 2024; Schoeman, 2016).
- Community engagement – Ubuntu emphasises the importance of community-based interventions that foster collective well-being, integrating therapeutic, educational, and social services (Goldstein Nolan, & Mumpton, 2024).

Conclusion

Ubuntu offers a home-grown, culturally grounded framework for relational healing and collaboration in South Africa. By affirming empathy, dignity, and community interdependence, Ubuntu transforms both art therapy and MDT practice, embedding care within ethical, communal, and culturally meaningful contexts. Its principles encourage practitioners to move beyond individualistic or Western-centric approaches, integrating creative expression, shared responsibility, and participatory methods into interventions. Art therapy, when informed by Ubuntu, not only facilitates emotional and psychosocial healing but also strengthens communal identity and social cohesion. Similarly, MDTs guided by Ubuntu foster collaborative decision-making, ethical leadership, and culturally inclusive care. Future efforts should prioritise curriculum reform, research on Ubuntu-guided interventions, and participatory, accessible community-based projects. Ultimately, Ubuntu reminds South African practitioners that care is inherently collective, and that transformative healing emerges from relationships, shared responsibility, and the affirmation of humanity in others (Metz, 2011; Udah et al., 2025; Chigangaidze, 2022).

Declaration of Use of AI-Assisted Tools

During the preparation of this manuscript, the author used the large-language-model tool OpenAI's ChatGPT to assist with idea support, outline development, organisational planning, summarisation of background information and literature, and language editing. All outputs produced by the tool were critically reviewed, verified, and revised by the author, who accepts full responsibility for the integrity and accuracy of the final manuscript.

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