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Editorial

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The pending graduation of the ten pioneering South African art therapists from the Department of Visual Art (DOVA) at the University of Johannesburg (UJ) is a case for celebration and a long-nurtured dream for many involved in this training. I am not an art therapist and am not familiar enough with the field of practice and literature. I consider myself an artist, art activist, and educator. As the professor in charge of postgraduate studies in our department, as well as a fierce advocate for enhancing arts education for social impact, I found myself holding and facilitating the first visual art therapy training in South Africa, which is also, as I understand, a first for the continent.

Many of our first cohort of registered students have been working with the healing power of the arts for many years. They received their community counselling training at Lefika La Phodiso, the "rock of holding" for the art therapeutic space, founded by my sister, Hayley Berman, almost three decades ago. Some of these mature students have been waiting a long time for this professional qualification to be offered in South Africa. Accompanied by the need for this HPCSA-registered qualification to practice as art psychotherapists, there is an imperative to produce and share ground-breaking South African-centred research. Therefore, with great pride and a good measure of trepidation, I write this editorial introduction for the first *South African Journal of Arts Therapies*.

The art therapy team, comprising lecturers and students at UJ, unanimously and unreservedly supported the establishment of a local journal to be a platform for South African voices in the field. In partnership with SANATA we see this journal as serving all the arts therapies, including drama, dance, movement, music, and art, with rotating guest editors for differently themed issues.

In 2004, 20 years ago, Jordan Potash presented a conference paper in California on 'Rekindling the multicultural history of the American Art Therapy

Association (AATA) and its need for inclusivity and diversity. Potash (2005, p. 184, 188) stated:

> "As art therapists, we see it as our responsibility to honour each individual story, help integrate it where it is disconnected, and guide our clients to illustrate these narratives in a manner that allows for healing. Personal or communal stories offer a glance into belief structures, values, and lessons […] What we need now is not only a discussion of history and 'facts', but also an examination of how we all fit into this diverse history, how we can preserve it, and how we can use it as a foundation from which to move into the future."

Just as Potash called for inclusivity and diversity in the field two decades ago, we stand on a similar threshold of research and practice. While stories need to be told, we are obliged to tell them through the lens of decoloniality and social justice 30 years after the first democratic elections in South Africa. Approaching a social justice pedagogy in the Global South calls for a much deeper engagement than changing language and recognising inequality and privilege. It is also about offering a new curriculum without the baggage and burden of colonial histories of power and inequality; it offers a responsibility to strengthen a critical consciousness among students. We take on the challenge: How can we make teaching a space for examining a deeper commitment to issues of social justice?

The excellent and relevant scholarship is emerging on intersectionality as a frame to explore identity and difference that moves beyond multiculturalism. According to Savneet Talwar, art therapists should envision identity and difference from an intersectional framework that regards race, class, gender, and sexuality as intersecting principles that shape everyday life (Talwar, 2010). Talwar (2019, p. 3) described herself as leading "a hyphenated life in the United States as an Indian-American Sikh" professor in a predominantly white American University . She insists on the need to understand intersectionality that creates possibilities for exploring the complexities of identity and building alliances for social change. The first step, whether doing research or preparing to be a therapist, requires "deconstructing our own positions of power and privilege [that lie] at the heart of a social model" (Talwar, 2015).

Three months after the introduction of the first Honours in Art Therapy class, South Africa experienced its first lockdown due to the COVID-19 pandemic. We pivoted online overnight and did not miss a class. The art

therapy programme is housed and influenced by the social justice mission and active community engagement in the Department of Visual Art. Visual art plays a vital role in challenging and shaping dialogue to imagine possibilities. Artmaking explores the complex intersections of identity formation in social structures of life experience. As Talwar acknowledges, in focusing on the relationships between the personal and political, the private and public, a critical art-based inquiry becomes a meaningful way for art therapists to inquire into the contradictions of lived experience.

An art therapy programme objective is embedding relevant pedagogical strategies that provide opportune moments to find and build autonomous and authentic voices, as well as critique established positions. Some of these values, along with disruptive and innovative opportunities, are reflected by the extraordinary teachers in the programme who are able to manage students experiencing significant anxiety and fear by modelling ways to embrace uncertainty and discomfort. As reflected in this journal, the voices of the first ten students are exemplars of this practice.

These voices provide an important moment for understanding how disruption and uncertainty can be powerful pedagogical tools for social action. In particular, this collection of research, emerging from the pandemic, proposes that art and art therapy can be applied as a vehicle for solidarity and collective action that leads to empowerment and agency in addressing the challenges faced in times of trauma. I am convinced that this new training has added a powerful dimension to social action research through robust community processes that advocate meaningful ways for social change.

What follows are ten contributions to South African art therapy scholarship grounded in lived intersectional encounters that stretched the boundaries of research and practice. These individuals carry a great weight of responsibility as the trailblazers of innovative research and practices that respond to a country in trauma.

Contributors

Leigh-Anne Alexander explores the content of a social dreaming matrix (SDM) and artmaking workshop among art therapy trainees in South Africa. She argues that including SDM and other analytic group-based practices is a worthwhile method of coming to know and actively engaging in the critical

discourse around the lived experiences of students, practitioners, and citizens of South Africa.

Sandra Greeff identifies that art therapy in South Africa has focused on counselling and grief work. She offers a unique art therapy bereavement protocol that could be used as an alternative to traditional grief and bereavement counselling and through the action of clay-work with an extension to paper collage to 'piece together' memories integrating the loss of a loved one into a life without them.

Saxon Kinnear's research provides insight into how training art therapists foster resilience through artmaking which equips them to offer similar opportunities for their clients. In addition, she offers evidence as to *how* and *why* art therapy offers an accessible, efficient, and alternative form of healing for South Africans.

Gugulethu Manana writes about using art therapy to facilitate disclosure among those who have experienced childhood sexual abuse (CSA) in South Africa. The disclosure of CSA is a difficult and complex process, and her article argues that art therapy with cultural sensitivity can be a powerful tool to help CSA survivors find their voice to disclose and initiate the healing process.

Kamal Naran argues that there is value in the false self's protective function as a defence mechanism for the queer population and highlights the importance of making visible the false self through art therapy before exploring the multiple layers of queer identity.

Alisa Ray investigates how inherited perpetrator trauma may result from a family legacy of past familial collaboration with the South African apartheid regime. This historical narrative emerges from a familial relationship with the artist Irmin Henkel, the author's step-grandfather. Henkel was considered the official portrait painter of the 1960s apartheid regime Cabinet. Ray uses a heuristic self-study and arts-based approach to create a five-step protocol that art therapists can use to treat inherited perpetrator trauma. She proposes that making toxic shame conscious and confronting and transforming this trauma can prevent a repeat of past historical transgressions and encourage healthier relationships with self, family, community, and a broader South African society.

Lauren Ross is an educator at St Vincent's School for the Deaf. She explores a visual dialogue between *lived* and *perceived* experiences of deafness. She asks: How does a hearing therapist avoid relying on stereotypes in an overarching

characterisation of the deaf experience to engage in meaningful and useful therapy for this population, which is vulnerable due to hearing loss and the dire socio-economic circumstances in South Africa? Her contribution motivates for the use of art therapy when working with deaf clients. The contribution promotes mentalisation through a dialogical approach to artmaking.

Kara Schoeman innovates a group art therapy intervention model to address mental health stigma among a group of youth in a rural area of South Africa. She offers this as a guide for art therapists who would like to address issues of discrimination and alienation due to this stigma in group therapy.

Kate Shand investigates the contribution of art therapy to literacy in diverse and stressed communities in inner-city Johannesburg. Her programme draws on attachment theories in psychodynamic literature. She presents case vignettes from the Uhambo literacy programme that demonstrate how adaptive art therapy programmes can give children agency to make meaning, increase confidence and pleasure in their artmaking and storytelling, and improve learning outcomes, building resilience and creativity.

Joanne Van Zyl's article is based on a visual auto-ethnographic study of pregnancy loss in a South African context. It explores the creation of a secular, ritualised form of grief work in line with non-linear models of grief that emphasise connecting bonds. Her paper proposes the threading through of these complementary techniques as an effective model of embodied grief work to acknowledge trauma and loss and combat disenfranchised grief.

Conclusion

These emerging art therapists share an understanding of the deep-seated social, economic, and political inequalities in our community and actively profile the power of the arts and social action in delivering mental health services. Art as therapy has been a powerful influence in the NGO movements for decades. The Department of Visual Art at the University of Johannesburg is proud of our role in creating the runway for these outstanding graduates ready to make a powerful difference in our traumatised communities.

We look forward to the next issue that will share some of the insights and scholarship emerging from the University of Johannesburg symposium: **Training Art Therapists for Social Justice, 13 and 14 July 2023.**

Acknowledgements

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"It has to be held"

Exploring the social unconscious among art
therapy students in a South African context
through social dreaming

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Bio

Leigh-Anne Alexander is a student currently enrolled in the master's degree program for Art Therapy at the University of Johannesburg. She completed her undergraduate studies at the University of Cape Town, majoring in Psychology and Religious Studies within the Social Sciences program. Building upon her academic foundation, Leigh-Anne attained an honours degree in Psychology from the University of Stellenbosch and an honours degree in Art Therapy from the University of Johannesburg. Leigh-Anne's research focuses on exploring the intersection of art therapy, the unconscious, and the transformative power of art therapy to facilitate discussions on race, social justice, and its role in pedagogical processes in the South African context.

Abstract

The content of this article explores a social dreaming matrix (SDM) and art-making workshop among art therapy trainees in South Africa. This article is a preliminary investigation into the social unconscious of art therapy trainees, as art therapy practitioners and allied practitioners, who need to promote thinking that derives from an intersectional framework, as practising from this framework may help practitioners to be empathetic, culturally attuned, and culturally sensitive within a multicultural context. In this article, I argue that analytic group-based practices or interventions, such as an SDM, are a worthwhile method of getting to know and actively engage in the critical discourse around the lived experiences of students, practitioners, and citizens

of South Africa. It may also prove a worthwhile directive for clients wishing to explore their social unconscious. This study considers knowledge and issues surrounding the complexities, contradictions, and discomfort of the lived experiences of future art therapists in South Africa. This exploratory approach aims to facilitate new insights into art therapy trainees' social unconscious related to their identities as art therapy trainees and future practising art therapists. The central conclusion of the findings reveals that art therapy trainees' social unconscious comprises five elements: power, privilege, identity, alienation, and violence related to their roles as art therapists. Moreover, the SDM and art-making offer a tool to empower the pedagogical process for art therapy trainees.

Keywords: Art therapy, intersectionality, pedagogy, social dreaming, social unconscious

Introduction

The content of this article explores investigates how a social dreaming matrix (SDM) and art-making can give insight into the social unconscious of art therapy trainees through an SDM event held with the Honours in Art Therapy cohort at the University of Johannesburg in February 2021, conducted by Dr Hayley Berman, an art therapist and educator.

Social dreaming is a practice of 'sharing and working with dreams within a social space' pioneered and developed by Gordon Lawrence (1982) (Armstrong, n.d., p. 2). The dream-sharing event is termed the matrix[1] where participants sit in a snowflake configuration and participants share their night-time dreams, images, and associations for approximately one hour (Manley, n.d). The dreams are not interpreted or given meaning by the host,[2] but instead, participants are able to allow the dreams, dream imagery, and associations to surface and accumulate during the SDM.

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1   The term matrix is used instead of 'group', as Lawrence (2000) defined it as "a containing space where something grows, is bred and develops" (p.329). Lawrence, the joint director at the Tavistock Institutes Group Relations Programme, found that working with dreams within a group setting was taboo and only confined to one-to-one situations between analyst and analysand (Manley, 2009).

2   The term 'host' is used deliberately to avoid associations to roles such as 'consultant', 'conductor' and 'facilitator' (Armstrong, 2019). The role of the host is to manage the boundaries of the SDM (time, confidentiality, and tasks) and to lead the SDM (Armstrong, 2019).

This exploratory approach may offer new insights into how an SDM and art-making can make art therapy trainees' unconscious material conscious and how the SDM act as a means to enter into, reflect, confront, and engage in topics related to social justice, race, and oppression within the South African context. The purpose of this article is to evaluate the importance of using psychoanalytic and arts-based methods of inquiry for unconscious retrieval and the value that SDM can be a pedagogical tool for art therapy students in the context of teaching and training as future art therapists in South Africa. The central conclusion of the findings reveals that art therapy trainees' social unconscious comprise power, privilege, identity, alienation, and violence related to their roles as art therapy students and future practising art therapists in the context of South Africa.

Background

In the past decade, scholars have advocated for cultural competence in art therapy, emphasising the need to investigate the profession's lack of greater sociocultural inclusion (Awais & Yali, 2013; Doby-Copeland, 2006; George, Greene, & Blackwell, 2005; Hiscox & Calisch, 1998; Robb, 2014; Talwar, Iyer, & Doby-Copeland, 2004; Ter Maat, 2011). Cultural competence is defined as a set of congruent attitudes, behaviours, and policies that come together in a system, agency or among professionals to facilitate effective work in cross-cultural situations (Cross et al., 1989). Cultural competent art therapists take into consideration the specific beliefs, values and actions that are influenced by a client's ethnicity, race, culture, nationality, gender, socioeconomic status, political views, sexual orientation, physical capacity or disability, and historical or cultural experiences within their dominant culture (American Art Therapy Association, 2011). Culture, diversity, and identity are important concepts in art therapy practice (Talwar, 2015, p. 100) and these are important factors to explore in the context of teaching and training.

Formalised art therapy training only emerged in 2020 in South Africa. Considering this emerging field, practitioners need to construct knowledge and build effective practices that consider practitioners' understandings of their identity and differences from a social and cultural perspective (Talwar, 2017, p. 100) and be mindful of the effects of the political and social history and the context in which we serve (Solomon, 2005).

It has been nearly 30 years since the end of apartheid, yet racialised patterns of social inequality in South Africa remain present. South Africa is a country at war with itself. Its unparalleled violence is characteristic of colonised societies (Long, 2017), and these colonial patterns of the relationship remain deep in our social unconscious (Blackwell, 2003).

Literature review

Social dreaming is a practice of "sharing and working with dreams within a social space" and was pioneered and developed by Gordon Lawrence (1982) (Armstrong, 2019, p. 1). The dream-sharing event is termed the matrix and participants share their night-time dreams, images and associations (Manley, 2020). Social dreaming is a tool that allows individuals to think and feel visually and allows individuals to experience, express, and reflect on their unconscious content with a group of people (Berman & Manley, 2018). SDM is a viable method for exploring unconscious material that gives an insight into collective identities and unconscious processes in marginalised communities (Karolia & Manley, 2020; Van Beekum, 2013) and can act as a container for processing implicit racial bias and collective racial trauma (Bermudez, 2018).

SDM and image-making provide a space for "feeling the irrational", creating a space to discover new thoughts and reveal processes that had been unbearable to put into thought (Berman & Manley, 2018, p. 236). Dreams also give access to important personal and situational insights (Hyyppä & Bowles, 2016), which can help individuals enter into a space where tension arises through what is conscious and what is unconscious (what they know versus what is beyond their knowledge) (Lawrence, 2000). Dreaming can also allow individuals to enter a state of consciousness that incorporates three temporal dimensions: experiencing the past, processing the past, and preparing for the future (Macduffie & Mashour, 2010).

In the context of student leadership in a South African higher education institution, a study on social dreaming found that the students had a preoccupation with South African historical narratives (Pule & May, 2021). Pule and May (2021) found that students had relational dynamics of discomfort and defence mechanisms, such as splitting when discussing race and gender. They also found that student leaders needed a space to make 'sense' and renegotiate their anxiety around the discussions on transformation and diversity dynamics in South Africa (Pule & May, 2021).

This article contributes to original knowledge in exploring the use of SDM with art therapy trainees and in analysing material generated in the SDM through the lens of intersectionality.

Intersectionality is the concept that "describes the interaction between systems of oppression" (McBride & Mazur, 2008, p. 193) and promotes the understanding that human beings are shaped by the interaction of different social locations (Hankivsky, 2014, p. 2). Social locations are factors such as race, gender, class, disability, nationality, sexual orientation, age, and education that intersect as systems of oppression (McBride and Mazur, 2008, p. 198). These interactions occur "within a connected system of structures of power (for example, laws, policies, state governments, and religious institutions, among others)" (McBride & Mazur, 2008, p. 193). Practice stemming from the intersectional framework posits that one must be critical regarding pre-existing knowledge and assumptions regarding oneself and others (Talwar, 2017, p. 101). As discussed, art therapy trainees bring their histories and backgrounds that form part of their existence into these sessions. Social dreaming pays attention to these social aspects within a larger discourse.

I argue that framing the content of the SDM through the lens of intersectionality may inform the various intersecting identities, experiences and social locations of art therapy trainees and clarify how these intersecting factors may inform art therapists' assumptions and art therapy practice within South African contexts. Therefore, this article argues that SDM may be fruitfully employed as a way in which to discover and process unconscious subject matter such as perceptions, thoughts, and feelings around racial relations, gender, and social-economic status, among others. These elements may be housed unconsciously and be difficult to access for participants involved.

Methodology

This exploratory study examined the content of an SDM held with the Honours in Art Therapy cohort of 2021 during their orientation week in February 2021. Due to the UJ Art Therapy course being online, the SDM was facilitated online and the content was recorded on a videoconferencing application.

The SDM is classified as secondary data, as the data was collected in the past (February 2021) and made available to be used by another researcher. After gaining permission from the host of the SDM, I transcribed the audio

of the SDM workshop. The images created during the SDM were held up during the SDM session and the screenshots are included in this study. After transcription, themes (generated through the transcribed audio and screenshot images) were analysed by using Braun and Clarke's (2006) guidelines on latent thematic analysis (LTA).

I employed LTA to identify, analyse and find patterns or themes within the text and images (Braun & Clarke, 2006, p. 13). I found themes and images that required some interpretive work. Common themes were identified and interpreted through the theoretical framework of intersectionality. I found the content related to the social unconscious that suggested transference from cultural, social, and historical influences. I interpreted the content during my supervision. The material included verbal feedback and images created within the SDM. These were factors such as race, gender, class, disability, nationality, sexual orientation, age, and education that all formed part of the art therapy individual realities, which may have been conscious or unconscious.

Participants were drawn from the 2021 art therapy honours cohort. The participants were seven white female participants and two black female cisgender participants aged between 21 and 63. Their socioeconomic positions varied. Participants were selected via convenience sampling and approached via email to participate in the article. Included in the research ethics application was a permission letter granted by the primary researcher to use the SDM recording and participants consented to the materials being used for pedagogical and research purposes. Participants' responses were treated confidentially and identities remained anonymous by using pseudonyms. Research ethics permission was obtained from the Faculty of Art, Design and Architecture Ethics Committee of the University of Johannesburg. Participants could access contact information for mental health professionals if they found themselves triggered by the content that was generated by the SDM workshop.

It is worth noting that I was a participant in this SDM workshop. Thus, this paper and the initial research question have a deductive approach. I was able to summarise the content of the SDM workshop with a predetermined outcome of analysing themes surrounding discourses on race, gender, social justice, and violence. It is worth noting that the interpretation of the verbal feedback and content of the images depicted in the SDM workshop is limited through my paradigm and may be biased.

Results

The SDM workshop occurred towards the start of the training in 2021, opening a discourse for students to engage on an ongoing basis with their personal and sociocultural positionality. It modelled a framework for students to use their unconscious active imagination, dreams, and image-making as a way of engaging as students and future practitioners. Firstly, participants engaged in the SDM workshop through the host, prompting them to verbally bring a dream they had experienced, in which they could either describe a dream in detail or bring a word that is freely associated[3] with that dream. After the verbal interaction, lasting approximately an hour, participants were then asked to create an image once the free association and dream-sharing ended. The images created by participants were influenced by the verbal feedback their fellow participants gave. Below I summarise content generated by the SDM workshop related to the social unconscious of art therapy trainees. I detail three central themes found within the content of the SDM workshop. The main themes that emerged from the SDM workshop were the group's perceptions regarding race, social justice, oppression, freedom, positionality, and violence, among others.

The group perception and responses are categorised into three subthemes: perceptions of access, perceptions of engagement, and perceptions of transformation. I reflect on these themes in the discussion below.

When the SDM started, the facilitator asked participants to share their night-time dreams, feelings and their free associations with the dreams. The image of a dancing monkey was brought to the start of the SDM. Associations of Penny Sparrow,[4] race, positionality, violence, and social justice entered the matrix and our subsequent engagement with these factors started to emerge. After the SDM, students were invited to create an image in response to the SDM. After the image-making, students were asked to reflect on their images and the SDM and freely associate with each other's reflections.

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3   Free association is a method in psychoanalysis whereby the patient verbalises whatever comes to mind to reveal unconscious elements within the patients' psyche.

4   In 2016, KwaZulu-Natal real-estate agent Penny Sparrow tweeted racist remarks about New Year's Day beachgoers calling them 'monkeys' (Wicks, 2016).

Perception of access

The theme of perception of access inspired the first image: engaging in conversation around social justice, race, oppression, and positionality, among others. Images of barbed wire, fences, prison bars, and roads emerged. Figure 1 and the quote below reflect the participant's lack of access to these conversations around social justice. J's perception of access to engaging in conversations around social justice seems to have left her stuck. She was stuck between being an outsider and an insider in a liminal space.

 J stated:

"Restricted access, a mirage, freedom […]the barbed wire fence. The image of the barbed wire fence stood out for me. And then the fence gets less restricted as it goes on and the person there at the end, there is actually no fence in front of them. But there's a stop sign and they still don't move".

Figure 1: J's Image of a person between barbed wire and stop signs

Perceptions of engagement

C presented her figure (see Figure 2) of a violent scene that she had encountered in her life. The SDM allowed for memories to emerge that

previously laid dormant, adding to complex layers of engagement with issues around race. The violent scene was the image of the three wise monkeys: a Japanese maxim of 'see no evil, hear no evil, speak no evil'. In the Buddhist tradition, the proverbs are not to dwell on evil thoughts. The proverb can also refer to a lack of moral responsibility of the people who refuse to acknowledge transgressions or to 'turn a blind eye'. This relates to the confrontation of violence in the South African context and that participants felt like they could not engage and when they did, they felt the urge to turn a blind eye. C stated:

> "Black man […] chained in the middle of the highway… And then… It has to be on the shoulders, it has to be held […] We don't want to look and we don't want to hear and we don't want to speak [sic]".

Figure 2: C's image of violence witnessed

The participants' perceptions of engaging fluctuated between anxiety and awareness, dissociation and responsibility. However, some participants, like S (see Figure 3), continued feeling anxiety, fragmentation and uncertainty about engaging. For instance, S stated that:

> "So, uhm, for me this felt very fragmented […] I wasn't […] participating in the way I should have been, or, I could have been […] I don't know if it's something to do with dreams. I just feel like dreams are such, such delicate things […] almost revealing. […] I'm not really sure what I'm trying to say about this one actually [sic]".
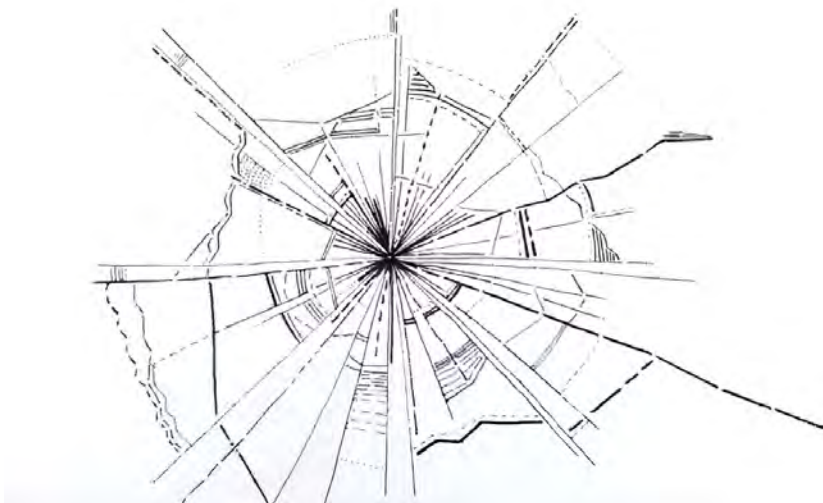
Figure 3: S's image of fragmentation

Hereafter, the host entered the matrix and responded by making her artwork in response to the content brought by the participants in the SDM. It is worth noting that the dreams are not interpreted or given meaning by the host,[5] but instead, the host added their image to help guide the participants' dream imagery and associations during the SDM. The host stated:

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5   The term 'host' is used deliberately to avoid associations to roles such as 'consultant', 'conductor' and 'facilitator' (Armstrong, 2019). The role of the host is to manage the boundaries of the SDM (time, confidentiality, and tasks) and to lead the SDM (Armstrong, 2019).

"I ended up making an imaging of the barbed wire […] I sort of threw water on at first […]. There was something about needing to dissolve some of the sort of horror. I think, but at the same time, really, representing it".

The host reiterated the theme of water brought by J's image (Figure 2). J's image defined the water as a 'mirage' hidden behind a barbed wire fence. The symbol of water within the matrix had transformed and diluted the image of the barbed wire.

Figure 4: Host's image of water thrown on the barbed wire fences

The naming of the horror and the amelioration of the horror brought reflections offered by C, who stated:

"Our history is hectic and heavy […] it can be so divisive because it's so […] what we see determines where we stand. […] I remember when I was young, I used to hate our country, I really, really did. And there's a part of me that really hate our country and hate what we have to hold, what you see the poverty […] the stuff that just isn't

solved straight away […] it's just like. […] An open wound and I feel like we've had an open wound for a long time and possibly, it has to become even more open [sic]".

C had brought the second image in the matrix (see Figure 2) and further explored her emotions and reactions to the content offered by the group. Beneath the barbed wire fences strewn with water was an open wound. A wound that is unable to heal.

Hereafter, the host entered the matrix again and noticed that participants like S, whose image is depicted in Figure 3, felt fragmented and how it reflected parts of themselves being "on a trampoline being double bounced". The SDM facilitated the participants' questioning their perceptions of participation and the host asked the group:

"Thinking about attachment and social attachment? What kind of society have we grown up in that's become our parental figure? Having had an apartheid parent for so many centuries and then having a different parent. Having Mandela as a parent, having Mbeki as a parent, Zuma as a parent, Ramaphosa as a parent. What sorts of parental figures have we been through in our time and our ancestors' time? And how's that impacted who we've come to? What is our image? Our social image? [sic]".

Through the host bringing associations of intergenerational inheritances, participants started reflecting on their inheritance and subsequent role in the South African context.

MP brought the theme of a bystander into the matrix, which related to C's image (see Figure 2) about witnessing transgressions and each person's subsequent role as the victim or perpetrator of injustice and violence. MP stated that:

"I see this with my brothers. With all the domestic violence and femicide that's going on […] I know that there are good men out there, but, like they put their hands in their pockets they've just become bystanders. In the sight of any injustice that they see. So, this is the perpetrator that is fundamentally evil [sic]. But for bystanders, it's another story to victims because, like the silence, silence means [they are] content. Your silence means that you have seen this, this brutality going on, but you choose not to do anything [sic]".

Perception of transformation

MP bringing the theme of bystanders into the SDM, created new associations, thoughts, and feelings around transformation. It brought into question our thoughts and feelings regarding race, racism, activism, social justice, and oppression, as well as the subsequent role that art therapists played in the transformation.

This relates to the theme of holding, reflection, and bystanders that was brought up earlier in the SDM. Participants started to perceive themselves not as being restricted by barbed wire or fences but as able to make meaningful changes through action. The subject of action brought about the theme of what it means to be an art therapist in South Africa. MP stated that:

> "We as therapists, are not really activists and not bystanders. We are in between. In any war, in any injustice, you must choose sides so. Either we are activists or we, we are collaborating with the perpetrator, whatever the perpetrator is doing, we were endorsing it if we are not saying anything [sic]".

In summary, the SDM brought about discussions regarding what art therapists hold and how much responsibility we take on.

The SDM ended by reflecting on our positionality, attitudes, beliefs, identities, and feelings regarding race, oppression, social justice, and transformation. We were conflicted, ambivalent, and anxious. We were also in-between practitioners and activists, between holding and challenging, and constructing and deconstructing what we perceived as justice and injustice.

Discussion

The purpose of this article was to explore the social unconscious of art therapy trainees through the use of an SDM workshop and how it related to their identities as art therapy trainees and future practising art therapists. The emergent themes of this discussion revealed that art therapy trainees' social unconscious content comprised power, privilege, and identity. The second emergent theme consisted art therapy trainees' experiences of alienation and violence.

In the second theme, I argue that the SDM became a viable method for uncovering the unconscious psychic content of art therapy trainees. I discuss

the role that liminality plays within the SDM and how this further contributes to SDM as a tool for the pedagogy of art therapy training.

Power and Identity and intersectionality

At the centre of the SDM and prior to it, was the diminished awareness participants showed to reflect critically on their unconscious experiences and perceptions regarding their positionality. Their positionality was reflected in their responses to the content generated within the SDM. The participants' perceptions of engaging fluctuated between anxiety and awareness, dissociation and responsibility. Some participants, like S (see Figure 3), continued to feel anxiety, fragmentation, and uncertainty about how to engage.

The SDM was an opportunity to enter a space where participants could bring about repressed feelings, perceptions, and emotions related to the context in which they serve. The SDM and art-making offered an opportunity to project, confront, and explore facets of the self and identity[6] (Joseph et al., 2017). Madison and Hamera (2005, n.p.) state that "for many of us, the performance of identity has evolved into ways of comprehending how human beings fundamentally make culture, affect power and reinvent ways of being in the world". Although the SDM did not analyse the participants' identities in detail, it did create an awareness of the group's varying responses to the material and how the responses could inform one another about the intersubjectivity between members of the group. Participants had moved from struggling to gain access to these conversations, to grappling with the horror and violence, to feeling immense sadness and reflecting on their positionality and lived experiences as art therapy trainees in a SA context.

Alienation and violence

South Africa's legacy of violence is characteristic of colonised societies (Long, 2017) and these "colonial patterns of the relationship remain deep in our social unconscious" (Blackwell, 2003, p. 456). Two important themes that stood out in the SDM were when C brought the association and image of a black man

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6   Identity is defined as "a set of complex, often contradictory and conflicting psychological, physical, geographical, political, cultural, historical, and spiritual" factors "that are pieced together by an inward and outward journey that connects us to the larger world" (Parisian, 2015, p. 130).

chained on the highway (see Figure 2), a new awareness emerged among the participants. The man on the highway represented the need to confront the violence. The SDM allowed this dormant memory of C to resurface, becoming an important junction within the SDM. Do you drive past or do you stop? To witness or to help? Who holds the violence and the responsibility? There was ambivalence felt towards who holds, when to hold and how much to hold. It is in the conflict of who takes responsibility and how to engage with such violent material. At first, participants were unsure of how to access conversations around social justice, oppression, and activism. The problematic access to the conversations can be explained through the concept of alienation. Alienation is the estrangement, disaffection, or withdrawal of a person from another (Merriam-Webster, 2023). Alienation also refers to the position of a former attachment (Merriam-Webster, 2023). To elaborate, Fanon (1952) had originally argued that alienation derives from the internalisation of colonialism that transforms into violence against the black self towards other black people, leading to alienation from oneself and one another (Blackwell, 2013). The alienation felt towards the black man chained on the highway gave way for empathy and understanding to emerge within the SDM. The SDM acted as a mechanism in which participants detached themselves from their conscious reality and entered an unconscious state that allowed feelings of alienation to emerge. The SDM and the process inherent in it revealed that the SDM can be used as a way to think differently around an experience that is not constrained by linear thinking patterns (Manley, 2020, p. 1). This speaks of how unconscious retrieval and the art-making process can be a vehicle for understanding one's self-concept both internally and within a cultural structure. Through investigating the meaning behind the symbolic self, one can see change and transformation, therefore causing the changing of their self-concept both internally and within a cultural structure, which invariably impacts the therapeutic relationship between practitioner and client. The SDM also facilitated participants' ability to enter into a liminal space, which offered participants a deeper understanding of their unconscious perceptions, thoughts, and feelings around race and violence and allowed them to discover and process difficult subject matter.

Liminality within the SDM

Participants started to enter into a liminal space, where different experiential states of being started to emerge. Liminal spaces can be conceptualised as

a space that is somewhere in between the back/front stage (Manley, et al., 2015). Dreaming allows individuals to enter into a state of consciousness that incorporates three temporal dimensions: experiencing the past, processing the past and preparing for the future (Macduffie & Mashour, 2010). Liminality within an SDM can be described as the shared space between participants where a 'collage' of images, dreams and associations link connections between participants (Manley, et al., 2015). It can also be described as the "in-between-ness to off-shore-ness; from physical spaces to experiential states of being and evoking feelings of excitement, agency, opportunity, abandonment, despair, and dependency" (Manley, et al., 2015, p. 8). This finding can be related to Hooks (2015) paper 'Petrified life', where he argues that the numerous social and political complexities of a certain period can be encapsulated through time. Hooks (2015, p. 1) states that "everyday post-apartheid experience is characterised by historical dissonance, by the continuous juxtaposition of forward and backwards-looking temporalities. In this sense, the SDM created a space where time/temporality became suspended and participants could simultaneously reflect on their layered perceptions, emotions, and beliefs about their identity, race, oppression, and social justice. The temporal dimensions experienced by the participant allowed them to reflect on their past experiences of violence (for example), their present emotions and future aspirations for social action, and further argue that social dreaming can be used as a mechanism to "nudge us out of our social isolation and fragmentation" (Bermudez, 2018, p. 12), allowing them to enter a space where many expressions can emerge.

SDM as a tool for the pedagogy of art therapy

Pedagogy informs epistemology, which is the coming to know and the knowledge system underlying teaching. The failure to evaluate pedagogy limits the effects of change through education (Murphy, 1996).

Knowledge production within the SDM came from a predominantly all-white female stance and it speaks to the ontological foreground from which the SDM derived. Although these predominant categories are not intended to disqualify certain identities, there was a notable lack of representation in terms of race within the art therapy programme.

Art-making became a tool to empower the pedagogical process, as individuals could analyse their environment, synthesise their thoughts,

and suggest new ideas for environmental improvement (Tsevreni, 2014). Participants' awareness of avoidance and ambivalence regarding social justice, race, and oppression were made vivid by the images and allowed them to draw new associations with their perceptions of access, engagement, and transformation. Engagements are the "the action of making, the feel of the material, the awareness, learning, unlearning, investigating, and reworking" (Talwar, et al., 2018, p. 68) tap into what Springgay (2010) terms "pedagogies of touch". The SDM enabled art therapy students to create, disrupt and defer knowing and made way for new meanings to emerge, which could "point us toward freedom if we were to bring in knowledge from the margins" (Gipson, 2015, p. 144).

In this paper, I explored the intersubjective processes occurring in between the dichotomies of privilege/non-privileged or coloniser/colonised as a worthwhile starting point. If one were only to evaluate the dichotomy between the oppressed and victims of oppression, then the ambiguities, contradictions, and illogicality of life under apartheid would be concealed (Adam & Moodley, 1993, p. 10). The SDM created an opportunity for the "multiplicity of voices to be heard" (Blackwell, 2003, p. 462), as there cannot be one single version of the truth.

The exploration into the social unconscious of art therapy trainees created a possibility where art therapists could foresee the opportunity to enact change and subsequently not be 'stuck' in the forward and backwards-looking temporalities of post-apartheid life (Hooks, 2012).

Conclusion

The central conclusion of the findings revealed that art therapy trainees' social unconscious comprised power, privilege, identity, alienation, and violence related to their roles as art therapy students and future practising art therapists in the context of South Africa. The SDM and image-making facilitated the ability for art therapy trainees to use their unconscious active imagination, dreams, and image-making to grapple with the complexities of the lived realities of art therapy students in South Africa.

Limitations

The limitation and bias of this article is that it was a deductive approach that aimed at observing art therapy's social unconscious content within a predetermined framework. The findings cannot be generalised to the wider population as the sample size was small and homogenous (art therapy trainees).

Recommendations

My recommendations would be first to encourage art therapy practitioners and allied practitioners to promote thinking derived from an intersectional framework. Practising this framework may help practitioners be empathetic, culturally attuned, and culturally sensitive within a multicultural context.

I would also recommend the inclusion of SDM and other analytic group-based practices as a method of coming to know and actively engaging in the critical discourse around the lived experiences of students, practitioners, and citizens of South Africa.

Future research that uses art-making and unconscious retrieval processes may be a worthwhile endeavour to examine mental health practitioners' identities both internally and within a cultural structure.

Acknowledgements

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Creating a bereavement memorial protocol using art therapy

Reflecting on two case studies

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Bio

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Abstract

Art therapy in South Africa has had a clear focus on counselling and grief work. This article acts as an additional source of modelling a persistent complex bereavement memorial protocol in addition to existing bereavement counselling. In so doing, supporting the use of clay process work in creating an art therapy memorial protocol that can add value to existing grief and bereavement protocols. Furthermore, investigating and analysing literature to support this organically modelled and observed bereavement process reflected in the form of interviews supporting this protocol. The result being an art-based therapeutic bereavement memorial protocol providing a valuable contribution to bereavement counselling, especially in persistent complicated

grief. The methodology of this article is a qualitative arts-based inquiry extracting the information of an organically modelled process observing two bereavement case studies of two mothers processing persistent complex grief. They process the bereavement through the action of using clay processing to attach to a surface, creating bereavement artworks as memory capsules to support their unique mourning processes. The time frame of two years of observing, recording, and creating a thematic analysis and synthesis is likened to the mourning process of persistent complex grief. Using a supportive psychodynamic investigation from an extensive literature review enables an art therapy bereavement protocol used to support persistent complex grief and bereavement counselling.

Keywords: Arts-based inquiry, art therapy, bereavement memorial protocol, persistent complex grief counselling, organically modelled.

Introduction

This article draws from a master's research study based on an auto-ethnographical personal account from my Honours in Art Therapy long paper titled *Broken into meaning: An exploration of mosaic and collage as therapeutic methods to transform personal trauma induced by loss* (Greeff, 2020). A link was found in working with difficult ending processes, traumatic losses, and how the action of mixed media art mural processes supported the honouring of persistent complex bereavements in the unconscious process work.[1]

This capturing of memories and meaning in artworks created in the murals facilitated the themes of endings. This is an exploration to ascertain how the process of clay work and 'piecing together' in memorial bereavement murals can be used as a protocol in working through grief work in art therapy. A comparative study was conducted of two cases of artworks created by grieving mothers who lost their children to completed suicides.

The primary case, Kate Shand's work, is an example of a practice that can be used as a model for taking clients through their grieving processes.[2] Her

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[1]   The DSM-5 (p. 789) diagnostic criteria for this are intense sorrow, marked difficulty in accepting the death of a loved one and preoccupation with the circumstance of the death. Preoccupation with the loss on more days than not for 12 months after the loss for adults.

[2]   Kate Shand is an artist, potter, journalist, and Master of Art Therapy student. Her tiled wall panel was created from a drawing completed by her late son, John-Peter Shand-Butler (19 July 1996 – 31 March 2011).

artwork comprised a ceramic tile panel based on an artwork completed by her late son. Her book titled *Boy* outlines her grappling with her devastating grief (Shand, 2013). In the second case, Matty Strydom's[3] artworks were completed in Shand's Studio. The tiles Strydom made were initially meant to be for a general bathroom installation, but this turned into a memorial art process as the tiles started to represent unconscious images connected to Strydom's late daughter. These tiles have become transitional memorial artworks,[4] like Shand's memorial tile panel (Winnicott, 1971, p. 118). The modelling of this bereavement memorial protocol was observed by myself, the researcher, as a student in Shand's clay studio in 2021. In *The body keeps the score*, Bessel van der Kolk (2012, p. 21) discusses the "utility of words" in therapy used only at the final stages of therapeutic processing in trauma counselling. Hence the importance of this organically modelled clay processing resulted in transitional memorial artworks (Winnicott, 1971) supporting persistent complex grief.

Literature review

Memorialisation and materials used in grief processing

This research into the significance of art therapy in bereavement counselling acts as a valuable contribution as a protocol because bereavement memorial protocols are available but limited in the current literature (Garti & Bat Or, 2019). Schut and Stroebe (2005) discuss the lack of qualitative research, as bereavement is considered a 'natural' phenomenon. Both argue that natural grief processes should be allowed to unfold with no intervention except for persistent complex grief interventions (Hall, 2014; Garti & Bat Or, 2019). Hence, the value of this research is that it offers an alternative viewpoint in this area of grief counselling and includes the element of memorialisation and attachment of tiles and memorial images onto a surface in counselling complex persistent grief as transitional objects supporting the prolonged grief process.

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3   Matty Strydom is an Afrikaans high school language teacher and artist who completed her memorial grief process in July 2021. This was a creation of handmade tiles with pressed flower designs, each part of the ceramic artwork was inspired by the life of her late daughter, Jessica Strydom (15 August 1995 – 1 March 2015).

4   Transitional memorial artworks based on Winnicott's (1971, p. 118) transitional objects.

Bruce Perry and Bessel van der Kolk (Homer, 2015) discuss how non-verbal art processing activates the limbic part of the brain that shuts down due to grief or a sudden traumatic loss. The participants in this article use collage clay processing to attach materials, like tiles, onto a surface. This links to Homer's (2015) neuro-developmental approach to trauma as I investigate this process of installing and attaching the completed tiles onto a surface as a healing protocol. This hypothesis is tested in art therapy as an alternative non-verbal method of regulating disrupted somatic connections caused by the trauma of persistent complex grief assimilation. In this way, the non-verbal art processing can create new neural pathways that were previously absent.

McNiff (2018, p. 4) discusses the importance of the materials used in artistic inquiry in art-based processes, "allowing the art to lead". The participants in this article incorporate a total human experience working with the materials they choose to reflect their unique bereavement process, using clay to make tiles, the firing, and the bisque process takes time and reflects the grieving process (Kessler, 1919). Although there are other arts-based ways of using materials in counselling grief processing, I have chosen to focus this study on what I organically observed as it was profoundly powerful and impactful to witness. I observed how clay supported the creation of this grief memorial protocol.

Observing and modelling the safe place protocol as a bereavement process

A safe place protocol is described in the article, 'The Safe Place collage protocol: Artmaking for managing traumatic stress', where Tripp et al. (2019) describe an intervention that Shand was modelling. Part of this investigation is observing how a process organically played out as the participants worked through a bereavement memorial protocol (Ogden et al., 2006; Seigel, 2012). An unconscious shift was created using the memorial process of "the object" created, which allowed lower levels of activation, or triggering, to be opened within the "window of tolerance" described by Siegel (2010). This is vital to why this art-based method is effective when dealing with persistent complex bereavement trauma. This pendulum shifts from the chaos of grief to a state of integration of grief. The transitional object created during the memorialisation process is the focus of this article (Winnicott, 1971).

Gelinas et al. (2017) further describe three identifying phases of trauma intervention included in the processing of this protocol. The first phase is safety and stabilisation, created by the art therapy therapeutic relationship (per Ephrat Huss' (2015) triangulation relationship between the artist, the artwork, and art therapist or observer). The second phase is remembrance and mourning (this article outlines the final product being a memorial artwork as a transitional object allowing for the window of tolerance to support this deep grief process). The therapeutic safe place is created by the art therapist and the management of the therapy workspace, the client, and the artwork. The third phase is containment and holding of the artwork into the final reconciliation of a bereavement memorial artwork (Tripp et al., 2019; Winnicott, 1971; Bion, 1956). This is the main idea of a pendulum intervention leading to this bereavement memorial protocol.

Linking the 'unfinished business' of bereavement to theory

In his book, *Finding meaning: The sixth stage of grief,* David Kessler (2019) explores persistent complex trauma. He investigates how a person assimilates the loss of a loved one and continues their life in the absence of that person. In her book, *Complicated grief, attachment and art therapy* (2017), Briana Mac Williams refers to the incomplete relationship as "unfinished business". Her approach is explored from the perspective of the grief process as a continuous journey by reframing and 'piecing together' the unfinished parental relationship (Mac Williams, 2017, p. 21). In her book, *The paradox of loss*, Marylin McCabe (2003) challenges the traditional Kübler-Ross (1969) grief stages. McCabe views the relationship between the deceased and the living as an "ongoing inter-subjective relationship". Even though the loved one is no longer present, the bereaved parents and family have not given up on their existence even though they are no longer present. These ongoing relationships are the fundamental reason behind the formation of this protocol.

The therapeutic non-verbal modality of art therapy in this form of a bereavement memorialisation into an artwork supports a form of integration and reconciliation (Gelinas et al., 2017), 'piecing together' and attaching the artwork to a surface, reflecting the attachment to the deceased in the form of the transitional memorial artwork that supports this ongoing inter-subjective relationship (Mac Williams, 2017; Garti & Bar Or, 2019; Bowlby & Ainsworth,

1991; Stroebe, 2002). In the above cases, it is discussed that the grief process of "unfinished business" as edified over some time, allows the artworks produced to act as transitional objects (Winnocott, 1971). The memorialisation supports bereavement and makes meaning through the integration of this unspeakable separation (Winnicott, 1991; Ogden, 2014).

This bereavement memorial protocol expands from the traditional grief theories in *On death and dying*, in which Kübler-Ross (1969) posits the five stages of grief: denial, anger, bargaining, depression, and acceptance. Embodying the view of McCabe (2003), the lived experience of completing art mural processes as an organic and gentler process of dealing with loss and grief allows for the relationship and connection to be continued, keeping the experience and the person lost near to them in the form of a memorial artwork.

This metaphorical construction is linked to mother and child. In this case study, the arts-based process work investigates attachment as continuous living process work unpacked for dealing with the "unfinished business" (Stroebe, 2002; Hall, 2014; Mac Williams, 2017). In other words, the mother-and-child attachment relationship links to the metaphorical imagery of the ceramic tile installations. This art therapy bereavement memorial protocol process uses art material linked to the theoretical comparisons of Bowlby and Ainsworth's concept of attachment and Winnicott's concept of holding (Stroebe, 2002; Ogden, 2004). As a metaphor, the complete clay work and tiles must be attached or held onto the installation surface as the mother holds the last pieces of the attachment process between herself and her child (Winnicott, 1971).

Making meaning from brokenness though the lens of bereavement theory

Neimeyer's (1998-2000) meaning-reconstruction model stresses the value of meaning making in bereavement, and specifically the reconstruction of meaning making (Lister et al., 2008). This reconstruction is seen in the process artwork observed in both research participants as they created their bereavement memorial artworks. The reconstruction of an image is exemplified in Shands' mural taken from her son's design or idea. Strydom unconsciously created botanically inspired tiles connected to her daughter's memory. The idea of piecing together, or reconstructing meaning from ceramic processes, is an action that fits Neimeyer's model.

Therefore, these two case studies display a grief process that will not fit into the traditional Kübler-Ross (1969) model. The case studies connect more suitably to meaning-making models related to David Kessler's (2019) and Neimeyer's (1998) models, as they are more fitting to the case studies' determination of the main idea behind this article.

Figure 1: Tiled memorial artwork by Shand, artwork design by John-Peter Shand Butler (19.06.1996 – 31.03.2011). Melville Mudroom, Johannesburg, South Africa, 2020. (Photograph by author).

Methodology

A constructivist framework is explored, whereby each participant's lens is drawn on in this arts-based research from a psychodynamic existentialist[5] viewpoint (Creswell, 2013) to extract a meaningful conclusion to the hypothesis that artworks could support grief work by creating meaningful

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5   This is a Freudian psychodynamic lens used on psychology. A view to art therapy with a focus on creativity and intuition, focusing on the psyche and how humanity deals with inner primal drives (Id) and conflicts that include sexual and basic needs that are in conflict with the conscious (superego) balanced by the ego (Huss, 2015, p. 23).

bereavement memorial artworks. Each participant's personal value, viewpoint, or lens is considered as to how they make sense of their grief, making them the co-creators of this study. Semi-structured interviews were conducted with the participants (Denzin & Lincoln, 2005).

This article presents the findings of the two case studies that can be used as an art therapy protocol. Furthermore, this article reflects on the grief model of David Kessler (2019) as a way of finding meaning in the grief process memorial artworks to investigate the connection between Victor Frankl's (1946) work on the purposeful creation of meaningful memorial artworks and Sherry Beaumont's (2013) meaning making in the narrative-based practices found in an art therapeutic approach. This concept is explored in the findings of this study.

In addition, Winnicott's (1971, p. 5) "transitional phenomenon" is explored. In *Playing and reality*, Winnicott (1971) discusses the phenomenon of using a cathartic object to support a transition of creating meaning from the object to support an acceptance of loss. This memorialisation process or protocol object becomes meaningful through "cathexis" (Winnicott, 1971, p. 118). This article investigates the creation of the tiles and artworks as a cathartic transitional objectification of the grief process. The completed memorial artwork installations embody and represent a meaningful bereavement protocol . The attachment process, as described by Bowlby and Ainsworth (1991), is investigated in relation to the grief process as a detaching or letting go of someone who was once here (Stroebe, 2002; Ogden, 2004; Mac Williams, 2017).

Figure 2: Personalised ceramic tiles designed by student potter Matty Strydom, Final installation Van Wyksdorp, Western Cape, South Africa, 2022. (Photograph by author).

Methods

Ethical considerations

Ethical considerations are an important process of this study. Ethics clearance was obtained by the Faculty Higher Degrees Committee that reviewed the master's research proposal. The identified risks were that there could be a re-triggering of the loss, and the grieving process could be affected by the interviews. Before doing the two interviews, this ethical clearance was approved.

The participants signed consent and agreed to reveal their names in this article before taking part in the study. They began by reflecting upon the directions in which their respective art processes unfolded. McNiff (2018) describes art-based research as being led by the art, in that the art material and processes lead the investigation guided by the lens of the artist. The researcher's personal bias was constantly monitored to guard against transferability when conducting the interviews and asking questions to ensure the rigour of the interview process. Counselling sessions from the Johannesburg Parent and Child Counselling Centre were offered to the participants in the case of triggering emotions. A debriefing process was implemented after the installation of the second participant's interview.

Limitations for this bereavement memorial protocol

After completing this study, I noted two possible limitations that could arise. The area of time frames and completing the art-based processing in dealing with the nature of grief and loss allows for careful monitoring of endings and closure. As a result, the time frames could pose a problem if the client cannot complete and keeps on cancelling sessions to avoid closure or the completion of this artwork.

A suitable artwork space would have to be available and kept untouched to allow the process work to be unpacked systematically. This would have to be carefully managed and contained.

Data collection procedure

The semi-structured face-to-face interviews were conducted in the participants' homes, with no distractions or interruptions that could affect the interviewing process. All responses were electronically recorded on a cellular device using a transcribing application. Whilst conducting the interviews, it was important to apply the principle of reflexivity. A verbatim interview transcript was then generated and compiled into a draft.

The thematic analysis involved identifying and recording apparent patterns across the collected data (Creswell, 2013). This completed analysis allowed the emerging themes around the bereavement processes from both interviews to be isolated. The data collection processes were foundational to the study, allowing for the mural modelling bereavement memorial protocol as a therapeutic intervention.

Braun and Clarke (2006) provide a six-step framework for conducting a thematic analysis, which is used to identify themes within the data (Creswell, 2013). Step 1 of the analysis is to increase familiarity with the data by listening attentively to each of the audio recordings a few times without taking notes. The interviews were transcribed verbatim by an artificial intelligence application.. Any early impressions were noted and written down for later referrals (Creswell, 2013). Step 2 was to generate primary codes through an open coding method (Maguire & Delahunt, 2017). In Step 3, common themes were identified and assigned code. In this step, the themes and pieces were formulated (Creswell, 2013). In Step 4, themes were revisited and modified to ensure support of the data collection without overlapping or concealing any sub-themes within them (Maguire & Delahunt 2017). In Step 5, the themes were defined and extracted and the links between the themes were identified. This is displayed in a thematic map (Maguire & Delahunt 2017) and a colour-coding thematic system was used with themes that linked the two interviews and the ideas that emerged. Step 6, the last step of this thematic analysis focused on common themes in the two interviews to ascertain the presence of links to the theory and practice. The themes that overlap in both case studies were a part of this comparative study, intending to ascertain how these two bereaved mothers experienced arts-based processing of their grief (Creswell, 2013).

Reflexivity

Reflexivity refers to a continuous process of reflection whereby I would actively reflect on my personal background, biases, values and assumptions, which may affect the study (Palaganas et al., 2017). Researchers must reflect on personal biases towards the participant's interviews, especially concerning the second interview wherein the installation of the tiles was observed.

Reflective artworks in Shand's pottery studio allowed me to be an observer without interacting with the participants' interviews and installation processes. Another measure taken to control bias was consultation with a research supervisor who guided and reviewed the process of this study (Pannucci & Wilkins, 2010). Controlling reflexivity and subjectivity was challenging but vital. Creating a safe interaction that allowed space for Shand's lens, or way of interpreting her experiences, was of prime importance in the hope that an authentic and organic unpacking could be created. The intention was that this interview could serve as the cornerstone of this study, allowing a protocol to be modelled while creating an alternative to grief counselling that uses art therapy as a modality. Journaling, reflective artworks, and supervision would have to be monitored when working with long-term bereavement clients. It would also be advisable to handle only one bereavement case at a time to ensure personal containment and reflexivity by the art therapist.

Findings

Piecing together

Interviews were conducted with the two interviewees. Two case studies were considered. One addressed the interview and findings of Kate Shands' wall panel process, and the second addressed the findings of Matty Strydom's tiled artworks. The reflective consideration resulted in the grouping together of themes using thematic analysis. These themes were as follows: the time frame taken to complete the artworks; the materials of working with clay, wedging, moulding, firing, glazing, bisque work; mark-making and making meaning; broken pieces and imperfection; attachment, permanence and installation; transformational artworks and language; and finally the modelling of this process by Shand with her student, Strydom. This led to the process being

observed and noted by myself and the reflective observation served as an investigation into this process as the protocol that resulted from this study.

I observed the participants, Shand and Strydom, from the inception of the initial clay work to the final installation. The connection between these cases and the "sensory sensibility" was investigated (Van der Kolk, 2014, p. 91). This study was an examination of how the agency produced in art therapy supports healing and transformation during a bereavement process (Garti & Bat Or, 2019). A comparison was made between the interviews and the materiality of working with tiles in grief work. Both participants did other artworks and written forms of creative expression regarding their grief processing. However, I have chosen to only focus on the modelled clay processing I observed, as I found this relevant, contained, and a safe space that was organically modelled with gentle sensory mentoring using clay work.

Figure 3-4: Shand and Strydom completing the ceramic basin that did not survive the firing and broke, so it could not be used as part of the initial bathroom installation idea. The artwork in the background is the installed memorial wall panel dedicated to John-Peter Shand Butler. Melville, Johannesburg (2021). (Photograph by author).

The time-taken theme introduced the main idea behind creating this arts-based processing into a possible protocol as a modelled non-verbal art therapy process to unpack and reconstruct a life after the sudden traumatic passing of a child through completed suicide.

Time frames around bereavement and grief: Patience and surrendering the grief process

Patience and surrendering emerged during the observation process. A significant theme from the interview and analysis was the time frame to complete both the bereavement memorial projects in both case studies. The time taken to complete both these art projects had significant meaning to both these participants as they connected significantly to the passing of the participants' children and linked to the persistent complex bereavement process that both participants were experiencing.

In *Finding meaning,* David Kessler (2019, p. 21) discusses grief work as being unique to each person concerning a time frame, "I've come to realise that if I've seen one person in grief, I've only seen that one person in grief". This time frame seems immeasurable and in need of patience and courage. When asked how long grief should be, he replied, "How long will your loved one be dead?" Kessler (2019, p. 27) further discusses the lessening of the pain and hurt as the intensity lessens. However, the fact remains that it will always be there. The study suggests that persistent complex grief processing could support acceptance or healing.

Making tiles is well suited as an art-based grief process because one completes a risky process slowly and patiently when dealing with clay, well knowing that pottery is a fragile material (Lister, 2008). As the grieving process is likened to this very risky and unchartered terrain of working with clay and ceramics, Shand (2022) reflects on patience when working with the medium:

> This is… its very risky. It's very, you've got to surrender to the kiln, and you've got to you know… things break.

The long process of creating, packing, transporting, and installing the tiles in her new home could be seen as a metaphorical analogy around time, patience, and fragility. Strydom included these peripheral activities along with the clay work as 'a memorialisation grief work'.

The time-consuming work was undertaken with the materials to create a display to memorialise and symbolically represent loved ones no longer physically with them.

Reconstruction and reframing "piecing together" as a grief model

A reconstruction and reframing theme emerged during the observation. Kessler (2019) states that "all of us are broken" and what matters is how we put the 'pieces together'. The metaphor of 'broken pieces' and constructing the tile panel of 'piecing oneself back together' after the shattering loss of a child is strongly reflected in both Shand's and Strydom's artworks (see Figures 1 and 2) (Kessler, 2019, p. 24). Leavy (2009, p. 164) discusses "the associations and connections that otherwise remain unconscious" when working with 'piecing together'. Neimeyer (1998) describes that when our schemas or ideas are threatened, especially when a young person passes away from a complete suicide or without warning, the person bereaving will need to find some meaningful reconstruction to make sense of an unexpected loss.

By 'piecing together' for the final installation, Shand reconstructed the tile panel she created from scratch in a mosaic style. Shand chose the material, created each tile, and then assembled the tiles into a completed wall mural. This reconstruction as a grief model is the main purpose of Neimeyer's (1998) meaning reconstruction model. Shand models this grief theory with every stage of her grief process in her personal persistent complex grief journey.

Memorialisation and materials linking unfinished business of bereavement to the theory used in the two case studies

An unfinished business theme emerged during the observation process. The linking of memorialisation and materials with "unfinished business" reflects in the completed installation's finality and is this study's core focus. This becomes important to the therapeutic and art therapy element of dealing with persistent complex grief, which creates a sense of closure and a final resting place for the artworks that can be visited in their homes, allowing for a finishedness to be formulated by this process. Literature around this processing can be found in Kübler-Ross' (1969) grief stages, not as a constant, but rather a vacillation between the five stages mentioned and hopefully settling into acceptance. The "unfinished business" of having the bereavement artworks in the homes of both participants is testimony to the need to have a memory or memorial reminder of their children close to them (McWilliams, 2017).

Bereavement memorials as transitional objects

The concepts of object relation, permanence, constancy, and attachment in the concept of enduring presences tie in with the idea that what is 'gone' can now be memorialised and immortalised by leaving 'a mark' through a memorial artwork. Kessler (Frankl, 1946; Kessler, 2019) discusses finding meaning that "is all around us; it is in our DNA and inherent in all of us".

Placing the participants' artworks was the next step of the process. Shands' wall panel was attached to the wall on the veranda of her pottery studio at the Melville Mudroom and Strydoms' memorial tile clusters were positioned in strategic places of light around her new home and *stoep* at the farmhouse in Van Wyksdorp. Both participants chose communal gathering areas for shared remembrance.

A theme emerged during the observation process of linking transitional objects to meaning making. Both participants were asked what would happen to the fixed memorial artworks if they were moved from the places their bereavement artworks were placed. Mark making and leaving 'a mark' behind as a transitional object for both grieving participants was a dominant theme in their processing.

Attachment

Both interviews presented a pervasive theme around the language of attachment to permanent form. Shand (2021) talks about wanting something permanent in any form: "Something of him, part of my response to him but his drawing, I've taken from his marks". Shand discusses her grief processing of creating a permanent wall panel of John-Peter's actual marks. She recreated and reframed the designs into a permanent artwork she could engage with whenever she needed.

In the processing of the clay work, Strydom describes her process of moulding and wedging to form the clay. There is a metaphorical connection to this moulding action as a mother takes her time to mould and guide her child through life. Strydom expresses her connection to the clay work by describing the wedging process to form something visual. Using clay in grief work reflects how a mother incubates and moulds her child internally, holding and containing the child in the womb (Winnicott, 1971, Bion, 1956). This reflective

process of moulding clay is also linked to theoretical concepts such as Bowlby and Ainsworth's (Stroebe, 2002; Ogden, 2004) concept of attachment.

The memorial artworks became keepsakes or memories of their children (Ogden, 2004). Creating the memorial bereavement pieces and the immediate meaning it gave the participants was of prime value to their grieving processes (Kessler, 1919; Frankl, 1946; Neimeyer, 1998). Garti et al. (2019, p. 69) discuss how non-verbal meaning-making bereavement memorial art creates a sense of "emotional catharsis". There is a strong link between the physical attachment of tiles and the metaphorical parental attachment (Stroebe, 2002; Ogden, 2004; Bowlby & Ainsworth, 1991).

What was observed during the analysis of the interviews was the language used around the attachment of the wall panel and the individual tiles, as well as how they were installed, which became vital to each mother's bereavement process (Bowlby & Ainsworth, 1991). The significance of the installation and permanence of the tiles became an embodiment of that final connecting attachment between mother and child (Winnicott, 1971; Bowlby & Ainsworth, 1991; Stroebe, 2002). A sense of connection and permanence is created in this process, which creates a sense of stability (Testa & McCarthy, 2004).

Modelling a bereavement protocol

Support is offered by gathering collectively to discuss, mourn, and give purpose to the loss. McCabe views the relationship between the deceased and the living as an "ongoing inter-subjective relationship" (2013). Hope and support are given through gentle modelling in a creatively held and purposeful manner (Bion, 1956). In *Finding meaning*, Kessler (2019, p. 26) states that "The loss is made visible". He discusses the brain's hard wiring and how we need our emotions to be validated by someone seeing the process. He further discusses that these bonds are key to survival (Kessler, 2019). This sense of camaraderie, understanding, and mentorship was evident in the interviews and the main reason behind this study. Kessler (2019) describes how adults need to feel that their grief is acknowledged and reflected by others.

Results

A significant theme in this study was support and was organically noted as the relationship between observing, modelling, and mentoring. Working with clay became a therapeutic grieving process within the safe place that Shand's

studio provided. Strydom (2021) understands a mentor as someone who does not "interfere, but subtly and caringly holds the process while giving some guidance". Strydom (2021) could unpack her grief. Therefore, being in the company of someone who had experienced a similar loss became important to Strydom (2021). This bonding and modelling support the testimony to this study of mentorship and mirroring healing grief work.

After observing and analysing common themes, I identified criteria for this organically modelled bereavement process. The unspoken theme of a memorialisation grief process or protocol was developed while I observed the therapeutic process unfold in this supported space (Tripp et al., 2019). Grief work must be available to parents, children, and families adjusting to life after losing a loved one. Therefore, this study suggests a bereavement memorial protocol supported by an art therapist. This may be a valuable resource for practitioners counselling clients experiencing persistent complex grief.

The following unpacks the various stages of the protocol and analyses the various functions and steps of the process. This protocol was created by observing and investigating possible memorial materials, the processing time, the bereavement space, the role of the art therapist, the installation, and the contained process of a gentler closure.

Steps of this protocol

Memorial materials

This arts-based process does not have to be facilitated using clay work only. However, it is the preferred material because of its fragility and unpredictability, as was seen in this research. By extension, the client could choose a material that fits their unique connection.

Processing time to mourn

The main conclusion of the study was that bereavement processing is time-consuming. The time, patience, and holding space provided are paramount because the mourning process will mirror the action of the arts-based process. Based on both case studies in this research, it is recommended that the client have access to an undisturbed space and place where they could work over a

long period, allowing the artwork not to be disturbed or damaged over this creative period (Bion, 1956).

Bereavement memorial 'safe enough' place

The bereavement process mural, wall panel, or artwork should be created in a 'safe enough' space where the contents of the artwork (photos or objects) are not touched or disturbed. This would mean the art therapist has to create a 'good enough' and safe enough working place for the client to feel safe enough to go into mourning and loss to work with materials, objects and most importantly, the memories of their loved one (Tripp et al., 2019; Winnicott, 1971).

Installation

The client would decide if, when, or where they will display, install, or dispose of the artwork. This would be at their discretion and within their time frame and processing requirements. This would be their bereavement process, which the client will guide and lead. They would choose what products to use for attachment, glueing, installing or burning, burying, or keeping the artwork.

Contained closure

This would be the most important process of this grief and bereavement processing work. The art therapist would need to create options and support the client's final decision of how their grief memorial artwork will be kept, preserved, displayed, or put to rest. This could be something to revisit or reframe with the careful containment of the client and artwork, which is paramount to this process. The art therapist must create a carefully contained "safe place" using workable "good enough" options when supporting the client's processing (Tripp et al., 2019; Winnicott, 1971; Bion, 1956).

Discussion

This study found how both case studies' bereavement memorial artwork processes support this "ongoing inter-subjective relationship" (Streobe, 2002; McCabe, 2003). This means re-evaluating traditional stages of grief, for example, Kübler-Ross's five-stage model as a"'tick list for moving on" (Hall, 2014). To "give up" the grief process as quickly as possible allows others to sit

more comfortably with the discomfort of loss and death but may not be the best approach for the bereaved (Hall, 2014). This study investigated an arts-based protocol to support persistent complex bereavement as an art therapy counselling modality. The interviews with two participants allowed for the formalisation of important themes in response to theoretical frameworks and grief models and have led to the creation of a possible proposed bereavement memorial protocol that has been formalised based on these findings. This process was observed from 2020 to 2021, and this research was concluded in 2023.

Conclusion

Two participants were interviewed as case studies of mothers processing persistent complex bereavement due to the loss of their children to completed suicide. Both participants completed ceramic artworks of different styles to process their grief. The first participant Kate Shand modelled a ceramic artwork process to the second participant Matty Strydom who was her pottery student. The observed and modelled arts-based bereavement memorial protocol of memorialisation using fundamental art therapy strategies is the hypothesis of my observations as the researcher who was the primary observer of both these cases.

The safe place protocol organically modelled by Shand proved to be an example for the premise of this investigation of two bereavement processes that use an art-based practice as a formulation modelling of a bereavement memorial protocol (Tripp et al., 2019). This organic processing of memory making led to a protocol testimony for making meaning by 'piecing together' memorial bereavement artworks and reframing such a process into a protocol that could be used in art therapy as a therapeutic practice and addition to grief counselling (Frankl, 1946; Beaumont, 2013). This protocol is suggested for bereavement counselling for use in future art therapy practices motivated and formulated as a result of this study.

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'There is a sense of bravery in having to make a mark'

Resilience and art therapy in South Africa

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Bio

Saxon is a student at the University of Johannesburg currently completing her Master in Art Therapy. Her particular interests lie in the complex nature of resilience and its relevance within the South African context.

Abstract

This article is located within the complex landscape of South Africa's mental healthcare system and its associated challenges regarding socioeconomic and historical injustices. Despite decades of enquiry across diverse fields, the concept of resilience remains subjective. Although tentative connections to creativity, artmaking, and art therapy exist, a contextually relevant South African-focused investigation is missing, providing the gap for this research. Using a constructivist-interpretivist framework and qualitative methodology, discoveries as to how training art therapists conceptualise, utilise, and safeguard their resilience through artmaking were generated. Data was gathered using individual, semi-structured interviews amongst five purposively sampled training art therapist participants and thematic analysis was used to present the findings. Results provide insight into how training art therapists foster resilience through artmaking which equips them to offer similar opportunities for their clients. Findings also suggest that resilience is as crucial for practitioners as it is for clients, especially if the modality is to be sustained long term. Some suggestions for safeguarding practitioner resilience are offered. Consequently, the article offers some evidence as to

how and why art therapy offers an accessible and alternative form of healing for people living in South Africa.

Background

Art therapy at the University of Johannesburg

Two years ago, the University of Johannesburg welcomed six passionate future art therapists into its Faculty of Art, Design, and Architecture, offering them the chance to study art therapy. Following an extensive battle to register the profession locally, these students were the first in South Africa to receive training on their own soil. Within weeks of the inaugural programme's start, the arrival of the coronavirus necessitated a swift transformation of the in-person curriculum into an adaptable online experience. Since that demonstration of resilience,[1] the programme has continued to grow, with 24 students currently enrolled, nine of whom will qualify as professional art therapists in 2024. It is within this novel art therapy programme and the broader context of South Africa that this particular article is located.

South Africa

South Africa's public mental healthcare system was in crisis before the pandemic ensued and issues surrounding insufficient delivery and services, especially amongst poorer communities, have meant "the treatment of mental health in South Africa is a case for violation of human rights and disregard for the lives of those who live with mental illnesses" (Nguse & Wassenaar, 2021, p. 304, 305). It is also widely acknowledged that the mental health needs of our country supersede the available resources, incentivising more creative responses within healthcare systems (Swartz, 2022, p. 2). Considering the arguably deficient provision of adequate mental healthcare services, particularly in the public system, the long-lasting effects of the coronavirus pandemic only exacerbate mental health issues already existent amongst those living in South Africa (Nguse & Wassenaar, 2021, p. 309). Furthermore, multiple socioeconomic concerns, including elevated unemployment

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1   Despite the acknowledgement that resilience is virtually impossible to conceptualise in a single definition, in the context of this article, resilience is referring to a person's capacity for surviving and thriving despite experiencing some form of adversity (Breda, 2015, p. 2).

statistics and gender-based violence, continue to rise (Nguse & Wassenaar, 2021, p. 307). These concerns are often the consequence of, or coincide with, excessive levels of poverty due to the country's longstanding history of racial injustice and inequality (Mubangizi, 2021, p. 242) compounded by current failures. Considering that these contextual issues may "interfere with healthy development" and wellness (Charles, 2015, p. 682), the mental health of healthcare providers is just as much at risk as their clients. Recognising these contextual risks to one's mental health, and the health of one's clients, offers an opportunity for practitioners to think creatively and innovatively about ways in which these risks may be mitigated whilst ensuring the modality provides an effective healing space that is so desperately required. One such approach, which formed one aim of the original study, is by prioritising every individual's resilience, be they client or practitioner, through the practice of creativity, artmaking, and art therapy.

Conceptualising resilience

Defining resilience has proved challenging for countless researchers across many decades. Historical and current studies span as many borders as they do disciplines (Herrman et al., 2011, p. 259), with definitions of the term ranging from "ordinary magic" and bouncing back to bouncing forward (Masten, 2001, p. 227; Breda, 2015, p. 2; Manyena et al., 2011, p. 417). Despite multiple attempts across diverse fields, there is still no universal explanation as to what resilience is (Herrman et al., 2011, p. 259). When investigating human nature, the concept generally seeks to explain why some people survive and thrive after adversity while others do not (Breda, 2015, p. 2). No matter which definition is favoured, it remains pertinent for any research investigating the nature of resilience to interrogate how it does so for it to be considered ethical[2] (Theron, 2012, p. 333). Two authors who advocate for a critical approach to resilience research are Hamideh Mahdiani and Michael Ungar. Mahdiani and Ungar (2021, p. 151) warn against blind acceptance and promotion of peoples' resilience within systems that may be considered dysfunctional and unequal. For instance, in a community where resources are lacking and poverty is endemic, resiliency could arguably be considered

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2   Though the nature of this research sought to understand how resilience is conceptualised and demonstrated amongst participants, these conceptualisations could arguably be challenged, critiqued, and better understood if more contextual information were provided. However, for the purposes of this particular article, the concept is discussed generally.

dysfunctional, most especially if it leads to prolonged suffering exacerbated by complacent governing (Mahdiani & Ungar, 2021, p. 150, 151). Mahdiani and Ungar's (2021) work serves as an important reminder that resilience is not always an entirely positive adaptation, but can have negative consequences or trade-offs.

While initial research conceptualised resilience as a personality trait, more recent studies have redefined it as an interplay of processes involving the multiple systems in which a person exists (Herrman et al., 2011, p. 259; Ungar & Theron, 2019, p. 1). Consequently, current definitions of resilience are more systemic (Ungar & Theron, 2019, p. 1). Particularly useful in the context of this study is Ungar and Theron's (2019, p. 1) description of resilience as "the process of multiple biological, psychological, social, and ecological systems interacting in ways that help individuals to regain, sustain, or improve their mental wellbeing when challenged by one or more risk factors". Such definitions illustrate how a person's capacity for resilience is more complex than just one aspect of their character and that resilience may fluctuate across time and aspects of a person's life (Herrman et al., 2011, p. 260). This would suggest that provided they have the necessary protective mechanisms in place, any person can improve their resilience (Masten, 2001, p. 234).

Characterising resilience

Authors have argued that without adversity, there can be no resilience (Masten, 2001, p. 228; Mahdiani & Ungar, 2021, p. 150). That being said, one of the limitations of this in resilience research is that definitions of what constitutes adversity and positive adaptation (resilience) are varied and contextually bound (Mahdiani & Ungar, 2021, p. 148). Risk factors may be individual and/or environmental and are influences that threaten an individual's well-being and mental health (Worrall & Jerry, 2007, p. 37). Particularly troublesome is the fact that often environmental risks coexist, such as poverty and violence (Gore & Eckenrode 1994 in Worrall & Jerry, 2007, p. 37). According to Seedat et al. (2009, p. 1), South Africa "faces an unprecedented burden of morbidity and mortality arising from violence and injury" which may pose just as much of a threat to the art therapist as the clients with whom they work. Moreover, our country's incidence of rape and intimate partner violence is far greater than the global average (Seedat et al., 2009, p. 1). Mental healthcare practitioners working with clients who have or continue to experience high levels of

violence, poverty, or trauma, often become deeply affected by the work that they do (Charles, 2015, p. 682), signifying the need for South African art therapists to be acutely aware of how they approach their work, especially with regards to sustaining long and healthy careers. This consideration may be particularly important for those art therapists who are or will be working in the public health sector, where caseloads are likely to be higher (Swartz, 2022, p. 2) and the risk of burnout considerably greater. Like risk factors, protective mechanisms may be personal and/or environmental (Worrall & Jerry, 2007, p. 38). These mechanisms affect the individual's capacity for resilience, examples of which include personal factors (character, disposition, and demographics), biological factors (neural structuring and genetics), environmental and systemic factors (the micro and macro systems in which the person exists) (Herrman et al., 2011, p. 260). In Ebersöhn's (2012, p. 30) study relating to resilient community responses, "individuals use a process of solidarity to access, mobilise and sustain resource use to counteract ongoing risk" offering a unique way of conceptualising resilience and serving as a reminder of the constant exposure to risks which those living in South Africa face.

Resilience and creativity

The interaction between risk factors and protective mechanisms concerns the practising art therapist, whose modality offers compelling opportunities for enhancing a person's resilience (Malchiodi, 1998, p. 160) and subsequently, their mental health. In particular, these opportunities are manifested through creativity. This ability has long been considered a formidable protective mechanism in the context of resilience (Van Lith et al., 2018, p. 214). Considering that "creativity and imagination are seen as personal strengths in people who are deemed to be resilient" (Worrall & Jerry, 2007, p. 39), the modality of art therapy that cultivates both capabilities is particularly well positioned to increase peoples' capacity for resilience (Malchiodi, 1998, p. 160). Moreover, based on theories of community resilience (Ebersöhn, 2012, p. 30), there is reason to believe that through the continual evolution of the modality within our context, every individual's capacity for resilience shall increase another's, thereby expanding resilience within the systems in which that individual is located (Breda, 2015, p. 3). Consequently, the potential efficacy of art therapy to promote resilience, and the resilience of those who utilise this modality, should not be overlooked. Nor should the cumulative resilience be overlooked

that may be fostered by relationships between training practitioners at the forefront of this burgeoning profession.

Resilience and art therapy

Considering that resilience is an anticipated adaptive response (Masten, 2001, p. 234), it seems appropriate that the most "effective resilience interventions may be those interventions that tap into the basic systems for development and adaptation", one of which is creativity and consequently, art therapy (Worrall & Jerry, 2007, p. 35). Despite many studies having investigated the links between resilience and creativity (Metzl & Morrell, 2008; Prescott et al., 2008), few have focused specifically on the mechanisms through which art therapy fosters resilience. Even fewer studies have investigated the nature of resilience amongst practitioners and clients of art therapy, and no research on the matter currently exists in South Africa. Nevertheless, there is no contesting the links that exist between art therapy and resilience, particularly their mutual relationship with creative problem solving (Berberian, 2019, p. 16). According to seminal author Marygrace Berberian (2019, p. 26), "creative problem solving is both a protective factor and an adaptive response in the pursuit of resilience", which for the South African art therapist means offering clients a safeguard against future risk/s, and opportunities to triumph over historical and/or current ones. It also suggests that the art therapist themselves are likely to benefit from using creativity for their own personal growth.

Alongside the resilience-enhancing mechanisms of the modality, the relationship between art therapists and their clients is similarly beneficial. Considering that healthy interpersonal relationships are protective mechanisms (Herrman et al., 2011, p. 260), an attuned art therapist offers opportunities for resilience development simply by sharing the therapeutic relationship. Despite the inherent benefits, the nature of all therapeutic relationships demands a highly attuned and empathic practitioner, who is consequently at risk of experiencing "vicarious traumatisation" (Charles, 2015, p. 682), a term used to describe how a client's experience of trauma negatively effects the practitioner with whom they work (McCann & Pearlman, 1990, p. 131; van der Merwe & Hunt, 2018, p. 10). In the South African context, there is considerable risk for this phenomenon amongst those who work in the trauma field (van der Merwe & Hunt, 2018, p. 10), and therefore also for some practising art therapists.

Conversely, there is also the possibility that such work may have positive effects on a practitioner, and specifically the development of "vicarious resilience" which Hernandez et al. (2007, p. 237) describe as "a unique and positive effect that transforms therapists in response to client trauma survivors' own resiliency […] it refers to the transformations in the therapists' inner experience resulting from empathetic engagement with the client's trauma material". Alongside the potential for vicarious resilience is the possibility of a client serving as a reminder of the therapist's own capacity for resilience, and the protective factors, which they possess, but perhaps take for granted. Essentially, resilience could be a reciprocal benefit of some therapeutic relationships.

Few professions require such deep empathic engagement between therapist and client or rely on a person's capacity to imagine what life is like for another human being in the hopes of helping them (Charles, 2015, p. 692). These aspects elucidate the need for safeguarding resilience amongst South African art therapists, justifying why their mental health is just as important as their clients and serving as a key objective of this study.

Although quantifying the effects of art therapy in general is challenging, Berberian (2019, p. 14) successfully identified three interdependent processes responsible for promoting resilience within art therapy. These include:

1. The process of making art and the creation of products both act "as a conduit", offering opportunities for the client to access and process traumatic memories, mitigating negative physiological effects.

2. The art therapist provides an empathic and "attuned relationship" through which neural mirroring and modifying maladjusted attachment styles may occur.

3. The process of making art and the creation of artwork offer opportunities for the client to experience moments of "pleasure and mastery", both of which are inherently beneficial.

In addition to these three particular mechanisms of change, there are many other benefits of art therapy through which resilience may be increased. Making art is an accessible and developmentally appropriate means of self-expression across a range of client groups (Berberian, 2019, p. 16), which is particularly advantageous in a country as racially and culturally diverse as South Africa. The visual communication inherent in artmaking reduces the need

for spoken language (Berberian, 2019, p. 16), which is especially beneficial considering the linguistic and/or cultural obstacles a South African art therapist may face in the public and/or private sector. By widening the scope for multiple client groups, access to mental health care and support is greater. Artmaking also offers valuable opportunities for sensory-based practices and the metaphoric/symbolic expression of life experiences (Berberian, 2019, p. 16). Material choice and interaction offers means to decrease anxiety and improve one's sense of self (de Witte et al., 2021, p. 9). Furthermore, artmaking may be a more manageable means of self-expression, particularly with regard to complex or distressing experiences (trauma) and/or feelings (Berberian, 2019, p. 16). The act of artmaking is also helpful in increasing a person's self-awareness and offering new perspectives on their experiences (de Witte et al., 2021, p. 9).

When combined with the witnessing of an attuned art therapist, neuroscientific research suggests that creative expression in this context is likely to result in psychic integration, and consequently healing (King et al., 2019, p. 154). Considering that these mechanisms of art therapy will strengthen a person's capacity for resilience, justification for using this powerful modality is significant for our context.[3]

Methodology

The aim of this work was to ascertain particular ways in which artmaking and art therapy offer opportunities for training practitioners and their future clients to strengthen their resilience. Investigating the longstanding relationship between art therapy and resilience (Berberian, 2019, p. 13) in literature and conducting qualitative research among South African training art therapists offers a limited, but nonetheless, contextually sensitive understanding of this concept. Ethics approval for the original study was granted by the university's higher degrees committee.

The methodological choices of this study were guided by a constructivist-interpretivist framework that values the subjective and contextual implications of what it explores (Ponterotto, 2005, p. 130). Using this framework allowed for generating insights into resilience and art therapy collaboratively created by the researcher and participants (Ponterotto, 2005, p. 131). By uncovering

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3　Owing to the scope of this research, this particular hypothesis could not be explored in detail. Further research into the matter would be required to offer more significant evidence.

and deepening meaning through cooperation between the researcher and participants (Ponterotto, 2005, p. 131), the data-gathering process echoed the relationship between art therapists and their clients (Berberian, 2019, p. 24).

Purposive sampling (Strydom, 2021, p. 382) was utilised and every student in the 2022 Master in Art Therapy cohort at the University of Johannesburg was invited to take part in the study. Of those ten, five students agreed to participate in the study (including the researcher-participant, which makes six). Five of the six participants were female, four of whom were willing to classify themselves as white. The fifth participant was male and classified himself as Indian. The participants' ages ranged from 29 to 54. Therefore, the sample consisted predominantly of white South African women, indicative of the sample's lack of demographic diversity.

Permission to use the artworks and specify certain participant demographics was granted, however, names and identifying details were omitted to ensure anonymity. Participants were provided with the necessary consent forms and information letters, which contained the instruction to create an artwork[4] exploring the concept of resilience. On completion of their individual artworks, created within a one-month time frame, semi-structured interviews were utilised to gather more data exploring how training art therapists in South Africa conceptualise resilience regarding their own artmaking and the modality of art therapy.

Authentic and thorough understanding of the participants' experiences (Geyer, 2021, p. 355) was made possible through one-on-one interviews that took place online and were recorded using videoconferencing. The duration of each interview averaged approximately 40 minutes. After completing the five interviews, data was manually transcribed by the researcher-participant. Thereafter, a thorough thematic analysis was conducted using an adaptation of Braun and Clarke's (2006, p. 87) six-phase guide. Specifically, manual coding and multiple versions of a thematic map (Braun & Clarke, 2006, p. 89) resulted in key themes, forming the basis of this article's findings.

A common limitation of qualitative research investigating the nature of resilience is that results may not be used to make generalisations in other

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4   In addition to the participants' artworks, researcher-participant response art, writing, and
     poetry was made prior to and post-interviews. The researcher's artwork has not been included
     in this particular publication.

contexts (Herrman et al., 2011, p. 262). This limitation applies to this particular study. Another limitation of this work is that of time and scope. More time and deeper investigation into how qualified and practising art therapists in South Africa understand resilience in their own work and their client's experiences would prove extremely valuable. It is important to note that the subjective nature of what constitutes risk and resilience in an individual's life is virtually impossible to take into account in a study limited by such a small sample size and scope. Moreover, though an art therapist is likely to benefit from a resilience-focused approach to their work, the nature of resilience may look entirely different for every client the practitioner works with and every practitioner themselves. Had the sample size been larger and more inclusive, broader, and more accurate findings may have been yielded.

Findings and Discussion

Conceptualisations of resilience

Like the many definitions that feature across decades of research on the topic, resilience was conceptualised subjectively by each participant, whose definitions are listed in Table 1. These explanations were given in response to the question: What does the term 'resilience' mean to you?

Table 1: Definitions of resilience

Participants' definitions of the term 'resilience'
Participant 1: "The words that come to my mind are: overcoming, integrating, learning […] I think resilience is something about being able to overcome, being able to integrate, sometimes you can't fix it […] but you can learn how to integrate it."
Participant 2: "Resilience for me just represents strength via experience. So, so building up some sort of an armour or an arsenal of things that you can use to, or because you've learnt that you need them."
Participant 3: "You learn some hard lessons, but then you recycle it into something positive, hopefully for yourself and for others […] it's a transformative act of taking the hard things and putting them into something positive for the community."

Participants' definitions of the term 'resilience'
Participant 4: "For me it feels like the building up or the strengthening capacity of these, you know of being wounded and kind of rebuilding or adapting […] the word strengthening comes to mind."
Participant 5: "Showing up, even when you don't want to […] I don't know what makes some people show up, even if they just want to be under the duvet, and other people just staying under the duvet, it's a very complicated question […] I don't know if resilience has to do with making meaning, if you can lead a meaningful life. Maybe that's what resilience is? And if you can come out the other side able to put your suffering aside and I don't know, support the suffering of others."

Certain commonalities within these definitions, such as sentiments of intentional and active transformation, integration, and learning, suggest that participants generally conceptualise resilience as a process rather than an outcome, aligning with the work of Breda (2015, p. 2). That sense of 'doing' is symbolically implied through the act of artmaking, whereby participants are actively engaged in transforming their ideas about resilience into an expressive physical object. Two participants referred to notions of strength/ strengthening, which could suggest their own experiences of having fostered particular protective mechanism/s after adversity. The act of strengthening oneself to guard against future risk/s is echoed in the work of Worrall and Jerry (2007, p. 39), who assert that by doing so, individuals may safeguard themselves against similar risks encountered in the future.

Interestingly, Participant 4 chose to use oil paints as her medium, which requires a repetitive layering (that is, a building up) to achieve the desired outcome. The result is a texturally rich and three-dimensional artwork, echoing this particular participant's definition of resilience.

The innate capacity of participants to recognise aspects of resilience in their own lives and work suggests that it is indeed a normal adaptive process possessed by most (Masten, 2001, p. 227). Moreover, the consensus that there cannot be resilience without risk or adversity (Masten, 2001, p. 228; Mahdiani & Ungar, 2021, p. 150) is evoked by Participant 3's artwork made from recycled materials to form a celebratory three-dimensional lotus flower (known for its associations with rebirth and resilience). The murky dark surface on which the flower sits is a reminder that "there's value in all that muck […] you can't have,

you can't have growth, actually without it" (Participant 3). Her choice to use recycled materials also echoes her personal definition of resilience.

Figure 1: *'Little Woundings'.* Participant 4 (Oil on canvas)

Figure 2: *'Celebration'.* Participant 3
(Recycled materials, tissue paper and paint)

When asked whether they believed resilience to be something that one can practise, participants' answers varied. Participant 1 described resilience "as a muscle you have to keep adding" and Participant 2 believed it to be something which "comes and goes", adding "I would hope that it comes when resilience is required, but I don't, I wouldn't call myself a consistently resilient person". These beliefs suggest that an individual's capacity for resilience is not static across their lifespan, corresponding with the work of Herrman et al. (2011, p. 263) who advocate the same. Participant 1's reference to resilience as a practicable and repetitive pursuit seems echoed in their use of twisting figures along the right-hand side of the work. Their reference to integration could also be implied through a mixed media approach and the choice to tear up and then reform the upper part of the figure's head.

Figure 3: *'When I melt into you'.* Participant 1 (Charcoal, ink, pencil, paper)

These sentiments also serve as a valuable reminder of why intentionally recognising and reflecting on one's resiliency is so useful throughout one's life. Participant 2's artworks (she created three, which are juxtaposed with one another) may echo her acknowledgement that resilience is something that fluctuates over a lifetime, requiring continuous self-reflection and acknowledgement. There is also some sense of chance implied through the process and materiality "the ink is almost used to darken, so I sort of in my mind that was something that was challenging or horrible […] a time of darkness, and the bleach was almost like an intentional disinfecting or cleaning or taking away and the water was sort of this neutralizing agent […] when you put the three of them together you actually really can't control what they do" (Participant 2) which is a fascinating interpretation which could be considered evocative of Masten's (2001, p. 235) paradoxical description of resilience as an ordinary kind of magic.

Figure 4: *'Untitled'.* Participant 2 (Ink, water, bleach)

Contextual implications for resilience

Participants were able to think critically about the need for resilience in South Africa, with one participant, in particular, echoing the work of Mahdiani and Ungar (2021): "Just thinking about South Africa actually, it's so [horrible] that people have to be resilient, and that resilience is like a positive thing, that one can survive one's dire circumstances and that's what makes you resilient, so I just think it's such a complicated word […] So, deep ambivalence" (Participant 5).

This serves as a valuable reminder that care should be taken in how and when we choose to commend people's resilience, especially in contexts where a necessity for resilience impedes or lessens the necessity to challenge structural inequality (Mahdiani & Ungar, 2021, p. 151). In congruence with Theron (2012, p. 340), the ambivalence implicated within the concept is a valuable reminder of why it is important to be critically and contextually reflective when studying resilience or trying to foster it in clients.

Interestingly, Participant 5 described her creation as a warrior doll and/or sangoma, alluding to the cultural implications of resilience and what it means to heal. The warrior doll holds a large staff and a small container filled with herbs collected from the participant's garden.

Figure 5: *'Preparing'.* Participant 5 (Mixed media)

Participants also recognised the effect that resources (protective mechanisms) have on a person's likelihood to be resilient, for instance, Participant 5 who states: "I think resilience also has to do a little bit with luck, you know I think it's easier to be resilient if you've got access to resources". This reiterates the work of authors (Ungar & Theron, 2019, p. 2) who assert that resources such as socioeconomic status will affect an individual's resilience capacity. In discussing their experience of working as a community art counsellor with inner-city children, Participant 3 explains: "It's just like they found some resilience in connecting with each other in the community […] there is something in the way the children interact with each other like extended brothers and sisters you know, there's some kind of resilience there". These reflections may demonstrate an example of what Ebersöhn (2012, p. 30) referred to as "flocking", whereby communities demonstrate resilience by utilising shared resources in ways which mitigate shared risks.

Importance of practitioner resilience

Participants were particularly cognisant of the need for South African art therapists to be resilient, especially considering the cultural, linguistic, and socioeconomic complexities that may present across client groups. Participant 4 explains: "I think its hugely important in terms of flexibility and adaptability to circumstances that you find yourself faced with […] especially with different cultural norms and languages and all those thrown in the mix. I think you've got to be extremely resilient". Flexibility and adaptability, referred to as helpful in this regard, are both considered protective mechanisms in the context of resilience (Joseph & Linley, 2006, p. 1043; (Worrall & Jerry, 2007, p. 42). Participants' reference to the country's mental healthcare system and its failings (Nguse & Wassenaar, 2021, p. 304) also signify this as a relevant risk for South African practitioners, who should be mindful of this: "It can be very easy to burn out, there's just so much need, so much poverty" (Participant 3). Although not specified by participants, references to the potential risk of excessive need and extreme poverty are more likely found in the public health sector, as opposed to the private (Swartz, 2022, p. 2). Arguably, the inequality and insufficiency of mental health services in the public sector (Nguse &

Wassenaar, 2021, p. 304, 305) place a heavy burden on the practitioners working in these spaces and their capacity for resilience.[5]

Upon reflecting on whether their resilience may be increased through the work that they do, some participants believed or desired this to be true, affirming the theories on vicarious resilience (Hernandez et al., 2007, p. 237): "I want to say yes. I don't know why I want to say yes, but I do" (Participant 1). Other participants were more cautious, for example, Participant 3, who argues that: "It's a very fine line […] it could, look, yes, it will lead to resilience, but you also need to be careful that you don't burn out, traumatise yourself". This wariness confirms the potential for vicarious traumatisation espoused by Charles (2015, p. 682). When asked how practitioners may safeguard their resilience in this regard, participants referred to the importance of noticing one's potential for or experience of burnout, the value of continuous and sufficient self-care throughout one's career, the importance of adequate supervision and personal therapy, the necessity of setting and maintaining therapeutic boundaries, acceptance and acknowledgement of one's personal and professional limitations, recognition and respect of one's roles and responsibilities, the value of fostering self-knowledge and self-awareness over one's lifetime, and the wisdom and willingness to ask for help or support when necessary. Arguably, by considering these suggestions, South African art therapists will have more sustainable and efficient careers despite the many challenges they face.

Relationship between artmaking and resilience (for practitioners)

Every participant believed there to be a clear connection between artmaking and resilience, substantiating existing research (Worrall & Jerry, 2007; Berberian, 2019). In particular, participants referred to their natural magnetism towards artmaking during challenging times in their lives, historically and presently. Participant 1 claimed: "Art has always been part of my resilience", and Participant 5 responded similarly, stating that: "Any kind of creative endeavour is linked to resilience". Participant 3 explained her personal experiences in more detail, describing how: "Artmaking has been my coping mechanism and my resilience actually forever, since I was a very little child […]

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5   An investigation into the degree to which inequality and insufficiency of mental health services and a comparative analysis of the public and private sector is beyond the scope of this work. Further research would be required in order to offer insight on the matter.

That's how I would survive […] artmaking in itself is therapeutic and I think it did, good, for me, in school, like throughout my life". The participants' use of artmaking for its inherently therapeutic benefits confirms the accessibility of the practice and how it serves as a valuable form of "self-expression and reflexivity" (Participant 2) regardless of a person's age (Berberian, 2019, p. 16).

When considering the mechanisms that enable this resilience-building, Participant 4 describes how the artmaking process and product "enables you to see something from a different perspective and literally externalises the experience […] it puts it out there and then reflects it back at you", which she believes to be resilience enhancing, similar to Berberian's (2019, p. 14) suggestion of artworks as conduits allowing for organisation of the maker's memory and thinking. Furthermore, Participant 2 explains how: "Artmaking points to teaching you or mirroring things back to you that you hadn't possibly seen or thought of in a particular way", allowing for self-reflection and exploration of one's experiences in the world, as mentioned by de Witte et al (2021, p. 9).

Another benefit of this creative expression is that it mitigates the feeling of being overwhelmed often associated with difficult experiences, offering more manageable means of processing and integration (Berberian, 2019, p. 16). Participant 1 states that "There is a sense of bravery in having to make a mark […] part of that is always that resilience, that I made this, regardless of knowing that people might see it and not like it", suggesting that the act of artmaking itself offers an opportunity for the maker to witness their own capacity to create, which is reaffirming of their resilience. Moreover, the fact that you "don't even have to think about words when [you're] making art" (Participant 1) is an equally valuable advantage of art therapy. Participant 2 affirms this thinking: "So, if you sit and talk about it [being resilient] it's not going to evoke as much relevance", suggesting that creative expression may, in some instances, prove more effective and accessible than talking about one's experiences or emotions (Berberian, 2019, p. 16).

Conclusion

Resilience is a complex, subjectively understood concept, possibly as difficult to measure as it is to define. Like art therapy, it involves multiple mechanisms through which mental well-being may be improved, maintained, and protected throughout a person's lifetime. Thinking critically and contextually

about resilience means recognising that it does not look the same or work in the same ways for everyone. However, there is sufficient evidence to suggest that a person's capacity to be resilient and their engagement with artmaking are intrinsically connected.

Faced with countless potential political, practical, and personal challenges within their scope of work, the South African art therapist will likely benefit from practising within a resilience-conscious framework, whether in a public or private sector. In this way, the modality may prove to be a particularly valuable and sustainable resource for South Africans' mental health and broader improvement thereafter. The resilience of art therapy practitioners is of equal importance to that of the clients they serve, and they will benefit from continuously recognising how their personal resilience may be safeguarded, be they starting in the field or veterans thereof. As artmaking within a therapeutic relationship offers clients opportunities to recognise, foster or maintain their resilience, so too may the intrinsic values of artmaking for the art therapist. Though challenging, South Africa presents opportunities for increasing practitioner resilience through their relationships and work. Ultimately, by keeping resilience in mind within the scope of this modality, sustainable and much-needed healing may take place in our country.

Acknowledgements

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Finding a voice

Art therapy as a path to disclosure – a South African perspective

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Bio

Gugulethu Manana is a dedicated Masters student at the University of Johannesburg, specialising in Art Therapy. With a passion for helping people explore their childhood influences, Gugulethu conducts research and implements arts-based interventions to promote emotional well-being and personal growth. Experienced in working with children, young people, and adults in individual, group, and community settings and combining psychological knowledge with a deep appreciation for the expressive arts. Guided by experienced art therapists, she is committed to making a positive impact in the lives of others through her work.

Abstract

This article examines the use of art therapy for facilitating disclosure among those who have experienced childhood sexual abuse (CSA) in South Africa. Disclosure of CSA as a process of exposing and discussing abuse is a difficult and complex process, and traditional therapeutic approaches are not always effective. Traditional talk therapy approaches to discussing experiences with a therapist in South Africa are often hampered by cultural barriers, a lack of knowledge and resources, and a tendency to view disclosure as a one-off event rather than a process. Art therapy, a form of psychotherapy that uses art in therapy, can provide survivors with a safe and non-threatening space to express their feelings, communicate their experiences, and process the complex feelings associated with CSA. This study sheds light on the mechanisms of change in art therapy and is a valuable resource for mental

health professionals working with survivors of CSA and researchers interested in the potential of art therapy as a therapeutic intervention. This article argues that art therapy can be a powerful tool to help CSA survivors find their voice to disclose and initiate the healing process.

Keywords: Art therapy, CSA, disclosure, South Africa

Introduction

The pervasive sexual abuse of children in South Africa causes significant physical, psychological, and social harm (Devries & Meinck, 2018; Ward et al., 2018), with survivors often struggling to disclose their experiences (Alaggia et al., 2019; Mathews et al., 2016). The disclosure of childhood sexual abuse (CSA) is a complex process that requires a supportive and empathetic environment (Fouché, 2007). Though traditional talk therapy approaches have proven beneficial, their effectiveness is limited (Lev-Wiesel, 2008). Art therapy offers an alternative avenue for disclosure because the medium helps individuals convey experiences and emotions without relying solely on verbal communication (Fybish, 2019). Simply put, they can express themselves in a safe and non-threatening way, which is vital when dealing with victims of trauma or abuse (Laird & Mulvihill, 2022). The creative process involved in artmaking can also help individuals regulate their emotions and reduce symptoms of anxiety and depression (de Witte et al., 2021).

The extent of CSA in South Africa is reflected in crime statistics and studies (Ward et al., 2018), which show that around 19.8% of female children and 2.6% of male children experienced CSA by age 18. According to Mathews et al. (2016), this devastating problem often results in physical, emotional, and psychological trauma. The stigma associated with CSA includes the fear of being stereotyped, labelled, judged, or blamed, , for example, religious factors in South Africa that may impact this; a female child may be married off when she hits puberty, and hinders survivors from speaking out and has long-term adverse effects on their mental and physical health (Devries & Meinck, 2018; Alaggia, Collin-Vézina & Lateef, 2019).

Literature confirms this stigma and has identified facilitators and barriers to disclosure (Alaggia et al., 2019; Collings et al., 2005). Lev-Wiesel (2008) and Collings et al. (2005) cite disbelief from others, concerns about negative consequences, and fear of retaliation as discouraging factors, while cultural and societal norms also have a significant bearing on victims' willingness to

disclose (Fontes & Plummer, 2010). Understanding and addressing these facilitating factors and barriers is important to creating a supportive and safe environment that encourages survivors to speak up, seek help, and get the support they need. The complexity of the process means that traditional therapeutic approaches are not always effective, hence the need for alternatives (Lev-Wiesel, 2008). Art therapy is a relatively new way of treating CSA, and there is limited research on its effectiveness in a local context (Laird & Mulvihill, 2022). This paper considers its potential as a therapeutic approach to aid disclosure by reviewing local and international studies on CSA, conventional therapy, and art therapy (Laird & Mulvihill, 2022; de Witte et al., 2021).

When considering the South African context, the COVID-19 lockdown measures of 2020/2021 heightened the risk of CSA due to closed schools, limited access to support services, and reduced safe spaces outside the home, such as playgrounds, recreational centres, and mental health facilities. The increased reliance on technology for remote learning and social interaction also opened avenues for online grooming and exploitation. As an art therapist in training at a community-based art therapy centre in the inner city of Johannesburg, I have witnessed the effectiveness of online open studio sessions in addressing these risks. While these sessions were not specifically focused on treating CSA in children, they provided a therapeutic artmaking environment, allowing children to explore emotions, reflect on experiences, and express anxiety through art. They have proven valuable resources for children, parents, and professionals, extending the therapeutic space beyond physical locations (Author, 2020). While my community engagement and art therapy sessions with inner-city children at the community-based art therapy centre reflect my longstanding concern with CSA, it does not relate to my master's dissertation, which covered art therapy interventions for adult survivors of CSA, which is the basis for this article. I mention this connection to highlight the shared experiences of inner-city individuals in terms of disclosing their traumatic lives and experiences of sexual abuse, which is consistent with the aims of this study. Children in South Africa's inner cities face challenges such as high population density, limited services, inadequate infrastructure, poverty, unemployment, crime, and social inequality. Many come from marginalised communities, have limited access to education, health care, and recreational facilities, and are more exposed to social risks. Understanding their context is crucial to designing interventions that support their well-

being and safety (Ramaphabana, 2021, Berman, 2012). I found that arts-based responses in therapy are effective for healing and deepening critical awareness for both the art therapist and the children who have experienced CSA. Through artmaking, survivors can express their feelings and experiences in a non-verbal way, process their trauma, gain insight, and develop coping skills. Additionally, arts-based responses provide a platform for survivors to share their stories and experiences with others, raise awareness about the impact of CSA, challenge societal norms, and foster a sense of community and connection.

In order to explore how art therapy can enable disclosure, this article delves into the existing literature on conventional and art therapies to identify and consolidate information around the promoters and barriers to disclosure. This article also considers how art therapy provides a safe and creative way for adolescents or adults to disclose their experiences. As such, this study is significant for clinicians, researchers, and policymakers seeking to provide effective interventions and adds to the current knowledge on using creative arts therapies in treating childhood sexual trauma. As for the study's contribution to research, the comprehensive literature analysis sheds new light on the benefits of using art therapy for CSA survivors and practical recommendations are made on how mental health professionals can design effective art therapy interventions. Examples include the use of developmentally appropriate art materials, establishing a safe and non-judgmental therapeutic environment, and the importance of culturally sensitive interventions that consider the unique experiences of various populations.

The findings of this review can help guide the development of art therapy as a viable intervention to address the barriers to CSA disclosure in South Africa. As an emerging black South African art therapist, I see a significant gap in art therapy practice. Art therapy rollout and other kind of therapy or availability is especially limited in rural areas, with few trained art therapists, few resources, and few other forms of therapy. Other challenges include stigmas around mental health, cultural differences not aligning with the Western models of art therapy, and economic disparities such as the high cost of art therapy services. Also, a lack of medical insurance makes it unaffordable and inaccessible to most South Africans.

Literature review

Current approaches to disclosure and conventional therapy

Traditional talk-based therapies such as cognitive behavioural therapy (CBT) and psychodynamic therapy were developed to encourage disclosure and help survivors cope with psychological trauma. However, these approaches have limitations. The verbal recounting of traumatic experiences can be challenging and distressing for survivors, potentially reactivating their trauma responses and leading to re-traumatisation (Alaggia et al., 2019; Collings et al., 2005). Overlooking the emotional and somatic aspects of trauma is another factor identified by Ozor (2022). Art therapy, in contrast, allows non-verbal expression, accessing implicit memories (de Witte et al., 2021) and addressing nonverbal trauma aspects (Ozor, 2022; Fybish, 2019). Cultural empathy is used in art therapy settings to exploring cultural symbols, myths, and narratives to facilitate self-expression and communication identities (di Maria Nankervis et al., 2013). Through the use of culturally relevant materials and images, individuals can convey their unique experiences, values and perspectives. Art therapy sessions can provide a platform for people from different cultural backgrounds to share their stories and experiences. This process fosters dialogue, empathy, and understanding between participants, fostering a sense of connectedness and shared humanity identities (di Maria Nankervis et al., 2013). Art therapists can adapt their interventions and approaches to the cultural contexts and needs of their clients. This may involve incorporating cultural art forms, traditions, or rituals into the therapeutic process to honour and affirm participants' cultural identities (di Maria Nankervis et al., 2013; Dyche and Zayas, 2001).

Art therapy provides safety, control, and distance from trauma, enabling the symbolic expression of complex emotions (Laird & Mulvihill, 2022). In addition, art therapy embraces the non-linear nature of trauma processing, allowing personalised exploration, unlike the structured and linear approaches of conventional therapies (Ozor, 2022).

When survivors choose not to disclose their experiences of abuse, they forego the needed support to heal and move forward. Family dynamics often play a role in preventing disclosure, with factors like mistrust and victim-blaming being common hindrances (Ramphabana et al., 2019). Professional support provides a safe and non-judgmental space for survivors to process

their experiences, develop coping strategies, and manage trauma-related symptoms, promoting empowerment, validation, and connection (Ozor, 2022). The disclosure also contributes to improved mental health outcomes and increased access to support services (Meinck et al., 2017; Pereira et al., 2020), making it imperative to expand the range of treatment options to promote disclosure and address the psychological effects of CSA. Research shows that art therapy does this by offering a non-threatening means of expressing difficult emotions and experiences (Sebelo, 2021; Laird & Mulvihill, 2022).

The literature highlights that CSA disclosure is a complex process influenced by factors like fear, shame, and guilt. Traditional talk therapy is limited in its effectiveness as some survivors find it hard to verbalise their experiences. Mathews et al. (2016) argue that a lack of understanding of the cultural context of CSA can also limit the effectiveness of conventional therapies in facilitating disclosure. Cultural practices and beliefs significantly impact CSA disclosure through stigma, distrust, victimisation, taboos, myths, and lack of awareness (Mathews et al., 2016; Ozor 2022). These factors may discourage survivors from sharing their experiences because of fear of judgment, fear of not being believed or suffering adverse effects, and cultural beliefs that downplay the importance of CSA (Mathews et al., 2016). Limited knowledge and understanding of CSA in the cultural context further complicate disclosure rates (Ramphabana et al., 2019; Ozor 2022). Recognising and addressing the influence of cultural practices and beliefs is crucial to developing culture-sensitive support systems and interventions that combat stigma, promote awareness, and provide safe spaces for disclosure so survivors can seek help and support.

Art therapy as a therapeutic approach in a South African context

As a relatively novel treatment approach, art therapy uses art materials and creative expression to explore emotions and traumatic experiences. Art therapy offers CSA survivors an alternative way to share their experiences without relying solely on verbal communication, and it is considered a safe, non-invasive method that allows clients to work at their own pace and manner. Laird and Mulvihill's (2022) study argues that art therapy can be beneficial in treating the psychological and emotional symptoms of CSA, including PTSD, anxiety, and depression. Art therapy is also an empowering approach that allows survivors to take control of their healing process. Ozor (2022) studied

the lived experiences of CSA victims in South Africa and found that art therapy helped individuals express themselves when traditional talk therapy was insufficient due to difficulties in verbally expressing trauma, the possibility of re-traumatisation, and a limited focus on emotional and somatic aspects of trauma (Alaggia et al., 2019; Collings et al., 2005; Ozor, 2022). Given the ethnic diversity of South Africa's population, various factors must be considered when designing therapeutic interventions, such as language, traditions, cultural practices, and beliefs. Fontes and Plummer (2010) believe these factors can influence disclosure rates and responses to abuse. Ramphabana (2019) found that familial factors played a significant role in the disclosure of CSA among the Vhavenda community. In exploring the experiences of adult male survivors in Ga-Matlala in South Africa's Limpopo province, Sebelo (2021) identifies the therapeutic relationship established with the therapist as contributing to the creation of a safe and supportive environment in which to share their experiences, bearing in mind the traditionally patriarchal setting where matters are discussed and decided at tribal council.

Gender and age have a significant impact on CSA disclosure (Alaggia et al., 2019). Women tend to disclose CSA experiences more often than men (Alaggia et al., 2019; Mathews et al., 2016), although societal factors such as stigma affect both genders (Sebelo, 2021; Ramphabana et al., 2019). Younger children may have difficulty articulating and understanding their experiences, while older children and adolescents face barriers such as disbelief, consequences, and conflicts of loyalty when disclosing CSA, particularly when the offender is a family member or an acquaintance (Fouché, 2007; Ramphabana et al., 2019).

Writing about the barriers that survivors face, Fouché (2007) highlights fears of shame, stigma, or repercussions within a person's cultural context. Well-designed art therapy interventions can help address this by allowing individuals to express themselves in line with their beliefs and values. This requires understanding the impact of cultural values, communication styles, family dynamics, religious and spiritual beliefs, and gender roles regarding the experiences and reactions to abuse, both in childhood and later in adult years, considering the elapsed time between the abuse and disclosure.

Despite ongoing efforts to improve treatment, Ward et al. (2018) believe that a persistent lack of resources limits CSA survivors' access to the necessary support services, therapy programmes, and specialised professionals, which impedes the healing process. Some examples are inadequate funding for

mental health services, a shortage of trained professionals in trauma-informed care, and limited access to tailored therapeutic interventions. Continued research and advocacy are needed to address these and other challenges. Traditional talk therapy, for example, may not always succeed in creating safe spaces for disclosure, especially for children. Play therapy and art therapy are alternative approaches for addressing the unique needs of young children who may not have the language skills to express themselves adequately (Fybish, 2019; Laird & Mulvihill, 2022). Play therapy is a specialised treatment that uses play as a language to help children understand and express their emotions in an age-appropriate way, promoting their well-being (Kool & Lawver, 2010).

Analysis and synthesis of the literature

Existing literature suggests that art therapy can be a valuable therapeutic treatment for CSA in South Africa. Art therapy is a more accessible, culturally empathetic approach because it uses visual and symbolic forms of communication to transcend the differences among diverse cultures and language groups. Given that trauma and abuse are often not spoken about, art therapy provides a safe and non-threatening way for survivors to express themselves and communicate their experiences without words.

Notably, art therapy incorporates community and cultural practices in the healing process by promoting resilience and honouring cultural heritage through rituals, ceremonies, storytelling, oral traditions, and art (Laird & Mulvihill, 2022; de Witte et al., 2021). This approach aligns with the South African value of Ubuntu, which emphasises community and interconnectedness (Berman, 2012). Artmaking can be a communal activity that provides a sense of belonging and connection. Art therapy also incorporates cultural elements and symbols, enabling survivors to express their cultural identity and draw from it on their healing journey. The shame and disempowerment resulting from systemic inequalities and trauma can be overcome through cultural practices promoting healing and empowerment (Fouché, 2007; Ramphabana et al., 2019).

The research considered here confirms the necessity of empathy for connection and emotional joining, while shame leads to disconnection and disempowerment (Jordan, 1989). Boys who experience sexual coercion and assault feel emasculated and struggle to disclose their victimisation (Hlavka, 2017). The shame women experience around sexual violence is shaped by

societal discourses and gender norms that encourage silence (Fleming & Kruger, 2016).

Art therapy could be a more empathetic therapeutic approach to CSA treatment in South Africa, as it offers a safe and accessible means of communication, values, community, and cultural practices. In the inner city of Johannesburg, for example, community art counselling has been used to support traumatised and displaced children affected by HIV/AIDS, poverty, and violence (Berman, 2012).

Themes and trends

The literature review reveals several key insights regarding the disclosure of CSA and the potential of art therapy to facilitate disclosure. Firstly, the literature underscores the complex nature of disclosure, influenced by various factors that impact survivors' decisions to speak out (Alaggia et al., 2019; Mathews et al., 2016; Meinck et al., 2017; Sebelo, 2021). Furthermore, it highlights the limitations of traditional therapy approaches in facilitating disclosure, particularly for survivors who struggle to verbalise their experiences (Fouché, 2007; Mathews et al., 2016). Cultural factors are also recognised as significant in the disclosure process (Fontes & Plummer, 2010; Ramphabana & Selengia, 2019). Additionally, the review emphasises that art therapy offers a unique and effective avenue for survivors to reveal their abuse, providing a safe and non-threatening space for expressing their experiences (Fybish, 2019; Laird & Mulvihill, 2022).

Unlike direct verbal communication about the abuse, art therapy allows survivors to exert control and agency, choosing materials and creating personal representations that can empower those who have experienced a loss of control during the abuse and its aftermath. The artmaking process facilitates the exploration and expression of emotions such as shame, guilt, anger, and fear, enabling therapists to support survivors in identifying and processing these emotions (Fybish, 2019; Laird & Mulvihill, 2022). Gradually, survivors may develop a language to articulate and comprehend their experiences. In clinical practice, art therapy offers emotional support and validation from the therapist, empowering survivors to develop coping strategies for healing and recovery (Fybish, 2019; Laird & Mulvihill, 2022). Through its unique characteristics and therapeutic processes, art therapy provides a valuable framework for supporting survivors of CSA in their journey

towards disclosure, emotional expression, and healing (Fybish, 2019; Laird & Mulvihill, 2022).

In the example of my work with vulnerable inner-city children in Johannesburg, the creation of community murals, mask-making, art literacy programmes, recycled art, and puppet-making were tailored to their unique needs and circumstances. I have witnessed first-hand the positive impact of these activities among vulnerable youth. At the same time, the literature also supports the notion that it is essential to help to restore a sense of empowerment and control over their lives.

Methodology

This article draws from my master's study on art therapy interventions with adult survivors of CSA in South Africa. The primary method of the study was a literature review involving a search of electronic databases such as PsycINFO, MEDLINE, and Google Scholar to identify local and international studies on disclosures related to CSA and conventional therapy, as well as art therapy research studies conducted abroad. The review focused on studies published between 2000 and 2022 and included both qualitative and quantitative studies evaluating the use of various art therapy modalities to encourage disclosure among CSA survivors. The review identified patterns and themes, including the effectiveness of art therapy in promoting disclosure of CSA, cultural adaptations of art therapy techniques, facilitators and barriers to disclosure, and implications of the findings. Participants included CSA survivors who received art therapy as part of their treatment in various settings. This study has implications for developing art therapy as a viable intervention to address the barriers to CSA disclosure in South Africa.

The study did not require ethics clearance as it did not include interviews and drew on literature and historical experience. This study did not involve the direct participation of human subjects.

Results

This literature review explored the use of art therapy as a route to the disclosure of CSA in South Africa, drawing on local and international studies concerned with CSA and conventional therapy and on examining art therapy research studies conducted abroad.

Summary of key findings

The use of art therapy to facilitate CSA disclosures is still in its infancy. However, several studies have shown it to be a useful tool. Laird and Mulvihill (2022) conducted a thematic analysis of published studies to assess the extent to which art therapy can help victims of CSA. The results show that it helps in various ways, including providing a safe environment for expression, facilitating communication, and promoting healing. Devries and Meinck (2018) found that sexual violence against children and adolescents in South Africa is a significant problem that often goes unreported due to fear and shame. Collings et al. (2005) found that disclosure of abuse is enabled when victims feel safe and able to express themselves. Fybish (2019) suggests that art therapy can benefit adult survivors of CSA trauma. In addition, Laird and Mulvihill (2022) highlight how it allows individuals to express their feelings and experiences non-verbally.

Alaggia et al. (2019) identify the factors and barriers to CSA disclosure, finding that lack of certainty and trust in the disclosure process can be a significant impediment, while supportive and non-judgmental responses from professionals can facilitate disclosure. This study found that art therapy is helpful for disclosure and healing from CSA in South Africa, as participants reported feeling more comfortable expressing themselves through art rather than traditional talk therapy, allowing for a deep exploration of emotions and experiences. Additionally, participants reported feeling empowered by the process of creating art and sharing their stories, which helped to counteract feelings of shame and self-blame. The existing literature suggests that cultural factors and fear of retribution from family members may contribute to the reluctance of survivors to disclose their abuse. This study builds on previous research on disclosure patterns and barriers among CSA survivors in South Africa (Collings et al., 2005; Mathews et al., 2016; Meinck et al., 2017; Ward et al., 2018; Devries & Meinck, 2018; Alaggia et al., 2019; Selengia et al., 2020; Pereira et al., 2020; Ozor, 2022).

The findings of this study will help inform therapeutic interventions for children who have experienced sexual abuse and contribute to the ongoing efforts to improve access to abuse response services and promote disclosure. The findings also have implications for policymakers and service providers in implementing effective strategies to prevent and respond.

Integration and adaptation of art therapy techniques in South Africa

The value of the findings on art therapy techniques in South Africa lies in the possible integration of the art therapy techniques into the more traditional methods of treating CSA survivors. The findings in the literature are congruent with my own experience in counselling using art, highlighting how art therapy can be used to promote communication and expression. Art therapy embraces the non-linear nature of trauma processing, addresses non-verbal aspects of trauma, and provides survivors with a safe and empowering space to explore and process their traumatic experiences, encouraging a sense of control, agency, and empowerment in their healing journey (Fybish, 2019; Laird & Mulvihill, 2022).

For example, collaborative community art counselling creates spaces that encourage social cohesion, empathetic listening, and empowerment of the ego. This approach is about training community members to act as role models for internalised resilience and healthy relationships (Berman, 2012).

The literature provides a basis for critical thinking and the application of the readings in this context. Mathews (2019) proposes a taxonomy of CSA reporting requirements and highlights legal developments that offer new opportunities to facilitate disclosure. In addition, Fybish (2019) conducted a thematic analysis of art therapy use with adult survivors, highlighting its effectiveness in providing a safe, non-threatening environment in which to express themselves. Laird and Mulvihill (2022) found that art therapy is a vehicle for expression, trauma processing, and resilience building. Fouché (2007) developed a forensic interview protocol to facilitate disclosure among children of primary school age. Mathews et al. (2016) found that cultural norms influence the decision to disclose. Furthermore, Sebelo (2021) and Meinck et al. (2017) point to barriers in accessing abuse response services, highlighting the importance of alternative therapies such as art therapy. Alaggia et al. (2019) call CSA a widespread problem in South Africa, citing barriers and facilitators to disclosure, as does Meinck et al. (2017), who identified the lack of access to abuse services as an impediment to disclosure. Ozor (2022) found that secrecy is most often the result of fear, shame and lack of trust in authorities. Pereira (2020) and Ramphabana and Selengia (2019) found that supportive family members and traditional healers can facilitate disclosure. Ward (2018) expresses the need for comprehensive prevention strategies and

the inclusion of alternative therapies. Overall, these findings serve as a basis for critical analysis and application of art therapy in addressing the needs of CSA patients. The findings also highlight the potential benefits and practical considerations for implementation.

Limitations

My findings of the literature suggest that art therapy can be a valuable tool for survivors of CSA in South Africa to disclose and process their experiences (Alaggia et al., 2019; Fybish, 2019; Laird & Mulvihill, 2022). This study has several limitations. Mental health professionals and service providers should be aware of these limitations and work to overcome them to facilitate disclosure and provide the appropriate support.

Limitations include cultural barriers and limited accessibility in certain areas, which can impede widespread implementation (Alaggia et al., 2019; Meinck et al., 2017). Cultural norms, beliefs, and values significantly shape individual perceptions and responses to abuse, influencing their willingness to disclose (Fontes & Plummer, 2010; Selengia et al., 2020).

Further limitations are that the study does not assess the various therapeutic interventions' effectiveness, impact on disclosure rates, or outcomes for CSA survivors (de Witte et al., 2021). Therefore, while art therapy shows promise in facilitating disclosure and supporting survivors, further research is needed to assess the effectiveness of different therapeutic interventions and their impact on disclosure rates and outcomes.

Implications of the results

There is still a need to examine the effectiveness of art therapy in the South African context. Notably, art therapy is not a substitute for conventional talk therapy but a complementary approach to aid healing in individuals who have experienced CSA. Art therapy is intended to be used alongside talk therapy as an additional tool or procedure to support the healing process. Art therapy is seen as a valuable adjunct to the therapeutic process, particularly for those who have experienced CSA. The results of this review add to the growing body of literature on art therapy as a therapeutic approach for treating CSA, with some important implications for clinical practice and policy in South Africa. The results highlight the need for culturally sensitive and trauma-informed approaches to working with CSA survivors and the importance

of providing access to specialised services for survivors and their families. Additionally, the results suggest that incorporating art therapy into existing mental health services may more effectively support survivors in their healing process by providing a safe and non-invasive way to express their emotions and experiences. Integrating art therapy into existing mental health services and treatment plans while collaborating with other professionals can provide a more comprehensive and holistic approach to care.

Conclusion

The techniques used in art therapy have been shown to facilitate the disclosure of and healing from CSA, bearing in mind that cultural factors have a bearing on the therapeutic process and its efficacy. This article addresses the need to improve and adapt interventions in the South African milieu. As an emerging black art therapist, I hope to work with children and adults in rural and urban settings by providing individual or group therapy sessions, community-based interventions, and training community members to provide ongoing support. I am also excited about the use of digital technologies that will increase access to care and support. Additionally, I advocate for increased investment in mental health services and developing policies that promote integrating mental health care into primary care settings.

Future research

Future research should include larger and more diverse samples of survivors, incorporate multiple art therapy programmes, and incorporate additional measures such as observer ratings or physiological measures to provide a more comprehensive understanding of the effects of art therapy on disclosure and healing. Research has identified the importance of familial and cultural factors in the disclosure of CSA, and future research should consider how these factors interact with art therapy interventions. Additionally, research on the experiences of male survivors of CSA is limited.

Art therapy has emerged as a promising form of psychotherapy to help treat CSA, particularly where there are high levels of abuse and low levels of disclosure. The programmes at Lefika La Phodiso use artmaking as a tool for self-expression and healing and provide a safe and supportive environment for children to process their experiences, express their emotions, build resilience, and connect with others, as most are from migrant or refugee parents, or

orphaned. This therapeutic approach allows the survivors to communicate their traumatic experiences non-verbally, bypassing the difficulties they may face in verbalising their experiences.

Art therapy also helps integrate the different aspects of a survivor's experience, including the emotional, cognitive, and physical, which may have been fragmented or dissociated as a result of the trauma. By integrating these aspects, survivors gain a more holistic understanding of their experience, which can facilitate their healing and recovery. Art therapy can also be adapted to suit the cultural and linguistic needs of survivors, making it a culturally sensitive approach to trauma treatment. Visual metaphors and symbols in artmaking can also be particularly helpful in contexts where disclosure may be difficult due to cultural norms around silence and secrecy.

Acknowledgements

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Using art therapy to address the protective false self when working with queer identity

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Bio

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Abstract

The exploration of one's queer identity can prove significant for queer-identifying people. A result of exploring the multiple layers and aspects of queerness that comprise one's identity is being able to engage in society from the perspective of one's most authentic self, or as psychoanalyst Donald Winnicott termed it, the 'true self'. In this paper, I contend that for a queer person to explore their identity, they must first address their protective 'false self', the self that develops from having to comply with the external world. I draw on findings from my dissertation study, which used qualitative methodologies, of an eight-session group art therapy intervention for queer-identifying individuals that aimed to determine whether art therapy can be used to foster self-acceptance. Each session resulted in the creation of an artwork followed by a discussion prompted by the artworks. Many artworks featured bodies and parts of bodies as representations of self and revealed an ambivalence between the true self that wanted to be witnessed and the false self that wanted to conceal the true self. One of the core findings from my dissertation was that the false self only began emerging into the consciousness of the participants at the end of the intervention. In this article, I focus on the artworks created by two participants who attended the group most regularly and tracked the false self in their artworks. This paper argues that there is value in the false self's protective function as a defence mechanism for the

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queer population and concludes by highlighting the importance of making visible the false self, through art therapy, before exploring the multiple layers of queer identity.

Keywords: Art therapy, creative arts, false self, group art therapy, LGBTQIA+, queer identity

Introduction

A better understanding of queer[1] identity and the various aspects of a queer person's identity can be gained as definitions, theories, and concepts around sexual orientation,[2] gender identity,[3] and gender expression[4] continue to expand. Identity holds a significant place in the queer community. It is a defining trait that expresses who these individuals are and "impacts how they experience the world around them" (Wiggins, 2018, p. 13). Research shows that identity issues are prevalent in the queer community and can often have a negative impact on mental health (Nel, Rich & Joubert 2007; Pelton-Sweet & Sherry 2008; McWilliam et al., 2019; Mongelli et al., 2019). It thus becomes important to consider the effects of exploring identity for queer people.

Much of the negative associations that sit with queer identity develop from cis-heteronormative societal oppression and rejection of queerness, thus perpetuating a negative development of self-image. Queer individuals are faced with trying to exist in a society that rejects their most authentic self, a self that Winnicott (1965, p. 140) termed the 'true self'. The question then arises, how is it possible for a queer person to engage with, be curious about

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1   Fassinger and Arseneau (2007, p. 23) describe the term 'queer' as a "pan-descriptive term that embodies defiance of existing norms about gender and sexuality". In the essence of this description, throughout this paper I will use the term 'queer' as an umbrella term for those who ascribe to being part of the LGBTQIA+ community.

2   The Human Rights Campaign (2022) website defines sexual orientation as "An inherent or immutable enduring emotional, romantic, or sexual attraction to other people. Note: an individual's sexual orientation is independent of their gender identity".

3   The Human Rights Campaign (2022) describes gender identity as "One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth".

4   The Human Rights Campaign (2022) defines gender expression as "External appearance of one's gender identity, usually expressed through behaviour, clothing, body characteristics or voice, and which may or may not conform to socially defined behaviours and characteristics typically associated with being either masculine or feminine".

and move towards an authentic self when the authentic self is branded as sinful, criminal, and a sickness (Smart, 1989, p. 383).

Literature review

To exist in this society, a 'false self' develops, a self that is borne out of the need to protect the true self by presenting a self that is deemed compliant within cis-heteronormative societal standards (Winnicott, 1965, p. 140). In attempting to present a version of the self that appears to be assimilated into these societal norms, the false self plays the role of a defence mechanism,[5] attempting to protect the true self by masking it. Carl Rogers (Maynard, 2022, p. 189) suggests that "part of the process of 'becoming' is in being supported to gradually drop the mask that was adopted. This work cannot be done until the client themselves understands the need for the mask". The idea of masking or letting the false self play a role in avoiding or subjugating distressing feelings and experiences is common with queer identity. In my dissertation, this was reflected and became a significant finding that led me to develop this article, despite the fact that neither I nor the participants discussed the idea of the false self during the group sessions; it was only after examining the artworks at the end of the eight-session intervention that I realized its significance. Butler and Astbury (2008, p. 225) refer to 'repairing' as a defence mechanism used by queer individuals, explaining it as "an attempt to undo one's individual make-up by appearing heterosexual (straight acting and behaviour modification)". This is an indication of the role that the false self plays as a coping tool, providing some insight into why the false self develops so strongly for queer individuals and thus why it is so important to acknowledge and understand its role in relation to queer identity.

Criticism of Winnicott's theory of true self and false self in relation to queer identity may stem from its outdated and perceived dichotomous nature,[6] overlooking the complexity and fluidity of queer experiences.

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5   Walker and McCabe (2020, p. 42) define defence mechanisms as "an unconscious psychological strategy, with or without resulting behaviour, which aims to reduce or eliminate anxiety arising from unacceptable or potentially harmful stimuli" and that "Defence mechanisms protect the mind, self and/or ego from perceived negative consequences, and provide protection".

6   I say "perceived dichotomous nature" as I believe that the true self and false self are only dichotomous in the language (true and false) and not in the concepts. In my perspective the false self is not in opposition to the true self but in protection of it. It is a part of the self that develops to protect the true self, not to oppose it.

However, it offers insights into how individuals navigate societal expectations and develop adaptive personas. Despite its limitations, Winnicott's theory can foster discussions on how queer individuals negotiate their identities within societal norms, contributing to ongoing conversations about authenticity, self-expression, and identity.

Much of the early literature about queer identity was dominated by stage model theories that suggested that queer-identifying individuals worked their way through stages in the development of their identity (Troiden, 1989; Cass, 1984; Bilodeau & Renn, 2005; Eliason & Schope, 2007). Emphasis was placed on trying to understand how a queer identity develops and the processes that a queer person might experience as they move towards accepting their queerness. More recent literature has shifted away from thinking of queer identity as a linear process that ends with acceptance. Instead, studies explore the role of mental health practitioners in working with queer individuals, as a continuum. The exploration emphasises the importance of accepting the layers within queer identity and acknowledging the lack of training or good enough training when working with this population (McWilliam et al., 2019, p. 9, 15).

It is seldom discussed that queer people may have defence mechanisms in place when exploring their identity. Winnicott's concept of the true self and false self is engaged with in some of the literature about queer identity (Ehrensaft, 2012; Hansbury & Bennett, 2014; Wiggins, 2018; Qushua & Ostler, 2018; Bojarski & Qayyum, 2018). However, there is a gap in the literature investigating the importance of bringing the defence mechanisms into consciousness to be able to explore all parts of a person's authentic queer identity.

The purpose of this study, thus, is to consider the importance of defence mechanisms that are in place for queer people when exploring their identity and will specifically look at the concept of Winnicott's false self as a protective defence mechanism. This article draws on research conducted for my master's thesis, in which I used an eight-session group art therapy intervention for queer-identifying individuals. The intervention aimed to determine whether art therapy can be used to foster self-acceptance in queer people by exploring the theme of difference in queer identity. This article focuses on the most important learning I gained from facilitating that intervention, recognising the importance of the false self.

As someone who identifies as queer, I recognise that my personal experiences and perspectives may introduce a potential research bias.[7] I also understand the significance of my own experiences and identity in conducting research on this topic. By being a member of the queer community, I can offer unique insights that can contribute to a more nuanced understanding of the experiences of other queer individuals. I believe in the importance of recognising both the research participants and the researcher as experts by experience. Placing value on the knowledge and insights of all individuals involved in the research process ensures that the lived experiences and perspectives of queer individuals are authentically represented in the research findings.

Methods

Background

At the time of writing this article, I am registered as a student at the University of Johannesburg where I am completing my master's degree in art therapy. A component of this degree is to gain practical experience through interning as a student art therapist at placement sites. In the first year of my master's my placement site was Lefika La Phodiso – Community Art Counselling & Training Institute,[8] a non-profit organisation based in Johannesburg. Funding for the project that informed my dissertation was provided through Lefika. In the funding proposal, the establishment of a queer mental health support group was listed as one of the objectives. Although Lefika has an extensive history of running arts-based therapeutic groups, this was their first venture into

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7   Reflexivity is crucial when acknowledging my research bias, particularly when examining the experiences of participants related to their queer identities. As a researcher who identifies as queer, I recognize the potential for projecting my own personal journey and biases onto the participants and the research process. It is important to continuously reflect on how my perspectives, assumptions, and experiences may influence the way I interpret and understand the data. By actively engaging in reflexivity, I aim to remain open, self-aware, and attentive to the diverse range of experiences and perspectives of the participants, while also acknowledging and managing my own subjectivity to ensure the integrity and fairness of the research.

8   Lefika La Phodiso – Community Art Counselling & Training Institute is a non-profit organisation that offers group arts-based mental health services for children of various ages as after-school programmes and training in community art counselling (about us – Lefika La Phodiso, 2023). As recent as 2021, the organisation introduced a low/no cost clinic, making individual counselling and therapy part of the offerings available.

running an art therapy group for queer people. The number of participants (maximum of ten) and number of sessions (eight hour-and-a-half sessions) was pre-determined by the funding requirements outlined by the organisation.

Research design

This study used qualitative research methodologies, drawing elements from action research and Most Significant Change (MSC).[9] Although MSC was part of the methodologies used for my study, I will focus on action research as it played the most significant role in the findings and learnings that I will present in this article. The methodologies I used place the research participants as co-researchers and holders of knowledge. Considering the multi-faceted nature of queer identity, it was important not to homogenise these experiences but instead to witness and learn from them to find commonalities and shared experiences.

Action research and the link to art therapy

The action research methodology is a "systemic inquiry that is collective, collaborative, self-reflective, critical and undertaken by participants in the inquiry" (McCutcheon & Jung, 1990, p. 148) and follows the procedures of planning, acting, observing, and reflecting. These elements informed the procedure and structure of the art therapy process, which will be outlined in more detail below.

The art therapy training that I received is grounded in psychoanalysis.[10] This methodology lends itself well to psychoanalytically based art therapy. It requires collaborative, self-reflective inquiry of the participants and researchers and emphasises learning, discovering, and growing through self-reflection. Furthermore, part of the foundation of the therapeutic encounter places importance on inter-relational engagement between the therapist and client (and in art therapy, between the art therapist, client, and artwork). These aspects are grounded within the methodology that encourages collaborative

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9   The MSC method is a participatory technique that involves "the regular collection and participatory interpretation of "stories" about change rather than predetermined quantitative indicators" that are discussed, analysed, and recorded (Dart & Davies, 2003, p. 137).

10 A psychoanalytic approach form of therapy that uses self-examination to uncover thoughts, feelings, desires, and memories that are unconscious (Cherry, 2006).

participation and co-production. There is thus an alignment between the methodology and psychodynamically informed art therapy.

Participants

As this study involved working with participants, ethical clearance from the University of Johannesburg Faculty of Education Research Ethics Committee (Ethical Clearance Number: Sem 2-2022-010) was obtained before the group started.

Group members were recruited through purposive sampling to ensure that the following criteria were met: (a) the participant should identify as queer, this included any variation of sexual orientation and gender identity, (b) participant should be 18 years or older, and (c) participant has an expressed interest and curiosity about exploring all or parts of their queer identity. There was no prerequisite that participants had to have experience with art, artmaking, or art therapy.

Several organisations that work with the queer community were approached. An email was sent to each organisation that explained the purpose and aim of the group and encouraged the organisation to share the invitation to participate in this study with any queer individuals that accessed their services. Posters advertising the research study and group were also placed in a tertiary institute. The group was given the name Rainbow Rising.[11]

Seven participants showed interest in joining the group. Of these, five joined the group when it started. Two participants attended the sessions regularly, attending six of the eight sessions each. I refer to them as Participant 1 and Participant 2. Participant 3 dropped out of the group after the first session, and Participant 4 dropped out of the group due to work commitments after the second session. One participant chose not to partake in the study.

At the time, Participant 1 identified as cis-gender and lesbian, used the chosen pronouns she/her, and was a postgraduate student at a tertiary institute. At the time, Participant 2 identified as cis-gender and exploring their identity and sexuality, used the chosen pronouns she/her, and was a second-

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11   The name Rainbow Rising is one that I came up with when conceptualising a community and arts-based counselling group for queer people in 2012 as part of an assignment when completing a course offered by Lefika La Phodiso. The outcome for students of this assignment, which formed part of the social entrepreneurship module of the course, was to be able to develop project proposals.

year student at a different tertiary institute from Participant 1. At the time, Participant 3 chose not to disclose their gender and sexual identity. At the time, Participant 4 identified as non-binary, used the chosen pronouns they/them and worked for an organisation that specifically supported queer-based projects. None of the participants had met or known each other outside of this group.

Procedures

Interested participants were initially invited to join an information session prior to joining the group. A week later, the Rainbow Rising group started and ran for eight consecutive weeks. The physical space used for these sessions was the art studio at Lefika. I was physically in the art studio for all sessions and conducted the hybrid sessions from this space.

Information session

The hour-long information session took place online via videoconferencing. Three potential participants attend the introduction session virtually. The information session provided information about art therapy, the research study, and what it would entail. Therefore, the potential participants could make an informed decision about whether they would want to commit to being part of the group. They were given an outline of what would be required of them if they chose to participate in the research study, and informed consent and ethical clearance were discussed. Of the three information session attendees, only one chose to join the group.

Due to the COVID-19 pandemic, online and hybrid sessions became more common. Originally, sessions were not conceptualised to be online. However, this changed as most of the potential participants indicated they would not be able to attend the session physically but would want to attend online if possible. Thus, the information session and main sessions were adapted and became hybrid sessions in which participants were invited to attend physically or virtually. While this provided increased access to some individuals, it also limited access for those who lacked access to the necessary technology or reliable internet connection.

Main sessions

In Session 1, the group created a living group contract in which they responded to the question: *What do we need from one another to feel safe when engaging with each other in this group?* This was called a living group contract as the group members were encouraged to revisit, add, and edit the contract throughout the eight sessions if the need arose to respond to the group needs to ensure their sense of safety. We discussed the purpose of artmaking in an art therapy group, emphasising its role as a form of expression that could hold conscious and unconscious communication within the medium and imagery used.

The structure of each session was determined by the methodologies used for the research study. In line with action research (Altrichter et al., 2002) the sessions followed the structure of planning, observing, acting, and reflecting. Thus, for each session, the group would check in using a feeling wheel[12] (observing and reflecting), discuss the opening theme (acting), create an artwork in response to their discussion (acting and reflecting), and reflect on their artwork (observing and reflecting). Thus, they determined a theme for the following session by responding to their artwork-reflection discussion (planning). At the end of the session, they would check out using the feeling wheel (observing and reflecting). Using the feeling wheel at the beginning and end of each session provided a contained way to start and end the session. The feeling wheel acted as a monitoring tool for changes in the emotional states of each group member.

The last two sessions differed slightly in that the artmaking process was guided by a directive that I introduced instead of the group creating art in response to their discussion. The Most Significant Change methodology led the directive, and I asked the group to create an artwork that captured their stories about their journey with the group (in Session 7) and their journey with their identity (in Session 8). Along with their artwork, they were encouraged to write their stories and share them verbally with the rest of the group. Artworks created by the participant who attended virtually were shared electronically, and I could download them with their consent. In cases where

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12   A feeling wheel is a visual tool that helps individuals identify and articulate their emotions. It is designed as a circular diagram that categorizes emotions into different layers or levels. The innermost layer typically contains basic or primary emotions, such as happiness, sadness, anger, fear, and surprise. As you move towards the outside of the wheel, the emotions become more nuanced and specific. The wheel allows individuals to pinpoint their emotional state by visually exploring the different layers and selecting the emotions that resonate with them.

the participants were in the physical environment, I received consent to take photographs of their artwork.

Data collection and results

Data that was collected and that informs the results of this study include the following sources: (1) the artworks that the participants created during each session, (2) the shared discussions about the artworks that were created, and (3) the session reports that I wrote at the end of every session. The artworks are analysed through a psychodynamically informed art therapy lens.[13]

Results

Through the data collected, the theme that emerged most strongly was the depiction of bodies or parts of bodies, which emerged in six of the eight sessions (Sessions 2, 3, 4, 6, 7, and 8). Thus, the results below will specifically present only the artworks created where representations of bodies and parts of bodies appear and only focus on the two participants that attended the most sessions, Participant 1 and Participant 2. Even though I will not be delving into discussing the importance and intricacies of bodies in relation to gender expression, gender identity, and sexual orientation within queer identity (Adkins, 1998; Addison, 2002; Maher, 2011; Ehrensaft, 2012; Mazzei, 2017), as it falls outside the scope of this article, I do want to acknowledge the significance of queer body politics and dynamics in the queer community and cis-heteronormative society. For this article, I explored these depictions of bodies in relation to Winnicott's concept of the true self and the false self (Winnicott, 1965).

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13   When analysing an artwork through a psychodynamically informed art therapy lens, the focus is on uncovering the underlying psychological processes and meanings embedded within the art. The art therapist examines the artwork as a whole, considering the use of colour, line, texture and composition, explores symbols, metaphors, and imagery, looking for recurring themes and unconscious communication. Attention is paid to emotional content, developmental aspects, and connections to the personal and collective unconscious. Through a collaborative dialogue with the client, the therapist explores the intentions, thoughts, and emotions associated with the artwork. This process allows the client to gain insight into their own creative process, uncover hidden aspects of their psyche, and foster self-awareness and personal growth.

Unpacking and discussing the artworks

I discuss my understanding of the artworks, specifically with the false self in mind and how I believe it presented itself in the artworks.

During Session 2, in Participant 1's first image (see Figure 1), she depicted a gingerbread person shape. Inside the figure is a heart and an organic plant-like image with vines. She notes that "I created a thick, watery outline for my figure to keep what's on the inside, inside. Like my heart". The water-like quality of the outline could be thought about for its reflective quality, reflecting what is around it while keeping the inner parts sheltered. This almost barrier-like outline (the false self perhaps) seems to be barricading the true self and keeping it protected.
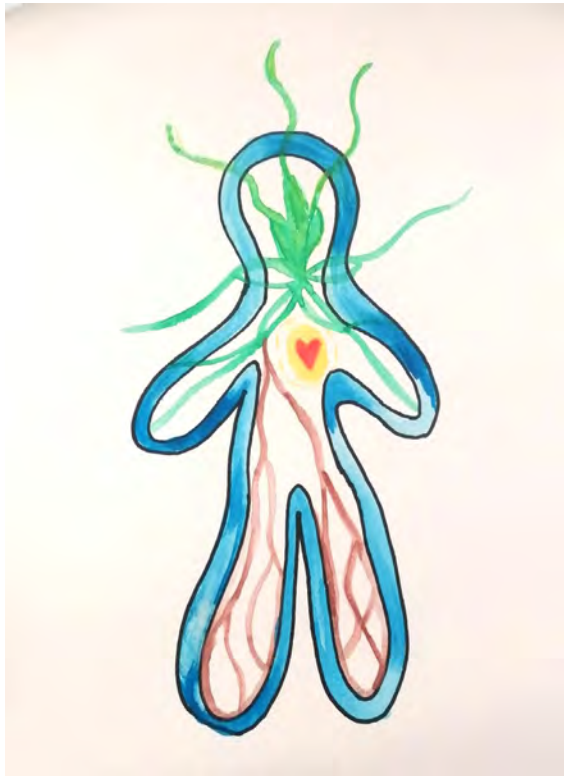

Figure 1: Participant 1, Session 2 artwork, 2022. Watercolour paint, felt-tip pens (photograph by author, used with permission).

Winnicott (1965, p. 143) states that "The false self is built on identifications". This was clearly visible in Session 3 where Participant 2 created an artwork (see Figure 2) that has a core body from which other bodies sprout, what Participant 2 explained as "the different people I have to be in different spaces. That's why they are different colours". Participant 2 could have been hinting at the false selves that are presented to the outside world. Thus, fulfilling the false self's protective function to conform and exist, creating a distance, or "isolating ourselves" as Participant 2 writes in this artwork, between the core self (true self) and the outside environment.

Figure 2: Participant 2, Session 3 artwork, 2022. Oil pastel on paper (photographed by the author, used with permission).

In the following session (see Figure 3), Participant 2 created two figures next to each other, one filled with scribbles while the other remains empty. During our discussion Participant 2 shared "We absorb from others so that we can feel a familiarity with them, become like them". The empty figure can become whatever it needs to become, to adapt to fit in (feel familiar). Participant 2 could be hinting at the adaptive nature of the false self to protect the true self from possible rejection.
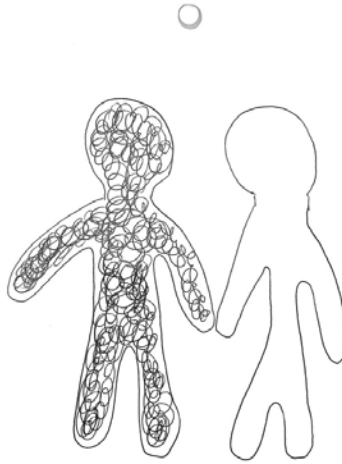
Figure 3: Participant 2, Session 4 artwork, 2022. Black fine-liner pen on paper
(photographed by the author, used with permission).

In the later sessions, there appears to be a shift in the curiosity about the false self and a move towards it becoming more conscious to the participant. In Session 7 (see Figure 4), when prompted to create an artwork in relation to their journey with the group, Participant 1 revisited her gingerbread person from Session 2, this time filling the inside with natural elements to create a landscape and the outside (background) to resemble a galaxy. Notably, the figure outline is thinner, possibly indicating the false self feeling safe enough to reduce its protective function, but it remains present, as the landscape that now fills the figure (pointing to a growth of the true self) does not extend beyond the outline. Participant 1 reflected on the background that it is filled with "elements designed to be weathered" (see Figure 5), indicating the unsafe nature of the outside, and in doing so, reiterating the valuable function of the false self to protect the true self. In this reflection, Participant 1 showed an awareness of a protective function, thereby bringing the false self closer to consciousness.
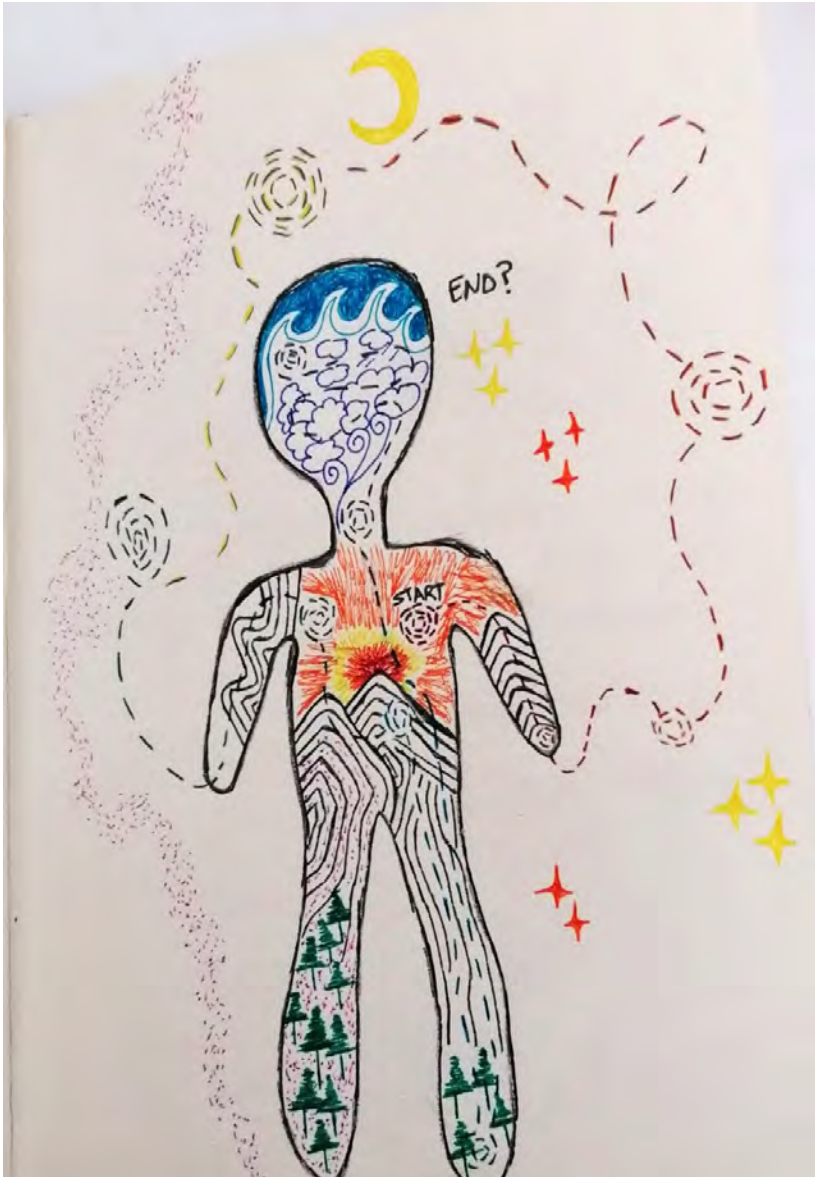
Figure 4: Participant 1, Session 7 artwork, 2022. Felt-tip pens on paper
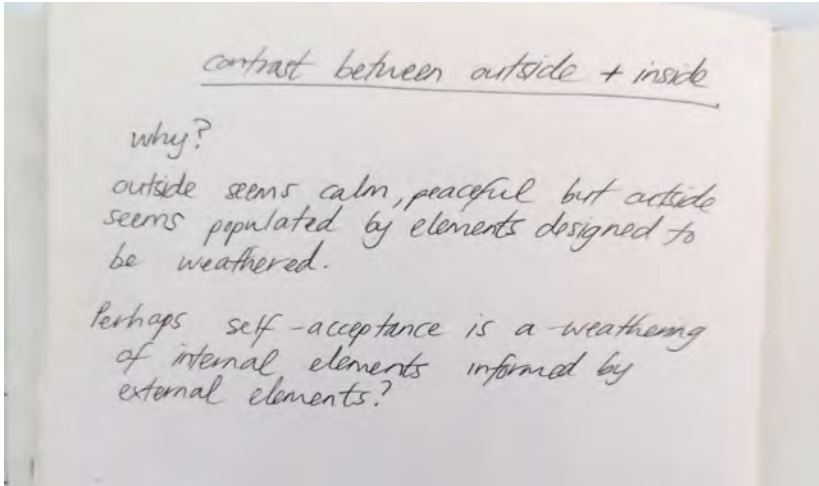(photographed by the author, used with permission).

Figure 5: Participant 1, Session 7 artwork reflection, 2022. Pen on paper
(photographed by the author, used with permission).

In Session 8 the participants were prompted to create an artwork in response to their journey with their own queer identity. Both participants created artworks with two characters. Participant 1 created an image of two masks facing each other (see Figure 6), their eyes looking backwards towards the entangled vine-like patterns behind the mask. Participant 2 created two female body outlines without heads (see Figure 7), the first facing the viewer with arms covering the body, the second facing the first and dancing. She wrote some thoughts that ran through her mind while making her artwork. In discussing their artworks during the session, both participants spoke about their characters as being two parts of themselves and their experiences. For Participant 1, this was "the masks that I show to the world and the part of me that I keep hidden behind the masks". For Participant 2, "the self that represents my love for the arts and the self that represents my love for the sciences". For Participant 1, her artwork was about wanting to self-reflect and discover what is behind the mask. Participant 2's artwork was about recognising and wondering how to integrate different parts of the self. In both their reflections, there is a curiosity about something creating a distance from connecting to something deeper that would lead to an integrated sense of self. Although presented as representations of self, the images are devoid of any identifiable aspects that could be linked to the individual who created

the images, often showing up as a generic gingerbread person outline or a simple line-drawing shape of a person without any detail and lacking any facial features. Only Participant 1 created an artwork representing some facial features, the masks in Session 8.

Figure 6: Participant 1, Session 8 artwork, 2022. Pencil on paper (photographed by the author, used with permission).

The false self remained unnamed throughout this intervention but kept appearing in the artworks. In reflecting on their artworks, the participants kept moving towards recognising an element preventing a greater understanding of their identities but never engaging with it. The false self made it hard for the participants to bring it into consciousness, always pointing towards its protective function. Reflecting on their artworks allowed this to become noticeable. The false self kept showing up in a way that showed that it was protecting something precious and thus deterring or guiding the participants away from wanting to explore what it was protecting. The false self's need to hide speaks to its intensity in needing to protect the true self. This parallels many queer people's experiences of choosing or needing to hide their queer identities to feel safe in the cis-heteronormative society in which they exist.

Figure 7: Participant 2, Session 8 artwork, 2022. Black fine-liner pen on paper (photographed by the author, used with permission).

Learnings

In this study, there was a limited number of participants, which consequently limited representation of various queer identities. Although many organisations were approached, the number of responses and eventual group members was not a wide enough representation of all or even many of the queer identities that exist. Many reasons could be attributed to this, the stigma around mental health in South Africa, the limited mental health resources available to the queer community, the shame of identifying as queer, and being unfamiliar with art therapy as it is a new modality in South African are among some of the reasons that come to mind. Some of these could have been addressed by taking more time to connect with and build trust with the queer organisations that were approached. Furthermore, more information about the study and art therapy as a mental health modality could have been provided.

Despite this, there were many important learnings that emerged from the study in relation to understanding the role of the false self for queer individuals and how to approach working with queer identity using art

therapy as an effective modality. Throughout this intervention, the images of figures that so prominently featured never revealed details about the self they represented. They remained generic outlines resembling human figures, concealing the maker's identity. In concealing their identity, the participants can distance themselves enough to disappear into the broad zeitgeist of cis-heteronormative society while still being able to engage in parts of their authentic selves from a distance. The false self protects the true self in this ambivalence of concealing and revealing. We see this when tracking both participants' artworks, none of which contain any identifiable aspects that would reveal who they are, but still being able to explore parts of their identity in the symbols and metaphors in the artwork. Familiarising oneself with prevalent symbols from the queer community thus becomes important for art therapists (Addison, 2003; Wiggins, 2018). The sense of exploring the true self seems to grow tentatively over the weeks. However, the false self always remains present, always protecting from too much being revealed, conforming the artworks and images into something non-specific. Only in the last few sessions is there a recognition and curiosity about the false self, a wondering about its function, and a shift to bring it into consciousness.

In exploring the artworks, there is a sense that the false self presented so strongly as a defence mechanism that its presence remained in the unconscious, making exploring one's authentic queer identity challenging (Butler & Astbury, 2008). This was an oversight that I made when conceptualising an art therapy group for queer people to explore their identity. This highlights the importance of including more training in this area for practising and student art therapists (Addison, 2003). It has also given me my biggest insight into queer identity. The false self cannot be overlooked when exploring identity with queer people. More must be done to make the false self visible for the client before delving into exploring authentic parts of themselves, especially considering that cis-heteronormative societal norms often reject those authentic parts and are the source of immense inner turmoil for many queer-identifying people. The false self serves as a defence mechanism that protects.

Consequently, it serves a crucial function for queer people, who often suffer from negative experiences and harm due to their authentic identity (Ehrensaft, 2012). Thus, in undertaking to work with the false self as part of queer identity, there must be an understanding of the role that this defence mechanism plays for the person, and accordingly, the approach needs to be gentle, deliberate, and unhurried while recognising the value of its protective

function. Furthermore, providing spaces for exploring the complexities of queer identities through art therapy may play a preventative function by mitigating self-harm and suicidal ideation in queer individuals (Bojarski & Qayyum, 2018). This study served as a learning for me as an example of how art therapy can effectively be used to explore queer identity (Fraser & Waldman, 2004; Pelton-Sweet & Sherry, 2008; Wiggins, 2018) and provided an avenue into fostering curiosity about the false self, even though, during the sessions, it remained unconscious to myself and the participants. The artworks presented a concrete, tangible version of the false self that felt approachable, making the presence of the false self move from the unconscious to the conscious, where it can be acknowledged and engaged. Other art therapists and mental health practitioners could incorporate these learnings by utilising the insights and recommendations to inform their own practice with queer individuals and communities, ultimately leading to more inclusive and affirming therapeutic environments.

It would be remiss of me not to consider how the COVID-19 pandemic may have affected this intervention. After the pandemic, many people experienced a range of challenges related to readjusting to in-person interactions, including social anxiety and physical discomfort (Ni & Jia, 2023). A lack of participation in this group might also be related to this factor. Thus, it becomes important to prioritise a gradual and supportive transition to in-person sessions, allowing individuals to acclimate at their own pace and providing accommodations as needed. This approach of being gradual, supportive, and allowing individuals to work at their own pace could similarly be applied to working with the queer population and their protective false selfs'.

Conclusion

This article presented a study that endeavoured to use art therapy to explore queer identity. Through the process of tracking the artworks made by two participants, I uncovered the important role that the false self plays in acting as a defence mechanism that protects the true self within queer identity. Herein lies the value of this research, as it highlights the importance of defence mechanisms in relation to queer identity. This aspect is limited in the literature about working with the queer population. Using art therapy proved to be an effective method that allowed the participant to make their unconscious false self visible in their artworks. Thus, mental health practitioners who work with

the queer community around identity must first bring the protective false self into consciousness for the client before engaging with the deeper work of exploring the multiple facets of queer identity. Further research studies around the function of the false self in queer identity and protocols around how to work with the false self in relation to queer identity would be crucial for this field of study.

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Art therapy postcards

How does a personal arts-based process inform the development of an art therapy protocol to address intergenerational perpetrator trauma?

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Bio

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Abstract

This research article draws on a master's thesis. This historical narrative emerges from a familial relationship with the artist Irmin Henkel, the author's step-grandfather. Henkel was known as the official portrait painter of the 1960s apartheid government Cabinet. The approach repurposed family photographs into postcards to reflect on the past. The analytical framing of the study is grounded in inherited perpetrator trauma theories that reverberate with conditions in post-apartheid South Africa. A gap in the literature on trauma beyond apartheid is the enduring relationship between inherited perpetrator trauma and toxic shame. A heuristic self-study and arts-based approach were used as the vehicle through which I convey personal insights of my family history and drive home their meaning. My analytical approach derives from dialectical thinking as a way of grappling with more than one perspective. The creation of postcards from historical family narratives successfully uncovered three main themes: guilt, denial, and toxic shame. Because toxic shame is avoided, shunned, and kept secret, I advance a five-step protocol that art therapists could use to address inherited perpetrator trauma. However, the

protocol has not been tested beyond the self-study. In extending this protocol to a broader South African society, the larger contribution of this study is to suggest the advantages of the use of the protocol in confronting inherited trauma and making toxic shame conscious, thereby preventing a repeat of past historical transgressions and encouraging healthier relationships to self, family, community and a broader South African society.

Key words: inherited perpetrator trauma, post apartheid South Africa, heuristic self-study, art-based approach, toxic shame, art therapy postcards

Introduction

The art therapy technique of creating postcards that confront a family history of artistic collaboration with the apartheid regime is the focus of this paper. The study is grounded in inherited perpetrator trauma theories that reverberate with conditions in South Africa. A gap in the literature on trauma beyond apartheid is the enduring relationship between inherited perpetrator trauma and toxic shame. To fill this gap, a heuristic self-study and arts-based approach were used as the vehicle through which I try to convey personal insights. The master's self-study showed that the art therapy postcard technique offered opportunities to address my personal trauma and to nurture my capacity as a more fully self-aware and emerging student art therapist. The results were preliminary as this technique's application on others had not yet been tested. The larger contribution of this study, therefore, is the use of a heuristic arts-based technique to create a five-step protocol that art therapists could use to treat inherited perpetrator trauma.

In this research article, I use parts of the protocol and the lens of inherited perpetrator trauma theories to discuss seven postcards from the master's thesis. The article explores these postcards and the reflective writing that accompanied them in my master's thesis and proposes the effectiveness of using family photographs in an art therapy technique to confront unconscious toxic shame and denial related to historical perpetrator narratives.

My family legacy

A fire in Parliament in January 2022 brought back memories of my step-grandfather Irmin Henkel's portrait of former apartheid president Hendrick Frensch Verwoerd and the Verwoerd Cabinet (see Figure 1). The paintings

that my step-grandfather had been commissioned to create during the height of apartheid rule in South Africa were stored in a cellar under the National Assembly in Cape Town after South Africa became a democracy in 1994. Henkel painted Verwoerd, created a series of stamps, and worked on a bust of the 'apartheid architect', as Verwoerd is commonly known, to commemorate his life in the wake of his assassination in 1966. Verwoerd's legacy is intertwined with the racist apartheid laws passed on his watch. A year after Verwoerd's death, Berna Maree (1967) records Henkel's reputation as the "painter of prime ministers" in 1960s apartheid South Africa because of his portraits of other apartheid ministers.

At the time of the Parliament fire, I had been closely following the restitution of artefacts related to victims of historical trauma from museums in America and Europe. I had been researching possible topics for my master's thesis on art therapy at the University of Johannesburg. Art therapy in the museum space is effective both in creating response art (Linesch, 2004) and in applying psychodynamic ways of interpreting art (Walters, 2020).

I was surprised that, given my interest in historical pieces of art and art therapy in the museum space, I had almost forgotten my own family legacy. Figure 2 shows my grandmother pouring coffee for her husband during a painting break and links historical trauma narratives directly to my childhood family home. All the apartheid artworks created by my step-grandfather had been made in his Waterkloof studio, the Palazzo. After Henkel died in 1977, the Palazzo continued to be our weekly Sunday family gathering space and my cherished childhood source of comfort. The visceral response of nausea that I felt when I first found Figure 1 on a Twitter feed alerted me to the unresolved inner turmoil that I had perhaps avoided with my 'forgetting'. Was I in denial regarding intergenerational perpetrator trauma? What is needed to address this question is a conceptual framework that opens new spaces and understandings of intergenerational trauma in the South African context.

Figure 1: The painting of Verwoerd and his Cabinet was removed from South Africa's Parliament on 25 January 1996. (Photo sourced from Twitter: Africa Bush Wars @ModernConflict, 26 January 2020)

Figure 2: My grandmother pouring coffee for my step-grandfather in the Palazzo during a break while he was painting Verwoerd's Cabinet (circa 1967). (Photograph in author's collection)

Inherited perpetrator trauma

My aim in this article is to contribute to an understanding of inherited perpetrator trauma using the art therapy technique of creating postcards from old family photographs to confront intergenerational perpetrator trauma in the South African context. In considering the salience of the concept of intergenerational perpetrator trauma to my own avoidance of addressing unresolved trauma, the centrality of the concept of toxic shame, articulated by Luna Dolezal and Matthew Gibson (2022) and Judith Herman (1992), for individuals who have experienced trauma is the vehicle through which I try to convey more concrete insights. Herman (1992, p. 33) notes that while there is no unified approach to trauma, "most agree that it entails an event that involves threats to life or bodily integrity, or a close personal encounter with violence and death". Less familiar, however, is the process by which toxic shame "shapes post-traumatic states" (Dolezal & Gibson, 2022, p. 5). As White et al. (2009, p. 3) argue, trauma is "a very narrow concept" that misses other complexities. Central to these complexities in the South African context is a consideration of toxic shame, along with its effects on intergenerational perpetrator trauma. In his definition of toxic shame, John Bradshaw (2002, p. 4) notes that "shame as a healthy human emotion can be transformed into shame as a state of being … [which] is to believe that one's being is flawed, that one is defective as a human being. [Shame] becomes toxic and dehumanising".

Conceptually, Dolezal and Gibson (2022, p. 3) note that trauma is "a far-ranging concept that covers a broad range of experiences". For the purposes of this study, I have identified three key concepts in current literature. The first is the theory of the intergenerational cycle of repetition that characterises unresolved trauma (Gobodo-Madikizela, 2016). The second is Bernard Giesen's theory of historical perpetrator trauma (2004). The third is Katharina Rothe's (2012) psychoanalytic understanding of shame and guilt as it relates to inherited perpetrator trauma.

Although the effects of historical and cultural traumas on future generations and the transmission of intergenerational trauma are still an emerging area of research, Tori DeAngelis (2019, p. 2) notes that "transgenerational effects are not only psychological but familial, social, cultural, neurobiological, and possibly even genetic as well". In considering transgenerational theories, Kathy Livingston (2010, p. 208) writes that "similarities between Holocaust survivor and perpetrator families are

noteworthy with respect to the transmission of a family legacy". The guilt of the perpetrator, Livingston (2010) notes, is often felt with more intensity in second and third generations.

Bernard Giesen's (2004) theory of historical perpetrator trauma mentions the complexity of individual and collective responses of the German people in relation to the Holocaust. Giesen (2004) identifies various stages of response that cross over generations: the denial of the trauma is one response, the blaming of the outside and demonisation of Nazism is another response. A further response is the expulsion of the perpetrators (exemplified by the Nuremberg trials). At a more general societal level, Gilad Hirschberger (2018) defines collective trauma as an event that shatters the fabric of society and causes a crisis of meaning. Hirschberger (2018) writes that for perpetrators, the memory of the trauma poses a threat to collective identity. Thus, the denial and minimisation of events are often a defence against an existential threat. Acknowledging responsibility is often followed by disidentification with the group (Hirschberger, 2018). Despite contextual differences, the link between Holocaust studies and the South African context is a useful starting point, not least because of the dearth of literature on intergenerational perpetrator trauma in South Africa, to illuminate the centrality of shame for individuals who have experienced inherited trauma.

The authors draw six conclusions from this study. Most notably, they conclude that the third generation of the perpetrator's group is more likely to feel shame, guilt, and responsibility for past transgressions than the generation responsible for perpetrating the collective crimes (Paez et al., 2006). This group also shows up with the defence mechanisms of denial or minimisation and positivistic reconstruction of collective crime (Paez et al., 2006).

Katharina Rothe (2012), in her writing about anti-Semitism in present-day Germany, uses a psychoanalytic lens to explain an intergenerational transference of guilt and shame related to the Holocaust that is inextricably intertwined with defences against these emotions. She sees the anti-Semitism of today as an unconscious defence mechanism against guilt and shame. The solution to dealing with anti-Semitism, she suggests, is to make these processes conscious. Recent studies show two responses to shame: a pro-social response that wishes to repair a defect in the self and a self-defensive

response that protects against condemnation and rejection (Gausel et al., 2015).

Art therapy protocol

In my master's study, I suggested an art therapy protocol within the paradigm of an addiction treatment model to treat intergenerational perpetrator trauma. I have a decade's experience facilitating art sessions at an addiction recovery centre. I am aware that denial is one of the key defences in relation to the inner shame of addiction. Lynn Johnson (1990) and Marie Wilson (2000 & 2012) write about the efficacy of art therapy in transforming shame in addiction recovery settings. The art therapist Vibeke Skov (2018) also notes that the creativity of artmaking can be used to form a new self-image that excludes shame. The addiction setting thus informed my decision to use a self-study of artmaking to research possible denial and toxic shame in relation to inherited perpetrator trauma.

My research method for my master's thesis followed Clark Moustakas' (1990) six-step heuristic process of initial engagement, immersion phase, incubation phase, illumination phase, and explication and creative synthesis phases. Richard Carolan (2011, p. 200), in a discussion on methods of art therapy research, explains that the word 'heuristic' comes from a Greek word and is related to a form of the word 'eureka'. The Greek mathematician Archimedes exclaimed "Eureka" while lying in his bathtub and having a breakthrough understanding of the relationship between displacement and gravity. Carolan (2011, p. 200) explains that a heuristic research model emphasises the researcher's internal experiences that access tacit knowledge. He goes on to say that Moustakas emphasised intuition as an integral part of integrating seen and unseen knowledge. Carolan (2011, p. 200) notes that the heuristic model that relies on inner self-knowledge is its strength and its greatest challenge because if knowledge is to grow, the researcher must also grow.

I used dialectical thinking as a method to control my bias in my research. Dialectics is an approach that integrates seemingly opposing forces, and the "philosophy suggests a heterogeneous world in which reality is neither black nor white nor grey" (Swales & Heard, 2009, p. 17). This way of thinking complements the heuristic method of integrating outer and inner knowledge and embraces the whole of the lived experience of the researcher.

In the immersion phase, I created 12 postcards of my memories of my step-grandfather's studio, the Palazzo, and 12 postcards related to his parliamentary artworks. A written reflection accompanied each postcard. This research article considers only those postcards that were created from family photographs.

I present the five-step protocol developed in the master's thesis below. This research article focuses on identifying toxic shame and denial, Steps 1 to 3 of the protocol and touches on Step 4 of the protocol in that I revisit the trauma by taking another look at these seven postcards. This article does not address the resolution of the identified trauma, Steps 4 and 5.

Protocol

Step 1: Creating postcards

The client is invited to create postcards that gather personal memories of the family. Various art mediums, techniques, mementoes, and/or photographs can also help in this process. Material related directly to inherited perpetrator acts is also visually expressed on postcards. Gathering this material is a way to counter the denial of an inherited toxic shame. The use of museums and artefacts in accessing this material may be explored.

Step 2: Creating a box

A box is created to contain the postcards using mediums, techniques, and images suitable to the client under the guidance of an art therapist. The box can hold both precious and difficult memories and parallels the therapeutic concepts of holding and containing.

Step 3: Making an inventory

An inventory is made of emotions consciously and unconsciously expressed in postcard artworks. The therapist is aware of denial as a defence mechanism and offers an alternate perspective where applicable.

Step 4: Processing emotions

Art responses are encouraged to process the emotional content of the postcards. Material is visited and revisited, and postcards are taken out of the box, returned, revealed, and concealed as the therapeutic need arises. The art therapist is aware of denial, toxic shame, and pro-social responses to shame in working with this trauma. Artworks that externalise difficult emotions are worked through in the therapy setting.

Step 5: Transcending trauma

A recreating of the self that transcends the trauma of shame is explored through artmaking. This protocol has not yet been tested beyond the self-study stage and is still in its development stage. Suggestions were made in the master's thesis that the use of the museum space could be considered for applying the protocol.

Methods

The seven postcards discussed in this paper are the result of Step 1 of the protocol, which suggests including visual material that represents historical perpetrator narratives. The postcards show photographs of my step-grandfather engaged in the various stages of painting the apartheid-era Cabinet under Verwoerd (see Figures 4, 7, and 9) and his construction of a bust of Verwoerd (see Figure 7). This is direct visual evidence of my step-grandfather's intimate association with the previous apartheid government. The other photographs chosen for inclusion in this article are a photographic portrait of Henkel's father posing as a model for the Cabinet painting (see Figure 3), and a photograph of a group of tennis friends (see Figure 8) that serve as models for Henkel's positioning of his sketch of apartheid ministers for the Cabinet painting (see Figure 9), and my grandmother pouring coffee for Henkel (see Figure 1). I also created a postcard of this scene (see Figure 5).

I have taken these seven postcards from a box painted with a lotus flower. In accordance with Step 2 of the protocol, this box was created to contain and hold both precious and difficult memories. I look at the lotus flower, and I am reminded that working through the difficult emotions attached to these seven postcards are the muddy undercurrents of a complicated history. The value of confronting this past may lead to the blooming of a new understanding and

recreating of the self, represented by the lotus flower. Step 4 of the protocol notes that no linear process is involved in dealing with denial, toxic shame and guilt, the three components defining an inherited perpetrator trauma. The postcards can be revisited, taken out of the box, and worked through again.

Step 3 of the protocol is inspired by the 12-Step Tradition that requires an honest inventory of conscious and unconscious emotions. It is this step that I revisited in relation to the seven postcards. I re-read my initial written responses to the postcards and explored the artworks again through the lens of inherited perpetrator trauma theories.

Findings

The seven postcards I present and discuss here are taken from a larger sample of postcards used in my master's study. The identified postcards are photographs that visually link the Verwoerd Cabinet artworks with my family history.

Figure 3's written reflection shows my denial response. I wonder how Pappi's* father (who is a social democrat and in opposition to Nazism in Germany) can support his son's commission by the apartheid government. I choose to paint his father's sweater a blue that reminds me of his painted portrait by his son and conjures up images of warm, soft wool. It is more comfortable for me to think of warm family connections between father and son and to distract myself with opposition politics to fascism than to accept that Pappi's father is also an accomplice. I note the dialectic here of a desired connection to family and belonging and desired disconnection to a historical perpetrator narrative. [1]

Figure 4 shows a dramatic photograph of Pappi gesturing in front of his painting under construction. The week I create this postcard, our cohort visited an exhibition of Jennifer Kopping's artworks that narrate her family history reflecting an inherited Holocaust trauma. Kopping's artworks also use family photographs, but her artworks of paper constructions are bright, intricate, and huge. They are memorials to her family and draw in an audience. My family photographs are kept contained on the small postcards I create and are hidden in the box. Creating gigantic artwork from my family photographs that show a perpetrator's legacy would be uncomfortable.

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1   *Pappi is what I called my step-grandfather, Irmin Henkel.

Gilad Hirschberger (2018) writes that for perpetrators, the memory of the trauma poses a threat to collective identity.

Figure 3: Artwork by author. *Postcard 13. Irmin Henkel's father poses for the Cabinet painting.* 2022. Acrylic paint over printed paper. 16cm x 9cm.
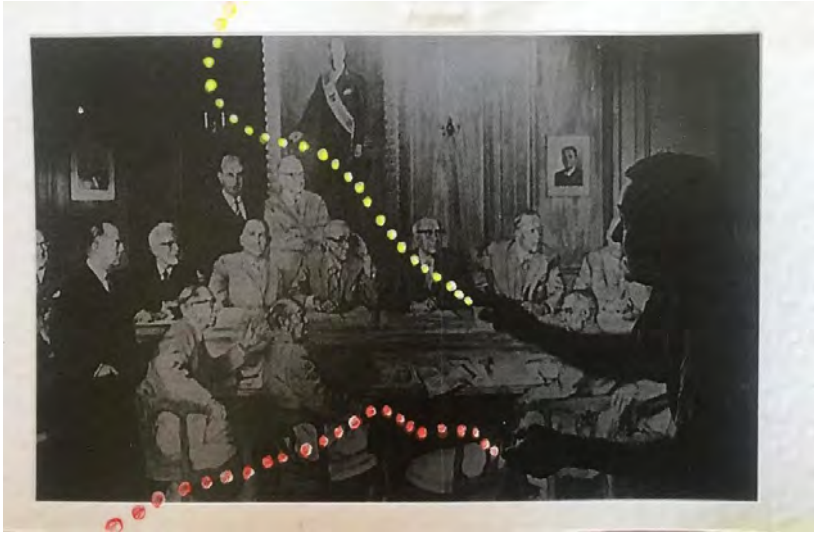
Figure 4: Artwork by author. *Postcard 15. Irmin Henkel's silhouette against the Cabinet painting.* 2022. Acrylic paint over printed paper. 16cm x 9cm.

Thus, the denial and minimisation of events are often a defence against an existential threat. The smallness of my postcards can be seen as a minimisation. Here too, there is a dialectic. It is uncomfortable to bring my family history into the public space, but there is also a need to express denial, shame, and guilt.

Figure 5 focuses on my grandmother's role. I give her bright orange hair and a garland of flowers. I wonder if this is an unconscious need of mine to remove her to a tropical island far away from apartheid politics. I want my grandmother not to be implicated in any of this. I have a conscious wish for my grandmother to be a fiery feminist, but I know that she upholds the patriarchy.

Her notions of boy children are more important than girl children. It occurs to me that her stance also suggests a defence mechanism. My grandmother writes a book on Pappi, making these photographs accessible to me. She unconsciously gives me the family perpetrator legacy with which to work.

Figure 5: Artwork by author. *Postcard 16. Giving my grandmother a new hairdo.* 2022. Acrylic paint on printed paper. 16cm x 9cm.

Figure 6 shows Pappi discussing the Cabinet painting with the speaker of Parliament, Henning Klopper and Piet Meiring. I use acrylic paint to colour the antique German wardrobe that I recognise behind the men. I have fond memories of this wardrobe relating to my grandmother and myself engaged in imaginative play. This dreamlike state is also the focus for me in this postcard.

Figure 6: Artwork by author. *Postcard 19. Parliamentary representatives visiting Irmin Henkel.* 2022. Acrylic paint on printed paper. 16cm x 9cm.

I feel a childlike defiance in me. I do not know these men from Parliament who are visiting Pappi in our Palazzo. It has nothing at all to do with me. That they sit in front of my magic wardrobe is almost a shock.

Having to hold the good and the bad of my family story is an important therapeutic outcome. The complexity of facing the paradoxical elements of my family history – the parts that I am proud of and the parts that are more difficult to accept – puts me at risk of using the defence mechanism of "splitting" developed by Melanie Klein (1940 & 1950 & 1952). Dialectical behaviour therapy (DBT) has been shown to be an effective treatment in aiding an acceptance and understanding of opposing emotional phenomena (Dimeff & Linehan 2011; Linehan 2015). I know from my work at a psychiatric recovery centre that integrating opposing emotional phenomena is important for mental health.

Figure 7 shows Pappi working on his bust of Verwoerd. I use acrylic paint to make Verwoerd look like a clown. Am I hoping that ridiculing the reviled architect of apartheid will somehow make me feel better? Instead, I feel ashamed of my creation. I wonder if this means I am a Verwoerd supporter on an unconscious level. Perhaps I use the clown imagery to distract myself from the powerful image of Pappi so directly engaging with the bust of Verwoerd. This bust is bound to evoke strong embodied reactions in the South African environment.

Lynn Froggett and Myna Trustram (2015, p. 494) reflect on the theory of object relations in the museum space and write that:

> "The objects in object relations theory have usually been thought about in terms of relations with significant others […] However, for the museum, the intrinsic nature of the object is a vital matter of interest".

Froggett and Trustram (2015, p. 484) also refer to Christopher Bollas (2009) and his notion of an evocative object "that resonates with personal and cultural significance, producing chains of association, inciting emotional responses and impelling imaginative activity".
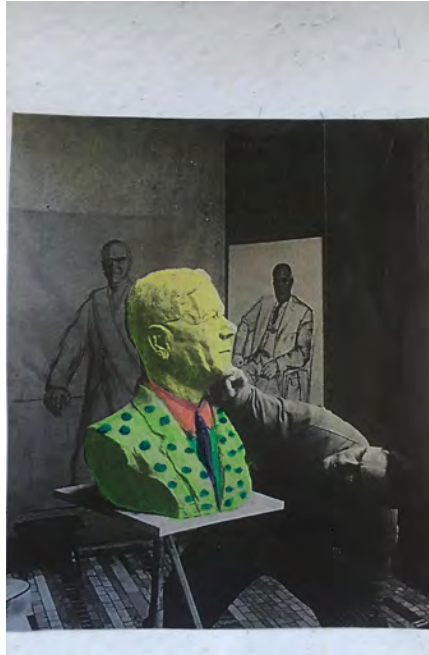
Figure 7: Artwork by the author. *Postcard 20. Irmin Henkel working on his bust of HF Verwoerd.* 2022. Acrylic paint over printed paper. 16cm x 9cm.

This evocative object creates an uncomfortableness for me. My uneasiness with portraying Verwoerd as a clown may be due to my not wanting to trivialise my inherited perpetrator trauma. A study in the field of group psychology related to collective guilt and shame can be applied to the South African context. The authors draw six conclusions from this study. As mentioned earlier in this article, they conclude that the third generation from the perpetrator group is more likely to feel shame, guilt, and responsibility for past transgressions than the generation responsible for perpetrating the collective crimes (Paez et al., 2006). I would fall into this category. Toxic shame is a trauma. Gershan Kaufman (1996, p. 5) writes that:

> "No other affect is more deeply disturbing [than shame.] Like a wound made from the inside by an unseen hand, shame disrupts the natural functioning of the self […] In the history of people, shame has always been associated with honour and pride. Even risking death may seem preferable to suffering the intolerable indignity of shame".

Figure 8 shows Pappi's tennis friends posing as models for the Cabinet painting. I add a tennis ball bouncing off the table with green acrylic paint that contrasts strongly with the black and white of the photograph.

Figure 8: Artwork by author. *Postcard 22. Irmin Henkel's tennis friends posing for the Cabinet painting.* 2022. Acrylic paint on printed paper. 16cm x 9cm.

Thinking about Pappi's tennis friends visiting his home to pose for this apartheid painting also places his friends as accomplices. Likely, none of these friends nor Pappi see themselves as accomplices to historical acts of perpetrators in South Africa. South Africa of the 1960s does not have a media that portrays the apartheid state as acting in violation of human rights. Pappi is a medical doctor as well as an artist. I imagine the fun the friends have posing as ministers and wonder about the food, drink, and celebration that accompany the modelling.

Marianne Hirsch's (2009) theory of post-memory speaks to constructed social narratives. If, as Hirsch argues, traumatic histories can influence future generations even if they did not directly experience the trauma, can this also be true for inherited perpetrator trauma? Memory studies (Hirsch, 2009) have shown the potential for media to construct traumatic memory. Is my third-generation trauma a result of a change in the public narrative since the ending of the apartheid regime in 1994? I wonder if my portrayal of the tennis party will be met with moral disapproval. In a piece of literary criticism, Katherine Stafford's (2014, p. 1) exploration of the "ethical consequences of using a

postmemorial framework for perpetrators" explains how the trauma of the novel is not in the suffering but in the guilt and responsibility. She believes that the narrative holds "serious ethical and philosophical consequences", and although she says the novel holds fresh perspectives on current hegemonic ones, she feels there is a "subtle pardoning [of] crimes of the past that should be recognised and condemned" (Stafford, 2014, p. 16). Does a dialectical approach allow for both the acknowledgement of past crimes as well as other aspects of life without moral transgression?

Figure 9: Artwork by author. *Postcard 23. Irmin Henkel's preliminary charcoal sketch.* 2022. Acrylic paint over printed paper. 16cm x 9cm.

Figure 9 shows Pappi at work on a preliminary charcoal sketch. I outline his form in orange and think about my role in narrating his story. I feel guilty for portraying him without his permission. He is no longer alive to discuss any of these thoughts or theories on perpetrator trauma. I feel sad that my family legacy is intertwined with historical perpetrator narratives and that I cannot celebrate my grandfather as an accomplished artist without also remembering his association with the apartheid regime.

Giesen (2004), in his illuminative writing about Nazi perpetrator trauma and German national identity, writes about the importance of remembering not to repeat the past. I hold this notion in one hand, but in the other hand, I hold disenfranchised grief. Kathy Livingston (2010) writes that disenfranchised grief occurs when the community fails to recognise death as

important or to acknowledge the impact on the survivors. Livingston writes about the legacy of Nazism. She writes that "the silencing norms and grieving rules within post-war German society have been referred to as an 'inability to mourn'" (Livingston, 2010, p. 211). She concludes that disenfranchised and unmourned grief can be passed down through the generations. It is not only death that needs to be mourned. Other losses need acknowledging, and one loss for me is not being able to celebrate my grandfather as a South African artist valued for his work.

Conclusion

This paper has drawn on an art therapy protocol developed in my master's thesis to address intergenerational perpetrator trauma in the South African context. There was a focus on the postcards created from family photographs in a directive from Step 1 that invites curiosity into historical perpetrator narratives.

Applying acrylic paint onto prints of old family photographs successfully generated associations with the material, allowing for a deeper exploration of unconscious toxic shame. Through the lens of perpetrator trauma theories, I was able to explore my denial, guilt, and shame responses to an inherited apartheid perpetrator narrative. The exploration was an uncomfortable process; safely keeping the postcards in a box was a welcome way of containing the material. Re-looking at the seven postcards after months made me aware of the denial and toxic shame still present in me in confronting my family legacy. The family photographs, in particular, touch on a sensitivity of identity with an inherited perpetrator narrative.

The postcard as a method of identifying an inherited perpetrator trauma suggests the need to expose and share this trauma with an other in a safe, therapeutic relationship. In this study, the client invites something to be witnessed, received and digested, allowing something to be metabolised as in Wilfred Bion's (1962 & 1970) concept of containing function. The re-looking at the seven postcards and the new material that I accessed through the writing of this article suggests the importance of working alongside an art therapist to explore the unconscious toxic shame and denial that is so difficult for the self to uncover.

Step 4 of the 12-Step Tradition of treating addiction (Alcoholics Anonymous, 1952) sees sharing the most uncomfortable parts of one's

history with an other as an essential step in recovery. The act of expressing a toxic shame, taking it out of the unconscious inner world, and sharing it with an other may have a freeing effect.

A reparative act can remedy feelings of guilt but not of shame. Kaufmann (1996) differentiates guilt from shame in that shame is an emotion to the feeling of the whole self being worthless, usually masked through avoidance "by placing it outside of conscious awareness" (Sanderson, 2015, p. 5), whereas guilt refers to having done something wrong. Addressing toxic shame requires "an understanding of why and how an individual experiences their shame", which Dolezal and Gibson (2022, p. 6) refer to as "the 3A's": acknowledging shame, avoiding shame and addressing shame.

The ability to accept one's historical identity and grieve the associations to historical transgressions is part of the process of confronting an inherited perpetrator trauma.

Samantha Vice (2010) proposes that white people living in South Africa must accept and live with their shame related to colonial and apartheid injustices and humbly remove themselves from the public arena. Vice's response speaks to toxic shame that makes a person feel worthless. Kaufman (1996, p. 7) writes that the effect of negative and toxic shame "is the principal impediment in all relationships […] shame wounds not only the self, but also the family, an ethnic or minority group within a dominant culture, or even an entire nation […] racial, ethnic, and religious tensions are inevitable consequences of shame". It is for this reason that processing toxic shame in relation to South African historical perpetrator narratives is necessary. I do not think Vice's stance in this instance is helpful or healthy and perpetuates the intergenerational traumas of South African history. As Rothe (2012) has noted, possibly the most destructive form of shame is hidden unconscious toxic shame that can repeat past historical transgressions.

The unease in representing the perpetrator's narrative has been noted in Stafford's (2012) literary research, the smallness of my postcards and the tendency to put apartheid-era artworks out of sight. Brenda Schmahmann (2020, p. 143) has written about apartheid-era statues on South Africa's university campuses, noting that:

> "Relegating monuments to storage facilities where all traces of their histories are
> blotted out can amount to denial. Consequently, it is hardly surprising that removal

has sometimes been a procedure of choice among those looking to prevent rather than enable social transformation".

'Removing monuments' speaks to my experience of 'forgetting' about my grandfather's apartheid-era artworks. It took a fire in Parliament to ignite my interest in uncovering my unconscious toxic shame.

A dedicated public museum programme that exhibits evocative historical artworks that deal with inherited perpetrator trauma would be an important resource in confronting what is largely invisible. The motivation to make the museum space available for this work is to create a healthier self that creates healthier relations with others: family, community, and society. There is also the possibility of extending the use of postcards to include sharing past historical traumas between victims and perpetrators. The use of postcard processes for reconciliatory processes in South Africa in the field of education has been shown to be effective (Ferreira, 2008).

When treating inherited perpetrator trauma, the art therapist would follow the suggested five-step protocol and follow through with artmaking that externalises emotions and recreates a sense of self beyond toxic shame. There is the opportunity to further this research by studying the results of its application. There is also the possibility for arts therapists from disciplines such as dance, drama, or music to adapt the described processes for their modalities. The implementation of the protocol is at the discretion of the art therapist or student art therapist registered with the Health Professions Council of South Africa. This article has focused on the identification of denial and shame. It is the most important step in confronting inherited perpetrator trauma.

I agree with Michelle Anderson's (2018) view of South Africa's past that a more nuanced approach to our conception of the perpetrator is required to recover from our traumatic history. The lens of perpetrator trauma theories enables the art therapist to work with specific tools in looking and re-looking at the family images situated in a historical narrative. The value in doing this work is recovering from often-unconscious shame.

Acknowledgements

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A visual dialogue between *lived* and *perceived* experiences of Deafness

Addressing power imbalances when beginning therapy with vulnerable populations

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Bio

Lauren Ross is in her second year of Master of Art Therapy at the University of Johannesburg. She is an educator who has taught in both mainstream and special needs education, having spent the last decade at a school for Deaf children in Johannesburg. Her experience as an artist, dancer, musician, and performer has laid the foundation for these further studies in art therapy, having seen the benefit of the expressive arts in her own life and in the lives of her students, particularly in the Deaf community regarding creative opportunities for connection between the hearing and Deaf worlds.

Abstract

How does a hearing therapist avoid relying on stereotypes in an overarching characterisation of the Deaf experience to engage in meaningful and useful therapy for this population, who are vulnerable due to hearing loss and the dire socio-economic circumstances in South Africa? Adopting a mentalising stance, this arts-based research interrogates how I, a researcher-clinician, perceive potential Deaf clients, how those clients believe that I see them, how that belief affects their self-perception, and how this ultimately affects their behaviour, thoughts, and emotions. To achieve this, I am taking on the role of a participant observer, engaging in the artmaking processes and discussions alongside the participants and asking myself what I am asking of the participants. Carl Rogers' person-centred approach is fitting as it implies that clients can direct and inform their own therapy and healing. The exploration

of our experiences throughout this study exists through dialogue. Therefore, the therapeutic relationship is investigated through the lens of attachment theory. The findings are three-fold: firstly, that a dialogical approach in artmaking expedites the revelation of uncomfortable biases and prejudices within the group and provides a safe and meaningful space in which to explore these; secondly, that artwork underpins and reinforces communication and connection between hearing and Deaf people; and thirdly, that art therapy and mentalising – visual, intrapersonal, and interpersonal by nature – are meaningful approaches to working in the Deaf community in South Africa. This study motivates for the use of art therapy when working with Deaf clients and promotes mentalisation through a dialogical approach in artmaking.

Keywords: Art therapy, arts-based research, attachment theory, deaf, person-centred approach, mentalising

Introduction

In the past decades, there has been a shift from the medical perspective on deafness (lowercase 'd'), emphasising the need for a cure or solution, to a salutogenic approach, highlighting wellness and recognising Deaf (capital 'D') people as a fully-fledged cultural minority with as much value to contribute to society as any hearing person (Horovitz, 2007, p. 144). Unfortunately, I have witnessed that the lingering legacy of the former has affected how Deaf people are valued, supported, educated, and treated. A cycle of neglect, mistrust, underperformance, and mental health concerns has ensued.

This study aims to illuminate stereotypes and suggest best practices when working with Deaf people in therapy. I juxtapose mentalising alongside art therapy with a group of South African Deaf young adults from the Presidential Youth Empowerment Initiative (PYEI). This ten-month project sought to employ youth during the COVID-19 pandemic. Participants in the group, referred to as lived-experience researchers (LERs), are prelingually Deaf and struggling to obtain employment. Artworks by the participants and author were created during six sessions and presented as a visual dialogue comprising pre-emptive artworks by the author, artworks by the LERs and the author's response artworks. The method is iterative in process, promoting and modelling mentalising in the relationship between therapist, client, and artwork.

Deafness and mentalising

As explicated in attachment theory (Bowlby, 1973; Bowlby, 1988), mentalising is the ability to understand our minds, developed during the process whereby primary caregivers display insightful and attuned responses to our emotional experiences as infants (Bateman & Fonagy, 2012, p. 36-51). In this way, children learn to understand themselves and their behaviour because their caregiver accurately reflects their thoughts and feelings back to them. If this interaction is disrupted by separation, inconsistency, inaccuracy, loss or trauma, an insecure attachment style is likely formed, and an individual's ability to mentalise is severely hindered (Chilvers, 2022).

Neural pathways can be redirected with a therapist by building a healthy attachment within the therapeutic context. A large proportion of the cerebral cortex is dedicated to vision, and the face-to-face gaze of the infant and mother is essential for development (O'Brien, 2004, p. 11). However, the effect of hearing loss on language and communication is significant, and by extension, also on attachment and development (Klorer, 2005, p. 213). A prelingually Deaf infant will likely experience sensory deprivation regarding their attachment to hearing primary caregivers, causing insufficient neural circuits to be formed, minimising the creation of effective feedback loops (O'Neill, 2013, p. 5).

Mentalising and art therapy

The value of mentalising in art therapy has been researched by Fonagy (2004, 2012), Haysteen-Franklin (2019), Chilvers (2021), and Springham and Huet (2018), who have explored the use of artwork in presenting a view of the client's inner world (Bateman & Fonagy, 2004, p. 26). In *Mentalizing in group art therapy*, Moore and Marder (2019) extend the idea of mirroring beyond ostensive communication towards visual imagery, promoting the idea that tangible artefacts, representing internal states, can enhance the ability to mentalise. The artwork provides a separateness that can bring to the fore, clarify, and impact abstract or confusing thoughts and emotions (Moore & Marder, 2019, p. 30). The usefulness of applying this approach in therapy for South African Deaf unemployed young adults is explored in this article.

In the South African context, much of the research focuses on rectifying the injustices experienced by Deaf people in education (Rankhumise, 2020), with South African Sign Language (SASL) becoming an official language of

teaching and learning in schools as late as 2014. While the mental health needs of Deaf people have attracted a fair amount of research in the Global North (Aranda et al., 2015; Meristo et al., 2011; Wellman et al., 2013), research interrogating the complex layers of trauma underpinning the mental health of South African Deaf people is vacuous. Given the socio-economic and emotional threats to Deaf people living in South Africa (Martin & Storbëck, 2010; Moodley & Storbëck, 2011, 2015; Rankhumise, 2020; Horovitz, 2007, p. 61), it is likely that healthy attachments are further impeded. As a result, the capacity to mentalise is affected, disrupting psycho-social functioning. Developing effective feedback loops and holding others in mind are skills associated with mentalising. They are pivotal to this research and those mental health practitioners who wish to work with Deaf people.

Art therapy and Deafness

It makes a great deal of sense that the visual nature of art therapy would be an effective form of therapy for Deaf clients who make sense of the world in visual and spatial terms (King, 2020; Hoggard, 2006; Horovitz, 2007). However, art therapy does not directly address the relational challenges between therapist and client in a context laden with the power imbalances and cultural mistrust that apartheid has left in its wake. Nor does art therapy address the wariness between Deaf clients and hearing therapists in terms of language barriers and perspectives on the Deaf experience. Therefore, it is pivotal that potential therapists of Deaf clients in South Africa adopt a person-centred approach to build healthy attachments with their vulnerable clients.

This research, drawn from a more extensive master's study, argues that the optimal process in this context begins with a visual dialogue in which both the therapist and client engage in mentalising to address any underlying prejudices and unhelpful belief systems about one another. This approach can improve communication and trust, promoting an intentional way of negotiating positionality in therapeutic relationships. The triangulation between the lived experiences of Deaf South Africans, art therapy, and mentalising, therefore, becomes a rich approach to therapy for Deaf people.

In 2022, Section 6 of the Constitution's Eighteenth Amendment Bill (Notice 1156 of 2022, 6-7), recognising SASL as the country's twelfth official language in South Africa, was tabled in parliament and opened for public comment. Parallel to this, 2023 will mark the graduation of the first cohort

of art therapy students in the country (and continent). While both SASL and art therapy have been utilised in the country for decades, their formalisation creates a unique opportunity for researching best practices for Deaf people.

Methods

Ethics

The research was approved by the faculties of both Art, Design and Architecture (FADA) and Education (Sem 2-2022-009) and undertaken with the approval and support of the principal at St Vincent School, where the LERs were employed. Informed consent (in writing and SASL) was obtained from each LER. Separate consent was given for the photographing of artwork, as well as for the filming of discussions. Records have been kept in password-protected files on a single device, and hardcopies of artwork have been stored securely. As part of the distress protocol of the research, interpreting and counselling services were offered to participants. However, no participant elected to use these. Participants were not compensated financially for their time. However, they received a USB containing the images of their artworks, a letter of reference, and a revised curriculum vitae to support future job applications.

Participants

Lived experience researchers

Of 25 Deaf young adults working at the school in the PYEI, three volunteers were recruited based on the criteria of deafness and their difficulty in finding employment preceding the PYEI programme. All are prelingually Deaf, people of colour between the ages of 25 and 35 and have grown up in South Africa. The highest level of education amongst the group members was Grade 10.

Researcher-clinician

I am an art therapy student and a researcher in this study. I am a hearing teacher of Deaf adolescents. I have qualifications in education, fine art, psychology, art therapy, and SASL. The participants expressed enough comfort with my fluency in SASL that they declined the offer of another interpreter during the consent process. Therefore, I am responsible for presenting, interpreting,

and transcribing the sessions. These multiple roles are typical for the under-resourced South African context, yet require much reflection to be cognisant of the research aims.

Data collection process, design, and analytical framework

Table 1: Breakdown of sessions

Session	Theme	Art activity	Figures
1	Situating ourselves in past, present, and future	Group image: magazine images collaged into three sections (past, present, and future)	Figure 1 (Pre-emptive artwork) Figure 5 (Response artwork)
2	Identifying skills and strengths	Used HEROized.com to design a superhero based on the list of strengths and skills that others in the group had identified in us	Figure 2 (Pre-emptive artwork)
3	Projecting hopes, dreams, and desires	Selecting playing cards in which we found meaning and placing them in order of our priorities	Figure 7 (Response artwork)
4	Applying resilience to barriers	Modelling clay bricks and building a wall. Labelling the front of the wall with barriers that had been experienced and etching coping mechanisms into the other side of the wall.	Figure 3 (Participant's group artwork) Figure 4 (Response artwork)
5	Exhibition	Reflecting visually on work made in sessions 1-4	Figure 6 (Exhibition)
6	Reflection	No artwork was made in the final session.	

Data was collected from three stages of artmaking over six weekly hour-long sessions (see Table 1) and juxtaposed with relevant literature about deafness, art therapy, and mentalising. In the first stage, I made pre-emptive artworks that preceded each group session, prompted by my beliefs about

the experience of Deaf people regarding specific themes outlined in Table 1. In the second stage, my pre-emptive artwork acted as a stimulus to which the LERs could respond by accepting or correcting my perspective about their experiences. In the third stage, my response artwork after each session reflected on the comparison between the first two stages and the shifts that had taken place in my perspective. Discussions during the workshops were filmed so that the information and reflections of all participants could be reviewed to reveal truths and untruths about one another's perceptions and how this might affect our behaviour, feelings, and approach to therapy. This process draws on ideas from dialogic ethics that assume we are shaped by the differences between ourselves and others (Arnett, 2009) and that learning emerges from the intersection of differing perspectives.

In a hermeneutic phenomenological study, *Beyond Voice: Conceptualising children's agency in domestic violence research through a dialogical lens,* Anita Morris (2020) links the analysis to the real-world context of her participants' experiences in a cyclical re-ordering, reflection, and re-writing throughout her stages of analysis to arrive at useful knowledge and a practical understanding and application for her research. There are four stages in hermeneutic phenomenological studies: a bracketing of pre-conceived beliefs by the researcher, a stage of intuitively attributing meaning by focusing on the variance in the data, analysing the data, and finally, describing the lived experiences of the participants, offering distinctions and critical descriptions in both written and verbal forms (Arnett, 2009).

Integrating Morris' approach with Shaun McNiff's (1998) arts-based research, I arrived at a framework that guided my approach to data analysis. My pre-emptive artworks acted as my "bracketing of pre-conceived beliefs" (Arnett, 2009), in which I was able to demarcate my initial thoughts and ideas about Deafness from the lived experiences of the group. In intuitively reading through both my and the LERs' explanations of their artworks from the six transcripts, five themes emerged: moments of mentalising, interpersonal and intrapersonal communication, biases revealed, motivation for using art therapy with Deaf people, and links to attachment theory. I colour-coded and tabulated these, juxtaposing them with the relevant literature. These layers of analyses were converted into two word clouds (transcripts and literature) to visually gauge and compare patterns, prominent themes, and discrepancies between the lived experiences and the literature. Response artworks, describing the revealed shifts and insights, visually represented our insights throughout the

six sessions and informed my reflexive analysis. I used Lahad's (1997, p. 11) six-part story method as a stimulus for my reflexive journey, documenting my experiences according to his six questions: "Who are the main characters, what is their mission, what will help them, what are their obstacles and how do they cope with them, and what happens next?" Answering these questions allowed me to externalise my thoughts and feelings about our therapeutic relationship, isolate potential therapeutic goals, and make recommendations for this group.

Five fundamental techniques were referenced from mentalisation-based therapy (MBT), including support and empathy (promoting autonomy that elicits change), clarification (involving repeating statements to connect feelings and behaviours), exploration (involving curiosity and offering alternate perspectives), challenging (acknowledging and confronting false beliefs), and transference (where emotions are directed towards the therapist to hold and analyse them safely). Through analysing the art and discussions, I highlighted instances where these techniques had occurred, broadening any overly rigid, reactive, or unrealistic perspectives between us. The art activities included collages, digital artwork, clay work, and assemblage of found objects, explicitly chosen to contain the performance anxiety many clients experience around artmaking and to introduce gentle visualisation and symbolism.

Findings and discussion

This research sought to reveal biases and prejudices between a hearing research-clinician and Deaf LERs. It hypothesised that art making is a way to underpin and enhance effective communication amidst language barriers and promoted art therapy as an effective form of therapy for Deaf clients.

Figure 1: Pre-emptive artwork, Session 1 by author, photograph by author

Figure 2: Pre-emptive artwork, Session 2, by author, photograph by author

My first artwork (see Figure 1) attempted to understand the overall Deaf experience (understandable, given that it was the first session and I had not engaged sufficiently with the LERs yet). However, for my second pre-emptive artwork (see Figure 2), I created a piece for each individual in the group, automatically stimulating more in-depth discussion. While there was remarkable congruity between my pre-emptive artwork and the LERs directive artwork in Session 1, Session 2 aided the group in feeling seen, giving them the confidence to express their individual voices instead of being seen as a collective. Challenging my ignorance that the experiences of even three individuals could be sufficiently encapsulated in a single artwork was a critical mentalising moment that piqued curiosity within us and deepened communication between us.

Figure 3: Resilience, Session 4, by participants, photography by author

Figure 4: Response artwork, Session 4, by author, photograph by author

Between the first and last session, a shift from 'me and you' towards 'us' emerged through artmaking. A journey towards collaboration unfolded as the three stages of dialogue (pre-emptive, expression, and response art) became a single art object. The LERs had added clay bricks to my initial pre-emptive artwork (see Figure 3), which became unstable and required support. In response, I stacked expired hearing aid batteries to buttress the structure (see Figure 4).

These could not be glued together easily and had to be painstakingly grouped into smaller stacks. They were combined once the glue had dried. In the interim, the wall itself, already needing support, held up the unsteady battery stacks. This is not dissimilar to the experiences of the Deaf (Sussman, 1980, p. 18), who, for example, often teach their teachers how to sign to learn curriculum content. Similarly, hard-of-hearing people frequently act as interpreters between Deaf and hearing people. It is as though the one in need of support functions as support until the intended structure is up to the task. The participants reiterated this experience during the sessions.

Another form of prejudice that was revealed was that the low expectations for Deaf children by teachers, therapists, or parents often become a self-fulfilling prophecy (Horovitz, 2007, p. 34), resulting in frustration, isolation, inferiority, self-hatred, oppression, generalisations, an overwhelming need for protection, security and value, deep-seated anger, depression regarding fears of inadequacy, incompetence, and displacement within a family (Horovitz, 2007, pp. 21, 51). Despite research indicating that the prevalence of mental illness in the Deaf population is comparable to that of the hearing population (Rainer, 1966; Pollard, 1994), Deaf patients are often misdiagnosed by clinicians with insufficient understanding of Deafness (Martin & Storbëck, 2010, p. 67). Cognitive and behavioural problems for Deaf people are more likely to be a result of a combination of genetics, neural functioning, and environmental stressors (Horovitz, 2007, p. 61) than of deafness. Illnesses such as cytomegalovirus infection, meningitis, and rubella (well-documented causes of deafness) have also been associated with mental disruptions (Horovitz, 2007, p. 15). Furthermore, the cognitive and social barriers experienced by Deaf people are often caused by a lack of social input and knowledge of appropriate social behaviour, inadequate schooling, and a lack of reciprocal relationship with hearing parents who could not communicate beyond gestures, as well as profound isolation from others (Horovitz, 2007, p. 61). These social, emotional, or behavioural issues that are mistakenly

traced back to the deafness of the client should oftentimes be ascribed to the incompetent signing and communication skills of a caregiver. The opposite approach is far more effective: being competent to work with Deaf people and raising expectations of what they *can* do instead of what they cannot do. This research is dialogical and person-centred. The mentalising approach became fundamental in redistributing these power imbalances. The visual nature of our communication formed a modality more compatible with the abilities of the LERs. As a result, it was easier for them to be vulnerable and open with someone perceived as being on their side, as opposed to someone who may have, historically, represented a discriminatory group in their experiences (Horovitz, 2007, p. 13).

Figure 5: Response artwork, Session 1, by author, photograph by author

An emerging symbol of the octopus in its natural environment (see Figure 5) recognises the valuable creativity and problem-solving ability of Deaf people. LER Lee explains, "We can't communicate, and so we shrivel up into ourselves like an octopus outside of the sea. When we are in our natural environment, we have so many creative ideas and confidence" (Lee, transcript from Session 6, 2022). Figure 5 expresses awe of this community and an acceptance that they are a fraction of themselves when forced into a world that is not their

own. To visit the natural environment of another, not to fix or save but to discover and attune, will lead to better understanding, enhancing all kinds of communication and integration.

Although Session 3 was themed around hopes and desires, there was resistance to exploring this in-depth. LERs commented, "I'm embarrassed" or "There are too many barriers!" I realised that special care is required when undertaking the dream journey process of MBT. To imagine a safe and happy space might in and of itself feel unsafe due to the fear of failure and the protective boundaries that vulnerable people put in place. For those exposed to adversity, stress, and risk, there may be few experiences of safety, and therefore it may feel risky to imagine. It is better to probe gently for stories and to point out, with sensitivity, those aspects that feel safe and positive. Building the dream journey should be seen more as a process than a starting point toward a safe space. This is an important reminder for therapists not to make assumptions about clients and to work from the point at which their clients are.

Figure 6: Exhibition, Session 5, by author and LERs, photograph by author
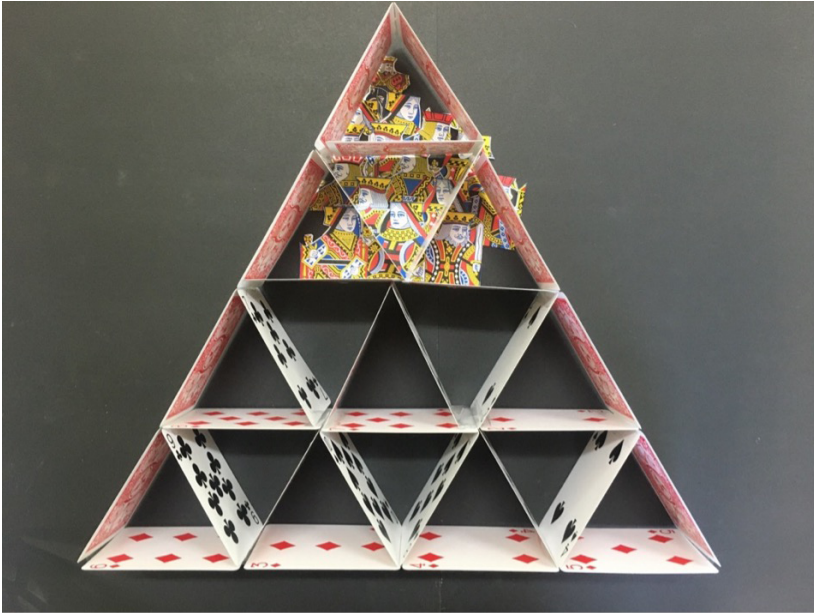
Figure 7: Response artwork, Session 3, by author, photograph by author

The exhibition in Session 5 (see Figure 6) revealed that my artwork had shifted from large, generalising, two-dimensional artwork to smaller, individualised works. By Session 3, I moved into the third dimension as though discovering a new level: literal *depth* (see Figure 7). Session 4 was no longer three separate artworks but a single collaborative piece. Again, a fundamental shift in our relationship as co-researchers. I made this observation in hindsight and subconsciously, reiterating the value of meaning making in art therapy: how the artwork brings unconscious thoughts and feelings to the fore. Springham and Huet (2018, 5) extend this idea, stating that "if humans make meaning through attachment, then ostensive communication theory requires that art objects be inter-personalised before they can be experienced as personal".

The LERs' innate understanding of visual and spatial symbolism and their display of unprecedented active listening (necessarily needing to watch the person signing without interruption to optimise communication) struck me as abilities from which the hearing world could learn a great deal. The idea that an entire community is labelled based on the one thing they cannot do is arrogant and ignorant: they are 'deaf' to the hearing world, not 'signers',

'people of the eye' (Lane et al., 2010), or 'listeners' (in contrast to 'hearers'). The LERs' artwork in Session 4, expressing their resilience (see Figure 3), reiterates the abilities for which they *should* be defined: those who have learned to ask, who seek connection, who patiently allow everyone a chance to express themselves, who have hope in the face of immense adversity, holistic communicators, or visually oriented. Defining and interpreting Deaf people's lives in terms of their hearing status is a limiting approach that overlooks how diverse and remarkable Deaf people are (Horovitz, 2007, p. 8; Bahan, 2004, p. 17). In many Deaf communities around the world, and gradually gaining momentum in South Africa, is the belief that Deaf culture is something to be proud of and helps individuals feel part of an influential collective that is seen and recognised to have ability, power, and agency.

It is important to note that while the artwork acted as the common means of communication between spoken English and SASL, it did not substitute the need to use SASL in the sessions. Nonetheless, the joint and collective interpretation of visual imagery was key in problem solving during the sessions. The value of alternative perspectives in mentalising and the clarity that comes through projecting our thoughts and emotions onto an art object in the art therapeutic process should be emphasised here (Springham & Huet, 2018, p. 5).

Session 4 was exceedingly difficult for me, from both a facilitator's perspective and in terms of actual artmaking. The former was characterised by what I perceived to be an unengaged group who preferred to check their phones, arrive late, and leave early. The latter was characterised by an artwork that kept breaking, a mess I felt I could not control, and a product I was embarrassed to present for the research. The perceived inadequacy of the artwork was an interesting vessel to reflect the mentalising between the LERs and me and our desire to present something of ourselves that instilled pride instead of failure. Furthermore, my meaning making in my final response artwork did not correlate with the findings and insight leading up to this point. However, in the discussions from Sessions 5 and 6, the LERs felt that Session 4 was the most meaningful and valuable for them.

Upon reflection and much like a revelation, I have concluded that it was at the point of my ultimate despondency, hopelessness, frustration, and lack of progress that resonated with the group most of all, highlighting the need to feel something before one can truly understand it. This was the moment

we were indeed on the same page about their experiences. It had brought about meaning for the LERs, levelled the power imbalances effectively, and connected us in ways that could not be expressed as richly as through the process of artmaking and reflection. Susan Bruckner (Horovitz, 2007, p. 63) warns of a similar sentiment: that the art therapist may experience the same frustration, isolation, and confusion Deaf people face daily. She writes, "As difficult as this may be, it is an important experience, which may add to empathy and honesty in discussing feelings, especially as they relate to the experience of deafness".

The abovementioned literature pointed towards the finding that the artworks aided in safely expressing complex emotions and assisting visually oriented people in expressing themselves amidst language barriers. In addition, the more surprising finding was in noticing my increased comfort with laughter between the first session and the last. The ability to laugh at ourselves represented the developing trust between us. It is integral in making connections with those different from us, and it appeared to me that there was a great deal more honesty and straightforwardness between Deaf people than hearing, bypassing social niceties with respect and therefore arriving at the truth more readily than through the political correctness often associated with hearing South Africans.

Findings

Biases and prejudices revealed included our shift from approaching one another from our respective Deaf and hearing cultural groups towards seeing one another as individuals within these groups and ultimately understanding ourselves in relation to each other in a single group. Through a dialogical lens, the LERs revealed that both the low expectations placed on them regarding achievement and productivity, and the high expectations placed on them regarding goals and dreams, were equally harmful. While it may seem caring to welcome someone into one's own community, it is even better – in terms of connection, insight, and appreciation – to meet them in theirs.

The study showcased valuable insight into the effective communication skills of Deaf people, characterised by respect and patience. While hearing people can hear, Deaf people have a great deal to teach hearing individuals in terms of listening. The dialogical approach to this research mirrored respectful communication back to the participants in an effective feedback loop. It is

important to remember that while the artworks support this communication, the artworks do not replace the need for proficiency in sign language. Lastly, the vulnerability of making and discussing my artwork with the group, having my perspectives analysed and challenged, and grappling with my own sense of hopelessness and frustration became a valuable point of connection between us, shifting perceived power in the group from privilege, race, education, and the ability to hear, towards authentic and mutual respect.

Initially, I sought to showcase art therapy as an effective form of therapy for Deaf people. This was confirmed by both the LERs and the literature. The unexpected finding, however, was that the procedural knowledge of the Deaf community, as well as what can be learnt from co-researching with them, has the potential to inform the way we approach therapy for other vulnerable groups in the South African context. To test this, I encourage readers to substitute the word 'deaf' in the recommendations section below with their own client population and realise for themselves the universality of these findings.

My main finding throughout this process is that every other finding deduced with and by the LERs, is of the utmost benefit to *all* clients, whether hearing or Deaf. This is the wonder of the Deaf community: if those who can hear would humbly listen, using all our senses and acknowledging our collective humanity (Sacks, 1989, p. 36), we would see, really see, a better version of ourselves reflected there. The 'people of the eye' hold a mirror up to us and allow us the privilege of being part of their world, to be curious about our differences and surprised by our similarities, to connect with something beyond ourselves.

Recommendations

When working with Deaf clients, be acutely aware of the problematic blurring of roles and boundaries between Deaf and hearing people due to historic power imbalances and communication barriers. Be clear about the scope of art therapy practice and see artmaking as aiding communication and expression rather than acting as a substitute for them. Understand that 'deafness' characterises a whole community in as generalised a way as 'hearing' would. Acknowledge that deafness is not the cause of pathology or mental disorder. Deafness can be a symptom of illnesses that affects psychological or cognitive functioning and hearing loss, or it places many Deaf individuals at risk due

to unhealthy attachments with primary caregivers and insufficient social and educational support structures. Be explicit about your aim to harness the therapeutic relationship and the attachment system in developing epistemic trust (Springham & Huet, 2018, p. 9).

Seek out moments of fun and laughter, and take cognisance of when, how, and why these might occur – building an understanding of a Deaf client's unique sense of humour and forming an essential connection with their cultural identity. Humour, fun, and laughter release oxytocin, the bonding hormone also released in the attachment of mothers and babies through breastfeeding (Klaus, 1988, p. 1244). Therefore, humour aids the therapeutic relationship and the attachment neurophysiology. Welcome alternate perspectives of meaning-making and interpersonalising art objects to personalise them. Be prepared that imagining safe spaces may feel impossible to vulnerable people who have experienced consistent disappointment and hopelessness. Make space for the possibility that your discomfort, frustration, and feelings of hopelessness as a therapist are transference and be encouraged that this might be a valuable point of empathy and mutual understanding of complex trauma. Consider working in groups of Deaf clients with similar modes of communication and proficiency. Finally, use response art to assist in clarifying subconscious thoughts and feelings. Showing this to a Deaf client can instil vulnerability and openness, promoting trust.

Limitations

The study was limited in terms of the small sample size of the group, and further study is required to be applicable to wider populations. Furthermore, without fluency in SASL, the findings may differ if the study were to be replicated. While an interpreter may assist in this regard, the possibility that an additional member of the group, whose role would not incorporate the necessary level of vulnerability, would affect the findings significantly.

Conclusion

In this study, the use of mentalising and visual dialogue created the potential for a person-centred shift in terms of power imbalances between hearing practitioners and Deaf clients and a wealth of insight into the lives of the LERs. Participants experienced what it is like to be understood and validated, as space was created for expressing how they perceived, processed, and

responded to my perception of their experiences, building a set of data to inform art therapy practices for Deaf people and shifting the procedural knowledge of the Deaf community into the declarative and academic arena.

Acknowledgements

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A group art therapy intervention model to address mental health stigma in a rural community in South Africa

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Bio

Kara Schoeman is a South African artist residing in the Free State town of Clarens. She is currently completing her master's degree in art therapy at the University of Johannesburg. She is part of the first cohort of students to study art therapy in South Africa. Her article presents an art therapy intervention that can be implemented with groups in rural areas of South Africa to address mental health stigma. Schoeman is a psychology facilitator at the University of the Free State's QwaQwa campus. She graduated with a BA Fine Art Degree (cum laude) in 2016. Thereafter, she graduated with a BA Honours Psychology degree in 2017 and a BA Honours in Art Therapy degree (cum laude) in 2021.

Abstract

Mental health stigma is one of the main reasons why individuals do not seek mental health treatment, and it can lead to discrimination and alienation. Group art therapy is a successful and economical intervention option to address mental health stigma, specifically in rural areas like Phuthaditjhaba in South Africa. This article refers to a research study where a short-duration art therapy intervention was implemented with female students in Phuthaditjhaba, a densely populated and isolated rural area in South Africa. The study used a reflective action research cycle and found that a group art therapy intervention informs the group members about mental health stigma, its repercussions, how to prevent it, and how to heal from experienced stigma. Traditional healing objects and traditions were included in the intervention, making it an inclusive and less-threatening option for various cultures. A group art therapy intervention model is presented as a possible process guide for art therapists who would like to address mental health stigma in group therapy.

The participants have experienced mental health stigma in Phuthaditjhaba. Their visual stories of change capture the internal changes that took place for them due to the intervention. They are now more aware of what stigma is, its repercussions, how to prevent it, and how to heal from experienced stigma. Group art therapy is a suitable therapeutic paradigm for addressing mental health stigma in rural areas of South Africa.

Keywords: Art therapy intervention, group art therapy, mental health stigma

Introduction

I conducted a study for my Master in Art Therapy thesis, for which I conducted limited research into the mental health stigma in Phuthaditjhaba and how the stigma can be addressed in a group art therapy intervention. This article presents aspects of the art therapy intervention I developed in collaboration with three female students in Phuthaditjhaba.

Nicolas Rüsch, Matthias Angermeyer, and Patrick Corrigan (2005, p. 531) explain stigma as stereotypical beliefs that give rise to prejudice, leading to discrimination as a behavioural reaction. Some discriminatory behaviour against stigmatised people includes withholding help and opportunities, avoidance, infliction of labels, and rejection by the community (Rüsch et al., 2005, p. 531). A division between 'them' and 'us' develops, creating a power imbalance between people.

Stigma results in feelings of isolation, discrimination, rejection, alienation, low self-esteem, and low self-efficacy (Carr & Ashby, 2020; Sorsdahl et al., 2012; Kakuma et al., 2010; Rüsch et al., 2005). South African studies report that mental health stigma can worsen a person's symptoms, cause depression, prevent the person from seeking medical treatment, and influence their capacity to recover and live a normal life (Sorsdahl et al., 2012; Kakuma et al., 2010). Often, misguided beliefs cause stigma that can result in maltreatment, such as isolation, verbal and physical abuse, neglect, and infrequent caretaking, as the caretaker might neglect to feed and bathe the individual (Egbe et al., 2014). The individual might become homebound as they fear experiencing stigma, discrimination, and name-calling when leaving their house, preventing access to support, education, clinics, medication, and therapy (Egbe et al., 2014).

Previous research and current literature indicate a high prevalence of mental health stigma in South Africa (Egbe et al., 2014; Sorsdahl et al., 2012;

Kakuma et al., 2010; Botha, Koen & Niehaus, 2006). Egbe et al. (2014) found that families, communities, and healthcare professionals in South Africa discriminate by teasing, name-calling, and making fun of persons who reveal that they are dealing with mental health, even if the symptoms no longer exist.

Although there have been government and NGO-initiated anti-stigma campaigns in all the provinces of South Africa, I am not aware of any implemented in the rural town of Phuthaditjhaba. Kakuma et al. (2010) write about the numerous mental health awareness and anti-stigma campaigns in South Africa but note the need for more evaluation and reporting on these strategies. They found that increased mental health awareness would not necessarily change the public's attitudes and behaviour toward the stigma surrounding mental health. Kakuma et al. (2010) agreed that anti-stigma interventions should focus on the content and mode of intervention, with an appropriate method to evaluate its impact. My study attends' to Kakuma's opinion, and it focuses on improving content and mode of intervention by evaluating the intervention's impact.

Carr and Ashby (2020) stress the importance of research into mental health stigma. They believe that "research to understand the impact of a mental health diagnosis on clients is in its infancy, and much work should be done to understand the extent of prejudice that people living with mental illness experience" (Carr & Ashby, 2020, p. 2). A lack of research, as well as the accompanying socio-economic conditions, makes it difficult for art therapists or any mental health practitioner to begin to change the stigma surrounding mental illness in South Africa.

Group art therapy allows for a topic such as mental health stigma to be discussed among a few individuals within a therapeutic space. Art materials can be utilised to represent the urgent problem from which creativity can be used in the group to address these problems and heal from past experiences related to the topic. It provides a platform where group members can uncover and communicate what is lacking in their community while gaining understanding and solutions to their unique situation.

A group therapy space can be used to adjust the participant's reality rather than adjusting the participant to oppressive realities, preventing the group from developing symptoms of oppression, discrimination, and marginalisation (Huss, 2015). I see this as developing and practising empowerment, agency, and a shift in roles within the group, where art materials can act as a medium

to explore these changes. Group work offers a space where reparative relationships can be explored and can be an economical solution to address the immense need for therapeutic practices in South Africa (Berman, 2011). One art therapy practitioner can reach a larger population through group work, and the group members can practise relational behaviours in the group before applying the behaviours in their communities.

Most art therapy literature regarding mental health stigma campaigns discusses art interventions that engage with the public (Carr & Ashby, 2020; Ho et al., 2017). These interventions create awareness and conversations to ignite empowerment and change (Carr & Ashby, 2020; Ho et al., 2017). In comparison, private art therapy allows the group to uncover their experiences, beliefs, and stigma-reduction needs and address them through art materials within a group's vulnerable and intimate setting (Gillam, 2004). I believe a private art therapy setting allows for unconscious material to arise and be dealt with directly or through metaphors, symbols, dreams, transference, and identification. In contrast, a public setting allows for a deeper understanding of a topic through discussion. In this article, I discuss an art therapy intervention I implemented in 2022 in Phuthaditjhaba as part of my master's research study.

Methods

Research design

I used an action research methodological framework to design a group art therapy intervention and implement it with a group of women between 25 and 26 years of age in Phuthaditjhaba. Action research (AR) is a methodology in which the research participants become collaborators, enabling the research to be conducted from the participants' perspective of a current communal problem. AR is geared toward empowerment and social change. It aims towards collaborative change based on the joint construction of meaning through the democratic process of integrating the realities of various individuals, relying on the participants' strengths as the basis for method and analysis (Carolan, 2001, p. 203).

One can see AR as a bottom-up approach where the research is designed around the participants' needs and understandings. Similarly, art therapy often relies on a client-centred approach. The participant's current experiences determine the direction of both art therapy and action research

(Carolan, 2001, p. 203). These principles ensure that both the participants and the researcher benefit from the research process (McNiff & Whitehead, 2006).

With clinical supervision, I developed a series of five art therapy sessions. Each session followed an action-reflection cycle (see Figure 1) identified by McNiff and Whitehead (2006). The cycle consists of five steps that are repeated in each session. Repeating the steps allows each session to be improved by the previous sessions' evaluation.
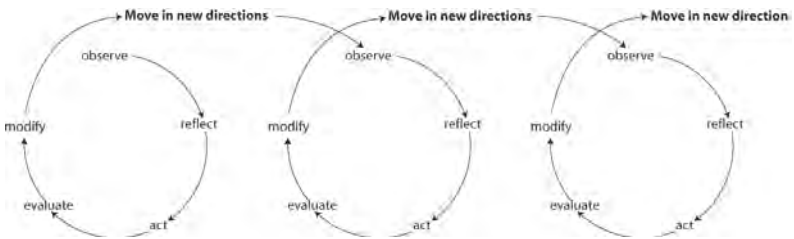
Figure 1: Visual example of the procedures of the action-reflection cycle in the art therapy group sessions in this research study
(McNiff & Whitehead, 2006)

In the five sessions, I used therapeutic discussions, group reflections on the individual and group artworks and my response art in each session as research data. I will not elaborate on the response art in this article. I applied the five steps of the action-reflection cycle within each of the five sessions and adapted art therapy practices to fit into these steps.

The sessions started with a check-in process where the participants chose an object to present their current mood to the group (Step 1: Observe). We then reflected on the group's current needs (Step 2: Reflect). Thereafter, we implemented an art therapy process consisting of artmaking and reflections (Step 3: Act). The group then evaluated the current session (Step 4: Evaluate), and modified our plans for the next session (Step 5: Modify).

Ethics

All stakeholders provided clearance for the study.[1] The participants were thoroughly informed regarding the aims and procedures of the research, and their identities remain anonymous throughout the research process and this paper. During the first art therapy session, the participants chose pseudonyms for use during the research, my supervision, and the written report. The participants received no academic advantages or disadvantages for participating in this research and were allowed to withdraw from the research project without consequences.

The research participants were three female students from a tertiary institution in Phuthaditjhaba completing their higher certificates. I was their facilitator for this institution's module on skills and competencies for lifelong learning.

Procedures

In the group art therapy sessions, the individuals created artworks. After the creation process, each group member reflected on their artwork by telling the group how it felt to create, why certain colours, textures, and materials were used, and why certain topics were depicted in the artwork. The verbal reflection and visual artwork serve as information or data for this research study. Verbal reflection is a way of understanding information from the participant's personal perspective.

I used stories of change to evaluate the intervention and critically discuss its application for future use. The stories of change were drawn and adapted from the Most Significant Change (MSC) technique. It is a form of participatory monitoring and evaluation.

In each session, we started with the check-in directive. I provided the group with a variety of objects. Each member chose an object that represented their current mood and then expressed their current mood to the group by referring to the characteristics of the object. We ended our sessions with

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1   University of Johannesburg's Faculty of Architecture, Design, and Art, granted this research study ethical clearance, along with their Faculty of Education registered with the National Health Research Ethics Council (NHREC), with the ethical clearance number Sem 2-2022-011. The University of the Free State's General/Human Research Ethics Committee (GHREC) is also an approving authority for this study as their students are used in the research. They approved the study with Ethical Clearance number UFS-HSD2022/1295/22.

the same process. The main objective for Session 1 was for the group to familiarise themselves with each other. The group and I made nametags and drew symbols on them representing ourselves. We introduced ourselves to the group by referring to the symbols we drew. Thereafter, the group drew a community map. The group drew places in Phuthaditjhaba that feel either safe or unsafe. It enhanced my understanding of the town, how the group experienced various places in the town, and where stigma is experienced.

Session 1

The art therapy processes in Session 1 allowed for a therapeutic space where relationships are built and a sense of safety is developed. The group could discuss their perspectives and experiences of mental health stigma. In Table 1, I evaluate each art therapy process implemented in Session 1. In the second column, I state the benefits that I observed during the process. In the third column, I state the mental health stigma information that was brought forth in each process. This information can help art therapists decide which processes are valid for their clients.

Table 1: Evaluation of Session 1

Art therapy process	Benefits of the process	Stigma discussed
Nametags	Self-introduction method Group identity development Relation building Trust building Support building Process of validation Testing the process of sharing personal information with the group and building confidence in doing so Navigate group dynamics by sharing art materials Improve observation and listening skills Improve ability to use symbols and metaphors to describe self Enhance self-knowledge	"How I see myself and how other's see me" Stigma attached to personal history, family and friends, town of origin, and current town of residence

Art therapy process	Benefits of the process	Stigma discussed
Participant shares with the group	Gives the group insight into her life Gives her the opportunity to share feelings and release pent-up feelings Gives the researcher insight into mental health stigma Shows the group how families develop mental health stigma	Feels pressure from family to forget about loss and trauma Family discourage her from expressing feelings Family does not believe in depression Family did not support their brother after his suicide attempts
Community map	Create a sense of community in shared experiences Navigate social interactions with the group Build union and trust Develop vulnerability and honesty Opportunity to share and express feelings and experiences Develop the researchers understanding	Health services are insensitive towards mental health needs. One is exposed to traumatic events regularly. Discrimination against Zulu culture Judgement towards people who struggle with mental health Blame those with mental health problems (they did it to themselves) Name-calling and exclusion of those who show mental health symptoms Laughing and joking about the symptoms

Session 2

The main objective of Session 2 was to understand each group member's experience with mental health and stigma. Once again, we started and ended the session with a check-in/out to clarify how the group members felt. we discussed what the group required from the intervention, from me, and from each other. Thereafter, the group members and I created artworks to express our experiences with mental health. Most artworks (see Figure 2 and 3) illustrated the group members' family history and current mental health needs. Referring to the artworks, we discussed the mental health stigma

in the group members' families and communities. Table 2 presents the art directives implemented in Session 2, the benefits of each art therapy process, and the stigma topics discussed during the implementation thereof.

Figure 2: Participants' session 2 artworks

Figure 3: Participants' session 2 artworks

Table 2: Evaluation of Session 2

Art therapy process	Benefits of the process	Stigma discussed
Needs analysis	Build trust and relations Boundary formation Inform the researcher of the group's current needs	None
Mindfulness drawing	Bring the group into the current moment – allowing participants to be present Calm nervous system Allow connection with feelings	None
Individual artmaking	Self-expression Stigma reduction Improve self-esteem Build support network Trauma healing	There are few emotional support systems within the families. I encouraged individuals to be aware of their own emotions. Elders need to be respected regardless of their actions. Women need to confide in the men of the family to make any decision and cannot discuss matters among themselves before it is discussed with the men. The community judge and laugh at families who have a member with addiction problems Individuals feel more discouraged than encouraged by their families to further their education.

Session 3

In Session 3, the group created mental health stigma awareness posters (see Figure 4 and 5) posted on their tertiary education campus. The posters

revealed what the group has learned about mental health stigma and what they think the community should become aware of regarding this topic. I could see that the members felt more comfortable with each other. They engaged with each other more during the creation process, sharing conversations and art materials and helping each other to post the posters onto the outside walls of campus buildings. This session needed more time for reflecting on the artmaking and displaying process.

The group discussed that they had not received mental health or stigma education before, as well as that they now understand the importance of the education and that their posters convey the psycho-education they received during the intervention thus far. They want the public to have access to mental health education, as this can reduce the stigma attached to mental health and its treatment. Table 3 presents the benefits of creating posters in a group art therapy session and the stigma discussed during Session 3.

Figure 4: Participants' Session 3 mental health awareness posters
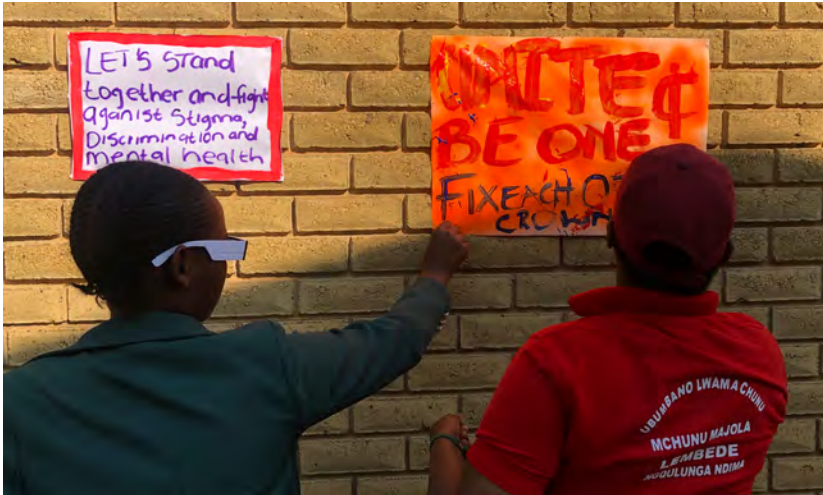
Figure 5: Participants' Session 3 mental health awareness posters

Table 3: Evaluation of Session 3

Art therapy process	Benefits of the process	Stigma discussed
Poster making	Physical support while creating and sticking posters – mimic emotional support Relaxed and creative atmosphere Embodied creation- beneficial for trauma work Mixed-media use – enhanced expression of self Loud sounds of material use – enhance mindfulness	Exclusion of those being stigmatised Lack of support network Self-isolation Disrespect Discrimination Judgement Humiliation Demeaning

Session 4

Session 4 did not have a pre-planned artmaking directive. It resulted in no artmaking but rather in-depth conversations regarding mental health

stigma. The session took place online as Phuthaditjhaba was experiencing transport strikes.

Session 4 was a difficult session for therapeutic engagement because some members' internet connections was unstable, causing them to come in and out of the session. However, the session resulted in rich research information regarding the group's mental health treatment traditions and taboos. The session benefits and the stigma discussed are presented in Table 4.

Table 4: Evaluation of Session 4

Art therapy process	Benefits of the process	Stigma discussed
Online therapy	Introduction to cultural taboos Information about mental health stigma Stigma attached to the medical model of mental health treatment professionals, processes, and facilities Traditional treatments for mental health	Lack of understanding and support from the community and family Exclusion of individuals who refuse the community's rituals and prefer outside help Individuals might suffer in silence due to fear of being undermined Families encourage members not to speak to others about their struggles as it will affect the family's reputation Adults see symptoms of ADHD, depression, and anxiety in their children as disobedient behaviour and as them being ungrateful for schooling opportunity

Session 5

Before Session 5 commenced, the group members planned its procedures. The group utilised a cell phone texting app with a grouping facility to discuss what they would like to do during Session 5 as an ending ritual, as Session 5 was our last art therapy session. The group decided to present traditional healing objects they use as forms of self-care and mental health treatment.

This session was planned for two weeks before it commenced. No adjustments were made to these plans during the session.

The participants presented their objects and engaged in a creative expression of their feelings. Valuable information regarding their current healing practices was collected, and we discussed how the information could be incorporated into art therapy practices. The benefits of the art therapy procedures and the stigma discussed during the procedures are displayed in Table 5.

Table 5: Evaluation of Session 5

Art therapy process	Evaluation of process	Stigma discussed
Healing object	Increase confidence and self-esteem through the honest expression of self Self-acceptance Receive support and understanding	Internalised and perceived stigma Cultural sensitivity Traditions and rituals
Artmaking (no directive)	Practise expression of self Each member could engage in any form of creative expression. Drawing and song were used. Allowing for inclusivity. Discussion regarding the approachability of art therapy, how various cultures can accept it through using culturally appropriate artmaking directives	Community support Traditional healing practices How art therapy can address and change mental health stigma

Personal reflection through response art

In my research study I used response art as a way to make sense of my stigma, expectations, fears, and disappointment. I will not elaborate on the response artworks in this article, however, I found that I was aware of my age, class, race, and educational differences from the participants. I am a 29-year-old white Afrikaans woman born in the Free State as apartheid ended. My participants

are between the ages of 25 and 26. They are black Zulu and Sesotho-speaking females born a few years after apartheid ended. I am currently busy with my master's degree, and the participants are completing their tertiary certificates. I teach the participants in one of their university modules. I reside in Clarens, a small town dependent on tourism. The participants reside in Phuthaditjhaba, a densely populated rural town, far from any cities, with poor service provision. I am aware of colonialism, especially my culture's role in the racial oppression of the Sotho and Zulu cultures, the current class inequality and the Eurocentrism of the universities through which I engage with the participants. The participants and I engaged in conversation about the effects of oppression on them and their elders and topics around race and class. Ratele and Malherbe (2022) agree with Neville Alexander's notion that race should be raised in therapeutic sessions to decrease colonial reasoning and reimagine communities that centralise their humanity.

I am also aware of our similarities. We are all women, studying towards degrees and careers. We all have experienced aggression and violence from older men, fear being attacked while walking in the streets, and grieve the loss of loved ones. We have the desire to express ourselves and heal from our pasts. The participants and I have observed some of our elders' beliefs: that mental health should not be discussed. The participants and I come from conservative and traditional cultures, we are aware of the discrimination that happens between our cultures and our races, and we are aware of the importance that our families place on their reputations. In the participants' and my cultures, respect must be given to our elders, regardless of their behaviour and how they treat us. The participants and I engaged in making art together. In this creative space, we expressed ourselves, entered a vulnerable space, and developed a therapeutic relationship rooted in empathy. We listened attentively to each other and engaged in therapeutic discussions. I discussed my response art and therapeutic relationship with the participants in my research report (Schoeman, 2022).

Intervention analysis through stories of change

The group was tasked to create an artwork of change accompanied by a story of change. They created an artwork reflecting on the therapy sessions and wrote a story capturing the changes they noticed within themselves and the group. This directive was adjusted from the MSC technique. The technique can

be used to evaluate outcomes and the impacts of a community project. Unlike conventional deductive quantitative evaluation, MSC can provide information regarding unexpected outcomes through inductive evaluation (Davies & Dart, 2005). MSC allows for a diverse evaluation of the project; the storytellers write from their subjective experiences, which enables rather than directs them.

The stories of change from the participants of this research do not follow the conventional steps of sifting through the stories and choosing the most significant ones. Rather, all of the stories are considered significant. This more simplistic process can reduce bias towards success stories as all stories are treated equally. Including the evaluation process throughout the intervention allows for the intervention's successes and failures to be constructive, as there is space in the next session to improve. The participants' stories and artworks of change can be seen in Figures 6, 7, and 8.

Findings

The data collected from the group art therapy sessions, individual and group artworks, and stories of change indicate a need to break the mental health stigma within the art therapy group. The information collected from the participants' stories of change suggests that the group has experienced changes during the intervention. These changes can potentially improve their self-acceptance, trauma work, self-identity, mental health awareness and sensitivity, self-esteem, emotional regulation, relationships, healing, grief, stress management, discrimination towards others, self-expression, self-confidence, and outlook on life.

The participants hope that the posters have increased mental health awareness in the community and that the participants' sensitivity towards stigma would motivate others to reconsider their beliefs regarding mental health. The participants' positive stories of change lead me to believe that art therapy is an appropriate therapeutic option for the community of Phuthaditjhaba. It is important to make art therapy accessible in rural communities like Phuthaditjaba to encourage psychosocial change. Long (2016) explains that mental health services have been scarce among black South Africans because of ongoing class oppression.

Figure 6: Participant's artwork of change

My artwork is the tree as you see, I drew this as my therapy progressed so before I attended this therapy I was empty, bleeding, confused, and had wounds that I didn't think would fade away but this session helped me a lot. It helped me to change the unhelpful or unhealthy ways of thinking, feeling, and behaving. As you all know that I experienced the trauma of emotional abuse. This tree shows that I now feel better, my wounds are slowly fading away and my thought is fruitful, I am shining, and able to deal with negative things. I love myself.

This drawing indicates the following:

When I started the group therapy session my heart was torn apart and it was angry and had a lot of things to deal with. After attending the Sessions, getting advice on how to deal with certain situations I became light and a happy soul. I was taught that drawing decrease the level of stress we deal with. However, I got knowledge on Mental health issues of which it is something I am interested in because in KZN i volunteer in an NPO which deals alot about Mental health

My heart is Filled with Joy, happiness and love. I thank Miss Kara Schoeman for the Sessions.

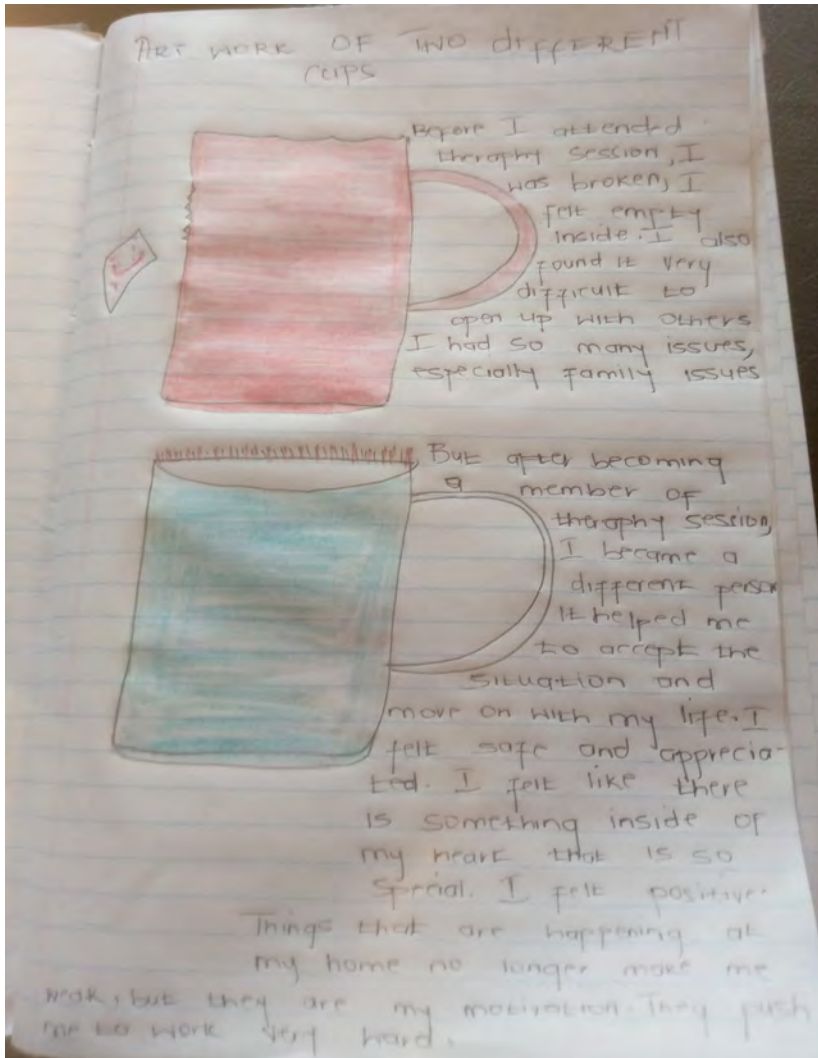**Figure 7:** Participant's artwork and story of change

Figure 8: Participant's artwork and story of change

Art therapy is less threatening than other mental health treatments because it takes an egalitarian approach. It includes the beliefs of the client, group, and community, as well as incorporates what is already working within the community. Because of the egalitarian approach and because art therapy is

relatively new and unknown within most South African communities, it has less stigma attached to it than the medical model of mental health treatment.

Table 6 presents the outcome of the action-reflection cycle. After implementing the group art therapy intervention and evaluating and modifying it in each session, I was able to define it into a group art therapy intervention model to guide art therapists when working with stigma.

Table 6: Intervention model. Art therapy intervention: Mental health stigma

Directives	Benefits
Session 1	
Group check-in	Allow group members to become aware of each other and their own current mood
Information and questions	Clear confusion Clear expectations Understand the aims and procedures of the intervention Introduction to mental health stigma
Nametags	Self-introduction method Group identity development Relation building Trust building Support building Process of validation Testing the process of sharing personal information with the group and building confidence in doing so Navigate group dynamics by sharing art materials Improve observation and listening skills Improve ability to use symbols and metaphors to describe self Enhance self-knowledge
Community map	Create a sense of community in shared experiences Navigate social interactions with the group Build union and trust Develop vulnerability and honesty Opportunity to share and express feelings and experiences Develop the therapist/researcher's understanding

Directives	Benefits
Group check-out	Allow group members to exist in the safe space of therapy by becoming aware of self and the impact that the session has had on them
Session 2	
Group check-in	
Psycho-education – mental health and stigma	Improve sensitivity towards mental health stigma Become aware of the implications of mental health stigma Gain clarity on misperceptions regarding mental health
Mindfulness drawing	Bring the group into the current moment – allowing participants to be present Calm nervous system Allow connection with feelings
Poster of needs and group contract	Build trust and relations Boundary formation Inform the therapist/researcher of the group's needs allowing; they should guide the sessions
Individual artmaking	Self-expression Stigma reduction Improve self-esteem Build support network Trauma healing
Discuss mural/poster for next session	Prepare group for next session
Group check-out	
Session 3	
Group check-in	
Psycho-education – support networks and mural making	Become aware of the impact that a mural has on the public and what it means to use one's voice to address a larger population than this group
Mural/Poster	Physical support while creating and sticking posters – mimic emotional support Relaxed and creative atmosphere Embodied creation – beneficial for trauma work Mixed-media use – enhance expression of self Loud sounds of material use and environment-enhance mindfulness

Directives	Benefits
Discuss objects of healing for next session	Individuals evaluate their own healing practices and the types of healing that they have experienced
Group check-out	
Session 4	
Group check-in	
Group present objects	Increase confidence and self-esteem through honest expression of self Self-acceptance Receive support and understanding
Individual artworks-healing practices	Practise expression of self Determine own healing practices and coping mechanisms Find methods of expression
Discuss ending ritual for last session	Opportunity to practice agency Discuss group needs Discuss grief and endings
Group check-out	
Session 5	
Group check-in	
Group ending ritual	Practise agency – making decisions as a group without a therapist/researcher Discuss endings and how it relates to other feelings, such as loss and grief
Reflection on intervention	Reflect on what has been experienced during the intervention, personally and as a group
Artwork of change	Determine what personal shifts have happened within the individual, the group, and the community Evaluate the intervention Determine personal growth Determine awareness of stigma and sensitivity towards mental health Determine coping mechanisms and support network
Group check-out	

The intervention is designed for large groups in specific areas. A research study with more participants would be more representative. Nonetheless, the small sample group allowed for an intimate space where the participants felt safe to share vulnerable information and engage in therapeutic processes. The sample group consisted of only women, allowing the women to share their experiences with the elder men in their families. However, the intervention is designed for both men and women, and the voice of young men in Phuthaditjhaba is not heard in this research study.

Two sessions took place online, suggesting the validity of a dual-medium intervention if participants have stable internet connections. I suggest that future research studies implement the proposed intervention model, and adjust it to their groups' needs, improving the development of a group art therapy model to address mental health stigma and collecting information about mental health stigma in rural communities.

The intervention encouraged participants to draw from traditional healing methods with which they are familiar. The research study's findings show that the participants' communities support individuals with their mental health needs through traditional healing methods. These methods include church ceremonies, healing practices with traditional healers, slaughtering animals, drinking traditional beer, using healing objects, collecting holy water, and community prayer and song at a river.

The participants of the study have not had any mental health education. Art therapy interventions can include psycho-education regarding mental health and stigma to inform people of stigmatising behaviour and its repercussions.

The participants observe that families in their communities do not want their members to speak about their mental health. They fear it may affect the family name, and the community will judge and disrespect the family. Some families in the participants' culture believe that an individual is cursed or bewitched when the individual displays mental health symptoms and has to be cured of the symptoms or curse. These stigmatising beliefs cause individuals to hide their mental health needs from their family and community. The participants know elders in their culture who do not welcome mental health treatment from outside the community. The participants felt relieved by sharing their feelings and experiences with the group in the art therapy sessions. They realised their need for a support network within their community with whom they could share their feelings.

Art therapy can become a mental health treatment option for various communities in South Africa because it can be facilitated within the area of the community, and it can incorporate the community's traditional healing methods. Art therapy can act as a bridge between traditional healing and HPCSA-registered mental health treatment. Art therapists encourage the use of objects and body movement during therapy. Art therapists would be open to prayer and song as these are methods of creative expression. The participants responded positively to the inclusion of traditional healing objects and methods within art therapy, making art therapy more approachable to those who are hesitant regarding mental health treatment.

Conclusion

As part of the action research cycle, I developed a series of five art therapy sessions in which the topic of mental health stigma was explored through the five steps of the action-reflection cycle. The visual, verbal, and written material produced during each session was data that I reflected on through response art. The data gave me a better understanding of the mental health stigma in Phuthaditjhaba and how mental health needs are traditionally treated in the participants' Sesotho and Zulu cultures.

The participants expressed resistance in their culture towards mental health treatment from outside their culture. The group's feedback on each session allowed me to design a revised intervention that included traditional healing objects and practices. The inclusion thereof can make art therapy more approachable to communities that stigmatise mental health treatment because it would be more relatable. Art therapists can collaborate with community leaders to present the intervention in the community and incorporate the community's preferred healing methods. Art therapy can include traditional rituals, objects, dance, song, and prayer, as these are methods of creative expression. The art therapy intervention can be adjusted to incorporate healing traditions that the participating group and the community, find respectful, non-invasive, and supportive.

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Art therapy in diverse and stressed communities in inner city Johannesburg

Case vignettes from the Uhambo literacy programme

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Bio

Kate Shand is in her second year of a Master's in Art Therapy at the University of Johannesburg. She runs a ceramic teaching studio, The Melville Mud Room, and works part-time at an arts therapy NGO, Lefika La Phodiso. Her prior work experience is in communications in various sectors, including urban regeneration, arts and culture, heritage and tourism. Shand has a special interest in group work and has facilitated many arts-based workshops over the years. She is particularly passionate about working with clay and its ability to heal. Shand is also a writer and has published a book called *Boy* in2013 Other qualifications include a Master of Arts in Heritage (Wits), Advanced Diploma Visual Art (Unisa), and Community Art Counselling (Lefika La Phodiso).

Abstract

This article is about the Uhambo literacy programme and the application of multimodal pedagogies in an art therapy 'open studio' after-school programme. Low literacy levels were identified by Lefika La Phodiso Community Art Counselling and Training (Lefika), an arts therapy organisation serving at-risk children from Johannesburg's inner city, as well as other communities through the application of community art counsellors after their training. A programme, Uhambo, was developed to support the aim of improving literacy among the children attending Lefika's after-school programme. Lefika's open studio provides a therapeutic and safe space for children from Johannesburg's inner city. The Uhambo programme incorporates elements of

the open studio, offering a focused integration of visual and verbal literacy. The two presented case vignettes from the programme explore how the groups were both therapeutic and educational, addressing emotional growth and improved literacy and learning using attachment theories and storytelling as frameworks. Drawing on attachment theories in psychodynamic literature, the article shows how adaptive art therapy programmes can give children the agency to make meaning, increase confidence and pleasure in their artmaking and storytelling, as well as improving learning outcomes and creativity.

Keywords: Community art counselling, group art therapy, literacy, multimodal pedagogies, open studio, storytelling

Introduction

This article explores how creative interventions located at the intersection between art therapy and multimodal pedagogies can deepen and advance literacies – visual, written, and verbal – while optimising mental health outcomes. Furthermore, the psychoeducational approach responds to the learning deficit in schools and the challenges regarding trauma and learning. A trauma-informed approach to teaching literacy, which is effective for diverse, multi-language, and stressed communities – a model that supports both literacy and emotional support – is urgently needed in South African schools and communities (Plumb, Bush & Kersevich, 2016). According to Zoe Moula (2021, p. 19), "There is growing evidence that embedding arts therapies within the educational system may contribute to addressing children's emerging needs and result in a positive impact on their well-being, bridging the gap between health and education", and Uhambo, with its application of psychoanalytic art therapy and pedagogic approach, has the potential to contribute to the dire need in the South African education system. The programme's creative storytelling approach to literacy is also supported by the therapeutic storytelling model developed by Trisha Waters (2010), which aims to offer therapeutic and educational support. Waters notes that this combination is rare.

In 2016, I volunteered at Lefika La Phodiso (Lefika), an NGO that started as a training institute to increase therapeutic capacity in post-apartheid South Africa.[1] Lefika's managing director asked if I could develop and implement

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1   *Lefika la phodisa* means 'rock of holding' in Soth. The Lefika facility expanded to offer multiple services in the broader community and is facilitated by those who have completed

a literacy programme for children with low literacy levels. It felt deeply synchronistic that I was reading about multimodal literacy then (Stein 2003a). I was able to say confidently, "Yes, I can". I had already trained as a community art counsellor at Lefika and understood the organisation's model of practice (Berman, 2011, 2017, 2018). I wanted the literacy programme to incorporate Lefika's psychodynamic group-based approach for training and practice, which includes an adaptation of art therapy's 'open studio', first developed in the United Kingdom in the 1940s (Berman & Nsenga, 2016). Lefika's open studio provides a therapeutic and safe space for children from Johannesburg's inner city.

I incorporated elements of Lefika's open studio, specifically dynamic administration, holding, and containing, with a multimodal pedagogies approach, which included a series of directive art activities to create a story. It was designed to take the children on a journey from, in broad brushstrokes, drawing a character, making a 3D version of the character, improvising a play with the character, writing a story, and making a book to contain the story. [2]

Multimodal pedagogies and storytelling was used for the design of the Uhambo programme, but its implementation is firmly based on psychoanalytic thinking. Multimodal pedagogies is an approach to literacy studies developed by Gunther Kress at the London School of Education (Albers & Sanders, 2010; Archer & Newfield, 2014; Kress, 2000, 2010; Stein & Newfield, 2003; Stein, 2003a, Stein, 2003b, Stein, 2008). It asserts that we learn best when we can explore different modes of communication, and it has become a mainstream methodology (Stein, 2003a). Storytelling is valuable as a pedagogical device for the development of literacy, language, and communication skills (Stein, 2008). It is a powerful way to build a community with children from diverse histories, languages, and backgrounds.

In this article, I present two case studies to show how the Uhambo programme and its psychodynamic frame of holding and containing strengthened the children's capacity for expression and imaginations. This article aims to show what happens at the intersection of art therapy and

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community art counselling training. Lefika offers an after-school programme for children from Johannesburg's inner city.

2   The programme takes the children on a storytelling journey and we called it Uhambo, which means 'journey' in Zulu.

multimodal pedagogies and how this can be relevant and applicable to art therapy in the context of community work in South Africa.

Need for a literacy programme

The Uhambo programme responds to a literacy and mental health crisis in South Africa (Davis & O'Regan, 2021; O'Hagan, 2021; Metelerkamp, 2022a, 2022b) by addressing very low literacy levels among a group of children.[3] According to a study by Deborah Gorman-Smith, David Henry, and Patrick Tolan (2004, p. 140), "Children in inner-city communities experience the same number of stressful events in one year as other children experience over their entire lifetime". Poverty and trauma are not conducive to learning. No child can learn on an empty stomach. No child who is traumatised can learn. Their thinking brains are hijacked by survival triggers because there is no time to think when your life is under threat (Kline, 2020). A traumatised body is always on high alert, vigilant, and ready for fight or flight. Trauma affects brain development and learning, and children who experience high stress levels cannot achieve their academic potential (Plumb, Bush & Kersevich, 2016). Every part of their lives is navigated through dangerous terrain – often, their home lives are unsafe, and their schools are understaffed places of violence and bullying. Traumatised children will manifest behavioural and cognitive difficulties and difficulties with social development (Van der Kolk, 2014). Traumatic events affect the psychological structure and "the systems of attachment and meaning that link individual and community" (Herman, 2015, p. 80).

According to a recent report, "81% of South Africa's Grade 4 learners cannot read for meaning in any of the 11 official languages" (Ndoda, 2023). This is up three per cent from a 2016 study which indicates that 78% of Grade 4 (9 to 10-year-olds) are illiterate in South Africa (BusinessTech, 2017). As stated above, poverty and trauma contribute to these alarmingly low literacy levels, but there is also a lack of resources at schools in poor areas and teachers who are ill equipped to provide engaging learning. It is often the poor areas where children experience the most trauma. Amid this uncertainty are pockets of support provided by NGOs such as Lefika, which provides safe

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3   Uhambo was developed in 2017 to address very low literacy levels among children attending an after-school programme in Johannesburg's inner city. The programme was designed by applying principles of art therapy's open studio and multimodal pedagogies.

and creative spaces for children and "encourages the use of artmaking within groups in order to enable expression, exploration, and understanding of the self, interpersonal relationships, community and society" (Atlas, 2009, p. 531).

My approach with the Uhambo programme was based on the work of Stein (2008), who, applying principles of multimodal pedagogies in a South African context, developed storytelling as a device for the development of literacy, language, and communication skills. Stories give young people an opportunity to develop and engage in sustained speech and to draw on available discourses and genres they already know. Storytelling strengthens the children's capacity to express their voice through their ability to reflect their own worlds back to them (Stein, 2008). The Uhambo programme combines multimodal pedagogy and art therapy practices within a therapeutic framework of a safe and holding environment. In this creative space, the children can actively participate in their own meaning making. In this way, the Uhambo programme speaks to democracy, power, meaning making, agency, originality, multiple modes, diversity, and social justice – principles and values central to Lefika. The programme nourishes emotional development and associated literacies, including writing, reading, and confidence in creating images and reflecting on them, as well as being able to talk about feelings.

Theoretic frame

The article draws on attachment theories in psychodynamic literature, such as John Bowlby's 'secure base', Wilfred Bion's 'containing', and Donald Winnicott's 'holding', 'transitional object' and 'potential space' (Bowlby, 1982; Berman, 2012; Colin, 1984; Winnicott, 2005). Bowlby's (1982) attachment theory refers to how we form relationships starting with the quality of our first relationship with our primary caregiver. The more secure our initial base – attunement, listening, and connection – the better chance we have of a secure attachment and feeling safe enough to explore the world (Music, 2017). Winnicott (2005) coined the term 'good enough' mother who can 'hold' her baby. Winnicott's holding is another way of understanding Bowlby's secure base, and in terms of group theory, it refers to the space provided for the group, including constancy, timekeeping, presence, and safety (Bowlby, 1982). Winnicott (2005) writes that playing takes place in the potential space. That is, when a person is relaxed enough, they will be able to engage in psychic work. Bion's (Barnes, Ernst & Hyde, 2017) containment refers to the primary

caregiver being able to give back the difficult and unmanageable feelings of the baby so that the baby can tolerate the feelings. In a group, containment is about 'thinking with' and reflecting back to the group or group members what might be going on – the difficult and unmanageable feelings – so that they feel heard, recognised and understood (Barnes et al., 2017). Lefika provides the possibility of an external safe space with an art studio and 'good enough' adults who care, and an internal safe space with consistency and commitment.

Along with the psychoanalytic frame, storytelling and its benefits need to be thought about in relation to the Uhambo programme. The programme is based on Stein's Olifantsvlei Fresh Stories project, which took place over three months in 2001 with a group of early literacy teachers of Grade 1 and 2 children from a semi-rural school in Johannesburg (Stein, 2008). The children lived in an informal settlement and came from poor families – many from households headed by single women or children. Stein (2008, p. 100) intended to provide a "relaxed and playful environment for making, which would allow the children to respond to the creative tasks with little or no intervention from the teachers". Her approach to multimodal pedagogy responds to the ruptures in the lives of many South African children. She describes South African children as being "like dispossessed migrants, moving in […] confusion from one archipelago to another (home to school and back again), in a constant search for connections that make sense to them" (Stein, 2003a, p. 64). At Lefika, art therapy is one of the ways to bridge the dissociative gaps that trauma causes (Berman, 2012).

Programme description

Lefika provides an external safe space with an art studio and adults who care and an internal safe space with consistency and commitment. Dynamic administration involves setting up and maintaining the group (Barnes et al., 2017). At Lefika, this means that sessions take place in the same space, at the same time every week, with the same facilitators who follow the same routine. Lefika's open studio provides a containing function, with facilitators and group members providing a parental and sibling function respectively (Barnes et al., 2017). The participating children get a meal before and after each session, which also contributes to the consistency and frame (Berman, 2018). The Uhambo programme followed the standard Lefika open studio format. Each session started with the children sitting in a circle, checking in,

marking off the calendar (how many sessions are left?), and going through the group contract. The children then moved to their art activity. Near the end of the session, they met in a circle again to share their artwork and reflect on the session.

The Uhambo programme was different from Lefika's standard open studio format (above) in key ways: Uhambo included the reading of a story at the beginning of each session, a discussion of the term's theme, and a 'memory moment' to reflect with the children on the previous week's activity. Because Uhambo involved a series of progressive activities that built on each other each week, it was a 'closed' group – after the first two sessions of the term, no new children could join the group. The following is a standard model, but there were variations depending on how many weeks there were in a term:

Session 1:   Who is your character?

Session 2:   Draw your character (2D)

Session 3/4:   Make your character (3D)

Session 5/6:   Create a play using improvisation with the characters

Session 7/8:   Write a story

Session 9:   Create a book for your story.

In the final session, the children bind their own simple books with an illustrated cover and write their final stories into their books with pictures.

Based on positive verbal feedback from the children, the pilot programme in 2017 was deemed generative and successful by staff at Lefika. In anticipation of the rollout in 2018, the programme was tweaked: a theme for each term and different art modalities were introduced. This was to ensure variation and additional stimulation for the group members, who remained largely the same. In 2018, two Uhambo programme groups were established – a younger group (9 to 12 years old) and a teenage group (13 to 16 years old). Each group had approximately eight children (although this number was always in flux), and took place each week during term time. The children attended of their own accord, having heard about it from facilitators at Lefika and/or from their peers. In 2020, there was one group for Term 1, and it ended early due to COVID-19.

Methods

This article draws from a larger master's qualitative research study that used observational reports from the Uhambo programme (2017 to 2020) to develop the case vignettes. Ethical clearance was granted by the University of Johannesburg, based on Lefika's consent procedures and with the condition that no identifying material be included in the study. As part of the group facilitation and supervision requirements of Lefika, I wrote an observational report after each Uhambo programme session. My case vignettes are derived from these reports and photographs from the sessions. Based on most sessions attended, I identified two children for the development of the case vignettes – V from the senior group and M from the junior group.

Case vignettes

The case vignettes discussed below demonstrate how the multimodal pedagogical approach within Lefika's open studio frame can be beneficial to the children. Most, if not all, of the children who attend Lefika's after-school programme experience continuous trauma. Initially, the directive activities supported the development of ego strength in the children, encouraged confidence in their artmaking abilities and allowed them to play and explore their creativity. The repeated sequence of activities also contributed to creating a thread of connection, linking and reminding us of what happened the previous week and what would happen the following week. This created a structure (or scaffolding) and sense of predictability and safety for the children and myself. It had started out as a literacy programme, and yet over the months, it became about so much more. I watched in amazement what happens when a weekly group takes place at the same time for the same duration over months and then a year and then more than a year, with a core group of the same children. The group evolved, I evolved; I grew from anxious and controlling to soft and receptive. Over time, and as the group cohered and matured, the children were able to use the space and structure to explore and play, imagine stories, and write them.

"Can I be a cow boy?"

V is a 13-year-old boy from Zimbabwe. He moved to South Africa approximately five years before joining the Uhambo programme in 2018 and lived with his

aunt. He was not attending school. V initially presented as very withdrawn, introverted, and guarded, with low self-esteem, lacking confidence and deeply insecure. He attended the Uhambo programme for Terms 1 and 2. The theme for Term 1 was 'my hero' and Term 2 was 'autobiography'.

In Term 1, I noticed V often tried to make eye contact with the facilitators. It was very hard to read what he was looking for or trying to say, but it felt like he wanted affirmation that he was doing the right thing. When the group made puppets for their 'make your character' prompt, V did not seem to like his and needed much support to remain engaged. Over time he became more attached to his puppet (see Figure 1) and seemed pleased with the final puppet show, which he created with another group member. His partner wrote the story, and V's contribution was a magic charm that helped them fly and a song. The puppet show by the two boys is an example of how the group process supports the creative process. V was insecure about his writing ability and his friend 'saved' V (by writing the script for the puppet show) so that they could both fly metaphorically.

Figure 1: V with his superhero puppet

In Term 1's 'story writing' session, V was the only group member to arrive. I was disappointed that only one child arrived and wondered if V felt the same way. During check-in he indicated that he was sad that no one else was there. I managed to contain the difficult feelings of disappointment for both myself and V by keeping the session structure the same and giving him my presence, a safe space, encouragement, and affirmation. I was a 'good enough' facilitator (Winnicott, 2005), providing adequate holding and containing, and perhaps that is why he could stay in the space and not flee.

In Term 2, most of the group struggled with clay, but V was at ease with the material and made a cow (see Figure 2). Next, he created an entire scene, including a *kraal* (enclosure for his cow), a person, and a tree. I watched V staring at his creation for the longest time, and then he asked his friend if he could be a 'cow boy'. He wrote tentatively, then scratched out his words, tried again, and eventually wrote, 'I am a cow boy'. He looked again at his creation and then wrote, 'I have 2 cows. I live in a farm' (see Figure 3).
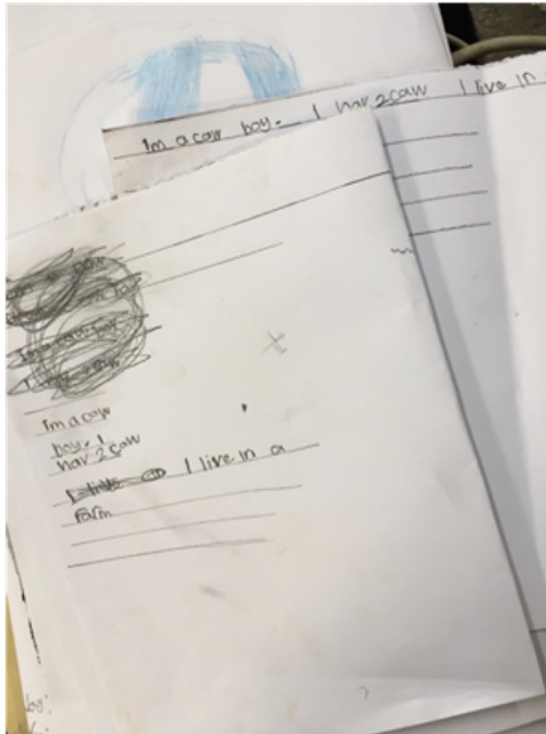

Figure 2: Clay cow

Figure 3: V's story

I noticed that V was able to express himself more. He checked in with how he was feeling, participated in reading the group contract, and was more integrated into the group. Even though V struggled with other aspects of the term's artmaking and expression, he could work with clay, which helped build his self-esteem and confidence to keep trying, especially with his writing. This is a valuable aspect of the multimodal approach. He was able to share this skill and help other group members. The therapeutic principles of group therapy were well illustrated in the story-writing session. When the setting is safe and supportive, group members find the courage to express themselves without fear of failure. In this instance, V could ask his friend for help, and then he could write. At the beginning of the group sessions, he kept himself very separate because he did not trust that he would receive support, but in this session, he asked for help. The group and the boundaries of the session were able to contain him. He continued to take social risks, sharing his feelings

during the opening and closing of sessions. V started his journey by anxiously watching me. As Judith Herman (2015, p. 198) describes it, this attunement of traumatised patients "to unconscious and nonverbal communication" from the therapist is "an attempt to protect [themselves] from the hostile reactions [they] expect". Over time, V stopped looking at me as if the safety of the group and the 'good enough' facilitator had, even if for a while, reduced his hyper-aroused state so that he could self-regulate and relax enough to start playing, even though tentatively.

I watched V transform from insecure and uncertain to a group member who was able to take social risks, and this included using his imagination to be someone different, a 'cow boy', asking for help and trusting the response ("Can I be a cow boy?"). V's writing without needing external prompts or support was a key moment. I managed to stand back, observe, and not interfere, and V could find his words. It was as if, through touching the clay, he was reminded of where he came from, a farm in Zimbabwe, and by recreating this place in the clay, a material that seemed familiar to him, he remembered who he was and that he had a story to tell. He could make connections between his present moment in the studio and with his past through the medium of the creation of the clay cow, and this gave him the confidence to write his first sentence, 'I am a cow boy'. V created a sign that read 'the cow', and it was imbued with identity, meaning, and connection.

"Ask me a real question"

M is a nine-year-old boy from Zimbabwe who had been coming to Lefika for about three years prior to Uhambo. He lived in a room in a flat with his family, the other rooms shared with other families, in the inner city with his family – mother, father, younger brother, and older sister. Facilitators described his behaviour in Lefika's open studio sessions as distracted and disengaged, and he was often difficult to manage. In Uhambo, however, he presented as assertive, confident, engaged, involved, cooperative, and quiet. He joined the Uhambo programme in Term 1 of 2018. M's journey was very different from V's, in that he almost immediately knew how to use the space, the group, and play, which he did with great earnestness. The structure of the sessions created a frame from which M could feel safe enough to play.

In Term 1, M was very enthusiastic and knew exactly what he wanted to do to decorate his puppet. His puppet was his dad. He painted the face white

and made a crown. He worked slowly, patiently, and delicately. He spent time in the fabric box choosing his fabric carefully – finding satin-like textures – fit for a king. Instead of dressing his puppet, he dressed himself with it, draping the fabric around his body. Then, with a needle, thread, and scissors he went about cutting and stitching an outfit for his puppet, including sewing on buttons. He was completely absorbed in this activity and sat quietly on his own, working, stitching, and cutting.

I created a makeshift puppet theatre prior to the children arriving for the 'make a play' session. M undid the theatre and went about creating his own version of a puppet theatre, using fabric, ribbons, and balloons (see Figure 4). He decorated the puppet theatre to his own exacting standards and would not be distracted from this task. He was more interested in creating the actual theatre than he was in creating a puppet show for the theatre.

Figure 4: M's puppet theatre

Lenore Steinhardt (1994) explains that the theatre provides an integrative function that connects the making of the puppets and their stories in a spontaneous performance. While the other children conceived and wrote a script for their puppet show, M was creating a home for the group's puppets. He spontaneously participated in the puppet show and improvised along with the other children without needing a script.

I arrived early and created a ritual space for the final session of Term 1, and M (who was also early) saw me creating a centrepiece and immediately

set about making his own version. M scooped up my creation into his arms and removed it from the circle and packed it away, out of sight. M spent a long time creating the ritual space with great care and ingenuity (see Figure 5). M acted out a *sangoma* (traditional healer) in front of his altar, shaking shells in his hand and chanting incantations. Over the year, M became the guardian and creator of the ritual space. He went about the task at the end of each term, with the other children watching him work, sometimes helping, sometimes not. Upon reflection, it could be argued that he was dismantling the power hierarchy – the traditional hierarchy of teacher-student and therapist-patient – and shaping the container his way during the closing ritual (Lu & Yuen, 2012).

Figure 5: M's closing ritual

In the final session of Term 3, M arrived very early and created a celebratory space with a party table, which he decorated with found objects from the studio, and a canvas painting with a farewell to Term 3 sign on it. These parties continued at the opening and closing of the following term. They carried ambivalent feelings. On the one hand, the children wanted to acknowledge and celebrate the success of the term, but on the other, endings are difficult, and as facilitators, we must be aware of this and hold the pain of something precious coming to an end and the uncertainty of whether it will be repeated the following term. I allowed the parties to happen but also ended the group with a circle and a checkout with how the group members were feeling about the ending. The celebration of a successful group is acceptable as long as the facilitator is also able to create a space where the difficult feelings about endings, loss, and mourning can be faced and discussed, their own included (Barnes et al., 2017).

Part of this final session involved the children playing dress up. M found a box under a table with various princess costumes, and he started playing dress-up.[4] He delighted in his chosen outfit and in making the silver coins on his outfit tinkle. When the rest of the group arrived, I showed them the dresses and asked them if they wanted to dress up. They all dressed up, including one of the male volunteers. I was anxious they would tease M, but then they could not because they were also wearing dresses. Although the box only contained dresses, there was something extraordinary about the boys agreeing to wear princess outfits – after all they could have said no (see Figure 6).

M's dressing up and culminating in the princess outfit reminds me of a child playing dress-up at home. I would argue that Lefika's open studio is like a home. With its safe frame, 'good enough' parents (the group facilitators), and the invitation to explore internal reality, Lefika provided Winnicott's (2005) potential space for the development of agency and the serious business of play. Putting on different outfits and exploring different roles throughout the year, M might have been exploring his identity, asking questions, such as Who am I?, How should I look?, and What is my role? (Knafo, 1996). How do M's different outfits represent his inner world? His dad, a smart man, dressed in a suit; a merman, Poseidon, king of the sea with his trident; an Indian princess dress; and finally, a turbaned prince, Maharaji. Another aspect of the dressing up was the creation of the group boundary. According to Siegmund Foulkes

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4   Lefika received a donation of a box of Disney princess dresses.

and Elwyn Anthony (2003), things that would not happen outside of the group can happen in the group. In this instance, all the boys were wearing princess dresses.

Figure 6: Dressing up

The children made houses for the 'my street' theme in Term 4. In the final session, an actor was invited to join the session and the children created a street with their houses. The actor went from house to house as a TV presenter interviewing the 'homeowners'. M spent time wrapping himself in various pieces of fabric – eventually creating a large turban on his head. He said his name was Maharaji. He sat in a very composed way outside his house while the actor interviewed the children. When the actor got to M, he asked, "So what are you doing?" and M retorted, "What does it look like I'm doing!" The actor then asked, "Tell me about your house?" and M said, "Ask me a real question". The actor made an effort to engage more specifically, and M became more responsive and shared briefly. Lev Vygotsky (Haen & Weil, 2010, p. 44) writes that "In play, a child is always above his average age, above his daily behaviour; in play it is as though he were a head taller than himself". M seemed a head taller than in previous sessions when he responded to the actor. Sigmund Freud (Knafo, 1996, p. 3) wrote that "every child at play behaves like a creative writer, in that he creates a world of his own, or, rather, rearranges the things of his world in a new way which pleases him". This is what M did throughout the Uhambo programme, from rearranging the puppet theatre and creating his own ritual centrepiece to dressing up and finally arranging the end-of-term celebration and decorating the table. Winnicott (2005, p. 73) writes that "It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self". Through playing, M seemed to discover, recover, and explore all the parts of himself until, at the end, he could dress as he wanted to, in a princess dress.

As demonstrated in the case vignettes, the multimodal pedagogic model with its series of activities provided the foundation upon which the group could develop tentatively at first, and then with more confidence as together we learnt to trust the group. The activities were a kind of scaffolding for me and for the children. Importantly, the activities were not discrete; rather, they created a sequence of steps, each connected to the previous activity, supporting the formation of the group and a continuity of being. The activities were also steps building towards a story. Whether that story was written or not, the sense of the therapeutic value of storytelling was always present in the group through the artmaking, the dressing up, the group rituals, the reading, and the bookbinding.

According to Stein (2008) and Waters (2010), multimodal pedagogies and therapeutic storytelling, respectively, have been indicated to improve literacy in children who are struggling to read and write by opening up possibilities for children to access their creative potential and agency. Herman (2015, p. 55) notes that "Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning". The case studies also demonstrate that when children become active participants in their own meaning making, they develop confidence, a profound sense of the possibility of their own agency, and a source of creativity that is their own.

Conclusion

I contend that young people cannot adequately learn to read and write, and deal with many modes of education, unless they have a sense of themselves as beings in the world with at least a suggestion of agency rather than being mere victims of a social crisis. In the context of scarce resources, I present this model as relevant to the development of art therapy practice in South Africa, which needs to be adaptive to meet the needs of so many children in crisis. It is a group-based, short-term, trauma-informed model that supports emotional well-being and literacy. I believe the contribution of Uhambo – as presented by the case vignettes – is of creating conditions in which reading and writing are more conducive through the provision of a safe holding environment. Further research is indicated to measure the impact of this approach on literacy levels.

Initially, I implemented the Uhambo programme instinctively and experimentally. At the time of writing this article, I am fortunate to have the opportunity to formalise the programme in a school setting. I am facilitating a series of Uhambo programme groups at my clinical placement site, a primary school serving a predominantly immigrant community. I will be working closely with teachers, and the school's expectation for the programme is that it will simultaneously strengthen literacy and mental health.

Acknowledgements

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Re-storying pregnancy loss

Threading narrative, artmaking and textile-weaving into an embodied grief work ritual

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Abstract

In Western societies, certain traumatic losses are met with a lack of grieving rituals or grief work templates to acknowledge, process, or integrate these losses. This can lead to disenfranchised grief. This article is based on a visual auto-ethnographic study of pregnancy loss in South Africa. It explores the creation of a secular, ritualised form of grief work in line with non-linear models of grief that emphasise connecting bonds. In this article, I explore how a combination of narrative, artmaking and textile-weaving can be employed in traumatic loss and disenfranchised grief as a form of ritualised embodied grief work. I show how creating a personalised, secular ritual can help restore bonds of connectivity according to Dennis Klass's oscillation model of grief. This form of narrative weaving is posited as an alternative way of giving voice to that which is unbearably hard to voice and 're-storying' the narrative for meaning-making. This article proposes, therefore, that the threading through of these complementary techniques is an effective model of embodied grief work to acknowledge trauma and loss and combat disenfranchised grief.

Keywords: Art therapy, auto-ethnography, grief work, narrative, pregnancy loss, ritual, triptych, weaving

Introduction

This article is based on a self-study deploying an arts-based auto-ethnographic narrative. Arts-based methodologies use the processes and products of artmaking to interrogate, inform and challenge linear, text-based research (Smith-Shank & Keifer-Boyd, 2007, p. 5). An auto-ethnographic study enabled

me to place my lived experience at the focal point, to identify the social, cultural, and historical relationships in which I am embedded. Art objects and narratives, as the tools of this auto-ethnography, enabled an embodied exploration of the lived experience of pregnancy loss[1] in a Western, neo-liberal context in South Africa. This type of methodology allowed for reflection on the sociocultural and power dynamics around femininity and the experience of pregnancy loss within this context.

Pregnancy loss is an extreme experience in that it intersects temporal, social, and existential realms, and can entail much ambiguity and liminality.[2] The physical aftermath of pregnancy loss or lack thereof can be equally disorientating, incurring psychosomatic symptoms such as intrusive recall and psychological emptiness mirroring the emptiness of the womb (Wojnar, Swanson & Adolfsson, 2011, p. 553). Framing pregnancy loss as a traumatic event,[3] lacking appropriate social channels to articulate grief, I explored avenues to combat resultant disenfranchised grief[4] and created an embodied grief work ritual. Art and ritual[5] can greatly aid the processing of pregnancy losses in Western societies (Seftel, 2001, p. 96). There is a culture of silence around pregnancy loss in Western contexts, which may perpetuate the negative and pervasive effects on women. Pregnancy loss is regarded as a "non-event", with a lack of condolence messages or more public, complex rituals such as funerals (Frost & Condon, 1996, p. 58). This can leave women isolated, without legitimising their pain and grief (Frost & Condon, 1996, p. 58). Dominant patriarchal narratives and the adoption of the biomedical model[6] have compounded the negative effects of these types of losses (Layne,

1   The term 'pregnancy loss', for the purposes of this article, is defined as the intrauterine death of an embryo or foetus before 20 weeks' gestation with resulting losses of self, identity (as a mother) and imagined futures (Kurz, 2020, p.195).

2   A liminal event is such that something "is and is not", and women experiencing a pregnancy loss can be left stuck in a transitional phase between "becoming" and "not-becoming" (Reiheld, 2015, p. 15)

3   The DSM-V criteria for a traumatic event is one that "involves actual or threatened traumatic events, death or serious injury or a threat to the physical integrity of self or others" (American Psychiatric Association, 2013, p. 812).

4   Disenfranchised grief could arise when traumatic grief is not expressed due to a lack of appropriate social channels through which to articulate the loss (Lang et al, 2011, p. 187).

5   Ritual, for the purposes of this paper, is defined in a contemporary sense, as a way of addressing a transitional period and marking it with concrete symbolism (Brin, 2008, p. 125).

6   The biomedical approach is the dominant model of illness in Western societies, defining health as the absence of medical illness and negating emotional, psychological, social, and practical implications (Frost et al., 2007: 1005).

2002, p. 30; Scuro, 2017, p. 15). Consequently, narratives of how to support a particular woman and the personal experience of pregnancy loss, situated within a Westernised cultural context, are glaringly absent (Lindemann, 2015, p. 81).

In the interests of space, I will not be able to discuss at length how and why this silencing and silence occurs, but I will rather focus on the journey of grief and loss through the silencing. Artmaking and using various art mediums can be beneficial in this context as it can enable a symbolic release. Art can also depict symbols and images of experiences unique to women. As such, art can challenge the silence and invisibility around pregnancy loss (Seftel, 2001, p. 97). The power of ritual is manifest in that it enables an acknowledgement of loss and trauma, incorporates support networks, and instils the comfort of tradition (Brin, 2008, p. 124). Rituals also mark the liminality of this transitional space and engaging with it promotes emotional healing and resolution (Brin, 2008, p. 124).

A dearth of literature on pregnancy loss in South Africa mirrors the lack of supportive narratives and ways to acknowledge and process the incumbent grief. This article aims to bridge this gap by delving into my own personal experience of pregnancy loss and tracing out an art-based therapeutic frame for grief work. I discuss my use of a combination of artmaking, written narratives, and textile-weaving to inform and embody this process.

By adopting an arts-based approach, a multi-layered, multimodal narrative for acknowledging and processing my loss emerged. This permitted numerous channels of voice to be present simultaneously, prompting the articulation of things left unsaid. I explored three multi-layered narratives of pregnancy loss. The first is the story within my artmaking process, the second is the written dialogue, and the third is that of the woven narrative and its products.

I propose that the narrative triangulation in this self-study effectively illuminated new perspectives, insights, and notions of transformation, connection, and integration. This method fostered the creation of an appropriate, individual ritual for processing pregnancy loss.

Theoretical frame

This study is positioned within a feminist paradigm to situate pregnancy loss in relation to models of grief. By adopting a feminist lens, I have been able to give voice to sociocultural factors compounding pregnancy loss in Western

contexts. Through the combination of narrative, artmaking, and textile-weaving methods, all of which have feminist precedents and underpinnings, I have been able to embody my losses and create a personal ritual to integrate fragmentary aspects of self. This has enabled a re-storying of a connected, feminine self.

Literature review

Embodied grief work ritual

Embarking upon a retrospective self-study of my lived experience of pregnancy loss meant choosing art materials, processes, and products that would enable an embodied and somatic exploration. The transition from art-making into textile-weaving seemed to lend itself to the reveal of the emotional, psychological and psychosocial impacts of my past experience. It was, however, the addition of written narrative that illuminated the intricacies threaded through this experience, leading to rich insights. As such, the literature included in this section is geared towards merging three modalities to outline their value in informing an embodied griefwork ritual.

Multiple narratives around this lived experience act as the building blocks of a bridge to access grief and loss. The merging of narrative inquiry and arts-based research in this study allowed for multimodal literacies to emerge. The stories reflected meanings in the making and the made whilst eliciting voice through symbolism and metaphor. Semiotic and non-textual artistic constructs can represent myriad communication and meaning-making avenues (Binder & Kotsopoulos, 2011, p. 340). These alternative ways of finding voice are useful in addressing disenfranchised grief that may arise from these types of losses.

The process of artmaking is a therapeutic way of meaning-making, as well as providing a concrete platform for these meanings to be negotiated, developing internal structures for growth (Meyerowitz-Katz, 2003, p. 60). The image (whether two-or three-dimensional) forms an art object for reflection and contains both visible and latent narratives (Mannay, 2016, p. 28). In the instance of this study, the act of visually bringing my insides outside led to a new perspective of my own body.

The writing of my story, in my voice, allowed me to be accompanied in my vulnerability whilst reconstituting identities around the self. Narratives are essentially discourses through which individuals and communities are

able to effect choice, construct identities, and motivate action (Ganz, 2008, p. 1). The written narrative in this study revolves around finding voice and transformation.

These two themes were paralleled in the processes and products of my textile-weaving. Weaving can be used as an art-based approach to trauma and loss, as a ritual to enable meaning-making, to engage a narrative, and to act as a tool for integration. The quality of textiles to be imbued with narrative or become "story cloths"[7] means they have therapeutic value in the externalisation of trauma (Garlock, 2016, p. 61). The trauma narrative can be expressed visually, opening new pathways for the verbal articulation of the story. Textile-weaving enables a slow unfolding of events, adding sequence to the events (Garlock, 2016, p. 61). It can provide structure to chaotic, oscillating emotions, and enable the construction of a symbolic sense of closure (Reynolds, 1999, p. 167). Artist Allie Alden, who made a grieving bag in response to her own pregnancy loss, confirms that the slow, meditative movement of the needle aided in the processing, healing, and integration of her trauma (Alden, 2000, p. 3).

Michael White and David Epston (1990, p. 13) suggest that working through trauma involves vital steps, such as telling the story, meaning-making, and finally, re-authoring the narrative. This final step entails what Daniel Siegel (2017, p. 185) refers to as "integration". This is a healing step, taking time and the ability to reflect meaningfully, and is, in essence, a re-working of the self to form a coherent representation in the mind. As a means of grief work, this triangulated approach follows these steps and parallels Dennis Klass's oscillation model of grief[8] in process and product.

Therapeutic value in art mediums, processes and products

Within the art therapy context, the materials and mediums are the elements that evoke meaning-making. They act as the intermediaries between internal thoughts, emotions and feelings and the externalisation of these as a tangible, sensory form of communication (Moon, 2008, p. xv). From a psychodynamic

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7   A "story cloth" communicates scenes and narratives in embroidery or appliqué. This is an empowering way of "giving voice" through textiles and means that stories can be reinvented and new messages elicited (Mannay, 2016, p. 49).

8   Oscillation models of grief emphasise a non-linearity to the grieving process and the facilitation of an on-going connection with the deceased rather than a final step of "letting go" (Mallon, 2008, p. 13).

perspective, art mediums, processes, and products have the ability to access the unconscious and aid in the release of repressed material (Reynolds, 1999, p. 167).

The process of textile-weaving can transform the fragmentary effects of loss into an integrated self-identity by offering containment[9] and a "good enough" holding.[10] The woven product takes the form of a transitional object.[11] In this case, the woven triptych takes the form of a transitional object leading to the integration of self.

My method for journeying through loss

This was an arts-based, auto-ethnographic study. This methodology reflected the sociocultural and power dynamics around femininity and the experience of pregnancy loss within a Western context. Visual auto-ethnography incorporates art objects and processes of making to artistically represent and expound on the background to the narrative (Eldridge, 2012, p. 72). I explicate my method for journeying through loss as an example of a personal ritual using a triangulation of narrative. This type of grief work will always take the form of a personal, individualised ritual tailored around a specific experience of loss and grief within a certain context. This is vital for an embodied re-storying of the narrative and meaning-making.

At the start of my training as an art therapist, unconscious imagery around pregnancy loss was being made manifest in my artwork and artmaking (see Figure 1). I chose to explore this further in my research to understand this more fully. I revisited these artworks made in 2021, one of which was a warrior doll I wove at the end of that year, who seemed to be a symbol of voice (see Figure 3). The two-dimensional artworks were predominantly painted with much water and a tumultuous character. In early 2022, the loss of a child in my community prompted a further exploration of my own losses, specifically pregnancy losses.

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9   Wilfred Bion defines the container as a mental operation, enabling psychic objects to be held in mind through processes of disintegration and reintegration (Cartwright, 2010, p. 24).

10 Donald Winnicott's idea of holding, linked to the "good enough" mother. This refers initially to the mother's secure physical holding of the baby in its fragmentary or disintegrated state. This sense of holding enables the development of an integrated self and less dependence on the mother (Winnicott, 1988, p. 117).

11 Transitional objects are external objects that are able to stand in for a relationship with a "good enough" other and lead to the development of self (Winnicott, 1988, p. 107).

I then embarked intentionally on art-making around the topic of pregnancy and loss. I began by creating a small, two-dimensional piece that depicted a blooming eggplant. This came to represent pregnancy. I used watercolour pencils, containing the amount of water added and deepening the shading on the eggplant, which made me, in essence, able to exert control over the process of ripening or pregnancy. This brief engagement led to a deeper immersion into loss. Again, a small image of a baby in utero emerged in watercolour blues and greys, surrounded by shades of red and brown (see Figure 4). This raw entry into grief led to a more embodied exploration, using materials such as clay, wax, and charcoal to unearth my repressed feelings around my two losses. These sensorial materials were able to gently evoke the visceral and layered nature of pregnancy loss, whilst providing containment. This led to a need for a full embodiment of grief, a reaching in to repair my insides.

I embarked upon weaving, starting with a baby in the womb (see Figure 5), then a placenta, followed by a cross-section of a womb (see Figure 6) and finally, a paper nautilus shell[12]. The time spent on artmaking and the size of the art product increased throughout the process. Through weaving textiles as "story cloths", I was able to foster a slow, intensive engagement with my grief. The stabbing and flowing movements of the needle felt like a movement through entrapped feelings of anger, sadness, bodily betrayal, loneliness, and shame, as well as towards acceptance and connection. Temporality seemed to be suspended. The intricate focus and detailing of the woven pieces meant that I would sit, immersed in the process of weaving for hours at a time, unaware of this passing of seconds, minutes, hours, then weeks and months. The placenta took a month to be birthed, whilst the womb took two months to develop from conception. The quiet, private nature of this griefwork was evident in that I worked at home, isolated in one room, closing the door on the product when I was not working with it, and not permitting 'other eyes' to gaze on it.

I formed three separate panels with these woven pieces that I would integrate to form a secular triptych (see Figure 7). Concurrently, I captured reflective notes and associations in a reflective journal, accompanied by sketches at the time of this artmaking. In parallel to the artmaking, I wrote

12   An argonaut or paper nautilus is a type of pelagic octopus, the female of which, makes and repairs her own buoyant egg casing or "shell", a vessel in which to carry her eggs (Young, 2018).

a narrative[13] in the form of a dialogue with my woven warrior doll. Sally Denshire (2014, p. 836) speaks to written narratives comprising fictional characters in monologue or dialogue as eliciting an emotional, integrative, sensory experience. The incorporation of journaling to accompany the artmaking was integral to my process. Three narrative voices emerged from these reflections. This multi-voicedness allowed metaphors and symbolism to evolve around the images that constituted the data (McIntosh, 2010, p. 157). Multi-voicedness also permitted dialogues between these metaphors and symbols. This combination, in turn, enabled a more reflexive and systemic analysis of the data, eliciting a deeper interpretation and allowing richer meanings to emerge (McIntosh, 2010, p. 157). Raymond Gibbs (1994, p. 20) speaks to metaphor being inherently linked to our reasoning and imagination and how we conceptualise our experiences.

After the intensiveness of these cycles of creating and meaning-making came the need for a rest from "doing". There was a complete disengagement from reviewing literature, artmaking, narrative writing, and reflective note-taking. I needed to distance myself from all aspects of the study and engage in deep introspection. Shortly after this period, I reflected on what was primarily emerging from the data: formatted areas of interest labelled as pre-themes or 'fuzzy' themes.

The presence of multiple voices and multimodal narratives in this study led to an analysis of the structure and sequence and the 'telling' of the story. This was to enhance the reflexivity of the study and to identify latent and metanarratives. I used Catherine Kohler Reissman's (2008, p. 121) thematic narrative analysis to focus on the content of the narrative or that which is "told".

This was an attempt to elucidate the multi-layered threads that form the narrative identity of the narrator and their temporal and spatial relationalities. I also used elements of Reissman's (2008, p. 172) structural narrative analysis to elucidate aspects of the narrative form or 'telling' of the story. Using these two approaches, I was able to identify symbolic representations and themes across narratives (see Table 1), as well as illuminate contextual factors and relationships implicit in the 'telling' and the 'told'.

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13   Valuable to read the written narrative, for insight into the multiple parallel narrative layers of the triangulation approach. Available: https://docs.google.com/document/d/1Y0fXZ2tr03r2tyk-q-y50O53iVU5bOOZ/edit?usp=sharing&ouid=107021080200456695168&rtpof=true&sd=true

Figure 1: Joanna van Zyl. Tides. 2021. Watercolour on paper (21cm x 30cm). Westville: Artist*'s collection*

Thirteen emergent themes from three multi-layered narratives were then condensed into three main themes: connection, containment, and good enough self. I also identified hidden or latent narratives of shame and resistance and metanarratives of internalised oppression and memorialisation. I would say that these themes organically emerged when creating and undertaking this ritualised grief work process.

I arranged the three triptych panels in sequence as the baby in the womb, the womb, and the paper nautilus shell, ensuring a connection between the three panels. There was then a period of memorialisation. Following this step, I transformed my reflective notes into another narrative.
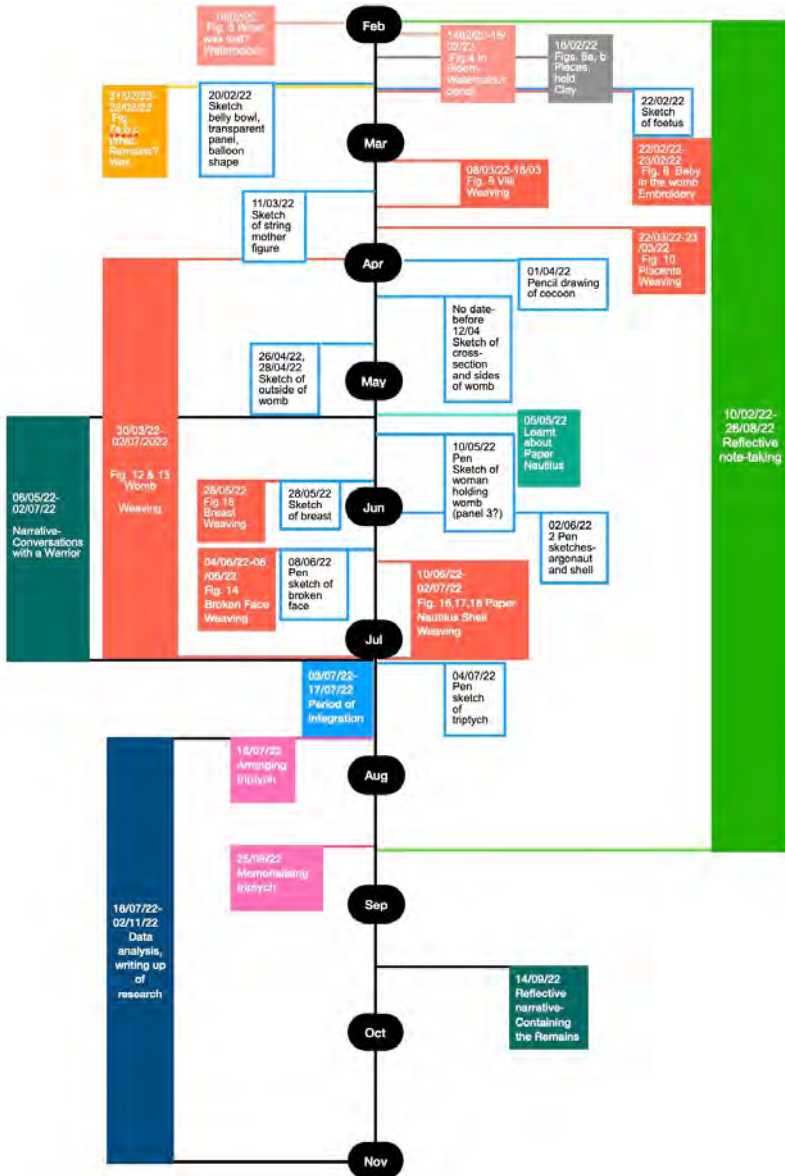
Figure 2: Timeline of making

Key			Weaving/embroidery
	Sketch		Information-Paper Nautilus
	Watercolour/watercolour pencil		Narrative
	Clay		Period of Integration
	Wax		Triptych memorialisation
	Reflective note-making		Writing up of research

Results and discussion

In this article, I argue that the triangulation of artmaking, narrative, and textile-weaving is effective in creating an embodied, personalised grief work ritual. In this section, I discuss findings in terms of structure and symbolism, as well as emerging themes and metanarratives. I also explore the mechanisms by which weaving can be therapeutic. By explicating these findings, I am able to evaluate whether my aims for the study were realised. I hope to illuminate the value of this triangulation as an appropriate method to acknowledge and process grief and trauma relating to pregnancy loss within a Western context.

Findings in the stories

A shift is common to the structure of all three narratives: from a prompt to the exploration of loss through visibly oscillating cycles of grief to a point of repair, containment, and integration. In the written narrative, the use of language and the presence of the narrative voice further illuminated this shift and enabled an embodiment of emotion. Symbolism in the three narratives spoke to the transformation of self, vessels, and the ocean as resemblant oscillating processes of grief and grief work. The ocean is ever-moving, shifting between calm and turbulence, resembling Dennis Klass's oscillation model of grief. The cycling movement in and out of grief, of remembering and forgetting, returning to thoughts of the past, and shifting to present moments are encompassed within this model (Mallon, 2008, p. 10). The findings in the stories also parallel mechanisms of change[14] across three domains specific

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14   Sequence of processes, backed by theory, explaining how or why therapeutic change arises (de Witte et al., 2021, p. 4)

to creative arts therapies: embodiment, concretisation[15] and symbolism, and metaphors (de Witte *et al.*, 2021, p. 17).

Table 1: Excerpts from thematic narrative analysis

Quotes from written narrative	Themes
"*The story begins with the creation of the warrior doll.*"	Beginnings and endings
"*As she spoke of conquering, I heard in the pauses that there were losses too…I too, was reminded of the losses that led me here.*"	Journey/passage
"*I turned in awe to the warrior but was greeted instead by trails of threads, a dismantled carapace.*"	Transformation
"*Slippery odds and ends…I added them to the container I had brought along for such things… they were mementoes…and at the end would, together, form a sum-of-all-parts.*"	Connection versus disconnection Containment
"*I drifted to shore, understanding that I would be back here again, many times, accompanying the warrior and becoming the argonaut.*"	Good enough self

Emergence of themes

Narratives of connection

The theme of connection was especially apparent within the woven narrative. The sensorial qualities of the textile, the process of weaving, and the woven product all lent themselves to the notion of re-connecting. This is helpful in the processing of grief.

The ritual of weaving and the process of cutting, joining, and knotting threads speak to a mindful embodiment of this connection. The woven

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15   Concretisation refers to the conversion of abstract content into something tangible, enabling it to be physically perceived, experienced, and interacted with, thereby creating new perspectives (de Witte et al., 2021, p. 17).

triptych invites connection, as it acts as a transitional object. The art object is an inanimate cultural object reflecting both internal psychic processing and environmental influences in its construction (Modell, 1970, p. 243).

There is an illusory sense of connectedness between the art object created and the real object that the symbol represents. This sense of connectedness seems to deny its separation from the artist, even though it is an object in the environment, outside the self (Modell, 1970, p. 244). The transitional object, therefore, creates a space that mitigates the experience of separation anxiety, as it represents connectedness when separated from a loved other (Modell, 1970, p. 248).

Narratives of containment

For art therapy purposes, the art object is an external container, a holder for intolerable or unbearable feelings, whilst they are being processed or reflected upon, leading to the feeling of containment (Dalley, 2000, p. 84).

The making of the womb and strengthening of this structure spoke to a container for the visceral and emotional trauma of pregnancy loss. The 'shell' represented the 'lid' of this container, allowing the art object to become a 'safe space' for these indigestible feelings to be held whilst they were in process. The large size of the shell mirrors the magnitude of the trauma it seeks to contain. In the written narrative, the warrior became the container, able to hold the uncomfortable wounds of loss and the defences built around these wounds. She was able to facilitate a process of transformation.

Narratives of the good enough self

According to Winnicottian theory (1988, p. 117), forming a good enough self would entail those aspects of process and product that render a good enough holding for the reintegration of self. In the written narrative, the argonaut represented a good enough mother, and the shell a good enough holding. The making of the placenta, with its gestational discourse and placing it in the womb, suggested the idea of a good enough mother and a good enough holding. All three panels of the woven triptych spoke to this holding, enabling the reintegration of a feminine self.

Metanarratives

Narratives of memorialisation

Textiles have the ability to act as memorial reminders, the holders of memories of traumatic social events. They do not passively represent these memories but engage in a shifting dialogue between presence and perception (Odabasi, 2022, p. 10).

Figure 3: Joanna van Zyl. Warrior Doll. 2021. Weaving and embroidery
(30cm x 50cm). Westville: Artist's collection

This dual exchange means textiles can both convey memories and personal stories, as well as alter their representation. The ability of textiles to hold strong emotions of anger, sorrow, and joy through many layers and textures also enables them to embody experiences and act as objects of remembrance (Odabasi, 2022, p. 12). A collaboration between mind, hand and heart enables past events to be mended or repaired, rehabilitating the trauma through a process of healing and revealing (Odabasi, 2022, p. 12).

Figure 4: Joanna van Zyl. When you left. 2022. Watercolour on watercolour paper (15cm x 21cm). Westville: Artist*'s collection*

The completion of the woven triptych entailed stages of reframing and preservation. This took place when I transferred the triptych into the physicality of my home, a more public space.

I then transferred the triptych virtually into the public sphere through the dissemination of my dissertation and this article. This transition feels juxtapositional, balancing between healing and revealing. This public sharing or display of the triptych as a holder of memory is a significant part of my grief work process.

The taking of photographs further reframes the triptych as an object of memorialisation. Plastic yarn and the addition of dried rose petals speak to

acts of preservation, which enable this object to 'preserve' memories. The life of the object will continually evolve as a permanent physical space is allocated, and it assumes its virtual space online.
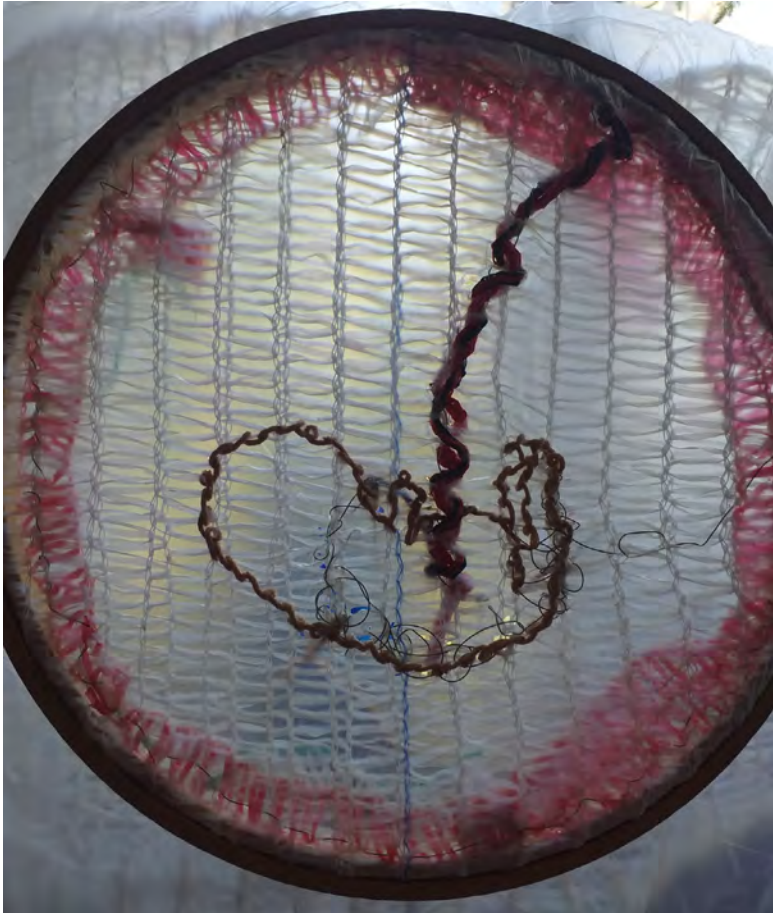

Figure 5: Joanna van Zyl. Baby in the womb. 2022. Embroidery on plastic (18cm diameter). Westville: Artist's collection

Weaving as a therapeutic process

Frances Reynolds (1999, p. 169) applies a cognitive-behavioural lens to creating a personalised ritual for processing grief. Reynolds (1999, p. 169) suggests

that the weaving of a trauma narrative can act as a type of "exposure therapy" and a gentler way of "staying with" and desensitising traumatic material.

Figure 6: Joanna van Zyl. Making of the cross-section of the womb. 2022. Weaving with plastic and yarn (30cm x 24cm x 6cm). Westville: Artist's collection

Artists who create woven pieces, such as Willemien de Villiers, speak to the slow repetitiveness of the work, likening it to meditation and acknowledging this as a healing aspect (de Villiers, 2016, n.p.). This slow pace parallels the time taken to think, reflect, and remember, essentially to mourn and grieve. The creative skills used in weaving foster and integrate forgotten or unacknowledged positive facets of self. The woven product and its frame enable a memorialisation of an ending and the forging of a symbolic connection through their permanence (Reynolds, 1999, p. 170).

Figure 7: Joanna van Zyl. Triptych front view 2022. Weaving and embroidery with plastic and yarn (40cm diameter). Westville: Artist's collection

Recommendations

Creative arts processes allow for an active engagement with loss and trauma, enabling a move from the distance of words alone to an "embodied" processing of sensations, feelings, and emotions (Seftel, 2006, p. 11). This evokes a journey of transformation from the depths of loss to a restored sense of well-being and vitality (Seftel, 2006, p. 19). These types of rituals offer a gentle way to attend to the full range of emotions around a loss and an avenue for working through these emotions, which may have been inhibited or avoided (Reynolds, 1999, p. 166). Experiential arts-based processes enable access to buried emotions and can uncover inherent negative assumptions about the self. The visible and permanent nature of the art product created can challenge these assumptions and promote a healthier re-storying of the self (Reynolds, 1999, p. 167). Art-based rituals can provide structure around

the complex, chaotic nature of grief and make for "good enough" endings, enabling a sense of closure (Reynolds, 1999, p. 167).

From an art therapy perspective, these reflexive findings could promote a valuable form of grief work applicable to a larger context in processing pregnancy loss and disenfranchised grief. In my own process, using various art mediums and materials allowed for the embodiment of intense feelings and emotions, such as grief, anger, and despair, which had previously been repressed. The sensorial nature of certain materials enabled me to access the visceral nature of my loss whilst providing qualities of containment and holding. This allowed for a slow 'mending' or grief work to occur. The story, in and of itself, is accessible as a support mechanism for others. Emanating from this narrative is the notion that to be able to create in this way is therapeutic and can be transformational for the self. To be able to birth these art objects, these vessels of meaning, links creativity to creativity. Artist Frida Kahlo found the process to be helpful in processing her own experience of pregnancy loss (Herrera, 1991, p. 75).

Conclusion

This study has allowed me to accompany my grief, moving in and out of remembering and forgetting, on a journey of past and present. I felt a shift from an absolute avoidance of feelings associated with my losses (a minimising or distancing) to an embodied experience of intense sadness and shame and then to an acceptance and sense of deep repair. This grief work resembles the actual, oscillating nature of the grieving process (Mallon, 2008, p. 10). Through this process, I have been able to create a personal ritual, forging new connecting and symbolic bonds. The triptych sits in close proximity to me, in a significant yet private place in my study, where I am able to reflect on it as I work. I find myself adding precious stones, such as rose quartz and dried rose petals, an act of preservation, accentuating its memorialising function. Through the combination of narrative, artmaking, and textile-weaving, I have been able to embody my losses and create a personal ritual to integrate fragmentary aspects of self. This has enabled a re-storying of a connected, feminine self. My forays into auto-ethnography and multimodal explorations of this topic meant, at times, that I had to forge a bridge between a distancing and a full embracing of this vulnerable, emotive material. Narrative provided this bridge, enabling a creative response that further propelled visual,

sensorial, and embodied meaning-making around these losses. Through the explication of narrative themes, I am able to show how elements of both process and product are influential in narrative weaving and can apply to wider circles as a therapeutic model for grief work.

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