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Editorial

Kim Berman 

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Nsamu Moonga, a music therapist whose doctoral research employs Indigenous research methodologies centring experiences, provides a critique of the University of Johannesburg Art Therapy Conference held in July 2023, focusing on the intersection of race, coloniality, and professionalisation within arts therapies. His reflections advocate for urgent structural reform and cultural sensitivity, promoting Indigenisation practices to dismantle exclusionary frameworks in the profession. Moonga's paper carefully positions the challenges of the sector and critically highlights the systemic barriers faced by minoritised practitioners and communities whose valuable contributions and needs remain marginalised in professional discourse.

Moonga's call provides a frame for arts therapy practitioners:

Moving forward, it is essential to dismantle these hierarchies and create spaces where both professional and non-professional artists and therapists can contribute equitably. These reflections serve as a call to action for art therapists to engage with community artists equitably in tackling these systemic barriers and actively work toward an Indigenisation and socially just practice.

This third issue of SAJAT takes some initial steps towards presenting emerging voices that start to engage this call and towards expanding contributions from drama and music therapies.

Masehlele Mashitisho, a current Master of Art Therapy student at the University of Johannesburg, shares her journey of setting out to investigate how art therapy enhances the private collective self-esteem of black South African students. She describes this quest as a response to her alienation as a student, questioning her race, value, and place within South African higher education institutions. She further found alienation and resistance to art therapy among the black students she approached. Her article presents her findings that using photographs and culturally appropriate or Indigenous materials can help clients struggling with resistance to artmaking. Mashitisho

asks the important question, “How do we become more inclusive in an overwhelmingly diverse and complex society such as our country?”

Nomfundo Ncanana, a recently qualified drama therapist, presents an aspect of her Master of Art Therapy study on how play awakens the inner child in black Indigenous African adults. She shares some outcomes of her workshops that utilise methods such as neuro-dramatic play and guided play as therapeutic tools to reconnect people with their past, promote healing, and enhance personal growth. Ncanana’s contribution emphasises play as a vital process for self-discovery and emotional well-being, which can be directed to support the mental health of black South African adults.

The article contribution by an interdisciplinary team of art and drama therapists working at Lefika La Phodiso, Sheri Errington, Kate Shand, and Rozanne Myburgh explores and expands the aspect of Lefika’s open studio approach, which Hayley Berman originally initiated. Through the participation of children as co-researchers in the project, the authors provide insight into how Lefika’s open studio may contribute to creating a child-friendly city for children residing in inner-city Johannesburg by providing a safe space for children to express their lived realities on their own terms.

Elize-Helé Kieser, a Master of Art Therapy student based at Lefika La Phodiso, explores three case study vignettes that showcase moments where six community arts counsellors reflect on their creative process and express meaning through personal and familial narratives and images. Kieser’s contribution lies in revealing self-compassion as a central component in developing self-awareness and empathy through narrative group art therapy.

Gillian Brollo writes about her findings drawn from her Masters in Drama Therapy-inspired workshops for grief work with women who are distressed after an abortion. Brollo describes a range of embodied creative activities that help women come to terms with their distress and imagine a future where abortion was in the past.

Kathryn Ann Magee presents her Masters in Drama Therapy literature review of existing theories and practices that explore drama therapy techniques such as dramatic ritual, role method, narradrama, and developmental transformations to address intimacy disruptions resulting from childhood trauma and how the intimacy disruptions manifest in adult relationships. Magee’s research makes a valuable contribution to trauma-informed care.

Vanessa Tsao, a current Master of Art Therapy student at the University of Johannesburg, expands art therapy materials to include baking as part of her research project. Her participants consist of unaccompanied art therapy trainees who bake and ice cakes in their respective locations. She maintains that baking offers art therapy trainees a novel and challenging experience, differing from their usual engagement with art materials. Tsao concludes that baking can provide a comprehensive sensory experience that facilitates emotional regulation, mindfulness, and self-efficacy.

Claire Woollatt draws from her Master of Art Therapy research study that explores attachment using a clay-based art therapy collaboration in a family affected by a rare disease diagnosis. She traces the journey of making a clay plate as a metaphor for the therapeutic representation of the family and their experience of accepting the concepts of brokenness and resilience. The art therapy processes explore the stages of the clay, from its initial malleability, its brittleness in the unfired form, its tentative strength as a bisque piece, to its stronger glazed form. The broken plate's repair using *kintsugi* led to her conclusion that an awareness of the family's strength and resilience was symbolised through the object's creation and repair.

Kate Shand, qualified art therapist, presents her own story of bereavement and loss and how her doll-making was soothing, comforting, and encouraging, as well as, at times, confrontational, reflective, and disruptive. Her reflections on her own doll-making practice provide a moving account which she convincingly extends to an understanding and practice of how art therapists can use doll making to support bereaved clients.

The final contribution is a book review by Sinethemba Makanya of *Empathy Pathways: A View from Music Therapy* by Andeline dos Santos (2022). The book is a comprehensive examination of empathy through the lens of music therapy that challenges conventional notions by emphasising relational empathy, cultural humility, and pluriversality. Makanya offers a reflective review pointing out the book's contributions and possible missed opportunities for deeper engagement with decolonial perspectives. One solution she identifies in this regard is for the author to decolonise her citational practice. She commends *Empathy Pathways* (2022) for offering fertile ground for developing new frameworks of empathy and relationality and providing a critical lens through which to explore its role in societal healing. She notes the contribution of a deeply embedded understanding of empathy in relational, cultural, and social

contexts, calling for a continued commitment to self-reflection, inclusivity, and intercultural sensitivity. By way of a conclusion, Makanya echoes the challenge posed by Moonga in his provocation. She cautions that students must remember that acknowledging one's positionality should not be the conclusion but the starting point for continued self-examination, systemic action, and deeper intercultural dialogue.

We welcome and look forward to Dr Makanya's leadership in this regard in her recent appointment as a senior lecturer in the Art Therapy programme at the University of Johannesburg.

Acknowledgements

My sincere appreciation to art therapist Kate Shand, a recent alum of the Master of Art Therapy programme at the University of Johannesburg, for her sterling work as production editor and for securing many of these inspiring contributions in this Emerging Voices issue.

The 11 submissions to this issue required 22 reviews. We are indebted to the role of the Editorial Board, advisors, and reviewers for their commitment, time, and expertise in ensuring that the best versions of the submissions are available to the journal.

As always, thanks to the wonderful University of Johannesburg press manager Wikus van Zyl for his generous support, patience, and beautiful design and layout of each issue. And again, thanks to Tanya Pretorius for her careful copy editing and commitment to supporting publishable versions of new voices in the field.

We are very excited that the call is out for next SAJAT themed special issue ***Psycho-Spiritual Practices in Arts Therapies in Southern Africa***, which will be guest edited by Vasintha Pather, Lireko Qhobela, and Nsamu Moonga. This platform will further expand the reach and depth toward "an Indigenisation and socially just practice" of South African Arts Therapies.

The Call for Abstracts is open: <https://journals.uj.ac.za/index.php/sajat/announcement>

Conference Reflection

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Bio

Nsamu Moonga is a music therapist and doctoral research candidate at the University of Pretoria. His research employs Indigenous research methodologies that centre the participants' experiences of the subject under investigation. He focuses his research on acts of appreciative inquiry, expressions of desire, and the liberation of people.

Abstract

This paper presents a reflective critique of the University of Johannesburg Art Therapy Conference held in July 2023, focusing on the intersection of race, coloniality, and professionalisation within arts therapies. It critically examines the systemic barriers faced by minoritised practitioners and communities whose valuable contributions and needs remain marginalised in professional discourse. Personal observations from the conference reveal a troubling pattern of limited representation of Black professionals, often framed as "grateful amateur users" of the arts rather than as equal contributors. This framing highlights how professionalisation within the field can perpetuate hierarchies, prioritising Western practices and qualifications at the expense of inclusivity and Indigenous knowledge. The exploitation and undervaluation of Black labour are examined, illustrating the complex tension between altruism and economic survival within arts therapies. Informed by Kim Berman's editorial insights, these reflections advocate for urgent structural reform and cultural sensitivity, promoting Indigenisation practices to dismantle exclusionary frameworks in the profession. The reflections intensify the call for required dialogue and collective action toward more inclusive, equitable, and socially just practices within arts therapies in Africa and beyond.

Keywords: Arts therapies, Indigenisation, intersectionality, professionalisation, social justice



Introduction

These reflections are situated from my personal standpoint as an African practitioner engaging with the intersection of race, coloniality, and professionalisation in the arts therapies. This article aims to interrogate the structural barriers and power dynamics that became apparent to me at the University of Johannesburg Arts Therapy Conference in 2023. The reflections and insights are integral to illuminating the blindspots as we expand the discourse on arts therapies' role in addressing social justice in the Global South. In her editorial, Berman (2024) situates the arts as inherently collaborative, fostering interconnectedness and empathy while addressing historical wounds. This intentional focus on unpacking historical legacies resonates strongly with the themes of these reflections. The reflections were written prior to the Berman Editorial. Berman (2024) calls on art therapists to deconstruct power and privilege, foregrounding intersectionality and the responsibility to disrupt established hierarchies in the practice and training of art therapists. The reflections build on Berman's editorial's thematic pillars by confronting the observed triad of challenges that reflect the complexities of professionalisation within the arts therapy sector, particularly in the African context.

Framework for the reflections

I will use the describe, interpret, evaluate, plan (DIEP) format to discuss the observed issues of limited representation of Black professionals, the portrayal of Black attendees as appreciative recipients rather than active contributors, and the absence of under-resourced communities, examining how these reflect broader systemic issues in professionalisation and economic exploitation within arts therapies. The DIEP model is a structured approach to reflective writing. The DIEP framework encourages individuals to describe an experience, interpret their thoughts and feelings about it, evaluate the positive and negative aspects, and plan for future actions or improvements based on their reflection (Boud et al., 2013).

I will discuss how the observations reflect the dynamics of inclusion and exclusion and the persistence of colonial structures in how arts therapies are practised and who has access to them. I challenge the notion of arts professionalisation as a neutral process, revealing its capacity to reinforce inequalities while simultaneously alienating historically excluded groups.

These reflections resonate with Berman's call for intentionality in addressing the legacies of exclusion and the unresolved tensions they generate. To further contextualise these reflections, I now turn to my positionality statement, which elucidates my situatedness in relation to how I experience myself in spaces I occupy and how such occupations impact me.

Positionality statement

As a Black African cultural observer, I have both experienced and witnessed how Africans, particularly in African Christian and NGO spheres, are frequently depicted in ways that reinforce stereotypes of dependency and impoverishment, as Kiguwa (2024) and Phiri et al. (2023) note. This awareness has sharpened my understanding of systemic issues in representation, where NGOs often serve as vehicles for neoliberal agendas, sanitising exploitative practices under the guise of benevolence (Walsh, 2020), Christian missionaries perpetuate the image of Africans as powerless victims who cannot help themselves (Kuja, 2019), and academic institutions offer lip service to the work of Indigenisation (Horsthemke, 2017). In this context, NGOs can act as the underbelly of capitalism, operating to absorb and placate the guilt of those engaged in profit-driven systems and academic institutions as perennial pacifiers of the rage of epistemic injury while perpetuating colonial narratives of the dependent, discovered, and rescued Africans (Cole, 2012; Flaherty, 2021).

As I approached writing these conference reflections, I encountered many false starts. My initial excitement at the gathering of arts therapists and practitioners from across the African continent—and some from around the world—was rooted in the value and cultural significance of gathering, a practice deeply consistent with African social structures. However, this excitement soon gave way to complex and conflicting emotions of discontent and discomfort. The focus on justice at the conference brought to the surface feelings of cognitive and emotional dissonance, a phenomenon well-documented by creative and expressive arts therapists and practitioners worldwide (Hunnewell, 2019; Swamy & Webb, 2022). As a minoritised individual within a small, often insular profession like arts therapies, I have become familiar with these tensions, which are intensified by the frequent exclusion and professional ostracisation experienced by those of us who

lack access to established networks of opportunity as Mains et al., (2024) have described.

The scarcity of opportunities in arts therapies, often concentrated within a close-knit circle of professionals, compounds the challenges of minoritised practitioners and underscores the need to renegotiate one's position within the field continually. The dynamics of social justice influence my reflections on this experience as they intersect with Blackness, gender, socioeconomic status, and a history of exclusion, which are dimensions often requiring a critical re-evaluation of self and humanity, as Walcott (2018) noted. This positionality shapes my critique of the professionalisation and systemic hierarchies within arts therapies, which often alienate minoritised voices and inhibit meaningful participation.

Observations on representation in arts therapies

During the University of Johannesburg Art Therapy Conference held in July 2023, I observed several problematic patterns regarding the representation of Black professionals and communities in the arts therapies field. Specifically, three observations stood out viz skewed representation of Black professionals, Black presentation as “grateful and congratulatory amateur users” of the arts, and underrepresentation of agentive communities.

Skewed representation of Black professionals

The limited representation of Black arts therapists and practitioners among speakers and participants at the conference highlighted broader issues of access and inclusion within the field of arts therapies. This underrepresentation reflects systemic inequities and limitations that many Black professionals encounter when navigating spaces traditionally shaped by Western norms and standards. The lack of diverse perspectives restricts the depth and breadth of dialogue, ultimately reinforcing a predominantly Eurocentric framework that does not fully engage the experiences or contributions of African practitioners.

Black presentation as “grateful and congratulatory amateur users” of the arts

Presentations often depicted Black professionals in ways that subtly framed them as appreciative recipients or amateurs rather than as pioneering

contributors. This portrayal, seen in discussions and presentations, relegates Black artists to roles that acknowledge their participation but not their expertise or leadership. Such framing reinforces a hierarchical dynamic within arts therapies, which positions Black professionals as beneficiaries of the field rather than as co-creators with a stake in its advancement. This dynamic marginalises Black voices and sustains a perception that Black practitioners are students of arts therapies rather than innovators.

Absence of agentive communities

Under-resourced Black communities were notably absent from meaningful engagement in the conference's discourse, except in cases where they were framed as beneficiaries of Western individuals-led organisations' benevolence. This selective representation presents these communities and individuals as recipients rather than as sources of rich, culturally informed practices in the arts and therapy. Such a perspective not only alienates under-resourced communities from being active participants but also perpetuates a narrative that disregards the depth and value of Indigenous African artistic and therapeutic practices. This absence of agency marginalises local voices and restricts the development of arts therapies practices that are genuinely inclusive and representative of diverse African cultural landscapes.

Systemic barriers and power dynamics in arts therapies

These observations had personal and professional resonance for me as a practitioner deeply invested in the Indigenisation and inclusion of African perspectives within arts therapies. The limited representation of Black professionals highlighted the systemic barriers faced by minoritised groups within this field, echoing longstanding struggles against coloniality and exclusion. Seeing Black professionals primarily presented as grateful beneficiaries rather than drivers of innovation within arts therapies was a poignant reminder of how pervasive colonial narratives can remain, even in spaces ostensibly dedicated to social justice.

Moreover, the absence of under-resourced Black communities from meaningful representation reminded me of the persistent challenges these communities face in accessing culturally relevant health resources. This exclusion perpetuates a dynamic where these communities are seen as recipients of charity rather than as possessing valuable contributions to the

arts and arts therapies field. This experience emphasised the urgent need to challenge and reframe these representations if arts therapies are to serve as authentically inclusive, socially just spaces.

These observations highlight systemic issues within the arts therapies field, particularly power dynamics and the enduring impact of colonial legacies. Often acting as a gatekeeping mechanism, professionalisation prioritises Western therapeutic norms, disproportionately impacting historically marginalised groups (Estrella, 2023; Kalocsai et al., 2023). In the ensuing sections, I will detail the underlying issues contributing to the three named observations from the conference: the implications of professionalisation within the arts therapies field, particularly how it fosters exclusion and hierarchies that marginalise Black practitioners and communities, the exploitation of Black labour and the systemic devaluation of amateur artists. Each section will examine these issues, considering their impact on arts therapists and emphasising the urgent need for structural reforms to foster a more inclusive and equitable field.

Professionalisation of the arts in therapy

In general, there are no qualms about professionalisation, especially considering the enduring shortage of competent and appropriately skilled workers in the public arena (Abrahams et al., 2022). Professionalisation is a process by which occupations gain public recognition as professions based on how well they match the purported qualifications with two components (Estrella, 2023). One strand is concerned with increasing status, while the other is concerned with members' ability to improve the quality of service they give (Hoyle, 2001). It is commonly assumed that these two elements proceed in parallel; however, this is not always the case. The terminology used to describe this divide is ambiguous. Nevertheless, distinguishing between professionalisation as the desire for status and professionalism as the development of skills and, thus, service helps understand the complexities of professionalisation.

Professionalism is a dynamic commitment to continuous improvement, development, mastery, devotion, and excellence (Cho et al., 2022; Parsa et al., 2021). Professionalism is not just about technical skills but also effective communication, situational awareness, initiative, time management, and leadership (Egetenmeyer et al., 2019). These crucial aspects of professionalism are not static but evolve with the individual's growth and learning (Wang &

Ho, 2020). Beyond these skills, professionalism also encompasses behaviours, ethics, and integrity that enhance contributions in any professional context (Rees et al., 2014).

This understanding of professionalism can align with professionalisation (Egetenmeyer et al., 2019; Jarbandhan, 2022). However, when viewed as a lover, connoisseur, or participant in a specific art or activity, the amateur often demonstrates even greater devotion to their craft and artistic expression (Ingold, 2021). Scholars in the arts in health have grappled with the question of professionalising and professionalism in arts and health (Dewey et al., 2019; Jones, 2020; Malis, n.d.). Much discussion has been on the semantic distinction between terminologies such as therapeutic arts (Dalton, n.d.), arts in therapy (Atkins et al., 2011), and arts therapies (SANATA, 2023.; Jones, 2020), relegating the amateur practitioner to the status of community artist status (Fouché et al., 2007).

The responsibility criterion is operationalised in professionalised occupations by implementing a code of ethics and licensure to regulate professional practice (Ukim & Adora, 2019). Ukim and Adora (2019) present extensive considerations of the criteria of professionalisation by various scholars, particularly in the social sciences. This article does not have sufficient space for me to delve into the specific criteria. Suffice it to present the particular ways the arts in therapy have proceeded with professionalisation in South Africa. The arts in therapy in South Africa have been professionalised as arts therapies (SANATA, n.d.; Berman, 2011; Dalton, n.d.).

The professionalisation of arts therapies in South Africa means that professionals are only those registered with the Health Professions Council of South Africa (HPCSA) according to the Health Professions Act and Regulations that defines the scope of arts therapy professions. These regulations play a crucial role in shaping the professionalisation process (Government of South Africa, n.d.), contributing to the establishment of a recognised and respected field. Further, the HPCSA regulates training and registration whereby aspiring arts therapists complete master's degree-level programmes. Afterwards, they undergo formal registration exams with the HPCSA. According to the HPCSA, obtaining an HPCSA registration number officially allows individuals to practise as registered art therapists in South Africa. Added to the statutory requirement of registration and regulation is the professional invitation to be

part of the South African National Arts Therapies Association (SANATA). This body represents the interests of arts therapists across South Africa.

An inquiry into the shadow of professionalising liberally occurring arts populated by amateur artists makes an interesting proposition. The interest lies in the contradictory desires, the need for professionalisation and understanding how such professionalisation magnifies the divide in society between the formally trained artist, usually associated with people with means and the informally trained, often people with inherited skills in less sophisticated forms of tuition. Less formal training follows communitarian associations of learning. Amateur artists are often considered community practitioners to signify their relative distance from formal instruction in the specific arts. As an example, the entry requirements for registration with the HPCSA underscore the exclusion from professional practice of the arts in therapy for amateurs. This distinction was dramatised through the presentations at the conference. There were players in the arts therapy field who presented as amateurs. According to the Merriam-Webster dictionary (2024), an amateur engages in a pursuit, study, science, or sport as a pastime rather than as a profession and lacks experience and competence in an art or science. The amateur is presumed incompetent (Muhs et al., 2012). This disavowed positioning of the artist strata relegates non-professional artists to playing supportive roles in the game of the therapeutic use of the therapies.

The professionalisation of the arts in therapy, at the best of times, can enhance the packaging of the arts in therapy as a public good and service that requires protection, providing for the practice of evidence-based care safe for the public. At the worst of times, it can entrench the colonial incentivisation of academy-based learning that is yet to establish a viable relationship with communities and potential arts users. Such unquestioned professionalisation emboldens patronage, control, and state censorship of the arts (Crehan, 1990). To this end, professionalisation is a form of colonisation. In this case, professionalisation of the arts colonises the arts, partitioning the arts with strict boundaries of ethical requirements. Like all forms of colonisation, professionalisation engenders the alienation of people from their means of meaning-making arts, leading to exclusion. Such exclusion leads to growing inequalities and inequity. Professionalisation ensures that colonialism continues in more benign and systemic ways.

As a process of conquest resulting in African states being governed by a settler government of Europeans (Maldonado-Torres, 2007; Ndlovu-Gatsheni, 2020), one sees ongoing colonialism in the arts through usurpation, financing, and inclusive exclusion. Inclusive exclusion borrows from the logic of colonialism, established through a network of relations of exploitation, domination, and control of the means of production in ways that dehumanise, engender disparities, and prejudice some members of the society (Mamdani, 2001; Quijano, 2007). At the core of coloniality is an imbalance of power that affects all aspects of the social existence of beings, including gender, sexuality, interpersonal relations, spirituality, language, and race (Quijano, 2000).

In her keynote speech, drama therapist and researcher Lireko Qhobela challenges us to continually question coloniality and employ decolonial frameworks in reflective practices concerning training, research, and social justice. She challenges arts therapists to welcome criticality, reflexivity, and extension of the practice, including histories of places and cultures. Qhobela (2024, p.1) further asks us to be intentional about attending to the historical wounds: *How can we, as creative arts therapists on the African continent, begin to unpack historical wounds together?* The wounds of historical inequality and exclusion through such mechanisms as colonialism and apartheid continue to fester, much to the discomfort and desire to move on with the more effortless and fun things of being an art therapist.

Exploitation of the labour of the arts therapist

In the context of professionalisation, the widening gap between Black service users and professionals becomes more pronounced (Schierenbeck et al., 2013; Wilson et al., 2014). Research highlights significant barriers to accessing services, particularly in mental health. A key factor is the historical legacy of colonisation, knowledge appropriation, and repackaging that does not align with the service user's epistemic lifeworld. Professionalisation perpetuates this gap while advocating for the inclusion of historically marginalised individuals into the often-unseen profession. Notably, Black individuals remain conspicuously invisible within the field of arts therapies. Calls for diversity and personal involvement may inadvertently reinforce acquiescence and recognition politics (Grande, 2018). Amid this intricate landscape, Black artists may engage but ultimately be ensnared by systemic challenges exacerbated by scarcity, insecurity, and exploitation (Kalocsai et al., 2023).

The conference featured presentations by various groups, institutes, and institutions focused on social justice. It became evident that efforts were underway to address justice issues in Africa. However, a lingering question persisted: *Who was engaged in this social justice work, and for whom?* This inquiry, framed within the context of reflexive practice, led me to consider the fate of Black therapists. Qhobela (2024) observes that these therapists often become subtly invisible after training, fading into structures that attempt to uphold the professions. This invisibility seems rooted in a profound historical wound.

Navigating the landscape of social justice work in Africa involves multifaceted complexities. These complexities span financial economics, epistemic and ontological justice, evolutionary justice, and identity justice. To truly understand the systems shaping society, arts therapists must broaden their perspective and examine how these systems originated, evolved, and entrenched themselves within the governing institutions. Critically evaluating the socioeconomic organising principles that dictate societal structures and individual participation becomes essential.

The Black therapist grapples with the dual imperatives of altruism and economic necessity. Within a field marked by limited opportunities, this tension is often exploited by the select few who wield the power to provide employment—not-for-profit organisations. These entities strive to extend their services to marginalised populations, particularly where access remains elusive for resource-constrained individuals. My professional experience in not-for-profit contexts has revealed a disconcerting reality: arts therapists are frequently under-compensated, and their work is devalued. Arts therapists encounter challenges related to the devaluation of their expertise and labour. Unfortunately, as practitioners, we have perpetuated the notion that our work merely fills gaps, emphasising our lack of interest in financial gain. We often operate in suboptimal settings—boardrooms, dimly lit corners, and even garages—while simultaneously glorifying these compromises as beneficial for arts therapies. However, using such spaces raises fundamental questions about the valuation of our work and the dignity afforded to service users. The devaluation of arts therapists remains a central concern for some academics and practitioners (Mains et al., 2024). Research has explored workforce characteristics of arts therapists (Meadows et al., 2024) and burnout among music therapists leading to attrition (Silverman et al., 2022). These issues require critical attention according to discussions on global perspectives

among music therapist educators and students (Clements-Cortés et al., 2024). Left unaddressed, these challenges can lead to moral distress (Guan et al., 2021), especially for therapists navigating the dual moral demands of community service and livelihood. I assert my stance: I shall decline any work offer lacking dignified surroundings, grounded in the conviction that our noble endeavours serve those most economically disadvantaged (Lateef et al., 2022).

Optics of social justice

During the two-day conference, I grappled with a complex blend of emotions, much of which manifested as visceral discomfort. This discomfort, paradoxically, felt like the inception of something novel. I experienced profound gratitude for the opportunity to convene and engage in candid discourse on social justice, particularly within the context of the arts in Africa. The poster presentations by the Master of Art Therapy students provided a valuable window into their thinking and pointed to a promising future in arts therapies research in South Africa. Their research projects were proudly included in the inaugural publication of the *South African Journal of Arts Therapies*, which was launched at the conference (SAJAT, 2023).

In stark contrast to this celebratory atmosphere, I could not unsee how the African practitioner-contributors in the symposia were often framed as celebratory affirmations of a civilising mission, especially in economically disadvantaged communities. The apparent presentation of such contributors in such a manner as singing, dancing, and expressing gratitude for acts of benevolence from external benefactors would extinguish my flickering optimism from meaningful presentations such as the poster to which I already referred. This portrayal perpetuates a damaging narrative that frames economically vulnerable individuals as inherently deficient and destitute, only escaping this characterisation when 'rescued' by outsiders armed with more significant resources and altruistic intentions.

Strategies for advancing social justice and inclusivity in arts therapies

Several key steps are essential for addressing these challenges and fostering a more socially just arts therapies field. First, arts therapies organisations and educational institutions must actively integrate Indigenous frameworks into

their curricula and professional standards. This curricular inclusion means recognising and valuing Indigenous knowledge systems as equally valid within arts therapies practices, thus promoting an inclusive understanding of professionalism that goes beyond Western norms.

Second, Black practitioners should be positioned and celebrated as beneficiaries and as knowledge producers, contributors, and innovators within the field. We require a transformed outlook on communities from depravity and incompetence to agency, resourcefulness, and collaborative participation to achieve this shift. By so doing, we would see the value in redistributing resources in a way that honours such truth-seeking, ensuring equitable access to professional development opportunities that support their leadership and advancement in the field.

Third, rather than viewing under-resourced communities as passive recipients of artistic and therapeutic interventions, the arts therapies field must engage these communities as active partners. These partnerships require acknowledging and incorporating under-resourced communities' cultural practices into mainstream arts and arts therapies and supporting initiatives for community-led research and responsive innovation development, thereby affirming the communities' roles as contributors to the field.

Finally, arts therapies institutions and organisations that employ practitioners must embrace structural reforms that address the systemic biases embedded within their frameworks. The structural reforms would include reassessing qualifications, hiring practices, professional recognition criteria, and remuneration structures to foster inclusivity, ensure fair work for just remuneration, and encourage an authentically diverse range of voices and perspectives.

Conclusion

In reflecting on the University of Johannesburg conference, it is clear that while strides have been made toward justice in arts therapies, the professionalisation of the field continues to alienate those from marginalised groups. Moving forward, it is essential to dismantle these hierarchies and create spaces where both professional and non-professional artists and therapists can contribute equitably. These reflections serve as a call to action for art therapists to engage with community artists equitably in tackling these

systemic barriers and actively work toward an Indigenisation and socially just practice.

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Embracing resistance, inclusivity and photography in art therapy: A South African context

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Bio

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Abstract

The original objective of my study was to research the role of art therapy in enhancing the private collective self-esteem of black South African students. However, this research led me to identify alienation and resistance to art therapy. Private collective self-esteem is the view individuals hold about their social group, and private collective self-esteem affects their self-concept. Resistance can be a normal occurrence during artmaking in art therapy, and understanding the causes can help create a safe and culturally inclusive therapy and mitigate the resistance through the choice of art materials. The data for this research was collected through self-study and four group sessions with three participants. Only one participant attended all four sessions. The process used was photo art therapy, and the data was analysed through thematic analysis using a theoretical framework of intersectionality and social identity theory. The three clients were reluctant to engage with the art materials and preferred using photographs. The analysis indicated that even though art therapy clients are not obligated to have artmaking experience, knowledge of artmaking processes and an understanding of art therapy can help the client feel safe in an art therapy environment. Therefore, photographs and culturally appropriate materials can help clients struggling

with resistance to artmaking. Furthermore, art therapists who understand clients' artmaking history can help create a safer space for their clients.

Keywords: Diversity, art therapy, Bapedi culture, familiar art materials, photographic materials, photography

Introduction

This article developed from my dissertation, which was part of my master's research that explored the alienation I experienced as an undergraduate at university. This alienation was due to language barriers and led to me questioning my race, my value, and my place within institutions of higher education in South Africa. I found this sense of alienation a common experience among some of my fellow black students. Therefore, the alienation caused by being in a university environment was a focus of my master's research due to my experience while completing the art therapy sessions, which were a focus group with black students, to investigate if photo art therapy can increase their private collective self-esteem. I extended my investigation to include the potential alienation of participants in therapeutic contexts due to the art materials, exposure to therapy, and artmaking experience. This understanding of the relationship between art materials and alienation can be traced back to my experience of lacking visual artmaking in my culture and community. The initial aim of the therapy sessions was to work through my understanding of alienation in relation to the participants' experiences of alienation itself. However, I discovered that the art materials alienated the participants further. This alienation was noticed through the resistance they showed during artmaking in the research sessions. This resistance was mitigated through the participants working with photographs.

I am a South African woman who grew up in rural Limpopo and from the Bapedi culture. I am currently training as an art therapist. The Western idea of visual art does not exist in the part of South Africa where I am from. Artworks are seen as functional rather than decorative or conceptual. Nor is visual art taken seriously as a school subject. A visiting teacher only offered visual art classes a few times a year. My experience of cultural visual arts and materials was limited to wood carving in the form of *sego sa meetse* (gourd bowl) and working with raw clay taken from the backyard. Figure 1 is an example of a car my nephew made with clay he took from our yard.



Figure 1: Raw clay car, photograph by author, 2024

My limited experience and knowledge of visual art made me wonder how many other South Africans like me come from cultures that do not embrace art as decorative or conceptual and if this experience could result in clients struggling with resistance to art therapy.

The theoretical foundation of art therapy is Euro-American. My experience affirms this Eurocentric culture, as highlighted by Talwar (2004). Over the past decade, extensive research has been done on the importance of art materials in art therapy. Catherine Moon (2011) reflects on the theoretical underpinnings of materiality in art therapy. Moon (2011) also discusses the social constructivist theory of materiality, which is relevant to this article, suggesting that the relationship between the creator and art materials is not independent of social context. Therefore, the significance of art materials is determined through an interpersonal context.

Corrina Eastwood (2021) and Rachel Brandoff (2022) point out the Eurocentric nature of visual materials and emphasise the need to critically analyse our culturally informed understanding of aesthetics and semiotics, including what informs our choice of art materials. While the value of art materials in art therapy is not disputed (Orbach, 2006; Sinir et al., 2017; Malchiodi, 2011), in my view, there still needs to be a greater awareness of issues of culture. This cultural awareness is crucial in the South African context, as a lack of consideration for cultural contexts might alienate clients in art therapy and result in the clients experiencing resistance to artmaking.

The cultural origin of art materials is often more profound than we think (Perk et al., 2020). It becomes imperative to think of ways to be culturally

inclusive in our art therapy practice through the choice and availability of culturally relevant materials so that we do not alienate some of our clients who perhaps do not have artmaking experience. Therefore, the question emerges due to South Africa's cultural complexity: How does an art therapist create trust through art materials in the therapy room in a diverse country such as South Africa?

Based on my own experience and relationship to art materials, I found I connected with photography more than with drawing, painting, or making an object. Therefore, I chose to use photographs taken by participants as part of the methodology. My confidence with photographs (making and looking at them) was because the documentation of significant life moments and family photographs has always been a part of my life. As a child, the local photographer in our village, Malome Jeff, visited our village every month to take pictures of people and families. He charged ZAR10 for a photograph and was often present during graduation seasons and important ceremonies. This familiarity with photography is important as it focuses on my relationship with photographs rather than traditional artmaking materials. As I felt comfortable using photographs, I thought the participants might also relate better to photographs than other materials.

Photographs played a significant role in the study by acting as catalysts for the artmaking process and mitigating the resistance to artmaking. This result could provide a framework for how photographs can be used in the South African context to reduce alienation, as they are a material with which most South Africans are familiar. The acceptance of using photographs informs the need for culturally inclusive materials, as they are also materials with which individuals may be familiar.

Figure 2 is a photograph of my younger self taken by the village photographer Malome Jeff, who inspired me to experiment with photography as an art therapy medium.



Figure 2: A younger me, photograph by Malome Jeff, n.d.

Figure 3 is an artistic image I took of my village in Limpopo, where artmaking took place and where I first learnt to confront materials and the artmaking process.



Figure 3: My village in Limpopo, photograph by author, 2024

The images above are provided to offer context for the reader.

Furthermore, this article locates the research participants and presents an idea of the intersubjective identities they bring. As mentioned above, this article focuses on the Western influence of art therapy and how this influence could alienate participants in the South African context. Another aspect this article considers is artmaking with people from Bapedi and Zulu cultures, how cultural context may be a reason for resistance, the complexity of culture, and cultural influences on interpretation by both client and therapist. This article also sheds light on the importance of culturally inclusive art materials.

The literature review comments on photographs in art therapy contexts. The methodology section demonstrates how photographs were used in the research and can be used within an art therapy context. I thereafter reflect on what I concluded from the sessions, and finally, I present the recommendations for future art therapy researchers in South Africa, the limitations of this study, and my conclusions.

The original study was aimed at black university students, and three participants responded to the invitation to participate. The three participants came from various rural areas within South Africa. For the purposes of this

article, I chose to focus on the processes and feedback from Participant C due to their receptive engagement with the sessions and because they were the only participants to attend all four sessions. Participant C is a 19-year-old black woman who hails from rural KwaZulu-Natal. She lives on the university campus and is from the Zulu culture.

Literature

Materials and materiality in art therapy

Moon (2011, p. 60) sheds light on factors between client and art materials within the art therapy space regarding the influence of physical and sensual characteristics:

The active, embodied, sensory experience of engaging with materials evokes associations with both personal and cultural histories. The sight, sound, touch, smell, and taste of a material, as well as the artist's physical, embodied encounter with the possibilities and limitations of that material, influence the meaning and significance attributed to the experience.

Art therapy has been growing globally at a rapid pace; however, the pace at which art therapy is growing does not match the pace of research into art materials from various cultures (Park et al., 2020). Previous research focuses on the therapeutic impact of conventional art materials, such as coloured pencils, crayons, clay, and magazines (Park et al., 2020). Taking the South African art therapy context into account, most of the research conducted on art materials has predominantly sampled individuals with artmaking experience, and most are not people of colour. Manana (2023) reflects on the cultural differences of South African individuals not aligning with the Western models of art therapy. This cultural misalignment highlights the need for more culturally informed art therapy practices reflecting the South African context. Acknowledging that art therapy is a new practice in South Africa is essential. South African art therapists should be aware of how "culturally unsuitable materials can result in art therapy's indirect Euro-American enculturation and colonisation" (Hocoy 2002, p. 142), which may disrupt the therapeutic relationship and benefits of art therapy.

Drawing on the social constructivist theory, what we consider valuable and significant is often socially constructed, drawing on cultural practices,

economic factors, and access (Moon, 2020). South Africa has a complex social context, with various cultures among people of the same race. Our varied cultural contexts influence the materials we see as valuable and how we interact with those materials. However important race is, it is also equally important to consider South Africa's diverse social and educational cultures when working within art therapeutic practices.

Exposure to art materials and visual artmaking in Bapedi rural Limpopo communities and Zulu culture

This part of the review focuses on art materials and artmaking, specifically in the Bapedi and Zulu cultures. I chose to focus on these cultures because I am from the Bapedi culture and Participant C is from the Zulu culture.

South African black communities have a long history of creating art for functionality. Materials in African art are often resources that are available locally. Materials such as wood, metal, beads, and textiles play a significant role in creating objects. Textile art is well-known and recognised for its rich cultural significance and symbolism.

Literature from Tebogo Maahlamela (2017) and Morakeng Lebaka (2019; 2017) shows that visual artmaking is not a prominent art form in the Bapedi culture, as most of the cultural documentation of art and artmaking mentions poetry, music, performance, and storytelling. Lebaka (2019; 2017) reflects on the societal value of art and music in the Bapedi culture. Maahlamela (2017) discusses cultural art forms in the Bapedi culture, mentioning the traditional Bapedi art forms of *thetotumisho* (oral poetry) and Kiba. Some of the traditional cultural Bapedi dance art forms are *dinaka* (includes song), *sekgapa/khekhapa*, Leboa, *makgakgasa*, *mokankanyane*, *mararankodi*, *mmapadi*, and *mantshegele* (Maahlamela, 2017).

Even though there seems to be no documentation of visual artmaking in the Bapedi culture, in my experience, I found that materials such as *letsopa* (clay), *boloko* (cow dung), and dried *lerotse* (gourd like melon) to make *sego sa meetse* (gourd bowl) were used in my community; however, no one called using these materials artmaking. Thus, since each culture is familiar with specific materials, it would be useful to include the materials in the art therapy space as the inclusion assists in averting a sense of alienation by individuals who have no pre-exposure to artmaking.

It is important to note that clay is already being used in art therapy, with an assumption that the clay can evoke triggering feelings in clients. However, from a cultural perspective, this might not always be true for individuals like me who played with clay in their childhood or those exposed to clay before the therapy sessions commenced. Figure 1 illustrates clay art made in a Limpopo village context.

One art form created in Zulu culture is basketry. Anita Nettleton (2010) documents that, historically, the baskets were called *imbenge* (pot covers – isiZulu). *Imbenge* are made using a coiling method, similar to the method used in making clay pots (Nettleton, 2010). Artmaking has cultural significance in the Zulu communities, such as clay-pot and basket making (Nettleton, 2010). Making pots and baskets is a functional art practice in the Zulu culture. Artmaking served a functional purpose, and this skill still exists and is passed down generationally.

Complexities of culture and its influence on interpretations

Kit Sinclair (2019) defines culture as learned, based on both the group and individual, socialised in, and involving the knowledge, morals, customs, habits, and laws of a specific group. In South Africa, we have various tribes among members of the same racial group. According to Sinclair's (2019) definition, members of a race and even of one tribe can be socialised differently depending on their environment and thus may have different cultures. This cultural complexity sheds light on how complex culture is and how complex the culture of clients seeking art therapy in South Africa could be. The complex presentation of culture is a challenge that requires us to keep learning and interacting with our clients from an intersectional perspective.

Photographs and photography in art therapy

Rosy Martin (2009) points out that photographs can be used in multiple ways and forms; one form uses found photographs, decontextualises issues, and guarantees anonymity. One way photography can be used within a therapeutic relationship is through photo art therapy, which is defined by Judy Weiser (2015, p.164) as “a specialised adaptation of photo therapy techniques which can be conducted by an art therapist showing that photographs can access unconscious material and explore what is underneath”. Photo art therapy is

a branch of phototherapy that clients can only do in the presence of an art therapist (Weiser, 2015).

Photographs carry multiple narratives and can be projected onto the person analysing them (Martin, 2009). Another form of photography used as a catalyst for communication is from personal family albums, and these “provide a rich resource for autobiographical storytelling” (Martin, 2009, p. 70). There are multiple ways photographs can be used within a therapeutic relationship and possibly for research to harness the power of photographs (Martin, 2009). Furthermore, Martin (2009) states that photographs can stimulate storytelling, allowing us to tap into the unconscious and express things without self-silencing being evoked.

According to Claire Craig (2009), photographs also improve an individual’s confidence and self-esteem due to the affirming nature of image-making. Del Loewenthal (2013) explores instances where art therapists use photographs in clinical settings and states that this method is a form of phototherapy that therapists sometimes adapt by introducing other art activities more typical for art therapy, like photo-collage. In a study with Korean adolescents, Jee Hyun Kim (2022) uses smartphones to take photographs in an art therapy intervention to alleviate stress levels and promote self-esteem. While a few instances of photography are being used in art therapy settings, there is not enough data to demonstrate the effectiveness of this approach. The possibility for such evidence is then presented by research that uses this methodology.

There are five phototherapy techniques used in therapy. The five techniques are photos taken by clients, photos taken by other people, self-portraits, autobiographical photos and photo projective interactions (Weiser, 2015). I outline below the only phototherapeutic technique used by the participants in this research, namely photos taken by them as an artistic expression.

Methods

Data collection

This study conducted two separate data collection processes: self-study and four art therapy focus group sessions with three participants. I conducted the self-study over two weeks, which involved taking photographs and creating

images using the photographs as a starting point. Later, I conducted the four art therapy focus group sessions over four weeks with the participants. The sessions took place once a week for 90 minutes. The session started with three participants, all of whom were women. Only one woman (Participant C) attended all four sessions. The research question dictated the choice of sampling because it focused on black students' experiences in higher education. The sample represented black students in university because the research speaks to black students' experiences. However, the sample did not fully represent all black students, which, through an intersectional lens, makes the data biased. I note this bias as I am also a black student. Thus, I attempted to mitigate this bias by including self-study and the supervision of the group sessions.

Conducting the self-study before the group sessions gave me insight into developing the process and helped me revise the prompts I initially planned to use.

Data analysis

The data was recorded through audio recordings and images and then analysed thematically. I used reflexive thematic analysis, which involves coding data carefully to identify patterns within the data (Maguire & Delahunt, 2017). During the coding process, the researcher aims to remain self-aware and reflect on how their own biases, experiences, and perspectives as a researcher directly influence the process of interpretation (Maguire & Delahunt, 2017). The data was then interpreted through an intersectional and social identity theory framework.

Findings

Conducting the self-study section involved taking photographs and then later using them as starting points for the artmaking. I created artworks by taking the photography process to reflect and make sense of my thoughts and experiences. The artmaking afterwards was usually met with resistance to the making.

I found my resistance towards the artmaking part of this process interesting as I have created art many times in both studio practice and my own time. Due to this resistance, I used art materials with which I was comfortable

and familiar. Figure 4 shows the artwork made in acrylic paints, which are a familiar and safe medium for me, so they helped the artmaking feel like a safe space to hold my emotions. Acrylic paints are comfortable for me because I often use them in my studio practice when making art (Figure 4).



Figure 4: Comfort (created by author), photography by author, 2024

This need to be familiar with art materials was also evident in Participant C's choice of materials. In Figure 5, Participant C demonstrates a sense of having grown accustomed to pencils and that the pencils were safe for her due to familiarity. Pencils, as mentioned above, are considered a traditional art material. However, in South Africa, pencils are familiar due to how cheap and accessible they are.

While this article mainly focuses on Participant C, as she was the most committed, it is important to note all three participants' resistance to artmaking. In the first session where all three were present, instead of making art, the present participants spent time creating a group contract. The participants indicated they did not want to create art but were open to discussion. Within my observation, I found a sense of resistance to art therapy itself, and I feel that this may be because art therapy is something unfamiliar and not 'normal'. This unfamiliarity with art was evident in how art was also seen to fit into a limited category, as one referred to it as drawing. In instances where therapy/art therapy is unfamiliar, it is important to adequately explain "what it is and what it is not" to allow individuals to see potential benefits better (Malchiodi, 2012). To get the participants to engage with artmaking, I put a big piece of paper with various art materials in the middle of the room.

I suggested that they could create a mark if anything came up, and no one created anything. This idea of art therapy as 'drawing' was solidified in the second session when Participant C created a pencil drawing. This drawing demonstrated the role of familiarity and one's understanding of art itself. She went for the material she was familiar with and created art based on her understanding of what art is (Figure 5).

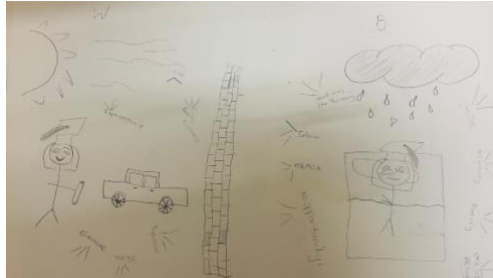


Figure 5: Comfort, photograph by participant C, 2024

In most of the sessions, Participant C picked up a pencil. Then, before creating any artwork, she talked about the images she had photographed. Taking pictures seemed to be easier for Participant C. This ease was because the photographs depict reality and show things as they are, and she was concerned that she might create something I would not understand. She was overthinking the artmaking process and told me that she did not know what to draw, which again returned to her idea about art therapy and art itself being just drawing. Noticing Participant C's discomfort was significant as she resisted making art.

We both reflected on her resistance to artmaking. Participant C commented that taking photographs made the experience more practical as she could see her mental images depicted more clearly in the photographs than in what she had drawn. She seemed concerned about my perception of her drawing, displaying a sense of inadequacy and a fear of judgement. She did not have this sense of fear and inadequacy about the photographs, as they were representations of reality, and she did not physically create these representations. I realised that for her, taking photographs did not require specialised skills with which she was unfamiliar. I realised that she felt safer sharing and projecting her feelings onto photographs rather than risking the vulnerability of creating an image which was not good enough, in her opinion.

Similarly, Donald Winnicott (2016) notes the importance of a “good enough” mother when faced with her new infant. I infer there was a fear of not producing a good enough image in this instance. For Participant C, good enough meant a photograph rather than a hand-drawn image. Figure 6 includes some of the photographs she took. More photographs were taken compared to the artworks created in the sessions by Participant C and me, indicating less resistance to the photography process than the artmaking.



Figure 6: Photographic collage, photograph by participant C, 2024

In the third session, I was interested to notice that Participant C was more open to using paint/art materials in this session, perhaps due to having built a sense of trust that the witness (myself as a training art therapist) would hold within the space. Importantly, I noted that in this session, she became

more expressive with her art making, and there was less resistance to both the process and art materials. I have found this expressiveness to result from embracing her resistance by allowing the expressiveness to exist in the therapeutic space. In addition, Participant C was allowed to take her time with the making.

After giving Participant C a prompt, she held a pencil for a while (which is a material that she picked up every time, even when she was not going to use it). This pencil preference demonstrates the safety and familiarity created for her whenever she was experiencing resistance. Moon (2020) reflects on how familiarity with materials may hinder or encourage expression. Participant C spoke about how her marks are the positive thing she brings to the university. I then suggested she create an artwork. She spent some time on the photographs before starting to create. In this session, she created two more expressive images than those created in previous sessions. Figures 7 and 8 demonstrate how expressive she became compared to Figure 5. This expressiveness shows how familiar materials made her feel good 'enough' (Winnicott, 2016) to create a mark and be expressive with her, indicating less resistance.



Figure 7: Perceived butterfly, photograph by participant C, 2024



Figure 8: Diversity tree, photograph by participant C, 2024

Cultivating cultural inclusivity through familiar art materials

Participant C and I reflected on the sessions and recognised resistance to artmaking from both myself and her. The resistance to creating was less whenever we used photographs because the photographs seemed to be less alienating and intimidating. Familiarity with photographs and other art materials seemed to play a significant role in what Participant C made. The photographs offered some level of safety that I think the other art processes could not.

When discussing making an artwork with a pencil or paint, Participant C said, “I don’t know if you will like it, but I know with pictures [photographs], a building is a building”. Participant C often wanted to ensure that I understood what she made and seemed to fear judgement from me whenever she was invited to create art. Her fear of judgement demonstrated a need for validation from me and perhaps a lack of understanding of what art therapy is.

In the intake session, I explained what art therapy was and what the expectations for the sessions were. However, Participant C still felt a sense of fear that the art she would create would be inadequate. She seemed to believe there was an expectation of what the art should look like and that she needed my approval and validation. This sense of inadequacy that Participant C felt might indicate resistance to the therapy itself. However, with photographs, there was a protective distance factor when using a camera. Prior skills and knowledge were not needed, and it was possible to project meaning onto

images in a less personal way, as there was no need to justify how the image looked (Martin, 2013). The image was simply a reflection of what already existed. Therefore, the photographs represented a created reality through the materiality of a created image but with less personal artistic expectation.

It is important to note the intersubjective identities the participants came with and the identities' complexities. It is therefore impossible to make simple assumptions or definitive conclusions about why this resistance to making artworks existed. Reasons noted in this research are prior exposure to artmaking, one's understanding of art, cultural background, and one's understanding of and relationship with therapy/art therapy.

The factors identified in this research were that participants were unfamiliar with the materials, had no prior artmaking experience or exposure to artmaking, and lacked an understanding of art therapy. One's culture can influence these factors, and one way we can be culturally inclusive is by having what clients are familiar with at our disposal. The pencil and photographs are examples of familiar art materials for Participant C, which she usually gravitated towards before making art. I hypothesise that the familiarity of these materials helped ease her into making art, causing her to experience less resistance. The progression of Participant C's artmaking shows the value of photographs when creating a safe space, which allowed her to explore other mediums with which she was less familiar (Figures 5, 7, and 8). Therefore, I feel that the presence of culturally inclusive art materials and familiar art materials could help create psychological safety and confidence within the client to get to a place where they feel comfortable enough to explore and engage with other art mediums and use the art therapy sessions.

Limitations

The sample size was too small and not fully representative of all black South Africans; however, it provided insights that can inform future researchers and art therapists to consider in their practice.

Recommendations

Only two cultures were represented in the research. Therefore, future researchers must include a more culturally diverse group and a larger sample size. The findings from this small study suggest that art therapists practising

in South Africa need to be aware of materiality linked to culture and consider the sensitivity of cultural experiences of prior artmaking.

Conclusion

It is demonstrated both in the findings and discussions that unfamiliar art materials can alienate individuals who seek art therapy. This alienation can result in resistance to creating art in sessions. The resistance can be mitigated through using familiar materials, which in this case can be culturally inclusive materials and photographs. It is important to remember that South Africa is a diverse country and that individuals who seek therapy have multiple intersubjective identities; thus, one person's experience cannot be generalised. These identities affect how individuals interact with materials and the artmaking process. Embracing this resistance means allowing it to exist and being curious about it, which can better improve our practice. We are then presented with a challenge as art therapists in the context of South Africa: How do we become more inclusive in an overwhelmingly diverse and complex society such as our country?

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The Awakening: Makudlalwe. How play awakens the inner child in black Indigenous African adults

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Author's bio

Nomfundo Ncanana is a dedicated and dynamic professional with a Master of Arts in Drama Therapy from the University of the Witwatersrand, where she also completed her Bachelor of Arts, Postgraduate Diploma in Applied Drama and Theatre and an Honours in Drama Therapy. With a brief social work background and a strong psychology and sociology foundation, Ncanana has cultivated a diverse skill set that includes applied drama and theatre practices, project management, and community work. She is currently serving as a drama therapy intern. She is also a certified Listening Hour guide and Playback Theatre performing artist, showcasing her commitment to mental health and creative expression. Ncanana is passionate about fostering human connection through the arts and is currently involved in multiple initiatives to enhance mental health and personal development.

Abstract

The concept of the inner child represents the emotional and experiential core of individuals, often shaped by early life experiences. This article is based on my drama therapy master's research study, which aims to explore how play, within the context of drama therapy, can be utilised to awaken the inner child to support the mental health of black South African adults. I argue that the exploration of play can foster connections within communities and promote emotional healing, particularly in a post-colonial, post-apartheid South African context where historical traumas and socioeconomic disparities persist and challenge South African (communities) mental health. The focus on the experiences of black South Africans acknowledges the intersectionality of identity, culture, and trauma. In 2024, as discussions around inclusivity and representation become more prominent, the discussions are a reminder

of the importance of understanding diverse backgrounds and experiences in therapeutic and educational settings. By awakening the inner child in black South African adults, utilising methods such as neuro-dramatic play and guided play, this study seeks to understand how play can serve as a therapeutic tool to reconnect people with their past, promote healing, and enhance personal growth. The context of play allowed me to use games such as Indigenous games, ritual games, and drama therapy games, with practice as research (PaR) being the methodology used to create and collect knowledge. The study ultimately seeks to contribute to drama therapy practice in South Africa by emphasising play as a vital process for self-discovery and emotional well-being.

Keywords: Adults, African, awakening, drama therapy, guided play, Indigenous, inner child, neuro-dramatic play, play

Introduction

This article is based on aspects of my master's study and investigates how play can facilitate reconnection, healing, and self-discovery, particularly for adults who have experienced the legacies of oppression and trauma (Ncanana, 2024). This article aims to explore how play can be utilised therapeutically to awaken the inner child in adults, contributing to understanding play within the context of drama therapy practice in South Africa.

Research Questions

- How do black South African adults benefit from consciously integrating play into their lives?
- How is play understood in the black South African community?
- How does play awaken the inner child in adults?

I argue that the exploration of play can foster connections within communities and promote emotional healing, particularly in a post-apartheid South African context where historical traumas and socioeconomic disparities persist.

Background

The concept of the inner child refers to an individual's original or true self, encompassing the wisdom and creativity that can be accessed through

childhood experiences (Fox, 2017, p. 3). The inner child embodies the memories, emotions, and experiences of early life, which can influence adult behaviour and emotional well-being. A conversation with my mother about the fulfilment of positive inner child wishes sparked curiosity about how to engage and re-awaken the inner child in adults. As a young black drama therapist in training, I wondered if it would be possible to engage adults in play, particularly black African adults, because, from my own experiences, adults in my family and community tend to perceive play as childish. The idea of awakening the inner child in adults links to Carl Jung's proposal that children can connect to their environments through play, suggesting that similar methods might work for adults who were once children (Bradshaw, 2013).

Pedro Mzileni and Vuyo Diko (2022) summarise and highlight the importance of play in the context of black children and communities, particularly within South Africa. They emphasise that play is a key activity that facilitates cognitive development and emotional growth. However, they also point out that children from disadvantaged backgrounds, particularly in townships, often face challenges in accessing safe spaces for play (Mzileni & Diko, 2022, p. 22). For many black South Africans, colonial histories have disrupted the natural expression of play and cultural practices, leading to a disconnection from their inner child. The study explores how play fosters community and social connections, which are crucial in the context of ongoing social and mental health challenges in South Africa. As the country continues to grapple with the legacies of apartheid, fostering social cohesion through shared play experiences can be a powerful tool for healing and unity among diverse groups.

While researching for my master's, I struggled to find literature that spoke directly to how play is understood or viewed in black South African communities (Ncanana, 2024). Although there is documentation on Indigenous African children's games, little has been written about the impact of play and how it is understood within contemporary black communities in South Africa. However, there were descriptions of how particular cultural practices have been used to navigate oppression.

This article specifically focuses on black adults living in South Africa, acknowledging the historical context of colonialist and apartheid oppressions, land dispossession, and the resulting impacts on black identity and cultural practices in South Africa. In addition, the article recognises the deprivation of

play experienced by black children due to various colonial factors, including apartheid and socioeconomic challenges, which have hindered their ability to freely engage in play and express their identities. Mzileni and Diko (2022) note that historical factors, such as colonialism and apartheid, have contributed to the marginalisation of black communities, affecting their ability to engage in play. They argue that play is not just a luxury but also a fundamental right that contributes to the development and well-being of children. They stress the need for a safe environment where children can freely engage in play, which is essential for their social and emotional development (Mzileni & Diko, p. 2022). Many adults may struggle with forming and maintaining healthy relationships due to past traumas or negative experiences to which many black South Africans have been exposed (Kaminer & Eagle, 2010).

My motivation for exploring this topic, particularly the impact of historical trauma on play in African communities, is that there are differing views on what play is, how it is engaged with, and how it is understood in black African communities. Play in the African context has not been sufficiently defined or valued within broader societal structures, which further complicates the recognition of its importance in childhood development (Mzileni & Diko, 2022).



Figure 1: Author in workshop facilitating a ritual game, photograph by Dr Disi, 2023

In a contemporary context, where mental health awareness is growing, this article underscores the need for culturally relevant therapeutic practices that resonate with the lived experiences of black Africans in South Africa. It emphasises the significance of integrating play into adult life to combat the effects of trauma and to promote well-being, resilience, and community connection.

The importance of play is underscored, as it is seen as a vital element for processing experiences and facilitating cognitive, social, and emotional development (Vygotsky, 1967). Engaging in play can facilitate emotional healing and help people process trauma and reconnect with their inner child, which is essential in addressing the mental health crisis that many communities in South Africa face today.

Black South Africans face many challenges in accessing and engaging in play due to historical and socioeconomic factors, particularly in a post-colonial context where traditional forms of play may have been suppressed (Mzileni & Diko, 2022). The value of play has often been overlooked as a result of oppressive legacies and lasting socioeconomic challenges faced by many black South Africans. This context highlights the need for culturally relevant practices that can help awaken the inner child within these communities. The importance of traditional play and its integration into the therapeutic context is emphasised as a means to reconnect with cultural identity and enhance community ties (Mzileni & Diko, 2022).

Play is essential for affirming life and self-experience (Vygotsky, 1967, p. 13). As part of my research, I engaged with participants in guided play, promoting conscious experiences of play to activate the inner child. Guided play is highlighted as a method that provides learning experiences while allowing for child-directed engagement under the guidance of a facilitator (Weisberg et al., 2016).

During my research, I noted that play in the South African context often involves cultural significance and community engagement elements. The participants in the study were encouraged to bring their cultural backgrounds into the play, which facilitated a deeper understanding of how play is perceived within their community. By using structured activities and rituals, the workshops explored how specific types of play, such as storytelling or collective games, could effectively evoke memories and emotions from

childhood. This exploration helped identify the therapeutic mechanisms at play, including creating a safe space for vulnerability and self-expression.

This article begins with highlighting the literature that set up the context of engagement and understanding the research in which I engaged. The next section describes the methodology used in exploring the inner child. The following section clearly states the findings of the research and key insights. The conclusion then further substantiates the relevance of the study for drama therapeutic practices and gives future recommendations.

Literature

Carl Jung (2020, p. 19) believed people have a collective unconscious, a universal reservoir of human experience that shapes their thoughts, emotions, and behaviour. The inner child can be described as our original or true self with wisdom and creativity (Fox, 2017; Jung, 2020). Furthermore, the inner child is linked to emotional intelligence and healthy psychological development. Moreover, the inner child influences adult behaviour, and trauma can negatively affect this aspect of self (Wacks, 1994). Our inner child carries parts of us that carry our deepest wounds, fears, and insecurities (Jung, 2020, p. 32). Overall, the inner child is portrayed as a crucial aspect of personal identity and emotional wellness, emphasising the need for adults to acknowledge and nurture this part of themselves.

Personal trauma resulting from abuse and neglect that we may have experienced in childhood may affect our resilience and coping mechanisms, which is why it is important to gain a greater understanding of the body and the brain within programmes for trauma transformation (Jennings, 1995). Robert Landy (2009, p. 78) proposes that drama therapy provides a dramatic space in which clients draw from, reconstruct, and reflect upon roles presented to them in everyday dramas. Character role-playing allows participants to reflect on their childhood compared to their current life to see if there were any connections. An adult's inner child is primarily concerned with fulfilling behaviours and satisfying the needs that this inner child has not had much experience with or fulfilment in (Jung, 2020).

Referencing Jung's (2020) exploration of childlike feelings and emotions, John Bradshaw (2013, p. 89) emphasises the need to engage with this inner child to access deeper emotional experiences and healing. Healing the inner child is crucial for emotional development, allowing adults to reconnect with

their childhood experiences and feelings (Bradshaw, 2013; Jung, 2020). It is suggested that when adults allow themselves to engage with their inner child through play, they can gain insights into their emotional pain, which can be a step towards healing past trauma.

The literature highlights that play is essential for adults, as it helps cultivate relationships and emotional well-being (Proyer, 2013). Play is not just limited to structured games; it encompasses various forms of creative expression, such as storytelling, song, dance, and Indigenous games, which are significant in the cultural context of black communities.

Play is a primary means of learning and expression for children and adults. In the context of therapy, play allows for a non-threatening exploration of emotions and past experiences, facilitating healing and growth (Kekae-Moletsane, 2008; Vygotsky, 1967). Phil Jones (2018) mentions play as a core process in drama therapy, whereby play is used to assist in connection and witnessing. Play is a core process within drama therapy, suggesting that incorporating play can enhance therapeutic outcomes for adults seeking to reconnect with their inner child and process their past.

When we speak of attachment and reconnection, we can refer to personal play as a lens from which to view attachment. Firstly, Güneş (2023) assumes that play is at risk of being transferred to future generations due to our consumption-based society, uncontrolled technology, and digital transformation. Personal play identity then refers to how we play and transfer the ways we play to future generations (Güneş, 2023).

Secondly, Güneş (2023) assumes that personal play identity is shaped by the sociocultural environment, economy, and technology. Our continuous interactions with these structures can influence positive and healthy developments that improve quality of life. This notion that play can improve life quality links to the ideas that Lev Vygotsky (1967) proposed in his theory of play. Vygotsky (1967, p. 8) posits that play is essential for cognitive, social, and emotional development, suggesting that engaging in play as adults could facilitate similar developmental processes.



Figure 2: Participant in workshop imitating a move to be reflected by others, photograph by Dr Disi, 2023

The inner child can be awakened through play in the drama therapy setting, which provides a safe space for adults to reconnect with their childhood experiences, emotions, and memories. The inner child is readily available in the body and communicates through feelings, movement, play, and the arts. Engaging in play allows people to express their needs and desires that may have been neglected in childhood. Through awakening the inner child, one can gain insight into the sources of emotional pain and begin to heal the wounds of the past (Jung, 2020, p. 66). The experiential nature of play activities allows for processing and releasing emotions that lead to a greater understanding of self (Jennings, 2011).

Therapeutic models, such as neuro-dramatic play and guided play, create a safe space for emotional exploration and healing. These drama therapy methods foreground the embodied experience of play, which can help people navigate and express their feelings (Jennings, 2011).

Neuro-dramatic play (NDP) is an attachment-based intervention focusing on the playful relationship between caregivers and children, particularly emphasising the early bonds between caregiver and child. Neuro-dramatic play is an approach in drama therapy that builds on early playful relationships, aiding in developing trust and self-exploration (Jennings, 2011).

By integrating sensory, rhythmic, and dramatic elements, neuro-dramatic play fosters exploration and playfulness, which can lead to emotional healing and the development of trust (Jennings, 2011). The sensory, rhythmic, and dramatic are exploration elements linked to what Sue Jennings (2006) theorised about projective play. Projective play speaks to how children explore the world using embodied and/or dramatic play in a narrative form that allows them to build new skills (Crimmens, 2006). Projective play can also assist in developing communication, confidence, and emotional regulation, and potentially, imagination (Crimmens, 2006). Neuro-dramatic play is significant in the context of the research because it is an attachment-based intervention that emphasises the playful relationship between caregiver and child, facilitating emotional and psychological healing (Jennings, 2011).

Overall, the literature establishes a culturally relevant framework for understanding how play can be utilised to awaken the inner child, highlighting the therapeutic potential of play within the context of drama therapy practices in South Africa.

Methodology

This study employs a practice as research (PaR) methodology, incorporating participatory action methods to engage participants in hands-on activities that facilitate exploration and expression.

Practice as research is significant for knowledge creation as it allows for the exploration of the embodied experience of play and its impact on awakening the inner child. Practice as research emphasises the integration of practice and theory, providing substantial evidence of a specific research inquiry through creative forms such as workshops that engage participants in direct experiences (Nelson, 2013).

The practice as research approach is beneficial because it enables the researcher to gather knowledge through traditional academic means and lived experiences and interactions within the workshops (Nelson, 2013). My observations led to the discovery that engagement in play is a rich data source

that reflects the participants' understanding and experiences of play. This play data source is essential for understanding how therapeutic play can awaken the inner child, particularly for black South African adults.

Moreover, when applied within the practice as research framework, participatory action research methods empower participants by involving them in the research process, thus creating knowledge that is directly applicable to the community (Nelson, 2013). The participatory action research methods also foster a sense of ownership and engagement in the learning experience (Nelson, 2013).

The aims and objectives of the research study were explored through a series of workshops that utilised play, specifically guided play and neuro-dramatic play, to awaken the inner child in black Indigenous African adults. The workshops aimed to understand how play is perceived and explored the benefits of consciously integrating play into adults' lives. Each aim was addressed by focusing on various aspects of play and its impact on participants' connection to their inner child.

To recruit participants, I designed a poster detailing the workshop's intention – to awaken the inner child in adults. I also specified the kind of group I was looking for and the age required for participation. Participants could join the group by scanning the WhatsApp QR code on the poster. Upon joining, the participants were told that this was a research gathering space and were asked to fill in consent forms where they would circle and sign what they consented to in the sessions going forward. I collected data through observations, field notes, images, participant reflections, and analysis.

Three workshops were conducted, utilising guided play and neuro-dramatic play techniques to awaken the participants' inner child. The workshop example presented here is from the second workshop conducted with adult drama students at the University of the Witwatersrand. Some participants were born into the apartheid era, and some were born into the democratic era. The age of the participants ranged from 25 to 42 years. At the time, I was 25 years old and born after apartheid. My relatability was grounded strongly with those my age as I noticed that all of us born during the democratic era relate better to the ritual games introduced. This relatability may have been a challenge in engagement for those not familiar with the game as they may not have felt as closely related to what was being introduced. This experience may

also have influenced their experience of play in a place where play is meant to be free expression.

This differing experience of play resulted in a need for me to particularly observe the difference in stories of expression when people spoke of their experiences. One of the participants was a Zimbabwean national, another was a Mozambican national, and the rest were South African. Regardless of the participants being from different countries in Southern Africa, all the participants grew up in South Africa. The main language of communication was English. However, the use of English was easy and allowed the participants and me to speak in a tongue we felt comfortable conversing in. Some participants reside in the inner city, while others reside in townships. As isiZulu is spoken both in the city and township, there was an easy understanding when slipping into isiZulu now and then.

The workshops involved various play activities that encouraged participants to engage with their memories and feelings associated with childhood. Activities like storytelling and role-play helped participants reflect on their past and connect emotionally with their inner child. The sessions included discussions and reflections on the concept of the inner child, allowing participants to share their experiences and understand the psychological importance of playfulness. This importance was reinforced through activities that required creative expression, helping participants realise the benefits of accessing their playful side. My role in the sessions was mainly as a guide and facilitator. Therapeutic elements were included in the play; however, I did not play the role of a therapist in these sessions. In the first workshop, I was enrolled as a storyteller; in the second session, I was enrolled as a teacher; in the third workshop, I was enrolled as a guide. My roles in these sessions allowed me to be reflexive as I played with the participants while collecting information.



Figure 3: Author in the workshop after playing balloon game with participants, photograph by Dr Disi, 2023

By focusing on embodied play and the collective experiences of the participants, this study aims to contribute to a deeper understanding of the cultural meanings and implications (Nelson, 2013) of play in the South African context. Using our mother tongue can serve as a tool that allows us to reconnect to our past and lay out emotions and experiences in an unfiltered and honest way (Matoane, 2012, p. 105). There were also limitations in embracing the mother tongue because a participant spoke a language that no one else in the room understood. In response, I put the language interpretation aside and placed expression forward. This versatility in not relying on language is crucial for developing culturally sensitive practices relevant to the community's needs.

The study utilised various types of games, which included:

- **Indigenous games:** These are recreational activities that originate from specific cultural groups or communities and are traditionally played and developed by local or native people in a particular geographic region or culture.

- **Drama therapy games:** These involve drama and theatre techniques, including role play, story-making, movement, props, and masks, which are fundamental to engaging in play.
- **Ritual games:** These structured activities include specific cultural practices. These practices, like the Me Toca game, involve rhythmic movements, moving together, and repeating songs, fostering participant connection and engagement.

Participants were encouraged to engage and participate actively to express their emotions through body movement and interaction to promote physical activity and enthusiasm. These are vital aspects of play that resonate with the inner child. Emotional exploration was evident as the games often led to participants recalling both positive and negative past experiences related to their childhood. Such exploration is essential for healing and reconnecting with the inner child. The games encouraged creative expression, such as through the creation of stories or movement, a natural mode of expression for children. This creativity is a key aspect of play that can help adults reconnect with their playful and imaginative selves.

The games were chosen as they facilitate playfulness, connection, and emotional expression, allowing participants to engage with their inner child through various forms of creative expression. The games had clear rules, flexibility in execution, and a strong collaborative effort among participants. Overall, these games provided a playful framework that facilitated emotional release, social interaction, and reconnection with the joys and traumas of childhood, which were instrumental in awakening the inner child in the participants.

Several key themes and observations emerged from the workshops:

- **Diversity in play experiences:** Participants came from varied backgrounds, which influenced their interactions with play. For instance, some had experience with Indigenous games, while others were familiar with games played at schools. This diversity highlighted how contextual factors impact play and the awakening of the inner child.
- **Awakening of the inner child:** The research found that engaging in play facilitated the awakening of the inner child. Participants expressed excitement and showed engagement during activities, demonstrating a

connection to their playful selves. The dynamics of competitiveness and collaboration in the games pointed to a rejuvenation of childlike qualities.

- **Therapeutic potential of play:** The workshops demonstrated that play could be a therapeutic tool. Through play, participants connected with their emotions and past experiences, allowing for personal insights and healing. For example, one participant's experience with a childhood trauma regarding dogs surfaced during play, showing how the inner child carries unresolved issues.
- **Cultural context and language:** The significance of cultural context was evident, as participants expressed a preference for using their mother tongue during play. This inclusion fostered a sense of belonging and encouraged deeper connections among participants.
- **Challenges in engagement:** Not all participants were equally engaged in play. Some hesitated or felt uncomfortable, reflecting the concept of the 'under-held child' who may struggle with anxiety and trust in social settings. This variance in levels of engagement highlights the importance of creating a safe and supportive environment for all participants.
- **Physical and emotional responses:** The findings indicated that physical engagement in play corresponded with emotional responses. Participants who were initially hesitant became more expressive and active as the sessions progressed, suggesting that physical movement can unlock emotional expression.
- **Collective trauma and healing:** The research acknowledged the impact of collective trauma in South Africa due to its history of apartheid. Participants' engagement with play served as a personal exploration and a collective healing process, allowing the participants to reclaim aspects of their identity and cultural heritage.



Figure 4: Participant in workshop reflecting a dance to other participants, photograph by Dr Disi, 2023

Ethical considerations

The Human Research Ethics Committee at the University of the Witwatersrand School of Arts approved the ethics for this research. All the participants signed a consent form agreeing to be part of the research study, and anonymity was guaranteed in the report as pseudonyms were used. Participant identities remain anonymous in this article, other than photographs where participants gave written permission for their photographs to be used.

Findings

The research aimed to explore how play awakens the inner child in black South African adults, aimed to understand the perception of play within the black African community, and aimed to identify the benefits of consciously integrating play into their lives. Below is a summarised overview of how the research questions were answered.

How does play awaken the inner child in adults?

Play awakens the inner child of adults through various activities such as storytelling, role-play, and games. Participants reported feelings of nostalgia and excitement that reflect the awakening of their inner child. For instance, participants engaged in storytelling and created narratives that allowed them to reconnect with past experiences, revealing repressed emotions and memories. Overall, play was observed to facilitate a return to a more playful, imaginative state, helping participants recognise and express aspects of their childhood selves.

How is play understood in the black African community?

Participants indicated their understanding that play in the black African community is often associated with clear rules, a strong sense of collaboration, and a collective spirit. Participants expressed that play is not only about enjoyment but also about community bonding and shared experiences, which is reflective of the African philosophy of Ubuntu. The rituals introduced in the sessions fostered a sense of belonging and connection among the participants, demonstrating the value the participants place on communal play.

How do black African adults benefit from consciously integrating play into their lives?

Play benefited the participants through their conscious engagement in building emotional intelligence, enhancing social connections, and healing from past traumas. Many participants noted that play provided a safe space for vulnerability, fostering resilience and community support. The participants reported that play helped them reconnect with their inner child and that the reconnection will potentially lead to improved mental well-being and communal relationships.

Relevance of the findings

The findings from the workshops are particularly relevant today as they highlight the importance of play in awakening the inner child of adults, which can foster emotional healing and personal growth. The study demonstrates how culturally relevant play, especially in the context of drama therapy, can

serve as a therapeutic tool to address the impacts of historical trauma and systemic oppression that many people in South African communities face.

Moreover, the findings advocate for a re-conceptualisation of play, not just as a childhood activity but as a vital aspect of adult life that can enhance social relationships and emotional intelligence. This re-conceptualisation of play as vital is increasingly important as people in society today navigate complex emotional landscapes shaped by historical and ongoing societal challenges.



Figure 5: Participants in the workshop reflecting while having a play tea party, photograph by Dr Disi, 2023

Significance of neuro-dramatic play

The study highlights the value of neuro-dramatic play in the following ways:

- **Emotional connection:** Neuro-dramatic play fosters a sense of trust and safety, allowing people to explore their emotions and experiences in a contained environment.
- **Embodiment:** Neuro-dramatic play promotes the development of the brain-body connection, which is crucial for emotional regulation and processing.
- **Healing trauma:** Neuro-dramatic play is particularly effective for people who have experienced trauma, neglect, or abuse, as it helps in building self-esteem, identity, and social relationships.

- **Facilitating play:** Neuro-dramatic play provides a structure for play that can awaken the inner child, allowing adults to reconnect with their playful side and explore their experiences.
- **Cultural context:** Neuro-dramatic play can be adapted to fit the cultural backgrounds of participants, making it relevant and effective in diverse settings.

Neuro-dramatic play is significant as it integrates play with therapeutic processes, helping people navigate their emotional landscapes while fostering a sense of community and belonging through shared experiences.

Neuro-dramatic play is beneficial for clients, including those who have experienced trauma, as it encourages independence, self-reliance, and a sense of identity. The process comprises three developmental stages: creative care, therapeutic ritual and storytelling, and theatre of resilience, allowing participants to engage in various forms of play that affirm their identities and build social connections (Jennings, 2011). The literature suggests that neuro-dramatic play facilitates the development of a body-self, allowing people to live in their bodies securely. It also highlights the importance of role-playing as a method for clients to explore their identities and experiences through a dramatic lens (Jennings, 2011).



Figure 6: Participant in workshop reflecting a dance performed by other participants, photograph by Dr Disi, 2023

Play (including neuro-dramatic play) must be contextualised within the cultural backgrounds of clients. This sensitivity to cultural context means understanding how various communities perceive and engage in play, particularly in relation to trauma and healing (Trammell, 2023).

Key insights of the findings

- **Awakening through play:** Participants reported a resurgence of joyful memories and a reconnection with their playful selves during the workshops, indicating that play can effectively awaken the inner child.
- **Cultural significance:** Participants reported that the integration of Indigenous games and culturally relevant activities fostered a sense of belonging and community among them, reinforcing the importance of cultural context in therapeutic practices.
- **Challenges and resistance:** Some participants exhibited hesitance and anxiety towards engaging in play, reflecting the impact of past trauma and societal pressures on their willingness to reconnect with their inner child.

The findings suggest that play is a powerful mechanism for awakening the inner child in adults, facilitating emotional expression, fostering community connections, and promoting healing from past traumas. The research emphasises the need for culturally sensitive approaches to play that acknowledge the diverse backgrounds and experiences of participants. The research contributes to the body of knowledge in drama therapy and may inspire further exploration of the role of play in various cultural contexts, reinforcing the notion that play can be a powerful method for self-exploration and healing in diverse communities.

In summary, the study showed that play significantly contributes to the awakening of the inner child, is perceived as a communal activity within the black African context and offers various psychological and social benefits when consciously integrated into adults' lives.

Conclusion

This study delves into the implications of the findings for both the participants and the broader field of drama therapy. It highlights the necessity of creating safe, supportive environments where black South African adults can engage in play without judgement. The therapeutic potential of play as a means to

process trauma and facilitate healing is emphasised, alongside the importance of cultural sensitivity in therapeutic practices.

Play is a vital component in awakening the inner child in adults, serving as a pathway to healing and self-discovery. The findings indicate the benefit of further explorations of play in therapeutic contexts with black South African adults and advocate for the incorporation of culturally relevant practices in drama therapy to better serve the needs of diverse populations.

Recommendations

Future research should aim to expand on the findings by exploring the long-term impact of play therapy on emotional well-being and resilience in black Indigenous African adults. Additionally, further studies could examine the role of community-based play interventions in fostering social cohesion and cultural identity.


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Open Studio as a therapeutic model: Responding to the needs of inner-city Johannesburg children

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Short bios

Sheri Errington is a research psychologist registered with the HPCSA since 2005. She has a master's degree in Research Psychology from the University of the Witwatersrand and is a research associate at the University of Johannesburg's Centre for Social Development. She is the director of a non-profit organisation called Fight with Insight, an open-access boxing gym for inner-city children based in Johannesburg. Errington runs a research consultancy called Social Perspectives, which provides research, monitoring, and evaluation solutions to non-profit organisations working with children and young people.

Kate Shand is an HPCSA-registered art therapist who qualified amongst the first cohort of students to study art therapy in South Africa. She has facilitated many creative group processes with adults and children over the years. She regularly hosts Making Healing Dolls workshops along with drama therapist Rozanne Myburgh. She runs a pottery teaching studio in Johannesburg. Kate is also a community art counsellor trainer and University of the Witwatersrand research associate, where she is running a project called The Meaning of

Home with migrant children. Shand is a part-time programme lecturer at the University of Johannesburg's Department of Art Therapy.

Rozanne Myburgh is an HPCSA-registered arts therapist specialising in drama therapy. She has a master's degree in Drama Therapy with distinction from the University of Witwatersrand's Drama For Life. She is also a qualified Expressive Movement facilitator and a Circle of Security Parenting facilitator. She is currently the managing director at Lefika La Phodiso Community Art Counselling and a part-time lecturer in the University of Johannesburg's Art Therapy programme. Her previous work experience in the media industry includes graphic design, journalism, photography, and web design. Myburgh was also an art director and digital editor at Caxton magazines.

Dr Hayley Berman is a Group Analyst (IGA) and has practiced and taught as an Art Psychotherapist for 30 years. She is registered with the UKCP, HCPC and the HPCSA professional bodies. She has a PhD in psycho-social studies. She is the Clinical Lead of Woodford Children's Homes. Hayley is the Founding Director of Lefika La Phodiso (www.lefikalaphodiso.co.za) Community Art Counselling Training Institute in Johannesburg South Africa. Hayley works internationally with individuals, groups, and organisations. She is senior lecturer at the University of Johannesburg and the University of Hertfordshire, and affiliated to Goldsmiths University London, and Lasalle University in Singapore.

Abstract

Children from Johannesburg's inner city live in a context of multiple forms of violence, where the capacity of parents to provide safety, containment, and emotional processing is severely compromised. Lefika La Phodiso: Community Art Counselling & Training Institute (Lefika) is located on the edge of the inner city and facilitates an open studio arts-based programme, which aims to responsively meet the psychosocial needs of the children who attend. This research aimed to gain insight into how Lefika's open studio approach may contribute to creating a sustainable city for Johannesburg's inner-city children, with the participation of children as co-researchers in the project. This study used a qualitative approach, a participatory action framework within art therapy principles, and practises the open studio model. Data collection included meaningful discussions of participant experiences. Data analysis and interpretation were done collaboratively with participants using thematic analysis. Children's community experiences highlighted that

Johannesburg's inner city is no place for children, who consequently seek out safe spaces where they can play, be with their friends and have access to caring adults. Within this context, Lefika's open studio is responsive to participants' needs, promoting experiences of psychosocial well-being. Lefika's open studio model is of inherent value to participants, offering them the opportunity to resist the limitations posed by their inner-city environment. The findings confirm the applicability of the open studio model to inner-city children, and the authors advocate for the widespread replicability of the programme for children.

Keywords: Community art counselling, community experience, inner-city children, open studio, participatory action research, safe spaces

Representative images



Figure 1: Community map created by Lefika open studio participants and used in Session 1 to prompt discussion around children's experiences of the inner city, Lefika's archives, n.d.



Figure 2: Lefika La Phodiso represented as a building on the community map created by the Lefika open studio participants in Session 1, Lefika's archives, n.d.



Figure 3: Lefika open studio participants' images regarding experience and needs linked to Session 2, Lefika's archives, n.d.



Figure 4: Signage painted by Lefika open studio participant in response to the question posed in Session 3: Why come to Lefika?, Kate Shand, n.d.



Figure 5: Participant creating a treehouse representing Lefika as home in Session 3, Lefika's archive, n.d.

Preface

Hayley Berman, the founder of Lefika and the visionary behind the open studio programme, initiated the original research on this article and is therefore included as one of the co-authors. Dr Berman's insights and expertise were instrumental in shaping the study and ensuring its successful completion. The authors would also like to acknowledge the contribution of Sanchia Bignell, the research student who completed the data collection, transcriptions, preliminary analyses and draft write-up of the data, as well as the community art counsellors, particularly Humbu Nsenga, who assisted with data collection during the open studio sessions.

Introduction

Johannesburg is the largest and most rapidly growing city in South Africa. It is a city of mostly migrant people looking for a place to live and who hope to create a better future for their families (Barbarin & Richter, 2001). Inequality,

poverty, and deprivation are pervasive in the inner city fuelling food insecurity, social exclusion, unemployment, economic exploitation, crime and violence in a “destructive cycle of impoverishment” (Crush, 2005, p. 81). Johannesburg is reportedly one of the most dangerous cities in the world, specifically in relation to social contact crimes, such as murder, assault, robbery, and sexual assault (South African Police Service Annual Report, 2022), resulting in the loss of connection and trust within its communities.

Children within inner-city Johannesburg are subject to harsh economic and social circumstances that rob them of their innocence and deprive them of their basic needs (Samson, Morenoff & Gannon-Rowley, 2002). According to one study, “children in inner-city communities experience the same amount of stressful events in one year as other children experience over their entire lifetime” (Gorman-Smith, Tolan & Henry, 2004, p. 140). Inner-city children and youth are at a greater risk for maladjustment, behaviour issues, and poor developmental outcomes (Kaminer & Eagle, 2012; Ozer, Lavi, Douglas & Wolf, 2017; Shields, Nadasen & Pierce, 2008). However, many children living in these inner-city communities show significant resilience to the adversity surrounding them. This resilience is evident in their active resistance to the risk factors that draw many to substance use, crime, and other high-risk behaviours.

Located in inner-city Johannesburg, Lefika La Phodiso (Lefika)¹ recognises the agency of children who attend the centre daily, actively seeking out safe spaces. This inherent strength within the inner-city community has been identified as a key source of intervention in rebuilding the community structure. The community has ultimately led to the establishment of Lefika’s open studio by Hayley Berman (Berman, 2018).

Lefika La Phodiso’s open studio model

Lefika’s vision is to create safe spaces where creativity and containment engender psychosocial transformation (Berman, 2016). In psychoanalytic theory, the term safe spaces is used to describe external and internal structures that provide feelings of safety and a ‘good enough’ space that enables children to thrive and grow (Atlas, 2008). By creating safe spaces,

1 Lefika is an art therapy informed non-profit company situated on the border of inner-city Johannesburg. The organisation’s core functions are to provide training in community art counsellors and offer arts-based therapeutically informed after-school programmes for children from the surrounding communities.

Lefika aims to provide symbolic extended family structures that can unlock inner strength, reduce the effects of violence and trauma, create stronger societal connections, and, in due course, create a safer society. These broad community-level outcomes are well supported in art therapy and open studio models (Block, Harris & Laing 2005; Ierardi, Bottos & O’Brein, 2007; Sutherland, Waldman & Collins, 2010; Wallace-DiGarbo & Hill, 2006; Vick, 1999), and play a crucial role in addressing some of the social and economic challenges that make the inner city an unsustainable place for children.

Set up in August 2014, Lefika’s open studio groups offer an integrated therapeutic after-school space for inner-city children in Johannesburg. At the time of this research, the group sessions took place three afternoons a week with at-risk youth between the ages of four and 16. A typical open studio session starts with a snack, check-in, review of the group contract to establish safety, and then the demonstration of the art activity for that session. The next part of the session involves the creative process, during which community art counsellors facilitate the skill, witness the creation, counsel where appropriate, and keep time. The session concludes with the group congregating around the images and sharing their reflections and experiences.

The model relies on trained community art counsellors² (CACs) to create and maintain a therapeutic group atmosphere of trust and safety (Visconti, 2018). In Lefika’s open studio, the communication of experiences occurs through the language of the creative process (Berman, 2011) and utilises actual objects as resources (Bollas, 1992, as cited in Berman, 2010). This creative process provides for the containment of emotions and the promotion of thought in the child while also promoting the processing and organising of confusing experiences (Berman, 2005). The model prioritises children’s needs for safety and belonging and the need to address trauma as prerequisites for a child-friendly city that fosters inner-city children’s capacity to reach their potential and become contributing community members.

According to Sapsağlam and Eryilmaz (2024, p. 2), the concept of a child-friendly city emerged from “the need for cities to become safer, healthier, and more liveable spaces for children while supporting their social and

2 Lefika offers a Health and Welfare SETA accredited programme to train community art counsellors. This course was developed by Lefika’s founder, Dr Hayley Berman – art psychotherapist, former senior lecturer at Hertfordshire University and a visiting lecturer at the University of Johannesburg – in collaboration and input from various other stakeholders and continues to be offered by Lefika over two decades later.

cognitive development". Using an art therapy approach, Lefika's open studio addresses this need by providing a safe, accessible, supportive environment that promotes psychosocial well-being, resilience, and a sense of belonging while addressing trauma and building social and emotional skills. Central to the concept of a child-friendly city, and subsequently underpinning this research, is the view that children should have opportunities for meaningful participation in matters affecting their own lives and that their perceptions and experiences are of particular relevance in a study exploring children's accounts of their community and their experiences of Lefika's open studio.

With the participation of children as co-researchers in the project, this research aims to gain insight into how Lefika's open studio may contribute to creating a child-friendly city for children residing in inner-city Johannesburg. The open studio incorporates creative media and community mapping to explore their experiences, thoughts, and ideas on what constitutes a child-friendly city, as well as their perceptions of whether Lefika's open studio may contribute to this or not.

Methods

Study design

This study contributes to developing co-produced research where "children constitute themselves as autonomous, responsible, and choosing subjects" (Brown & Dixon, 2020, as cited in Bragg, 2007, p. 346). A participatory action research (PAR) approach is well-suited to the methodological aims of acknowledging children as active agents who have the capacity to make choices about what they do and to express their own valid and worthy ideas and perspectives about their community and experiences (Luttrell & Chalfen, 2010; James & James, 2012; Överlien & Holt, 2021). The PAR approach was applied to promote meaningful opportunities for children to share their perspectives of their communities while recognising that the communities in question are their homes and while acknowledging their agency as young people who grow up there (Thompson & Kent, 2014). The PAR approach was followed to the extent that participants provided guidance around methodological decisions in a preceding session and contributed to the interpretation of the data. This approach influenced subsequent decisions around the implementation of Lefika's open studio. However, the influence

was limited because the overarching research aim was predetermined. The researchers completed the final analysis and reporting of the data. Qualitative phenomenological methods provided a framework for understanding the children's accounts of their community and experiences of Lefika's open studio (Langdrige, 2007; Ormston, Spencer, Barnard & Snape, 2014; Smeyers & Verhesschen, 2001).

Intervention description

The research was conducted at Lefika, and over three (of the regular and ongoing) open studio sessions were held with the same children as participants. The researcher and facilitators transparently discussed the research with the participants during a preceding open studio session. The facilitators were briefed beforehand, ensuring they were equipped to answer any questions arising in their group. These facilitators³ included Lefika-trained CACs, volunteers, and the researcher. The participants were divided into two groups following the same protocol.

During data collection, the typical Lefika open studio routine was closely adhered to using community maps and participants' art as prompts for the discussions and reflections. For the research, Session 1 included accounts of community experience using the community maps prompt. Session 2 focused on creating images that reflect what children perceive their needs to be. Session 3 focused on creating an image depicting why participants attended the Lefika open studio.

With consent from the group, the sessions were voice recorded and transcribed. Data was collected through the artworks created and the discussions held during the session. The researcher then transcribed the collected data after each day and briefly analysed for themes to recap to the children before the next week's session. This recap enabled the researcher to check for understanding and clarify misunderstandings with the children. In this process, the preliminary findings were continually reported to the children for their feedback and input, ensuring their authentic voices were captured. The final report was produced, and the children will present the findings to the community.

3 From this point on, the term 'facilitator' will be used to refer to the CACs, volunteers and researchers who assisted with the facilitation of the sessions.

The only deviation from the regular session routine was the addition of the presentation of themes in Sessions 2 and 3. These themes were derived from a preliminary analysis of discussions in the previous session and presented to participants for their input and interpretation. This process allowed the preliminary findings to be reported back to participants, ensuring that their authentic voices were captured according to PAR protocol. The resulting data was analysed for themes focusing on describing the lived experiences of the attending children.

After each day, the facilitators had a debrief session in which they discussed their groups with each other. Photographs were taken of each child's image after the session and then saved using their pseudonym.

Participants

Purposive and convenience sampling yielded a sample of 30 participants (20 female children, 10 male children) over the three days the research was conducted. Participants ranged in age from eight to 12, live in inner-city Johannesburg, and come from low socio-economic backgrounds. All participants are regular attendees of Lefika programmes.

Measurements and materials

The images created during the sessions facilitated adult-child communications (Brown & Dixon, 2019). Following Överlien and Holt's (2021) recommendations, specific questions were integrated into the group discussion and aimed to prompt participants to share their narratives sensitively. Visual and creative tools, such as community mapping and artworks created by the participants, were used to support the discussions. The participants' art acted as an accessible and familiar medium to communicate experiences and facilitate dialogue, from which key themes were extracted (Morrow, 2008; Christensen & James, 2008; Clark, 2005; Goldman-Segall, 2014; Plowman & Stevenson, 2012, as cited in Lipponen, Rajala, Hilppö & Paananen, 2015).

Procedure and ethics

This research, which encouraged collaboration and was intrinsically therapeutic, was closely connected to ongoing open studio developments and visual research methods involving the participants. The research

processes were reviewed with the participants, and their input regarding the execution of the project was noted. A facilitator fluent in the languages of the participants assisted in the process of transcriptions and interpretation of dialogues that did not take place in English.

Given that the research risked arousing memories of violence and other sensitive topics with a traditionally considered 'vulnerable population', ethical considerations were paramount. The research was granted ethics approval from the University of Johannesburg's Human Ethics Committee (REC-010039-2021). In accordance with Lefika's ethical protocols, guardian consent and assent forms were distributed to potential participants prior to the commencement of the research. Important considerations were given to the power relations of the child-adult researcher relationship (Myall, 2000, as cited in Greene & Hill, 2005), which led to a greater emphasis on the inclusion of the participants in the research process (where possible). These considerations were extended to the CACs, bearing in mind the limitation posed by participants having to share their perceptions and experiences of the programme with the facilitators of that programme. When this was discussed with the participants during the preceding session, the decision was jointly taken to continue the process with the CACs as session facilitators, as the participants reported feeling comfortable sharing their experiences openly with the CACs.

Pseudonyms have been used to ensure anonymity in order to protect the privacy and safety of the participants (Babbie, 2013). With consent, photographs of the images created after each session were taken and saved using pseudonyms. The data collection procedure did risk distressing the participants by asking them to provide detailed accounts of community experiences. A mitigating factor to this risk was that sessions were held within the therapeutic space by psychodynamically trained CACs, who are equipped and trained to contain potentially distressing emotions. Furthermore, participants were offered free counselling through a partnership with the Johannesburg Parent and Child Counselling Centre in the same building.

Data analysis

Thematic analysis as a qualitative method was utilised to ensure that the themes were "concerned primarily with lived experience" (Langdrige, 2007, p. 85). The focus was not to explain the participants' experiences but

rather to provide a rich description of the first-person subjective accounts of the community, Lefika's open studio, and the personal meaning given to these experiences by the participants (Langdridge, 2007). A preliminary thematic analysis was completed after each session, and the themes were presented to participants for discussion, refinement, and interpretation at the following session.

Results

This results section presents the overarching themes that arose in relation to each of the three sessions conducted with the participants. Session 1 utilised community mapping to explore participants' experiences of inner-city Johannesburg, and the resulting theme was that "Johannesburg's inner city is no place for children". Session 2 focussed on creating images that depicted what participants perceived their needs to be, and the theme of "a child-friendly city has safe spaces" arose. Session 3 included the creation of images relating to why children attend Lefika open studio, and this resulted in the final theme that "Lefika's open studio model is responsive to the needs of children". These themes are presented briefly below, with some examples of the related data.

Johannesburg's inner city is no place for children

In the first session, the assortment of images relating to the community mapping activities prompted narratives detailing first-hand and second-hand accounts of violence and abuse in a variety of contexts, including public spaces, school, and home. The narratives of violence in public spaces included witnessing men physically fighting, a woman being pushed out of a building window, community vigilantism (stoning), child abduction, gangsterism, and rape (being the most frequent).

I've seen two North Africans in a car that is black, they caught two girls, they said come and take the R50, and then those ones they said okay I'm coming, and then they said no not R50 only, 150 and then those girls came and then they said thank you and they throw them in and then they raped, they raped, they raped and then they throw them outside. We saw their bodies in front of our school (Participant V, Session 1).

It was disturbing to find that most experiences of violence in public spaces occurred either around these participants' homes or schools or on their journey between home and school.

[...] I'm learning on [name of school], so when I'm coming there, there was a, there was a fight [...]. I was going home so ma'am we are taking a transport behind the fast food [...]. So I saw another lady fighting another man [...]. Ja I was walking, he was here. Then I was walking and I saw the girl down here. Then there came blood here [...]. She falled down the window, falled down, the man did push her [...]. (Participant J, Session 1).

In the above instance and the below instance, many of the participants' experiences highlighted the gendered nature of violence that is pervasive in South Africa.

Ma'am that girl was naked, that girl was naked running. Because they were they were wanting to rape her, ja, ja. She was running into her flat [...] (Participant LI, Session 1).

The majority of participants had experienced at least one instance of violence in a public space, with a small number having experienced it on multiple occasions. These experiences extended to instances of being chased and beaten by security guards after playing in public spaces that were only discovered to be out of bounds afterwards:

I play at where my flat, but we run around my flat, she knows, and [...] The security chases us [...] (Participant AV, Session 1).

This particular narrative raises the question of whether inner-city children would experience this extent of reported violence if they have access to more parks, sports facilities and recreational services, where responsible adults are in attendance to care for and protect children. Unfortunately, schools, which are mandated to provide a safe learning environment with caring adults, were also experienced as sites of abuse by all of the participants. As described by two participants:

The teachers sometimes, some days they are very mean to us [...] By beating us and punishing us (Participant Z, Session 1); and

And here [pointing at art work] I'm sad because they are beating me at school[...] When she's [teacher] beating us with a belt, and [...] jumping [...] (Participant N, Session 1)

In addition to physical abuse, these young people also experienced emotional abuse by teachers and peers at their schools. The above responses show evidence of how these participants' experiences of abuse at school made them feel either angry or sad. Their experiences of violence at school were different from their experiences of abuse at home, which were also common, and made them feel confused:

I'm confused that my family love me and support me but they still beat me (Participant N, Session 1).

The participants' narratives emphasise how pervasive violence and abuse are in their daily lives. It occurs across multiple contexts frequented by children and at the hands of peers and adults, some of whom are mandated with the care and protection of children:

Yes, ma'am, because ma'am, ma'am when at your house they are abusing you, then when you go out the house they are abusing you again (Participant AB, Session 1).

The widespread experiences of violence and abuse that these participants encounter in their daily lives are consistent with prior findings of the polymorphic violence found across South Africa (Seedat, Van Niekerk, Jewkes, Suffla & Ratele, 2009). The findings demonstrate how these participants' exposure to violence is being internalised, which puts them at increased risk for mental health problems such as substance abuse, violence, and aggressive and anti-social behaviour (Mathews & Benvenuti, 2014). Thus, therapeutic interventions that help process the emotions and experiences of children who live in these environments have become a vital necessity. Where there are no interventions, the literature describes poor outcomes in developmental gains, educational achievements, self-esteem, emotional security, as well as cognitive and behavioural problems (Bateman, 2015; Wise & Meyers, 1988, as cited in Mosavel, Ahmed, Ports & Simon, 2015).

A child-friendly city has safe spaces

Shared public spaces are often promoted as a key to building a sense of community, which means strengthening meaningful interpersonal relationships and creating a sense of belonging. The core of how cities work is the public places where people come together. During the community mapping session, the participants' discussions clearly pointed to the need for community spaces centred on where children go to be with their friends. A second aspect raised in the discussions was the aspect of violence. Unfortunately, the narratives show that many of the open spaces where the participants play are unsafe:

Yes, when the Bad Boys security⁴ arrive[...] They beat us with a key holder [...] They didn't want to see us outside [...] (Participant JO, Session 1).

It also appears that sometimes the building where a child lives is not even a safe place to play with friends. The following experiences describe this lack of safety:

The flat, boring joh. Somebody play by the passages. Then security just come with a jambok [heavy leather whip] and start beating up people (Participant CA, Session 1).

A notable feature of the participants' narratives is that the only adults mentioned are adults who are aggressive, violent, or involved in crime and substance misuse. A lack of supervision by caregivers is a common feature of children's inner-city life (Ruiz-Casares, Nazif-Muñoz, Iwo & Oulhote, 2018). In the context of inner-city Johannesburg, which consists largely of low-income families where parents work long hours in low-paying jobs and cannot afford child care, children are commonly found to be unsupervised when they are not in school. Without mindful supervision, children are at greater risk of unsafe play, for example:

We were just playing the cricket that you light it [firecracker], and then that dad I shiya goona [hit] I ran, I ran, he catch Mathew, he hit him [slap sounds] [...] catch James [slap sounds], ah, he catch me with the jewellery gha. Joo joh (Participant LI, Session 1).

4 Bad Boyz Security is a security company operating in Hillbrow, Johannesburg.

Safe spaces are spaces where children feel secure enough to explore, take risks, and learn in an environment free from potential harm, judgement, and criticism (Djohari, Pyndiah & Arnone, 2018). Mindful adults help to create these spaces for children, as illustrated in this response about how, even at school, participants wish that they had an adult watching over them during playtime:

Why don't they send some of the teachers at the playground? [...] Because people are beating each other, hitting each other, they are telling each other to not tell the teachers about the problem (Participant AI, Session 1).

In the discussion, it became clear that the absence of a sense of safety (as a result of widespread experiences of violence and a lack of safe spaces to play) negatively impacts participants' mental health. There were several comments in the discussions about this: *"I'm scared [...]"* (Participant LI, Session 1); *"[...] I am lonely [...]"* (Participant AI); *"Ma'am, I want to run away and forget"* (Participant MA, Session 1); *"Sad, I did want to go, I did want to go outside and have a fresh air"* (Participant NA, Session 1).

Participants' protests about the violence, lack of safe places, and absence of caring adults is unmistakably clear in their descriptions of where and how they play in the city, despite the many dangers that exist. The participants showed considerable resistance to the default position of being *"scared"*, *"lonely"*, *"sad"*, and *"bored"* in their pursuit of safe spaces where they could be a part of a community and spend time with their friends. This resistance is what brought many of the participants to Lefika.

Lefika's open studio model is responsive to the needs of inner-city children

During Session 2, participants created artworks depicting experiences of safety and fun. The artworks often referred to Lefika in this context. During Session 3, the participants were asked to create their safe space, and they created homes – linking Lefika to the home that they had created, as suggested below:

Participant CA: "This is a tree house, where I can be safe"

Facilitator: "Okay wow, you have a little door there. [Reads sign on door] "Welcome to Lefika'.

Within the community environment, the participants described how they often feel lonely and bored because friends are prohibited from visiting and/or playing in the buildings where they live. This experience in the community was contrasted when the participants expressed that one of the special features of Lefika's open studio is that they get to spend time with friends, as described below:

Participant AB: Open studio is special because most people are there, open studio, and I always see many people coming here.

Facilitator: Okay so you see a lot of, a lot of your friends come here.

Participant AB: "Yes.

Not only did the artworks of the participants depict Lefika as a safe space where they can connect with friends, but the related discussion also highlighted that they felt cared for by the facilitators:

Participant MA: Ma'am I feel happy because you are, many teachers [facilitators] are kind here.

Participant JO: You are the only people that are kind here in Jozi [Johannesburg nickname].

A clear example of the participants' positive experiences of the facilitators was expressed in the following discussion:

Participant MA: Ma'am can you please be my play play mother.

Participant UN: Also me ma'am. Also me ma'am.

Participant CH: I love Miss 'Humbu' (facilitator) she's like my mom.

The participants' perceptions of the facilitators as parental figures are significant, suggesting that even though they may not receive support at home, the participants have secured a place where they can receive support and have their emotions contained. In order to escape the violence, they have found an "island of safety" (du Plessis, Kaminer, Hardy & Benjamin, 2015, p. 87). Lefika responds to the participants' needs for parental warmth and care through the caring facilitators, whom the participants perceive as kind, mother-like figures. The facilitators provide the participants with a good-enough experience that they can internalise, which will enable them to seek

out and identify other good-enough experiences when they encounter them in the real world (Nicolaidis, 2016).

In addition, the participants tend to seek affirmation or have their work acknowledged by the facilitators, and this is indicative of their desire to be witnessed, heard, and validated. For example:

Ma'am, mama you see my book? It's beautiful neh? (Participant VI, Session 3).

This desire to be witnessed was particularly evident during the discussion about the participants' community experiences. Many participants voiced that their parents often dismiss or disbelieve their accounts of their experiences. This dismissal leaves them feeling unheard and un-witnessed. At Lefika, the sense of safety enables communication and validation, as well as the subsequent self-growth (Moon, 2000, as cited in Green, 2012).

In addition to responding to the need for emotional containment and support, Lefika responds to the need for safe leisure activities. The accounts by the participants of their community indicated a lack of and need for safe leisure activities. For example:

It makes me feel comfortable [being at Lefika]. Because I have teachers, friends. I love teachers because they teach me how to draw and write (Participant AV, Session 3).

The participants value Lefika's open studio, offering them a space to have an enjoyable alternative experience from their daily lives.

Discussion

The findings of this study reveal the multifaceted challenges faced by inner-city children living in poverty and violence. Their experiences reflect that the inner city of Johannesburg is no place for children and that their resulting need for safety and belonging demands therapeutic interventions that adapt to the complex trauma that is pervasive in their lives. In this context, Lefika La Phodiso's open studio approach emerges as a source of responsive support.

Lefika La Phodiso's open studio offers an adaptable approach within challenging contexts. Its core principle of accessibility dismantles barriers to care, reaching children who might otherwise fall through the cracks of traditional support systems. Lefika's emphasis on individual exploration and

peer interaction fosters a sense of community and belonging, reminding children that they are not alone in their journeys. As they witness each other's artistic expressions, a tapestry of shared experiences is woven, fostering empathy and resilience within the safe haven of the open studio. By providing a platform for unspoken narratives to be heard and understood, it has the potential to provide vulnerable children with the opportunity to rewrite their own stories.

Once at Lefika, the open studio provides a safe space for children to express their lived realities on their own terms. The non-verbal nature of community art counselling addresses the limitations of traditional talk therapy, particularly for children struggling to articulate their trauma. Through artistic expression, they can externalise their complex emotions and experiences in a safe and non-threatening way. The open studio fosters a sense of community and belonging. Shared artistic exploration encourages empathy and understanding between children facing similar challenges. This peer support network transcends individual struggles, creating a collective space for healing and resilience. This collective space is particularly impactful for children navigating isolation and a sense of disconnection within their broader communities. The open studio becomes a safe haven where they can find solace and strength in shared experiences.

When children actively engage in creating their own understanding, they gain self-assurance, grasp their capacity for agency, and tap into their own creativity (Shand, 2023a). While acknowledging the pervasiveness of violence, the Lefika open studio model encourages us to move beyond the simplistic label of 'victim'. By recognising the agency embedded within these children's narratives, we can empower them to heal, find solace in the community, and advocate for systemic change. In a city devoid of safe public space, the safe space provided by Lefika's open studio gives these children the opportunity to experience connection, meaning, and agency, as well as, most importantly, a sense of hope.

Limitations

The limitations of the research include a possible response bias as one-time participants cannot be asked why they did not return, which may be because the programme did not meet their needs. It is also important to bear in mind that the knowledge of the participant's experiences was constructed

in conversations between them and the facilitators, based on the image created by the participants in response to a provided prompt (Waller & Bitou, 2011). As a result, the findings are inevitably inferential, partial, and relational, dependent on multilevel interpretations and co-constructed both temporarily and culturally (Greene & Hill, 2005; Luttrell & Chalfen, 2010). Along similar lines, another limitation is that of reliability. Social demands may have influenced the exchanges between the researcher and participants, who may have responded in ways they believed to be pleasing to the facilitators rather than truthful (Greene & Hill, 2005). Finally, there are limitations to the degree to which the research was participant-led. Greene and Hill (2005) and Lomax (2012) point out that regardless of all possible attempts to achieve true PAR, research will always be fundamentally constrained to existing research agendas.

Although there are benefits to Lefika's model, it is crucial to acknowledge the complexities inherent in such open-ended approaches. The lack of structured interventions might not be suitable for all children, particularly those requiring more intensive therapeutic support. Additionally, the potential for re-traumatisation through peer interactions needs careful consideration and requires skilled facilitation from Lefika's community art counsellors. While acknowledging the need for ongoing research and refinement, the model undoubtedly holds immense promise for supporting vulnerable children in navigating the harsh realities they face.

Conclusion

For children living in contexts of poverty and violence, the concept of 'home' often loses its inherent promise of a sanctuary and a secure base. The findings from the study highlight the daily realities that these children and their families face, namely economic hardship, food insecurity, and the omnipresent threat of physical or emotional harm. We may not easily escape our societal restraints, but within them, we can make meaning that is of value to us in communities of practice if we are given the right context (Stein, 2008). In these bleak landscapes, the need for safe spaces transcends mere physical refuge. The safe spaces become emotional havens where fear can be replaced by solace, hope, and self-expression. Lefika's open studio, with its safe container, provided the context in which the children could explore, reflect, connect, and create their own images. Herman (2015, p. 55) notes,

“Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning”. However, when the setting is safe and supportive, group participants find the confidence to express themselves, even if it means risking mistakes (Shand, 2023b).

Lefika’s open studio model is 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. The model is group-based, short-term, trauma-informed, and supports emotional well-being.

This article explored the community experiences and needs of children from inner-city Johannesburg and their experiences of Lefika’s open studio. It is evident from the findings that pervasive violence makes the inner city an unsafe place for children. The participants’ narratives highlighted that inner-city children actively seek safe spaces to play and to be with friends. Lefika’s open studio responds to this need and facilitates containment and development of internal resources in ways that help inner-city Johannesburg children process their experiences.

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Revealing intergenerational traits and self-compassion through therapeutic creation

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Short bio

Elize-Helé Kieser is the Head of the Department of Visual Art in the Further Education and Training (FET) phase at SAHETI School. She has 17 years of teaching experience in creative and visual arts, technology, and life orientation. Kieser is currently completing her Master of Art Therapy at the University of Johannesburg. She completed her Baccalaureus Technologiae in Fine Art (*cum laude*) in 2006 and a BA Honours in Art Therapy (*cum laude*) in 2022.

Abstract

Community arts counsellors work in the complex socio-cultural landscape of mental health care in South Africa, providing vital support to under-resourced communities amidst a shortage of mental health workers. Initially, the article intended to showcase the impact of group narrative art therapy on community arts counsellor trainees' (CACTs) self-awareness and empathy, but the process quickly revealed self-compassion as integral in developing these qualities. I observed some CACTs' natural inclination towards self-compassion, while realising that others needed to allow self-compassion to emerge more gradually. Using a reflective lens helped me understand and appreciate that enhancing self-awareness and empathy may assist CACTs in supporting clients effectively while fostering a compassionate therapeutic environment. A qualitative, interpretive approach with six CACTs was used, employing thematic analysis of artwork and personal reflections to provide insights into participants' experiences during sessions. The group setting offered a shared experience, which enabled these CACTs to become aware of other perspectives, thereby improving self-awareness and empathy. Three case vignettes showcase moments where participants reflected on the creative process and expressed meaning through personal and familial narratives.

Keywords: Community arts counselling training, empathy, self-awareness, self-compassion

Introduction

The study forms part of my master’s dissertation and was conducted at Lefika La Phodiso,¹ where six community arts counsellor² trainees (CACTs) participated in four weekly one-hour narrative group art therapy sessions. The initial goal was to explore how participants’ self-perceptions about their personal and familial experiences were informed by traits that had been passed down from previous generations. The aim was to investigate the implementation of narrative group art therapy to enhance self-awareness and empathy through primary and familial caregiver narratives. However, my focus shifted to self-compassion after noticing aspects of the CACTs’ inner critical voice emerge in their reflections. While still within the context of engaging with intergenerational relationships, this shift highlighted that the CACTs’ self-worth and identity might be entangled in the histories of their lives.

Various creative processes³ and mediums were used in this study to explore possible intergenerational traits inherited by the CACTs. By examining inherited traits, individuals gained insights into their emotional responses and beliefs. The insights facilitated self-awareness, helping to identify possible negative traits they wanted to break. The group setting enabled CACTs to share their experiences while becoming aware of others’ perspectives, improving self-awareness and empathy.

Given that CACTs are trained to work with diverse populations, including marginalised adults and children, using creative and expressive arts in this way

1 Lefika La Phodiso is a non-governmental organisation (NGO) based in Johannesburg, South Africa. The organisation offers various programs and workshops for children, youth and adults from diverse backgrounds from the inner city. Creative expression and therapeutic art approaches are used to empower individuals and strengthen communities.

2 The community arts counsellor training programme was established by Lefika La Phodiso’s founder Hayley Berman (2017, p.1-2) “to make art [counselling] available to under resourced communities to deal with the effects of the HIV/ AIDS pandemic, the ramifications of multiple losses, as well as aspects relating to poverty, crime, violence, and trauma”. Community arts counsellor training is conducted in groups as community arts counsellors facilitate arts counselling in multi-cultural groups (Berman, 2017, p.1-2).

3 The creative process involved CACTs using a range of art materials to explore their primary or familial caregivers’ narrative, expressing their interpretation of these experiences and corresponding emotions in a visual artwork.

provides valuable insight into how art counselling can be used to promote healing, growth, and social transformation. By learning to navigate their own intergenerational narratives, the CACTs can apply the knowledge gained through this journey to connect with and support others, fostering healthy coping styles and resilience.

The uniqueness of this research study lies in revealing self-compassion as a central component in the development of self-awareness and empathy through narrative group art therapy. This research provides insight into respecting multiple cultural backgrounds and understanding the historical impact of this group's intergenerational narratives in shaping individual identities. The research highlights the importance of integrating an intersectional and intergenerational lens to deepen understanding of self and enhance empathy while emphasising self-compassion and reflective practice in therapy. Furthermore, when reflecting on how these narratives have shaped them, CACTs may be better prepared to use compassion-focused approaches in their own work. The study also contributes to existing research by offering a new approach that integrates Neff's (2003, p. 86) concept of self-compassion and compassion-focused art therapy into mental health training programmes.

The article begins with a brief review of the literature on how self-compassion is linked to self-awareness and empathy. The literature considers the potential benefits of integrating self-compassion into one's practice of self-reflection and the implications for counselling work. The methodology section details the art processes used by participants to explore individual and familial narratives. The article presents three case vignettes from Session 3, where artworks depicting the transformation of a personal trait revealed aspects of self-compassion. The article concludes with a consideration of the implications for future CACTs understanding the importance of self-compassion in the South African context, where diverse narratives shape personal and collective identities.

Literature

Self-compassion, self-awareness, and empathy

Self-compassion was introduced in *Toward a Psychology of Being* by Maslow as an important component of "emotional maturity" (Neff, 2003) and has been expanded on by Kristin Neff (2003), Paul Gilbert (2009), and Christopher

Germer (2009). Their work emphasises “fostering nonjudgmental, forgiving, loving acceptance for oneself and others” (Neff, 2009). Neff’s (2009) approach is also based on Theravada Buddhism, which promotes the development of kindness and compassion while encouraging interconnection and empathy for others (Gilbert, 2010, p. 3; Tiloka, 2024, p. 3295). The Dalai Lama’s definition of compassion aligns with community arts counselling’s goal of reducing suffering by recognising and addressing personal distress (Gilbert, 2010).

Sidney J. Blatt (1995) emphasises integrating “concern for self and others” as essential for treating people with care and kindness. Enhancing CACTs and other mental healthcare providers’ self-compassion may foster healthier interpersonal relationships, thus encouraging the providers to interact as kind, generous individuals with fewer “self-critical tendencies”, as Neff (2003, p. 87) has suggested. Self-compassionate counsellors may also use their “presence to change how [individuals in the groups] think and feel about themselves” (Neff & Germer, 2019, p. 58).

CACTs may therefore enhance their effectiveness in group counselling spaces by incorporating the three main components of Neff’s (2003, p. 86) self-compassion approach, which is “self-kindness, common humanity, and mindfulness”. By modelling these components, certified community arts counsellors can help their clients integrate “respect, kindness, and empathy” (Gilbert, 2010, p. 3) into their own lives. This approach enables counselling to become a form of support and protection for the clients and others (Haeyen & Heijman, 2020, p. 4).

Self-compassion therapeutic models

Recent therapeutic models such as the mindful self-compassion (MSC) programme developed by Neff and Germer (2019, p. 358) and compassion-focused therapy (CFT) designed by Gilbert (2010), which uses cognitive behavioural therapy as its foundation, have incorporated mindfulness and self-compassion into psychological health treatments. These models demonstrate that self-compassion plays a significant role in mental health care when used to empower individuals to treat themselves with kindness and understanding while enhancing psychological well-being and resilience.

Despite their compassion-focused approach, these therapeutic models do not include aspects of art therapy. I did however come across two modified therapeutic interventions that incorporate art therapy to promote

compassion-focused work. The first was Sherry L. Beaumont (2012, p. 4), who adapted Gilbert’s compassion-focused therapy and introduced compassion-oriented art therapy (COAT). This therapy targets young adults facing challenges related to “self-criticism and shame” due to “experiencing gender variance”. COAT uses expressive art techniques such as guided imagery and mindfulness to assist individuals in recognising challenging emotions while being able to verbalise them in a compassionate way (Beaumont, 2012, p. 4). The second is the ONEBird model created by Patricia R. Williams (2018, p. 23), which combines aspects of mindful self-compassion training, compassion-focused therapy, art therapy, and mindfulness. Williams (2018, p. 24) believes that the inherent creative process in art therapy increases the possibility of developing self-compassion skills and other resources associated with the regulation of emotions.

Beaumont (2012) and Williams (2018) highlight creative expression as a therapeutic tool by illustrating that combining art therapy with compassion-focused approaches addresses emotional concerns, self-criticism, and shame while using mechanisms such as emotional regulation, self-acceptance, and resilience building. Recognising the role of emotional regulation in developing compassion for self was significant when considering the impact of interpersonal interactions on emotional regulation. Interpersonal emotion regulation (IER) emphasises the importance of regulating one’s own and others’ emotions through group interactions, resulting in a more supportive and empathetic environment.

Intersectionality and identity

The idea of intersectionality aligns closely with Savneet Talwar’s (2011, p. 15) and Lynn Weber’s (1998, p. 24) assertion that identity consists of complex sets of intersecting shifts and changes in various social structures. Intersectionality emphasises the importance of considering race, class, gender, and sexuality as they are interconnected.

In *Soul without shame: A guide to liberating yourself from the judge within*, Byron Brown (1999, p. 18, 26) speaks to the importance of bringing “attention to personal inner process – how you think and feel about yourself and your life – making you aware of forces that shape that process”. This awareness may help CACTs recognise their own “maladaptive patterns of thought, feeling,

and behaviours” (Brown, 1999, p. 20), providing crucial understanding in guiding others through their personal journeys.

Intergenerational narratives

Navigating complex cultural contexts and narratives is a significant component of a community arts counsellor’s role in providing mental health care in South Africa. Investigating intergenerational narratives becomes an important undertaking for individuals interested in being mental health practitioners. CACTs need to manage their personal and familial narratives in relation to the intergenerational narratives of those they may encounter. Sylvia Z. Hartowicz (2018, p. 218) acknowledges that “our realities have been constructed by the stories” passed down, impacting present and future generations, and thus I argue that making generational inquiries is important for understanding one’s story. Intergenerational storytelling involves sharing personal life experiences and exploring their connections to societal and cultural contexts (De Leeuw et al., 2017; Pennebaker & Seagal, 1999). In addition, Brown (1999, p. 42, 65) points out that learning about yourself makes you more compassionate and grounded, as well as able to perceive reality while connecting with your experience.

Nathalie Rogers et al. (2012), Cathy Malchiodi (2005), and Sylvia Z. Hartowicz (2018, p. 70-71) underscore the use of various therapeutic approaches to bring intergenerational narratives to consciousness. They have established that art modalities and creativity promote awareness, support emotional development, and improve relationships with others. Patricia Leavy (2017) adds that making art benefits personal growth through emotional expression, communication, and self-reflection.

Conceptualising self-compassion in narrative group art therapy

The narrative group art therapy approach integrates the principles of narrative therapy with creative art therapy processes to express, reflect on, and reframe the CACTs’ experiences within the group setting. Shirley Riley (2001, p. 7) points to the importance of focusing on an individual’s interpretation of their artwork as significant for understanding the artmaker’s intention and experience. Creating visual images allows groups to explore intergenerational narratives related to ‘human existence’. This visual image creation empowers

CACTs to “accurately see and experience who they are” while acknowledging and moving beyond possible challenging experiences (Moon, 1995, p. 7-8). Cathy Malchiodi (2007, p. 54) and Pat Allen (1995, p. 22) highlight the importance of “finding personal meaning in one’s images”, offering “new perspective[s] as we begin to know ourselves”. Reflecting on their artworks within the group may assist CACTs in confronting and processing difficult emotions compassionately, enhancing collective understanding and empathy within the group. Finally, group dialogue leads to a “deeper, more intimate exchange” in which individuals in the group can “access emotions and thoughts that may not be within reach consciously” (McNiff, 2004).

Group dynamics and therapeutic impact

Catherine H. Moon (2002, p. 201, 214) highlights the significance of bearing witness in art therapy groups. Witnessing is a process where participants and therapists reflect on what they see, observe, and take note of during the session. Through this reflective activity, CACTs deepened their understanding by witnessing others’ stories, offering opportunities for greater self-awareness and self-compassion within the group. I observed how the process of being witnessed made participants feel seen and understood, validating their sense of belonging. This first-hand experience shows the benefits of the therapeutic alliance that may lead CACTs to the cultivation of important counselling skills related to group dynamics.

Riley (2001, p. 2) suggests that the group acts as a tool for change. Sophia Vinogradov and Irvin D. Yalom (1989, p. 1, 9) emphasise that interpersonal interactions in the group may be affected by the group’s dynamics. The group setting may therefore play a significant role as a therapeutic tool due to the impact of the interpersonal interactions on emotional development (Vinogradov and Yalom, 1989, p. 8). Riley (2001, p. 3-4) believes that groups become a microcosm of society as interactions within the group may recall lived experiences and emotions, as well as create connections between participants.

Methods

In this study, I employed a qualitative interpretivist framework as outlined by Joseph Ponterotto (2005, p. 129) to gain insight into the subjective experiences of the participants during their arts-based exploration of personal

and familial narratives. The interpretivist framework was helpful in developing an understanding of how reflectively applying Neff's (2003) self-compassion approach and the compassion-focused art therapy approach enabled me to become aware of self-compassion during the study. This framework assisted in uncovering personal metaphors and meaning through the artmaking process. Ponterotto (2005, p. 129-131) asserts that interpretivism allows for in-depth exploration of how individuals construct and understand their realities. This process facilitated a rich, shared visual and verbal exploration of personal and intergenerational narratives.

As mentioned at the start of the article, I was unaware of the important role self-compassion plays in becoming more self-aware or empathetic. To better understand this finding, I used thematic analysis⁴ to identify Neff's (2003) three key principles of self-compassion: self-kindness, common humanity, and mindfulness, which were reflected in participants' narratives and artwork. I subsequently also included some of the principles of the compassion-focused art therapy (CFAT) programme as an evaluation tool (Table 1).

Table 1: Compassion-focused art therapy (CFAT) components

Objective 1: Experiencing emotions in the present moment mindfully and with focused attention

Objective 2: Recognising and distinguishing one's own emotion regulation systems

Objective 3: Expressing and regulating emotions constructively

Objective 4: Using improved self-compassion skills

I believe that the compassion-focused art therapy approach offered me a useful framework to use as a post-intervention analysis tool. This approach allowed reflection on the artworks and shared narratives of the CACTs who participated in the study.

The study employed purposive sampling, selecting participants from the 2020/2021 to 2024 community arts counselling training groups. Sessions comprised four two-hour group art narrative therapy sessions and one individual interview session. Four of the six CACTs were women, three identified as white, and one classified herself as brown. The other two CACTs were men and classified themselves as black. The CACTs' ages ranged from 21 to 60. It is important to note that the sample lacked diversity, as not all South African demographics were represented.

4 Thematic analysis is a qualitative research method used to identify and analyse themes reflected in artwork and group discussions, providing insight into the CACTs experiences.

Each weekly in-person session was conducted at Lefika La Phodiso and lasted two hours. The arts-based and group narrative art therapy approach facilitated participants moving towards greater self-awareness across the four sessions. The open directives (Table 2) encouraged CACTs to create artworks that explored intergenerational traits, while the existing relationship between some CACTs promoted open discussions of personal and intergenerational dynamics.

Using various artistic mediums to immerse themselves in the creative process aligned with Shaun McNiff's (1998, p. 15) concept of finding a fulfilling path of inquiry to reflect creatively and tangibly on family narratives. This approach enabled CACTs to delve into aspects of their intergenerational narratives, gaining understanding through personal exploration (Tables 2, 3, and 4).

Table 2: Summary of the four sessions

Session 1: CACTs were welcomed and introduced to one another. We addressed ethical concerns and participants signed consent forms. At the start of the session, we briefly discussed aspects that would ensure a safe space for participants. The first directive was then introduced, inviting CACTs to create a visual genogram to depict significant people in their lives and their relationship to various individuals. Making the genogram led to a discussion by CACTs on how they are situated in their family structure. The second directive asked participants to create an artwork that represented their primary caregiver.

Session 2: CACTs were asked to do a brief check-in to say how they were feeling. The directive for this session invited participants to explore an aspect of themselves that they believe may have been passed down from their caregiver or someone in their family line.

Session 3: The session started with a brief check-in to discuss any key points that may have arisen from the previous week's exploration. I then introduced a two-part directive: The first was for participants to think about and depict a personal trait that they felt that they might want to shift (change). The second directive invited individuals to transform their original artwork in some way to demonstrate the shift they wanted to make.

Session 4: The final session's check-in encouraged participants to highlight an aspect of change that they had become aware of during the three weeks that had passed. The directive invited participants to create an artwork portraying one or more of the significant moments of self-awareness that they had experienced over the three previous sessions.

Table 3: Thematic analysis related to Neff's self-compassion components

CAC trainee	Self-kindness	Common humanity	Mindfulness
Ren�e	Depicted herself as a phoenix rising from ashes.	Struggle with self-worth linked to paternal and societal expectations.	Awareness of being in a "transitional space".
Dumisani	Challenged himself to use non-dominant hand linked to processing and expressing his emotions.	Insight into shared experiences. Understand that others face similar rejection.	Acknowledged feelings of fear and discomfort in navigating different spaces.
Lindiwe	Accepting her need to take her time.	Recognising that everyone navigates challenges while learning self-acceptance.	Reflective approach to her journey of self-discovery and acceptance.

Table 4: Thematic analysis related to compassion-focused art therapy

CAC trainee	Objective 1 (Awareness of emotions)	Objective 2 (Drive and resource seeking)	Objective 3 (Emotional regulation)	Objective 4 (Improved self-compassion skills)
Ren�e	Displayed variety of emotions - confusion and entanglement depicted.	Acceptance of termination of PhD, shift focus to health - diabetes.	Embracing her situation, transformation depicted in artwork.	Let go of societal pressures and transforming future aspirations.
Dumisani	Processed his anger and other emotions through art.	Enrolled in community arts counsellors training programme to find coping resources.	Regulated emotions through art, resulting in self-awareness and healing.	Visual exploration of suffering and growth demonstrated in artworks.
Lindiwe	Awareness of anxiety and acceptance in the moment - allowed herself to take her time.	Acceptance of her anxiety and process - using self-compassion as resource.	Emotional regulation through self-acceptance and acknowledgment to the group.	Recognise interconnected aspects of her life, promotes self-acceptance.

Reflective practice

CACTs were encouraged to reflect on their experiences during the four two-hour sessions that took place over four weeks. Session 3 specifically encouraged CACTs to explore traits they may not wish to pass on to the next generation. The creative and reflective approach in this session illuminated possible negative traits CACTs wanted to shift. This approach aligns with Carl Rogers (1959), who asserts that reflective practice facilitates an internal shift in focus, which is crucial for connecting group art therapy and narrative processes. As supported by Karen Machover (1949), reflective practice promotes meaning-making and self-compassion through self-reflection and critical conversation with oneself and others. Reflection provided CACTs with opportunities to analyse and evaluate their experiences, helping participants internalise their learning.

Individual interviews

The data collection and reflective process concluded with individual interviews that provided insight into each CACT's personal journey. Each interview lasted approximately one hour. Participants were asked 11 questions relating to their experiences, offering more detail about their journeys and possible shifts experienced. Although crucial for my dissertation, the interview data did not contribute to the concept of self-compassion and was excluded from the article.

Questions 1 to 10 provided CACTs with an opportunity to reflect on their experiences during the four-week therapy sessions. The questions enabled a comprehensive evaluation of the therapeutic process, highlighting areas of individual growth, recurring themes, and the impact of group dynamics. Additionally, the questions uncovered insights about individual experiences that CACTs may not have shared during the sessions.

Ethical considerations

Permission to conduct the research was obtained from Rozanne Myburgh, managing director of Lefika La Phodiso. Ethical approval was granted by the University of Johannesburg's Faculty of Art, Design and Architecture Higher Degrees Committee and the Faculty of Education Research Ethics Committee (SEM 2-2023-017).

Written consent was obtained from all CAC trainees prior to commencing the research, with additional consent being provided for audio recordings and photographing artworks. To mitigate the impact of uncovering difficult intergenerational narratives, CAC trainees were offered additional support from Lefika La Phodiso's low-cost clinic.

Pseudonyms were used to protect individual identities. These were selected based on aspects that stood out in their personal reflections.

Changing perspectives

The three case vignettes discussed focus on Session 3, where I witnessed a greater degree of self-compassion exhibited by the CACTs. As previously stated, participants were given two directives. First, they spent 15 minutes creating an artwork that explored a personal trait they wanted to shift (change). The second directive encouraged and challenged CACTs to spend another 15 minutes transforming their first artwork in some way to embody the desired change visually. The visual representation encouraged CACTs to recognise aspects of themselves they wish to change, reflecting their external struggles.

Materials provided included various sheets of paper of different colours and sizes, cardboard, magazines, colouring pencils, oil and chalk pastels, watercolour paint, wool, and glue. The session concluded with CACTs sharing their experiences, emphasising their approach to transforming the artwork. Specific questions were asked to explore thoughts and feelings evoked throughout the process. It is important to note that several participants created a second artwork as they found it too challenging to work into and transform the first (Table 5).

Table 5: Sample questions asked during the session

Share the feelings you experienced while creating the first artwork.
 Reflect on how you felt when encouraged to transform the original artwork.
 Discuss the process of transformation. Did you choose to change the original artwork or create a new artwork. Explain how the two artworks relate to each other.
 Describe the trait you chose to present and how you envision shifting this part of yourself in your life.

Upon reflection, it became evident that the directives for Session 3 connected to Johanna Czamanski Cohen and Karen Weihs' (2016. p. 3) concept of

“widening [one’s] perspectives” using various art mediums. This approach allowed the CACTs to experience the transformation of their artwork tangibly, encouraging them to examine the alterations and to contemplate the changes they considered making in their lives. Pat B. Allen (1995, p. 3) expresses that “art is a way of knowing what we actually believe” while being willing to consider alternative perspectives that arise (Isserow, 2013, p. 130).

It also became clear that the act of creation required the CACTs to confront “[them]selves, [their] fears and [their] resistance to change” (Allen, 1995, p. 3), enabling them to identify and facilitate the transformation of traits that did not serve them. Allowing themselves to connect with their vulnerabilities through artmaking promoted “self-understanding” through “emotional expression” (Ponsford-Hill, 2018, p. 77). Reflecting on their experience revealed self-compassion as a key component in the process of connecting with self, as they had to be gentle with themselves while uncovering challenging information. Reflection also provided significant opportunities to establish interpersonal relationships and a degree of empathy within the group.

It is important to reflect on how the Session 3’s directives align with diverse South African socio-cultural and historical contexts, where values and narratives influence personal and collective identities. The transformative focus of these directives offered the CACTs an opportunity to explore their familial narratives in a deeply personal way. The group setting in turn ensured that they were exposed to the broader community’s narratives, fostering understanding and empathy among group members. In addition, reflecting on the visual shifts evident in some artworks offered many individuals a sense of agency and hope. However, it is important to acknowledge that not all the CACTs may have experienced the outcomes in the same way.

Case vignettes

This section presents an analysis of three of the six participants’ creative processes in which I observed aspects of both Neff’s (2003) components of self-compassion and the change objectives of the compassion-focused art therapy programme in their artwork and narratives. The findings highlight each of the CACTs’ individual exploration of specific art materials best suited to their artistic expression. Their artworks and articulation of their experiences revealed aspects of self-compassion needed before the CACTs were able to explore aspects of their lived experience in more depth. The required

aspects of self-compassion revealed in the artworks ultimately led to a richer understanding of self and other group members' lived experiences.

Renée "reborn"



Figure 1: Renée's first artwork, photograph by Renée, 2024



Figure 2: Renée's second artwork, photograph by Renée, 2024

Neff's (2003) principles of self-compassion are evident in several areas of Ren e's artwork and narrative. *Self-kindness* was reflected in Ren e's depiction of herself as a phoenix rising from ashes (Figure 1). Incorporating oil pastels, watercolour, and wool in her first artwork conveyed her complex feelings about the ending of her doctoral journey. The chaotic depiction symbolises her confusion and entanglement due to external expectations. Her "desire not to disappoint herself, [her father], [the] university, [or] colleagues" echoed the universal struggle of self-worth linked to *common humanity*.

Ren e's acknowledgement of loss and disappointment about the doctorate uncovered an intergenerational trait of seeking approval and validation from others, which may have influenced her self-worth and emotional responses. *Mindfulness* was shown in Ren e's awareness of being in a "transitory space" and recognition of inner confusion. She explained that "the phoenix [was] still very caught in the ash", adding that "I'm trying to find the phoenix but there's so much other stuff". Her mindful approach was further demonstrated by her subsequent release when explaining, "I chose to do a new page and I drew the phoenix out of the ashes [...] taking flight" (Figure 2). Transforming the phoenix in her second artwork demonstrated an acceptance of her efforts to overcome and move on from the situation.

Ren e's ability to be present with her thoughts and emotions, without judgement or resolution, reiterated her mindfulness. Ren e's difficulty in seeing a connection between the two artworks is highlighted in her statement, "I don't know how to get from one to the other". This component aligns with *Objective 1 (Awareness of emotions)* of compassion-focused art therapy, as Ren e's emotions manifested in that moment. Her reflection on the work also showed her ability to regulate her emotions at that time: to not become overwhelmed by the content, relating to *Objective 3 (Emotional regulation)*.

The process of self-compassion allowed Ren e space to process her feelings of "stuckness" and disappointment, leading to the possibility of letting go and transforming her future aspirations. This demonstration of self-compassion aligned with *Objective 4 (Improved self-compassion skills)*, as Ren e acknowledged that she was able to "let go of some of the pressure" related to her doctorate, allowing her to focus on her diabetes and contemplate what to do with her research and the five years before her retirement.

Reflecting on the way Ren e approached the directives exhibited a thoughtfulness to understanding her experiences of loss and formation of a

new identity during a process of transition. She used her artwork to reflect kindly on challenging aspects, assisting Ren e in visualising the shift she wants in her life more tangibly. Interpersonal emotion regulation was evident in discussing her narrative in the supportive group environment. Receiving empathetic feedback helped reinforce her self-compassion journey, signifying the importance of group dynamics (Figure 3).

Dumisani "to give thanks"

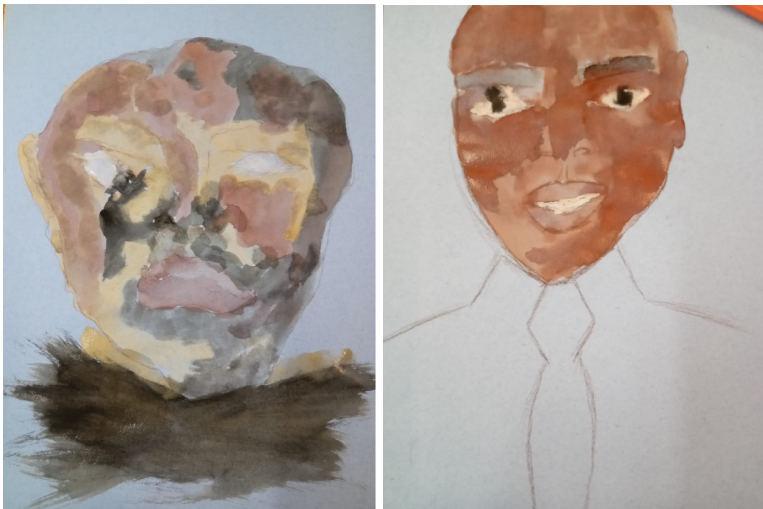


Figure 3: Dumisani's first and second artwork, photographs by Dumisani, 2024

Intergenerational traits became evident as Dumisani navigated complex family dynamics that have perpetuated rejection of his sexuality. Family dynamics often reveal deeply ingrained familial and societal beliefs passed down through generations. By addressing these issues through art and group sharing, Dumisani challenged the rejection narrative passed down through his family. He illustrated *self-kindness* by challenging himself to draw the image with his left hand, which showed his willingness to engage in art to process his emotions. Dumisani's exploration of the imperfect results from using a variety of watercolours and his non-dominant hand to paint the first artwork prioritised emotional expression over displaying technical ability. The first

work was more expressive and looser, capturing the rawness of his feelings and the complexity of his experiences (Figure 3, left).

Dumisani's awareness and acknowledgement of his emotional state and feelings were revealed in his personal narrative. By reflecting on and sharing his experience with the group in an accepting and non-judgemental way, he stated: "I wouldn't mind if it was the people from outside because I don't know them, and I wasn't going to take those things into my heart. But for the fact that I'm going to be insulted for who I am and not being aware that I did not choose this life for myself". This statement showed that he was trying to reduce the internalisation of derogatory comments by avoiding self-criticism. This awareness of his internalisations aligned with *Objective 1 (Awareness of emotions)*, as the artmaking process allowed Dumisani to experience and process feelings such as anger in that moment: "I've always tried to ignore it or to just let it go, but I can't. I have these bad thoughts in me. I can't even mention some of them".

Additionally, Dumisani's act of sharing his narrative and receiving empathetic feedback from the group demonstrated the importance of interpersonal emotion regulation. The combined support helped him process his feelings, reducing self-criticism and improving self-compassion. This process also helped him recognise *common humanity*, realising his experiences connect him to others facing similar rejection and judgement from family and community members. Art as a creative outlet provided validation and understanding, linking with *Objective 2 (Drive-seeking and resource-seeking)* as it demonstrated his drive towards finding resources for coping and healing by enrolling in the community arts counsellors training programme. Neff's (2003) concept of *mindfulness* was revealed when Dumisani voiced feelings of anger, fear, and discomfort with being in unsafe public spaces, stating that he sometimes experiences fear "when there [are] many males around". He stated that "[he is] not really comfortable around men, [he is] very scared" of what may happen to him if they find out about his sexuality. By choosing to express his feelings through art and discussion instead of suppressing them, Dumisani acknowledged his pain rather than letting it define him.

I observed *Objective 3 (Emotional regulation)* in Dumisani's approach to dealing with his emotions through art, indicating his ability to regulate his feelings in a way that promoted self-understanding and healing. Finally, *Objective 4 (Improved self-compassion)* became evident in his empathetic

approach to his visual exploration of suffering, from his first portrait featuring multiple earth tones and expressive brushstrokes to the second portrait incorporating fewer colours and more definition and detail. Speaking about his second work (Figure 3, right), Dumisani reflected on “safe spaces like Lefika [La Phodiso] where he is accepted and able to be himself”. The second image thus reflects a future “independent” version of himself where he “can find [his] own space to live [his] truthful life”. Dumisani demonstrated curiosity about his emotions while seeking, establishing, and accepting a deeper relationship with himself through his art, reflecting personal growth.

Lindiwe “finding my way”

The last case vignette explores Lindiwe’s parallel experience of self-compassion on her physical journey to the session. Although Lindiwe did not create artwork in the session due to arriving late, it is curious to note that her experience was similar to that of the CACTs who made artwork. Upon welcoming her to the session, I asked her for a short check-in. Lindiwe shared her experience, explaining that “the process for me [was] just taking my time”, which related to her family being known as “chronic latecomers”. She shared: “I just wanted to say to everybody it’s not out of disrespect that I’m late, it’s just I think for me when I wake up in the morning and prepare and the travelling to come here, that is part of my process. It is a lot about learning to take my time and to accept myself and allow myself to just be myself, exactly as I am”. Evidently, allowing herself time illustrated a gentle and accepting approach which reflected *self-kindness* and non-judgement, which she had experienced at times due to arriving late. This self-awareness relates to experiencing her emotions in the moment, aligning with *Objective 1 (Awareness of emotions)*. Lindiwe’s acknowledgement of her process and understanding that it is acceptable to take her time connects with Neff’s (2003) concept of *common humanity*, which reveals that everyone navigates challenges while learning to accept themselves.

Lindiwe’s awareness of her feelings, anxiety, and aspects of self-compassion also echoed her *mindful* approach when reflecting on her life experiences. Her journey of acceptance for who she is despite the pressure of fitting in is connected to *Objective 2 (Drive and resource seeking)*. Self-acceptance became evident when she spoke about the anxiety around trying to “do the right thing” and “allowing myself to just be myself, exactly as I am”.

Once Lindiwe concluded her story. I pointed out the parallel process to what the group members had experienced in the art therapy session. I highlighted how significant it was for her to show herself self-compassion in that moment and acknowledge it to the group, resulting in the group having a deeper understanding of her experience. The group reciprocated with interpersonal emotion regulation by responding empathetically, making Lindiwe feel understood and validated, and promoting self-acceptance.

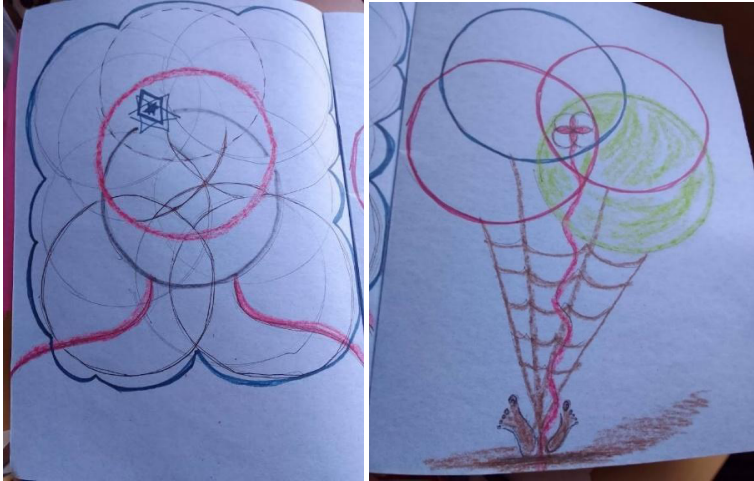


Figure 4: Lindiwe's first and second artwork (after completing the works at home, then shared with me), photographs by Lindiwe, 2024
Lindiwe's artworks reiterated the importance of "taking her time", linking it to the interconnected aspects of her life.

Limitations

The study focused on a small sample group, limiting the efficacy of the findings as they are based on the subjective experiences of the participants. My personal biases and those of the participants may have influenced how the CACTs' artworks and narratives were interpreted. Using the compassion-focused art therapy and self-compassion approaches as reflective tools instead of integrating them into the research design from the start may have prevented these methods from being used to their full potential. The study did not fully consider the impact of environmental factors such as family

dynamics, social support systems, or socio-economic situations. Furthermore, I did not fully consider how my personal style as a future therapist might have impacted the results.

Conclusion

This article demonstrates how Kristen Neff's (2003) self-compassion components and four change objectives of the compassion-focused art therapy programme were applied as evaluation tools for my research study. The programme also highlights the presence and development of self-compassion in the CACTs' experiences. This applicability of compassion-focused art therapy became particularly evident in the participants' articulation of the meaning of their artworks and how Session 3's directives challenged them to investigate intergenerational traits that they would like to shift (change). Using an arts-based approach allowed Ren e and Dumisani the freedom to select art materials they were comfortable with and that matched what they wanted to share. The materials assisted in the meaning-making process, enhancing the significance of each artwork in relation to their themes. This applicability of artwork is evident in Ren e's depiction of her struggle with seeking approval and validation and Dumisani embracing his true self despite the rejection from his family. Although Lindiwe's process in Session 3 differed from the rest of the group, her experience reflected similar outcomes to those experienced by the group. Ultimately, this proves that CACTs' self-perceptions and experiences were informed by traits that had been passed down from previous generations.

Future research should integrate Kristen Neff's (2003) self-compassion components, compassion-focused art therapy objectives and interpersonal emotion regulation from the onset of an investigation. This integration will provide opportunities for individuals to develop their understanding and use of self-compassion through both visual explorations and verbal reflections on their artworks.

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Grief, relief, and belief: Transpersonal arts-based therapy for abortion-related loss and grief

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Bio

After 25 years working in television and video production, Gillian Brollo began studying again to re-train as an arts therapist. She has an honours degree in Drama, a master's degree in Film and Television, an honours degree in Psychology, and a master's in Drama Therapy, all from the University of the Witwatersrand. She is currently doing her internship as an arts therapist. Brollo has extensive life and work experience and is exploring ways to use arts therapy to help people find ways to live lives that are more playful, meaningful, and manageable.

Abstract

This article outlines the rationale behind a drama therapy-inspired workshop for grief work with women who are distressed after an abortion. The aim is to explore whether embodied creative activities can help women come to terms with their distress after an abortion. The four participants self-selected. This research uses transpersonal drama therapy ('mountaintop perspective') and a multi-dimensional framework that includes African cosmology in which living beings are connected to the dead. The research uses a grief theory theoretical framework and is an exploration of post-grief resilience theories. The methodology used to explore the post-abortion distress of women who found the experience to be lonely and silent was through a workshop. The workshop techniques used were body mapping, doll making, rock carrying, breathwork, and letter writing. Grounding to material elements was consistent. The study found that participants had applied rituals to reach closure. The drama therapy allowed the participants to imagine a future where the abortion was

in the past. One surprising finding is that the spiritual aspect of existence is persistent, even if un-lived and un-described.

Keywords: Abortion, arts-based therapy, distress and trauma, drama therapy workshop, griefwork, spirituality

Introduction

The workshop outlined in this article was part of my research report for my Master of Drama Therapy, completed through Drama For Life at the University of the Witwatersrand in 2022/2023 (Brollo, 2024).

Abortion is a politicised phenomenon, preventing dialogue between pro-life and pro-choice groups. In this context, whether women need support after an abortion is a contentious issue; pro-choice advocates argue that pro-life supporters exaggerate post-abortion distress for political motives (Csordas, 1996; Raypole, 2020). Women do not all suffer after abortions (McCulloch, 1996; Botha, 2011), although 30% do experience depression, anxiety, or PTSD (Curley, 2014; Reardon, 2018). North American reviews with large-scale samples find that women experience post-abortion distress (Turell, Armsworth & Gaa, 1990; Reardon, 2018). Women are affected for decades and sometimes their whole lives (Angelo, 1992; Molobela, 2017; Molefe, 2020).

A South African qualitative survey study of 11 women in 2021 found three themes in the women's narratives, namely "delayed post-traumatic growth, low body esteem and an alteration of the development of a maternal identity" (Sebola, 2021, p. 4). Among the causes of the distress are coercion to abort (Reardon, 2018), a lack of social support (Sebola, 2021), stigma and a perceived need for secrecy (Curley, 2014), and the loss of a desired pregnancy (Reardon, 2018), although these reasons are complex. Women are still shamed and stigmatised, so they cannot talk to those closest to them about the abortion experience. (McCulloch, 1996; Botha, 2011; Sebola, 2021). Thus, the experience is lonely and silent and affects their mental health.

To be spiritual, or not to be...

In South Africa, a few Christian organisations provide publicly-available healing services for women who have had an abortion (McDermid, 2022; Pavone, 2022). However, non-Christian women may feel alienated. This identified gap presented an opportunity to develop a griefwork model for women holding

various spiritual beliefs. I used a transpersonal approach to drama therapy that could assist distressed people (in the case of this study, distress caused by an abortion) to address the effects of traumatic experiences.

I designed a two-day drama therapy workshop to explore whether embodied creative activities can help women come to terms with their distress after an abortion. I invited the attendance of women students who felt that their abortion had caused them some form of distress. As I considered it an appropriate framework for working with intangible, unnamed, under-explored forms of grief, I used transpersonal drama therapy as the theoretical framework for my activities. Transpersonal psychology arose to support diverse, multicultural clients (Myers, 1985) and seeks to “expand the field of psychological inquiry to include the study of optimal psychological health and well-being. The potential for experiencing a broad range of states of consciousness is recognised, allowing identity to extend beyond the usual limits of ego and personality” (Myers, 1985, p. 31). The founder of Omega transpersonal drama therapy Saphira Linden (2009, p. 211) speaks of people possessing a “higher wisdom of self”. This spiritually inclined “mountaintop perspective” of self and the events we experience obscures the world. Linden (2009, pp. 211–212) determined that “developing methods of accessing and identifying the parts of one’s being that have the answers, that know what is best, and that can offer specific advice to the part of me that is in emotional turmoil” is therapeutic. Drama therapy processes encourage multi-dimensional viewpoints through which clients access a higher sense of self, resulting in a stronger sense of personal agency. I designed a therapeutic space. In this space, complicated feelings about the abortion are explored and expressed through creative, embodied, group-oriented activities that are not aligned to specific religions.

Theoretical frame

Grief, complicated grief, and a way to uncomplicate it

In developing a theoretical framework, I drew on theories of griefwork that particularly lent themselves to embodied work rather than cognitive therapies. Women have various ways of processing grief (Maddrell, 2016). Grief theory has developed over the decades from Elisabeth Kubler-Ross’ linear arrangement of the stages of grief to dual simultaneous process models

(where grief is described as a process moving between two nodes) through concepts focusing on emotional coping mechanisms (loss orientation) or solution-oriented models that focus on problem solving (Hamilton, 2016). Grief theory was further developed to look at post-grief resilience theories, which explore post-traumatic growth (Hall, 2014).

For this article, I bring to the foreground complicated grief, which I believe to be the type of grief associated with abortion distress, and narrative theory to make meaning of this grief. Complicated griefwork brings the continuing bonds theory (that further extends grief therapy into the exploration of connections between the bereaved and the source of the bereavement) (Klass, Silverman & Nickman, 1996) and the psychological state of the client at the time of a traumatic event or loss, the number and intensity of earlier adverse life experiences, current support systems, previous experiences of bereavement, and the coping with the experiences (Hamilton, 2016; Nakajima, 2018).

The experience of grieving an abortion is complicated by a sense of culpability or deliberate-ness (Angelo, 1992; Curley, 2014). Holland, Currier and Neimeyer (2006) posit that recovery from pathological grief requires vital “sense-making and benefit-finding” processes. Meaning making or constructing personal narratives is the human process of recovering from tragedy. An intervention is required when the narrative no longer makes sense – when the person suffers from “stuckness” (Grauerholz et al., 2021). Using concepts familiar to drama therapy, African psychologist Augustine Nwoye (Nwoye & Nwoye, 2012) helps the bereaved by re-framing personal narratives. The transpersonal framework dovetails with African cosmology, in which living beings are intimately connected to the dead. I was hoping to unlock connections between the participants and the other people involved in the abortion.

When developing the methodology, an initial idea drew on creative and embodied activities. The activities would provide an opportunity for spontaneity and a perhaps revelatory expression of distress. I hoped that the expression would allow for a dramatic reenactment of relationships with the aborted child that would bring about a sense of relief.

Methods

Sampling participants

In selecting participants, I used the University of the Witwatersrand's database to send an email call for participants. The participants who responded were sent a Google Forms link to check if they matched the selection criteria.

This selection process ensured that participants had relevant experiences and felt prepared for the workshop's focus on post-abortion healing. Participants in this academic study on post-abortion healing must have an interest in attending a workshop focused on post-abortion support. Potential participants must have had an abortion, and the study sought information on how long ago the abortion took place and the participant's age. Additionally, participants were asked if they feel their abortion caused them distress and were encouraged to share any concerns or specific information they would like the facilitator to know.

The participants were stuck. They felt isolated and found no relief using talk therapy, medication, and/or cultural rituals from the emotional weight of the abortion. Mourning rituals are not applied to abortion because abortions are secret: "yet [...] if we recognise the primary space of mourning as embodied by the mourner, [...] [we] carry grief within and can potentially be interpellated by it at any juncture of time-space" (Maddrell, 2016, p. 170). The participants experienced the grief as a nameless, shapeless sense of doom or ill-being or as an entity alongside whom they were living.

Workshop (transpersonal drama therapy)

The two-day, in-person workshop took place over a weekend in a neutral, central location in Johannesburg. Rituals marked a clear beginning and end, inducting and releasing participants into and out of the group. Activities were split between embodied drama-therapy exercises and a separate recorded group discussion, framed as both a healing opportunity and a research study with voluntary participation. In order to allow open sharing during therapy without recording concerns, the space was divided into a creative area with beanbags and art supplies and a research area with chairs around a small recording table. Each session ended with the group members' reflections on the experiences and insights gained.

Structure of the workshops

Each day is shown in the session plans in Table 1 below:

Table 1: Session plans for the two day workshop (Brollo, 2024).
Session Plan Day 1

Time allocation	Activity	Details	Motivation	Materials
08h30 – 09h00	<ul style="list-style-type: none"> • Orientation • Group contracting • Consent forms signed 	<p>Orientation: Toilets, layout of house, our room</p> <p>Group contracting:</p> <ol style="list-style-type: none"> a) Explain workshop structure b) Hand out packs for writing personal notes c) Get consent forms signed d) Confidentiality e) No photos, videos, or social media f) No cross-talk or advice g) No pressure to perform or talk or share, only share what you feel safe with h) If you feel overwhelmed, there is a breakaway room 	<p>Group gathers</p> <p>Get familiar with space</p> <p>– toilets, kitchen, etc.</p> <p>Enhanced safety through rules of group work with emphasis on confidentiality</p>	<p>Labels and pens</p> <p>Tea, biscuits, coffee, sugar, milk</p> <p>Plastic document folders with journals and pens</p>

Time allocation	Activity	Details	Motivation	Materials
09h00 – 12h00	<ul style="list-style-type: none"> • Group bonding ritual 15 mins • Tree visualisation 15 mins • The Rock 5 mins 	<p>Move to studio. There is gentle music playing. Space is separated into two clear sections: 1) a 'stage' area and 2) floor cushions, low seating around a low table for sharing and reflecting. On the table are recording devices. Against one wall in the stage space is a low table with a cloth on it, a tray with a jug and small glasses, unlit candles, and rocks. Music is playing.</p> <p>Group bonding 15 mins: There is a jug and small glasses – one for each of us. Each person is invited to speak out loud "what I am hoping for in this workshop is [...]" and then pours dry lemon juice from our glass into the jug, naming the aim and hope. We then pour out glasses from the mutual jug of everyone's hopes and we all drink to the aims and hopes of the weekend.</p> <p>Visualisation 15 mins: Getting comfortable in the space: Lie or sit comfortably, then go into guided imagery – the tree (Appendix D) – this is the place you can revert to if you are feeling overwhelmed. AIM – to speak and visualise internal strengths and the deep place of safety, the untouchable inner self, within each participant.</p>	<p>Shared drink ritual offers a symbolic way of identifying individual aims while still showing commitment to the group experience. The act of shared drinking is somewhat unusual. There is a level of risk required, which opens the participant to innovation. The element of surprise and challenge hints to participants of the type of work to come – which is tactile, sensory, symbolic and always supported in a safe group space.</p> <p>The reason for being here is this story. For many people this is the first time it has been told. The telling and the hearing of the others bonds the group and creates a great sense of safety.</p>	<p>MUSIC: The sound of inner peace, Tibetan healing flute meditation Jug, small glasses, bitter lemon.</p> <p>MUSIC: Peaceful Yoga Music</p> <p>4 Rocks</p> <p>Guidelines for writing your story, journals and pens</p>

Time allocation	Activity	Details	Motivation	Materials
	<ul style="list-style-type: none"> • My story 20 mins writing with prep questions in journal • My story 1,5 hours: Narrative 	<p>The Rock 5 mins: Explanation: Each of us is carrying around with us a weight. It could be the weight of guilt, of sadness, of brokenness, of broken relationships. You feel this weight with you always. It's possibly a weight which says "I am not worthy; I am not good enough". Pick up one of the rocks. This is your personal weight. You must carry it with you over the weekend. Toilet, shower, bed etc. At any point in the weekend, when you feel ready to let it go, you can come and place it at the "altarpiece" and share what you are feeling (what made you feel ready to give up the rock?)</p> <p>Introduce the journal. Here is a place where you can make notes, write anything. We will also use it for various activities over the weekend. If you want to share anything from your journal, please feel free to do so when we do sharing sessions.</p> <p>My story 20 mins: Lead into the narrative: This is the hardest part so let's tackle it first. For many of you this may be the only time you have ever told your story. Know that everyone here sits in non-judgement and solidarity with you. In your journal you have some guide questions about what to consider when telling your story. We will now spend twenty minutes thinking and making notes about the abortion we had. After which we will return to this space and share. 20-minute break to write story.</p>		
		<p>My story 2 hrs: NARRATIVE: My story – one by one, each person tells their abortion story. There are short guidelines to help keep it on track. i.e., Briefly describe your family situation. Family beliefs and values, the relationship that led to pregnancy, the abortion – details of what you recall – colours, smells, attitudes, – feelings – if any. The days or years after the abortion.</p>		

Time allocation	Activity	Details	Motivation	Materials
12h00 – 12h30	RESEARCH SPACE: 30 mins: Reflection and sharing.	Recorded discussion at table		Table, chairs, water, phone to record
13h30 – 14h30	<ul style="list-style-type: none"> Warm up 10 mins Body mapping 40 mins Reflection on body mapping 	<p>LUNCH</p> <p>WARM UP 10 mins: Walk around space – consider body parts you lead with, now exaggerate them, now shrink them, now try leading with a different body part, now exaggerate it, now shrink it. How do various parts of the body affect how you walk? Or behave in the space?</p> <p>BODY MAPPING 40 mins: Getting in touch with body, getting out of head: where does the pain lie now? In pairs, lie on a giant piece of paper and one partner outlines the other one's body very broadly.</p> <p>Using paint, kakis and coloured pencils, wrapping paper, glue, each participant now draws on the image of the body outline, responses to the prompt questions.</p> <p>10 mins: walk around and look at each body map, what do you notice. SEE (not: interpret) about each one. Share if you want to. Owner of image can respond and also write in Journal what they felt or realised as others were talking about their images.</p>	<p>Embodied activity to bring awareness to the body.</p> <p>Makes manifest internal processes and emotions.</p> <p>The creative process allows for unformed thoughts and feelings to emerge.</p> <p>Makes conscious the unconscious</p>	<p>Large pieces of paper, marker pens, paints, tins of water, brushes, fabric, scissors, glue, wrapping paper, cotton wool, various</p>
14h30 – 15h00	RESEARCH SPACE: 30 mins reflection and sharing	<p>Research space 30 mins: Each person will then share with the group one by one what the body mapping activity brought to the surface, what came up during the activity? Any insights that arose when looking at their final product?</p>		Table, chairs, phone for recording,

Time allocation	Activity	Details	Motivation	Materials
15h00 – 16h00	<ul style="list-style-type: none"> Broken relationships Sociometry Letter writing 	<p>Broken relationships – sociometry 30 mins: Think about the other people involved in your abortion – it could be parents, the father, friends, the medical staff, anyone. Do you have unfinished business with any of them? Unspoken resentments or pain that you want to communicate with someone else? What do you wish you had said? We often feel that we should not have negative feelings about others, that shows a weakness of character in us, that it's not charitable. Yet we do experience negative feelings. Now is an opportunity to express those feelings. If you want to.</p> <p>On the floor are pieces of paper with the following feelings: Shame, guilt, anger, resentment, jealousy, rage, fear, numbness.</p> <p>Stand next to the feeling that best describes how you are feeling about other people in your abortion story. If you have two feelings, move papers around and stand with one foot on each. Brief sharing of who it is and what the main feeling is.</p> <p>Pick the one person you feel strongest about.</p> <p>Letter writing 30 mins: In your journal, write a letter to that person explaining your feelings. Keep them in your pack.</p>	<p>Sociometry is a visual way to identify common patterns or themes, and outliers within a group.</p> <p>Embodied action is a distanced method that allows safe entry into talking about difficult emotions. By offering a limited choice of emotions, the psychic energy required to unpack difficult relationships is reduced, and the participant is freer to start exploring.</p>	<p>Pieces of paper with words written on them, notebook paper and pens</p>
16h00- 16h30	<ul style="list-style-type: none"> Final reflection 	<p>Final reflection 30 mins: Open time to share anything that has come up, any rocks abandoned etc.</p> <p>10 mins: Instructions for home:</p> <ul style="list-style-type: none"> You may feel isolated and out of sync with people you live with, that's normal. Tell them if you need some space. Try not to socialise or be around lots of people tonight. Keep rock with you at all times (Unless you have given it up) Don't feel pressured to tell people about the day's workshop – unless you want to. Take a journal and write your impressions and any feelings that arise. 		<p>Table, chairs, phone for recording</p>

Session Plan Day 2

Time allocation	Activity	Details	Motivation	Materials
08h30 – 09h30	<ul style="list-style-type: none"> Meet, coffee Research space: discussion about the night before and how people are feeling 	<p>Once everyone has arrived and had a cup of tea, we move to the research space for a recorded session where people can share how the night went, any strong feelings, any insights. If anyone wants to, they can also abandon their rock if they feel it is time.</p>	<p>Bring the group together, debrief from the night apart, allow for individual experiences to be shared.</p>	<p>Table, chairs, phone to record, tea, coffee and biscuits</p>
09h30 – 12h00 Doll making.	<ul style="list-style-type: none"> Warm up Doll making Naming and memorialising Letter writing Performance 	<p>Warm-up 10 mins: VISUALISATION – into the cave (Appendix E). 50 mins: doll making. THE CHILD: Each person gets a doll frame – sticks and a cloth head. There are scraps of material and fabric to decorate and build up a doll representing the child. 20 mins: NAMING: You may know the gender of your child, or you may not, it doesn't matter. Give the child a name, which can be symbolic such as "my love", or "angel". Write it on a label and stick it on doll, place doll on table and light a candle for your child. 30 mins: Write a letter to the child. Sit somewhere comfortable and write a letter. It can be short or long. Write it in your journal. Say anything you feel you want to say. Focus on speaking to the child. 30 mins: Each person comes up one by one and reads their letter to their child (if they want to), then places doll in the basket with all the others. Sits down. Leave the candles burning. (I will keep the dolls and bring them to the meeting in a months' time)</p>	<p>Passive listening allows the participant to relax and not have to think The content of the story introduces the core concept of day 2 – the relationship with their children Naming and memorialising are grief rituals aimed at acknowledging the loss and achieving closure Letters are embodied ways to tell someone about your relationship with them, including how you would like the relationship to be in the future.</p>	<p>MUSIC: Buddha Flute/the sound of inner peace Sticks, masking tape, fabric, scissors, glue, wool, ribbon, stuffing, plastic bags Paper and pens Candles, matches.</p>

Time allocation	Activity	Details	Motivation	Materials
12h00 – 12h30	<ul style="list-style-type: none"> Breathwork Visualisation 	<p>15 mins: VISUALISATION: The children in the meadow – Now that you have seen and named your child, we can say farewell. Get comfortable in the space, close your eyes or soften your gaze and become aware of your breathing. Don't force your breath, just notice how the air enters your nose, circulates into your body and is breathed out gently through nose or mouth. With each breath in, imagine a golden light entering into your head and swirling there. With each exhale the light stays in your skull. With the next inhale the golden light moves further into your body, into your chest, down your arms, into your fingers, into your pelvis, your legs, your feet, with each exhale, only air comes out, the golden light is swirling inside you.</p> <p>The children in the meadow: guided imagery (Appendix F).</p> <p>When you are ready, slowly become aware of your breath. Bring your mind back into the space. And slowly open your eyes.</p>	<p>Breathwork regulates the parasympathetic nervous system and brings any overwhelming emotions under control</p> <p>The story content manifests the idea of existence beyond the curtain, thereby allowing the participants to continue a relationship with the child after the workshop, or if they so wish, to trust that the child is at peace and the participant can move on with their lives.</p>	<p>MUSIC: Ultra relaxing music to calm the mood/Tibetan healing flute meditation</p>
12h30 – 13h00	RESEARCH SPACE: 30 Mins reflection and sharing	Reflection on the entire process looking at the relationship between each participant and her child/children	Allows for sharing of new insights, listening to others allows for diversity of experiences within the safety of the group.	
13h00 – 14h00		LUNCH		

Time allocation	Activity	Details	Motivation	Materials
14h00 – 15h30	<ul style="list-style-type: none"> Check in Letter burning 	<p>15 mins: Check-in are there any rocks still being held? 30 mins: FAREWELL, BURIAL AND CLOSURE: We place the letters of unfinished business and the child's letters in a large brass bowl with incense granules and burn them outside. As the smoke rises, we say goodbye for now. If anyone wants to keep their letters, they are welcome to burn, tear up or otherwise dispose of something else.</p> <p>15 mins: GROUP CLOSURE: Group share drink of freedom – each person describes a positive feeling and pours it from their glass into the jug, then I pour into all glasses, and we all drink to our shared healing.</p>	<p>The rock ritual must be concluded. Burning notes, letters, allows for letting go. The power is given to participants to decide what to do with the written artefacts of the workshop. Echoing the opening ritual – gives a strong sense of closure and ending. Securing the workshop experience within a frame, in this space.</p>	<p>Rocks Pottery bowl Matches Jug, grape juice, glasses, tray</p>
15h30 – 16h30	<p>RESEARCH SPACE: Reflection and sharing</p> <ul style="list-style-type: none"> Closing of event 	<p>1 hour: Final reflection and sharing. Does anyone have anything pressing to raise? What stays with you? What most resonated with you? What was hard? What did you enjoy? Not enjoy?</p> <p>Final instructions before departing:</p> <ul style="list-style-type: none"> Thank participants for their bravery and explain how their willingness to participate will be helping other women. Discuss date and place to meet in about a month. Invite anyone to contact me about obtaining their artworks or dolls. Remind people about clinical psychologist who is available if they feel this process has brought up issues which need attending. They can contact me to set up sessions with the psychologist. Discuss WhatsApp group where people can stay in touch. Invite anyone to send me voice notes of anything that arises, or anything they think of that I may need to be aware of Invite and answer any questions about the research process from here on. 	<p>Reminder that this is a research process and there are avenues for support after the workshop.</p>	

Key elements of transpersonal drama therapy

I explored four key elements of transpersonal drama therapy for a more spiritual sub-consciousness:

“The age of multi-dimensional expression” (Linden, 2009, p. 205)

The transpersonal paradigm views humans as multi-dimensional beings—material, spiritual, mental, psychological, and emotional—who relate to others both within this life and beyond. This framework balanced material and spiritual realities, with body mapping as the main activity to express lived experience and doll-making as the primary means of connecting to a spiritual dimension.

“Creating a special, engaging environment” (Linden, 2009, p. 206)

I invested significant time in designing a sensory-rich environment that was comfortable, private, spacious, and thoughtfully curated. In order to set a mood during embodied activities, I played soft, ambient music. At one end of the space, I placed a cloth-covered shelf with rocks, each symbolising the pain or distress participants brought into the workshop and would carry throughout the weekend. I arranged materials around the room for creative use—fabric, paints, water containers, tissues, pens, coloured paper scraps, rolls of white paper, and relaxed, colourful beanbags.

A combination of “psychological and spiritual disciplines in a healing experience” (Linden, 2009, p. 207)

In her early therapy, Linden (2009, p. 207) used Sufi healing breathwork “based on the healing energies of earth, water, fire, and air, as an underlying framework for change”. Breathwork moves *air* and focuses on deep breathing and helps regulate the parasympathetic nervous system, especially during anxiety. Other elements in the workshop included a shared drink of *water* to open and close the session, *earth*-themed meditations with a tree and cave, and a final *fire* ritual to burn letters and messages created during the workshop.

Interconnectedness: “The sacredness of life is about realising our essential connection to all of life’s creation” (Linden, 2009, p. 208)

Two activities focused on relationships: the ‘unfinished business’ activity and the ‘letter-writing’ activity. In the unfinished business activity, participants reflected on a relationship that was hurt by the abortion, such as with a partner, parent, friend, or sibling. They started by identifying their strongest emotion related to that relationship, choosing from options like shame, rage, guilt, fear, anxiety, and hate. The letter-writing activity included writing one letter to someone affected by the abortion and another to the child. The imaginative world created by the visualisations was a frame of the natural world – the elements of earth, stone, water, wind, flowers, caves, and trees – and was a consistent grounding (Pendzik, 1988, 2006; Jones, 2007).

Findings

Where is the grief and where is the relief?

The group experience, where women share their stories and listen to each other, was very healing. The creative activities help women explore areas in their lives where they want to grow. This approach empowers women dealing with distress after an abortion by letting them address their personal struggles while feeling supported by the group. The ritual aspect offers a sense of closure, helping each woman move forward without the heavy burden of past suffering. The externalisation of this weight, in the form of the rock, was an effective, dramatic way for a participant to both let go of past distress and perform an act of letting go for the small group of witnesses.

During the body mapping activity, participants identified where they felt grief in their bodies. One woman felt it in her womb, another in her mouth from the words she spoke, a third in her thoughts, and a fourth in her hands. One participant was hesitant to engage with the activity, completing it quickly and not wanting to share her feelings afterwards. This reluctance may suggest she was trying to distance herself from her body. A common response to trauma is retreating into the mind (Sajani & Johnson, 2014; Van der Kolk, 2015). The woman isolates her thoughts, protecting herself from the negative effects of the procedure. The survey showed that she had found relief and

insight, and that drama therapy activities were a challenge she would take on when ready (Linden, 2009).

Link to a belief system – traditional, cultural, or self-found

Three of the four participants mentioned a cultural ritual after the abortion (or miscarriage).

It is a big thing in our community. You make your way to the river and then you have to buy the baby clothes, food and snacks or whatever, like basically make a party for the child and then give them a name. And then you're cleansed.

Some rituals were discussed with other family or friends.

After I went through the abortion last year then I told my friend about it. We talked about an abortion cleansing and actually entertained the idea and the thought that I need to go for a cleansing [...] so that they can pass on – to go to the other side.

One participant initiated her own ritual with her partner out of a sense of need to perform some ceremony for closure.

So my boyfriend and I talked and we're just like [...] we named the baby and then we just prayed about it and we decided that was sufficient [...] because then she'll have to understand we were students, and you have to pay money to the healer so that they can like buy the stuff.

Participants reported that traditional ritual was not effective. They also did not believe in the efficacy of such rituals, revealing that they were unsure what they really believed.

I thought that maybe it [...] means that my child's spirit is wandering somewhere because I have not done a process of [...] telling my ancestors about them and all those things. And I do not believe in that, but I wondered if it's something that I should have done or not. [...] it leaves me in a place where it just it conflicts everything that I believe in and it's a scary thought to say that, okay I thought I was doing what is best for my child, but now I dumped them somewhere and now they're wandering.

Another participant's view:

I don't come from a very cultural background, so I don't really have that belief of this ancestors and stuff like that. So that's why I think I [...] looked at it as a rational thing, right? It's just scientific and stuff like that. I didn't look at it religiously or culturally [...] from what they are saying [...] the wandering spirit. I always feel that there is something there, you know? But I don't pay too much attention to it. [...] I just brush it off.

A participant had mixed feelings about her beliefs:

I first believed that it's, yeah, it's just blood. But the amount of effort that was put to just remove blood was quite indicative that it's not just blood for me and just that I never wanted to entertain the thought that it's somewhere else.

The prevailing sense of confusion exacerbates the grief associated with the abortion, as there is an absence of a cohesive belief system that could help participants integrate their experiences of the abortion into their lives and their relationship with the child. Despite this lack of belief in the effectiveness of the therapeutic approach, all four participants had no prior experience with drama therapy and expressed scepticism about the potential benefits of a drama-oriented workshop. Although this study involved a small sample size, post-workshop surveys clearly indicated that all four participants found the process unexpectedly effective, despite their initial doubts. The playful and imaginative aspects inherent in drama therapy facilitated the exploration of their experiences from multiple perspectives without necessitating the labelling or categorisation of every emotion. While it may seem counterintuitive to engage playfully with a traumatic experience, the creative and expansive nature of drama therapy allows individuals to alleviate the burden associated with such experiences.

Conclusion

The positive feelings expressed by the participants post-workshop indicate that this process could be extended for use with larger groups. The client could start to imagine a different way of being in the future through the process of being encouraged to be imaginative. The distress of the abortion was confined to the past through the vision of life after the abortion. The

client could see the abortion as a life experience instead of the end of their life experiences.

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Childhood trauma and intimacy: Exploring drama therapy for intimacy recovery in adult relationships

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Short bio

Kathryn Ann Magee is completing her drama therapy internship and is working towards registration as a drama therapist with the HPCSA. With a Bachelor of Arts in psychology and anthropology, as well as honours and master's degrees in Drama Therapy, Magee is deeply passionate about human welfare. Her primary focus is on using the expressive arts to support children facing emotional, psychological, and behavioural challenges. Through her academic and practical experiences, Magee has developed a unique approach to fostering healing and personal growth, particularly in vulnerable populations. She continues to explore the powerful impact of creative therapies in improving collective mental health and well-being.

Abstract

This article investigates the relationship between childhood trauma and intimacy in adulthood, evaluating drama therapy as a treatment approach for intimacy recovery. Using a literature review method, the study explores how specific drama therapy techniques – dramatic ritual, role method, narradrama, and developmental transformations (DvT) – address intimacy disruptions resulting from childhood trauma. The review reveals that these drama therapy approaches equip trauma survivors with tools to rebuild trust, regulate emotions, reform harmful narratives, and manage relational unpredictability. By fostering safety, trust, emotional expression, and mutual recognition within a structured environment, the literature indicates that drama therapy may facilitate the recovery of intimacy capacity by enabling individuals to engage in healthier and more fulfilling relationships. The content is drawn from a master's research project. The article highlights that while drama

therapy provides valuable insights into intimacy recovery, it is limited by the absence of empirical data, which affects its scientific validity. Furthermore, the focus on selected literature may not fully represent the broader research landscape on trauma, intimacy, and drama therapy. The effectiveness of drama therapy techniques in enhancing intimacy lacks extensive empirical validation, underscoring the need for more rigorous research. Future studies should include empirically validated research to explore the impact of specific forms of childhood trauma and identify the most effective drama therapy techniques for intimacy recovery. Interdisciplinary collaboration could enhance empirical support for drama therapy's efficacy, offering a more comprehensive understanding of the impact of therapeutic interventions on human health and intimate relationships.

Keywords: Childhood trauma, drama therapy, dramatic ritual, intimacy, role method, narradrama, and developmental transformations

Introduction

Childhood trauma has profound impacts, often manifesting in adulthood difficulty in forming and maintaining intimate relationships. Interpersonal relationships provide necessary and fundamental belonging, connection, and needs fulfilment (McMillan & Chavis, 1986). Survivors of childhood trauma frequently experience impaired emotional regulation, trust, and vulnerability – key components for establishing close interpersonal connections (Cloitre, 2015; Berceli & Napoli, 2006). While existing research addresses the psychological impacts of childhood trauma, a gap remains in understanding how specific therapeutic interventions can facilitate the recovery of intimacy. Most therapeutic approaches focus on cognitive-behavioural or psychoanalytic models, leaving creative, experiential therapies such as drama therapy largely underexplored in the context of intimacy recovery. This article aims to address this gap by examining how drama therapy can support adult survivors of childhood trauma in re-establishing their capacity for intimacy (Sajjani & Johnson, 2014). The article is based on research undertaken for my MA in Drama Therapy (Magee, 2024).

Individuals from low-income households often have unhealthy relationships due to their circumstances and lack of resources (Karney et al., 2018). In South Africa, poverty is a legacy of colonialism and apartheid and is structurally integrated as public capital was controlled by the white minority

(Mayekiso & Tshemese, 2007; Obuaku-Igwe, 2015). Black communities lacked and still lack access to resources (Mayekiso & Tshemese, 2007; Moodley & Ross, 2015; Williamson et al., 2017). This lack of resources has traumatic economic, social, health, and educational consequences for children (Danese & Widom, 2020; WHO, 2023). The resultant financial costs include hospitalisations, mental health facilities, and legal actions (Berkowitz, 2017; Danese & Widom, 2020). This social and economic impact of traumatisation underscores the importance of exploring alternative therapeutic modalities, such as drama therapy, which can offer holistic and accessible methods of addressing trauma's multifaceted effects on individuals and communities.

Drama therapy offers a distinctive, embodied approach to healing through creative expression. It leverages the therapeutic power of role play, storytelling, and symbolic enactment, allowing clients to process traumatic experiences in a way that bypasses cognitive and verbal barriers (Jones, 1996; Emunah, 2013; Landy, 1994). Despite its growing recognition in treating various mental health conditions, its potential for addressing relational difficulties, particularly in the realm of intimacy, remains insufficiently examined. This article contributes to filling this gap by exploring how drama therapy techniques can be applied to foster intimacy recovery in adult relationships affected by childhood trauma (Sajani & Johnson, 2014).

I used a traditional literature review as a method to examine existing theories and practices related to both trauma recovery and intimacy-building interventions. By reviewing literature on the psychological effects of childhood trauma and how they manifest in adult relationships, I identified key elements necessary for intimacy recovery (Cronin, Ryan, & Coughlan, 2008; Lim, Kumar, & Ali, 2022). The article then goes on to explore drama therapy approaches that can support these elements, providing insight into the integration of creative, therapeutic techniques for intimacy enhancement.

The article presents an overview of the methodology followed by the literature review, which provides an analysis of literature on intimacy and relationships. It then explores childhood trauma and its effects on adult relationships. Typical trauma treatment models and principles and techniques of drama therapy are then evaluated, focusing on how this approach can aid in trauma recovery and rebuilding intimacy (Jones, 1996; Landy, 1994; Emunah, 2013). This article explores dramatic ritual, role method, narradrama, and

developmental transformations (DvT) (Frydman & McLellan, 2014; Jones, 1996; Landy, 1994; Leather & Kewley, 2019).

This examination of existing literature facilitates a discussion of key findings related to intimacy recovery through drama therapy. The article concludes with recommendations for future research and the limitations of the study. Through this comprehensive exploration, this article aims to provide new insights into trauma-informed therapy, highlighting drama therapy's potential to help individuals build healthy, intimate relationships after trauma exposure (Sajjani & Johnson, 2014).

This article is significant for drama therapists and the broader field of drama therapy because it expands the understanding of how creative, embodied therapies can address complex relational dynamics affected by trauma. By focusing on intimacy recovery – a fundamental yet often overlooked aspect of trauma healing – this study highlights the unique capacity of drama therapy to facilitate emotional regulation, trust-building, and vulnerability. As drama therapy practitioners seek to offer holistic approaches that engage both the mind and body, this research underscores the value of integrating creative techniques like role play and symbolic enactment to support survivors of childhood trauma in re-establishing healthy, intimate relationships. Moreover, this article advocates for greater recognition and application of drama therapy in trauma recovery, pushing the boundaries of traditional therapeutic models and offering new pathways for healing.

Methodology

This research employed a traditional literature review to collect, summarise, and critically evaluate research findings on my topic (Paul & Barari, 2022; Knopf, 2006). Literature reviews allow researchers to assess the thematic, conceptual, theoretical, and methodological significance of previous studies (Paul & Criado, 2020). They are inherently subjective due to researchers' biases and prior knowledge, which influence the selection and interpretation of information (Rowe, 2014; Paul & Barari, 2022). This review utilised a topical analysis to identify and interpret patterns within the selected studies, structuring the research around central arguments and scaffolding information through claims, evidence, and warrants (Clarke, Braun, & Hayfield, 2015; Toulmin, 1988). My aim was to assess existing research, highlight key findings, and identify gaps in current knowledge (Knopf, 2006). I conducted

a literature review to explore this research interest because it provided a foundation to understand how intimacy recovery has been addressed in previous trauma-related studies, enabling a deeper exploration of how drama therapy can contribute to this area. By aligning emerging themes with supporting evidence, this approach provided a comprehensive exploration of the impact of childhood trauma on intimacy and the role of drama therapy as a potential treatment approach (Li & Wang, 2018).

Literature review

A comprehensive review of relevant literature was conducted to explore how drama therapy can assist in addressing childhood trauma and fostering healthy intimate relationships. This review included defining intimacy as well as examining the impacts of childhood trauma on intimacy. By understanding these aspects, the review illuminated how trauma affects intimacy and how alternative therapeutic modalities, such as drama therapy, can facilitate intimacy recovery. The following literature review provides an overview of the literature and sets the stage for a deeper exploration of how these topics are interrelated and form the basis for further analysis.

Defining intimacy and relationships

People are social and need to be appreciated, cared for, accepted, and loved (Fitness et al., 2007; Fletcher et al., 2019). Making long-term intimate relationships is a goal for many people across sociocultural environments and influences. (Fletcher et al., 2019). All kinds of relationships can be both intimate and long term, including parent-child relationships and friendships (Moss & Schwebel, 1993). This desire for interpersonal connections lays the groundwork for understanding how intimate relationships are formed and maintained, which is key to examining their disruption in the context of trauma.

The study of intimate relationships forms a major domain of interest in social psychology (Fitness et al., 2007). Intimacy is from the Latin *intimus* (innermost) and *intimare* (making the innermost known) and encompasses many life experiences (Reis, 2018). Intimacy is always in flux and is natural and unbounded (Prager, 1995), overlapping with love, trust, affection, and familiarity (Derlega, 2013; Durnová & Mohammadi, 2021). Intimate interactions and intimate relationships are distinct concepts (Prager, 1995).

This distinction enables a more nuanced discussion of how trauma specifically impacts various dimensions of intimacy.

The foundation of intimate interaction lies in exchanges of innermost experiences and the experiential by-products of this exchange (Prager, 1995; Derlega, 2013). These experiences can occur without words or outside established relationships and provide a framework for communication and connection (Prager, 1995). With this, intimate interactions occur on all levels (Loggins, 2022). Relational intimacy is therefore identified by frequent intimate interactions between people in a relationship dynamic, which is framed by a broader historical time-and-space paradigm (Prager, 1995). However, only some interactions are intimate within any relationship (Prager, 1995).

Intimacy includes safety, closeness, trust, and recognition (Durnová & Mohammadi, 2021). Intimacy is collaborative and deepens self-understanding and understanding of others (Derlega, 2013). The benefits are that the human psychological needs of acceptance and belonging are satisfied (Derlega, 2013; Fletcher et al., 2019). Additionally, intimate relationships improve mental and physical health and provide relationship fulfilment (Loggins, 2022). Neuroimaging studies indicate relationships are rewarded in the same way as primary appetite stimuli (Park et al., 2021), reinforcing intimacy as a cornerstone of human welfare.

However, relationships have obstacles that often challenge intimate interactions (Khaleque, 2004; Loggins, 2022), including conflict, fear of intimacy, difficulties with emotional closeness and communication, substance abuse and trauma, and other psychopathologies (Khaleque, 2004; Park et al., 2021; Loggins, 2022). While this is not an exhaustive list of the difficulties that may be faced within a relationship dynamic, empirical evidence supports that the presence and severity of these later-life challenges are exacerbated by childhood trauma (Mandelli et al., 2015; Danese & Baldwin, 2017). Having established the complexities of intimacy, we now turn to an examination of childhood trauma and its impact on relationship dynamics.

Exploring childhood trauma

Childhood trauma is characterised by intense helplessness during development, culminating in terror, instability, and insecurity (de Thierry, 2016). As de Thierry (2016, p. 15) indicated, “Children become traumatised in any environment where fear is a theme”. For example, children develop

coping mechanisms to handle their emotions if they grow up in difficult or restricted atmospheres. The mechanisms develop even when observable violence and anger do not occur (Jaworska-Andryszewska & Rybakowski, 2019; de Thierry, 2016). This need for coping mechanisms typically happens when caregivers are unavailable. The children have no adult to guide feeling processing during challenging events (de Thierry, 2016). This trauma response serves as a foundation for understanding how trauma impacts a child's ability to navigate emotions and relationships, setting the stage for more complex issues in adulthood.

The child's development stage affects how the child responds to trauma. The nature of the trauma is significant, as are the genetic or circumstantial factors, and if the trauma is ongoing (Jaworska-Andryszewska & Rybakowski, 2019). Traumatic events during the developmental period typically encompass interpersonal elements such as neglect, abuse, or death; circumstantial elements such as community violence or medical trauma; or political elements such as ethnic cleansing and war (Cook et al., 2005; Kliethermes et al., 2014). According to Mills and Turnbull (2004), natural disasters tend to elicit less post-traumatic psychopathology compared to interpersonal trauma. This research focused on traumas of an interpersonal nature. Interpersonal trauma occurs within relationships that are inherently contextualised by trust, power, and responsibility (Norman et al., 2012). The specific focus on interpersonal trauma provides insight into how these early experiences may disrupt the development of trust and security in later relationships.

Exposure to trauma increases the risk of psychopathology, poor reactivity, substance abuse, and re-victimisation – particularly in the absence of treatment and nurturing home environments during childhood (Khaleque, 2004; Mandelli et al., 2015; Danese & Baldwin, 2017). Many studies suggest that childhood stress produces “enduring systemic inflammatory response not unlike the bodily response to physical injury” (Danese & Baldwin, 2017, p. 517), thus impacting brain development and in turn undermining personality development and the capacity for healthy relationships (Khaleque, 2004; Kliethermes et al., 2014). The biological and psychological consequences of trauma underline the need for interventions that address both the body and mind, which will be explored in subsequent sections.

Childhood trauma and intimacy

Interpersonal trauma in childhood is often linked to disruption in the formulation of healthy attachment. This attachment disruption can culminate in trust issues, unhealthy relationship patterns, and trauma re-enactment in intimate relationships with others (Erickson et al., 2019; Lahousen et al., 2019). Common responses to childhood trauma that impact intimacy are feelings of low self-worth, aggression, distrust, poor emotional communication, expectancy of rejection, emotional inhibition, indifference in relationships, and general challenges with intimate exchanges of all forms (Kliethermes et al., 2014; Briere & Scott, 2015; Marganska et al., 2013; Watts-English et al., 2006; Dvir et al., 2014; Su & Stone, 2020). These impacts tend to be organised within particular groups. The impacts include emotional and behavioural dysregulation, cognitive and attentional difficulties, biological changes, and shifts in perceptions of self and the external environment (Kliethermes et al., 2014; Briere & Scott, 2015; Marganska et al., 2013; Watts-English et al., 2006).

Literature investigating the long-term impacts of physical abuse indicates increased risks of depression, feelings of worthlessness, cognitive and language difficulties, aggression, conduct disorders, and physical illnesses (Larsen et al., 2011; Rasool, 2022; Malinosky-Rummel & Hansen, 1993; Talmon et al., 2021; Sirotnak et al., 2004; Rivara et al., 2019). Similarly, childhood sexual abuse poses severe and long-lasting consequences, such as an increased risk of suicide (Gawęda et al., 2020). Survivors may face later challenges with regard to confiding in others, trust, emotional communication, romantic intimacy, and shame (MacGinley et al., 2019; Martinson et al., 2013; Davis et al., 2001; Martinson et al., 2016; Talmon et al., 2021). Emotional abuse and neglect, which are comorbid with all forms of abuse, are associated with distrust, expectancy of rejection, emotional inhibition, and indifference in relationships (Park et al., 2021; Marganska et al., 2013; Norman et al., 2012; Yoo et al., 2014; Vaillancourt-Morel et al., 2019; DiLillo et al., 2009). These outcomes provide the framework for further exploration into how therapy, particularly drama therapy, can help mitigate these challenges.

Trauma treatment in adulthood

Most treatments address biological and psychological symptoms. Pharmacological treatments mitigate trauma's physiological results (Briere & Scott, 2015). Psychological interventions facilitate processing the trauma

and help develop skills for coping and regulation (Briere & Scott, 2015). Numerous established therapeutic models facilitate this and psychological treatment frequently incorporates cognitive behavioural therapy (CBT), affect-regulation training, dialectical behaviour therapy (DBT), and/or psychodynamic approaches (Cook et al., 2005; Briere & Scott, 2015).

Early traumatic experiences are complex and are often compounded with other difficulties over the lifespan. Multimodal therapeutic approaches are directed toward client-specific behaviour change (Courtois, 2008; Courtois & Ford, 2012) and are expensive, inaccessible, and long-term (Su & Stone, 2020). The client relives experiences of trauma in therapy and this can be a daunting prospect and can be triggering, influencing the client's commitment due to feeling unsafe in the therapeutic space. For example, trauma is difficult to express through words and the struggle to communicate the incommunicable may be insurmountable (Steele et al., 2016).

This expression difficulty highlights the necessity of supporting empirically validated and peer-reviewed research into trauma treatments and techniques that go beyond what is currently emphasised (for example, CBT, DBT). Furthermore, this necessity for a multimodal approach calls attention to the exploration of interventions that provide adaptability. It is for these reasons that I believe that drama therapy, which is a client-centred and experiential mode of treatment, is an approach worthy of exploration in this regard.

Drama therapy and trauma treatment

Drama therapy was formalised in the 1980s and is used in individual and collective trauma treatment (Sajnani & Johnson, 2014). The psychotherapeutic drama therapy style is distinct and versatile, facilitating the healing process through performance, improvisation, art, interaction, play, and dramatisation (Bourne et al., 2020) and using symbolic expression via creative structures (Landy, 1994). Some approaches are largely expressive and work directly with elements of traumatic material, while other techniques address trauma from a more distanced perspective (Sajnani & Johnson, 2014; Landy, 1994).

Drama therapy's unique contributions are its collaborative client-therapist relationship; use of theatrical techniques to identify trauma, distance from traumatic events, imaginal exposure (also incorporated in CBT), bodily engagement, role exploration, and the use of play to recover positive activities (Sajnani & Johnson, 2014; Malchiodi, 2022). Spontaneity, flexibility, and co-

creation are tools that stimulate connection, which is a keystone of intimate exchanges (Malchiodi, 2022). Drama therapy is adaptive and therefore effective for diverse clients (Godfrey & Haythorne, 2013).

Considering that drama therapy is a flexible and client-centred intervention, it is my opinion that many of the techniques utilised within trauma treatment provide a distinct and supportive form of therapy, which can promote intimacy recovery in adult relationships. This intimacy recovery is significant to the aforementioned notions regarding intimacy loss, which highlight that intimate interaction is predicated on the exchange of innermost experiences that take shape on emotional, intellectual, physical, spiritual, and experiential levels (Prager, 1995; Derlega, 2013; Loggins, 2022). Further correlations are highlighted in the following section pertaining to specific drama therapy approaches and their use in the treatment of trauma.

Drama therapy approaches

Drama therapy employs a variety of techniques to enhance its effectiveness in trauma treatment. This analysis provides a framework for the subsequent discussion highlighting the relationship between these approaches and intimacy recovery. This article explores dramatic ritual, role method, narradrama, and developmental transformations (DvT) (Frydman & McLellan, 2014; Jones, 1996; Landy, 1994; Leather & Kewley, 2019).

Dramatic ritual blends symbolism and metaphor to provide clients with deeper insights into their inner states. It may incorporate spiritual or cultural elements, offering a structured and repetitive process that grounds clients in the present and fosters profound self-expression (Emunah, 2013; Schrader, 2012). Neuropsychological perspectives suggest that breathwork, a common component of these rituals, can engage the brain's safety system, which promotes new cognitive patterns and improves immune function and psychological well-being (Victoria & Caldwell, 2013; Munoz, 2023; Grof & Grof, 2023; Van der Kolk, 2014). Rhythmic breathing techniques regulate the nervous system, aiding in stress management and anxiety reduction (Munoz, 2023; Nestor, 2020; Hopper et al., 2019). In group settings, synchronised breathing can enhance interpersonal communication and presence, which activates the body's social engagement system (Van der Kolk, 2014; Crockett, 2022). Breathwork is an evidence-based approach useful during trauma recovery for both body and mind (Van der Kolk, 2014). Alongside mindfulness,

techniques like Robert Landy's (1994) role method can be used to address childhood trauma (Rappaport, 2014).

Role theory, originating from sociology and social psychology, explores how social roles shape identity and behaviour (Biddle, 1986; George, 1993). Landy's (1994; Johnson & Emunah, 2009) role method applies this theory within drama therapy by helping clients identify and develop roles that may be underdeveloped or conflicting. Clients explore both their primary roles and counter roles (for example, hero vs villain) to integrate opposing aspects of themselves, which fosters self-understanding and growth (Landy in Johnson & Emunah, 2009). A guide, or liminal figure, supports clients in navigating these roles safely and structurally (Armstrong et al., 2016).

Although the role method and other drama therapy techniques are well-supported by qualitative research, there is limited quantitative evidence (Armstrong et al., 2016; Feniger-Schaal & Orkibi, 2020). However, case studies, such as those involving addiction recovery, illustrate how role exploration can facilitate emotional expression and coping skills (Gordon et al., 2018). Additionally, drama therapy with children on the autism spectrum has demonstrated that role play, sensory work, and structured environments can enhance social skills and emotional expression (Godfrey & Haythorne, 2013; Bourne et al., 2020). This expression facilitation aspect of the role method correlates with findings specific to narradrama.

Narradrama, based on narrative therapy, focuses on the personal stories clients tell themselves, using creative arts and embodied techniques rather than just verbal communication (Dunne, 2009; White, 1998; Bezuidenhout, 2012). The narradrama approach builds trust and respect, enabling trauma survivors to explore emotions in a safe, flexible manner (Van Wyk, 2008; Dunne, 2009). By reauthoring narratives, clients can filter out problem-saturated stories and foster identity change and personal growth (Sguera et al., 2020). Tools for externalisation, alternative story creation, and action-oriented interventions help clients move beyond traumatic experiences (Dunne, 2009). Additionally, myths and stories offer healing frameworks by connecting unconscious and emotional processes (Jennings, 1994; Van Wyk, 2008).

The nine-step approach of narradrama allows clients to delve into their narratives with varying levels of insight and expression (Carroll, 2023; White, 1998). Clients are regarded as experts regarding their own experiences, with therapists and peers acting as observers to enhance reflexivity and

self-discovery (Carroll, 2023; Van Wyk, 2008). Narratives reflect individuals' identities and desires (Sguera et al., 2020; Prager, 1995). Studies on elderly participants using drama therapy techniques, including narradrama, have shown improvements in self-acceptance, relationships, and meaning, as well as reduced depressive symptoms (Keisari & Palgi, 2017). These therapeutic insights into narrative work pave the way for exploring more improvisational and present-focused approaches, such as developmental transformations (DvT), which shift the emphasis from past narratives to the here and now.

DvT, rooted in existential theory, emphasises the present moment as an unpredictable event (Johnson, 2014). DvT challenges rigid ideas and labels that distort reality and perpetuate fear-based schemas (Johnson, 2014; Reynolds, 2011). DvT aims to address these maladaptive coping strategies by helping clients diminish internalised fears rather than reducing life's inherent instability (Johnson, 2014). The technique involves improvisational play between therapist and client, with roles and scenarios constantly shifting (Johnson, 2009). Through imaginative and physical interaction, clients build self-confidence and learn to navigate transitional spaces (Johnson in Johnson & Emunah, 2014). For example, a case study of a nine-year-old boy exposed to trauma highlighted how DvT helped him express difficult emotions and reduce disruptive behaviours (Johnson in Johnson & Emunah, 2014; Jones, 1996).

These drama therapy tools – dramatic ritual, role method, narradrama, and developmental transformations – provide powerful avenues for fostering connection and potential intimacy recovery in clients affected by trauma. Dramatic ritual uses symbolism and metaphor to ground individuals in their emotions while facilitating deeper self-exploration, ultimately creating space for secure self-expression and bonding. The role method enables clients to reconcile internal conflicts and broaden their emotional and relational capacities, which are essential for rebuilding trust and closeness. Narradrama's focus on reauthoring personal stories and externalising trauma allows clients to reshape their identities in a way that enhances self-acceptance and emotional intimacy. Finally, developmental transformations (DvT) employ improvisation and spontaneity to break down fear-based coping strategies, helping clients embrace uncertainty and build confidence in their ability to form meaningful connections.

Together, these techniques provide a multifaceted framework for emotional recovery and personal growth, stimulating connection and aligning

with the core principles of intimacy recovery in the context of trauma. These assertions are explored further in the following discussion, which highlights key findings and insights from the literature examined.

Findings and insights

In light of the foundational elements of intimacy – trust, safety, acceptance, and shared experiences – it becomes clear how drama therapy approaches can facilitate intimacy recovery for individuals affected by childhood trauma. Trauma disrupts these essential components of intimacy, impairing one's ability to engage in meaningful, vulnerable relationships (Prager, 1995; Fletcher et al., 2019). The drama therapy techniques previously discussed serve as tools for restoring these lost elements, helping trauma survivors rebuild their capacity for intimate relationships across emotional, intellectual, physical, and experiential domains (Johnson, 2014; Landy, 1994).

Dramatic ritual plays a vital role in addressing trauma-induced disconnection, a major barrier to intimacy. Trauma survivors often feel detached from their own emotions and bodies, which hinders their ability to engage authentically in intimate relationships (Schrader, 2012). Dramatic ritual, with its structured, symbolic, and often spiritual components, offers a secure environment for clients to reconnect with their inner selves (Emunah, 2013). The repetitive, grounding nature of ritual, combined with elements like breathwork, enables clients to regulate their emotional responses and build trust in their own bodies (Van der Kolk, 2014). This sense of safety, both within themselves and in the therapeutic space, is a foundational requirement for intimacy, as it allows for vulnerability and deeper connections with others. By fostering emotional and physical regulation, dramatic ritual reintroduces the possibility of safe, intimate exchanges that are often disrupted by trauma (Schrader, 2012).

The role method, developed by Robert Landy (1994), offers another pathway to intimacy recovery by addressing fragmented identities. Trauma often forces individuals into rigid, maladaptive roles – such as protector, victim, or aggressor – that limit their capacity for emotional closeness (Landy, 1994). These roles become ingrained as survival mechanisms, impeding the ability to engage in authentic, intimate interactions where vulnerability and mutual recognition are key (Rappaport, 2014). Through role exploration, clients using the role method can experiment with various facets of their

identity in a safe, controlled environment. They learn to integrate opposing roles, such as strength and vulnerability, fostering emotional flexibility and resilience (Landy, 1994). This integration is crucial for intimacy, as it helps clients engage in relationships without being confined by trauma-induced roles that previously limited their capacities for emotional closeness and connection (Gordon et al., 2018).

Narradrama extends this work by focusing on the personal stories trauma survivors tell themselves. Trauma can create problem-saturated narratives where individuals feel unworthy of love, trust, or closeness (White, 1998). Narradrama allows clients to externalise and reauthor these harmful narratives, offering the opportunity to reconstruct their self-perception and relational identity (Van Wyk, 2008; Dunne, 2009). The ability to reframe one's story from one of isolation and fear to one of resilience and connection directly supports intimacy recovery (Sguera et al., 2020). By enabling clients to reshape their internal narratives, narradrama encourages new ways of relating to others – free from the constraints of their traumatic pasts. This process fosters the development of trust and openness, which are essential for maintaining intimate relationships (White, 1998).

Developmental transformations (DvT) complement these narrative-focused approaches by emphasising the importance of spontaneity, flexibility, and play in human interaction (Johnson, 2014). Intimacy, at its core, requires a level of unpredictability, emotional risk-taking, and the ability to navigate relational dynamics fluidly (Prager, 1995). Trauma survivors, however, often respond to the unpredictability of relationships with hypervigilance or avoidance, both of which impede intimacy (Reynolds, 2011). DvT, through improvisational play, helps clients tolerate uncertainty and embrace the fluid nature of human relationships (Johnson, 2014). By engaging in spontaneous role shifts and imaginative scenarios, clients learn to navigate the emotional landscape of intimacy with greater confidence and ease (Reynolds, 2011). This imaginative role-shifting not only helps diminish the rigid, fear-based schemas that trauma often creates but also promotes a more adaptable, resilient approach to intimate relationships (Johnson & Emunah, 2014).

Together, these drama therapy techniques address the core disruptions to intimacy caused by childhood trauma. They provide trauma survivors with the tools to rebuild trust, regulate emotions, reshape harmful narratives, and navigate relational unpredictability. As intimacy requires safety, trust,

emotional expression, and mutual recognition, drama therapy facilitates these processes in a structured, supportive environment. By integrating these approaches, therapists can help clients recover their capacity for intimacy, enabling them to engage in healthier, more fulfilling relationships (Emunah, 2013; Johnson, 2014).

Conclusion

In conclusion, this study highlights key themes pertinent to the relationship between childhood trauma and intimacy recovery through the lens of drama therapy. Trauma-informed approaches and drama therapy's versatility in facilitating narrative exploration and emotional expression are pivotal in addressing intimacy issues. Drama therapy, with its unique blend of creative expression, storytelling, and role-playing, allows individuals to process traumatic histories and cultivate vulnerability, which is crucial for intimacy development.

The findings suggest that drama therapy holds promise for helping adults who experienced childhood trauma foster healthier intimate relationships by promoting emotional regulation, empathy, and connection. Techniques such as storytelling, play, and interaction aid in trauma navigation and empower clients toward personal growth and resilience. However, several limitations should be acknowledged.

Limitations

As a literature review, this article does not provide empirical data, which restricts its scientific validity and generalisability (Cronin et al., 2008; Knopf, 2006). In addition, this article focuses on a selection of literature concerning trauma, intimacy, and drama therapy, which may not fully represent broader studies in these areas. While efforts were made to reduce bias, the literature reviewed may not encompass the entire scope of available research. Moreover, drama therapy itself lacks extensive empirical studies to validate its effectiveness in fostering intimacy, underscoring the need for more rigorous, scientifically supported research in this field (Sajnani & Johnson, 2014; Corey, 2021).

Recommendations

Recommendations for future research include conducting empirically validated studies that examine specific forms of childhood trauma and the most effective drama therapy techniques for intimacy recovery (Erkkila et al., 2011). Further exploration is required to determine which drama therapy methods may offer the greatest benefit to trauma survivors, particularly for fostering intimacy. Collaboration between drama therapy and other trauma-focused psychological paradigms would enhance the empirical support for drama therapy's efficacy (Sajjani & Johnson, 2014). Additionally, postgraduate programmes should foster interdisciplinary research, merging drama therapy with other evidence-based trauma treatment models to create a more comprehensive approach to addressing childhood trauma and intimacy recovery (Su & Stone, 2020; Nielsen, 2017). This interdisciplinary approach could lead to more effective treatments and a broader understanding of how therapeutic interventions can positively impact human health and intimate relationships.

In summary, drama therapy has significant potential for contributing to trauma treatment and intimacy recovery, but empirical research is essential to fully realise its role in trauma-informed care. This research is particularly important in the South African context, where historical and systemic traumas such as apartheid have left deep psychological scars on individuals and communities. Developing creative and accessible interventions like drama therapy could offer crucial support in healing the interpersonal and emotional wounds that persist in post-apartheid South Africa. By addressing these limitations and focusing on collaborative, evidence-based studies, future research can pave the way for more effective therapeutic interventions that support intimacy development in adults affected by childhood trauma.

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Confectionary art therapy: Exploring the therapeutic benefits of baking

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Bio

Vanessa Tsao completed a Bachelor of Arts in Performing and Visual Arts from the University of Witwatersrand. Driven by a desire to use her artistic experience in a meaningful way, she embarked on a journey to become an art therapist. Currently, Tsao is completing her Master of Art Therapy at the University of Johannesburg.

Abstract

This article focuses on the use of baking as a therapeutic medium in art therapy, specifically investigating its potential benefits for self-care among art therapy trainees. This study acknowledges the importance of self-care in mental health professions and thus explores how baking can provide a comprehensive sensory experience that facilitates emotional regulation, mindfulness, and self-efficacy. Through a qualitative study involving four participants, the article examines the therapeutic process of baking, from preparation to decoration, and discusses its implications for art therapy practice. The preliminary findings suggest that baking can serve as a self-care method, promoting personal growth and well-being. Furthermore, the study highlights the need for further exploration and application of baking in therapeutic settings, emphasising the importance of an art therapist's presence to enhance the experience.

Keywords: Art therapy, baking, art therapist self-care, sensory engagement

Introduction

While a small number of studies have explored baking in relation to mental health, its specific use as a tool for self-care among art therapy trainees remains under-researched. This article seeks to address this gap by

investigating whether baking can serve as a creative and therapeutic self-care practice for trainee art therapists. Traditionally, art therapy has consisted of visual art mediums like painting, drawing, and sculpture (clay). However, there is increasing recognition of the therapeutic potential of unconventional materials and processes within art therapy. Baking is an art form in its own right that demands time, effort, thought, and creativity, resulting in a product that exceeds the sum of its ingredients and holds rich “expressive potential” (Borsato, 2023a, p. 18).

This study aims to investigate the potential therapeutic benefits of baking within an art therapy framework. By analysing the subjective experiences of art therapy trainees, this study seeks to deepen the understanding of how baking can function as a unique self-care practice. Engaging in this creative activity may foster psychological and emotional well-being by offering another creative process to add to the available art therapy resources.

Self-care is crucial in preventing distress, burnout, and professional impairment (Carter & Barnett, 2014). In the South African context, where therapists frequently work with individuals affected by trauma, the practice of self-care becomes particularly vital. Beyond its importance for therapists, self-care is essential for individuals to maintain overall well-being and balance in everyday life.

Leigh Carter and Jeffrey Barnett (2014) define self-care as “the ongoing practice of self-awareness and self-regulation for the purpose of balancing psychological, physical, and spiritual needs of the individual”. Self-care is simply taking care of oneself. In the context of this article, and to evaluate the therapeutic potential of the material, the aspect of self-care that I will focus on is the psychological support an activity can provide to individuals.

As a self-care practice, baking offers art therapy trainees a novel and challenging experience, differing from their usual engagement with art materials. For trainees accustomed to various mediums, working with unfamiliar materials like baking ingredients may place them in a position akin to new clients—those unfamiliar with traditional art materials—thus allowing the trainees to empathise more deeply with their clients. Additionally, baked goods are deeply associated with rituals and celebratory occasions that imbue confectionaries with profound expressive potential (Borsato, 2023b, p. 3). The time investment required also ensures that individuals dedicate significant time to self-care, fostering deeper reflection and engagement.

Sight, smell, hearing, touch, and taste are the five basic senses the body uses to experience the world in which it exists. Baking offers a comprehensive sensory experience regulated by the olfactory system—smell and taste—that are potent triggers of autobiographical memories (Herz, 2016, p. 2). This ability to hold expressive potential and trigger memories is indicative of the value baking as a method in art therapy might offer.

For art therapists in training the medium of baking evokes unique sensory qualities to explore if used in the same way that they use art materials. The study this article reflects on seeks to investigate these potential therapeutic benefits by engaging art therapy trainees in independent baking sessions as a method of self-care.

This article is based on my ongoing dissertation, which I completed as part of my master's in art therapy. The dissertation is centred on a study of four unaccompanied participants baking a cake in their respective locations, with the prompt of using this activity as a self-care method. Throughout this article, the four participants are referred to as Angela, Georgia, Faye, and Serena to ensure confidentiality. Due to the limited research on therapeutic baking, the article follows a bottom-up approach, drawing from various areas of research on which to build the methodology. The structure of the article is as follows: the literature review discusses the concept of self-care in the context of mental health professionals, the role of art in self-care, and the potential of sensory-rich activities like baking. The literature focuses on various elements that build up to the use of preparing food as a therapy due to the limited research on that topic. Following this, the methodology of the study is outlined, detailing how the intervention was carried out with the participants. The results and reflections of the trainees' experiences are then analysed, shedding light on the broader implications of baking as a therapeutic medium within art therapy. Finally, the discussion explores the relevance of these findings to the art therapy field and suggests future research directions in this emerging area.

Literature review

Self-care

Self-care is often assumed to be a straightforward concept, yet defining it is crucial to anchoring any scholarly exploration. Christina Godfrey, Margaret

Harrison, Rosemary Lysaght, Marianne Lamb, Ian Graham, and Patricia Oakley (2011) thoroughly reviewed the history and evolution of self-care definitions, drawing from diverse perspectives across research, practice, policy, and industry. Their work highlights the complexity and breadth of self-care, arriving at an expansive operational definition. For this paper, I will focus on the psychological needs of the individual in the context of self-care from an art therapy perspective.

According to Godfrey et al. (2011, p. 11), "Self-care involves a range of care activities deliberately engaged throughout life to promote physical, mental, and emotional health, maintain life, and prevent disease". The care activities include social support and meeting social and psychological needs. In the event of illness, disability, or injury, self-care continues to be practised, either individually or with support from others, ensuring continuity of care.

The importance of self-care for healthcare professionals has been well established. Self-care has been widely studied within mental health professions, as it is recognised as an essential element for providing ethical and quality care to clients (Bamonti Keelan, Larson, Mentrikoski, Sly, Travers, & McNeil, 2014, p. 254; Barnett, Baker, Elman & Schoener, 2007, p. 604; Barnett & Homany, 2022, p. 319). The literature clearly states that individuals within the caring professions are at a higher risk of stress, burnout, and professional impairment (Barnett & Cooper, 2009, p. 16), which self-care can prevent (Posluns & Gall, 2020, p. 3). Regulatory bodies such as the Canadian Psychological Association (2017) often have documents such as the Canadian Code of Ethics for Psychologists, which states in Section II.12 that "in accordance with the Principle of Responsible Caring, members are to engage in self-care activities that help to avoid conditions (e.g., burnout, addictions) that could result in impaired judgment and interfere with their ability to/benefit and not harm others" (Posluns & Gall, 2020, p. 2). Although the Health Professions Council of South Africa (HPCSA) has no direct reference to self-care, appropriate knowledge and skills are stated to be important and an ethical responsibility. Ethically practising as a mental health practitioner can only be upheld if the individual is healthy enough in all spheres of life, and as the literature has discussed, self-care is necessary for mental health practitioners (Barnett et al., 2007; Barnett & Homany, 2022; Miller, 2022).

According to Jeffrey Barnett and Grace Homany (2022, p. 317), "The goal of a strong self-care routine is to promote wellness and optimal functioning

and mitigate the impact of ongoing stressors in one's work or personal life that may lead to deterioration in professional competence". Emphasis is placed on pre-emptive self-care before negative consequences arise, where cognitive awareness and daily life balance are essential to effective personal and professional functioning (Posluns & Gall, 2020, p. 2; Rupert & Dorociak, 2019).

There is a movement to create a culture of self-care in training as a healthcare professional, a call for systemic changes in education and training (Bamonti et al., 2014), advocating for the integration of self-care modules within courses and the creation of a supportive professional environment that values and promotes self-care (Barnett et al., 2007). This current study focused on self-care in the university space with art therapists in training, which seems appropriate given the current conversations in the literature. "Effective self-care should be seen as a routine that is individualised to include activities that are relaxing, rejuvenating, enjoyable, and accessible" (Barnett & Homany, 2022, p. 317). In this case, baking could provide that experience for individuals and can be tailored to each person's needs.

Self-care is closely linked to mindfulness, as highlighted in the literature. The body of research on mindfulness is extensive and robust, with numerous academic studies highlighting a wide range of benefits. These studies demonstrate the positive impact of mindfulness on various aspects of well-being, including stress reduction, self-compassion, and emotional and behavioural regulation (Keng, Smoski & Robins, 2011; Milligan, Irwin, Wolfe-Miscio, Hamilton, Mintz, Cox, Gage, Woon & Phillips, 2016; Newsome, Waldo & Gruska, 2012). The volume and diversity of findings make a compelling case for incorporating mindfulness practices into daily life. Following the increase in research on mindfulness-based interventions, scholars used this practice with proven psychological benefits incorporating art to create various mindfulness-based art therapy interventions (Coholic et al., 2021; Ho et al., 2021; Monti, 2004). These interventions recognise the value of artmaking and pair it with mindfulness practices.

Art as an approach towards self-care

Art has been effectively used in various disciplines to promote well-being, as seen from the following examples: Firstly, artmaking has helped homeless youth manage mental health challenges, recover from trauma, and develop positive self-esteem (Schwan, Fallon & Milne, 2018). Secondly, medical

students have also benefited from art, as it has improved their observational skills, self-awareness, and self-care through reflective art practices (Gowda, Dubroff, Willieme, Swan-Sein, & Capello, 2018). Thirdly, for social workers in war situations, creative expression has proven to be a cost-effective tool for stress reduction and self-care (Huss et al., 2010).

Stephanie Lewis Harter (2007) theorises how art is used to reflect and express experiences beyond words, finding that it provides a fresh perspective and growth as a therapist. Art therapists have explored the idea that artmaking can be a form of self-care in various studies. Harriet Wadeson (2003) demonstrates how art therapists use art to process their therapeutic work, revealing unconscious feelings and enriching their clinical practice. This reflective process can be an integral part of self-care, helping to manage the emotional burden of therapeutic work. Barbara Fish (2012) further explores response art¹ as a personal and professional growth method, suggesting its potential as a self-care practice.

Importance of material: Innovative materials and their unique abilities

Art therapy is a mode of psychotherapy where various physical materials are used in a creative process to produce images and objects that are integrally part of the therapeutic relationship and process used to reach a therapeutic goal (SANATA, 2020). Typically, art therapists have a sophisticated understanding of art materials and can facilitate non-verbal communication, fostering curiosity and exploration for both the participant and therapist. Through the utilisation of diverse mediums, symbols, metaphors, and expressive mark-making, art therapy serves as an alternative means of articulating thoughts and emotions that may be challenging to express verbally (Hogan & Coulter, 2014, p. 1). The image or object can serve as a container of feelings that can be expressed, externalised, and analysed (Hogan, 2016, p. 2). In art therapy, the unseen/intangible emotions, thoughts, or ideas are externalised through the use of a medium, for example, paint, clay or crayons, and in the case of my study, baked cakes. The physical form that inner emotions and feelings take on is significant

1 Response art is created by art therapists in response to material that arises within the therapy space that can serve many functions. This will be further explored in the dissertation and is not within the scope of this article.

(Pénzes et al., 2014, p. 490; Poon, 2017, p. 36) and can communicate extensive information that might not be apparent upon initial inspection.

Art therapy does not exclude any materials and processes. Rather, it provides the space for exploring innovative mediums, as can be seen in the literature, where photography and digital art are introduced and used in meaningful ways (Adaskina, 2021; Kopytin, 2004; Thong, 2007; Weiser, 2015). Catherine Moon (2010) establishes the need to expand the visual vocabulary of art therapy, presenting case studies of innovative materials like photography, installation, printmaking, mail art, nature, and found objects. Baking thus fits into this idea and offers new experiences with innovative insights, and thus, hopefully, baking can become a useful medium to be utilised.

Another geographically appropriate case study is an art therapy group of Caroll Hermann (2021). She is based in KwaZulu-Natal and successfully used bonsai as a healing tool for traumatised youth. Group members who were unfamiliar with bonsai used the bonsai to symbolise growth, hope, and strength while nurturing and caring for the plants.

Julie Brooker (2010) conducted a study using unusual materials and based her therapeutic process on using found objects to help her client think outside of herself and improve her self-esteem, self-expression, and mental and emotional health. This innovative way of working provided a unique experience and offered interventions that Brooker (2010) suggests traditional art materials would not have been able to do. The results from these two approaches support my argument that baking can offer meaningful and unique experiences of material engagement, as baking is also an unusual process using unconventional materials, especially for art therapy trainees who frequently engage with various art materials.

On the other hand, Jee Hee Moon (2021) found that familiar materials associated with memories might facilitate a more meaningful engagement. Moon (2021) thus raises the importance of the discernment that an art therapist requires in practice.

Therapy and senses

The clay slip game (Klein, Regev & Snir, 2020) was found to have therapeutic significance. This activity involves the use of slip, a material made from clay and water, that is used to bind or glue pieces of clay together as a medium. The process for the clay slip game involves engaging with the material rather

than having an end product in mind. This activity consists mainly of haptic sensory engagement that provides regression and sublimation, as well as focuses on the experience due to there being no end product.

A psychological study has found that memories elicited by smells tend to be more emotional and evocative than those triggered by images or sounds (Herz & Schooler, 2002). Neurologically, this can be attributed to the proximity of the brain's emotion centres to the areas responsible for smell and taste, as opposed to those governing vision, hearing, and touch (Verbeek & Van Campen, 2013, p. 140). Odour memories seem to be enduring and less susceptible to interference (Groes, 2016, p. 39).

The powerful use of the olfactory system to evoke memories is used in nursing homes:

In the care of older people several sense memory projects have started in nursing homes. In particular for people suffering from dementia, these projects have added to their quality of life, since their cognitive abilities are severely affected, childhood memories can often exclusively be evoked by the senses. In a general sense memories provide fuel for conversation, promote social contact, and reduce the loneliness of older people (Verbeek & Van Campen, 2013, p. 145).

Nostalgia is an emotion that naturally emerges in response to psychological threats and plays a role in enhancing psychological well-being; thus, nostalgia can be a relevant experience in therapy. Memories evoke nostalgia, and various activities can tap into a person's memories, such as taste. It is suggested that comforting foods (taste and smell), which are often linked to nostalgic memories and cultural traditions, can help alleviate loneliness and serve as a coping mechanism during challenging times (Reid, Green, Buchmaier, McSween, Wildschut & Sedikides, 2023).

The senses engage the mind fully and provide experiences that single-sense activities might not be able to do. Thus, alternative art materials can be considered, such as edible art that offers a sensory experience different from visual art.

Food and art therapy

The therapeutic use of food is a topic gaining attention within higher education institutions. However, it remains relatively unexplored and lacks extensive

mainstream publication, as I discovered in my research. Nevertheless, emerging evidence in dissertations at various institutions suggests that this area of inquiry may hold significant potential and merits further investigation (Ang, 2022; Clarke, 2013). The proposed study, which this article is based on, is conducted within the South African context, and it aims to contribute to the field by using a different approach and adding a voice from a different context.

Jordan Troisi and Shira Gabriel (2011, p. 751) found that people use food as social surrogates to fulfil psychological needs to feel social connection and reduce loneliness. Their continued research on comfort foods further claimed that people derived a sense of belonging from foods they deemed comfort foods, which serve as a cognitive and emotional reminder of loved ones (Troisi & Wright, 2017, p. 82). Lindsay Clarke (2013) demonstrates this in her thesis by discussing cooking as an art therapy method. Her interest in this subject stems from the memories and deep connections she finds in recipes, cooking, and the food itself (Clarke, 2013). Cooking served as a culinary postcard that supported and developed Clarke's sense of self and provided space for reflection, among many other benefits demonstrating the therapeutic potential of cooking within art therapy. Her research aligns with Claude Fischler's (1988) exploration of the concept of incorporation, emphasising the role of food in identity formation. Incorporation refers to the process of taking food from the external environment into the body, thereby internalising aspects of the external world (Fischler, 1988, p. 280). This process is literal, biological, and symbolic, as incorporation involves assimilating values and cultural elements through food choices. The well-known adage "we are what we eat" encapsulates this idea, highlighting how dietary choices significantly contribute to one's sense of self (Fischler, 1988, p. 280). The act of cooking transforms food from nature to culture (Fischler, 1988, p. 287), from biological to symbolic, which is a significant process and can be used to re-evaluate and reimagine one's identity.

Cherilnn Ang (2022) compares traditional art materials with various baking modalities, such as icing, baking bread, and cookie decoration. She presents baking as a therapeutic modality, examining its potential to reduce stress and anxiety. Ang (2022) highlights how the process of creating baked goods offers a therapeutic outlet, providing individuals with a means to express themselves creatively while engaging in a mindful activity. As an art form, baking can help reduce stress, foster a sense of accomplishment, and even encourage social interaction when sharing baked creations with others. Baking can ground

individuals and promote emotional well-being through the tactile and sensory experience of mixing, kneading, and decorating (Ang, 2022).

As a therapeutic activity, baking provides a unique avenue for clients to lower their defences and open themselves emotionally. Nicole Gordon (2019) emphasises that cooking can facilitate more open communication and enhance self-perception. Jasmine Cho (2022) uses baked goods to explore complex topics, such as Korean American identity and decolonisation, in a disarming and accessible way. She uses the materiality and form of the baked goods smartly, emphasising the far-reaching potential of the physical vehicle of meaning. Cho (2022) looks at participants' experiences using cookies to explore their Korean American identity. The cookies act as a catalyst for conversation about subjects important to the participants. For example, she uses the format of a cookie to bring attention to decolonisation and start conversations about it. Making cookies offers a unique sense of calm and control (Cho, 2022). The cookie as a material is effectively paired with her message in an almost contradictory way. The physical object containing the message is disarming, whereas the topic of decolonisation alone would possibly be quite divisive.

In Poland, an experimental therapeutic method using bake therapy was introduced in the Department of Child and Adolescent Psychiatry of the Medical University of Lodz (Grzejszczak, 2023). The result of the experimental programme has been promising, and it provides an overview of how baking therapy can benefit young patients by improving self-esteem, fostering emotional expression, and enhancing social skills.

Similarly, cooking interventions² are shown to have beneficial psychosocial outcomes on self-esteem (Kim, Choe & Lee, 2020, p. 77), such as social interaction, a decrease in anxiety, enhanced psychological well-being, and quality of life (Farmer, Touchton-Leonard & Ross, 2018). Food art therapy has had a positive effect on the self-expression and social skills of people with mental illness who use community mental rehabilitation facilities (Kim et al., 2020, p. 8).

2 Multiple cooking interventions, where baking is mentioned once.

Making special

Ellen Dissanayake's (1995, p. 126) concept of 'making special', later termed 'artification' (Dissanayake, 2017, p. 148), grounds artmaking as adaptive behaviour, deeply embedded in human nature. The human tendency to make special emerges from play and ritual. Often employed in stressful situations, this activity ensures deliberate, slow steps and actions instead of automatic reactions to stressors and functions to encourage social cohesion. In many traditional cultures, artmaking and rituals intensify when a group feels threatened, serving to contain and transform anxiety (Learmonth, 2009, p. 4).

Making special is not synonymous with creating art; it describes the human inclination to elevate ordinary things or experiences (Dissanayake, 2017, p. 148). This making special can manifest in simple actions like preparing special meals or wearing distinct clothing for significant occasions (Dissanayake, 1992, p. 175). A cake can be seen as a 'special' food often present at celebrations, marking the importance of an event. The intimate association between rituals, celebratory occasions, and confectionary art imbues baked goods with a rich cognitive and metaphorical framework that enhances its expressive potential (Borsato, 2023, p. 3).

Baking a cake transforms ordinary ingredients into an object associated with celebration and can thus be seen as a method of making special that can be utilised for self-care. This process aligns with the concept of self-care, supporting mental health through mindful engagement. The use of baking as a form of art therapy thus fits well within the idea of artification, meeting the psychological needs of individuals through creative and intentional expression.

Methodology

The research for my study is qualitative as it aims to gather knowledge grounded in human experience. It is situated within the interpretive paradigm and is explorative. Several self-studies enabled me to better understand using baking as a modality in art therapy as self-care.

The four participants, Angela, Georgia, Faye, and Serena, were purposefully selected and invited from the population of art therapy students enrolled at the University of Johannesburg in 2024. This purposeful sampling was because their knowledge and understanding of the therapeutic benefits

of traditional art materials enabled them to investigate the effects of baking as a creative process.

Art therapy trainees regularly engage in artmaking practices as part of their training to gain a deeper understanding of materials and processes used by their future clients. The research procedure I used in my study required the trainees to treat baking as art material and take note of the therapeutic benefits experienced, if any. Each individual was given a simple vanilla cake recipe to follow, with the invitation to modify it if desired. This freedom to modify allowed an optional layer of expression and meaning to be added to the process.

The preparation and mixing of the batter took between 20 and 40 minutes. The baking time was 20 to 30 minutes. The cooling time for the cake was about two hours, but the cake could also be baked and cooled for any length of time based on the participants' needs. Therefore, the trainee could return to decorate it when ready. The last step was decorating the cake with icing. There was no time limit for this, but a minimum of 20 minutes was estimated for the task. The total time was estimated to be four to five hours. The participants were given the freedom to engage in the process in a personalised way. This freedom of engagement is because self-care is defined by Carter and Barnett (2014) as "the ongoing practice of self-awareness and self-regulation to balance psychological, physical, and spiritual needs of the individual". Minimal instructions were provided to allow for space for individualised self-care.

After completing the baking session, participants were invited to participate in semi-structured interviews with me. These interviews provided an opportunity for participants to share their experiences, perceptions, and insights which they gained from the baking activity. Interviews allowed for the sharing of the participants' "in-depth experiences as well as their perceptions of the therapeutic potential of the material given their extensive clinical experience" (Klein et al., 2020, p. 66). In order to facilitate subsequent thematic analysis, the interviews were audio-recorded with participants' consent and transcribed verbatim, along with any notes taken.

Ethical considerations

The study this article is drawn from has received ethical clearance from the Faculty Higher Degrees Committee with ethical clearance number SEM

2-2023-057 on 23 October 2023. Participants voluntarily agreed to participate in the research, with the freedom to withdraw at any moment without having to justify their withdrawal. The participants signed consent forms allowing recording, transcription, and use of their images in the research.

Discussion and preliminary findings

Material engagement

The expressive therapies continuum (ETC) by Sandra Kagin and Vija Lusebrink (1978) is a valuable conceptual model for understanding how individuals interact with art materials and how these interactions can facilitate therapeutic experiences. The theory poses various levels of material interaction: kinaesthetic/sensory, perceptual/affective, and cognitive/symbolic, interconnected by the creative level (Lusebrink et al., 2013, p. 77). Angela, Georgia, Faye, and Serena's baking processes were analysed through the lens of baking as a therapeutic medium. Here, the ETC is especially relevant because it helps frame the sensory, emotional, and cognitive dimensions of a participant's engagement with the activity. In baking, these levels are activated through:

- **Kinaesthetic/sensory level:** The kinaesthetic aspect involves movement (mixing), while the sensory aspect focuses on tactile experiences (textures and smells). Among the participants in this study, Faye found sensory grounding, but Georgia did not find making the batter therapeutic.
- **Perceptual/affective level:** Observing the transformation of ingredients into a cohesive mixture or seeing the process engages the perceptual aspect, while the satisfaction of creating something edible touches the affective aspect, evoking positive emotions.
- **Cognitive/symbolic level:** The cognitive aspect involves planning and following recipes, while the symbolic aspect relates to reflecting on the process' deeper meaning.

By shifting between these various levels of material engagement, baking engages multiple levels of the ETC, offering a well-rounded therapeutic experience. The structured aspects of baking (recipe-following) balance with the freedom of decorating, allowing for engagement across the continuum, which can suit various therapeutic needs.

Evocative nature of baking

Serena spoke about her associations with baking. She recalled the recreation of her late grandmother's signature chocolate cake for her funeral. Serena recounts:

[My grandmother] would always make a chocolate cake. It was always the same style. It always had little maraschino cherries on top. She would make her cake no matter what. It didn't matter what the event was, the cake would arrive. So it felt fitting that there needed to be one at her funeral.

The presence of this cake, which Serena had made in memory of her grandmother, became a symbolic gesture in which the whole family could find meaning. This baking gesture highlights the role of food culture in marking life transitions and expressing emotions that words cannot convey, aligning with Dissanayeke's (1995, p. 83) description and purpose of ritual that she connects with artmaking.

Angela expands on the concept, describing baking as a "portal or memory box" that taps into memories through sensory experiences like smells and textures. This sensory memory makes baking not just a physical activity but an emotional one with potential therapeutic applications. For many, baking evokes nurturing relationships and creates connections to the past. Angela suggests that the act can help individuals process deeply held memories and emotions, potentially aiding healing.

Faye's account emphasises the emotional impact of baking, particularly through scent. Her cranberry cinnamon pecan cake brought back memories of her grandmother, highlighting the role of smell in recalling autobiographical memories, as Herz (2016) suggests. These sensory experiences can evoke positive emotions, alleviate negative moods, and provide comfort. Faye's reflections demonstrate how baking can be a source of emotional grounding, allowing individuals to reconnect with cherished memories of loved ones.

Transformative nature of baking

A sponge cake starts as simple everyday materials mixed into the fluid batter and then transforms into a solid through baking. This transformation can metaphorically speak to life processes of change and patience. Faye says that:

There is something really important about baking in that it takes time, and it allows us to reflect on the fact that our feelings or our emotional processes also take time. You can't go from being a mixture to being a baked cake without the process time in the oven.

The batter is fluid and easy to manipulate, while the final baked product is resistive and solid. This transformation symbolises the change from a flexible to a stable state that could mirror personal growth. The recipe selection and modification also carry meaning, adding depth to the process.

Participants experienced baking differently when focused on self-care, which all the participants reflected in their responses. The use of baking as a self-care process is fitting, as it forces a person to use a large amount of time to reflect on their own needs. Serena demonstrated the effectiveness of deliberate time-taking for self-care by saying that she really needed the time she took to complete this process. She carved out a large chunk of time from her day to dedicate to baking, as did every one of the participants.

An important key to the baking activity was that it had no specific outcome requirements other than engaging in a process of self-care through baking, thus allowing for freedom in the process. Freedom to allow for an individualised experience free from expectations. According to Serena's reflections, the process provided challenges and subverted her expectations, allowing her to 'let go' in multiple instances. In doing so, she showed kindness and compassion to herself and accepted the reality of the process without judgment and striving.³ The cake baked in Figure 1 displays this freedom and kindness she showed herself, allowing space for the unexpected and embracing it. The resulting cake is an object that is the culmination of a meaningful process. The resulting cake is not merely a finished product but a tangible representation of a meaningful and introspective process. Notably, the centre of the cake is blue, a colour Serena typically avoids in food. She only recalled her aversion after adding the colouring to the batter, and the colour did not blend as she had expected. However, Serena did not perceive this as

3 Accepting the process without judgement and striving refers to the mechanism of attitude in mindfulness (Shapiro et al., 2006, p. 377) where this desirable attitude is described: "We posit that persons can learn to attend to their own internal and external experiences, without evaluation or interpretation, and practice acceptance, kindness, and openness, even when what is occurring in the field of experience is contrary to deeply held wishes or expectations". Serena did this in her baking experiment.

a mistake or a problem. Instead, she emphasised how letting go of the need for a specific outcome reduced stress and allowed her to enjoy the process with less control over the final result. While the cake may appear successful by conventional standards, to Serena, the focus was not on achieving a specific outcome but on embracing the freedom and enjoyment of the creative journey. Thus, the cake's significance lies not in its appearance, but in the personal growth and freedom it represents.



Figure 1: Serena's cake, photograph by Serena, 2024

Mindful process

Art therapy values the process. This process requires focus and attention, which naturally centres one in the present moment. Georgia experienced the baking task in a positive way, which contrasted with her usual feelings of anxiety in her body. The first layer of the cake is the beach, while the second layer depicts the Northern Lights. Georgia felt that the colours of the Northern Lights were not as vibrant as she had envisioned. She expressed this during the process, but her daughter gently reminded her not to be overly critical, offering support throughout the process. This encouragement made the experience especially meaningful for Georgia. What she typically

found tedious, however, was washing the dishes afterwards. Yet, even this task became calming as she noticed the flowing water transform the leftover coloured icing into vibrant colours spilling over the dishes. Georgia found that calming and soothing and recognised the moment as significant.



Figure 2: The first layer of Georgia's cake, photograph by Georgia, 2024



Figure 3: The second layer of Georgia's cake, photograph by Georgia, 2024

By engaging in the physical act of baking, individuals can experience a state of mindfulness and presence that is beneficial for emotional regulation and stress relief. This experience can be better understood by examining how the process of following a recipe can foster mindfulness. Intention, attention, and

attitude are all mechanisms of mindfulness (Shapiro et al., 2006, p. 375) and are all present when following a recipe. Georgia said, “[I was] deliberately and intentionally shifting my original concept of baking to a self-care activity”. This intentionality is crucial as it highlights the importance of mindset in mindfulness and task engagement (Shapiro et al., 2006).

Combining the focus on self-care with the baking medium provides an avenue to a mindful experience, allowing oneself to re-perceive.⁴ Angela’s comment demonstrates this:

It brought up a lot about body image, the baking in general. For the first time, because I was being mindful, I sort of encountered that head on and so I said, well, what does it make me feel like? While I’m baking, I feel a heightened awareness of my body, especially a heightened awareness of, particularly what makes me feel fat if I am being honest. And shame is also something associated with baking.

The smells, textures, and tastes evoked this shame. She continues:

I know it’s a very negative subject matter, but I think I was able to encounter it from a balanced perspective, I think. I wasn’t hyper emotional and I was just like, huh? I actually feel different when I’m baking, and I actually feel quite a bit of shame.

Angela, because she was “intentionally attending moment by moment with openness and nonjudgementalness” (Shapiro 2006, p. 378), could view her internal experience objectively and not be overwhelmed by feelings. This realisation of her experience provided her with a greater self-awareness and allowed her to address this feeling. The process (re-perceiving) that took place during her baking task can be seen as part of her self-care and will enhance her well-being in the long term.

Building self-efficacy

In my experience, the baking process serves as a mastery aid, where the task of baking a cake can be seen as similar to “coping tasks [that] are broken down into subtasks of easily mastered steps” (Bandura, 2012, p. 6) this is because a recipe consists of direct, clear steps. Completing a mastery aid can heighten

4 According to Shapiro et al. (2006, p. 377), “Through the process of mindfulness, one is able to disidentify from the contents of consciousness (i.e., one’s thoughts) and view his or her moment-by-moment experience with greater clarity and objectivity”. This process is re-perceiving.

coping efficacy and thus self-efficacy, which enhances personal well-being in many ways (Bandura, 2012, p. 1). This improvement in coping that can be fostered within the baking activity is also subtly demonstrated in Angela's statement: "The feeling of having started with nothing, and using your own ingredients, and getting to an endpoint is useful". Conversely, if the baking process does not go as planned, it offers a valuable opportunity for the baker to investigate errors, learn from them, and develop problem-solving skills. This reflective practice can enhance a person's confidence in addressing larger life challenges.

Need for an art therapist/holding space

Significant moments in the process highlight the need for a therapist to contain, support, and discuss what arises. The presence of an art therapist can help maintain focus and mindfulness, which I found challenging in my own study. The participants and I experienced distractions, echoing the need for guidance. The process is long, and mindfulness throughout is challenging, especially if one is not in the habit of maintaining a self-care routine. An art therapist can provide prompts for deeper reflection on the process, relating the process to past experiences as the sensory elements evoke memories. Literature highlights the importance of holding space, the witness of another, and triangulation in an art therapy setting (Hass-Cohen & Clyde Findlay, 2015). In the interviews and my own experience, there are many opportunities within the baking experience where the presence of an art therapist could enhance and facilitate a therapeutic experience.

Limitations

A limitation of the baking approach could be the lack of resources and lack of access to a kitchen. Another limitation of the study is the small sample size, which makes the findings difficult to generalise. This article speaks to initial findings further explored within the study on which it is based.

Conclusion

As a therapeutic medium in art therapy, baking offers a unique and engaging approach to self-care, fostering mindfulness, emotional regulation, and self-efficacy. The structured yet creative process of baking provides a rich sensory

experience that can transform ordinary actions into meaningful rituals. The presence of an art therapist can enhance this process, providing necessary support and reflection. Despite the challenges and limitations, the integration of baking into art therapy presents significant potential for personal growth and well-being, warranting further exploration and application in therapeutic settings.

Suggestions for future research would be to have a standardised test that can be taken before and after an intervention and to increase the sample size. Baking might offer a valuable communal element where group work could prove to be valuable.

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The creation of a clay vessel is a metaphor for the therapeutic journey of a family affected by a rare disease

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Bio

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Abstract

This article is located within the South African rare disease community. The article draws from a master's thesis and focuses on a case vignette of a family affected by a rare disease diagnosis. There is limited research in South Africa focused on family art therapy. This study established that art therapy processes can uncover resilience factors in families affected by trauma associated with a rare disease diagnosis. The original study consisted of four art therapy sessions focused on identifying resilience factors through family collaborative art using clay, a medium previously unexplored by the family. This article focuses on a single clay object created collaboratively by the family during the sessions. Literature draws from international studies on family art therapy, clay as material, *kintsugi*, and concepts of holding, containing, and transitional objects. The making and holding of the vessel and the vulnerability of brokenness and repair paralleled the family's story. The distinct phases that emerged in the art therapy process included the malleability of clay in

its raw form, the brittleness of the unfired form, the tentative strength of the piece as bisque, the stronger form as a glazed item, and *kintsugi* reparation. Findings conclude that an awareness of the family's strength and resilience was symbolised through the object's creation and repair. This awareness showed the importance of acknowledging struggles faced both medically and mentally by the family and protective factors they witnessed among each other during the study. Initial findings were positive, and further studies are recommended.

Keywords: Clay work, family art therapy, kintsugi, rare disease therapy, rare diseases, resilience

Introduction

This article draws from the master's research study *Enhancing attachment using a clay-based art therapy collaboration in a family*. This study looked at protective factors and building resilience using collaborative family art therapy in a family affected by a rare disease¹ diagnosis of their child. There were four art therapy sessions with this family and the sessions included clay work.² The original family art therapy study proposal was presented to Rare Diseases South Africa³ and through their networks, the Jones family volunteered to participate. The family members are Amy (mother), Jack (father), Mary (aged six), and Ben (aged four), who has a rare disease diagnosis. A ceramic plate artwork made with clay became a symbolic representation of the Jones family and their experience of accepting their family's concept of brokenness and resilience. The ceramic plate was made during the second art therapy session with input from all family members in the same place and at the same time, enabling them to impact and influence each other.

The various clay processes of this piece are followed by the family's reflections on finding parallels between life experiences and their artwork. The processes included 1) creation, 2) firing, 3) breakage, 4) repair, and 5)

1 A rare disease is defined as a heterogenous group of diseases that can affect any system and that results in an impaired quality of life. Rare diseases affect no more than one in 2,000 individuals in the European Union and no more than one in 1,250 in the United States of America (Schieppati et al., 2008, p. 2039).

2 The family who participated in this study are members of Rare Diseases South Africa. Names have been changed to protect their identities (Crowe et al., 2011).

3 Rare Diseases South Africa is a non-profit organisation started in 2013 (NPO 120-991) to support families affected by rare disease diagnoses.

kintsugi (a pottery reparation technique using gold, symbolising healing, resilience, and beauty) (Price, 2021, p. 1).

The original study examined a specific family system and how each person exists individually whilst being integral to the family. This concept informed the therapeutic lens, providing a better understanding of family collaborative artwork, and how it could relate to resilience and protective factors. Family therapy and art therapy are two therapeutic disciplines, integrated through shared theoretical frameworks of personality, family systems, and art therapy processes, using non-verbal communication and becoming family art therapy (Arrington, 2001, p. 4). In family art therapy, the use of materials and engagement with materials is witnessed by the other family members and the art therapist, allowing for greater attunement and connection (Sabados, 2024, pp. 7–8). As a trainee art therapist, researcher, and mother of children with rare diseases, I acknowledge my positionality and internal lens from personal experience similar to the participants.

The plate broke following the bisque firing, resulting in individual responses by the family in acknowledging the break and consolidating the repair resulting from the discussion. Jack had suggested further breakage, Mary a “giving away” of fragments, and Amy found it a metaphor for their family that was broken by a rare disease. The small-scale and in-depth study highlighted the potential value of clay and time between sessions to build anticipatory hope and the tracking of processes, paralleling holding space between sessions.

The study of family art therapy is limited in South Africa. This article draws from a constructivist theoretical framework and looks at the literature around clay, family art therapy, Donald Winnicott’s transitional objects, and *kintsugi* as reparation. The article focuses on a South African family with a rare disease diagnosis.

Background

The Jones family has struggled to access medical treatment in South Africa, resulting in anxiety and mental fatigue. The family has medical aid, and Ben’s rare disease is classified as a prescribed minimum benefit.⁴ In 2022, a High

4 The Medical Schemes Act No. 131 of 1998 lists medical conditions and diseases under a list of prescribed minimum benefits (PMBs). The medical schemes are legislated to cover costs related

Court application was brought against the medical aid for refusing to pay for treatment, remaining unresolved, causing additional emotional and financial strain for the Jones family.

The stress of legal battles for Ben's treatment, financial strain, and his daily medical needs (including occupational therapy, physiotherapy, speech therapy, and medication administration) presented as risk factors to the Jones' family health when assessing the treatment goal for the art therapy sessions. The reason for engagement was their reported feelings of being overwhelmed, exhausted, and burned out on account of their medical and legal stress, along with familial needs for connection and relationship. The focus of the intervention was to uncover the family's protective factors and reinforce connection using collaborative art and clay work. Using clay highlighted their need for exploratory experiences to create connection along with the challenge of dealing with unknown future life challenges. The plate became a physical and metaphoric vessel to hold discussion and reflection, becoming an object of meaning and symbolising the family's feelings of brokenness and resilience.

Clay as a medium

From birth, we use our hands to understand the world around us. The first touch, or lack thereof, is a form of communication (Henley, 2002, p. 13). In *Clayworks in Art Therapy*, David Henley (2002, p. 13) notes the deep attraction to clay, which meets a child's desire for novelty through the rich sensory experiences that sustain the attention of most children. Clay is malleable and tactile and, when held, touched, and manipulated, encourages the creator to engage in movement and creativity. For art therapists, sensory input from touch and haptics is significant in activating cutaneous⁵ senses (Lusebrink, 2010; Carlson et al. 2010).

Clay is unique in its use of one's hands as the main tool in the creation process (Blatner, 1991, p. 406). Tactile experiences whereby non-verbal language and expression are invoked through the clay (Sholt & Gavron, 2006) informed the choice of medium as Ben has limited verbal ability, relying on

to the diagnosis, treatment, and care of PMBs. <https://www.medicalschemes.co.za/resources/pmb/>.

5 Cutaneous senses are dependent on receptors in the skin and are sensitive to contact, pressure, vibration, temperature, or pain (VandenBos, 2007, n.p.)

nonverbal communication. Engagement of the hands with clay speaks to the beneficial haptic experience of sensory touch that links one's kinaesthetic movement with sensory receptors in the skin (Elbrecht & Antcliff, 2014, p. 22; Sholt & Gavron, 2006; Wong & Au, 2019, p. 197). Using art and clay offered nonverbal expression that was beneficial for communication within the family unit.

Clay was new to the Jones family, allowing them to be creative and intentionally letting go of artistic ability as an outcome. In *Creativity in Art Therapy*, Rachel Brandof (2017, p. 327) states that creativity can be born out of interactions with any art material. A client's needs are considered so they can be directed to materials to best facilitate engagement and curiosity (Martin et al., 2010, p. 513). The playful, confident ways in which Jack and Amy interacted with clay in the presence of Mary and Ben showcased their role of parental involvement in their children's development of imagination and exploration of objects.

David Henley (2002, p. 25) emphasises the importance of art therapists knowing their material in terms of its expressive properties and understanding its potential results in facilitating therapeutic outcomes. When creating *art for art's sake*, clay is used with a specific outcome intended. The focus is often on the technical requirements and the final object or image. In a therapeutic environment, the focus is on the process of creating, where touch perceptions engage movements and activate emotions (Lusebrink, 2004, p. 127; Martin et al., 2010), leading to authentic, emotive responses witnessed in sessions.

Haptic touch is a perceptual experience of movement and touch involving an array of sensory receptors in the skin (Fulkerson, 2011, p. 493). Working with clay encourages an in-process embodied experience of movement between stages of creation. The weight of the clay and its resistance require physical movement to be manipulated. The way the Jones family touched, pushed, punched and rolled the clay was like a dance: they anticipated each other's reactions and moved accordingly to help or step back.

Value of an object

Donald Winnicott (1951) introduced the term 'transitional object', describing the object as infants' first possessions separate from themselves. He clarified that a transitional object is used for comfort when the infants' needs are not immediately met. The term 'transitional' refers to the process of the infant

separating itself from its mother (Winnicott, 1951, p. 10). Winnicott (1975, p. xx) notes the importance of the object because of its symbolism in helping the child transition from being merged with its mother to a state of separation. The transitional object is created from a need to *resolve a tension or conflict* arising from the infant not having its primal needs met and precedes the establishment of reality (Winnicott, 1951, p. 6). In this case, the plate is the transitional object and makes room for the idea of becoming able to accept a difference between an associated idea of reality and the reality of medical challenges that the family faces. Amy described the broken and repaired plate as an object worth more than a Carrol Boyes⁶ plate, a tangible item that symbolises their families' worth. The parents' reflections during feedback suggest the value of the object, capturing the essence of their family unit through their co-creation. Collaborative art as a transitional object and memorial artwork may be valuable for families affected by rare diseases and potential losses.

Methodology

A constructivist interpretive framework was used for this research. Constructivism is based on the idea that people are actively involved in their creation of reality, whereby change is constant and directly related to their reality (Lyddon & McLaughlin, 1994, pp. 89–95). The constructivist position uses a reflective stance, bringing hidden meaning to the conscious through deep reflection on the interactions between the participants and researcher (Ponterotto, 2005, p. 129). Through interactive dialogue, we explored the meanings and interpretations resulting from the creation in the second session and the subsequent breakage and repair of the plate. A constructivist interpretive stance suggests there are many constructed realities rather than a single true reality, influenced by subjective contexts and the individual's experiences, social situations, and interactions between them and the researcher (Ponterotto, 2005, p. 130). A reflexive stance requires participants and researchers to acknowledge that reality is socially constructed and that the relationship and interactions are central to capturing and understanding the lived experience (Ponterotto, 2005, p. 131).

6 Carrol Boyes was an established South African artist and designer whose eponymous label is celebrated for her functional homeware aimed at the upper middle-class market: <https://carrolboyes.com/>

Shirley Riley (1993, p. 253) discusses the importance of art therapists taking a constructivist approach as it relieves the therapist of responsibility to provide answers. This approach allowed the family's story to shape the sessions, as their family has its own story and each family member has their own experiences. Thus, their realities are based on their experiences.

Clark Moustakas (1990, pp. 38–58) places heuristic enquiry within a qualitative, social constructivist research model whereby a researcher pursues a question intrinsically linked to one's personal identity and selfhood (Rumi, 2019, p. 3). Heuristic introspection to reflect on and acknowledge my subjectivity and bias was required for this research. Reflexivity of my disclosed positionality as a fellow member of Rare Diseases South Africa was paramount to the constructivist interpretive stance of interacting with the family as they expressed a sense of feeling understood in ways not previously experienced.

Ethics

The University of Johannesburg's Faculty of Education research committee granted ethical approval. Considerations included consent, assent, anonymity, and protection of data collected.

Processes

Object creation

The four art therapy sessions were conducted in my clay studio, and reflections and dialogues were through confidential verbal and written conversations documented with clinical reports. A focused discussion held online was conducted several weeks after the last session. The sessions were mostly nondirective, with a variety of materials available. Many artworks were made, including 15 mixed media images and 17 pieces of pottery, including one collaborative acrylic painting and five collaborative ceramic pieces. Based on feedback from the family and dialogue during sessions, the plate was chosen as a piece of immense personal value, expressed through the family's emotional attachment to the plate in its broken state and the *kintsugi* repair. Amy admitted she had never previously felt attached to a material object. The emotional value and connection to this piece after a period of rupture and repair symbolised to Jack and Amy the value they found in acknowledging

their journey with their son's rare disease diagnosis and the chosen metaphor for their healing.

Clay as an expressive art medium

The Expressive Therapies Continuum⁷ provides a theoretical framework for the use and application of art media within therapy (Lusebrink, 2010, p. 168). It helps therapists understand a client's expression and processing of emotions through levels of kinaesthetic, sensory, symbolic and creative expression. Lisa Hinz (2019, p. 3) suggests that the Expressive Therapies Continuum provides therapists working with art materials with a framework to assess the choice of materials and work within nondirective arts-based therapy. The expression and processing of experience can shift with the various art materials and images created, often holding truths that clients reveal for themselves (Hinz, 2019, p. xxi). As a ceramic artist, the Expressive Therapies Continuum was helpful to inform my clinical thinking about this family and gave a theoretical understanding to what I know implicitly as an artist.

Art therapists face decisions when working with clients, much like an artist facing a piece of clay or a blank canvas. Questions such as "How do I know what material to offer?" or "How do I invite a client to work with new materials?" do not have specific rules. However, the Expressive Therapies Continuum offers suggestions depending on a client's preference of medium, their kinetic explorations, and sensory responses (Hinz, 2019, p. 3). The Expressive Therapies Continuum has various levels of experience, starting with sensory/kinaesthetic experience, which is tactile and sensual, and provides feedback through both internal and external sensations, which is developmentally similar to nonverbal processing in an infant (Hinz, 2019, pp. 4–5).

People have different preferences for materials, and acknowledging these differences helps art therapists remain open to clients' needs and preferences (Moon, 2010, p. 14). The expressive potential is maximised through the available choice of materials, tools, and equipment used in art therapy within a space that holds the interplay between materials and the physicality of expression (Moon, 2010, pp. 10–11).

7 The Expressive Therapies Continuum is a valuable consideration for this paper and thus I have included it with title casing to emphasise its importance.

A diagnosis of a rare disease is a significant stress event, resulting in a clinical impact on the brain system senses and potentially impacting functions such as cognition (cortex), affect regulation (limbic system), and fine motor regulation (Perry, 2006, p. 36). Sensory input, not just therapeutic relational interaction, provides experiences that can lead to functional regulation (Perry, 2006, p. 38). The sensory experience of working with clay enhanced an involvement with kinaesthetic activity whereby Jack was able to engage mindfully through tactile physical engagement. Jack showed creativity with painted images, which echoed through his engagement with clay, requiring additional focus. In its raw state, clay has plasticity, allowing the maker to press it into shapes in which it remains once pressure is released (Shepard, 1985, p. 14). Jack's mindful manipulation resulted in a letting go of conscious control and a mindful immersion in the material, a concept discussed in *Handbook of Art Therapy* by Cathy Malchiodi (2012, pp. 123–124). In its raw state, clay is uniquely malleable and manipulated. However, it has a maximum workability point based on water content (Shepard, 1985, p. 15). This quality of clay paralleled what I witnessed in Ben, who had a personal maximum workability where he disengaged from tasks to lie down and rest.

Mary showed curiosity, whilst Ben at first showed an aversion to clay. Amy noted that Ben had experience with playdough at school and enjoyed cutting shapes and stamping, prompting his reaching for stamps and familiar tools. Ben's familiarity with tools seemed to help him shift focus from the feeling of the clay, affirming Noah Hass-Cohen et al.'s (2018, p. 45) observation that "repeated sensory art experiences contribute to the formation and strengthening of memories". Although Ben initially resisted the clay, his previous experience with playdough gave him confidence and a willingness to participate.

Amy expressed wonder at seeing Jack's patience with the clay: "It reminded me of the things I love about him". Amy expressed value in their relationship, and exploring something outside of their control allowed them to experience something new again. Exploration was an important part of Jack's growth during the sessions. Jack felt it allowed the family members to push past barriers of expectations to explore the challenge of vulnerability associated with a new and unexplored art medium. Reflections were made around the newness of the material and experiences likened to the anticipation of Ben's birth. The breakage of the plate paralleled the sense of rupture to the family through Ben's rare disease diagnosis, which could not be prevented.

Mindfulness to mitigate breakage

Throughout the creation of a ceramic vessel, many clay-making processes affect subsequent refining, firing, and glazing. A strong connection between maker and clay emerges, which often comes with an experience of loss and suffering, valued by art therapists for the therapeutic value of navigating these processes (Wardi-Zonna, 2020, p. 43). Attunement to the piece of clay and the connection of the family members during the creation of the piece allowed for a focused moment of connection. Amy and Jack witnessed this connection while creating the plate with their children. An art therapy space, rather than therapeutic art (which lacks the addition of a therapist as a witness), provides an opportune space to practise mindfulness and focused attention within the creative process (Douglas & Dykeman, 2022, p. 2). The role of the therapist in the space was an important factor in allowing the parents to practise a mindful experience with their children present, as they could trust the therapist's attunement to their children. The family members expressed a sense of relief, allowing them to fully engage in the materials.

I noticed that the family focused on the creation of their wet plate, perhaps believing that its creation was enough to guarantee a successful result. There were many steps to follow, and the plate was placed in many situations of significant peril. The plate was rolled into a slab before being draped into a mould. The edges were trimmed and smoothed, and an image was imprinted with Ben's handprint and various stamps. There was intentional input from all members of the family. The later un moulding of the slightly dried piece required sensitive movement and gentle refinement to avoid potential damage. To facilitate smooth transitions between stages of creation, the potter must find a harmonious point of perfect dryness (Wardi-Zonna, 2020, p. 43). A wet plate can become misshapen or torn. A dry plate cannot be trimmed or finished properly. Thus, a piece needs to be kept in mind at all stages of creation to navigate its transformation. Similarly, the creation of art in a therapeutic space requires the mindfulness of the creator whilst the therapist attunes to the stages of a client's transformation to navigate those spaces of internal shift and growth (Goren-Bar, 2019, p. 3).

Mould for a container

John Bowlby (1988, p. 139) explores the importance of a therapist providing clients with a secure base. This base is likened to Donald Winnicott's 'holding'

and Wilfred Bion's 'containing' (Bion, 1984; Borg, 2013; Ferro & Foresti, 2013; Winnicott et al., 2010). In containing and providing a secure base in a therapy space, the therapist empathetically parallels the relationship between the mother (who provides her child with a secure base to explore the world) and the child (Bowlby, 1988, p. 139).

It was interesting to contemplate the mould as a container for the soft clay. The clay needed a time of slow drying in the mould while being held and supported to become a plate in the same way that a therapist holds the space for clients. The therapist provides space for clients to reflect and heal, like clay slowly drying and shifting into a space of permanence through the first bisque firing, and allows holding and containing to happen. A nonverbal conversation was indented in the clay through Ben's handprint and stamping. After firing, the indents were felt through touch, a reminder of the processes of creating. The clay plate was holding space for conversation as each family member made an imprint on the piece, physically representing this conversation (see Figure 1).



Figure 1: Moulded plate, photograph by Claire Woollatt, 2023

Bisque piece

There is a rawness to a hard ceramic bisque-fired piece. In a transient stage of creation, raw clay hardens and undergoes structural changes through the application of heat in a kiln, resulting in strong yet porous ceramic that is no

longer recyclable (Shepard, 1985, p. 5). Pottery fired at bisque heat tends to be porous, and although stronger than raw clay, it is weaker than a higher-fired and glazed piece (Tankersley & Meinhart, 1982, p. 228). There is a permanence to a fired piece of ceramic that cannot biodegrade (Shepard, 1985, p. 8), like the permanence of an incurable genetic disease, such as Ben's.



Figure 2: Bisqued plate, photograph by Claire Woollatt, 2023

Breakage of a piece



Figure 3: Broken plate, photograph by Claire Woollatt, 2024

Due to illness, there was an extended period between sessions. A physical break in the plate mirrored this breakage of continuity. A weakness formed during the bisque firing and a bump caused a wedge to break in the plate. There were difficult moments acknowledging the break, especially for Amy. Mary suggested giving the broken piece away so someone else could have it. Jack suggested breaking it further to allow for mosaicking and reforming of the plate. Amy was aghast, and her response was, "How can we intentionally break our family?" This unanticipated symbolism for Amy evidenced the depth of meaning attached to the plate. It symbolises the individuals within the family: the handprint from Ben, the stamps and drawing by Mary, and the stamping done by both parents. Amy described it as a family portrait and was initially sad, a familiar sense of grief which permeated within their family due to Ben's health. The rupture of the plate and potential repair was a moment for the family to define 'family' and what brokenness means to them. Faced with this broken plate in a therapeutic space allowed for raw emotions to be expressed and contained. As a witness to the family's pain, I reflected on their feelings, leading to a family discussion, after which I was asked to glaze and then glue the piece. They had unanimously decided not to remake it even with access to materials. This small broken piece of pottery was a significant metaphor for their family, although it was only upon reflection that they were able to acknowledge it.

Exposure of the cracks

The choice to repair the broken plate acknowledged their family's journey and expressed the inescapable brokenness felt at times. In considering this piece of pottery, they realised it has also been valuable to learn about their strength, unity, and appreciation of the smaller things. The Jones family were forced into a journey of health battles, medical terms, legal challenges, first aid treatments, and alternative schooling. They are learning to value the small pockets of happiness as important. They are not a family pretending they are okay, ignoring their struggles to keep up with the Joneses. Instead, they are the Jones family inspiring through their interconnectedness.

The ceramic journey through a kiln, firing, and pressure, paralleled the daily living the Jones family experience, where they are pushed to their limits, forged into robust, forever-changed pieces of art. The breakage no longer mattered, and the joining and *kintsugi* became an opportunity to engage in

the positive parts of their story: their family's resilience and ability to find joy despite their suffering. *Kintsugi* repair and associated meaning was discussed at length in a session, and due to technicalities in the process, I glazed and repaired the piece. The therapeutic alliance placed me as an object, psychologically holding and containing the repair (Scharff & Scharff, 1997, p. 150; Schröder et al., 2009, p. 1).

Kintsugi

When cracks are repaired and sealed, they are visible and may be felt when held. As a material craft, repair and sealing is where *kintsugi* can affect an engagement with the senses and facilitate *perceptions* of damage and repair (Keulemans, 2016, p. 17).

Kintsugi (or *kintsukori*) is a Japanese ancestral technique developed in the 15th century to repair cracked or broken ceramics with gold (or other precious metals). The gold highlights defects and presents a duality of fragmentation and transformation through the accentuation of the cracks (Keulemans, 2016, p. 18). The breakage and reparation become integral to the object's history, reflecting the human experiences of people like the Jones family members who are faced with life situations that result in feelings of brokenness and who bear the mental scars of rare diseases (Pasanen, 2021). A broken ceramic item is not recyclable, but it is often repairable, a cycle of reincarnation where new life is given to a repaired piece. It is not unusual for a *kintsugi*-repaired artwork to be more valuable than before (Wardi-Zonna, 2020, p. 45).

Kintsugi invites us to transcend personal hardships and struggles by transforming them into gold, emphasising the scars as a demonstration of the healing journey. In deciding to repair what is broken, one recognises the object's value and its sentimental value (Santini, 2019). Amy choosing *kintsugi* allowed Jack to value witnessing her overwhelmedness and her strength in allowing imperfection. Jack found it an important reminder of her inner strength, saying, "I saw things I had forgotten. Amy got to express a strength she thought was lost, and this plate was an important moment for her to face that strength. She was able to deal with her emotions, even though it was challenging".

The exposure of the crack represented their vulnerabilities and visible scars, describing themselves as "physically broken and repaired", thus acknowledging that they also bear scars from their past. *Kintsugi* teaches

that a broken object should be displayed with pride, as the signs of rupture and repair are a part of the object's history (Pasanen, 2021, pp. 18–19). Jack acknowledged the “symbolic significance of the repaired pottery piece and the emotions it evokes, without needing to fully understand them”.

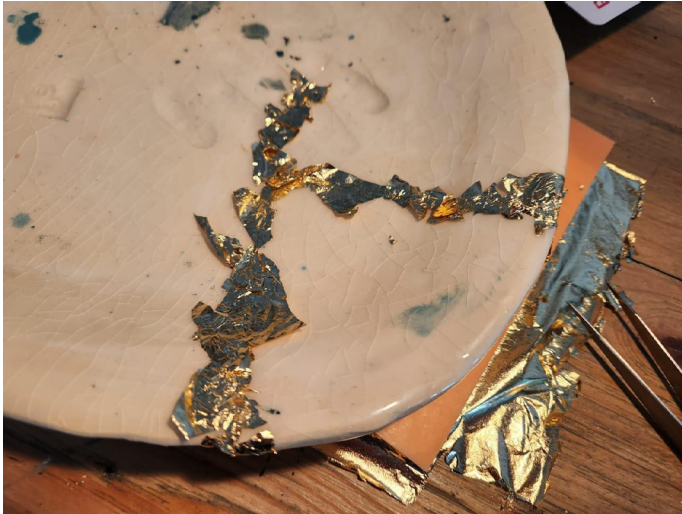


Figure 4: Kintsugi in process, photograph by Claire Woollatt, 2024

It is important to acknowledge that this is the experience of the Jones family, and it may be unique to them. The breakage of the plate was an unanticipated rupture and visible experience of repair, which was noted as beneficial for the family, making them able to externalise these thoughts and discussions through their object.

The coloured marks in Figure 5 were made with underglaze by the family. The underglaze splashed from another piece, an interesting acknowledgement of the unintended consequences of one's actions.



Figure 5: Repaired plate, photograph by Claire Woollatt, 2024

Limitations

The limitations of this study are the small sample size, the rare disease diagnosis, and the subsequent effect on one family being quite different to others affected by diseases with different genograms. I acknowledge my biases as a ceramic artist and a mother of children with a rare disease. However, I see the benefit this allowed in terms of my empathetic understanding when I engaged with the Jones family's personal struggles rising from their challenges: medically, mentally, and socially.

Findings and conclusion

The reflective responses from the family highlighted significant thematic parallels between the creation of a ceramic art piece and their personal journey through a rare disease diagnosis and the subsequent impact on their family. They also spoke about the value of the experience of art therapy as a family unit. The hope and anticipation of their plate developing through firing processes each week created a space to talk about their anticipation and hope when Ben was born. The breakage highlighted their grief when they noticed significant health issues early in his life and the subsequent reality of potential

early death. The repair was a moment to acknowledge how they choose to live and the impact their son has had on their lives, creating resilience and strength.

Art therapy has the inherent ability to nurture both positive and negative emotions (Green et al., 2021, p. 1). Positive emotions can be established with the help of art therapy, which creates safe therapeutic spaces where there is no inherent threat to one's life and which helps build adaptive traits through increasing psychological and social capacity (King, 2016, p. 116). Over time, positive responses can become habitual, and this in turn can build resilience. Creative work integrates the two hemispheres of the brain, assisting in the integration of thoughts, emotions, and sensations linked to relationships with loved ones (Green et al., 2021, p. 2). The plate became a symbolic, transitional object that bore witness to joy, sadness, and relief. Through symbolic rupture and repair, the plate held the celebration of scars and the acceptance of hurtful life experiences and their subsequent resilience. Family therapy involving incurable diseases holds, like clay, permanence and fragility concurrently. Family art therapy allowed the Jones family to experience a breakage and repair witnessed in a therapy space.

The creation of an image or an object is understood through the concrete form outlasting the experiential making of it (Case & Dalley, 2014, p. 86). The making of images can be interrupted, and meaning may alter through interference and the associations whilst the images are being made. Shifts may occur over time to impart new meaning and insight (Case & Dalley, 2014, p. 86). It could be said that the materiality of clay and the processes and timing required in the creation of an art piece mirror the family's experience and parallel life journey. There was an acknowledgement by the family of vicarious resilience through the metaphor of tracking the clay, looking at delayed results, and having to wait, creating space to breathe and reflect.

Repaired cracks can trigger memories and link to related catastrophes and broken moments, conjointly creating a space for care, amelioration, and hope, which is dependent on the individual and their perspectives (Keulemans, 2016, p. 17). *Kintsugi* is shown to demonstrate the propensity of repaired objects to embody dual perceptions of catastrophe and amelioration (Keulemans, 2016, p. 15).

It can be hard to move past hardships and see oneself and one's family as something more than the victim of a rare disease diagnosis. Here, the philosophy of *kintsugi* can be applied to moving forward: seeing one's scars

as something to be proud of and appreciating one's story. This perception is how one can advocate for treatment, awareness, and identity in a positive and vicarious way. Learning and growing from life experience becomes more about the future and less about the hardships faced. Rumination is shifted into restoration and reparation. Some families possibly feel shame connected to their emotional and psychological wounds. However, *kintsugi* teaches acceptance. Acceptance helps people to draw strength from hurtful life experiences and to find ways to become more resilient, enabling them to highlight their story in a positive and proud way (Pasanen, 2021).

This study had positive outcomes for the participants. Further studies are required to support the potential of family art therapy using clay within South Africa's rare diseases community.

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Doll making: An art therapy approach to support bereaved clients

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Bio

Kate Shand is an HPCSA-registered art therapist based in Johannesburg. Shand and her sister, ceramicist Nina Shand, run the Melville Mudroom pottery teaching studio. Shand is also a research associate at the University of the Witwatersrand, where she is working on The Meaning of Home programme for migrant children. Dr Nereida Ripero-Muñiz and Shand recently published *The Meaning of Home: A toolkit for storytelling interventions with migrant children*. They are also working on a project with colleagues from University College London on arts-based research methods in under-served communities. She was recently appointed as a part-time lecturer with the University of Johannesburg Art Therapy programme.

Abstract

This article is about an art therapy doll-making process to support bereaved clients. Doll making can be a powerful and evocative activity that has many therapeutic benefits, particularly as a support for bereavement. There is limited literature on doll-making, bereavement and art therapy and therefore this article is a contribution to original knowledge. I explore the potential of doll making in the context of bereavement and art therapy, using the lens of object relations theory and attachment theory. I reflect on an arts-based inquiry of my own doll-making experience based on my Honours in Art Therapy research. I present a process that art therapists can use when working with dolls and bereaved clients. The article emerges from a desire to understand how art therapists can use doll making to support bereaved clients, using both the existing literature on dolls and doll making as well as my own experience of making dolls. I use a literature review and reflections on my own doll-making practice. The arts-based approach permits me to write from a personal perspective to investigate and explore my doll-making experience in relation

to both practice and theory. This research derives from a literature review, an arts-based inquiry and personal reflection on my own doll making, producing a process that is original and replicable.

Keywords: Art therapy, attachment theory, bereavement, doll making, grief, transference, transitional object



Figure 1: An interview process was used with the dolls to guide the healing journey, photograph by Kate Shand, 2022

Introduction

“Dolls are toys used for play but they are also fetish objects used for rituals, protection and healing; they are evocative and powerful and have been used for thousands of years”

(Olson, 1998).

This article is a description of an arts-based research project that I undertook in relation to doll making as part of my Honours in Art Therapy research. I present an interview process with my dolls that I developed as a visual research method to approach the theory and practice of art therapy and bereavement. It is an inquiry into a selection of three dolls that I made between the years

2011 and 2016 after the death of my son in 2011. Although art therapists use dolls and doll making in their practices, there is little literature on doll making in psychological and art therapy theory (Feen-Calligan, McIntyre & Sands-Goldstein, 2009; Simms, 1996). I draw on the few articles I could find on art therapy and dolls (Feen-Calligan, McIntyre & Sands-Goldstein, 2009; Topp, 2005; Stace, 2014), the uncanny, the abject and the other (Kristeva, 1982; Carriker, 1998), and a change management programme (Wicks & Rippin, 2010) that used doll making. I also touch on psychoanalytic theories such as transference, the transitional object and attachment (Bollas, 1987; Schaverien, 1990; Winnicott, 1953; Bowlby, 1982), and bereavement theory (Lister, Puskar & Connolly, 2008; Stroebe, 2002) to locate my doll making within psychological and bereavement theory. This article – describing an experience of doll making to support grief and healing – contributes new knowledge to the discipline of art therapy and the benefits of doll making, which is valuable to share with other professionals in the field. Although South Africa has a rich tradition of dolls and doll making, the South African context was not a factor in the article.

This article is my story of bereavement and loss and how my doll-making (in particular) was soothing, comforting and encouraging, as well as, at times, confrontational, reflective, and disruptive. Shaun McNiff (1998, p. 408) says that he is interested in the stories about why art therapists became art therapists, believing that it “may be one of the best ways of understanding and articulating [art therapy’s] unique healing powers”. My chosen dolls were made at a time of early and intense bereavement. I liken early bereavement to a liminal space in that all my signposts had been swept away. Everything I thought I knew had been shattered. I describe this time as moving “like a stranger in a world where the signposts have been removed. The signs I’ve used to navigate my way so far have become foreign, and I cannot decode them” (Shand, 2013, p. 8). My analysis reveals that the dolls have been my signposts. I did not know which way to turn, and the dolls emerged as guides on my healing journey. My arts-based inquiry emerged from a desire to understand the journey my dolls took me on and how doll making can be used by art therapists to support, in particular, bereaved clients.

I will present a review of the literature on dolls and doll making where I locate them within a psychoanalytic frame in relation to the concept of the transitional object and attachment theory. The literature review is followed by an arts-based inquiry into my chosen three dolls, a discussion of findings and a conclusion.

Literature

There is very little literature on art therapy and the benefits of making dolls, and my review includes the few articles I was able to source about where dolls have been used therapeutically. I also touch on psychological theories such as transference, the transitional object, attachment theory, and bereavement theory to understand what it is about dolls that makes them evocative and helpful in an art therapy context. Poet, Rainer Maria Rilke (Simms, 1996, p. 672) says, "We found our orientation through the doll. By nature, she was lower than we were, so we could gradually flow down into her, collect ourselves, and recognise, although somewhat dimly, our new surrounding world".

An article by Holly Feen-Calligan, Barbara McIntyre, and Margaret Sands-Goldstein (2009, p. 172) explores a number of short case studies where dolls were used, and in each instance, the participants experienced their own "re-creation" as they made their dolls. One of the case studies is about a 16-year-old girl grieving the death of her sister and how she made a doll of her sister. This process helped her to a "deeper resolution of grief and a positive sense of self". Her "identity was concretely explored and became tangible through the doll and the creative process of doll-making" (Feen-Calligan et al., 2009, p. 169). The article concludes that although many art therapists have made dolls and used them in their art therapy sessions, they have not written about the value of this. The authors invite art therapists to explore and describe the benefits of including dolls in their work (Feen-Calligan et al., 2009).

Jennifer Topp (2005) examines the relationship between children and the dolls they make, how the children view themselves through their dolls, and how they play with their dolls. She includes examples of art therapists who have used dolls and doll making successfully in therapy situations. Topp (2005) explains that everyone benefits from doll making – parents gain appreciation of their children's creativity, the children gain self-esteem, and the art therapist gains insight into the child's inner life.

Patricia Wicks and Ann Rippin (2010) describe an arts-based action inquiry using a group of students from a management learning and change programme. The participants were asked to create "leadership touchstones, or dolls, as a way of learning about leadership and themselves as leaders" (Wicks & Rippin, 2010, p. 261). The activity was to show the power of dolls to "provoke, unsettle and evoke strong reactions" (Wicks & Rippin, 2010, p. 261) and how this opens up opportunities for reflexivity. The participants in the

study were surprised by what the dolls evoked. Doll making allowed people to work intuitively and bypass their customary cognitive processes.

Wicks and Rippin (2010) link doll making to learning engagement with the abject, the uncanny, and the other within organisational life. Julia Kristeva (1982) developed the term 'abject' to explore the human reaction to the decayed, fragmented or impure human body. The abject refers to the loss of a sense of self, or to put it another way, a loss of boundaries between self and other. It is activated in the viewer by that which disturbs the boundaries and order rather than the 'grossness' itself. The corpse is the primary example of what makes us feel abhorrence because "It is death infecting life" (Kristeva, 1982, p. 4). I would argue that the doll, non-human, inanimate and object also disturbs these boundaries between human and non-human, animate and inanimate, subject and object.

Dolls can be used to help adults discover and express their life stories, connect, self-soothe and create a sense of attachment. Sonia Stace (2014, p. 3) uses a case study to explore doll making as a support for trauma and notes that "doll making may help clients to express, transform, and heal from difficulties". Stace (2014) shares what the dolls revealed to Jess (one of her clients) about her internal states, her relationships, and her evolving narrative.

Joy Schaverien (1999, p. 483) writes about the idea of how the embodied image, in this case, the doll, becomes magically empowered, like a talisman, as the image becomes invested in the transference process. She makes the point that in rituals, "an inanimate object is the bearer of a 'transference'" (Schaverien, 1999, p. 483). Transference in psychotherapy refers to the unconscious process whereby the client directs their feelings onto the therapist. Christopher Bollas (1987, p. 23) explains how Donald Winnicott (1953) applies the concept of transference in the therapeutic relationship as looking "within the patient for the infant who lives within a maternal holding environment and to ask how patients communicate their knowledge of this experience through the transference". Art images in analysis play a similar role, except usually as an unconscious process.

Eva-Maria Simms (1996) notes that the concept of the doll is hardly featured in psychological theory, and what the doll symbolises is seldom explored. Simms (1996) refers to Winnicott, who did not give dolls their own category. Rather, the dolls formed part of the general category of toys as transitional objects that help children separate from their mothers. The use

of the transitional object, such as a toy or a blanket, by a child to navigate the mother's coming and going is, according to Bollas (1987), the child's first creative act. Bollas (1987, p. 6) describes this act as "an event that does not merely display an ego capacity – such as grasping – but indicates the infant's subjective experience of such capacities". The transitional object helps the child to adjust between the outside world and the inner psyche, and according to Winnicott (1953), the infant is able to manage these transitions by adapting to loss through creation.

Dolls are also not differentiated in attachment theory. They are relegated to the general 'toys' category. Yet, a doll "profoundly attracts the child's desire, evokes passionate love and hate, and fulfils needs that are difficult to articulate in any other way than through play" (Simms, 1996, p. 664). Presumably, this is because the dolls are representations of people, or aspects of people, including oneself (or one's early infant/mother dyad). The theory of attachment, as developed by John Bowlby (1982), explains the attachment behaviour of the infant and the primary caregiver (mother) and how this affects the development of the infant, especially in relation to separation. The various styles of attachment include secure, anxious/resistant, avoidant and disorganised, and are based on the responsiveness, rejection and predictability of the mother towards her infant (Berghaus, 2011). A securely attached child grows up being able to rely on their internal objects or, to quote Bowlby (Berghaus, 2011, p. 6), "the child must develop 'internal working models' of the attachment figure and of the self in interaction with the attachment figure". The formation of early attachment to the primary caregiver determines how future relationships are experienced, as well as the experience of the loss of these relationships.

Recent developments in bereavement theory have linked attachment theory to bereavement. Margaret Stroebe (2002, p. 127) states that attachment theory "is the most powerful theoretical force in contemporary bereavement research". Understanding the early attachment pattern of an individual can assist the therapist in understanding why some people are more resilient than others when it comes to bereavement (Stroebe, 2002). In his trilogy *Attachment and Loss*, John Bowlby (Stroebe, 2002, p. 128) describes "the manner in which patterns of grieving are influenced, positively or negatively, by experiences in the person's family of origin, as well as by more recent experiences". Bowlby (Stroebe, 2002) further proposes that grief is a

form of separation anxiety. In other words, grief is a rupture of attachment, and the early experience of attachment structures it.

Suzanne Lister, Dolores Puskar, and Kate Connolly (2008) refer to the importance of meaning making and the lifelong nature of the grieving process. The authors state that “the art therapist is well suited to address these individual narratives and constructions through creative exploration and metaphor” (Lister et al., 2008, p. 250). The “new theoretical perspectives on grief” include the importance of continuing bonds and, in the case of bereaved parents, keeping a sense of children intact through linking objects (Davies, 2004, p. 509).

The literature provides insights into applicable theory to help me understand the power of making dolls, as well as to derive an overview of how other art therapists have used doll making with clients. During the process of formulating the literature review, I found myself reflecting on my dolls and the doll-making process; memories were aroused, and connections and links were made. As such, it has been a very important part of my research, enhanced my doll inquiry, and provided insights into my work with clients.

Methods

I used an arts-based research methodology, reflecting on the actual practice of art-making (my dolls) as a form of inquiry and discovery of knowledge. Cathy Malchiodi (2017, p. 73) defines arts-based research as “the discovery and identification of knowledge through one or more forms of artistic expression”. Arts-based research can also be about an individual’s personal enquiry into their art-making process and its products. Malchiodi (2017, p. 85) says that much of the knowledge derived from arts-based research comes from the personal inquiries made by arts therapists into their own processes and outputs and that this is “valuable not only on an individual level but also collectively over time”. The aim of arts-based research within the context of art therapy is “to discover and develop arts-based experiences” that will ultimately support those people whom art therapists support (Malchiodi, 2017, p. 74).

In writing about arts-based research, McNiff (1998) says that it is important that we tell our individual stories and integrate them into clinical experience. The arts-based approach permits me to use the subjective perspective to investigate my doll-making experience. I found very little direct first-person

research about dolls as toys and the power of doll making. My own doll-making process has therefore informed my research method.

My arts-based inquiry is based on a selection of dolls made between 2011 and 2016. These dolls exist in two distinct groupings: the first set is rag dolls and the second set is ceramic dolls. For this inquiry, I chose one rag doll and two ceramic dolls that most reflect the psychoanalytic and attachment concepts discussed in the literature review.

I undertook a systematic inquiry, and I asked the same questions for each doll. The purpose of my inquiry is to attempt to capture what inspired the making of each doll, where I made it, how I made it, whom I shared it with, how (or by whom) it was used, where it is now, and what does the doll evoke for me as I look at it? I also looked at what role the doll played in my life.

Phase 1

Initially, I thought my inquiry would only include the set of questions listed below, but my answers were not satisfactory. They seemed superficial and lacked insight and depth. In the end, the inquiry took place in four phases or stages, with each phase of questions deepening the inquiry. The first set of questions I have labelled 'initial inquiry', and I consider it to be the first phase of exploration. These questions were helpful in that they gently reintroduced me to the dolls, which I made many years ago and served to remind them of me.

Phase 1 questions include the following:

- Describe the doll
- When and where was the doll made?
- Describe the material used and the making process
- Why did I make the doll?
- What do I feel when I look at the doll?
- What does the doll mean to me?
- What does the doll reveal to me?
- Where is the doll now?

I wrote a detailed response to each question for each doll. Upon reading my answers, additional and deeper responses to the dolls emerged. I decided I

needed to ask the dolls some direct questions in order to try and hear their voices, not just my own.

Phase 2

Although I found my answers to the first set of questions quite superficial, they did provide a gentle way into the exploration and opened a safe space in which I could deepen my inquiry. I added two additional questions:

- If the doll could speak, what would she say to me?
- If the doll could hear me, what would I say to her?

Again, I applied these questions to each doll. With these additional questions, it felt like I was beginning to really open up a dialogue and exchange.

Phase 3

The questions that I asked the dolls in Phase 2 inspired memories as well as current thoughts about and connections to the dolls. The research still felt incomplete, and I added two further questions:

- How do I remember the feeling of making the doll?
- What do I think about the doll now?

Phase 4

A week later and there still seemed to be an important element missing from my inquiry. I felt a need to engage the dolls more directly. I was tired of hearing only my voice. I was curious about their stories. The dolls, after all, were the participants in this research, and I needed to recognise them. My final question for each doll was:

- Who are you?

Results

What follows is a summary of the answers the three dolls gave me during my inquiry.

Doll 1: Rag doll

Figure 2: Rag doll (fabric), photograph by Kate Shand, 2011

The doll was made towards the end of 2011 – approximately eight months after my son died (Figure 2). She marks the start of the long (and ongoing) doll-making journey). The making of this first doll responded to a deep primal need to create something as simple (and as complex) as a doll. It was a curious being that emerged from the scraps of fabric stitched together and stuffed using my own hands. It was a three-dimensional object that seemed to have a life and identity of its own. A little body.

The body and limbs of the doll were made from my son's duvet cover, and the heart was cut from one of his t-shirts. It was very satisfying creating this doll from bits and pieces in the home, and I felt a thrill of excitement when the 'little figure' emerged with her own character. As I remember it, the pleasure was in choosing the wool colour for hair, a hairstyle, buttons for eyes,

fabric for clothes, sewing the outfit, and embellishing the doll with ornaments (jewellery and ribbons, and other bits and pieces). Was it a bit like giving birth to bits of myself that needed loving and caring? I wanted to be a child again, making and playing with dolls. I wanted to use my imagination. I did not want to make useful objects. This doll permitted me to be playful. I made many rag dolls over a year, and then, just as suddenly as I started, I stopped.

Who are you?

I am soft but I've survived a great battle. I have scars to show for it. I may be fierce on the outside but inside I'm soft. My heart is bright and vivid. I have a gash on my face that's been stitched up. I have wounds that are healing.

Doll 2: Abject doll



Figure 3a: Abject doll (fired clay), photograph by Kate Shand, 2014



Figure 3b: Abject doll (fired clay), photograph by Kate Shand, 2014

This doll was made in 2014 (Figure 3a). She is part of a series of similar dolls that I call my puppet dolls. I was uncertain if all her parts would survive the fierce heat of a raku firing. I spent time digging in the sawdust to find all the bits of her, especially the small hands and feet. I took great delight in putting the body parts together – threading and cutting the cable ties – to create the final doll. I was putting my fragmented parts back together. I had a plan to tie the body parts together with a more attractive material later, but I was very impatient and wanted to see it complete, so I used the plastic cable ties as a temporary solution (Figure 3b).

I could see this doll was potent and evocative when she came out of the raku kiln. However, she was the last in the series of puppet dolls. As with the rag dolls, I made many versions of this doll, and as suddenly as I started, I ended. I no longer wanted to make them. I tried to display them, but they disturbed and unsettled me (Figure 4). *I did not know what to do with them. There were so many.*



Figure 4: Abject dolls (fired clay), photograph by Kate Shand, 2014

I packed the doll away carefully in a box and put it out of sight. I took such trouble over creating this doll and then could not extend this care to finishing it off properly and finding a place for it to exist. Instead, I left it on a shelf, and someone moved it, and a limb broke and then went missing, and then I threw it away. I was careless with this powerful doll.

Who are you?

Although my bones rattle, I am graceful. I dance. I can hear my bones crackle. Around a fire. I am tribal. I have ancient markings burnt upon my body. My body shows that I have lived. It is marked by fire. The marks protect me. My skin has cracked. I am smiling. I wear a mask.

Doll 3: Snake goddess doll

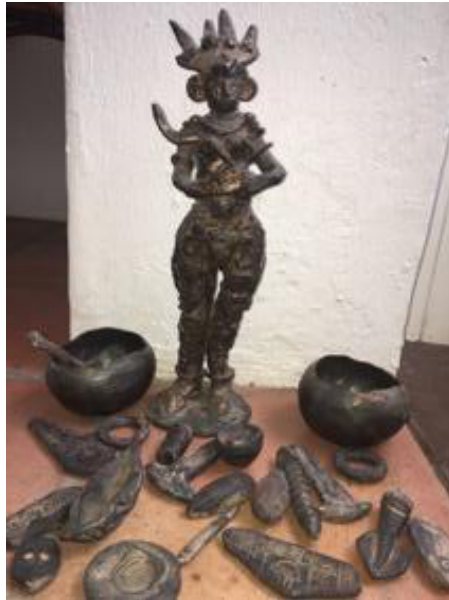


Figure 5a: Snake goddess doll (fired clay), photograph by Kate Shand, 2016



Figure 5b: Snake goddess doll (fired clay), photograph by Kate Shand, 2016

The doll was made in early 2016 (Figure 5a). She is my first standing doll. She was complete, and I did not have to stitch or attach body parts. I had never made a sculpture before, and it was technically challenging – just keeping the figure vertical required great ingenuity. I built her up slowly, which was difficult for me because I like to work quite fast and spontaneously. I glazed this doll with a bronze lustre to give her and her tools a precious and ancient patina.

Her body is adorned with magical signs. Could it be armour to protect her? At her feet are ancient relics (Figure 5b). They are her talismans. The doll is whole, but there are still fragments lying before her. Sometimes, I look at her, and she looks like a dancer from the East. At other times, she looks like a sentinel. This doll is linked to the spiritual world of ancient ritual and magic. She is from a time and place where people still believe in signs and rituals and magical belief to make sense of that which is incomprehensible, a place where spells can be cast, demons expelled, myths believed, bones thrown, incantations mumbled, herbs burned, and crones revered. She belongs to that space and time between death and life. She provides a bridge between the two worlds. She is telling me that I can trust her to guide me to a life after death.

Who are you?

I am a snake goddess. An ancient priestess. My body has a lustrous bronze sheen. I am valuable. I am wearing a crown. Goddess, priestess, queen. I can invoke the wrath or goodwill of the gods in equal measure. Be careful of me, treat me with respect, and I will protect and look after you.

Emerging themes

Next, I reflected on the themes that emerged. I read and re-read the doll 'interviews' to reveal and amplify these themes, connections, and relationships. What became apparent was that dolls are so much more than their connection as a toy and transitional object from early childhood. Dolls and the making of them are also about keeping parts of our loved ones alive, the abject and the uncanny, dis-membering and re-membering, signposts and guides, liminality, protection, the transitional object, attachment and play, and making meaning.

Keeping parts of our loved ones alive

Making the rag dolls seems like a curious and obsessional activity. In the beginning, my son was close to me. I needed a place to put the love. I sent the dolls out into the world like prayers of gratitude and love.

The object and the uncanny

I wonder about the hanging dolls that so resemble puppets (Figure 4). The puppets were waiting for life to be breathed into them. In puppetry, using an object means “giving life and meaning to the lifeless object that has a certain function in everyday life”. Hence, the object comes to us through personification and the removal of its previous roles and functions (Mirfendereski, 2016, p. 28). The dolls hung from their rod, apparently lifeless but with the possibility of a puppet master bringing them to life. These dolls seemed able to hold some of my grief, but then they became quite unbearable. I did not throw them away; instead, I carefully placed them in a box with a lid and put them on a shelf where they were safe but out of sight.

Dismembering and re-membering

Did I make these dolls to try to piece the shattered fragments together? Grief is a metaphoric dismemberment, and making these dolls was a metaphoric re-membering. It is a reclaiming of what has been taken. Dismembering and re-membering – creating the limbs of dolls that I put together as an act of remembering, coming back together. Instead of dismembering my son, I can re-member him. My dismembered grieving body is now re-membered in these dolls.

Signposts and guides

Grief is a desolate land of alienation, isolation, and fragmentation. When all the signposts have been removed, we need to make new ones. Who am I now? Where am I now? Where must I go? Grief is like being lost, and the dolls provided the first solid signpost – they were my guides. Making the dolls helped to re-locate me in time and space. Working with clay is also a similar experience in that it is process work. Making the clay dolls was immensely stabilising. These dolls were showing me the way. The dolls revealed parts of

myself to me when I was ready to receive them. Through these dolls, I seemed to encounter parts of myself.

Liminality

Grief occupies a liminal space – there is the before and the after that is yet to happen. Grief occupies the space between what was known and what is emerging and yet to be known. It is a similar space to the one I occupied when making the dolls. I am so deeply absorbed in the work of creating them, and a transition happens. And I am in a space I have never been in before, connected through the act of creating the doll to the past and to the future. And what of the dolls? Do the dolls now occupy a liminal space? Do the dolls represent a liminal space? The dolls showed me that I am not fully in the world yet – that I am still occupying a liminal space between two worlds of life and death.

Protection

The goddess doll (Figure 5a) looks like she is protecting herself from “attacks which only strengthened the impregnability of her psychic armour” (Milner, 2010). I read this line and thought of my goddess doll – she is covered in psychic armour. She was made at a time when I was immensely vulnerable. I wonder at how defended I was then or should have been. The dolls protected me when I needed to be protected.

Transitional object

Unlike a child’s transitional object, the act of creating the dolls became my transitional object – a way for me to navigate the before and after space of loss. The making of the dolls, at times, felt similar to the act of making mud pies when I was a child. I have a distinct sense that I make my dolls because I need to and not because I need affirmation or confirmation that I am good enough. I sense that this kind of ‘playing’ and creating helps repair the rupture / the ‘I am not a good enough’ object. On an even simpler level, making dolls can be soothing and comforting. For many years after my son died, my brain refused to function in the way it had before his death. The one thing I could still do was create, and it helped. There has been a terrible tragedy, one in the shadow of which my family will exist all our lives. Maybe these dolls were

about my deep desire and need to breathe life into new beings – to animate that which is seemingly inanimate.

Attachment and play

An important shift in how I approached the making of dolls occurred during the time I made rag dolls. In 2014, an art therapist in a workshop suggested that dolls can be made out of anything. It was all the prompt I needed. I was soon completely caught up in creating my first newspaper doll, wrapping her limbs and torso with coloured wool. The finished product was clumsy and childlike and looked as if a child made it. A child made it – my inner child. I was so delighted to discover her. I could create a doll with no expectation of how it *should* look. I could pick up the newspaper and wrap it into shape, all the while absorbed in the process and curious to see what would emerge.

I am interested in attachment and trauma theory in relation to the resources I had in my own childhood to manage difficulties and how this prepared me to cope and added to my resilience as an adult. The inquiry revealed that not only did making dolls support my grief, providing a bridge between the 'before' and 'after', but it also (perhaps simultaneously) provided some healing of my childhood, and this childhood healing had to take place in order for the loss of my son to become something I could tolerate. What healing had to take place? I had to learn to feel safe enough to play. I want to make stuff like a child, engaging my imagination and creative centre, not to be useful but for the sheer pleasure of seeing what will emerge.

Making meaning

Making meaning has been an important part of my healing. I understood that one of the ways I could make sense of what had happened would be to make what happened not be meaningless. Making the dolls strengthened me and gave me back to myself in bits and pieces until one day, I was able to believe that perhaps I could create spaces for people to make their own dolls.

Limitations

The limitation of this research is that it is based on my subjective experience of doll making. I am also aware that my reflections and observations are preliminary and tentative. Nonetheless, I believe that the description of my

doll making has provided original and replicable practice for arts therapists – and I would assert, could be used and adapted across all the arts therapies – supporting bereaved clients.

Conclusion

I have provided insight into the transformative power of doll making to support not only bereaved clients but also beyond. There is something about dolls that is very complex and uncanny. Dolls are objects of darkness, mystery, witchcraft, and magic, but paradoxically, they are also objects of childhood play and memory. It is this interplay between the danger and darkness and the benign (dolls are pliant and cannot fight back) and playful that is so generative of playfulness, imagination, exploration, and stories. In the end, the doll cannot share our confidences, and all of those conversations, “the most intense and the most incriminating of all”, have really been with ourselves (Carriker, 1998). It is not so much that the dolls heal; it is that they reflect to us our capacity to heal. The dolls provide a mirror to our brokenness and loss, as well as to our strength and resilience. The dolls are figures that emerged from the unconscious to protect, guide, nourish, and reveal a new path and way of being.

I knew that making the dolls helped me, but I did not understand how. The act of making my own dolls, this inquiry into my doll making, and the doll-making I have facilitated over the years have confirmed for me the healing benefits of dolls. I made my dolls on impulse and relatively unconsciously in that I did not reflect on them with myself, nor did I reflect on them with others. It would have been so beneficial if there had been an art therapist by my side asking me, ‘Who is she?’, ‘What story does she want to tell?’, ‘How do you feel about her?’, ‘How does she feel about you?’, ‘What do you want to say to her?’.

Doll making is a very profound area of art making and practice in relation to coping with grief and loss. It is an area of art therapy that has not yet been properly and fully explored. This article attempts to contribute to the emerging body of knowledge around this subject and to help open further areas of inquiry.

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Harmonising empathy: A critical exploration of *Empathy Pathways: A View from Music Therapy* by Andeline dos Santos

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Bio

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Abstract

Empathy is a pivotal element in therapeutic practices, particularly within expressive arts therapies, where emotional connections facilitate healing. This paper reviews the book *Empathy Pathways: A View from Music Therapy* by Andeline dos Santos (2022), which is a comprehensive examination of empathy through the lens of music therapy that challenges conventional notions by emphasising relational empathy, cultural humility, and pluriversality. This review critically assesses dos Santos's interdisciplinary approach, which situates empathy within broader cultural contexts and highlights its multifaceted nature. The book introduces four distinct pathways of empathy, each grounded in various philosophical traditions, thereby expanding the understanding of empathy beyond traditional frameworks. Notably, dos Santos critiques the dominant Euro-American models of empathy, advocating for a more pluralistic view that respects diverse cultural perspectives. However,



the review identifies gaps in the engagement with decolonial perspectives and local contexts, suggesting that a deeper exploration of African concepts like Ubuntu could enhance the work's applicability. Despite its theoretical depth, the complexity of dos Santos's arguments may pose accessibility challenges for practitioners seeking practical applications. Nonetheless, the text offers valuable insights into cultivating empathy in therapeutic settings, emphasising self-reflection and community-oriented approaches. By bridging theory and practice, dos Santos provides music therapists with structured frameworks for understanding and applying empathy effectively within diverse therapeutic contexts.

Keywords: Book review, empathy, expressive art therapy, decoloniality

Introduction

Empathy is a foundational concept in therapeutic practice, particularly within expressive arts therapies, where emotional connection and understanding play a critical role in healing and transformation. In *Empathy Pathways: A View from Music Therapy*, Andeline dos Santos (2022) offers a nuanced and multifaceted exploration of empathy through the lens of music therapy. Dos Santos (2022) engages with empathy as a complex process through her interdisciplinary approach. She moves beyond traditional notions to address the nuances of relational empathy, cultural humility, and pluriversality. The work deepens our understanding of empathy as an emotional and cognitive process. It also situates these processes within broader cultural and social contexts. Dos Santos (2022) invites more profound reflection on the complexities of empathy and its diverse applications in therapy, pushing the field toward greater critical engagement with this foundational concept.

The book is a theoretically rich and ambitious text that expands the boundaries of empathy research within therapeutic practice. Its complexity may pose challenges for some readers. However, its interdisciplinary scope and engagement with diverse cultural perspectives offer a valuable contribution to music therapy. Despite its intellectual richness, its philosophical density presents several dilemmas and theoretical caveats that prompt deeper reflection. This review critically engages with *Empathy Pathways*, reflecting on its contributions and its missed opportunities for deeper engagement with decolonial perspectives, South African scholars, and the local therapeutic context.

An overview of *Empathy Pathways*

In *Empathy Pathways*, dos Santos (2022, p. 1) argues that mainstream notions of empathy “revolve around sharing in and understanding another person’s emotions. One separate person gains access to the emotional world of another”. She critiques this individualistic view of empathy, which “affirms the possibility of access to other people’s inner world” (Dos Santos, 2022, p. 1). Dos Santos (2022, p. 2) critiques the one-size-fits-all models of music therapy, arguing that pluralism and contextuality are essential. She maintains that “empathy may look, sound, and behave differently in diverse contexts” (Dos Santos, 2022, p. 2). The book, thus, elucidates empathy’s contextual, relational, pluralistic, and often non-verbal manifestations. She notes, “If we notice that we play in a pluriverse, new possibilities open up for all of us” (Dos Santos, 2022, p. 2).

Dos Santos (2022) invokes the concept of pluriversality and demonstrates an openness to decolonial thinking. She cites postcolonial scholar Mbembe (2015), who draws upon the anti-colonial scholars Dussel (1988a) and Santos (1999) to think through this idea. Mbembe (2015, p. 14) suggests that “knowledge can only be thought of as universal if it is by definition pluriversal” and is “open to epistemic diversity”. Dos Santos (2022) draws on various interdisciplinary frameworks, including philosophy, psychology, neuroscience, and various Indigenous knowledge systems.

Dos Santos (2022) introduces four pathways of empathy, each grounded in distinct philosophical traditions. The book is, thus, divided into four major parts, each exploring various pathways of empathy. These empathy pathways are intended to act as an empathy map within which therapists may “try out different positions, and notice what each allows [therapists] to see, hear, feel, think, and do and how each one blocks or limits [therapists]” (Dos Santos, 2022, p. 2).

The book’s first part is *Insightful Empathy*, which dos Santos (2022, p. 26) describes as “purposefully sharing and understanding another’s emotions”. This concept examines the traditional notion of empathy, emphasising the sharing and understanding of emotions between therapist and client. The idea of insightful empathy also describes how therapists attune to their clients’ emotional worlds through music. It is particularly compelling as it underscores the non-verbal dimensions of empathy in music therapy. In this section, dos Santos (2022) discusses concepts like receptivity and awareness, stressing

the importance of therapists positioning themselves to fully perceive, share, and respond to their clients' emotional worlds. Dos Santos (2022, p. 29) emphasises that "empathy necessitates turning towards the person I'm encountering, shifting away from focusing on myself, my plans, theories, and expectations, and making this person the centre of my experience". This call to centre another person invites therapists to become deeply aware of their internal states. The aim is to ensure that personal biases do not cloud their perceptions. Dos Santos (2022) urges therapists to remain vigilant of the therapeutic relationship. She emphasises the need for continuous self-awareness, reflexivity, and mindfulness of power dynamics within the therapeutic relationship.

The book's second part is *Translational Empathy*, which Dos Santos (2022, p. 143) defines as a "quality of presence in which a sense of witness is generated through a situated and productive process of emotion translation moves of expression and response". Dos Santos (2022, p. 143) acknowledges the limits of empathy as traditionally conceived and moves beyond the idea of emotional sharing. She argues that "humans engage in many other errors and biases when attempting to understand others" (Dos Santos, 2022, p. 146). She introduces the concept of 'honouring opacity' as an alternative approach to insightful empathy. She offers this concept that reminds therapists to accept what they cannot know while offering an empathetic presence. In this framework, knowing another's inner world is not always possible, and respecting 'opacity' or the unknowability of the other is crucial (Dos Santos, 2022).

While carefully acknowledging that "specific processes of Othering have been and still are dangerous and devastating" (Dos Santos, 2022, p. 150), she calls for "respect for radical otherness" (Dos Santos, 2022, p. 152). Drawing from Levinas (1948, p. 152), she states, "the Other who stands before me is radically 'Other', and I must let them remain in their infinite otherness". This idea of opacity invites a level of humility from the therapist and emphasises the need to honour the client's autonomy and mystery. She offers essential critiques of cultural competence, arguing that "culture is often reduced to race and ethnicity" (Levinas, 1948, p. 157). This reduction, she warns, may lead to dangerous forms of othering, "while dominant cultures are left unproblematized" (Levinas, 1948, p. 157). This othering, she asserts, perpetuates the status quo, making minority professionals invisible (Levinas, 1948, p. 157). Additionally, dos Santos (2022) elucidates the subjectivity

of competence: while practitioners may feel confident in their cultural competence, this may not “correlate with their actual ability to work inter-culturally” (Levinas, 1948, p. 158). She contends that cultural competence may reinforce power dynamics, positioning the practitioner as the “expert knower” (Levinas, 1948, p. 158) who claims mastery over knowledge about other cultures. She illuminates the static nature of cultural competence, which suggests a “kind of arrival” (Levinas, 1948, p. 158). In contrast, dos Santos (2022, p. 158) advocates for cultural humility, emphasising the “ongoing and critical self-reflection required” of therapists. She proposes that cultural humility “permits therapists to consider and negotiate the value of alternative points of view” (dos Santos, 2022, p. 158).

The book’s third part is *Empathizing Assemblage*, where dos Santos (2022, p. 223) shifts from radical otherness “towards the radically relational”. She implores the reader to “perform an ontological flip and begin with relationships that generate certain expressions of selves”. Drawing on O’Hara (1997, p. 223), dos Santos (2022, p.223) positions empathy not as “getting ‘inside the skin’ of a client but being inside the skin of the relationship”. Drawing on relational ontologies and posthumanist ideas, she presents empathy as a relational process that involves multiple interconnected elements. In this section, dos Santos (2022) discusses entanglement, attunement, and the mapping of complex relationships and dynamics that influence emotional expression and empathy within therapeutic contexts. She looks at how therapists can enhance their ‘response-ability’ to clients. She maintains that a “more mutually affectively response-able assemblage is open, flexible, accessible, and invites in people ideas, events. It’s connected and open to expanding. It’s also collaborative and acknowledges multiplicities and becoming” (Dos Santos, 2022, p. 228). Dos Santos (2022) invites therapists to focus on attuning to the moment and the relational dynamics at play.

The book’s fourth and final part is *Relational Empathy*. Dos Santos (2022, p. 321) carefully sidesteps a counterargument that, in building up to this section, she may have set up a potentially “problematic binary: individuals versus relationships”. She acknowledges this critique and claims that it is “only when entities and relationships come into relation with each other that we’ve reached a fully relational ontology” (Dos Santos, 2022, p. 321). Dos Santos (2022, p. 345) draws upon dynamic systems approaches to illuminate the development of emotion as “interactional sequences of attuning, sharing, offering, and responding”. She uses this approach to emotional development

to argue that emotions as stories are “constructed within relational themes” (Dos Santos, 2022, p. 345). Dos Santos (2022, p. 355) argues that music is an excellent co-storying medium because it “can coherently hold together diverse musical–emotional co-action in a way that retains a sense of overall connected relationality”. This section thus explores empathy as a co-created process, where emotions are storied and re-storied within relationships.

In this fourth section, Dos Santos (2022, p. 321) attempts to draw “from diverse perspectives”. She acknowledges that the perspectives do not “neatly align with one another” (Dos Santos, 2022, p. 321). She maintains that she lays perspectives “down as stepping stones to create a path we can walk down” (Dos Santos, 2022, p. 321). Dos Santos (2022) argues that selfhood is relational and is thus a relational process of self and other co-creation. She explores how emotional stories are crafted within the therapeutic relationship.

Empathy Pathways (2022) delves into the layers of meaning created as therapists and clients work together to understand and narrate emotional experiences. The book examines how therapists can help clients change their emotional stories, offering new perspectives through the therapeutic process.

Innovative theoretical contributions

A key strength of *Empathy Pathways* (2022) lies in its innovative theoretical contributions. Dos Santos (2022) does not limit empathy to a singular, universal definition. Instead, she gestures toward an interdisciplinary and cross-cultural approach that respects the diversity of human experience. Thus, she explores empathy from various philosophical and cultural angles. By integrating such perspectives, Dos Santos (2022) situates empathy as a psychological phenomenon deeply embedded in social and cultural contexts. Her critique of Euro-American models of empathy and her incorporation of various Indigenous perspectives, such as the African concept of Ubuntu, is commendable. She invokes the idea of pluriversality, emphasising that multiple worldviews, knowledge systems, and forms of empathy can coexist. This engagement, however, feels superficial. Dos Santos (2022) could more fully develop her decolonial perspectives beyond using Mbembe. Among my major disappointments with *Empathy Pathways* is dos Santos’ (2022) citational practices.

Citational practice is “far from neutral or objective [...] it is reproductive of norms, language and life” (Priyadharshini, 2023, p. 200). Citations in

academia become “ways of making certain bodies and thematics core to the discipline and others not even part” (Ahmed, 2013). Dos Santos (2022) heavily cites Euro-American philosophical, psychological, and therapeutic thinkers. Her exploration of empathy as a cognitive, emotional, and philosophical concept is framed largely through these thinkers. While this provides a robust intellectual backdrop, the heavy reliance on Euro-American perspectives may unintentionally centre these knowledge systems. As a result, the work’s applicability to more global and culturally diverse contexts may be limited.

An example is dos Santos’ (2022) discussion of relational empathy and Ubuntu. She acknowledges the impossibility for her “to speak from within Indigenous knowledge systems with deeply relational understandings of empathy and empathy-like constructs” (Dos Santos, 2022, p. 6). A solution for this, however, lies in decolonising her citational practice. Gobodo-Madikizela’s (2017) work examines empathy within post-apartheid South Africa, focusing on how it helps understand the experiences of both apartheid victims and perpetrators. Over the years, she has evolved her scholarship on empathy in ways that resonate with the ideas presented in *Empathy Pathways* (2022). Like dos Santos (2022), Gobodo-Madikizela (2017, p. 177) takes a nuanced approach, arguing that empathy should not be seen simply as “resonance”, as suggested by neuroscientific insights. Instead, she proposes “empathic repair” to capture the transformative and healing potential that emerges from dialogic encounters (Gobodo-Madikizela, 2017).

Gobodo-Madikizela (2017) introduces Ubuntu as a lens for understanding this empathic repair. She describes Ubuntu as a “deep sense of caring for the other, rooted in traditional African societies and reflects an ethic based on the understanding that one’s subjectivity is intertwined with the community” (Gobodo-Madikizela, 2017, p. 120). Drawing on a similar maxim as dos Santos (2022) – who references Edwards (2010) – Gobodo-Madikizela (2017, p. 120) suggests that the essence of Ubuntu is best encapsulated by the isiXhosa expression *umntu ngumntu ngabanye abantu*. As cited by dos Santos (2022), Edwards (2010 p. 5) translates this simply as “a person is a person through others”. Alternatively, Gobodo-Madikizela (2017, p. 121) offers a more nuanced interpretation rooted in the context of empathy and relationality:

‘A person is a person through being witnessed by, and engaging in reciprocal witnessing of other persons’, or ‘A person becomes a human being through the multiplicity of relationships with others’. The meaning conveyed by the expression is

twofold. First, subjectivity depends on being witnessed; the richness of subjectivity flows from interconnectedness with the wider community, and from the reciprocal caring and complementarity of human relationships. Second, the phrase conveys the kind of reciprocity that calls on people to be ethical subjects. Mutual recognition is fundamental to being a fellow human being, a relational subject in the context of community.

In *Empathy Pathways*, Dos Santos (2022) echoes many of Gobodo-Madikizela's (2017) ideas, especially in exploring relational empathy and empathic repair. Gobodo-Madikizela (2017) and other voices could have aided a deeper exploration of Ubuntu and its implications for empathy. Dos Santos (2022) has overlooked key contributions from scholars like Pumla Gobodo-Madikizela, Nhlanhla Mkhize, who has also written extensively on Ubuntu and decolonising psychology, and Kopano Ratele, a key figure in the development of African psychology.

Practical relevance

Dos Santos (2022) attempts to bridge theory and practice by addressing how empathy can be intentionally cultivated and applied in therapeutic settings. She emphasises the need to critically examine empathy's forms and functions, making the concept more practical and actionable for therapists. Her four empathy pathways give music therapists structured frameworks to approach and understand empathy. They allow therapists to choose the most appropriate path to connect with clients based on their perceptions of context, needs, and therapeutic goals.

The book provides practical strategies for building empathy through music-making, such as musical mirroring and improvisation sessions. Dos Santos (2022) highlights the importance of musical interaction as a medium for empathy, where the shared experience of music can deepen emotional connection. By integrating these music-based tools, dos Santos (2022) bridges the gap between the theoretical concepts of empathy and their practical implementation in therapy sessions.

Another critical practical aspect of the book is its emphasis on self-reflection and reflexivity. Dos Santos (2022) encourages music therapists to critically examine their positionality, biases, and assumptions about empathy. Throughout the book, she encourages therapists to explore their empathetic

processes and reflect on how empathy manifests in their therapeutic work. In the section on *Translational Empathy*, for instance, she offers an approach for therapists to engage with clients when complete emotional understanding is impossible. This ability to hold space for the “unknown” (Dos Santos, 2022, p. 208) is valuable, especially in music therapy, where non-verbal communication is crucial. This holding of space is particularly relevant in cross-cultural or diverse therapeutic settings, where therapists may unintentionally impose their interpretations of empathy on clients. The book’s invitation to engage in self-reflection helps therapists become more aware of how they engage empathetically. This awareness can make their practice more ethically sound and attuned to the needs of diverse populations.

Finally, dos Santos (2022) emphasises the relational and community-oriented nature of empathy. This perspective is practical for music therapists working in community settings or with groups, where empathy is not just an individual experience but a collective and shared process. Therapists can use dos Santos’ (2022) insights to facilitate group music therapy sessions. Doing so may foster empathy between therapist and client and among group members, enhancing collective healing and connection.

Complexity, accessibility, and applicability

While *Empathy Pathways* (2022) is theoretically rich, it may feel overwhelming for readers without a strong background in philosophy or interdisciplinary studies. Dos Santos (2022) delves deeply into philosophical debates about empathy, relationality, and ontology. Although these discussions are valuable, they may alienate readers who are more focused on practical applications for therapeutic work. The book’s theoretical emphasis may obscure how these ideas translate into practice. While insightful, her dense philosophical language occasionally detracts from the book’s accessibility. Dos Santos (2022, p. 2) maintains that the book offers readers “immersion into rich theoretical worlds”. An anticipated outcome is for readers to be “motivated towards more empathic practice, with critical, accessible, and actionable ideas for doing so” (Dos Santos, 2022, p. 3).

There are gestures toward the practical implementation of the ideas in *Empathy Pathways* (2022). However, the book’s practical application could be further developed and grounded within a context to help readers with concrete examples. Although dos Santos (2022) includes case studies, offering

more real-world applications would enhance the book's usability for students, novice therapists, or practitioners seeking concrete guidance. Readers looking for hands-on strategies may find some sections too abstract, which could limit the book's accessibility to a broader audience.

An example of this is her discussion of honouring opacity. While this section is intellectually stimulating, it could have been grounded in clinical examples, showing how this concept manifests in everyday therapeutic practice. Similarly, her chapter on sharing emotions explores how emotional exchanges unfold through music. In this section, she primarily focuses on the therapist's stance. However, she does not sufficiently address how clients from different cultural backgrounds may engage with these empathetic pathways. This lack of clearly visible cultural pathways could lead to challenges in applying the book's frameworks in multicultural settings where different norms exist for expressing emotions. Dos Santos' (2022, p. 75) focus on insightful and relational empathy might unintentionally limit alternative ways clients engage emotionally in therapy. In cultures where direct emotional expression is less normative, the expectation of emotion-sharing may not align with clients' comfort levels or experiences.

***Empathy Pathways'* (2022) pedagogical promise**

In *Empathy Pathways*, Andeline dos Santos (2022, p. 6) asserts that she offers "this book as part of a much broader conversation that is rich, polyphonic, sonorous, and offers varied healing pathways". Indeed, in the classroom, this book would need to be in conversation with various other key texts. In the context of South Africa:

[We] cannot neglect seminal thinkers within the wider humanities and social sciences who might inform us of alternative ways of interpreting the world. They have already helped us understand how sociological, anthropological, historical, and indeed, economic injustices unfold and impact communities (Qhobela, 2024, p. 30)

South African students would need to read the text alongside South Africa's unique history of colonialism, apartheid, attempted reconciliation, and ongoing struggles with race, identity, and inequality. In so doing, *Empathy Pathways* (2022) may offer fertile ground for developing new frameworks of

empathy and relationality and provide a critical lens through which to explore empathy's role in societal healing.

Finally, students would need to read the book through an intersectional lens to understand how their positionality affects their capacity for empathy. In this instance, students must remember that acknowledging one's positionality should not be the conclusion but the starting point for continued self-examination, systemic action, and deeper intercultural dialogue (Msimang, 2017). Positionality should lead to mutual learning and a sustained commitment to de-centring oneself in the conversation. Instead of stopping at positionality, students must actively engage with and incorporate their clients' perspectives and knowledge systems. Furthermore, this engagement and incorporation should occur alongside a commitment to dismantling the structures that sustain their privileged position.

Dos Santos (2022) offers a profound and complex exploration of empathy within the context of music therapy, challenging readers to expand their understanding of empathy as a multifaceted, relational, and culturally nuanced concept. Her integration of diverse philosophical traditions and cultural perspectives highlights the importance of humility and ongoing self-reflection in therapeutic practice. The book presents an interdisciplinary approach and introduces novel ideas like pluriversality and cultural humility.

However, Dos Santos (2022) does not fully engage with decolonial perspectives and South African scholars. The heavy reliance on Euro-American frameworks may inadvertently limit the book's broader applicability in global and multicultural contexts, especially in regions with distinct cultural histories and therapeutic practices. Additionally, Dos Santos' (2022) use of dense philosophical language and limited practical examples may challenge readers looking for more concrete applications for everyday therapeutic settings.

Despite these limitations, the book offers valuable theoretical contributions to music therapy and empathy research. Dos Santos (2022) provides a structured framework for practitioners to enhance their empathetic engagement in music therapy. Ultimately, *Empathy Pathways* (2022) encourages music therapists and other creative arts therapists to approach empathy as an evolving, dynamic process. The suggested process is deeply embedded in relational, cultural, and social contexts, calling for a continued commitment to self-reflection, inclusivity, and intercultural sensitivity.

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