Where is the art therapist? A systems approach to positioning the art therapist

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Bio

Dr Madri Jansen van Rensburg is a research and consulting psychologist who does research, evaluation, and organisational development work throughout Africa. She integrates health, social and business sciences and is passionate about systems thinking, inclusion, participation, and visual and creative methods. She is an art therapist in training associated with the palliative care team at the Rahima Moosa Mother and Child Hospital.

Abstract

This document provides guidelines for mapping and positioning the art therapist within various systems. It uses a research study that mapped the structure and dynamics of the palliative care unit at a public hospital as an example to illustrate the steps in the mapping process. It examined the optimal placement of art therapists within the palliative care system. The heuristic inquiry included reflections on observations embedded in the system during placement, as well as conversations and interviews with multidisciplinary team members and other art therapists. The various visual methods for mapping the system were valuable because they could be simplified to provide a more general understanding of the system. The art-based activities enabled the manual development of the maps and allowed participants to feel the three-dimensional textile map while integrating

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information about the system's structure, dynamics, and functionality. The client type, stage of illness, and treatment plan or task determine the optimal placement of the art therapist. The primary contribution of the art therapist lies in the ability to work in a client-focused way and to employ a creative approach to meet the client's changing needs. The process of mapping the system and considering key aspects, such as the stage of care, client type, and task of the art therapist, enabled me to understand my role in various systems. It facilitates advocacy for art therapy within systems, enabling art therapy to be applied more meaningfully.

Keywords: Art therapist, systems thinking, bioecological model, palliative care, mapping, positioning

Introduction

With an increasing need for holistic approaches to mental health care, understanding the role of art therapy has never been more urgent. This article explores how arts therapists can maximise their positioning within South Africa's healthcare system through a systems thinking approach.

Background

The first two cohorts of South African-trained art therapists have recently registered. Art therapy is a recognised and legislated profession in South Africa as promulgated in the Regulations defining the Scope of the Profession of Arts Therapy, 2024 (Government Notice 5627 of 2024). The positioning of art therapists within various care systems in South Africa is a key element in advocating for the profession and for art therapists (both experienced and newly qualified) to find their niche in various systems.

The objectives of this article are to reflect on the function and dynamics of systems (boundaries, interrelationships, and interactions) and to describe the visual mapping process to allow optimal positioning of the art therapist. This description will contribute to a deeper understanding of the art therapist's systemic positioning. The palliative care system is used in this article as a practical example to illustrate the steps in the process. This document outlines the iterative steps I took to establish a general framework that other arts therapists can apply to position themselves optimally in various contexts and systems.

My master's in art therapy examined the art therapist's placement and positioning in a specific system, namely the palliative care system (Jansen van Rensburg, 2025). A systems thinking lens was used to understand and map the palliative care system and locate the art therapist's role. I used an auto-ethnographic, heuristic art-based approach. I used this method at the site where I was immersed as a participant-observer, and I could reflect on my interactions to conclude the system's dynamic structure and the role of the art therapist.

Systems thinking

Systems thinking views humans as parts of systems and subsystems that are interconnected and have multiple dimensions. It has the bigger picture in mind and considers longer-term implications with relationships, interdependence, and interactions between people and subsystems as key aspects. Individuals and their behaviour are regarded as complex, rather than being reduced to independent components (Midgley & Rajagopalan, 2020; Williams & Hummelbrunner, 2010). The individual and the challenges they face are a combination of many factors that interact, including psychological, social, biological, environmental, and economic. Systems thinkers focus on the larger system's boundaries and help understand how policies, norms, culture, and other interventions influence both the individual and the system. Acknowledging various perspectives and patterns is a crucial element of systems thinking. Leverage points are places in the system where a slight shift can lead to a significant and lasting change, and identifying these points enhances any intervention (Meadows & Wright, 2008). Figure 1 summarises the key concepts in systems thinking.

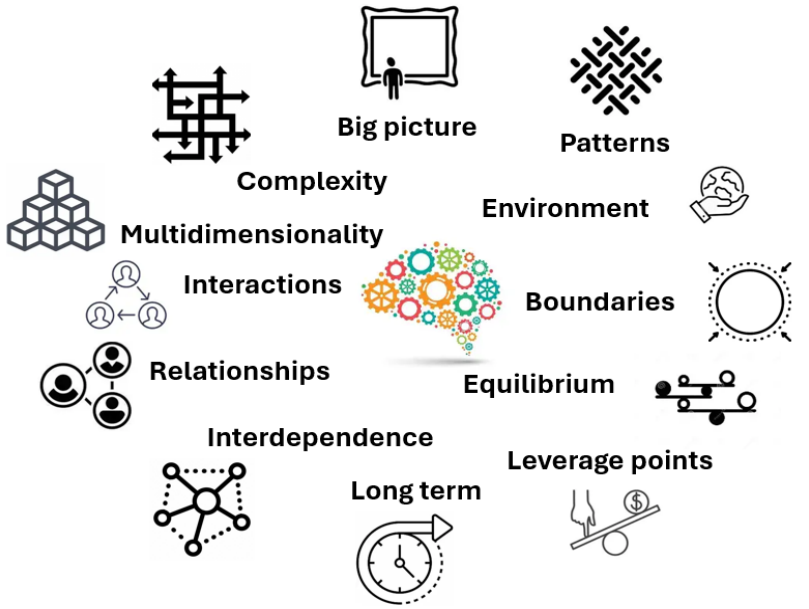

Figure 1: Key concepts of systems thinking (diagram by author)

Systems thinking in art therapy

Art therapists inadvertently use systems thinking in their work with clients. Art therapists consider the influence of all the other components of the systems on the client beyond a simple linear approach (Hummelbrunner, 2011; Reiter, 2018). Javadi, Feldhaus, Mancuso, and Ghaffar (2017) highlighted the importance of adopting a systems lens in mental health care. Rochford (2017) applied a feminist systems thinking framework to explore collaboration in art therapy and museum work. This illustrates the usefulness of a systems approach and its application in art therapy.

Bioecological model

Bronfenbrenner's bioecological model is widely used and applicable to art therapy (Bronfenbrenner & Morris, 2006). This model structures interactions between individuals and their environment into five systems. From closest to the individual, they include microsystem, mesosystem, exosystem,

macrosystem and chronosystem or time dimension (Bronfenbrenner, 1994; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 2006; Madeline, 2017; Psychology Notes HQ, 2019). Bronfenbrenner's model is often depicted as concentric circles, with each level/system embedded in the next level. The relevant system thinking for this study emphasises the interrelatedness of systems that are not necessarily embedded in each other but rather overlap and interact without a hierarchical nature. Pask et al. (2018) applied Bronfenbrenner's bioecological systems theory to understand the complexity of palliative care as an example of a system within which art therapy functions (see Figure 2).

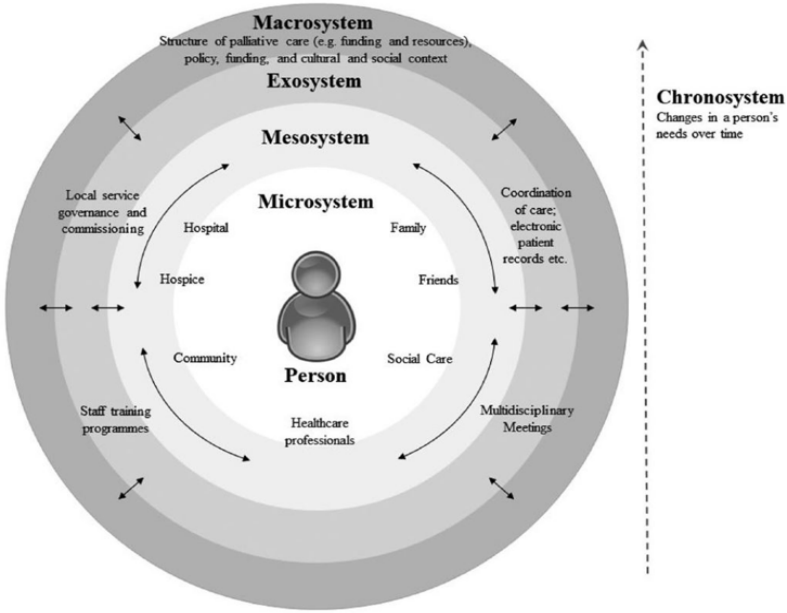

Figure 2: Bioecological model of complexity in palliative care (Pask et al., 2018, p. 1085)

The bioecological model is a valuable tool for understanding the complexities of the person, including their changing aspects and needs, as well as interactions with other systems, such as family, professionals, and others in the immediate environment, the broader system, and society. The various systems include:

- The **microsystem** of the person's needs and characteristics (Pask et al., 2018). This includes physical, psychological, social and spiritual domains. The needs include communication, information and social responsibilities. The individual has a need to understand their illness, make informed decisions, navigate the healthcare system, and receive quality care. Coping, resilience, confidence, health literacy, preferences, and priorities are all functions on this level. Pre-existing complexities, such as financial, housing, and relationship difficulties and existing mental health needs are not only complex but are also cumulative (Park & Song, 2020).
- The **mesosystem** includes the interactions between the client, the family, professionals, and the care settings, such as hospitals (Pask et al., 2018). Dissonance between clients, their families, and healthcare providers is often linked to differing spiritual perspectives. Difficulty in engaging with services includes inappropriate coping mechanisms such as alcohol misuse by clients or family members, prejudice, and perceived stigma. Existing resilience and support networks positively influence the complexity.
- The **exosystem** includes service and system-level factors that influence the client indirectly (Pask et al., 2018). The multidisciplinary team (MDT) and care coordination are crucial for this system, with communication being paramount (Park & Song, 2020). Resource constraints play a significant role in the South African context.
- The **macrosystem** includes the wider society, population and culture (Pask et al., 2018). The wider healthcare system and policies are essential for mental health. Cultural, traditional, and religious beliefs require understanding and incorporation into therapy practices.
- The **chronosystem** is an important aspect of changes over time (Pask et al., 2018). Everyone has changing needs, including clients and carers, where environments and circumstances must be addressed. Art therapists are inherently creative, flexible, and adaptive and can respond to these rapidly changing systems.

Heuristic inquiry (HI) – being embedded in a system

Heuristic inquiry helps frame the mapping of systems in which the art therapist is embedded, as it explores the meaning and nature of a

phenomenon using self-reflection (Douglass & Moustakas, 1985). The heuristic inquirer becomes embodied in all "ways of being and knowing" (Sultan, 2018, p. 48), including cognitive, emotional, sensory/kinaesthetic, perceptual, spiritual, and social/relational. This approach accommodates any paradigm as it traverses culture and is intersubjective (Sultan, 2018). As heuristic inquiry welcomes senses, it is an imaginative and creative approach. Empathetic listening and being open and flexible create a space for sharing. These processes are familiar to psychotherapists and art therapists due to the relational dimension and the focus on internal processes. The six phases of heuristic inquiry include initial engagement, immersion, incubation, illumination, explication, and creative synthesis, which are the stages of the creative process (Moustakas, 2015; Sultan, 2018). Heuristic inquiry is ideal for therapy topics, as it offers a framework for integrating personal and professional knowledge of phenomena with the experiences of clients and their broader systems. It focuses on interrelatedness, interconnectedness, and ongoing experiences, making it well-suited to a systemic approach for integrating various pieces of information coherently.

I adopted this research approach because it is linked to systems thinking and enables reflection and reflexivity in my role within the palliative care system. I was embedded within the Rahima Moosa Mother and Child Hospital (RMMCH) palliative care unit. I had established relationships within the system and with other art therapists with similar experience (Ellis, Adams, & Bochner, 2011). I observed the palliative care system's interactions with other systems and team members, and witnessed the challenges faced by palliative care patients and their families. My self-reflection was based on these observations, personal experiences of individual and group therapy, and attending multidisciplinary team meetings, including formal and informal discussions with the team. My understanding was validated and adjusted through the continuous interaction of the team. Interviews and conversations with other art therapists and therapists in training clarified the role and usefulness of art therapists in various stages and tasks of the palliative care system.

Arts-based approach

Moustakas (2015) described the creative elements of heuristic inquiry. My study included continuous reflective and reflexive artmaking, especially as

a sense-making activity (Lo, 2011; Nash, 2020; Poon, 2017). This included drawing manual maps of the system, refining these maps, drawing more generic maps, and developing electronic maps in PowerPoint. Using textiles to structure the maps allowed changes and re-visualising elements. All these visual representations were presented to participants to elicit discussions and dialogues.

I used various art materials and processes to engage with my reflections and to share my interpretations with the participants. These processes and materials (including textiles, markers, and digital imaging) are described in more detail in the process description.

These materials and processes collectively allowed my interpretation of the system and my positioning within it. Collaborative visual activities contribute significantly to reflexivity and sharing, validating, and synthesising the holistic body of knowledge (Koopman, Watling, & LaDonna, 2020).

Robson (2021) describes sense-making as bringing clarity, understanding, and order relationally by creating a "territory" or "haptic space". This sense-making explores interstitial spaces between themes. Response art enables inquiry to access non-verbal information that is non-linear, non-symbolic, and not linguistically accessible (Harter, 2007). These heuristic processes of relationality, reflexivity, and meaning-making are also crucial in responding to art and utilising art as a sense-making tool (Sultan, 2020).

Ethics

The study was exploratory and systems-focused, using observations and conversations as part of being embedded in the system. It did not include any intervention or participants younger than 18 years. Informed consent was obtained from all involved. Care was taken to allow participants who shared personal experiences and reflections on cases in a safe and confidential space and relationship (Ellis et al., 2011; Koopman et al., 2020). Informants contributed by sharing their experiences and responded to my interpretation and presentation. The University of Johannesburg's Faculty of Education Ethics Committee provided ethical clearance for the study (SEM 2-2024-056), and the Gauteng Department of Health provided permission for the research to be conducted at Rahima Moosa Mother and Child Hospital (NHRD reference number GP_202408_008).

Introducing the example of palliative care

Before mapping the system, it is essential to clearly understand the system's focus and purpose. This includes exploring the linkages between the system topic and art therapy.

The World Health Organization (WHO, 2023) defines palliative care as an "approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering using early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual".

Art therapy plays a pivotal role in addressing the psychosocial and emotional needs of patients in palliative care settings. Art is intentionally used for symptom relief, emotional, cognitive and physical integration, and personal growth (Deshmukh, Holmes, & Cardno, 2018; HPCSA, 2023). The outcomes of art therapy in medical and palliative care have been researched, including the use of individual and group therapy and various approaches and materials (Bradt & Goodill, 2013; Collette, Güell, Fariñas, & Pascual, 2021; Malchiodi, 1999; Park & Song, 2020; Sanhueza & Fossa, 2023; Wood, Jacobson, & Cridford, 2019). Glinzak, Yazdian, Kwok, and Youngwerth (2023) described the shared purpose of art therapy and palliative care as promoting insights and emotional resilience through client-centred and individualised treatment goals.

Like other systems to which art therapy contributes, palliative care is part of dynamic and complex healthcare systems (Atun, 2012). Palliative care comprises various systems that interact with the individual, including medical disciplines, mental healthcare systems, family, and other support systems. The boundaries between these systems can provide structure or obstructions in delivering care. The palliative care system incorporates a temporal dimension (chronosystem) in delivering services across various stages, including anticipating the diagnosis, receiving the diagnosis of a terminal disease, coping with loss and grief, and preparing the individual for the end-of-life transition. It furthermore includes care for those who are left behind after the death of the patient.

Systems thinking provides a valuable framework for understanding the interconnectedness of palliative care systems and the role of the art therapist within them (Williams & Hummelbrunner, 2010). It further focuses

on boundaries and leverage points of systems and subsystems (Meadows & Wright, 2008). The temporal dimension of systems thinking characterises the palliative care system's changing nature, with the needs of the palliative care patient changing rapidly between various stages from diagnosis to end-of-life transition.

Approach to system mapping and the art therapist's positioning

I believe palliative care is a dynamic, multifaceted, and temporal process that affects whole systems, illustrating systems thinking for arts therapists. The lessons I learned and the design of the process to understand, map, and position the art therapy within the palliative care system are applicable to other systems, making it a useful example of how to apply the process. Palliative care is embedded in various other systems, including hospitals and other medical disciplines, as well as family and community structures. The art therapy client could include the diagnosed patient, a caregiver, a family member and the medical or other staff treating the patient. The temporal aspect involves therapy adjusting to the changing needs of individuals at various stages of their illness.

I conducted my clinical placement as an art therapist in training at Empilweni Clinic, Rahima Moosa Mother and Child Hospital (RMMCH), and observed the system in practice. My research study unpacked, compartmentalised, and simplified the palliative care system by mapping the system, locating the art therapist within this system with its continuously changing needs, and then reconstructing the complex system.

Positioning the art therapist strategically within the palliative care system offers significant benefits, including enhancing their ability to serve as a leverage point for influencing broader systems and impacting multiple stages of palliative care beyond the individual client. A clear and refined understanding of the art therapist's location or positioning can guide them in mapping their roles, navigating healthcare systems, and effectively advocating for their contributions within diverse contexts.

Systems mapping process

The study was conducted in various but overlapping stages. The first step mapped the system. This was achieved through personal self-reflexivity, a literature review, and information gathered from key informant interviews, conversations, observations, and reflection as a team member embedded within the system. The next stage utilised the information gathered during the initial interviews and iterative conversations, specifically focusing on the position of the art therapist within the mapped system. Continuous analysis and integration of the information completed the study. Reflexive thematic analysis, a systematic process that emphasises reflexivity and moving between immersing and gaining distance from the data, was most relevant for this analysis process, while distancing at times to reflect (Braun & Clarke, 2022; Chilisa, 2012).

Although sequential steps are described for ease of replication, the mapping is not a simple linear process. Some activities are iterative and completed throughout the mapping process.

Iterative Guide 1: Reflection and taking care of self

An art-based process facilitated reflection on various aspects, including my positionality and my role within the system as a trainee art therapist and researcher (Burnham, 2013; Butler, 2017; Stevenson, 2020). I reflected on emotional triggers before the study. I made response art about memories of my mother's cancer journey, the loss of my cousin during the placement year and the deaths of various clients.

I created response art to the anticipated and actual emotional triggers that I experienced (Fish, 2012; Nash, 2020). Figures 3, 4, and 5 provide brief glimpses of these responses. My reflective art was a deliberate attempt to make sense of the experience and the information gathered during the observation sessions (Mäkelä, Dash, Nimkulrat, & Nsenga, 2011). The reflexive process was an iterative process of engaging with all the data sources, integrating the information, and considering the connections between themes that thematic analysis could reveal (McCaffrey & Edwards, 2015). This type of triangulation in reflexive art enables reinterpretation, enhancing understanding and preparing one to map a system.

Figure 3: Positioning myself in the team (positionality)

Figure 4: Death in the family

Figure 5: Reflection on the meaning of my clients' deaths

Iterative Guide 2: Information gathering

Gathering information in the form of reviewing literature relevant to the system and the role of art therapy is an iterative process. Initially, it frames the system to be mapped, allowing for a broader understanding before the process begins. However, as more information emerges, it becomes possible to gather more targeted information.

For example, the literature on positioning the art therapist in the palliative care system in South Africa was limited to a description by paediatric oncologist Marc Hendricks and 13 members of a palliative care multidisciplinary team at the Red Cross War Memorial Children's Hospital (RCWMCH) in Cape Town (2019). They described each team member's unique role and effort in the holistic care of people living with childhood cancer and their families. Integrating information with self-reflection necessitated revisiting previous documents and searching for topic-specific information. This description was valuable in understanding the system and the art therapist's positioning within it. Key aspects that were explored through the literature included:

- Defining the core focus of the system (in this example: palliative care)
- Understanding the characteristics and complexity of the system
- The stages of therapy/care and tasks in the system
- The results and outcomes of art therapy
- Important aspects to consider:
    - The multidisciplinary and interdisciplinary nature of therapy
    - Clients in various subsystems
    - Various interventions
    - Art therapy tasks at various phases
    - Unique role of the art therapist
    - Models of care.

Visual mapping

The mapping process involved numerous drafts, utilising various materials, including textiles that could be easily manipulated and moved, as well as colour-coded hand-drawn versions of the maps and electronic versions. These draft maps were continuously adjusted as new information emerged during interviews and discussions.

Six maps emerged during the process:

- An initial map made of textiles for ease of movement and to allow manipulation and adjustments. It also included buttons that indicated the art therapist's position. This was used in face-to-face interviews and for personal reflection.

- Two hand-drawn, iterative drafts, an initial complex map to capture all the nuances of the system and then a simplified, generic map
- Two electronic versions (PowerPoint) of the initial complex map
- Then a simplified map.

Step 1: Initial pliable map

The initial map captured the finer nuances of the system and its relationship with other subsystems. This was a valuable process for engaging with all the data and making sense of the system's dynamic structure. Figure 6 presents the final textile map. The various textiles represented various subsystems. The textiles were used to alter the interrelatedness and boundaries of these subsystems until a clear picture emerged. I strongly related to the textural sensation of each part, and it was a more embodied experience, feeling myself being embedded in the system, becoming part of the information and experiences.

Figure 6: Textile map of dynamic interactions and relationships of various subsystems

Step 2: The view of others in the system

This step included informally and formally engaging with the team members. I observed team members' activities and interactions during my work, ward rounds, and team meetings.

The engagement guidelines:

1. Describe the system from your perspective.
2. Where do you see the art therapist's place/position in the system?

I began with the same reflexivity and included other art therapists to gain a deeper understanding of the art therapist's role. The textile map was helpful for me to reflect on information, but not very useful when engaging with others. I used the manual versions for my discussions (see Figure 7). It felt more restrictive to use a two-dimensional medium, but repeatedly drawing the map allowed me to reflect more deeply about the structure, dynamics, and meaning of the system. I presented the complex map to the informants and redrew it according to their insights and recommendations. The paper bore the marks and evidence of having been handled as if I had interrogated the system itself. The main contribution of this manual and complex map was to broaden my understanding of the system's complexity and its relationships with other systems. It guided my further exploration of the system and the interrelatedness of its subsystems, allowing me to generate a simplified version of the map. After a few iterations, a more defined map emerged, and I redrew it in electronic format using PowerPoint (see Figure 8).

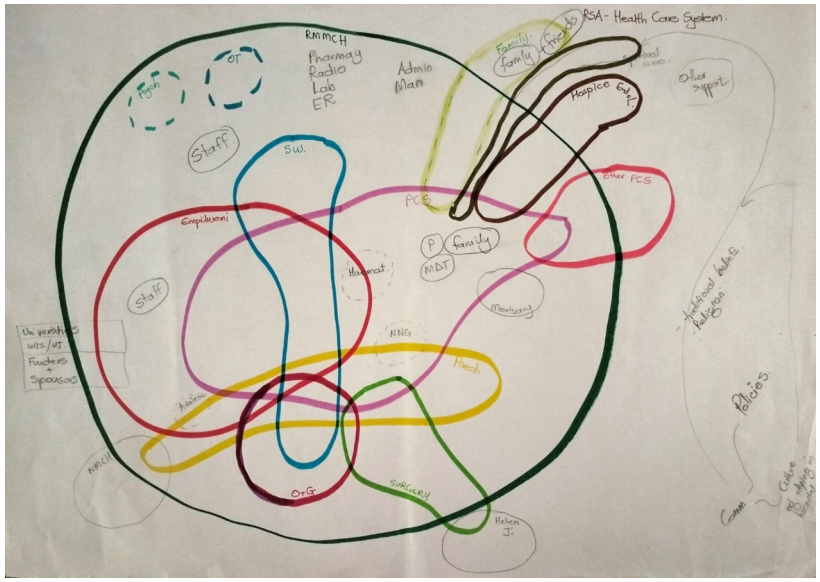

Figure 7: Hand-drawn map of the system capturing complexity

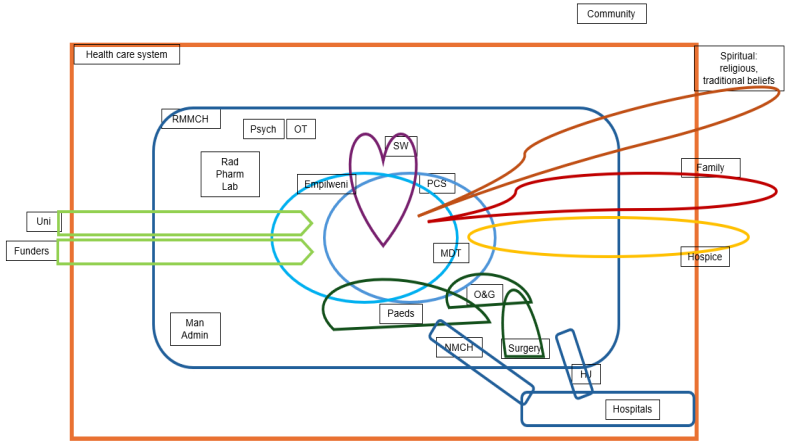

Figure 8: Electronic map of the complex system

Step 3: Simplifying into a systems model (Bronfenbrenner's bioecological model)

Because the textile map was not easily movable and the two-dimensional maps were complex, I simplified them using a conceptual framework (see Figures 9 and 10 for the hand-drawn and electronic versions). The framework used to refine the map was Bronfenbrenner's bioecological model (Bronfenbrenner, 1994; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 2006; Madeline, 2017; Psychology Notes HQ, 2019). The model focused on the structural aspects of the subsystems and how the system is embedded in other systems. A detailed description of each level was included in the full research report.

Figure 9: Hand-drawn simplified map

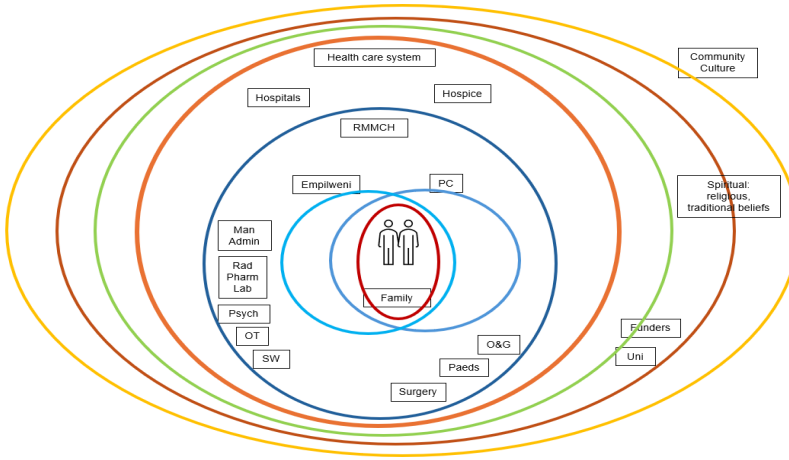

Figure 10: Electronic simplified map

This mapping exercise incorporated my personal lived experiences, observations, and input from various stakeholders, as well as my embeddedness in the system. This contributed to understanding the complexities of caring for the client. The complexities included the changing needs, environment, and circumstances of the patient and other stakeholders, such as the family, multidisciplinary team, hospital staff, and healthcare service providers outside the palliative care team. It is essential to remember that the art therapy client can be either of the following stakeholders: a patient or an individual. I could identify various parts of the larger system in which my role fits, rather than merely focusing on the individual. This reflection brought valuable opportunities, and the visual and interactive art processes allowed me to engage with subconscious materials and information.

Step 4: Mapping the functionality of the system – locating leverage points

The simplified map was used to determine the leverage points within the system where the art therapist is most useful. Identifying the leverage points in the system involved mapping the system's functionality from the perspective of the art therapist. The map is related to the individual strengths and skills of each therapist. In Figure 11, I used various sizes and shades to

indicate the perceived usefulness level of the art therapist's usefulness at leverage points in the system. Visualising the various levels in shape and colour helped me engage with the map and understand the functionality of the work.

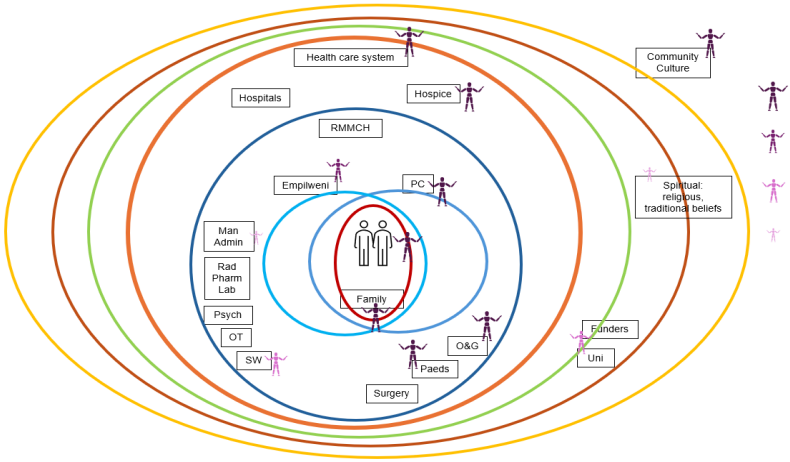

Figure 11: Positioning of the art therapist

Step 5: Developing a matrix of tasks and stages of care

Integrating knowledge about various aspects of care and service provision is part of the next step in understanding the implications of mapping the position of the art therapist within the system. From the literature, mapping exercises and the views of the team members and art therapists, these are the primary considerations: 1) the stage of care, 2) the focus client and 3) the specific task of the art therapist.

Stage of care

The chronosystem of the bioecological model is a crucial component of any system. The needs, circumstances and environment of the central patient change continuously, and the art therapist needs to respond to this rapidly. It is important to list and explore the stages that involve the art therapy client (whether the primary patient, family member, staff or other system stakeholder). The following stages were identified in which art therapy plays an important role in the palliative care system:

- Diagnosis and investigations
- Long-term plan:
  - Curative treatment
  - Palliative treatment (including pain management and psychological support)
  - Treatment uptake and compliance
- Short-term plan (end-of-life):
  - Pain and symptom management
  - Loss and grief
  - Death and dying preparation
  - Legacy (Davies, 2004) and memory boxes with transitional objects (Bollas, 1979, 1987; Winnicott, 1953, 1971)
  - Attending to emotional and spiritual needs
- After death:
  - Bereavement and grief support.

Focus client

Various people present as art therapy clients; these individuals are scattered throughout the system and can be found in any of the subsystems. For the palliative care system, these include:

- The palliative care patient
- Family members, especially partners, parents, children and siblings, need support and assistance at various stages. This is relevant to caregivers, extended family, and friends
- Medical service providers, including various specialities and team members
- Social and psychological services
- General hospital staff (including administrative staff).

The specific task of the art therapist

The tasks of the art therapist are strongly linked to the client and the stage of care. For example, in the palliative care system, the main aim is to improve quality of life (QoL) and reduce emotional distress. However, some tasks were identified as unique contributions of the art therapist:

- Facilitating communication and expression
- Expression of emotions, self-regulation and developing healthy coping strategies
- Unconscious processing through symbolism and metaphor
- Embodiment, body awareness, mind-body connections (Van der Kolk, 2014)
- Coordinating spiritual, social and psychological support
- Creative problem-solving and development of personal choices and decisions regarding treatment and aspects of dying (Lister, Pushkar, & Connolly, 2008)
- Facilitating family meetings and open discussions regarding prognosis and wishes
- Development of self-compassion of caregivers and service providers.

Positioning the art therapist in the palliative care system necessitates an integration of the three primary considerations: 1) stage of palliative care, 2) focus client, and 3) art therapy task. Table 1 provides a matrix of the suggested positioning of the art therapist using the three identified domains. Each domain can be expanded to include all the relevant stages, clients, and tasks according to the specific system. This matrix helped me identify specific interventions and tasks related to various stages and clients.

Table 1: Example matrix of art therapist positioning and contributions

	Art therapy client			
Stage	**Patient**	**Family**	**Multidisciplinary team**	**Staff**
Diagnosis	Emotional containment Preparation for discussions and individual goals	Emotional containment Preparation for disclosure	Self-care	Burn-out
Long-term plan	Quality of life (QoL) Emotional resilience Communication	Emotional support Coping strategies Resilience Burn-out	Compassion fatigue Self-care Expression	Self-care Resilience Compassion fatigue Emotional literacy

Stage	Art therapy client			
	Patient	Family	Multidisciplinary team	Staff
Short-term plan	Legacy Emotional support	Emotional support	Emotional support – frustrations	Burn out Emotional support
After death		Grief and bereavement	Emotional support – grief Resilience	Self-care Emotional support – grief Resilience

Step 6: Visualising holistic service provision

It is helpful to consider the strength of leverage points in the system by ranking the relevance of art therapy interventions or the locations of art therapists within the system. Figure 12 illustrates the perceived level of leverage in various individual chronological dimensions (psychological, social, spiritual, and physical) for clients within the system.

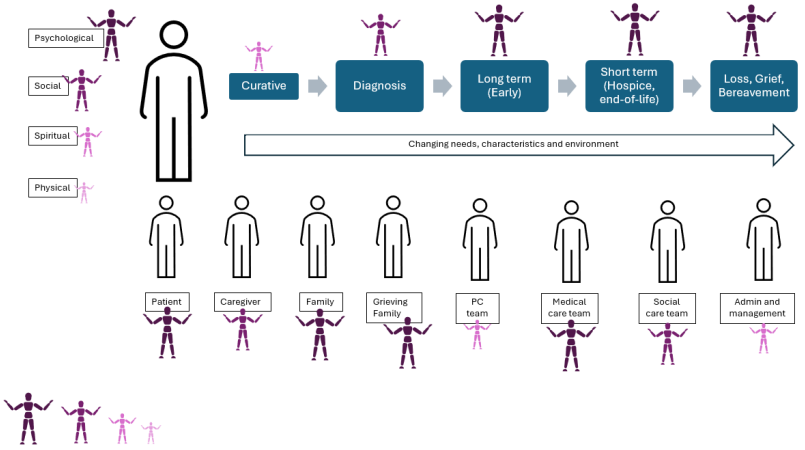

Figure 12: Relevance of art therapy in PC stakeholders and stages

Step 7: Identifying key considerations in positioning the art therapist

This step includes highlighting key themes that emerged from the analysis. Each of these is important for practically applying the leverage points. For the positioning of the art therapist in the example (the palliative care system), this included:

- The art therapist is part of the multidisciplinary team and plays an interdisciplinary role in palliative care. This is often also relevant for other systems.
- Key knowledge and skills needed by the art therapist to function optimally in the system. For palliative care, this included clinical information such as stage of cancer, prognosis, and the appropriateness of art materials in a hospital setting.
- Incorporating specialised palliative care skills in general practice and other systems.
- Positioning self and others (in system and team) to enhance relationships and interactions within the system.
- The advocacy role of arts therapists in palliative care, other systems, and subsystems.

Step 8: Implementation

Mapping is not merely a theoretical or academic exercise. The final step is open-ended and involves the practical implementation of knowledge about the system and the art therapist's role. It requires dissemination for advocacy, which is especially important in the current South African environment and promoting art therapy as an essential mental health service. Each art therapist has a responsibility to advocate system-wide and across systems. I found the process easy to repeat in work in other healthcare systems, including institutionalised care for child sexual abuse survivors, children with cerebral palsy and people living with dementia.

Conclusion

This article describes the application of systems thinking in positioning art therapists within organisations or systems. It used the palliative care system

at a public hospital as an example to illustrate the mapping process. The two iterative and eight-step guide helps arts therapists (in training, newly registered, or experienced) position themselves in various systems. Art therapists can apply these steps to learn about the systems and position themselves, or, in collaboration with other disciplines and evaluators, advocate for art therapy in healthcare systems.

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