



# **SOUTH AFRICAN JOURNAL OF ARTS THERAPIES 3(1)2025**

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# Editorial:


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

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

(Wilkinson, 1992, pp. 87-88)

## Reclaiming wholeness in therapeutic practice

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

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

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

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

## Beyond individual-centred models

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

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

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

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

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

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

To ignore this multitude of perspectives is not only a clinical oversight but a profound act of cultural dismissal (Chilisa & Mertens, 2021). Our goal, therefore, has been to move beyond narrow and purely individual-centred models toward approaches that engage a more holistic<sup>1</sup> view of the human

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

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

## Weaving knowledge systems

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

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

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

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



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

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

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

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

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

## **Embracing the intangible**

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

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

## **Implications for practice and training**

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

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

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

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

## The way forward

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

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

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

## Conclusion

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

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

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# Integrating Arts Therapies in Zambia: A Reflection on Psycho-Spiritual Cultural Dispositions and their Potential for Healing

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## Abstract

The arts therapies, comprising music therapy, art therapy, dance/movement therapy, and drama therapy, present a promising *pathway* for integrating Zambia's rich cultural and psycho-spiritual traditions into contemporary healthcare provision. These therapeutic modalities, emphasising self-expression, emotional regulation, and communal healing, demonstrate significant alignment with Zambia's spiritual and artistic heritage, deeply rooted in Indigenous knowledge systems. Historically, Zambian healing practices have utilised music, dance, and visual arts as instruments for spiritual connection and social cohesion, suggesting their potential efficacy in addressing contemporary mental health challenges. This conceptual review synthesises existing literature and cultural practices to provide a theoretical framework for future empirical research on integrating arts therapies into Zambia's healthcare system. The review examines the intersection between Indigenous healing traditions and contemporary therapeutic approaches, explores transferable insights from regional African contexts, and proposes pathways for culturally responsive mental health interventions that honour local knowledge whilst addressing current healthcare gaps.

**Keywords:** Arts-based healing practices, Indigenous knowledge systems, Indigenous spiritual practices, mental health integration, cultural psychiatry



## Positionality statement

As a Zambian scholar and arts therapies practitioner, my perspective emerges from the intersection of lived experience, cultural heritage, and established therapeutic theory and practice. This dual positioning informs the paper's central aim: preserving and revitalising Zambia's Indigenous knowledge systems whilst facilitating their integration into contemporary therapeutic frameworks. This approach advocates for centring local knowledge within collaborative methodologies, ensuring that Zambia's unique cultural identity not only endures but evolves meaningfully within global mental health discourse.

## Introduction

Zambia, a landlocked nation in Southern Africa, boasts a vibrant cultural landscape shaped by over 70 distinct ethnic groups (Taylor, 2006). These diverse traditions emphasise the interconnectedness of mental, spiritual, and physical well-being (Bojuwoye & Moletsane-Kekae, 2018; Sandlana, 2014) and have long embraced artistic expressions as vital conduits for healing, emotional release, and communal bonding (Bwalya, 2019; Ukoha, 2023).

Traditional healing practices remain central to Zambian cultural identity and health ecosystem. For example, the masabe rituals among the BaTonga people integrate rhythmic drumming, call-and-response singing, and communal dance to facilitate emotional processing during significant life transitions (Moonga, 2019). Similarly, the *nyau* dance ceremonies of the Eastern Province employ elaborate masks and choreographed movements for storytelling and collective catharsis (Zulu, 2016). The Tumbuka healing practice of *vimbuzo*, recognised by the United Nations Educational, Scientific and Cultural Organization (UNESCO) as a key element of intangible cultural heritage, employs percussion-driven trance states and expressive dance to address conditions such as anxiety, depression, and trauma (Friedson, 2009). Moreover, visual arts, from the creation of protective amulets to symbolic clay figurines, further underscore the therapeutic role of creativity within local communities.

Despite the therapeutic potential of these Indigenous approaches, Zambia's formal mental healthcare system operates in isolation from traditional practices, creating a fragmented landscape where severe systemic

constraints further limit opportunities for meaningful integration. With a population exceeding 19.6 million (World Bank, 2024) and fewer than 15 practising psychiatrists (WHO, 2020), mental health services are profoundly centralised in urban areas, most notably at Chainama Hills Hospital in Lusaka, which recorded 22,751 mental health cases in 2023 (Phoenix FM, 2024). This centralisation, coupled with a predominantly biomedical model that often fails to account for cultural and spiritual dimensions, drives many Zambians to seek support from traditional healers and community-based practices (Chama, 2016; Moshabela et al., 2015; Ndeti et al., 2013; Sorsdahl et al., 2009; Musyimi et al., 2016; Wilson, 2023).

Contemporary arts therapies are structured approaches that utilise modalities such as visual arts, music, dance/movement, drama, and storytelling to foster psychological and social well-being (Malchiodi, 2013) to offer a promising alternative that naturally complements these traditional practices. For instance, communal drumming in music therapy parallels Indigenous healing ceremonies, just as narrative approaches echo enduring oral traditions. Globally, such interventions have demonstrated effectiveness in promoting emotional regulation, charting trauma recovery, and enhancing social cohesion (Bunn et al., 2014; Monteiro & Wall, 2011; Oladeji et al., 2022).

Integrating arts therapies into Zambia's healthcare framework not only presents an opportunity to address pressing mental health challenges but also validates and preserves the nation's rich cultural legacy within a modern therapeutic context. This study, therefore, examines the intersections between Indigenous healing practices and contemporary arts therapy modalities, laying the groundwork for future empirical research and policy development.

## Methodology

This study employs a conceptual review and qualitative synthesis approach to examine the integration of arts therapies into Zambia's healthcare system. A conceptual review constitutes a comprehensive analysis that critically examines concepts, theories, and evidence across disciplines to develop new theoretical insights or frameworks (Jabareen, 2009; Luft et al., 2022). This methodology was selected for its capacity to integrate diverse knowledge sources, from psychological literature to anthropological studies, necessary for understanding the complex intersection of arts therapies and traditional

healing practices. The qualitative synthesis process involved systematically identifying, evaluating, and interpreting findings from multiple sources to generate new conceptual understandings (Luft et al., 2022; Noblit & Hare, 1988).

The review process followed four sequential phases:

1. **Literature identification:** Systematic searches across academic databases, including PubMed, JSTOR, and AJOL, with a focus on publications from the past decade to ensure contemporary relevance. Search terms included “arts therapies in Zambia”, “Indigenous healing practices in Africa”, “mental health interventions”, “creative arts therapy”, and “mental health services in Zambia”
2. **Screening and selection:** The application of inclusion criteria prioritises studies addressing arts therapies in relation to African cultural and psycho-spiritual practices, with preference for articles exploring traditional healing methods and their alignment with mental health interventions
3. **Data extraction:** Systematic extraction of key themes, methodological approaches, and findings from selected literature
4. **Synthesis and framework development:** Integrating insights to develop a coherent conceptual framework for implementation.

### *Inclusion criteria*

Literature selection was guided by criteria ensuring cultural relevance and academic rigour:

- Studies addressing arts therapies (music, art, drama, movement therapy) in relation to African cultural and psycho-spiritual practices
- Articles exploring traditional healing methods and their alignment with mental health interventions
- Case studies demonstrating the efficacy of arts therapies within African contexts
- Publications addressing socio-cultural dimensions of mental health in Africa
- Literature examining general principles and global applications of arts therapies

- Documents addressing mental healthcare interventions in Zambia, including policy documents and programme evaluations.

All selected publications were peer-reviewed, published in English, and addressed relevant socio-cultural dimensions.

### *Data analysis*

Selected data underwent thematic coding, identifying four key analytical areas:

1. **Cultural alignment:** How arts therapies integrate with Zambian traditions
2. **Therapeutic relevance:** Mental health outcomes addressed through creative modalities
3. **Transferability:** Insights from other African contexts applicable to Zambia
4. **Barriers and enablers:** Structural and cultural factors influencing implementation.

These findings were organised into evidence tables that visualise the intersections between arts-based interventions, psycho-spiritual healing practices, and national healthcare priorities.

### *Ethical considerations*

Given the conceptual nature of this study, ethical considerations focused on ensuring the integrity of research sources and establishing foundations for ethical engagement in future research and practice. Only peer-reviewed literature adhering to recognised ethical guidelines was included, ensuring academic credibility and respect for the ethical implications of the knowledge utilised.

### **Objectives of the conceptual review**

This conceptual review aimed to synthesise existing literature on integrating arts therapies into Zambia's healthcare framework and explore their alignment with Indigenous psycho-spiritual practices. Arts therapies encompass diverse evidence-based interventions utilising creative expression

through visual arts, music, dance/movement, drama, and poetry to promote psychological healing and well-being (Karkou & Sanderson, 2006; Malchiodi, 2014). These therapeutic modalities have demonstrated efficacy across various populations and mental health conditions, with meta-analyses showing moderate to strong effect sizes for depression, anxiety, trauma, and psychosocial functioning (Koch et al., 2019; Uttley et al., 2015). Arts therapies operate through multiple mechanisms, including non-verbal emotional expression, symbolic processing of difficult experiences, enhanced embodied awareness, and the therapeutic relationship within creative contexts (Czamanski-Cohen & Weihs, 2016).

## Research questions

Specifically, the review addressed the following research questions:

1. How do Zambia's cultural and psycho-spiritual practices align with arts therapy principles?
2. What transferable insights from other African contexts can inform Zambian interventions?
3. What are the potential benefits and barriers of incorporating arts therapies into Zambia's healthcare framework?
4. How can traditional practices, such as the Tumbukas' *vimbuzi* and BaTonga's *masabe* rituals, inform culturally responsive therapeutic approaches?
5. What policy recommendations emerge from this analysis to ensure sustainability and acceptance?

## Theoretical framework

This study is grounded in a dual theoretical perspective that bridges contemporary arts therapies with African psycho-spiritual traditions. On the one hand, Stephen K. Levine's principles of arts therapies provide a foundation through his poesis theory. Levine (1997) conceptualises artmaking as an inherently healing process that restores psychological integration by creating form from chaos, allowing traumatic experiences to be externalised, witnessed, and transformed within a safe therapeutic container. In this view, the creative process becomes an act of reorganisation

and catharsis, echoing therapeutic practices long featured in Zambia's traditional healing systems.

In parallel, the African philosophy of Ubuntu offers a distinctly communal perspective on healing. Ubuntu, summarised in the Nguni Bantu expression *umuntu ngumuntu ngabantu* (a person is a person through others), emphasises relationality and collective well-being (Tutu, 1999; Mkhize, 2018). This philosophy aligns with the participatory nature of arts therapies by underscoring that healing is not solely an individual process but one deeply embedded within community ties. The communal focus inherent in Ubuntu underpins many traditional practices in Zambia, where rituals and ceremonies are designed to foster social cohesion as well as personal healing.

Further reinforcing this integrative model is the concept of psycho-spirituality, which is central to many African healing traditions. Psycho-spirituality denotes the interplay between psychological states and spiritual dimensions, a duality prominently reflected in practices such as the *vimbuza* healing dance (Friedson, 2017; Mbiti, 1990). In such practices, music, drumming, and movement are catalysts for emotional expression and restore spiritual balance, offering a holistic approach to wellness. This multifaceted dynamic mirrors the mechanisms of arts therapies, which utilise creative expression to address psychological and spiritual needs.

These theoretical perspectives demonstrate that contemporary arts therapies are not foreign interventions but share profound similarities with Indigenous healing practices. Drawing on both Levine's (1997) *poiesis* theory and the communal, relational principles of Ubuntu (Chilisa, 2024), alongside the concept of psycho-spirituality, this framework provides a robust basis for understanding how creative therapeutic modalities can be authentically integrated into Zambia's culturally rich mental healthcare environment.

### *Arts therapies: Core theory and practice*

Arts therapies encompass diverse therapeutic modalities utilising creative expression as the primary vehicle for psychological healing and transformation. These approaches are grounded in specific theoretical frameworks that guide their application across various contexts. In drama therapy, Phil Jones (2007) identifies nine core principles forming the practice foundation: dramatic projection, therapeutic performance, drama-therapeutic empathy, embodiment, playing, life-drama connection,

transformation, witnessing, and interactive audience engagement. These principles emphasise how theatrical elements create safe spaces for exploring difficult emotions and experiences through metaphor and embodiment. Sue Jennings' (1998) embodiment-projection-role model demonstrates how drama therapy progressively engages individuals from sensory-physical experiences to symbolic play and finally to role enactment, making drama therapy exceptionally adaptable to diverse cultural contexts where ritual performance plays a central healing role.

Music therapy operates through mechanisms including emotional expression, identity formation, and relational engagement (Bruscia, 2014), whilst art therapy emphasises visual symbolisation and externalisation of internal states (Malchiodi, 2013). Dance/movement therapy emphasises the body as a primary site for emotional processing and integration (Koch et al., 2019). Research demonstrates these modalities' effectiveness across various mental health conditions, with meta-analyses showing moderate to strong effect sizes for depression, anxiety, trauma, and psychosocial functioning (Uttley et al., 2015).

However, Western models of arts therapies often emphasise individualistic approaches to healing that may not align with collectivist cultures. Makanya (2014) argues that drama therapy in South Africa must integrate traditional healing systems to fully accommodate African health and well-being perspectives. Similarly, Siko (2020) explores how African spiritual healing in drama therapy utilises movement and sound as essential tools for facilitating emotional and psychological restoration.

### *Arts therapies in Indigenous contexts*

Arts therapies have demonstrated effectiveness in diverse cultural settings, blending creativity and therapeutic interventions to promote emotional, psychological, and social well-being. Research highlights their effectiveness in fostering self-awareness, emotional regulation, and trauma recovery (Musyimi et al., 2018). When appropriately adapted to honour cultural protocols and knowledge systems, arts therapies can bridge traditional practices and contemporary mental health approaches (Bojuwoye & Moletsane-Kekae, 2018).

## *Zambian healing practices*

To address the first research question, how Zambia's cultural and psycho-spiritual practices align with arts therapies principles, this section examines traditional healing modalities that incorporate artistic expression as central to psychological and communal well-being. Traditional Zambian practices, such as *vimbuza* (Friedson, 2017) and *masabe* (Moonga, 2019), demonstrate close alignment with principles of arts therapy. These practices utilise music, dance, and storytelling to facilitate emotional release and spiritual reconnection, highlighting their therapeutic potential. The *vimbuza* healing tradition notably demonstrates how embodied performance serves as a vehicle for individual and communal transformation, addressing psychological distress through culturally meaningful symbolism and ritualised expression that integrates spiritual dimensions often neglected in Western therapeutic approaches.

## *Comparative case studies*

This section addresses the second research question regarding transferable insights from African contexts by exploring established models in Nigeria, Kenya, and South Africa, identifying how they can inform Zambia's interventions. The three diverse case studies from across Africa showcase the integration of arts-based interventions with local cultural practices. Presenting these examples side by side affords valuable insights into how therapeutic strategies, rooted in Indigenous traditions, can enhance mental healthcare.

Several interventions demonstrate that aligning therapeutic methods with cultural practices fosters emotional regulation, social cohesion, and holistic healing. The following table summarises the key elements of these studies:



**Table 1:** Comparison of case studies

| Case study   | Cultural alignment   | Therapeutic methods                         | Key outcomes   |
|--|--|---|--|
| Ngoma healing ceremony in South Africa (Vinesett et al., 2017) | Emphasises traditional drumming, dance, and communal engagement—elements common across many African cultures | Music, drumming, and participatory dance    | Reduced stress, enhanced resilience, emotional release, and a reinforced sense of spiritual connection |
| Bedside arts programmes in Nigeria (Oladeji et al., 2022)      | Grounded in local cultural expressions, adaptable to Indigenous crafts and musical forms                     | Visual arts and music therapy interventions | Improved emotional well-being, reduced anxiety, enhanced patient-centred care                          |
| Community-based theatre in Kenya (Elliott, 2024)               | Reflects rich oral traditions and local storytelling practices integral to many African communities          | Drama therapy and narrative storytelling    | Addressed trauma, promoted social healing, and facilitated collective reflection and resolution        |

These case studies collectively suggest that when arts therapies are adapted to reflect the cultural context, they address individual psychological needs and strengthen communal bonds. For Zambia, the lessons drawn from these examples provide a blueprint for designing interventions that honour Indigenous traditions while incorporating contemporary therapeutic practices.

In particular, the rhythmic and performative elements of the Ngoma ceremony highlight the power of music and dance in soothing emotional distress and reinforcing cultural identity. Similarly, the bedside arts programmes in Nigeria demonstrate the effectiveness of visual and musical expression in creating accessible, cost-effective therapeutic solutions. Finally, the community-based theatre in Kenya underlines the transformative potential of narrative and drama in addressing trauma and fostering community dialogue.

Findings

The review’s core insights have been organised into several interrelated themes. These themes (see summary in Table 2: Key findings) capture the intersections between Zambia’s Indigenous psycho-spiritual traditions and contemporary arts therapies, along with the structural challenges and opportunities for integration. The table categorises each finding by theme, provides a concise description, and lists supporting examples from the literature. Following the table is a discussion of the findings and their relevance to the research questions.

Table 2: Key findings

| Theme                 | Description  | Examples  |
|-----------------------|--|---|
| Cultural alignment    | Strong resonance between arts therapies and Zambian traditions, including music, dance, and storytelling | <i>Vimbuza</i> rituals, <i>masabe</i> practices           |
| Therapeutic relevance | Arts therapies address emotional regulation, community bonding, and trauma recovery                      | ZTA Course findings: Ngoma healing ceremony               |
| Comparative insights  | Case studies from other African nations provide actionable frameworks for adapting arts therapies        | Bedside arts in Nigeria, community-based theatre in Kenya |
| Barriers              | Limited resources, stigma, and a lack of trained arts therapy professionals                              | Minimal inclusion in policy, societal perceptions         |
| Opportunities         | Collaborative research, policy advocacy, and capacity-building initiatives                               | International partnerships, local practitioner training   |

Discussion

In this section, I synthesise the review’s findings by organising the discussion around five key themes, as summarised in Table 2. These themes directly correspond to and systematically address the research questions as follows: *cultural alignment* demonstrates how Zambia’s cultural and psycho-spiritual practices connect with arts therapy principles (RQ1); *therapeutic relevance* further explores this connection by examining how traditional practices like *vimbuza* and *masabe* rituals can inform culturally responsive therapeutic

approaches (RQ4); *comparative insights* examines transferable knowledge from other African contexts, including Kenya's Amani People's Theatre and Nigeria's Arts in Medicine programme, to inform Zambian interventions (RQ2); *structural barriers* identifies the challenges and limitations of incorporating arts therapies into Zambia's healthcare framework (RQ3a); and *opportunities and policy implications* presents the potential benefits of integration along with concrete policy recommendations for ensuring sustainability and acceptance (RQ3b and RQ5).

### Cultural alignment

The review demonstrates that many traditional Zambian practices, such as *vimbuza* healing dances and *masabe* rituals, as well as other culturally embedded ceremonies, share core elements with arts therapies. These practices emphasise communal participation, rhythmic engagement, and symbolic expression, all integral to modern creative therapeutic modalities (Monteiro, 2011; Cox & Youmans-Jones, 2023). Such alignment is exemplified by *vimbuza*, which functions as a diagnostic ritual and treatment for various psychological disturbances attributed to spirit possession. The rhythmic drumming, dance, and communal participation foster a therapeutic environment that encourages emotional expression and community support (UNESCO, 2008). Similarly, *masabe* rituals amongst BaTonga utilise music, movement, and symbolic objects to address conditions characterised by emotional distress, social withdrawal, and intrusive thoughts, symptoms aligning closely with what Western frameworks might diagnose as anxiety or trauma-related disorders (Matanzima & Saidi, 2020; Moonga, 2019).

These traditional practices can inform therapeutic frameworks through several concrete pathways:

- **Integrated assessment models:** Therapeutic assessment tools can incorporate elements from *vimbuza* diagnostic practices, considering not only individual symptoms but also social relationships, spiritual dimensions, and community dynamics (Kaimal et al., 2020). Assessment protocols could include questions about social harmony and perceived spiritual well-being alongside conventional symptom screening. Recent research emphasises that the most critical part of treating trauma is conducting the process in a manner that people recognise as healing,

and advocates for integrated approaches that honour cultural healing knowledge (Sánchez-Flores, 2024).

- **Movement-based interventions:** The structured yet improvised movements in *vimbuza* dances can inform dance/movement therapy protocols. Therapists can create sessions that incorporate traditional movements into therapeutic choreography, addressing specific emotional states and facilitating processing. Contemporary research validates that dance rituals are an essential part of the healing process, particularly in alleviating the symptoms of psychological distress. It emphasises their role in socialisation, expression, and community, which helps maintain societal health (Cox & Youmans-Jones, 2023). The American Dance Therapy Association's recognition of ancient healing and modern practice approaches supports this integration (Bryl et al., 2022).
- **Rhythmic regulation:** The carefully structured percussion progressions in *vimbuza* and *masabe* rituals can inform music therapy interventions. The gradual building of rhythm that characterises these traditions provides templates for interventions targeting emotional regulation and autonomic nervous system modulation. Research on the Ngoma tradition confirms that Indigenous healing rituals around the world employ powerful rhythms and prolonged music and dance in a social context for therapeutic purposes (Vinesett et al., 2015). Studies involving BaTonga communities specifically demonstrate that they rely on musical healing rituals as these are aligned with their relational cosmology and accommodate their perceptions of well-being (Moonga, 2019).
- **Community integration:** By following these traditional practice models, arts therapy interventions can be designed to involve family and community members at appropriate stages, recognising healing as a communal rather than solely an individual process. Research on incorporating traditional healing practices emphasises that ceremonial participation, traditional education, culture keepers, and community cohesion are viewed as key components of a successful traditional healing programme (Hartmann & Gone, 2012). Furthermore, successful integration necessitates community engagement, elder support, or Indigenous ceremonies or traditions, with collaborative and Indigenous-led strategies proving to be the most effective (Corso et al., 2022).

- **Ritual structure:** The ceremonial frameworks of these practices, including preparation, main therapeutic actions, and reintegration phases, can inform the overall structure of arts therapy sessions, honouring cultural healing knowledge while incorporating contemporary therapeutic understanding. Contemporary frameworks for Indigenous and traditional arts practices emphasise that healing systems are founded on generations of observations, a deep understanding of culture and context-specific needs, and advocate for approaches that avoid culturally misinformed or ill-suited Western imperialist approaches to treatment (Kaimal et al., 2020). The ecological model of traditional healing recognises that the individual, family, community, and culture are interlinked and require ethical integration that respects cultural healing traditions (Iyer & Kaimal, 2021).

### *Therapeutic relevance*

Evidence suggests that the inherent components of Zambia's Indigenous practices not only facilitate emotional catharsis and community bonding but also directly impact trauma recovery and overall psychological resilience. For instance, group drumming or narrative storytelling in traditional settings mirrors the mechanisms used in music and drama therapy interventions (de Witte et al., 2021; Laranjeira & Querido, 2023). Research on Indigenous healing approaches demonstrates that traditional tribal families can use crises as opportunities for growth and possess the capacity to face crises and utilise the discoveries from these experiences to become stronger (Lucana & Elfers, 2020). Zambia's diverse psycho-spiritual traditions offer valuable foundations for integrating arts therapies. Modern therapeutic approaches can be customised to embody cultural authenticity and clinical efficacy by integrating practices that blend symbolic expression, community involvement, and transformative rituals (Corso et al., 2022; Kaimal & Arslanbek, 2020).

### *Traditional practices and therapeutic applications*

- **Ng'ombu divination:** Practised among the Ndembu, Ng'ombu divination involves a symbolic diagnostic system using a *mpang'u* (basket of objects) to represent various states of being and relational dynamics. When cast, these objects form patterns that trained diviners interpret to uncover

psychological and spiritual disturbances (Turner, 1975). In an art therapy context, this process could be reimagined by encouraging clients to create personal symbol sets that externalise their internal experiences. Recent research on symbolic healing confirms that symbolism allows clients to explore difficult material, experience transference, and create links between known and unknown realms (de Witte et al., 2021). Therapeutic activities might involve crafting personalised representations of *mpang'u* objects, arranging them to explore relational patterns and conflicts, and using these configurations as starting points for reflective dialogue (Goodwyn, 2019).

- **Chisungu initiation rituals:** Among the Bemba, female initiation ceremonies known as Chisungu are marked by clay figurines, symbolic drawings, and embodied performance. These rituals convey psychological insights about life transitions and identity transformation (Richards, 1956). In contemporary practice, such traditions could inform developmental art therapy by inspiring rites-of-passage workshops. Research on initiation rituals demonstrates that these ceremonies have profound psychological effects on individuals as they transition into new social statuses, helping participants experience a heightened sense of self-worth and belonging (Clarke, 2024). These sessions would integrate traditional Bemba symbols and artmaking techniques, supporting adolescents and young adults in navigating identity formation and other modern psychological challenges.
- **Chinamwali initiation rituals:** Closely related to Chisungu, Chinamwali initiation rituals practised by the Chewa mark the transition into adulthood. These ceremonies combine symbolic teachings, ritual seclusion, and artistic expressions such as beadwork and pattern-making. Elder women, known as *anamkungwi* or *asungi*, guide initiates through structured beadwork rituals to restore spiritual harmony, reinforce ancestral ties, and prepare participants for new social roles (Mutale, 2017; Talakinu, 2019). The repetitive, meditative quality of these practices aligns well with current understandings of rhythmic activities that regulate the autonomic nervous system. Contemporary research confirms that ritualised processes allow for the progressive release of emotions and support concretisation through embodied therapeutic processes (de Witte et al., 2021). In art therapy, such methods could be adapted for interventions aimed at reducing anxiety, improving

attention, and integrating traumatic memories (Barudin, 2021; Bowler, 2020).

- **Nyau mask traditions:** The Chewa's *nyau* mask traditions involve elaborate masks and costumes designed to embody spiritual forces and archetypal characters (Kambalu, 2016; de Aguilar, 1996). These masked performances facilitate psychological transformation as participants embody diverse personas and access deeper emotional realms. This tradition offers promising avenues for drama therapy and mask work, where clients might create masks representing aspects of their inner experiences, experiment with varied roles in a safe performance environment, and engage in communal activities that address collective traumas and social challenges. Research demonstrates that art, particularly in the form of masks and ceremonial objects, facilitates communication with ancestors and spiritual entities during initiation rituals and serves spiritual, educational, and commemorative functions (Ansloos et al., 2022).

Together, these culturally rooted practices highlight how Indigenous traditions in Zambia incorporate symbolic expression, community involvement, and transformative rituals, which are fundamental to arts therapies. Recent research confirms that "Indigenous healing rituals around the world use powerful rhythms and prolonged music and dance in a social context" for therapeutic purposes (Vinesett et al., 2015, p.460). Adapting these methods enables practitioners to create therapeutic interventions that respect and leverage Zambia's rich psycho-spiritual heritage while addressing contemporary mental health needs, as such practices serve as culturally resonant, non-invasive alternatives for treating mental health holistically (Malchiodi, 2018). The following sections explore how culturally resonant, non-invasive arts therapies, grounded in creative expression, rhythm, and communal participation, complement and enhance traditional Zambian healing practices.

## Music therapy applications

Music therapy techniques (such as the ISO principle, which involves matching music to a client's emotional state before gradually shifting towards a therapeutic goal) can be adapted to incorporate traditional Zambian rhythms and instruments (Heiderscheit & Madson, 2015; Starcke & von Georgi,

2024), including the *silimba* (xylophone) and *kalimba* (thumb piano). The ISO-principle, originally developed in 1948, is a technique by which music is matched with a client's mood and gradually altered to affect the desired mood state (Goldschmidt, 2020). Recent research highlights the effectiveness of the ISO principle in mood management, where therapists use music that aligns with a patient's current emotional state before transitioning to more uplifting compositions (Qiu et al., 2023).

For example, a music therapist working with depressed clients might begin with slower, minor-key improvisations using familiar Zambian tonal patterns before gradually introducing more dynamic rhythms, fostering emotional regulation and re-engagement with the community (Starcke et al., 2021). This approach addresses depression by providing culturally familiar pathways for emotional expression, strengthening community bonds and cultural identity, key protective factors in mental health resilience (den Hertog et al., 2021; Ozidu & Dourado, 2024). Contemporary research confirms that functional biological indicators (vital signs) respond to auditory stimulation and musical structure and dynamics and that music therapists can use tempo aligned with the ISO principle to achieve desired physiological outcomes (Qiu et al., 2023).

## Drama therapy and storytelling traditions

Drama therapy techniques can be effectively integrated with Zambia's rich oral storytelling traditions, particularly through the developmental transformations approach, which emphasises embodied presence and improvisation. This method mirrors Zambian *ngano* (folktales) and oral narratives, incorporating role-playing and embodiment to convey cultural wisdom and emotional expression (Landers, 2008). Recent research on African storytelling confirms that these traditions serve as both a form of education and entertainment. They provide an immersive experience that engages listeners, allowing them to delve into vivid narratives that captivate their imagination and impart crucial life lessons (Moonga, 2022).

Similarly, recent research highlights that African folktales frequently convey values like honesty, hard work, empathy, and wisdom, functioning as tools for teaching children how to behave and interact with others (Juma, 2022). Integrating drama therapy with embodied storytelling, therapeutic methods based on the Zambian oral tradition of *twaano* (educational tales)



can create safe spaces for trauma processing. This technique employs distancing and metaphor to help participants manage difficult emotions within a secure framework of cultural symbols (Liu & Yang, 2024).

Research in the therapeutic storytelling field demonstrates that oral narratives inherently contain therapeutic elements, including communal witnessing, metaphorical meaning making, and embodied expression (Juma, 2022). Juma (2022) emphasises that therapeutic storytelling is a distinct intervention prevalent in Indigenous approaches to healing within diverse African communities and continues to be relevant in contemporary therapeutic contexts (Juma, 2022). There are increasing calls for relational, culturally grounded epistemologies that honour community-based healing knowledge and Indigenous storytelling as forms of psychological resilience (Chilisa, 2024).

### Art therapy: Evidence from the Zambia Therapeutic Art Course

The findings of the Zambia Therapeutic Art (ZTA) Course provide compelling evidence for the effectiveness of arts therapies in the Zambian context. Hill et al. (2018) documented specific outcomes among mental health professionals who completed the training, including enhanced therapeutic communication skills, improved empathic understanding of patients' experiences, and strengthened clinical assessment abilities. Participants noted that artmaking activities enabled patients to express concerns previously difficult to articulate verbally, particularly those related to stigmatised conditions. The study further highlighted that art therapy interventions proved particularly effective for trauma survivors, supporting their emotional processing and recovery within structured therapeutic frameworks (Hill et al., 2018).

Recent research on arts-based spiritual health care confirms that artistic creation can reach the human spirit during the psycho-spiritual search for wholeness, indicating that creativity, imagination, and the creation of artefacts are indicators of spirituality and transcendent potential" (Laranjeira & Querido, 2023). This recent research supports the Zambian findings and suggests a broader applicability of culturally integrated arts therapy approaches.

## *Comparative insights*

The review's comparative analysis of case studies from other African countries (e.g., the Ngoma healing ceremony in South Africa, bedside arts programmes in Nigeria, and community-based theatre in Kenya) offers practical models that can be adapted to the Zambian context. These examples reinforce the premise that culturally aligned therapies are not only effective but can also provide cost-efficient, community-driven alternatives to conventional psychiatric care (see Table 2 'Comparative insights'). Drawing insights from established programmes in these countries provides valuable implementation models for Zambia.

### Kenya's Amani People's Theatre programme

The Amani People's Theatre programme, established in 1994, utilises participatory theatre techniques to address collective trauma and conflict in areas affected by post-election violence (Joseph, 2016). The programme integrates traditional performance elements with contemporary psychosocial support principles through:

- **Community trauma mapping:** Facilitators guide communities in creating performative maps of collective experiences, identifying resources and challenges
- **Forum theatre:** Participants dramatise conflicts and collectively explore alternative resolutions through interactive performances
- **Ritual integration:** Traditional cleansing and reconciliation rituals are incorporated into performances, honouring cultural healing frameworks
- **Training local facilitators:** Community members receive training to conduct ongoing theatre-based interventions

The programme's work has been recognised for its impact on peacebuilding and trauma healing, though specific data on PTSD reduction and community cohesion metrics require further validation through independent studies. Existing research supports the effectiveness of forum theatre and ritual-based interventions, yet additional studies would clarify the extent of measurable psychological benefits in different socio-cultural settings (Joseph, 2016; Burns & Beti, 2015).

These insights could be applied to Zambia through:

1. Identifying Zambia-specific collective challenges through participatory assessment
2. Adapting the forum theatre model to incorporate Zambian performance traditions like *nyau*, *vimbuza*, or *kalela* dances
3. Establishing training partnerships between Amani People's Theatre and Zambian community organisations
4. Developing evaluation protocols sensitive to Zambian cultural expressions of well-being.

### Nigeria's hospital-based arts medicine programme

Nigeria's Arts in Medicine (AIM) programme at the University College Hospital in Ibadan integrates visual arts, music, and storytelling into medical care settings. Key components include:

- **Bedside arts interventions:** Artists utilise portable arts materials to work individually with hospitalised patients, particularly those with chronic conditions
- **Ward-based performance:** Musicians and storytellers conduct regular sessions in common areas, creating therapeutic environments that foster community
- **Healthcare worker training:** Medical staff receive basic training in arts-based approaches to patient care
- **Cultural adaptation:** All interventions incorporate regionally specific arts forms and cultural references.

Whilst research supports the positive impact of arts-based interventions on patient well-being, independent studies are needed to verify specific outcomes related to pain reduction, medication usage, and overall patient satisfaction. Existing literature highlights the role of arts-based interventions in improving emotional engagement and well-being, but further analysis would clarify their economic and long-term health-care effects (Oladeji et al., 2022).

For adaptation to Zambia, this model would require:

1. Pilot implementation in major hospitals such as the University Teaching Hospitals in Lusaka
2. Development of partnerships between healthcare facilities and existing Zambian arts organisations
3. Adaptation of protocols to incorporate Zambian visual arts traditions, musical forms, and storytelling approaches
4. Creation of a Zambian-specific training curriculum for healthcare workers and artists.

Drawing on these established models whilst prioritising Zambian cultural contexts can create scalable, innovative approaches that inspire similar initiatives across the continent whilst maintaining cultural authenticity and relevance for Zambia.

### *Structural barriers*

The analysis also highlights significant challenges facing Zambia's mental health system. Over-reliance on Western biomedical models, pervasive social stigma, and a severe shortage of mental health professionals limit access and diminish the cultural relevance of conventional treatments. While these structural limitations are detailed early in the manuscript, they are a constant reference point that underscores the need for alternative, culturally informed interventions (see Table 2 'Barriers').

Zambia faces significant and multifaceted mental health challenges within a severely constrained healthcare system. With fewer than 15 practising psychiatrists serving a population exceeding 19.6 million and most mental health services centralised at Chainama Hills Hospital in Lusaka (which recorded 22,751 mental health cases in 2023), accessibility represents a critical barrier, particularly for rural populations (WHO, 2020; Phoenix FM, 2024; Mwape et al., 2010; Kapungwe et al., 2011).

The Mental Health Strategy for Zambia 2017-2021 acknowledges these challenges, noting that approximately 20% of primary healthcare attendees present with mental health conditions, yet services remain inadequate (Ministry of Health, Zambia, 2017). According to the World Health Organization (WHO, 2020), mental disorders contribute substantially

to Zambia's overall disease burden, with depression and anxiety being the leading causes of disability-adjusted life years (DALYs). The WHO Mental Health Atlas (2020) reports that Zambia maintains only 0.04 psychiatrists per 100,000 individuals, highlighting an extreme deficiency in specialised mental health personnel that falls significantly below global standards.

The structural limitations extend beyond workforce constraints. Mental health services remain predominantly urban-centric, leaving rural and peri-urban communities without adequate infrastructure for accessing mental health support (Mwape et al., 2022). These structural limitations mirror broader trends across sub-Saharan Africa, where low-income nations often lack sufficient funding, trained personnel, and integrated mental health policies (WHO, 2019).

Furthermore, Zambia's mental health paradigm remains shaped primarily by biomedical models, which often fail to incorporate cultural and spiritual dimensions of healing critical to local epistemologies and Indigenous knowledge systems. This disconnection contributes to treatment gaps, with studies showing that 70-80% of Zambians experiencing mental health challenges seek help from traditional healers rather than formal healthcare providers (Mayeya et al., 2004). Western psychiatric frameworks do not always align with Zambian perceptions of mental illness, leading to low treatment adherence and mistrust toward formal medical interventions (Munakampe, 2020; WHO, 2020; Kapungwe et al., 2010).

The WHO's call for including culturally sensitive approaches underscores the need to integrate community-led interventions reflecting traditional practices, such as *vimbuza* healing and *masabe* rituals, into mental health frameworks to enhance accessibility and effectiveness. This urgent need for culturally congruent approaches to bridge these divides, whilst expanding access to care, provides the context for considering arts therapies as a viable integration strategy.

Current conventional treatments in Zambia predominantly rely on pharmacological interventions (primarily antidepressants and antipsychotics) and limited psychotherapy, which face significant limitations (Kapungwe et al., 2011). These approaches often suffer from irregular medication supply chains and high costs (making them inaccessible to many Zambians), side effects that reduce treatment adherence, and cultural incongruence with local understanding of mental health. Conventional treatments frequently

operate within a disease model, emphasising symptom reduction rather than holistic healing, neglecting social and spiritual dimensions central to Zambian conceptions of well-being (Alemu et al., 2023).

Strengthening community-based interventions and developing culturally responsive therapeutic models grounded in African-centred healing traditions could address systemic gaps whilst ensuring equitable mental health care in Zambia. A shift toward holistic, accessible, and socially relevant frameworks would align Zambia's mental health strategy with global best practices, supporting policy reform and grassroots mental health initiatives (Farah Nasir et al., 2021).

### *Opportunities and policy implications*

Finally, the findings point to considerable opportunities for reform. By leveraging collaborative research, targeted policy advocacy, and capacity-building initiatives, Zambia can bridge the gap between traditional healing and formal mental health care. Expanded training programmes, digital integration for remote outreach, and ethical frameworks that protect Indigenous knowledge are pivotal to ensuring sustainable implementation (see Table 2 'Opportunities').

Integrating arts therapies into Zambia's healthcare framework requires a robust policy strategy honouring local cultural traditions while embracing modern therapeutic innovations. The foundation of this strategy is the inclusion of arts therapies in national mental health policies. The Ministry of Health should work closely with relevant stakeholders, including the Ministry of Youth, Sport and Arts, to incorporate arts therapies into the National Mental Health Policy. This collaboration must build on existing frameworks such as the National Arts Policy Implementation Plan, emphasising creative, inclusive, and sustainable approaches to national development.

### *Implementation strategies*

- **Collaborative capacity building:** A central component of this policy is the development of specialised training programmes that foster collaboration between mental health practitioners, local artists, and traditional healers. By co-designing curricula that integrate Indigenous knowledge with evidence-based arts therapy practices, as demonstrated in successful models in South Africa (Makanya, 2014), the policy can

professionalise arts therapies while ensuring cultural authenticity. Training initiatives should include workshops, certification courses, and continuous professional development modules that are accessible in both urban and rural regions.

- **Multi-stakeholder partnerships:** Successful integration relies on robust partnerships among government agencies, community leaders, non-governmental organisations, and international bodies. These partnerships can facilitate knowledge exchange, resource mobilisation, and the adaptation of best practices. For example, drawing on regional initiatives like Kenya's Amani People's Theatre and Nigeria's hospital-based arts medicine programmes, policy frameworks should enable cross-sectoral collaborations to guide implementation and to share lessons learned.
- **Digital integration and remote delivery:** To overcome geographical barriers and reach underserved communities, the policy should promote the development of mobile applications and virtual platforms that deliver arts therapies. Digital tools can support remote training, facilitate community-based therapy sessions, and foster online communities that sustain cultural dialogue. This digital integration is particularly promising in contexts where in-person interventions face logistical challenges.

## Sustainability measures

- **Dedicated funding mechanisms:** Reliable funding must underpin long-term sustainability. Government budgets dedicated to mental health should earmark funds for arts therapies, supplemented by public-private partnerships and grants. Incorporating these initiatives into national health insurance schemes can further ensure that arts therapies are financially accessible and sustainable over time. Such an economic model not only reduces the cost burden traditionally associated with individual therapies but also promotes group-based interventions that are more resource-efficient.
- **Ongoing evaluation and research:** Institutionalising regular monitoring and evaluation protocols is critical for assessing the clinical, social, and economic outcomes of integrated arts therapies. Establishing research consortia collaborating with academic institutions can ensure that outcome data is systematically collected and analysed. This evidence

base will inform continuous policy adjustments and support advocacy for increased investment in culturally responsive mental health care.

- **Ethical integration and cultural safeguarding:** As traditional healing practices and contemporary arts therapies merge, ethical guidelines must protect Indigenous intellectual property and prevent cultural appropriation. Policies should establish clear protocols for collaboration that require fair compensation for cultural custodians and foster respectful knowledge exchange. By embedding ethical considerations into the framework, Zambia can ensure that traditional practices are preserved authentically while benefiting from modern therapeutic advancements.

## Addressing mental health stigma

Mental health stigma in Zambia manifests across multiple levels, from individual internalised shame to institutional discrimination. Research by Kapungwe et al. (2010) found that mental illness stigma remains pervasive, affecting individuals within families, communities, healthcare systems, and government policies. Misunderstandings about mental illness aetiology, fears of contagion, and associations with HIV/AIDS contribute to exclusion and discrimination (Kapungwe et al., 2010). Local terms for mental illness, such as *kufunta* (madness), carry significant negative connotations and social rejection.

Arts therapies help address this stigma through multiple pathways:

1. Providing non-verbal expression paths that circumvent stigmatising language often associated with mental health conditions (Hill et al., 2019)
2. Creating communal healing spaces that normalise emotional expression within cultural frameworks (Hill et al., 2019)
3. Shifting focus from pathology to creativity and shared humanity
4. Integrating with traditional healing practices already respected within communities (Hill et al., 2019)
5. Aligning with Zambia's holistic understanding of well-being, which integrates emotional, spiritual, and community dimensions (Mildnerová, 2015).



Additionally, integrating arts therapies into primary healthcare settings can increase accessibility and normalise mental health care as part of general well-being (Hill et al., 2019).

## Economic implications of arts therapies

Examining the economic dimensions of arts therapies, this section answers the third research question concerning the potential benefits and barriers to integration within Zambia's healthcare system. Incorporating arts therapies into Zambia's healthcare system could yield significant economic benefits through multiple pathways. By addressing emotional and psychological distress early, arts therapies can reduce reliance on costly pharmacological interventions and hospitalisations (Hill et al., 2019). Additionally, utilising a group-based model rooted in traditional Zambian concepts of communal healing would substantially lower intervention costs than conventional individual therapy models (Hill et al., 2018).

Research highlights that arts-based interventions improve patient outcomes and reduce hospital readmissions, making them cost-effective additions to healthcare systems (WHO, 2021). These therapies enhance emotional regulation, strengthen support networks, improve treatment adherence, and address underlying psychosocial factors often missed in purely biomedical approaches (WHO, 2021).

Furthermore, arts therapies empower communities to engage in preventive care, reducing financial strain on individuals and national health budgets (WHO, 2021). This preventive effect operates through building community resilience, early identification of mental health concerns, destigmatisation, and skills transfer, enabling community members to apply therapeutic techniques independently (WHO, 2021).

Beyond direct healthcare savings, arts therapies contribute to broader economic gains. Improved mental health increases productivity, higher educational attainment, and lower workplace absenteeism (Hill et al., 2019). For Zambia, this potential makes the integration of arts therapies an investment in human capital development.

## Research limitations and future directions

Whilst this paper draws on extensive literature and culturally situated examples, there remains a notable scarcity of empirical studies from within Zambia, specifically examining arts-based mental health interventions. Consequently, many conclusions are necessarily extrapolated from regional comparisons, theoretical alignments, and limited case studies rather than from robust in-country implementation research. Additionally, the heterogeneity of Zambian cultural practices necessitates caution when making generalisations across all ethnic groups, as healing traditions vary significantly between communities.

Future research should prioritise participatory methodologies enabling Zambian communities, traditional healers, mental health practitioners, and patients to co-create knowledge around arts therapies. Mixed-methods studies combining qualitative exploration of cultural acceptability with quantitative assessment of clinical outcomes would provide the grounded evidence needed to progress from conceptual framing to formal integration into healthcare systems. Pilot programmes testing culturally adapted arts therapy protocols in both rural and urban Zambian settings would prove particularly valuable. Additionally, longitudinal studies examining the sustainability and long-term impacts of such interventions would yield essential insights. Importantly, future work should explicitly address potential tensions between Indigenous knowledge systems and Western therapeutic paradigms, developing frameworks for ethical integration that preserve cultural integrity whilst meeting contemporary mental health needs.

To address these identified gaps, I am currently undertaking an empirical study examining arts therapy innovations through the Indigenous Musical arts use to manage anxiety and distress in oncology care settings in Zambia. Ethical clearance was obtained from the University of Pretoria Research Ethics Committee (Reference: 16369174 [HUM007/0424]), the University of Zambia Biomedical Research Ethics Committee (Reference: 5850-2024), and the National Health Research Authority (Reference: NHRA-1642/17/10/2024), with institutional permission from the Cancer Diseases Hospital, Lusaka (Reference: MH/CDH/101/14/1). This ongoing research will provide much-needed empirical evidence for arts therapy effectiveness within Zambian healthcare settings.

## Conclusion

This review demonstrates that integrating arts therapies with Zambia's traditional healing practices presents a culturally authentic and practical approach to mental health care. By blending creative modalities, such as music, dance/movement, drama, and visual arts, with longstanding Indigenous practices like *vimbuzo*, *nyau*, and *ubwina*, Zambia can address significant mental health challenges while preserving its cultural heritage. Such an integrative model challenges the limitations of a purely biomedical framework and aligns with global efforts to decolonise mental health interventions.

This approach's economic, social, and therapeutic benefits, from enhanced community cohesion and improved treatment adherence to reduced healthcare costs, underscore its vital potential. Establishing robust training programmes, policy support, and sustainable funding mechanisms will be crucial to fully embed these culturally responsive interventions into Zambia's healthcare system.

Fusing contemporary arts therapies with traditional practices offers a promising solution to Zambia's mental health gaps and contributes valuable insights to global dialogues on culturally grounded health care.

## Declaration of interest

The author declares no conflict of interest regarding this study. This research received no external financial support and was conducted independently.

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# Beautiful Justice: The Role of Beauty in Restoring Psycho-Spiritual Well-Being in a Post-Colonial, Post-Apartheid South Africa

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## Bio

Vasintha Pather is a drama therapist, organisational development practitioner, and systemic leadership coach with over 25 years of experience in organisational development consulting and more than a decade in coaching and psychotherapy. Specialising in developmental trauma and systemic trauma related to race, gender, and organisations, Pather helps individuals and groups navigate, integrate, and heal from these experiences. Her therapeutic approach encourages clients to embody their emotions, reconnect with their innate wisdom and creativity, and cultivate deeper meaning in both personal and professional spheres. Pather is an adjunct faculty member at Wits University, the University of Johannesburg, and Henley Business School. She serves as the South African National Arts Therapies Association (SANATA) representative on the World Alliance of Drama Therapy and is the founder of the Centre for Gestalt Leadership.

## Abstract

This article explores how colonialism and apartheid systematically dispossessed people of colour in South Africa of the natural and cultural beauty embedded in their spiritual, socio-cultural, and environmental landscapes. It underscores how these systems forced people into survival conditions that hindered their capacity to cultivate beauty in their surroundings, cultural practices, and inner lives. Beauty, which often plays

a central role in fostering psycho-spiritual development and connection, was systematically disrupted, distorted, and undermined. Within the arts therapies, aesthetic engagement holds unique potential to address these intergenerational disruptions by facilitating experiences of beauty as a pathway to restorative healing and justice.

**Keywords:** Aesthetic appreciation, African spirituality, arts therapies, beauty, decolonising arts therapies, drama therapy, embodied aesthetics, psycho-spirituality

## Acknowledgements

This article focuses on a single client profile and one aspect of the impact of colonisation and apartheid: the dispossession and disruption of aesthetic beauty on holistic well-being. While acknowledging the vast and multifaceted consequences of colonial and apartheid systems on South African populations, it is not the intent of this article to address all such impacts comprehensively.

This article is not a comprehensive exploration of the full breadth of psychological and philosophical systems, but instead draws on Eastern, African, and Western thought to provoke reflection and inspire further research in the field. Although a client case inspires the content, the article does not aim to present a complete account of that case. Rather, the purpose is to stimulate critical thinking and exploration in the arts therapies, encouraging deeper engagement with the psychological and cultural impacts of colonialism and apartheid.

Although this article extensively alludes to the various forms of trauma that individuals, families, communities, and race groups may have and/or continue to experience as a consequence of colonisation and apartheid, it does not explore any in detail.

The terms *Black* or *people of colour* are used here to refer to the racial categories of Black, Coloured, and Indian as classified under apartheid and continued since. However, these terms do not equate the experiences of these groups, particularly recognising that Black South Africans faced the most severe forms of oppression. It is crucial to acknowledge these differences while understanding their shared marginalisation under apartheid's racially stratified system. What is also acknowledged is the profound resilience, strength of humanity, intelligence, and beauty of

the generations of people who have survived a systemic context that has wrought indescribable suffering to millions over centuries.

## Introduction

The concept of beauty has been central to human life and thought throughout history. Scholars, philosophers, and aestheticians have consistently emphasised the profound role of beauty in enriching life and in being a bridge connecting us to that which is numinous; including Jung (1964), Hillman (1992), Fanon (2004), May (1985), Mbiti (1990), Nehamas (2007), and Shani (2020). This association of beauty with meaning and sacredness is reflected across cultures, underscoring the universal recognition of beauty as a vital dimension of human existence, connecting the tangible with the transcendent.

This article aims to foreground the perspective that beauty and aesthetic appreciation are crucial to human life and, more clearly, to meaningful human life; and that this understanding has existed for millennia. This article also seeks to contribute to locating beauty and aesthetic appreciation within the arts therapies, illuminating a potentially important opportunity for practitioners to deepen our impact by making an even bigger difference to the healing of clients and addressing the wounds of racial and gender injustices embedded in our collective history. However, this article is not intended to define beauty or explore the merit of any specific philosophical, psychological, or spiritual worldview relating to beauty.

The African spiritual perspective underscores the profound interconnection between beauty, spirituality, and everyday life. In African Indigenous traditions, beauty is collective rather than individualistic and is celebrated in communal activities, including art, dance, and music, which foster cultural identity, unity, and spiritual connection (Mbiti, 1990; Nwoye, 2017). Beauty manifests as spiritual vitality and is often linked to personal attributes like character, wisdom, and alignment with spiritual principles (Mbiti, 1990).

Asante (2007) emphasises the centrality of African culture and aesthetics in shaping identity and spirituality, linking beauty to collective cultural expressions that foster psycho-spiritual growth. African art and beauty have socio-culturally been considered inherently spiritual, serving as a medium for transcendence and cultural expression (Asante, 2007; Senghor, 1988). Land in

African traditions is often honoured as a divine or ancestral gift, embodying a spiritual connection between the living, the ancestors, future generations, and the Divine (Mbiti, 1990).

Beauty has thus been tied to expressions of cultural authenticity and spiritual empowerment in African knowledge systems, highlighting an integration of aesthetics with the sacred and the functional.

Similarly, aesthetic experience and appreciation have long been considered integral aspects of the experience of self-realisation and spiritual connection in Eastern traditions. Myth, architecture, art forms, rituals, and spiritual practices of the East evoke a sense of awe in connecting beauty with the sacred, through resplendent design, imagery, and adornment. Indian poet, philosopher, and Nobel laureate Rabindranath Tagore was deeply engaged in the pursuit of beauty. While he appreciated the tangible aspects of beauty, he was deeply moved by the subtler, more abstract, and spiritual level of perception (Islam & Mahmud, 2014). For Tagore, beauty extended beyond external perception to an introspective and intra-psychic dimension, appearing as a “living, dynamic force” (Islam & Mahmud, 2014, p. 63). His quest for beauty was profoundly spiritual, encompassing both the tangible and intangible, the finite and the infinite.

Indian spiritual and political leader and poet Sri Aurobindo asserted that revealing and embodying the highest beauty allows individuals to bring forth the sacred through their souls (Islam & Mahmud, 2014, p. 72).

Western philosophical traditions have similarly advocated for beauty as central to human flourishing and transcendence. Kant (1790; 2000) argued that the appreciation of beauty cultivates moral sensibilities, fostering harmony and universality (Nehamas, 2007). For Kant, beauty played a key role in transcending self-interest and engaging with the world.

Plato posited that beauty exists as an eternal, unchanging form, alongside other qualities such as justice and goodness (Nehamas, 2007). Plato conceptualised *eros* as a driving force that seeks beauty and fulfilment, perceiving ultimate beauty as existing beyond time and space (Shani, 2020). Like Tagore, Plato theorised that the appreciation of physical beauty can lead to an ascent toward the metaphysical ideal of beauty, which he considered eternal and the source of all that is beautiful (Nehamas, 2007).

Howell et al. (2020), in summarising several studies, substantiate the many philosophical concepts, spiritual teachings, and empirical findings that

underscore the need for humans to engage with beauty and aesthetics as part of experiencing a meaningful life. These experiences are central to the pursuit of self-actualisation and transcendence. Howell et al. (2020, p. 230) highlight the connection between culture, beauty and spirituality:

“[Notions of spiritual and moral beauty in religious and cultural traditions] have inspired great art in music, paintings, and the gloriously beautiful architecture of many churches, temples, houses of worship, synagogues, and mosques. [...] They are a great heritage of beauty to all humankind. These considerations suggest that the experience of engagement with beauty involves an expansion of consciousness”.

Expressions of beauty—including the environment, art, music, poetry, dance, rituals, and story—have thus historically been deeply interwoven with spirituality. These expressions aim to evoke the sacred, bridge connections with ancestors and the Divine, and affirm the interconnectedness of all life.

Despite the profound importance of beauty in human flourishing, its role remains under-explored in Western approaches to psychotherapy (Howell et al., 2020), which, by and large, are mainstream in South Africa as a result of our socio-political history. From a professional standpoint within the arts therapies—and specifically in relation to this article—the transformative power of beauty merits further research. Beauty may possess a unique capacity to facilitate experiences of transcendence, connecting individuals and groups to meaning and that which we consider as greater than ourselves.

## A client and context

The idea for this article was initially inspired by Sis E (not the client's real name), a woman then 55 years of age who participated in weekly group therapy sessions at Lawyers Against Abuse (LvA) during the latter half of 2016. Lawyers Against Abuse, a not-for-profit organisation, operated a centre in Diepsloot, Johannesburg, providing legal and psychosocial support to survivors of gender-based violence and intimate partner violence.

In her mid-50s, Sis E was not formally educated as a result of education restrictions during apartheid and had been unemployed for approximately two years following her retrenchment from her role as a caregiver. She was a survivor of gender-based violence within her intimate partner relationship,



a mother of two teenage children, and grieving the recent loss of her own mother, with whom she had shared a loving and supportive relationship. Upon commencing group therapy, Sis E presented with significant emotional distress, anxiety, and a sense of hopelessness. She expressed concern about her emotional state and about her anger and impatience toward her children, demonstrating awareness of her emotions and their potential impact. Despite her distress, this self-awareness offered a foundation for therapeutic engagement.

Victims of gender-based violence are often shamed into believing they are responsible for the perpetrator's behaviour. Socio-cultural norms surrounding gender discrimination and the ever-present threat of violence contribute to silence and self-blame (Pendzick, 1997). Pendzick (1997, p. 227) highlights how the "socialisation of guilt and shame often prevents women from defending their rights". She adds that the psychological consequences of intimate partner violence could include chronic powerlessness and learned helplessness, where victims feel they lack control over their lives.

Through the concept of *intersectionality*, Crenshaw (1992) proposes that gender-based violence is only one form of oppression. People are located in dynamic contexts created by intersections of systems of power, including race, gender, sexual orientation, oppression, discrimination, class, gender inequality, and heterosexist bias (Crenshaw, 1992). These social dimensions are saturated with values and assumptions that have social consequences, each potentially exacerbating the consequences of another.

Older women face a compounded level of marginalisation as discriminatory perceptions of ageing further limit their societal value. Older women are often perceived as asexual, unproductive, invisible, and passive, leading to socio-cultural and economic exclusion (Hightower & Smith, 2005).

This intersectional discrimination, therefore, profoundly impacts women's identity and self-concept, shaping aspirations and emotional well-being.

Sis E's case, against this broader understanding, was not only that of a woman having survived intimate partner violence; it was of a woman having survived intimate partner violence while being located at the intersection of several forms of discrimination and oppressive structures.

## *The oppression of ugliness*

Based on engagement with partner organisations and community stakeholders, Lawyers Against Abuse identified a high prevalence and normalisation of sexual violence and intimate partner violence in Diepsloot. This prevalence was substantiated in a 2016 study in Diepsloot, which revealed some of the highest levels of violence against women by men ever recorded in South Africa (Sonke Gender Justice, n.d.). The community faced serious additional challenges, including overcrowding, limited access to basic services, environmental hazards, and widespread poverty and unemployment (Diepsloot CPF Safety Strategy, 2024). Diepsloot, with an estimated population of 350,000, had limited recreational infrastructure, with just one community park and a single community centre. There were no swimming pools, playgrounds, stadiums, or other recreational facilities (Diepsloot CPF Safety Strategy, 2024).

Diepsloot was the environment that Sis E was located in.

One of the most devastating cornerstones of apartheid and colonisation was the dispossession of land from Indigenous Black South Africans and people of colour. Colonisation and apartheid effectively rendered 87% of the land to White ownership (RSA, 2013; South Africa History Online, 2015). During apartheid, Black, Coloured and Indian people were forcibly relocated to mostly rural, underdeveloped, and under-resourced areas, enforcing poverty, inequality, and landlessness (South Africa History Online, 2015). The impact radically shaped the lives of Black people and people of colour in general, relegating them to environments that were effectively reservoirs of cheap labour with no access to, or ownership of, any productive—or beautiful—land.

In creating reservoirs of cheap labour, apartheid coerced African men to migrate to urban centres and mines to work for White employers under dehumanising conditions while confining their families to overcrowded and resource-poor reserves. The system relied heavily on the labour of African women to maintain their families in increasingly bleak environments (Healy-Clancy, 2017). Similarly, Coloured and Indian women were tasked with managing social reproduction within segregated rural and urban areas, under equivalently oppressive conditions. African women, relegated to low-earning domestic labour, were depended on to maintain the beautiful, White-

dominated spaces from which they were both excluded and dispossessed (Healy-Clancy, 2017).

The physical environments in which people of colour lived were thus deliberately designed to be degrading, overcrowded, and devoid of aesthetic or functional qualities conducive to a life of dignity.

African cosmologies regard the environment as sacred, and this connection fosters a sense of identity, continuity, and responsibility across generations (Fanon, 1961; 2004). Relationships with ancestors are honoured through religious and cultural practices tied closely to the land; thus, land was not simply a material resource but served as a foundation for identity connection, as well as the cultural, generational, and spiritual development of African people (Fanon, 1961; 2004; Mbiti, 1990). The severance from ancestral lands disrupted the spiritual and cultural practices intrinsically tied to African cosmologies, where land is considered sacred and central to communal and spiritual life (Mbiti, 1990). Consequently, losing access to ancestral land disrupted traditional ways of life, thereby severing connections to heritage, community, identity, and spirituality. Displacement disrupted spiritual harmony, leading to psychological and cultural crises (Fanon, 1961; 2004).

The oppressive socio-political and physical environments imposed by colonisation and apartheid not only dehumanised individuals but also fractured the aesthetic and spiritual worlds that sustained communal and individual well-being.

Present-day Diepsloot exemplifies the enduring legacies of apartheid. Initially established in the mid-1990s as a temporary settlement for people from other areas of Johannesburg, Diepsloot remains a densely populated area marked by poverty, inadequate housing, unemployment, and environmental degradation (Diepsloot CPF Safety Strategy, 2024). In stark contrast, the neighbouring Dainfern estate epitomises predominantly White wealth and privilege, with manicured lawns, secure gates, and exclusive amenities. Sis E worked as a caregiver in Dainfern while living in Diepsloot, embodying the ongoing spatial and economic inequalities rooted in apartheid's policies.

In addition to dismantling cultural and sacred connections with the land and environmental beauty, colonisation and apartheid also disrupted cultural knowledge systems by forcing Africans to conceal their Indigenous

knowledge systems, beliefs, and practices. Indigenous knowledge systems were systematically undermined and excluded over centuries. White, Eurocentric ideas of knowledge and aesthetics were instituted instead. Fanon (1961; 2004) critiqued the imposition of White aesthetics through colonisation as a form of cultural violence, eroding Indigenous artistic, cultural, and spiritual practices while establishing Eurocentric norms as universal ideals of beauty, intelligence, and morality. This dehumanising process often compelled colonised peoples to reject their heritage in a quest for safety and dignity within a system that denigrated their identities (Fanon, 1961; 2004). Not only was there a profound violence of physical dislocation enforced on African people and people of colour, but individuals were also faced with deep psychological and cultural dislocation. Jung (1959) warned that severance from cultural and spiritual symbols and rituals necessary to structure our inner worlds could lead to psychological disorientation, alienation, and neurosis.

### *Psycho-spiritual impact of enforced ugliness*

Eastern philosophies such as Zen Buddhism emphasise the integration of external and internal worlds. Suzuki (1994) highlights how harmonious environments promote psychological clarity and spiritual growth, while chaotic surroundings exacerbate mental agitation.

Hillman (2006, p. 18) stated that “the illnesses in the soul of the [physical] world” are intimately linked to the well-being of the human psyche. Environments filled with decay or disorder can lead to feelings of alienation, disconnection, and psychological distress, and could reinforce a fragmentation of the soul (Hillman, 2006; Jung, 1959; Suzuki, 1994).

Hillman (2006) contended that the soul of the individual could not be separated from the soul of the world, asserting that psychological health must consider the aesthetic and environmental dimensions of human existence, and called for psychotherapy to develop a stronger awareness of the external world, recognising that changes in the psyche resonate with changes in the environment. Freire (1972, as cited in Pather, 2017) similarly argued that oppressive systems induce passivity, conformity, and self-subjugation, reinforcing fractured realities of subordination.

Dispossession, cultural violation and violence, and psychological disruption for centuries will thus have had devastating consequences for the

psycho-cultural and psycho-spiritual well-being of African people and people of colour in South Africa.

## **Aesthetic engagement and beauty in the arts therapies: A healing balm?**

Arts therapy professionals interested in promoting well-being and restoration in the context of post-colonial and post-apartheid South Africa must cultivate a deeper awareness of the socio-cultural, political, economic, and historical contexts that have profoundly shaped the lives of millions of South Africans. The context includes the ways in which systemic oppression deprived—or, at the very least, severely constrained—the majority of South Africans of opportunities to experience, create, and access beauty within their environments, thereby disrupting the well-being that beautiful environments can foster. Also included in context must be an awareness that beauty can be assigned to, and experienced through, cultural traditions, knowledge systems, and practices; and that the disruption of these not only impacted the experience of beauty for millions of South Africans but also alienated them from what connects humans to a sense of belonging and meaning.

In the arts therapies, self-ownership and self-agency are promoted through facilitating aesthetic experiences such as externalisation, embodiment, and symbolisation. Aesthetic experiences emerge through interaction between the qualities of the object (artwork, music, poetry, writing, and/or embodied forms), the individual's response, and the broader context or environment in which the experience takes place (Jacobsen, 2006, as cited in Vaisvaser et al., 2024). Externalised, affective experiences in the arts therapies engage processes that contribute to shaping emotions, thoughts, and perceptions of both inner states and the surrounding environment (Vaisvaser et al., 2024). These processes facilitate internal experiences by expressing them through visible, audible, tangible, and/or embodied forms, including music, movement, dramatisation, artmaking, and bibliotherapy (Jennings, 1997; Jones, 1996; Malchiodi, 2023; Vaisvaser et al., 2024).

The distancing-embracing model is closely aligned with the concept of externalisation in the arts therapies and emphasises the role of psychological distancing, where individuals experience a sense of separation

from emotions, memories, or stimuli, temporarily suspending their usual reactions (Menninghaus et al., 2017; Jones, 1996). In the context of aesthetic engagement, distancing occurs through the cognitive framing of an experience as representation, creating a sense of safety and control over how long or intensely one engages with it (Malchiodi, 2023; Menninghaus et al., 2017). Distancing-embracing facilitates the potential for a heightened emotional experience, enabling individuals to fully immerse themselves in and embrace the present moment (Menninghaus et al., 2017). The externalisation of internal experiences and explorations allows individuals the opportunity to reflect, develop empathy, resolve conflicts, and enrich narratives through the arts medium (Malchiodi, 2023; Jennings, 1997; Jones, 1996). By facilitating memory recall and allowing individuals to process memories at their own pace, the arts therapies provide a sense of control—an essential factor for those who have endured violence (Woollett et al., 2023).

New awarenesses about self, others, and the environment can be externalised, engaged with, and internalised.

Thus, aesthetic experiences unfold within the therapeutic space, where meaning-making and potential transformation are connected with the client's engagement in the creative or expressive processes and their outcomes. Jung (1964) viewed the creative process as inherently healing, offering an avenue to encounter beauty and reconcile unconscious material.

## **African psycho-spirituality and aesthetic engagement in the arts therapies**

This discussion offers a glimpse into African psycho-spiritual practices and explores why arts therapies may be well-positioned to integrate these perspectives.

The African-centred model of personhood underscores that:

“[...] preterrational spiritual processes are a necessary building block in the construction of any model of consciousness. These spiritual aspects of self are central to the essence and expression of all forms and stages of consciousness and human psychological functioning” (Grills & Ajei, 2002, p. 95).

Approaching the concept of self through the South African Zulu philosophy of Ubuntu, Washington (2010) affirms the self as an expression of the Divine. From this perspective, and within the broader context of African cosmology, all humans originate from and remain connected to the Divine, emphasising a shared universal consciousness (Washington, 2010).

Within arts therapies, Ubuntu can manifest through externalisation, symbolisation, and embodiment—activating deeper connections to beauty, self, and the sacred.

Deterville (2016) examines *àṣẹ* (a West African term that represents the life force or spiritual power that connects individuals with nature and the Divine). The West African concept of *àṣẹ* is central to African spirituality and is integral to African-rooted healing and well-being. *Àṣẹ* is often channelled through music, song, dance, and storytelling—artistic and ritualistic expressions that attract, convey, dispel, honour, and celebrate sacred energies (Vega, 1999). These cultural forms serve as vessels through which the Divine essence is both embodied and experienced (Vega, 1999).

Landy (1993) posits that theatrical roles have long functioned as expressions of the human spirit. Many roles repeated across centuries in dramatic literature and performance are archetypal, representing universal aspects of the human condition. Often depicting gods and ritual activities, these roles symbolically express transformation and transcendence (Landy, 1993).

Jung (1922) underscores this transformative possibility of the creative process:

“The unconscious activation of an archetypal image, and in elaborating and shaping this image into the finished work. By giving it shape, the artist translates it into the language of the present, and so makes it possible for us to find our way back to the deepest springs of life” (Jungian Centre for the Spiritual Sciences, n.d.).

African artistic and aesthetic traditions have long been recognised as inherently spiritual, serving not only as vehicles for cultural expression but also as pathways to transcendence (Asante, 2007; Deterville, 2016; Mbiti, 1990; Senghor, 1988). Indigenous knowledge is preserved in cultural expressions such as proverbs, folklore, rituals, legends, and customs (Busika, 2015; Ratele et al., 2013). Within African knowledge systems, meaning-

making, psycho-spiritual well-being, and arts-based practices are deeply interwoven.

Forms and symbols experienced as beautiful can activate the Self archetype, facilitating a connection to a deeper sense of meaning and wholeness (Jung, 1964). For Jung, the Self represents the archetype of wholeness, symbolising the integration of the psyche: the ego, the personal unconscious, and the collective unconscious; and as the ultimate unifying force within the psyche, the Self seeks balance and harmony among these forces (Jung, 1964).

Thus, arts therapies may be uniquely positioned to facilitate psycho-spiritual restoration by harnessing the healing potential of aesthetic experience. This includes the therapeutic environment itself, which fosters a conducive space for the creative processes to unfold. Arts therapies contribute to both mental and physical well-being by fostering self-expression, enhancing communication, and creating a sense of safety, making them valuable tools in prioritising equitable and safe therapeutic practices. Sensory exploration, interoceptive self-awareness, emotional embodiment, and cognitive insight are activated through aesthetic engagement (Samaritter, 2018; Vaisvaser, 2021). These therapies have been particularly effective in addressing trauma and complex PTSD, often resulting from experiences of violence (Woollett et al., 2023), as in the case of Sis E.

## Beauty as a healing force

Despite the adversity she faced, in addition to her Christian faith, it appeared that one of the ways Sis E connected with her self-worth was through a refined and elegant dress style, which may have reflected an intrinsic and healing relationship with beauty and self-care. Sis E's delicate but deliberate acts of self-care—reflected in subtle beautification and adornment—inspired the then-intern therapist to consider the role of self-care in self-worth when confronted with racial and gender discrimination. Over time, this initial curiosity evolved into an inquiry into the potential for beauty and aesthetic appreciation to contribute to transformative justice in mental, emotional, and psycho-spiritual healing.

Did Sis E unconsciously engage beauty and aesthetic appreciation as a means of facilitating her own healing? To what extent did this contribute to the restorative experiences she encountered during the group therapy



processes? Within a few months of participating in group drama therapy, Sis E initiated a social project aimed at providing care for youth in Diepsloot. In addition to the efficacy of the drama therapeutic processes, this development highlights consideration of the potential roles of self-care and beauty in her healing process, as well as in strengthening her innate resilience and resourcefulness.

Several contemporary studies demonstrate that appreciating the beauty of natural environments can yield numerous positive outcomes, including fostering respect, wonder, awe, social connection, vitality, enhanced cognitive processing, and increased generosity (Howell et al., 2020). African cosmologies emphasise the sacredness of the natural environment, recognising its aesthetic and spiritual significance as central to psycho-spiritual well-being. By fostering experiences of beauty, the arts therapies may help restore this vital connection, offering a healing balm for the intergenerational wounds inflicted by systemic oppression.

The values in action (VIA) character strengths classification, developed by Peterson and Seligman (1988) in the positive psychology field, identifies positive traits that contribute to human flourishing (Peterson & Seligman, 2004). The values in action character strengths framework comprises 24 character strengths organised under six broad virtues, one of which is *transcendence*. Appreciation of beauty is defined in the framework as a core character strength within the virtue of *transcendence*, and encompasses the capacity to notice and value beauty, fostering feelings of awe, wonder, and connection to the world (Peterson & Seligman, 2004).

Cultivating *transcendence* strengths has been shown to improve mental health, social relationships, and overall life satisfaction (Diessner et al., 2018). Beauty has the power to promote well-being by fostering positive emotions, resilience, and a sense of belonging to something greater than oneself; and can contribute to countering negative emotions and a sense of isolation (Diessner et al., 2018).

Existential psychologist Rollo May (1985) regarded beauty as a pathway to authenticity and a deeper understanding of life. Encounters with beauty, he argued, evoke awe, wonder, and transcendence, enabling individuals to connect with their inner selves and the broader world (May, 1985).

Hillman (1992) emphasises that beauty has the power to inspire transformative change by touching the deepest layers of the psyche.

For Hillman (1992) beauty was not merely an aesthetic concern but a foundational element of psychological and cultural well-being, and he contended that it offers a pathway to meaning and connection, grounding individuals in a sense of purpose and harmony.

### *Beauty as an experience of creative harmony*

Building on Plato's concept of *eros*, Shani (2020, p. 9) suggests that beauty is "an essential feature of harmony; and where there is love of harmony, there is, therefore, love of beauty. Thus, the potential for self-transcendence, enshrined in the lure of beauty, is an integral aspect of harmony".

In the context of Sis E's experience, intimate partner violence constituted a persistent violation of personal boundaries, further exacerbated by the environmental instability and lack of refuge in Diepsloot. These compounded violations undermined her ability to express herself, articulate her needs, and connect with a sense of personal agency. Yet, throughout the therapeutic relationship, Sis E exhibited remarkable composure, even in moments of deep emotional pain triggered by memories of violence and loss. Her ability to remain present and responsive to her emotions suggests that her relationship with beauty—and the harmony it evokes—alongside her experiences in drama therapy, may have played a role in restoring order within her psyche.

One of the key processes explored in the drama therapy group was body mapping. Participants traced each other's body outlines and then used images, colour, words, and illustrations to express their life stories and strengths. Through this process, Sis E was able to externalise, symbolise, and ground her reflections and inner experiences. Following activities centred on emotional expression and self-care, she illustrated her anger becoming lighter and flowing like a river away from her body. Outside her body outline, she drew an image of the social project she envisioned, and where she had drawn her heart, she later added the words 'recovering' and 'strength'. These moments illustrate her growing recognition and reclamation of self-worth—perhaps even an inner experience of harmony. Notably, on the face of her body map, she coloured the lips red, paying homage to her own beautification.

Lu and Yuen (2012) describe a similar application of body mapping within a decolonising art therapy framework for Aboriginal women survivors

of gender-based violence and intimate partner violence. They adapted the process to align with Aboriginal medicine wheel teachings, inviting participants to represent their healing journeys as circular rather than linear. By integrating physical, mental, emotional, and spiritual dimensions, the body mapping process not only grounded participants' experiences in the body but also facilitated deeper access to trauma-related memories (Lu & Yuen, 2012).

As with Sis E's experience, Lu and Yuen's (2012) work highlights the psycho-spiritual value of creative processes in holding and containing participants' emotions. Arts therapies serve as containers for emotional regulation and meaning-making, enabling individuals to externalise their inner worlds, assign words and narratives to their experiences, and integrate and validate their past (Woollett et al., 2023). Furthermore, the act of sharing personal histories through expressive processes can mitigate feelings of isolation, counteract stigma, and enhance self-worth—ultimately supporting mental health and personal agency (Woollett et al., 2023).

Shani (2020) expands on this idea, proposing that creativity acts as the glue that binds the formation of harmonious structures to the human drive for self-transcendence. She argues that the creative process, when yielding harmony, aligns with an innate impulse to move beyond present conditions, serving as a counterforce to stagnation and decline.

Shani's (2020) assertion that the creative process and harmony are linked aligns with Erikson's psychosocial stage of middle adulthood, which centres on the tension between generativity vs stagnation. During this stage, individuals seek to contribute to the world through meaningful work, goal achievement, and investment in future generations. Generativity manifests as confidence, creativity, and a willingness to explore, while stagnation is marked by withdrawal, resentment, and dissatisfaction (Boeree, 2006).

At the beginning of group therapy, Sis E exhibited signs of stagnation, including anger and resentment. However, she also displayed an intrinsic drive toward generativity, evident in her engagement with the therapeutic process and personal reflection. The safe therapeutic container may have enabled a progressive stimulation of generativity through harmony, self-connection, and self-transcendence. Ultimately, it is also possible that the creative nature of the therapeutic process, coupled with Sis E's inherent connection to beauty, contributed to her experience of harmony. Together,

these experiences may have enabled her to transcend her circumstances and pursue a life of greater purpose.

## Conclusion

Confronted by the reality of intergenerational trauma resulting from systemic oppression and dispossession, the arts therapies must expand beyond Western, Eurocentric frameworks to embrace approaches that honour the cultural, spiritual, and aesthetic dimensions of healing. The dominant emphasis on individual psychology often fails to encompass the full scope of human experience, particularly in societies where well-being is deeply interwoven with collective identity, ancestral connection, and the sacred connection to nature (Deterville, 2016; Fanon, 2004; Mbiti, 1990).

Fanon's (2004) call for the reclamation of Indigenous aesthetics and traditions as a pathway to psycho-spiritual liberation remains as urgent today as ever. By actively engaging with more holistic artistic and healing traditions, practitioners can resist cultural hegemony while fostering a therapeutic space that validates and affirms the lived experiences of those historically marginalised. This requires a willingness to confront internalised biases, critically examine dominant narratives of beauty, and decolonise therapeutic spaces in ways that are ethical, respectful, and culturally responsive (Freire, 1972; Talwar, 2015).

A psycho-spiritual approach to therapy—one that values transcendent experiences, communal wisdom, and the holistic realities of clients' lives—presents an opportunity for deeper, more contextually relevant arts therapies. If beauty serves as a bridge to transcendence, as both a personal and collective resource for transformation, then Sis E's own relationship with beauty may have functioned as an innate mechanism for self-reclamation. The therapist's role, then, was not merely to support healing but to recognise and elevate the healing processes already at work within Sis E. This approach affirms the potential of beauty not only as a therapeutic tool but as a means of justice—recognising the profound psychological and spiritual wounds inflicted by historical and systemic inequities.

Ultimately, the reclamation of beauty is not simply about aesthetics; it is a radical, ethical, and socio-political act. By embracing a more expansive understanding of beauty—one rooted in cultural dignity, ancestral wisdom, and collective empowerment—the arts therapies can serve as a powerful

force for social justice and healing. In a post-colonial, post-apartheid South Africa, this reimagining of beauty offers a transformative pathway for the arts therapies to contribute to a richer, more inclusive framework for healing, justice, and transformation.

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# A Framework for Understanding the Role of Spirituality in Health

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## Bio

Dr Kirti Ranchod is a neurologist, brain health specialist, founder of Memorability, co-founder and chair of the African Brain Health Network, and Global Atlantic Fellow for Equity in Brain Health. She combines neuroscience with brain skills training to optimise brain performance. Dr Ranchod has delivered workshops, talks, and written on various brain health topics. Her work includes the value of cultural capital in supporting brain health, and she has an interest in the field of neuroaesthetics. Dr Ranchod hosts a regular mental wellness walkabout at the Origins Centre, University of Witwatersrand, to make information on brain health and neuroscience accessible. She co-organised, with the Atlantic Institute, a Brain Health Perspectives convening in Johannesburg that centred on Pan-African voices in the global vision to support brain health.

## Summary

In the context of the current mental health crisis, integrating spirituality into healthcare presents both opportunities and challenges for improving health and advancing health equity. While mainstream biomedical systems often exclude Indigenous knowledge and spiritual practices, these cultural traditions provide significant, often underappreciated, benefits for health. The role of visual art, as part of spiritual practices, offers a compelling example of how sacred forms can be utilised in health interventions. However, challenges arise when attempting to integrate spirituality into biomedical healthcare systems. The tension between subjective, spiritual experiences and the objective, evidence-based demands of public health

requires careful, respectful approaches to avoid harm and ensure beneficial outcomes. This perspective explores the sensitive use of neuroscience to evaluate the possible tangible health benefits of spiritual practices using visual art within spiritual practices as an example.

## Positionality statement

I am a neurologist and brain health specialist whose clinical and professional work is grounded in neuroscience while also emphasising the potential value of cultural practices to support brain health. My interest in the relationship between spirituality and health developed while working in the neurology and brain health field for twenty years, practising traditional yoga for forty years, and being exposed to multiple local and global spiritual traditions. My approach is informed by both a respect for diverse cultural and biomedical perspectives and a commitment to rigorous inquiry. I recognise that these experiences shape how I interpret research and construct opinions. I have sought to balance personal insight with critical reflection, drawing on lived experience and interdisciplinary research to form the views expressed in this piece.

## Introduction

In the field of public health, the current conceptualisation of health, health resources, and health systems largely excludes Indigenous knowledge, systems of practice, and experts (White, 2015; Svalastog et al., 2017; Jaca et al., 2022). Consequently, approaches to support better health, including brain health or mental health, privilege promoting non-Indigenous health literacy and investing in non-Indigenous resources (Peterson et al., 2011; Karamagi et al., 2023). While these investments in non-Indigenous systems are necessary and while promoting health literacy is encouraged, a more systematic and cohesive strategy that includes all resources supporting health may lead to improved health equity. Systematising strategy becomes even more critical given the current crises in mental health (GBD Collaborators, 2022), even in countries with high levels of investment in mental health services where there remain significant barriers to accessing care (Stanton, 2014; Hyland et al., 2022)

Various cultural practices, including spiritual traditions within Indigenous and immigrant communities, provide tangible and intangible benefits.

Highlighting the tangible health benefits and emphasising potential neurobiological mechanisms offers an approach to appreciating their value in supporting well-being. These are not the only benefits, but given the history and impact of colonialism on Indigenous cultures, societies, and health, it is crucial to demonstrate how and why they contribute to better health. The primary critique of this approach is that it is reductionist and continues to privilege a dominant knowledge system. While acknowledging this critique, when used sensitively and to complement Indigenous knowledge systems (IKS), the research into neuroscience and health is a powerful advocacy tool that can shift the narrative on health, health systems, and resource allocation (Kendall-Taylor & Levitt, 2017).

Since spiritual practices are not primarily designed to support health, any more than biomedical treatment is designed for spiritual growth there are tensions between these two knowledge systems that can affect dialogue and integration. Firstly, the definition of spirituality is nebulous, allowing for differences in perspective across people, place, time, space, and culture (De Brito, 2021). This perhaps necessary, form-shifting noun that provides for collective and individual variation in interpretation may be a potential strength for those on a spiritual path. However, public health approaches require a standardised definition (Pesut et al., 2008; Van der Linden & Schermer, 2024). Secondly, spiritual experiences, even when part of collective activities, are inherently personal, making them difficult to predict, measure, and generalise. Evidence-based public health initiatives require measurable outcomes, replicable results, and large datasets, with randomised controlled trials being the gold standard (Brownson et al., 2018). One way to bridge these tensions is by focusing on specific processes, activities, or components within spiritual practices that have been shown to support health. These include integrated approaches, mindfulness, intergenerational living, community engagement, brain stimulation, behaviour change, and various art forms such as visual art, music, dance, theatre, and storytelling.

## Visual art as a framework for health and spirituality

Visual art within spiritual practices offers a framework for understanding the value of spiritual traditions in supporting health. Art has been embedded in community-based cultural practices across millennia, serving as a medium for play, communication, worship, celebration, honour, and mourning, with

the earliest recorded art dating back 73,000 years (Henshilwood et al., 2018). Many sacred traditions integrate art into worship to help the practitioner on their spiritual path, making the art functional, essential, and sacred. Sacred art is found in home-based altars, community-based places of worship, and during specific ceremonies. However, in academic fields of art and health, sacred artworks are often not included in discourses on art or art for health. The placement of sacred artworks in a gallery such as the Rubin Museum, the Metropolitan Museum in New York City, and the British Museum in London transmutes them from sacred objects into mercantile objects that are considered art.

Art as a part of spiritual practice becomes a spiritual practice itself and is therefore a potential resource to support health. Sacred art is diverse and includes abstract and representational forms. Examples of abstraction include Hindu and Buddhist yantra images, Yoruba masks, Hopi Katsina figures, and Dogon sculptures. Representational forms of gods, goddesses, ancestors, and sacred places are pervasive in religious and spiritual traditions. Given this vast repertoire, the implication is that art, through its sacred forms, is more accessible, acceptable, and affordable to the global majority than in its secular forms.

## Visual art and the brain

Research in neuroaesthetics has provided insight into the impact of art on the brain, potentially explaining some of art's spiritual and health benefits. Creating and viewing visual art activates the Default Mode Network (Vessel et al., 2013; Bolwerk et al., 2014). This self-referential network is also activated during meditation (Jang et al., 2011). This network consists of specific areas of the temporal cortex (including the hippocampus) and frontal cortex (including the Medial Prefrontal Cortex) that work together. The network is involved in daydreaming, autobiographical memory, envisioning the future, and considering the perspectives of others (Vessel et al., 2013). It is inhibited when we process information about the external world (Raichle et al., 2001). Specifically, the Medial Prefrontal Cortex is thought to be active in the "cognitive regulation of emotions" (Bolwerk et al., 2014). Given the above, creating art potentially helps people living with an illness, going through a challenging situation, or facilitating a spiritual experience by increasing

self-awareness, regulating emotional responses, facilitating self-referential problem-solving, and visualising a self-directed future.

The functional integrity of the Default Mode Network has also been found to be affected in older people (Wang et al., 2022), people living with anorexia nervosa (McFadden et al., 2014), post-traumatic stress disorder (Patriat et al., 2016), depression (Anticevic et al., 2012), Alzheimer's disease (Balthazar et al., 2014), schizophrenia (Anticevic et al., 2012; Fan et al., 2022), and bipolar mood disorder (Bolwerk et al., 2014). An unanswered question is whether the repair of this network could lead to recovery or amelioration of symptoms and whether visual art could facilitate this repair.

Creating art improves psychological resilience (Bolwerk et al., 2014), hope (Frazer & Keating, 2014), a sense of empowerment (Keeling & Bermudez, 2006), stress levels (Noorily et al., 2023), and cognitive performance (Schindler et al., 2017). Small studies have also shown benefits in people living with HIV (Ness et al., 2021), dementia (Savazzi et al., 2020), stroke (Alwledat et al., 2022; Kongkasuwan et al., 2023), depression (Blomdahl et al., 2021), and anxiety (Abbing et al., 2019). However, systematic reviews have been mixed. A meta-analysis on the effect of art therapy on symptoms of depression in older adults found art therapy to be effective (Jenabi et al., 2022). A systematic review of Arts on Prescription programmes reported improved psychosocial well-being. Additional systematic reviews, while recognising the potential of art therapy as a 'lowrisk and high-benefit intervention' for people living with severe mental illness, report that the evidence is inconclusive, and recommend further research with standardisation of methods (Chiang et al., 2019; Shukla et al., 2022). Similarly, the evidence that art supports people living with Alzheimer's disease (Deshmukh et al., 2018) and anxiety is limited (Abbing et al., 2018). Herein lies the challenge for art, spirituality, and health.

## Potential challenges in integrating spirituality into health systems

Various spiritual processes have the potential to support health. Visual art can serve as a model for integrating spiritual and biomedical knowledge systems, understanding their health benefits, and developing processes to evaluate specific practices. However, incorporating spirituality into biomedical health systems must be approached with care to avoid potential distortions in both.

## Key challenges

Biomedical knowledge systems rely on specific processes of knowledge acquisition and validation (Payne, 2021). While an argument has been made for how spiritual practices benefit health and healthcare systems, practitioners may be reluctant to integrate without empirical evidence adhering to biomedical validation frameworks (for example, case-control studies).

Subjecting spiritual practices to biomedical validation may recognise only certain aspects of these traditions while disregarding practices, cultures, and traditions that have not undergone such evaluation. In addition, the validation of only one aspect, such as visual art within a ritual, risks missing the full context, which might be essential for its benefits or even reveal potential harm.

The adoption of spiritual practices by health practitioners without experience in the respective spiritual traditions risks cultural appropriation, commercialisation, and misuse.

Personal spiritual beliefs of healthcare professionals can influence patient care, necessitating a considered strategy for the inclusion of spirituality in health systems.

Specific dogmas or rigid beliefs within religious, spiritual, or health systems may alienate certain groups, affecting access to care.

## Dialogical approaches to integrating spirituality in healthcare

While spiritual practices have the potential to support health, integration or inclusion of these at a systems level require critical evaluation of the opportunities and challenges involved. The first step necessitates open, respectful, and critical discussion with various stakeholders. A potential methodology for these discussions is dialogical multiplication, which allows for multiple perspectives, embraces complexity, and is iterative and generative (Guimarães, 2019). Within a health system, dialogical multiplication provides a framework for embracing plural definitions of health, encouraging diverse perspectives in a conducive space, and respecting differences while working towards a shared vision (Ranchod &

Guimarães, 2021). Outcomes from this process could include determining the next steps, such as developing a framework, curriculum, and pilot projects.

## Conclusion

An improved understanding of the role of spirituality in health seems necessary as we work towards enhanced health outcomes and health equity. Scientific research utilised in a complementary, sensitive, and critical manner can potentially assist with this process. A dialogical approach with relevant stakeholders is suggested as a potential first step, with subsequent steps being determined during this process. While integration and inclusion are encouraged, there is potential for harm or distortions of specific practices within both knowledge systems. Care is required to ensure the integrity of both spiritual and biomedical systems.

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# Drawing on a Spiritual Connection: Reflections of an Art Therapist working with Dementia Patients in and around Johannesburg

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## Bio

Alisa Ray lives and works in Johannesburg, South Africa. She has been working in the community arts sector since 2005, trained as a community art counsellor in 2011 and graduated with the first cohort of master's art therapy students to be trained at a South African university (University of Johannesburg) in 2023.

## Abstract

Dementia is classified within Western biomedical frameworks as various neurocognitive disorders and presents complex challenges beyond physical symptoms, particularly in South Africa, where cultural interpretations and socio-economic factors influence care. This article is not a research article. It offers personal reflections on integrating African spiritual perspectives with Western medical approaches to dementia care. I did not feel comfortable explaining my belief in the sacredness of this work within secular university training. As a newly registered art therapist who has turned a student placement site into work at frail care centres in and around Johannesburg, I reflect on my approach to dementia care. I give context to my abiding African spiritual principles, although I am of German descent and give context to the notion of abstract art relating to the spiritual. I relate how my personal practice of engaging in intuitive abstract artmaking can foster a connection to an inner sacred space for both therapist and participants, enhancing well-being and offering a non-verbal mode of engagement. I explain how

my Higher Power and the 12-step programme at an addiction recovery centre have influenced me to embrace diverse knowledge systems and the intangible aspects of healing, such as ancestral connections and spiritual agency. Vignettes are described of my engagement with dementia patients through weekly group art therapy sessions, where music is also included. The reflection concludes my experience that a holistic, integrative model of dementia care can support the dignity and personhood of patients while also addressing the emotional and spiritual needs of caregivers.

**Keywords:** 12 steps, abstract art and spirituality, African notions of personhood, art therapy, dementia, holistic approach, intuitive relating, sacred work

## Preface

This article is a reflective piece on my work with dementia patients. The article incorporates my personal observations. This is not a case study, and no empirical or literary research was conducted and is not provided. I relate my understanding of creating abstract pieces of art as a way of engaging with the complexity of dementia as it presents in my weekly group art therapy sessions in frail care settings. Although I am well aware of the academic conventions of a case study, this piece is a personal reflection on the possibility of integrating an understanding of African spirituality into the work of a South African art therapist working with patients with dementia.

## Introduction

Dementia or neurocognitive disorders are defined in Western biomedical models as diseases of the brain. There is no cure, although medication is used to manage the condition. In sub-Saharan Africa, there have been reports of dementia-associated symptoms and behaviours being attributed to witchcraft, and resulting in people not receiving adequate medical care (Adebisi & Salawu, 2023). There have also been reports of women with dementia being accused of being witches, sometimes with grave consequences (Subuwa, 2023). Care for dementia patients often falls on the family, and few people can afford the costs of frail care. There is an urgent need for education about the disease of dementia and socio-economic support for dementia patients in South Africa. It is important to acknowledge that although I include reports of people linking dementia with witchcraft, I

do so to highlight the complex landscape associated with dementia care and awareness. I do not, however, engage with the link in this reflective piece, nor do I engage with the historical, cultural, sociopolitical or psycho-spiritual reasons that might play a role in these situations or associated perspectives.

This reflection embraces the African concept of personhood in which a person's spirit is considered to be connected to the spiritual realm of ancestors and an integral part of their healing. I reflect on connecting to my Higher Power in my work as an art therapist in frail care centres in and around Johannesburg. I give context to my understanding of Indigenous African healing practices. My approach includes intuitively creating abstract art as a parallel process in intuitively engaging with dementia patients. My understanding is that worldwide, abstract art has associations with spirituality. I show how a spiritual approach to my art therapy work promotes my well-being, as well as the well-being of the participants in my group art therapy sessions. I responded to the call of this special issue by the *South African Journal of Arts Therapies* to remedy my lack of confidence in expressing the sacredness of this work in my recent secular university training. I call for a holistic approach and embrace diverse knowledge systems in treating a person's physical, emotional, and spiritual well-being.

## Neurocognitive disorders

A large body of literature identifies various dementias, or neurocognitive disorders, under the Western biomedical model. In the article 'The Seven Selves of Dementia', Bomilcar et al. (2021) explain our bias in viewing persons with dementia as just diseased and not attempting to understand the complexity of their experience. In the *Diagnostic and Statistical Manual of Mental Disorders* (DSM V), there is a move away from the term "dementia", which has connotations of demented and mad, to the term "neurocognitive disorders" (Simpson, 2014). Western medicine plays a role in treating dementia, but there is no cure.

Dealing with dementia in a loved one is challenging physically, emotionally, and spiritually. It constitutes a loss for family members that can go unrecognised and contribute to a sense of disenfranchised grief (Wasow, 1985). In South Africa, the burden of caring for a dementia patient is often borne by family members in the home setting (Mahomed & Pretorius, 2022). Costs of institutional care are high, with concerns of overmedication, physical

neglect, and damaging bureaucratic institutional practices in traditional Western nursing homes (Ulsperger & Knotterus, 2008). Then, there are disturbing reports of women, particularly in rural sub-Saharan areas, who have been branded witches because of their dementia, some of whom have been subsequently murdered (Subuwa, 2023).

It would be too simplistic to pit Western medical models against African notions of spiritual malignment in relation to dementia. I believe in a holistic approach combining various knowledge systems to treat illness. This article acknowledges the complexities at play but focuses on my personal reflections on working with dementia patients in urban Western medical care home settings in South Africa. My approach to my work is inspired by African notions of personhood that encompass spiritual, communal, and personal agency (Edwards, 2011; Kpanake, 2018).

I remember using art in the form of drawing, painting, and sculpting to make sense of my inner world and connect to the external world since the age of three. I define this connecting with one's core inner self as sacred work. The process of my own artmaking is deeply intuitive. I feel it is the thread that has held me for fifty years. I have recently qualified as a registered art therapist. With some disappointment, I completed my degree without feeling confident enough to express what I see as the sacredness of this work. I draw on African notions of spirituality that allow for an understanding of the human condition beyond the Western medical model. In this paper, I describe my deeply personal experience, hoping that this resonates with the experiences of other art therapists working in similar spaces.

## African and Western perspectives on healing

When I discovered there would be a special edition with the theme of psycho-spiritual practices in arts therapies in Africa and the Global South, I wondered if I would qualify as a writer. I had doubts because my heritage is German, and although I do not like to promote apartheid-based race classification groups, I am a white South African. I was drawn to contribute to this issue as practitioners were invited to "demonstrate how they work with the whole person, acknowledging the African perspective that includes the intangible, immaterial, and irrational" (UJ, 2024). I immediately recognised these themes in my work, which should become evident in this paper.

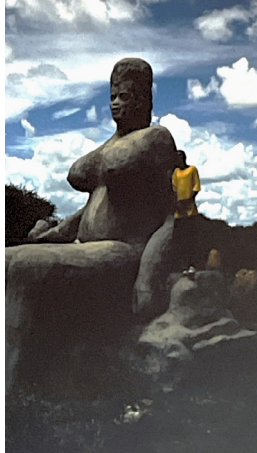
My interest in the African worldview was seen in my choice to study African and Asian art history and archaeology for my first degree. I undertook this study between 1994 and 1997 at the School of African and Oriental Studies in London. The final independent study project I wrote for this degree centred on Credo Mutwa, a renowned Zulu sangoma and spiritual leader in South Africa. The focus was on Mutwa's art. I arranged an in-person interview with Mutwa, who was 75 years old at the time and was considered a high Sanusi (uplifter) of the Zulu nation, as well as being acknowledged as an author, poet, linguist, historian, prophet, conservationist, artist, and blacksmith.

In order to have access to Mutwa for the interview and given that I was a young student on a shoestring budget, I was kindly offered accommodation in a hut within the burnt-out remains of Credo Mutwa's cultural village at Lotlamoreng Dam. The village had been burnt and nearly destroyed during the tumultuous ending of apartheid but still accommodated a group of Indigenous artists who welcomed me generously. I spent a few days living in this fascinating village that Mutwa said he created to record and express indigenous African beliefs and to train sangomas (traditional healers).

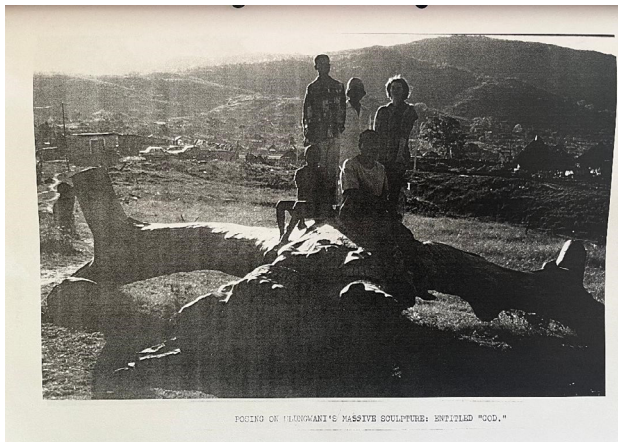
Although fascinating, further details of the cultural village are beyond the scope of this article. What is significant is how Indigenous knowledge and communion with the natural world, as well as the belief in the interconnectedness of all things, were expressed in Mutwa's artworks. In addition, Mutwa explained that healing was grounded in a holistic approach, which meant that rocks, plants, and animals could be used to facilitate a spiritual connection to Mother Earth. Figure 1 shows Mutwa's concrete sculpture *Great Earth Mother*.

At the same time, I took the opportunity to visit the artist Jackson Hlungwane in December 1996. Jackson Hlungwane was a Zionist prophet. The Zionist Church of South Africa believes in both Western Christianity and traditional spiritual beliefs of healing, prophesying, and ancestors. This visit resulted in a paper titled 'The relevance of Jackson Hlungwane, a Zionist prophet, in the Philosophy in Africa discourse' and was used as a case study. My argument, which was not well received by the examiner, was that artwork could express philosophical notions of the world. Through engaging with Hlungwane, I realised that writing, a prerequisite to philosophical discourse in the West, excludes African philosophies and thus perpetuates a Western

bias. Hlungwane explained that the spirit of the wood and angels guided him in creating his sculptures. Figure 2 shows a photo of myself and Indigenous artists standing on top of a massive carved wooden sculpture of Hlungwane's – titled *God* – overlooking the landscape of his rural village. Both Mutwa and Hlungwane alerted me to the notion that healing encompasses spirit.



**Figure 1:** Credo Mutwa's *Great Earth Mother*, Lotlamoreng Dam (1996)  
(slide in author's collection)



**Figure 2:** Jackson Hlungwane's *God*, wooden carving, Mbokote Village (1996)  
(photocopy in author's collection)

Growing up in South Africa and working as a community arts facilitator with diverse communities across Johannesburg for so many years gave me access to African perspectives on spirituality. Although my family members were not religious, I had an instinctive connection to both living and deceased family members, which has given me a sense of belonging and comfort in the world. In high school, I drew my German family and ancestors seated around a table celebrating a traditional Christmas. Amongst my family, I drew a figure wearing an African mask, a spirit who had joined my ancestors at the table. Given such memories and experiences, it is evident that African ideas of spirituality have permeated my being.

While drafting this article, I found myself facing my own mortality in the form of a health crisis. For treatment, I turned to Western medicine. The experience was a reminder that the Western approach separates mind, body, and spirit (Orr, 2015). I am grateful to have a doctor who can treat my physical symptoms, but no space is provided in this setting to acknowledge my whole being.

I thought I would relinquish writing this article given my health crisis, but instead, I felt inspired to continue, the crux of inspiration coming from the day of my surgery. Pre-surgery, I sat with a teenager in our doctor's rooms and noticed that she shook with anxiety. I pulled out a notebook and pen and invited her to co-doodle with me. Putting marks onto the paper and adding to each other's drawings calmed us both. There was a sense of two beings facing earthly trials and connecting in spirit through the act of a simple drawing. The absence of this kind of human connection in the surgical space struck me.

While waiting for surgery, I read the article 'A deeper perspective on Alzheimer's and other dementias: practical tools with spiritual insights', in which Megan Carnarius (2015, p. 9) describes an altered experience while working in a dementia ward:

"[There was] silver cordlike light emanating from each person's torso towards the ceiling, which also somehow wasn't there. The patients who felt the least connected to Earth, who had the frailest bodies, or who had minds that were not connected to the here and now had the strongest most vibrant lights flowing to the heavens".



Carnarius (2015) further describes angels, or ancestors, surrounding and helping people with dementia on their journey beyond life. It was helpful to read Carnarius's (2015) experiences as they resonated with mine.

I worked with dementia patients in my student placement and then secured employment facilitating group art sessions at five assisted living homes. My interactions with dementia patients have strengthened my belief in the human spirit beyond body and mind. It is the kind of work that is difficult to explain using a Western scientific approach. Arts therapies that connect with people beyond words seem ideally suited to this population group.

## Abstract art and spirituality

I have been fascinated with creating abstract art for many years. Abstract art is a process of creating visual artwork that may come from an internal space instead of an external one. I have often wondered whether abstract art results from the internal processing of external stimuli or a mysterious manifestation of a connection with parts of ourselves that are beyond our conscious awareness and rational thinking. Globally, there are many writings about abstract art and spirituality (Farrelly-Hansen, 2001; Anachkova, 2017; Zheng, 2023). Locally, the abstract artist Samson Mnisi, an old friend, comes to mind. Mnisi tragically died a day after the opening of his exhibition titled *Man of the Hour* (2022). Mnisi was seen as having lived in both the physical and spiritual realms with his ancestral connection to sangomas. In the catalogue to his final exhibition, he told the writer Nolan Stevens, "For a long time, I have been removing brain out of my work. For a long time, I thought about stuff, but I'm trying not to think. I'm trying to remove thought from my work" (Mhlomi, 2022).

Mnisi's final exhibition profoundly impacted me; I have always loved his work and felt drawn to its abstraction. His sudden death transformed his final exhibition into a memorial space. *Impepho* (African sage) was burned in the venue, signalling to attendees that ancestors had been called forth, infusing the gallery with spirit. Mnisi's *Man of the Hour* exhibition gave credence to my feelings about abstract art connecting to a realm beyond the physical.



**Figure 3:** Opening of Samson Mnisi's solo exhibition *Man of the Hour*, Rosebank, 6 October 2022 (photograph by author)

## Abstract art as my own spiritual practice

My own regular artmaking most often takes the form of abstraction (see Figures 4 and 5). For the past few years, I have been creating art in a circle (see Figure 5). I never know what will emerge with this process. I respond intuitively to the first mark made. An internal process ensues until the

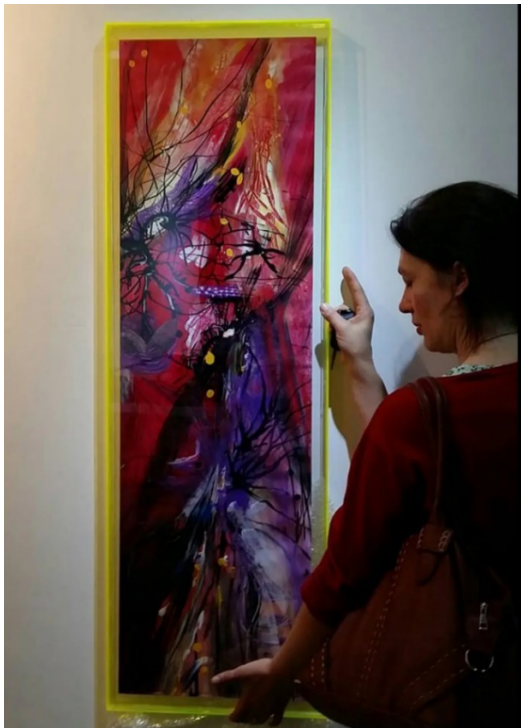
artwork feels complete. I am aware that many people do not understand what I am doing, as it neither captures an aspect of external reality nor do I adequately explain the meaning of the image in language. Some people like to see forms in the work and are happy to say they see a bird, mountain, or landscape. It is seldom that I resonate with their observations. Without explaining my work and giving it meaning in language, my abstract art can be seen as a solitary pursuit. I return to this form of artmaking week after week because I find it deeply satisfying to connect to an innermost sacred space that I feel is beyond the realm of language.

## **Abstract art as an approach to dementia work**

The process of creating abstract art pieces resonates with my art therapy approach to dementia patients. When I enter a session, I assume there are no tangible external realities with which people engage. I keep in mind that each individual inhabits an unknown and perhaps unknowable space. I create a repeatable structure to encase the setting using familiar tablecloths and art supplies, and sometimes I create a theme. My sessions are an hour long and occur at the same time and place weekly. Caregivers are often present and included as a vital component of the session. Although I am an art therapist, I also include music in almost every session. Music has elicited an overwhelmingly positive response from the participants. I acknowledge that music therapy is its own distinct discipline within the arts therapies. I also acknowledge that art therapists often use elements from the other arts modalities alongside their chosen discipline. It is with interest that I attend peer supervision groups with arts therapists from other modalities. A scheduled teatime enhances the overall experience of the session. Routine is important in the care of dementia patients, as a matron often tells me. The routine becomes the holding container of the unknowable, in the same way that the circle form contains my own abstract creations.

My interactions with individuals in this space are often entirely intuitive. The 'intangible, immaterial and irrational' describe my engagements in this space. I am aware that my familiar tablecloths may not be familiar to the participants, nor may I or the art materials be familiar. However, the act of making art by severe dementia patients can appear to be an important expression of an internal reality that is often intangible and does not translate into language. I choose to recognise their creations as something

sacred. I know that certain pieces of music connect with specific individuals. I do not necessarily think it an accomplishment for me to remember certain songs that will get a response from a certain individual, nor do I think that the sudden engagement with an art material signals some breakthrough connection. Rather, any notable interactions are mysterious. I have no rational idea of what is happening inside a dementia person's reality and remind myself there is a spirit there that must be respected. This connection of spirit felt in my innermost being is similar to the experience of intuitively creating abstract pieces of art. For me, there is a sense of connection to sacredness.



**Figure 4:** Abstract artwork by author, 2014 (photograph by James de Villiers)



**Figure 5:** Abstract art in a circle by author, 2024 (photograph by author)

My own practice of respecting and connecting to the sacred in dementia patients is rooted in my work at an addiction recovery centre for over a decade. This centre based its recovery treatment on the spiritual 12-step programme (Alcoholics Anonymous, 1952), and my exposure to this programme has led me to imbibe some of its spiritual principles. The 12-step programme allows for a personal understanding of a Higher Power. My Higher Power easily encompasses my understanding of African perspectives of personhood and embraces the notion of the sacred to which I referred. Approaching dementia patients with a sense of respect and connecting on a spiritual level is not something that is covered in the training of art therapy students enrolled in traditional secular universities. I have experienced how the 'intangible, immaterial, and irrational' nature of this work requires me to draw on my spiritual connection to a Higher Power.

The 12 steps are underpinned by the principle that hope is a powerful recovery tool, and the development of hope is encouraged during the programme through spiritual engagement. In the same way, I believe that it is important to keep hope alive in dementia work. Hope is said to translate into faith and trust. Carnarius (2015, p. 31) writes, "Some ancient traditions believe that when our physical being is not able to function in a normal way, we are knocked out of commission on an earthly level so that the spirit

can fully engage in some deeper work. Afforded the space and time to do it, this can be a fruitful time for the spirit". I love this spiritual approach to dementia. It has led to a deep curiosity in each person I come across as I imagine their souls doing sacred work. I understand some of the medical reasons and the physical brain changes that are measurable and can be recorded by instruments of science to explain certain behaviours. However, I think it would be detrimental to my work as an art therapist to fixate on physical symptoms, which can have the impact of seeing a person as less than they used to be. Approaching my work from a spiritual perspective keeps me engaged, intrigued, and inspired.

## Vignettes of art therapy work with dementia patients

Art therapy activities in Western-style care facilities have been shown to reduce anxiety in residents (Peisah et al., 2011). Pesiah et al. (2011) also discuss the use of felt pieces during art therapy, as they are easy to handle and soft to the touch. I also relate to using templates that are mentioned and that anchor an activity. In addition, Pesiah et al. (2011) note that art is meaningful even if there is no representation of reality. However, they do not mention abstract art expressing the spiritual.

Figure 6 shows a group art therapy activity I facilitated at a residential frail care facility. This weekly group comprises six to 12 residents. Some of the participants are non-verbal and have severe dementia. Other participants have mild dementia but are frail. I have been running this art therapy group for approximately 30 weeks. There has been a noticeable change in the engagement of participants from the start of these sessions. The initial sessions were marked by non-engagement and hostility, but I was conscious that I should not place any pressure on participants. Music was played in the background. The tea lady was welcomed into the session, and family members were also invited to join. The primary aim was to create an "empathising assemblage" as explained by the music therapist Andeline dos Santos (2023), facilitating a comfortable environment where an individual's needs are taken into consideration, with everyone contributing to the atmosphere of the space. In the case of dementia patients, there is an intangible sense of people's spirits communing in the space. I regard our group art therapy endeavour as sacred.



**Figure 6:** Felt art, frail care centre in Johannesburg, 2024  
(photograph by author)

Artworks created from felt pieces on felt boards can be entirely abstract or represent a narrative. I verbalise that there is no right or wrong way of creating. Felt pieces can be added and removed at will. I also elevated the art into an adult activity by showing Henri Matisse sitting in his wheelchair surrounded by coloured pieces of cut-out paper. I explained that our activity was inspired by this famous French artist and noted that he was also in a wheelchair. The level of engagement and joy of the participants is palpable. I attribute this change in attitude to an approach of allowing a participant to have agency over whether they want to create or not. There is often a non-verbal engagement that happens from handling the felt pieces. Some pieces are accepted, and others are rejected. Complimenting the creative work also brings joy to the participant. I imagine that an inner world has had a chance to be externalised. Being comfortable with my own abstract artmaking and knowing the pleasure and sacredness of my own practice allows for easy facilitation of this process for others.

I attend to multiple needs in this group space, as the following example shows. In one session, I bring in cat templates and a stuffed toy cat for visual inspiration. The stuffed toy cat becomes a cuddling toy or doll for one severe dementia patient. Doll therapy is a well-known intervention with

psychoanalytic underpinnings that is seen to meet the attachment needs of severe dementia patients (Angus & Bisiani, 2012.) The severe dementia patient cradles the toy cat, and at the same time, we interact by arranging green and red koki pens into rows. I regard the arrangement of the pens as her creativity for the day. This intuitive relation to the patient allows for a comfortable space of expression, and my response to it is of importance here. I do not force the person to colour in the cat template as a set art therapy activity. I acknowledge the attachment needs as expressed by the cuddling of the toy cat and allow the natural unfolding of events, and by doing this, I honour the spirit of the person.

In the same session, I hear of the death of one of our regular participants. Most of the participants appear unaffected by this death or have no recollection of it. Only one friend appears to be affected, and I offer a space for her grief to be heard. This uncanny experience is typical of working with dementia patients. I hold this grief and simultaneously engage with another non-verbal participant colouring her cat template in a sequence of colour stripes. Another gentle lady with severe arthritis quietly asks my help to open koki pens for her. Her sight is failing, and our approach to her work needs to be sensitive. She responds to my consideration of her ailments.

At other times, in various frail care centres, I have conversations that comprise word salads or the absurd. I have been a beloved sister, a castigated daughter, a dear mother, and a despised object. I have tried to fathom how numbers relate to quiet or hostility and have noted that my paper has been seen as food rations from the 1940s. I have watched artworks become bibs and magazine pictures become lunch. I embrace the surrealist nature of the work, feeling like I am inhabiting a living Salvador Dali artwork.





**Figure 7:** Drawing to music, frail care centre, 2024 (photograph by author)



**Figure 8:** Free drawing, frail care centre, 2024 (photograph by author)

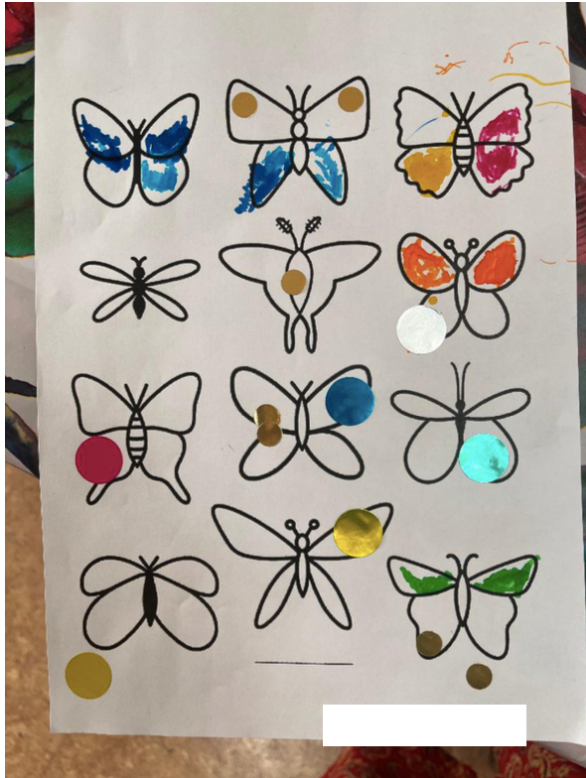
Figures 7 and 8 show art therapy work in a severe dementia ward. I have noticed that placing a sticker or a post-it note (see Figure 8), or having a template as a base (see Figure 7) seems to encourage participants to engage more spontaneously in mark-making. The notion of an embodied self remains in the late stages of dementia, expressed through eye gaze, facial expressions, and movements (Bomilcar et al., 2021). This embodiment is noticeable in non-verbal communication expressed in my own sessions, which happen effortlessly and intuitively, and perhaps the joy I experience in this space is my smiles in response to the many smiles directed my way. The authors Bomilcar et al. (2021) maintain that the embodied self is also responsible for creativity and artmaking and they provide accounts of people being able to draw in the late stages of dementia. Perhaps through this embodiment, recognition of spirit is more tangible?

I prefer not to rely on the output of art production to evaluate a session's efficacy. Art therapy recognises that the process and the relationship

between the art therapist and the patient should be considered the most important part of evaluation. However, using music as a tool is most helpful in the severe dementia ward. Interestingly, different frail care centres have organically built distinctive playlists on my Spotify account. The severe dementia ward leans towards spiritual songs, and variations of the song *Hallelujah* inspire prolific free drawing. The expressions on the faces of this group suggest that of an otherworldly rapture.



**Figure 9:** Watercolour painting of a fish, frail care centre, 2024  
(photograph by author)



**Figure 10:** Butterfly art with stickers, frail care centre, 2024  
(photograph by author)

Figure 9 shows a beautifully painted watercolour fish by an elderly male participant, J, who uses a wheelchair. He has extremely limited verbal interactions with the people around him. His carers consider him unable to participate in most worldly duties. His hands are unsteady, yet his gaze speaks volumes. On the day with fish templates as a theme, I brought in five templates from which participants could choose. J's carer took the brush from me and, shaking her head, said J could not do anything. I looked into J's eyes and saw a bright flicker of defiance. I handed J a brush, arranged his palette and water container within reach of his hands, and clipped the fish template onto a clipboard. I urged the carer to let J paint and said I knew he could. J went on to paint this beautiful fish entirely independently. I stopped

myself from imagining that my encouragement had something to do with J's defiance or artmaking. I realise that, for dementia patients, engagement with materials and connection to the external world is a mysterious and random occurrence. J's fish reminds me that we should never underestimate the capabilities or responses of people with dementia. Pictures of the fish were sent to family members, and the piece came to symbolise the success of the art therapy sessions at this frail care centre.

Figure 10 is an artwork co-created by myself and Lady M, an elderly lady. Lady M has severe arthritis and is also struggling with her eyesight. Lady M chose this butterfly template from several others. Lady M can talk with effort and is almost inaudible. I appreciate my quiet moments with her when she tells me what she wants, and I can respond. This butterfly artwork was created with much help, such as opening kokis and handing her specific colours. The stickers were too complicated for Lady M to paste on the paper, but she could direct me on where to paste them. She was very pleased with her artwork. The interaction between the two of us during the creation of this artwork had a similar quality to my interaction with the teenager in the doctor's rooms before surgery. Externalising and responding to visual marks, drawings, and symbols in the presence of another person has a calming, regulating effect. I consider this interaction to be a recognition of the spirit of the other person.

## A note on care workers

I observe the intimate interaction between the care workers and the dementia patients in my groups. I am aware that my presence as an art therapist is fleeting. The care workers are in the majority Black women, caring for, in the majority, White people. The intimacy of their interactions appears to cut through any racial or cultural difference. There is a maternal love that is palpable as dementia patients require similar care that an infant requires: feeding, washing, and constant attention to safety.

This work is demanding, and at times, it is the care worker who finds relief in colouring the templates I bring to the sessions. At other times, my presence allows for a care worker to have a tea break. The music I play in the sessions reflects the music that the dementia patients are familiar with from their youth and to which the care workers relate. I often include the care worker's song choices, and the singing and dancing in response to the

music lifts everyone's mood. Perhaps in the care workers' music choices, I am most strongly reminded of the African perspective of spirit, ancestors, and family. I notice the reverence the care workers have for the age of their patients. I hear the names of the patients' family members that they speak and remember for the patients in their care. Africa is everywhere in these Western-style assisted living homes.

## Conclusion

In sub-Saharan Africa, there is great concern that in some communities, dementia is not being recognised as a neurocognitive decline but is an indication of witchcraft. In the article 'World Alzheimer's Day: Why being diagnosed with dementia may be a death sentence in South Africa', Yoliswa Subuwa (2023) notes that the Department of Social Development has recommitted itself to providing support, care, and services to people with Alzheimer's and other dementias. There is an ongoing need to educate South Africans on the Western aspects of dementia definition and address socio-economic issues that prevent access to effective care. There is also an important need to understand and include African psycho-spiritual perspectives and indigenous healing approaches and practices in treating dementia. The author's perspective is that both Western and African healing approaches should be embraced in the context of dementia care.

This article has narrowly focused on my spiritual approach to conducting art therapy sessions with dementia patients in nursing homes. My experience working with the 12-step spiritual programme in an addiction recovery centre is significant. My personal understanding of a Higher Power easily includes African notions of personhood and spirituality and a recognition of the sacred. The art therapy sessions have been shown to give dementia patients an outlet for expression beyond language and to create an atmosphere of calm and well-being. Group engagement and creative interaction is life-enhancing. I would like to advocate for a holistic approach to dealing with dementia that embraces knowledge from Indigenous, Western and African sources in treating the whole person. I have embraced connecting with spirit when engaging with dementia patients. The Indigenous African approach to healing (Edwards, 2011; Kpanake, 2018) has encouraged my confidence in expressing this spiritual approach. I also wish to acknowledge the fluidity

of ideas that can occur in spaces of intercultural interaction in the frail care centres in which I work (Tokpah & Middleton, 2013).

I have drawn on my understanding of abstract art as it relates to an intuitive connection to one's inner self. I have alluded to the circle boundary as the cohesive element of my own artmaking and the mundane physical structures of the art sessions that contain the unknowable realities of the participants. I would like to remain open to all possibilities that relate to dementia care on a physical, emotional, and spiritual level. I return to Mutwa as inspiration for an intuitive recognition of the interrelatedness of all things that many Indigenous cultures have long embraced. The sense of connecting on a sacred level to dementia patients is important to me in informing my art therapy approach and contributes to my well-being, and I believe the well-being of the participants. I hope my personal reflections will be useful to other art therapists working in these spaces.

## Acknowledgements

This article is dedicated to the memory of Professor Stefan Weiss, lead researcher on Alzheimer's disease. I think of you, Stefan, riding on your Harley-Davidson into the sunset of Clifton Beach, where you are forever young and free.

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# An Analytical Review of Kim Berman's Art Therapy Training in South Africa: Pedagogical Strategies for Social Action During and Beyond the COVID-19 Pandemic

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## Bio

Saxon Kinnear is a registered art therapist living and working in Cape Town, South Africa. Along with the original master's cohort from the University of Johannesburg, she graduated in 2023/24. Before completing her master's, Kinnear received an Honours in Psychology degree and a Postgraduate Certificate in Education. Her special research interests are the relationship between artmaking, art therapy and resilience. She is currently working with older persons living with dementia.

## Abstract

Recent interest amongst local and international art therapists in the expediency of art therapy in the advancement of social justice has grown. This paper critically reviews Kim Berman's most recent chapter in the Routledge *Handbook of Arts and Global Development*, published in August 2024. The paper summarises Berman's pedagogical philosophies of social action within the context of the University of Johannesburg's pioneering Art Therapy programme, which coincided with the COVID-19 pandemic. Moreover, it offers insights into Berman's selected methodology and the findings. The paper seeks to provide an overview of Berman's work, emphasising her contribution to the pedagogy of art therapy and social justice. Limitations are briefly discussed, and suggestions for future investigation are offered.

**Keywords:** Art therapy training, chapter review, COVID-19 pandemic, social justice, social action, South Africa, pedagogy

## Disclaimer

It is important to note that I was a student of Kim Berman's and graduated alongside the first masters' cohort in 2023/24. As a former student and supervisee of Berman's, I acknowledge the inherent bias from which I may have written this review.

## Introduction

I first encountered the term '*social justice*' during one of our initial Art Therapy honours programme lectures. Our lecturer, occupying one small rectangular box displayed on our computer screens, was calling out terms to which we were creating quick visual responses. Upon calling out '*social justice*', I fumbled to find a symbol or visual representation of what was a completely abstract term for me at the time. I recall drawing two black lines, equal in length, one above the other: the mathematical symbol for 'equal to'. Derived by Luigi Taparelli in the 1840s, the term '*social justice*' encompasses notions of challenging oppression, injustice, and inequality (Woollett & Berman, 2024, p. 15). Four years have passed since I drew those two lines, and my understanding of social justice has shifted somewhat; however, the principle of equality remains very much at the forefront of that understanding.

## Chapter overview

Berman's (2024) most recent publication, '*Art therapy training in South Africa: Pedagogical strategies for social action during and beyond the COVID-19 pandemic*', offers rare insight into the challenges and successes of the innovative art therapy training programme that began at the University of Johannesburg (UJ) in February 2020. The programme was developed within a complex sociocultural context: a post-democratic South Africa, an academic institution newly focused on decolonising its curricula, and a worldwide pandemic. Within this landscape, Berman crafts three intertwined arguments: Firstly, she positions the Art Therapy programme as a form of social action strategy. Secondly, she contextualises the programme's value through the lens of online learning necessitated by COVID-19. Thirdly, she advocates

for the use of evaluation as a critical means to ensure the programme's success, offering suggestions for current and future consideration in the field. Berman's arguments are substantiated by her choice of methodology: a two-part literature review exploring the intersectionality of art therapy and social justice, as well as teaching and learning in the Global South during and as a result of the worldwide pandemic. Furthermore, she includes reflections from former students who share their experiences of both. Alongside these excerpts, she advocates for the value of social justice evaluation, promoting creative ways to measure change. The overall result is a well-positioned argument for the Art Therapy programme as an embodiment of social justice and substantiated optimism for the future of art therapy in South Africa.

## Literature overview

### *Art therapy and social justice*

To fully grasp the significance of adopting a *social justice* pedagogy of art therapy in South Africa, it is necessary to acknowledge our country's mental healthcare system and its inherent complexities. According to Kleintjes and Schneider (2023, p. 7), our country faces "an epidemic of mental health problems that stem from this history of colonisation and apartheid, compounded by present-day inefficiencies in State responses to addressing the systemic inequalities which continue to undermine the health and wellbeing of the nation". The University of Johannesburg's Art Therapy programme was founded upon its potential to begin remedying these shortfalls, providing "theoretical and professional training to support individuals affected by trauma and crisis" within what is arguably one of the most unequal countries in the world (Berman, 2024, p. 67). Trauma, as a result of, or in addition to, poverty, violence, and disease, is interwoven with our country's fabric and compounded by the extreme disproportion of wealth and access to healthcare services (Berman, 2024, p. 67; Kleintjes & Schneider, 2023, p. 7). Berman's reviewed literature "references various authors who support the integration of art therapy and social action research, emphasising the arts' ability to communicate experiences and advocate for 'good change' in the service of social justice" (Berman, 2024, p. 70). Strong proponents of social justice in art therapy, such as Jordan Potash (2011, p. 50), suggest that practitioners "adapt their skills from individual

therapy to social healing". Berman's selected literature affirms the power of arts practices as transformative, drawing the link between art therapy and social action, made possible through the practice of intersectionality and critical consciousness.

### *Pedagogy of discomfort*

In addition to the intersection of social justice and art therapy, Berman locates UJ's Art Therapy programme within a *pedagogy of discomfort* (Boler, 1999), illustrating how the pandemic necessitated a swift adaptation of curricula from in-person to online training (Berman, 2024, p. 72). In the context of the COVID-19 pandemic, the programme leaders were compelled "to consider the importance of creating inclusive learning environments that challenge systemic inequalities" (Berman, 2024, p. 72). Moreover, as a result of the pandemic, subsequent changes were made to the curricula, and the implementation of students' practical training was profoundly affected. Considering the scarcity of local art therapy publications in both fields of literature, it is not surprising that few authors from South Africa have been cited. Three key themes were extrapolated from Berman's chapter and are presented in relation to her argument.

### **Accessing a critically conscious curriculum**

In an effort to employ "a more African-centred approach to curricula" (Berman, 2024, p. 68), UJ's Art Therapy programme advocates for critical consciousness, which extends further than cultural competency. These ideas are shared by Leah Gipson (2015), who proposes similar approaches in art therapy training and practice. According to Gipson (2015, p. 143), "critical consciousness expands the use of art, creating new tools to unmask identity, raise ethical questions, and resist domination", while cultural competency refers to one's "ability to understand, appreciate and interact with people from cultures or belief systems different from one's own" (DeAngelis, 2015, p. 64). Both critical consciousness and cultural competency are concepts integral to the pedagogy of social justice.

The university's transition towards a decolonised curriculum is timely and crucial since, in 2022, it was reported that only 7.3% of South Africans are white (RSA, n.d.). Considering these statistics alongside the complexities of our mental healthcare system, it is pertinent that UJ's Art Therapy curriculum

is suitable and appropriate for those who train and even more so for those with whom they work. An African-centred approach to curriculum that values cultural competency, sensitivity, and responsiveness is crucial in considering the diversity of people and mental health care needs in our communities. Gipson's (2015) argument further suggests that a social justice approach to art therapy "requires a more complex engagement with social issues than an introduction to new terminology and recognition of privilege" (Gipson, 2015, p. 142).

It is not enough for us to evaluate language and acknowledge our privilege and power in the context of inequality; we need to formulate, implement, and continuously evaluate the Art Therapy curriculum and practice, interrogating power dynamics and racial inequalities, many of which are rooted in our country's history (Berman, 2024, p. 69; Kleintjes & Schneider, 2023, p. 7). Encouraging students to operate from an intersectional framework, which allows for deeper understanding and strengthened relationships, is another important consideration (Berman, 2024, p. 71). This is made possible when educators provide opportunities for growth and critical consciousness among students in learning spaces that feel safe enough to do so; the exercise cited in the introduction above illustrates one such example. To constitute a social justice pedagogy, Berman (2024, p. 67) asserts the need for "a new curriculum that critically examines and challenges the inherent power dynamics and inequalities stemming from a history of colonialism and apartheid". *'Critical consciousness'* is described as "the ability to recognise and analyse systems of inequality and the commitment to take action against these systems" (El-Amin et al., 2017, sp).

*Critical consciousness* constitutes the backbone of the Art Therapy programme and is a priority among many of the academics responsible for bringing it into being. The expectation is that students engage in critical consciousness "as well as exercise the importance of dialogue, reflection, and action, promoting self-reflection and agency in the classroom" (Berman, 2024, p. 72). Berman's invitation for me to review her chapter is another example of developing critical consciousness in the academic context. As Art Therapy programme students, our training called for a responsibility to not just think, but to think critically; not just reflect, but to do so reflexively. Having educators who modelled these behaviours allowed us the opportunity to internalise these ways of being and take them into our personal and professional lives thereafter.

## Training during the COVID-19 pandemic

### *From in-person to online*

Prior to 2020, no academic institutions were offering formal art therapy training anywhere in Africa. The mountainous feat of constructing and executing a new curriculum was compounded by the complex needs and history of South Africa's mental healthcare and education systems, as well as, more recently, the pandemic. Although destructive and deeply traumatic for many, the COVID-19 pandemic served as an impetus for disrupting the way we do things, especially in academia (Berman, 2024, p. 72). In the Art Therapy programme context, this disruption offered undeniably powerful opportunities for a shift in how we understand and support the most vulnerable in our communities. Within weeks of beginning the ground-breaking programme in person, UJ was forced to transition to online teaching. According to Berman (2024, p. 72), the "lockdown amplified despair and deprivation. Understanding despair and deprivation catapulted the art therapy programme into being socially responsive". Consequently, the content and educational platform were altered in response to the pandemic and its associated challenges. Moments of despondence provided the perfect opportunity for the programme to pivot, and just as the programme had become virtual, "virtual connections became lifelines for at-risk communities" (Berman, 2024, p. 68).

### *Virtual community projects*

These connections took the form of community programmes across three sites, whereby students offered therapeutic artmaking interventions in both novel and digital ways. What would have been in-person services offered at student placement sites were transformed into instructional booklets, video recordings, artmaking directives, and mental health care support made available through online interventions distributed using technological devices (Berman, 2024, p. 73). The result was invaluable training experience for the students and much-needed support for under-resourced communities that felt the socioeconomic effects of the pandemic most profoundly (Berman, 2024, pp. 73-74). The student voices shared in Berman's (2024, p. 69) chapter testify to these valuable learning experiences and "shed light on

the strategies, challenges, and successes they encountered while adapting art therapy practices online". The outcome was that students learned the value of "social responsiveness, active citizenship, ethical behaviour, compassion, and a sense of belonging" (Berman, 2024, p. 74). In summation, these experiences led to profound learning and growth among the students, validating "how disruption and uncertainty can be powerful pedagogical tools for social action" (Berman, 2024, p. 74).

## Agents of change

### *In community*

Despite internationally recognised progressive policy and legislation, access to mental healthcare services is limited, with an estimated 75% of South Africans not receiving treatment for common mental health conditions (Sorsdahl et al., 2023, p. 2-3). Lefika La Phodiso (founded by Hayley Berman) offers grassroots interventions that aid in reducing these exorbitantly high and often overlooked levels of mental distress in our country (Berman, 2024, p. 68). The Art Therapy programme at UJ is founded on similar principles. Recognised advocate for social justice in art therapy, Savneet Talwar (2015, p. 102), proposes that practitioners "use their power and privilege to join with marginalised groups seeking social justice", which is precisely what UJ's partnership with Lefika La Phodiso aims to achieve (Berman, 2024, p. 71). Facilitating mental health care support by trainee art therapists necessitates safe and appropriate places in which to do so.

For students residing in Johannesburg, Lefika La Phodiso offers one such environment in which to learn, grow, and develop practical skills. It is both an advantage and a disadvantage of UJ's programme transitioning from in-person to online that many Art Therapy programme students reside elsewhere in the country and are required to seek out similar community partnerships and placements for themselves. While some students are naturally confident in advocating for their modality, others may feel the weight of having to negotiate a training placement while navigating a new practice more profoundly. Arguably, having the capacity to advocate for oneself is a prerequisite for advocating for others, which is imperative considering that locally trained art therapists seeking job opportunities upon graduation will find very few, if any, job vacancies. Accordingly, additional



community partnerships are required across every province from which students are based if the effects of UJ's programme are to be felt across the country. Doing so will not only establish the programme's social justice pedagogy but also offer much-needed mental healthcare services to those who may otherwise not have access.

### *In curricula*

UJ's Art Therapy programme was created in a collaborative manner, with Berman (2024, p. 68) describing how students "contributed to informing the development of the teaching and learning focus of the course, particularly regarding South African cultural sensitivity and responsiveness". Part of this agenda was an aim to redress the largely "Eurocentric epistemic canon" (Mbembe, 2016, p. 32) that exists in the field of art therapy, among other disciplines. Considering that many formal theories of art therapy are derived from European ontology and epistemology (Kuri, 2017, p. 119), UJ's intention for its training to represent the context in which it is being taught and implemented is crucial. In their joint opening address at the *Art Therapy in the Global South: Training Art Therapists for Social Justice Conference*, senior lecturers Nataly Woollett and Hayley Berman expressed how the training itself is "responsive to the realities of our context and ensures graduates leave their training with ethical, reflexive, and long-term abilities to work meaningfully" (Woollett & Berman, 2024, p. 16). The concern, which Berman briefly refers to in her chapter, is not in the programme's curricula, but in its cost and, therefore, accessibility. Of the 37 students currently enrolled in the Art Therapy honours and master's programmes, 30 are white. Since the programme's inception, only three of 12 graduates have been people of colour. Concerns such as this are referred to by Mbembe (2016, p. 30) as demanding the "democratisation of access", which will only be resolved by increased investment in higher learning institutions from the Government of South Africa (Mbembe, 2016, p. 30). Woollett and Berman (2024, p. 17) refer to difficulties of access as having "enormous ramifications for social transformation in the field". Thus, while Berman's (2024) proposition for a social justice approach to the training, implementation, and evaluation of art therapy is both timely and crucial, realising this approach requires just access to the training programme that advocates for it so keenly.

## Evaluating change

Following the literature review and student reflections, Berman (2024) extends her discussion in relation to evaluation, somewhat detracting from the cogency of the central argument itself. Here, Berman (2024, p. 75) suggests that predominant methods of evaluation “fail to capture the learnings and increased social agency yielded from complex, culturally nuanced processes” and that this necessitates pioneering, adaptive, and multimodal measurements of change as opposed to “conventional evaluation templates”. Minimal examples of real-world implementation are offered or explored, creating a wide gap in this field of research. Berman (2018, p. 88) argues for the integration of evaluation into the design and implementation of the Art Therapy programme, whereby participants are given opportunities to strengthen their shared values. As a proponent of social action research, Berman (2024, p. 70) argues for this approach as one of the most equitable and effective in “a country fraught with violence, despair, and trauma”. Social action necessitates problem-solving, which is often associated with creativity (Berman, 2024, p. 69). Berman (2024, p. 69) extrapolates this link, advocating for creative methods of evaluation that strengthen collaboration in and among academic and community relationships. In her own words, “Artists and art practices model ways of imagining and creating new realities as part of their creative practices, which help generate novel solutions more productively than through a more linear problem-solving approach” (Berman, 2018, p. 69). Reflexivity is an essential safeguard in this respect, with Berman (2024, p. 75) cautioning that when “arts practices are not designed and implemented in respectful ways for vulnerable community participants, they may intensify trauma and undermine transformative potential”. Kuri (2017, p. 120) also encapsulates these sentiments eloquently, expressing the need for practitioners to “make a commitment to ongoing reflexivity, which means working toward a critical awareness of their social location and assumptions with respect to power, privilege, and oppression”.

The arts and artmaking have the profound ability to generate questions and answer them, a duality which Berman (2024, p. 70) suggests should be utilised in navigating the complexities of our context and how we go about improving it. By doing so, she suggests that “arts practices, providing essential energy towards healing and empowerment, can be both a methodology for discovery as well as an evaluative tool” (Berman, 2024, p.

70). Artmaking can facilitate emotional engagement, which has the potential to “enhance empathy and dialogue, which may result in the desired personal, societal, and political changes” (Potash, 2011, p. 52). By adopting these methods in evaluative endeavours, we are more likely to generate insights into the role of the arts and art therapy in pursuing social justice in South Africa, and possibly even the Global South.

Considering the paucity of literature in this particular field, an expansive terrain of research exists for current and future art therapists in South Africa. Alongside her discussion of evaluation, Berman (2024) refers to UJ’s inaugural Art Therapy programme journal publication and conference, both of which serve as significant evaluation measures of the programme’s success. Together, these accomplishments promoted student agency, showcased their unique voices, and fostered a sense of responsibility and critical reflectiveness as it pertains to social justice (Berman, 2024, p. 76). What remains is for us to keep reflecting on how the arts and art therapy intersect with social justice in real-life instances, and moreover, decipher what the most applicable means through which to measure their effectiveness are. Specifically, we need to ensure that Art Therapy trainees will embody these learnings and take them into future work. Thus, Berman’s chapter serves as a powerful catalyst for these queries; yet further clarity and concise direction are needed if we are to achieve the social justice agenda championed in UJ’s Art Therapy curriculum.

## Limitations

Berman (2024, p. 78) acknowledges the limitations of her research with respect to generalisability, sampling, and potential bias. While generalisability is impacted by the unique context of place and time, there is sufficient evidence to support Berman’s key arguments for art therapists in South Africa. The small sample of student voices presented was largely positive, despite Berman’s (2024, p. 69) reference to student “frustrations” regarding online learning, suggesting possible selection bias. Moreover, including the students’ voices through their reflections, as opposed to those of the community project participants, suggests some participation bias. Arguably, a richer and more comprehensive presentation of findings would have included these voices alongside those of the students.

## Conclusion

Berman's chapter offers novel and timely considerations for art therapy training, practice, and evaluation, aligned with a social justice framework within the South African context. Just as research seeks to make meaning of phenomena, so do art therapists in their day-to-day work. As Berman's work illustrates, the value of this depends upon continual re-examination and reflection on our own experiences and those of the people with whom we work. The chapter also serves as a compelling reminder of our responsibility as art therapy students, educators, and practitioners to remain critically conscious of how, with whom, and where we are situated within our fight for social justice.

By offering innovative ways of conceptualising evaluation, Berman simultaneously advocates for creativity and the arts as compelling means to advance and enhance a social justice agenda in art therapy. Arguably, current and future art therapists in South Africa have a responsibility to assist in bridging the ever-widening gap in mental healthcare access. By working collaboratively to close that gap, we may begin to see change on a profound level. Considering that motivation for social justice is often as personal as it is political, the question for future art therapists in South Africa therefore remains: Is being trained within a pedagogy of social justice sufficient to disrupt the status quo? Will future Art Therapy programme graduates continue to implement and exemplify these social justice agendas throughout their personal and professional lives? These answers will likely become evident in the future. Thus, in the uncertain and often anxiety-producing present, perhaps we should, as Berman suggests, place our confidence in the power of creativity and hope—two of the most formidable resources we possess for redressing inequality and injustice.

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