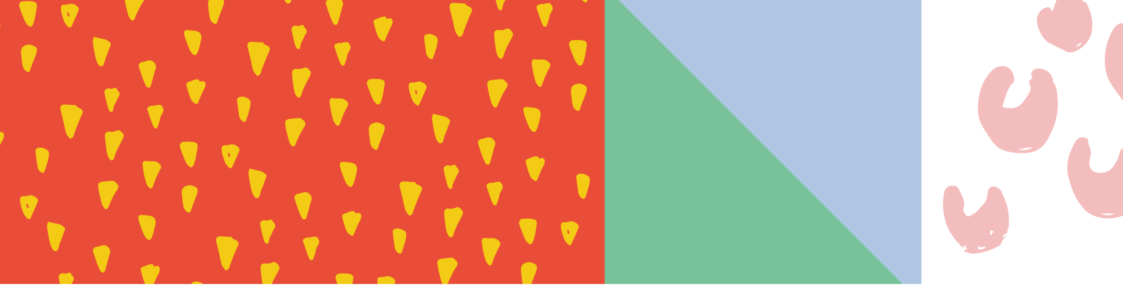

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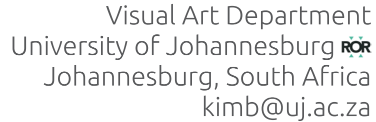
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Introduction by Kim Berman

The purpose of *SAJAT*, as stated in its mission, is to provide a scholarly forum to advance understanding of how art therapy, alongside other arts therapy modalities, contributes to the treatment, education, development, and enrichment of people who engage with it. *SAJAT* aims to be representative of a variety of arts therapy modalities, cognisant of the value of a dynamic interface between the visual arts, dance, movement, music, and drama, as well as interdisciplinary fields that provide a platform for under-represented African arts therapists on the global stage.

The first volume presented the research of the first ten pioneering South African art therapists from the Department of Visual Art (DOVA) at the University of Johannesburg (UJ). In my editorial, I qualified that as the professor in charge of postgraduate studies in our department, as well as a passionate advocate for enhancing arts education for social impact, I found myself holding and facilitating the first visual art therapy training qualification in South Africa, along with a team of founding and qualified arts therapists. I also established and assumed the role of Editor-in-Chief, with an engaged Editorial Board serving as advocates, reviewers, and guest editors. These are individuals who are all pioneers in their fields, eminent and cited authors and scholars from the arts therapies, with a focus on the Global South.

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This is the fifth volume of *SAJAT* since its inception in 2023. We have upheld our commitment to two issues a year and have achieved **Department of Higher Education** accreditation with the Directory of Open Access Journals (DOAJ). This issue marks another celebration in my handing over the baton of Editor-in-Chief to the new leader of the Art Therapy programme at the University of Johannesburg, Dr Sinethemba Makanya, who is already forging a bold new direction with an African-centred vision for art therapy in South Africa and globally. It has been an honour and a privilege to be the surrogate mother to this journal, and to hand it over to a guardian who has both the grounding and vision to take it to new heights.

I would not have been able to hold this space without the dedicated passion of the two production editors, Kate Shand for Issues 2 and 3, and Saxon Kinnear for Issues 4 and 5. Among the cohort of the first qualified South African art therapists, both have worked tirelessly, along with copy editor Tanya Pretorius, to ensure the issues meet the standards of peer review and excellence. The success of this journal would not have been possible without the support and patience of UJ Press manager Wikus van Zyl, who has advocated for the journal's accreditation and ensured its consistent quality and beautiful layout.

Introduction to Emerging Voices II

This is the third year since *SAJAT* was established in July 2023, and the second issue on Emerging Voices from the Global South. We are delighted to have ten new voices representing the modalities of art, drama and music in this latest issue, including an international perspective from the Caribbean. We are walking the path outlined in the journal's mission statement to be a platform for underrepresented African arts therapists on the global stage.

Janet du Preez explores how art therapy serves as an alternative and effective form of communication and emotional regulation for adults with autism spectrum disorder (ASD) and intellectual disability (ID), particularly in the South African context, where under-resourced and marginalised mental health services persist. Du Preez highlights the role of art materials and non-verbal expression as a 'voice' for minimally verbal individuals. Her work foregrounds the importance of inclusive research participation. This study not only generates meaningful insight, but it also affirms the need to adapt

our therapeutic environments to meet individuals with ASD and ID where they are, ensuring they are seen, heard, and included.

Sarah Harrison presents a literature review to explore the role of music listening in cancer care. She argues that listening to music is a safe, feasible, cost-effective, and non-invasive adjunct to oncology care. The outcomes and potential impact of her study are clustered into five themes: (1) symptom reduction (pain, anxiety, depression, nausea), (2) benefits of music listening as a non-pharmacological intervention, (3) coping and enhancement of quality of life, (4) cognitive benefits (memory, distraction from intrusive thoughts, and (5) connectedness (intrapersonal, interpersonal, transpersonal). While her findings are limited by small sample sizes and heterogeneity in the study design, the article presents a strong case for larger, more rigorous trials to evaluate the long-term effects of digital/streaming music interventions.

Monique Hill introduces the emergent field of Text-Based Drama Therapy (TbDT), with specific reference to its applicability in the Global South. She argues that TbDT is uniquely situated to address the needs of South African clients, where there is inequality in terms of access to mental health support. Hill suggests that TbDT can bridge language and cultural differences by creating a third language of connection. This article offers a glimpse of what accessible, adaptable, technologically informed drama therapy can look like without sacrificing the therapeutic relationship, creativity, or connection to our bodies and each other.

Madri Jansen van Rensburg explores how arts therapists can maximise their position within South Africa's healthcare system through a systems-thinking approach. Jansen van Rensburg argues that the primary contribution of the art therapist lies in the ability to work in a client-focused way and employ a creative approach to meet the client's changing needs. By visually mapping the system and considering factors such as the stage of care and client needs, she proposes a strategic positioning that emphasises advocacy for art therapy within systems, enabling art therapy to be applied more meaningfully.

Gugulethu Manana uses an approach that bridges psychosocial support with advocacy, emphasising culturally responsive and culturally sensitive practices. By synthesising South African and international perspectives on Ubuntu as an ethic of interdependence and shared humanity, her article offers new insights into how Ubuntu can inform decolonised, socially

responsive art therapy practice while enhancing the collaborative ethos of multidisciplinary care.

Nobantu Shabangu reflects on her journey as a novice narrative enquirer, gathering the perspectives of Black drama therapists to understand what it means to enter the profession in a post-apartheid South Africa. She necessarily reframes ethics and reflexivity through the lens of 'lived wisdom', positioning African women's experiences as legitimate sites of knowledge and intellectual labour. Drawing on her own experience as a Black woman and on the lived wisdom of her matrilineage and Zulu cosmology, Shabangu introduces the notion of *umkhaphi*, which she suggests provides grounded ethical guidance, critical distance, and a relational form of reflexivity. Shabangu demonstrates that approaching her research through lived wisdom opened space for Black woman drama therapists to share their narratives and reflect critically on their positioning in the field. Her findings reveal that while professional visibility for Black women drama therapists is growing, it remains frequently undermined, and their trustworthiness is often questioned. By recognising them as *abakhaphi,* she affirms both their journeys and her own becoming as a drama therapist – guided by the enduring message: you may be fractured along the way, but you will arrive whole.

Kim Valldejuli introduces 'polyphonic bricolage', a concept proposed by Schmidt in 2006, that embraces the dynamic blending of diverse cultural influences, as a tool for addressing the psychosocial needs of Afro-Caribbean clients in art therapy. Grounded in both decolonial and relational paradigms, she advocates for Indigenous methodologies that prioritise relational accountability, community participation, and the centring of local knowledges. Valldejuli argues that Eurocentric art therapy models often fail to account for the cultural complexities of Afro-Caribbean communities, resulting in marginalisation and inequitable practices. She proposes that combining polyphonic bricolage with cultural humility creates culturally affirming art therapy practices that go beyond mere accommodation of diversity. This approach transforms the field by expanding its epistemological foundations and embracing healing traditions long silenced by colonial legacies.

Nicole van Wyk addresses the variety of responses that art materials can elicit in individuals. Her case study explores the responses of four University of Johannesburg art therapy honours students who participated

in a four-week online art therapy group. Van Wyk used the one-canvas method to engage with materials drawn from the Expressive Therapies Continuum. Drawing on social constructivism and the Expressive Therapies Continuum, van Wyk elucidates the interplay between materiality, internal experience, and socio-cultural positioning. Her contribution illustrates how art materials can assist in self-regulation, elicit dysregulation, or evoke more ambiguous responses. Van Wyk thus underscores the ethical responsibility of art therapists to consider the emotional and sensory impact of materials, fostering self-regulation and emotional processing in clients.

Nonkululeko Vilakazi investigates the potential of drama therapy as a psychosocial intervention for children affected by paternal absence. Her research seeks to bridge a gap in the limited research exploring the developmental effects of absent fathers on children in South Africa. Vilakazi draws on Western developmental psychoanalytic theory, attachment frameworks, relational perspectives and the clinical applications of drama therapy. Her contribution positions drama therapy as both a psychosocial and culturally grounded intervention, capable of addressing emotional wounds within the structural realities of South African families. Vilakazi highlights drama therapy's capacity to support the identity formation, emotional regulation, and social development of children in single-mother households.

Tavia Viglietti explores how art therapy can serve as a weight-neutral practice for South African women experiencing body-image distress. Viglietti argues that a weight-neutral therapeutic stance actively resists the widespread anti-fat bias found in society. She draws on Australian art therapist Ashlee Bennett's work, which combines narrative approaches with practical art therapy strategies to help people reframe their relationships with their bodies. Her article presents three therapeutic processes: the externalisation of internalised shame, the re-authoring of body narratives, and the emergence of self-compassion. By bringing Bennett's framework into dialogue with the experiences of South African women, this article extends weight-neutral art therapy scholarship into a new cultural and therapeutic context. Viglietti suggests that art therapy grounded in a weight-neutral stance offers an inclusive, ethically responsive alternative to weight-centric models of care.

Afterword by Sinethemba Makanya

Stepping into the role of Editor-in-Chief of the *South African Journal of Art Therapy* marks a profound personal and historic moment for the arts therapies in South Africa. Black women have long been marginalised, under-represented, and largely invisible within the leadership of arts therapy scholarship. My recent appointment as leader of the Art Therapy programme signals an important shift, one that advances the University of Johannesburg's transformation imperatives while strengthening the visibility, authority, and leadership pathways available to Black South African women in this field.

This return to the arts therapies is not a simple homecoming, but a transformed re-entry. More than a decade ago, I stepped away from the field as a somewhat disillusioned young drama therapist negotiating the tensions between Euro-American psychotherapeutic frameworks and African knowledge systems. I return now shaped by multiple initiations, both intellectual and ancestral. My work in African Indigenous health frameworks and my leadership in the medical humanities have clarified my voice, deepened my authority, and grounded my re-entry into this field with renewed purpose.

Arts therapies continue to emerge on the continent. Nevertheless, scholarly production has remained dominated by the Global North, resulting in the under-representation of African theorisation, limited visibility for African practitioners, and the ongoing marginalisation of Indigenous healing epistemologies. *SAJAT* was founded precisely to address these inequities: to advance African scholarship, affirm local knowledge systems, and cultivate decolonial critiques of psychotherapy.

As I assume this role, I wish to acknowledge Professor Kim Berman, whose vision and dedication established *SAJAT* as a credible and transformative platform for the field. Her stewardship has laid a foundation from which we can continue to grow the journal's intellectual reach and deepen its relevance on the continent.

Vision for the Future

SAJAT will continue to advance decolonial and critical scholarship by expanding the field's epistemic foundations to fully include African

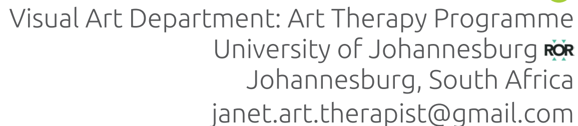
cosmologies, Indigenous knowledge systems, and local therapeutic traditions. We aim to foster a field where multiple knowledge systems – African and global – are in meaningful dialogue.

The journal will cultivate pathways for emerging African scholars, practitioners, and postgraduate students to publish, collaborate, and shape the discourse of arts therapies on the continent. We will create space for experimental, practice-led, community-engaged, and transdisciplinary work that reflects the realities of African contexts, including hybrid healing practices, performance-based inquiry, and activist scholarship.

With these commitments, *SAJAT* will continue to grow as an African-centred intellectual home. One that honours our histories, insists on epistemic justice, and nurtures a future in which African creative arts therapists can write, theorise, and lead from positions of authority within a diverse scholarly community.

Art therapy as effective communication for emotional regulation in adults with autism spectrum disorder and intellectual disability

Janet du Preez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Bio

Janet du Preez lives and works in Cape Town, South Africa. She is currently completing her Master of Art Therapy at the University of Johannesburg in South Africa. Her interests lie in autism spectrum disorder and intellectual disability, and their contextual significance within South Africa.

Abstract

This article explores how art therapy serves as an alternative and effective form of communication and emotional regulation for adults with autism spectrum disorder (ASD) and intellectual disability (ID), particularly in the South African context, where under-resourced and marginalised mental health services persist. Using an art-based research approach, this qualitative study examined the therapeutic processes of two adults with ASD and ID and interrupted their interactions with various art materials using the framework of the Expressive Therapies Continuum. Findings demonstrated that engagement with art materials enabled non-verbal expression, facilitated emotional regulation, and fostered relational connection between therapist and client. Participants primarily functioned at the kinaesthetic/sensory and perceptual/affective levels of the Expressive Therapies Continuum, where the tactile and emotional properties of art materials supported

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communication beyond words. The research highlights the important role of the selection of art materials in art therapy and how non-verbal modalities provide a vital communicative bridge for individuals with limited verbal ability. By linking theory with practice, the study not only contributes to the limited body of South African art therapy research but also underscores the ethical imperative of inclusion by giving voice to voices too often unheard in conventional therapeutic and research paradigms.

Keywords: Autism spectrum disorder, intellectual disability, art therapy, visual communication, emotional regulation, art-based research

Introduction

Individuals with autism spectrum disorder (ASD) and intellectual disability (ID) are unable to express themselves verbally. Their lack of verbal expressivity does not mean that they are not listening, feeling, thinking, or understanding. Therefore, an alternative way of communicating for these individuals within the therapeutic setting is crucial to research and to bring into focus. This article addresses how art therapy, as an alternative treatment modality, can foster communication and facilitate the regulation of emotions through the use of art materials and media.

Central to this inquiry are the experiences of two South African adults, Aamil and Habi (pseudonyms), both diagnosed with ASD and ID, whose participation in a series of art therapy sessions forms the foundation of this research study. Their engagement with art materials and processes offered valuable insight into how visual communication can emerge where words are limited. The project was situated in a specialist mental healthcare facility run by a non-governmental organisation in the Western Cape. It is crucial to acknowledge the under-resourced nature of state mental health care and the systemic marginalisation within which therapy is provided to the community of study (Bantjes, Kagee & Young, 2016). The class inequality notably prevalent in South Africa is a lasting legacy of the segregated policies of the apartheid era, and this facility does important work in bridging significant gaps between state and private mental health care.

This article recounts, in part, my master's research in which the impact of an alternative form of therapy (art therapy and the use of art materials and media) can foster communication, facilitate emotional regulation, and assist in establishing a relationship between the individual and the therapist, rather

than relying on verbal communication. The study examined how the clients engaged with the art materials and the therapeutic process, and whether this engagement supported the development of communication and emotional regulation (du Preez, 2024).

It has been well established that alternative forms of communication are not only beneficial but essential for individuals with ASD and ID, particularly for those with complex, varied, and lifelong support needs. In alignment with this, Lara and Bowers (2013) observed that "for many individuals on the spectrum who have difficulty connecting, art can be an integral, valid part of therapy—a tool to show us who they are and what they are made of".

Despite this recognition, there remains a notable gap in grounded research exploring art therapy with individuals with ASD and ID, particularly within the South African context. Addressing this gap is relevant not only to the field of art therapy but also carries broader implications for affiliated professionals, including speech therapists, occupational therapists, physiotherapists, teachers, and classroom assistants, who work daily with individuals with minimal verbal capacity and seek more effective ways of engaging and communicating.

This article presents a qualitative research project that explores how visual media in the form of artmaking by adults with ASD and ID can be used as communication in therapy settings. Focusing closely on art therapy sessions with two adults who have been diagnosed with ASD and ID, this paper details an alternative approach for those who have minimal verbal communication capacities. The broader study examined the lived experiences of the participant and student art therapist and integrated them to establish theoretical constructs. The role of the student art therapist and researcher in this study links the theory to practice (Costello et al., 2003, p. 19).

The Expressive Therapies Continuum framework is used to understand how artworks can be used as communication beyond verbal modes. An inquiry has been made into how choice in art materials and media can facilitate the sharing and processing of thoughts and information (du Preez, 2024). This framework is based on Vija Lusebrink's (1978) and Sandra Kagin's (1969) seminal findings, in which the characteristics and qualities of the art media and materials are linked to clients' psychological functioning. The research utilised elements of case study methodology, but the individual's sessions of expression are the focus of the case material and formed part

of the visual analysis. In addition to this theoretical lens, the participants' artwork, their interaction with the artwork, and their interaction with me as a trainee art therapist and researcher will be utilised to further investigate the use of materials as communication and emotional regulation within therapeutic spaces (du Preez, 2024).

Background

ASD, ID, art therapy, visual communication, and emotional regulation are the core areas of focus that are explored in this article. Firstly, this will be in terms of existing literature and topic intersection, and later in how they come to the fore in the methodological choices of this study and the resulting therapeutic sessions with two individuals.

Understanding autism spectrum disorder (ASD) and intellectual disability (ID)

ASD is a neurological diagnosis that is present from birth, presents lifelong, and is without a cure (APA, 2013). It is characterised by repetitive and restricted patterns of behaviour and interests, with a high degree of rigidity to fixed routines or rituals, persistent problems in social communication and the maintenance of relationships, and impairment in social or occupational areas of functioning, including sensory sensitivity (APA, 2013). Both beyond and within ASD, an ID can be present and describes certain limitations in cognitive functioning and skills, such as in language, social, and self-care skills, for example, personal hygiene and dressing (APA, 2013).

According to DSM-5 (APA, 2013), diagnosing ID requires three criteria: deficits in intellectual functioning (abstract thinking, reasoning, and problem solving), onset in the developmental period, and significant limitations in adaptive behaviour, including communication and social skills. For people with both ASD and ID, this dual diagnosis means their communication difficulties are shaped not only by social interaction deficits typical of ASD but also by the severity of intellectual and adaptive functioning. Language and social dysfunction in ASD are amplified when ID is present. Research suggests the level of intellectual functioning helps explain variability in communicative ability in ASD (Vogindroukas, 2022, p. 2374), and therefore, this article will discuss how art therapy provides an alternative method of communication.

This dual diagnosis not only presents significant diversity in the spectrum disorder, but ID can also at least partially account for, or contribute to, other characteristics of ASD. Even though social development has been hypothesised as an influence on language and social difficulties in individuals with ASD, research proposes that other coexisting conditions, such as ID, also need to be considered in understanding the individual. In this context, language challenges and difficulties in communication would be affected by social dysfunctions as well as being consistent with the level of intellect (Vogindroukas, 2022, p. 2374).

Art therapy with adults with autism spectrum disorder (ASD) and intellectual disability (ID)

The fundamental concept in art therapy involves a triad of the client, the art object, and the therapist (Wright, 2023). While art materials and media are an essential part of art therapy, the object becomes an additional space or transitional space (Winnicott, 1972) for the client to project their feelings and thoughts, and it can become a space where the client and therapist can interact without direct verbal interaction (Isserow, 2008). According to Robbins and Sibley (1976, p. 207), each art medium can stimulate a particular response from the individual as well as have a distinct catalytic potential, which they referred to as the "psychology of materials". Consequently, the therapist being mindful and knowledgeable regarding the art media could serve as a form of communication.

Art therapy is considered a significant augmentation of existing treatment modalities. Malchiodi (2012) notes that art therapy is an effective, non-threatening way for adults with ASD and ID to express their emotions. Also, Moon (2014) found that art therapy is "meta-verbal" or "beyond words". Lara and Bowers (2013) maintain that "for many individuals on the spectrum who have difficulties connecting, art can be an integral, valid part of therapy—a tool to show us who they are and what they are made of". This too can be said for individuals with ID, as art therapy engages the whole body, including the brain, the mind, and the senses through the artmaking and facilitates communication through the process (Richardson, 2020, p. 360).

What is visual communication and emotional regulation?

According to Uduak and Akpan (2020, p. 32), visual communication or art can be viewed as two categories of language: the symbolic, which suggests ideas and information, and the emotive, which expresses and evokes feelings and attitudes. Visual communication becomes a means of expressing, translating, acknowledging, revealing, transferring, and intervening when words are inadequate (Uduak & Akpan, 2020, p. 39). Humans create meaning, and art allows that process to occur (Uduak & Akpan, 2020, p. 32). Simultaneously, supporting emotional regulation, which is the ability to assess and control emotional responses to fit the social demands of the situation, occurs in art therapy through the client's choice of art materials of different sensory characteristics, the artwork created, and the powerful presence of the work itself (Richardson, 2020). Art therapy can support emotional regulation in individuals with ASD and ID who have less adaptive retrospection and more defective emotional strategies such as suppression and withdrawal (Weiss et al., 2017).

Methodology and theoretical framework

The broader research was informed by an art-based research methodology, which is a qualitative approach that regards the artwork produced by clients as data, and integrates artmaking as a mode of inquiry into the lived experiences of both participants and researcher. This approach closely aligns with core principles of art therapy practice, allowing the creative process itself to become a site of meaning making. Furthermore, art-based research has the potential to emphasise the perspectives of marginalised individuals and to engage with issues of difference, diversity, and the confrontation of stereotypes within and beyond diagnostic categories (Kaiser & Kay, 2016, p. 664). Building on this methodological foundation, the present article draws on a focused aspect of the larger study by examining how artmaking facilitated communication and emotional regulation.

In terms of interpreting the participating individuals' thoughts and meaning making, the Expressive Therapies Continuum was implemented as the theoretical framework of this study. Sandra Kagin and Vija Lusebrink's (1978) seminal work on the Expressive Therapies Continuum facilitates the categorisation of the interactions between the clients, art materials, and methods, as well as integrates knowledge of how the brain processes

imagery with theoretical frameworks from sensory-motor development, cognitive psychology, psychosocial behaviour, and self-psychology (Hinz et al., 2022, p. 219). The framework is an integration of Kagin's kinaesthetic, cognitive, and media dimensional variables and Lusebrink's vision of how task complexity, task structure, and media properties could create movement on these levels.

While the art-based research approach and Expressive Therapies Continuum framework provide a demonstrated foundation for this research, art therapy education requires multicultural skills and knowledge, and it remains crucial to recognise, when working across diverse communities and cultures, how profoundly "professional practice is embedded with a Western worldview" (Kapitan, 2015). However, art therapy in South Africa presents a starkly different context with regard to unequal access to mental health care, the under-resourced nature of state and non-governmental facilities, and fundamentally the diversity in access to and familiarity with art materials and media. Therefore, the unique diversity of South Africans needs to be considered in the application of ethnocentric Western frameworks (Kapitan, 2015).

The roles of trainee therapist and researcher brought both opportunities and challenges. While offering art media choices and holding a relational therapeutic space, my training shaped how I responded to and reflected on the participants' artwork. As someone with training and knowledge in this field, as well as language and institutional resources, I was aware of the privilege/power dynamics and how I interpreted the participants' meaning, as well as my cultural and sociopolitical positionality. The importance of reflexivity during the research process was imperative in ensuring that the research remained culturally sensitive, trustworthy, and ethically sound.

Two South African adult individuals with ASD and ID verbally consented to participate in the study, with written consent from their legal guardians. Aamil (pseudonym) is a 32-year-old male with ASD and ID who attends the specialist mental healthcare facility daily during the school term and lives at home with his family. His socialising skills are limited to those who are known to him. He can understand instructions or questions and can act on what must be done, but his communication of what he perceives of the world is limited. Habi (pseudonym) is a 21-year-old female with ASD and ID who attends the specialist mental healthcare facility daily during the school term and lives at

home with her family. Both her parents are deceased. Habi has limited verbal skills, but she can verbally express herself, and her receptive language is at a level that allows her to understand instructions and respond to them.

The weekly art therapy sessions took place in a familiar room in the specialist care centre. As the student art therapist and researcher was unfamiliar to the participants, the therapeutic frame was first established to create safety and consistency (du Preez, 2024). Each participant was then offered a variety of art media and materials and invited to engage for 50 minutes within a contained and confidential space (Gold & Cherry, 1997, p. 147; Harpazi et al., 2023). The session structure was based on Van Lith et al.'s (2017) recommendations for clear beginnings and endings to the sessions, with space for spontaneous artmaking with a non-directive approach. The audio recorder was placed in a visible location, and with informed consent, the sessions were audio recorded so that the interactions could be analysed and used as an integral part of the research process, alongside detailed case notes concerning the process of artmaking, the artwork created, and the non-verbal and verbal interactions (du Preez, 2024). Ethics approval for the original study was granted by the university's higher degrees committee.

Discussion

Expressive Therapies Continuum (ETC)

The research findings presented in this article are interpreted using the Expressive Therapies Continuum, where Kagin and Lusebrink (1978) present the continuum as four levels, representing four methods of interaction with the art materials and media (see Figure 1). The progression of these levels mirrors that of human development in terms of cognitive functioning, as well as mental, physical, and emotional capabilities from infancy to adulthood (Kagin & Lusebrink, 1978, p. 171). This research showed how Aamil and Habi's individual development and particular diagnoses relate to the various levels of the Expressive Therapies Continuum. Consequently, both individuals with ASD and ID functioned primarily on the kinaesthetic/sensory (K/S) level and occasionally on the perceptual/affective (P/A) level. The K/S level concerns the processing of physical information, the P/A level concerns the processing of emotional information, and the cognitive/symbolic (C/Sy) level involves the processing of intellectual information (VanMeter & Hinz, 2024, p. 108). The

amalgamation of all three levels is the fourth level, the creative level (CR), and it is also viewed as a level on its own (Kagin & Lusebrink, 1978, p. 171).

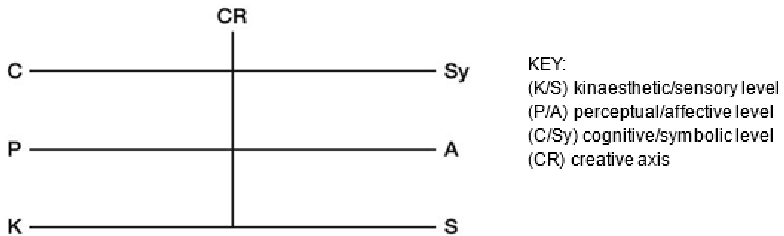

Figure 1: Schematic representation of the Expressive Therapies Continuum framework

Kinaesthetic/sensory level (K/S)

Figure 2: Habi, Session 8. Mixed paint on paper (photographed by the author with permission)

Figure 3: Aamil, Session 4. Blue paint on paper (photographed by the author with permission)

Habi's kinaesthetic experience occurred during our sessions without any specific form or goal on her part. Rather, the sessions were evidence of her emotional response to a sensory activity. Information received from the bodily rhythms, movement, and action, which are considered by Kagin and Lusebrink (1978, p. 173) to be the most fundamental level of expression, is most often preverbal (Hinz, 2020, p. 41). For Habi, this was supported by the recording of her limited verbal responses and sounds (see Figure 2).

When considering art as a communicative modality, it is important to be cognisant of the fact that the art materials and media are regarded as a potential manner of expression that both the therapist and the client can access (Kagin & Lusebrink, 1978, p. 172). Evidenced in my research, Habi's embodied experience of using fluid art materials corresponded with the focus of the K/S level, which is the release of energy through action and movement. The artmaking process either stimulated emotional arousal or allowed for the release of energy, which, in this case, helped to reduce overall emotional tension.

In contrast, at the sensory end of the K/S level of the Expressive Therapies Continuum, the limited movement allows for more tactile awareness, and these movements may lead the person to experience isomorphic[1] awareness. The K/S level was observed in Aamil's limited rhythmic soothing manner of painting in most sessions (see Figure 3). This sensory stimulation, experimentation, and exploration stimulates new development in developmentally impaired individuals (Lusebrink, 2004, p. 129). According to Martin (2009, p. 188), "The rich sensory experience of art making, as well as its ability to encapsulate and organise complex topics, makes art therapy a natural fit for individuals with ASD and ID".

It is noteworthy to mention that the K/S art experiences can serve as a stimulant regarding the affective domain.

Perceptual/affective level (P/A)

Figure 4: Habi, Session 7. Paint on paper (photographed by author with permission)

1 Isomorphism means equality or sameness (iso) of form (morphism) (Luchin & Luchin, 1999, p. 208).

Figure 5: Aamil, Session 5. Paint on paper (photographed by the author with permission)

When the painting was complete, Habi looked at it and commented, *"It is very beautiful, and she feels nice"* (see Figure 4). In resonance with this, when she engaged with playdough, she stated that the *"playdough made me feel very, very happy now".* The utterances made here shed light on how art therapy can be functional in facilitating communication and subsequent emotional regulation. Although the client may have minimal verbal skills, they can initially become immersed in the sensory aspect of the expressive experience, later they can become aware of the internal sensations, and they can focus on the emotions that are evoked (Hinz, 202, p. 93). However, the awareness of these deeply felt emotions and sensations is not necessarily expressed through emotive vocabulary but can also be conveyed through expressive sounds or the simple repetitive movement of the paintbrush, as in the case of Aamil (see Figure 5). Consequently, this demonstrates that art therapy facilitates the expression and regulation of emotions.

Cognitive/symbolic level (C/S)

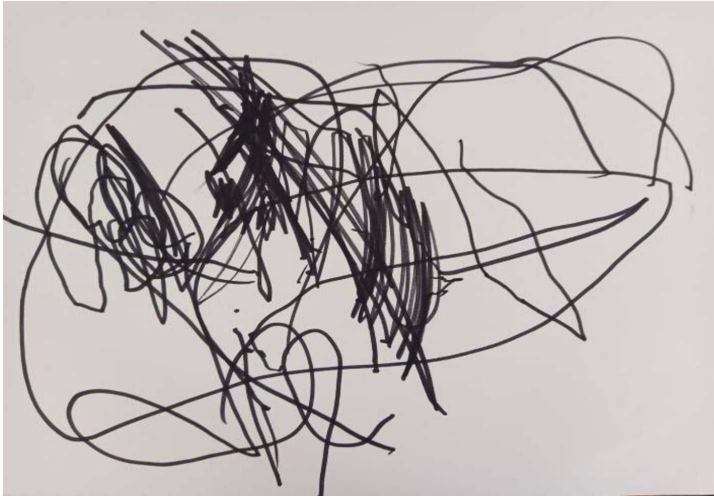

Figure 6: Habi, 'Cats' (photographed by the author with permission)

In this specific artwork (see Figure 6) by Habi, she demonstrates the transformation of the visual material into a recognisable symbol that has deep personal significance related to her two cats. Her representation of her internal experiences was through the use of visual imagery, which served as a way of processing information. It is interesting to note that sometimes obscure forms that occur when working with either fluid or resistive art materials can inspire the transformation of the artwork into recognisable symbols that can have personal meaning and become symbolic (Hinz, 2020, p. 30). The progression of these levels of the Expressive Therapies Continuum mirrors that of human development from infancy to adulthood (Kagin & Lusebrink, 1978, p. 171), and this research has shown how Aamil and Habi's individual development and particular diagnoses relate to the different levels of the Expressive Therapies Continuum. Additionally, the kinaesthetic, perceptual, and cognitive components of the Expressive Therapies Continuum, which are on the left-hand side of the continuum, correspond with the left-hand side functioning of the brain (Kagin & Lusebrink, 1978, p. 171) and are influenced by the use of resistive media such as crayons, felt-tipped pens, pencils, and collage.

It is important to highlight that both Aamil and Habi had the choice of whether to engage with the art media in the session or not. On several occasions, Aamil chose not to engage with the art materials but rather to sit opposite me in silence. Given the importance of the therapeutic alliance, refraining from placing pressure on the client to produce artwork can cultivate a sense of safety and freedom from expectation. At times, Aamil would meet my gaze, reflecting both the emerging trust within the therapeutic relationship and his capacity to be present in the session without needing to speak or create art. Hence, as an individual engages with the varied media, boundaries, and movement between the levels in the Expressive Therapies Continuum framework, the therapist can track and observe and begin to form hypotheses regarding what the individual is communicating and the emotional regulation that is occurring. Due to the therapist's attunement,[2] the communication need not be verbal but rather through the choice of the art materials and media. This is strengthened by the potential that the media and choice in engagement hold at each level of the Expressive Therapies Continuum in terms of developmental, growth, and/or healing components (Kagin & Lusebrink, 1978, p. 173).

Ethical considerations and limitations

Being the sole researcher and a student art therapist posed challenges in terms of subjectivity and my positionality. Although I did not have a pre-existing relationship with the individuals, I was aware of the therapeutic value of the sessions and my role in this, while I was also simultaneously cognizant of my role as a researcher. I was conscious of my positionality as a white woman and how women are traditionally socially positioned as caretakers in the lives of individuals in general, and more particularly in the lives of individuals with ASD and ID. I was also conscious of how this would impact my role as a student art therapist and researcher. To dismantle this possible power dynamic in the relationship, I needed to be self-reflexive and culturally humble, while recognising that these individuals are often marginalised and stigmatised (Miller, 2020, p. 84).

2 Attunement refers to the meaningful correlation between the non-verbal features of clinical exchange and patients' ability to get in touch with their own inner experience (Rocco et al., 2016, p. 371).

As is common in qualitative research, the small number of participants can be considered a limitation in this study. However, it did allow for the time to consider and construct a more in-depth analysis and reflection of the evidence gathered from the individual sessions. Nonetheless, engaging with more participants could have added to the richness and diversity of the data collected, as well as counteracting absenteeism.

The number of sessions posed a possible limitation on the research, and therapy for individuals with ASD and ID may progress at a slower pace relative to other population groups (Miller, 2020, p. 86). Consequently, more sessions could have been beneficial to the research study in enabling more effective therapeutic work to take place, where therapists stay attuned to the participant rather than expect them to fit into the standardised framework of time (Miller, 2020, p. 86).

Findings and conclusions

As Thurm et al. (2021, p. 4647) maintain, when "individuals with ASD and ID are excluded from research, they do not benefit from research" and "seeking to protect people from harm in the context of research may itself therefore give rise to harm" (Northway, 2014). Hence, this research article has attempted to give these minimally verbal individuals at the specialist healthcare facility an opportunity to contribute to research and to benefit from the inclusivity of the experience and therapeutic methods going forward.

Considering that individuals with ASD and ID have significant, variable but lifelong challenges, the aim of this study was to explore valuable and effective therapy, which does not rely on methods inhibitive to those with ASD and ID. I therefore conclude that the initial findings are that the art therapy helped the participants with emotional regulation and communication, are positive and support my hypothesis, but that a larger study is recommended. It is significant to note how the sensory engagement with the art materials facilitated emotional regulation and supported communication, and thereby reduced the reliance on less adaptive strategies such as withdrawal and suppression (Weiss et al., 2017). The clients benefited from a non-pressured method of therapeutic attuning where they could choose to engage or withdraw.

Finally, we need to adapt our world to align with individuals with ASD and ID and meet them where they are, by using art materials and by examining how artmaking can serve as a "voice that has meaningful communication and expression with the outside world" (Henley, 2017, p. 36), which has far-reaching advantages. In her book, *Handbook of art therapy*, Cathy Malchiodi (2012, p. viii) expounds, "Art is a powerful means to communicate when using words is a barrier themselves".

Acknowledgements

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Exploring the role of music listening in cancer care: A systematic literature review

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Bio

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Abstract

Cancer is a leading global health concern, affecting not only physical health but also psychological, social, emotional and spiritual well-being. Music listening has been explored as a supportive, non-pharmacological intervention within oncology care. The objective of this systematic literature review was to examine the role of music listening in cancer care, focusing on (1) the types of music listening interventions used and (2) the roles and outcomes of such interventions for individuals with cancer. The methods used were a systematic literature review. Literature was systematically searched across Répertoire International de Littérature Musicale (RILM), ScienceDirect, Music Periodicals Database, PsycINFO, Sage Journals, Google Scholar, and PubMed (2000–2024). Inclusion criteria: published literature, peer-reviewed studies involving individuals with cancer and interventions centred on music listening (e.g., pre-recorded, live, guided imagery, and music). Exclusion

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criteria: non-English, pre-2000, systematic reviews, unpublished literature, meta-analyses, and studies not isolating music listening. Thirteen studies met the criteria. Data were extracted and analysed thematically. Guided imagery and music (GIM), pre-recorded music (e.g., CD/MP3), live music listening, receptive music therapy, music-and-imagery, and group listening session interventions were conducted that ranged from 12 minutes to two hours, most commonly 30 minutes. Intervention outcomes clustered into five themes: (1) symptom reduction (pain, anxiety, depression, nausea), (2) benefits of music listening as a non-pharmacological intervention, (3) coping and enhancement of quality of life, (4) cognitive benefits (memory, distraction from intrusive thoughts, and (5) connectedness (intrapersonal, interpersonal, transpersonal). The conclusions drawn from the results are that music listening is a safe, feasible, cost-effective, and non-invasive adjunct to oncology care. Despite promising results, limitations such as small sample sizes and heterogeneity of study design restrict generalisability. Future research should utilise larger, more rigorous trials, explore digital/streaming music interventions, and evaluate long-term effects.

Keywords: Music listening, cancer care, systematic literature review, music therapy

Introduction

Cancer remains one of the most pressing global health challenges, responsible for an estimated 10 million deaths annually (World Health Organization, 2021). Beyond its physiological burden, cancer profoundly impacts individuals' psychological, emotional, and social well-being (Li et al., 2013). As a result, integrative and multidisciplinary approaches to treatment have gained increasing recognition, incorporating not only medical but also psycho-social interventions. Among these, music therapy and music medicine have been widely explored as complementary modalities that support patients' holistic needs throughout the cancer journey (Cassileth & Deng, 2004). A growing body research demonstrate that music-based therapies can reduce anxiety, alleviate depressive symptoms, and enhance cancer patients' comfort and general quality of life (Bradt et al., 2016; Loomba et al., 2018; Nair et al., 2016; Singh & Chaturvedi, 2015; Stanczyk, 2011), including a study that implemented the Bonny Method of Guided Imagery and Music (BMGIM) in cancer care within the South African context (Bhana, 2016). Within this

broader field, music listening, also referred to as receptive music therapy, plays a central role. Music listening is non-invasive, cost-effective, and adaptable to a wide range of healthcare contexts (McFerran & Grocke, 2022). It can be facilitated not only by credentialed music therapists but also by nurses and other healthcare professionals, thereby increasing its accessibility within oncology settings (da Silva Santa et al., 2021; Bradt et al., 2016).

Existing evidence suggests that music listening can foster relaxation, elevate mood, and enhance coping mechanisms for individuals undergoing cancer treatment (Bilgiç & Acaroğlu, 2017; Lima et al., 2020; Spilioti et al., 2017). However, despite numerous studies addressing music therapy more broadly, there remains a limited synthesis of research focusing specifically on music listening interventions in cancer care. While systematic reviews have explored the impact of music therapy on symptom management (Bradt et al., 2016), few have examined the distinctive mechanisms, accessibility, and clinical outcomes of listening-based approaches. This represents a critical gap in understanding how receptive forms of music engagement contribute to psychological and emotional well-being in oncology populations.

Addressing this gap is particularly relevant as patients with cancer often face multiple, co-occurring challenges, including uncertainty, symptom burden, and social isolation (Hui, 2014; Altun & Sonkaya, 2018; Rani & Bayu, 2021; Sano & Fushimi, 2017; Vardy et al., 2022). A systematic examination of the literature is thus essential to map how music listening is applied, evaluated, and experienced within cancer care.

The present study aimed to explore the body of literature on the use of music listening in cancer care, with the objective of identifying the types of interventions employed, their reported outcomes, and their role in supporting patient well-being. The research questions were informed by specifying the population of interest (cancer patients), identifying the intervention (music listening), and defining the outcomes in terms of potential benefits. The research sought to address two primary questions:

1. What types of music-listening interventions are used in cancer care?
2. What role can music listening play for individuals diagnosed with cancer?

Method

The Research Ethics Committee of the Faculty of Humanities at the University of Pretoria provided ethics permission for this work. This study followed a systematic literature review design (Nightingale, 2009) to explore the role of music listening in cancer care. An integrative review approach was applied to include quantitative, qualitative, and mixed-methods studies (Souza et al., 2010). The review followed a systematic protocol to ensure transparency and rigour (Bettany-Saltikov, 2010), applying predefined inclusion and exclusion criteria. Inclusion criteria comprised qualitative, quantitative, and mixed-methods studies published in English (or translated into English) between 2000 and 2024 that directly addressed the research questions and objectives of this review. Exclusion criteria included non-English publications, studies published before 2000, systematic reviews, meta-analyses, and studies that did not isolate music listening as an intervention. The literature search was conducted using the keywords ‘music listening’ AND/OR ‘receptive music therapy’ in combination with ‘cancer’. Literature published between 2000 and 2024 was searched across Répertoire International de Littérature Musicale (RILM), ScienceDirect, Music Periodicals Database, PsycINFO, Sage Journals, Google Scholar, and PubMed.

During the data collection (see Figure 1) period, which concluded in November 2024, eligible documents were independently screened and critically appraised by two reviewers: a research supervisor and an information specialist. Any discrepancies in the assessment were resolved through discussion, resulting in a consensus on the studies to be included. There were 13 studies that met the inclusion criteria (see Table 1), comprising seven quantitative, three qualitative, and three mixed-methods designs. Data were extracted into an analysis matrix and thematically analysed following Clarke and Braun’s (2017) framework. To ensure methodological rigour and transparency, the quality of each study was appraised using appropriate tools according to its design. The methodological quality, clarity, and applicability of both quantitative and qualitative research were evaluated using the Specialist Unit for Review Evidence (SURE) checklist (Higgins & Green, 2011), which focused on elements such as study design, bias, data collection, and analysis. The Mixed Methods Appraisal Tool (Hong et al., 2019) was employed for studies using mixed-methods designs, as it allows for a comprehensive and integrated assessment of the quality of both qualitative

and quantitative components within a single framework. Together, these tools ensured a systematic and balanced evaluation of study quality across diverse methodologies.

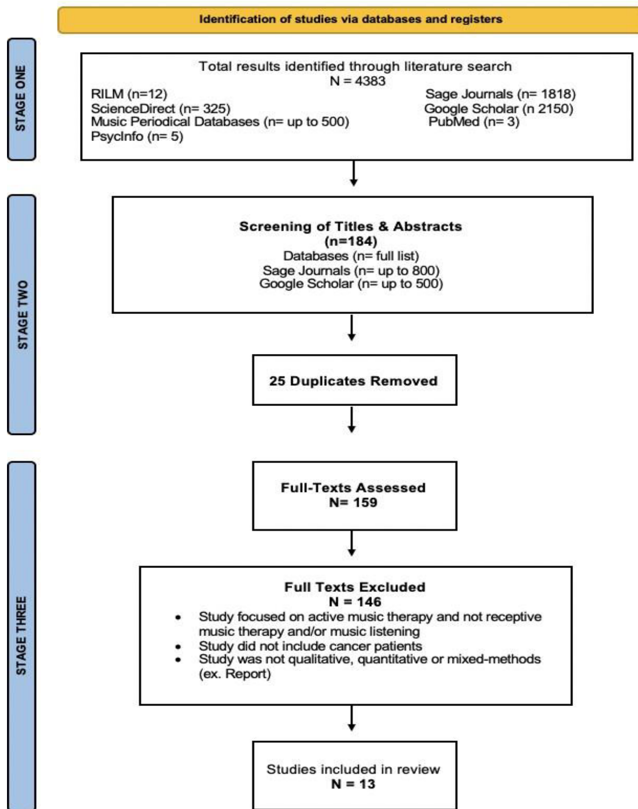

Figure 1: Flowchart of the data collection process

Table 1: Studies selected for the review

Study no.	Study Title	Author(s) and date	Country
1	Effects of listening to music on the comfort of chemotherapy patients	Bilgiç & Acaroğlu, 2017	Turkey

Study no.	Study Title	Author(s) and date	Country
2	Imagery, metaphor, and perceived outcome in six cancer survivors' Bonny Method of Guided Imagery and Music (BMGIM) therapy	Bonde, 2007	Denmark
3	Effectiveness of music therapy for anxiety reduction in women with breast cancer in chemotherapy treatment	Bulfone et al., 2009	Italy
4	Differences between supportive music and imagery and music listening during outpatient chemotherapy and potential moderators of treatment effects	Burns et al., 2018	United States of America
5	Listening to music as part of treatment for breast cancer: A qualitative content analysis of patients' listening logs	Elwafi & Wheeler, 2016	United States of America
6	The effect of music and imagery to induce relaxation and reduce nausea and emesis in patients with cancer undergoing chemotherapy treatment	Gimeno, 2010	United States of America
7	Effect of music therapy on chemotherapy anticipatory symptoms in adolescents: A mixed methods study	Giordano et al., 2024	Italy
8	A randomised control trial of meditation compared to music listening to improve cognitive function for breast cancer survivors: Feasibility and acceptability	Henneghan et al., 2020	United States of America
9	Mitigation of chemotherapy-induced nausea using adjunct music listening: A pilot study	Kiernan & Vallerand, 2023	United States of America
10	Receptive music therapy versus group music therapy with breast cancer patients hospitalised for surgery	Lagattolla et al., 2023	Italy
11	Effects of passive music therapy on anxiety and vital signs in lung cancer patients undergoing peripherally inserted central catheter placement procedure	Mou et al., 2020	China
12	The effect of music on anxiety, pain levels, and physiological parameters in women undergoing brachytherapy: A randomised controlled trial	Ünal Toprak et al., 2024	Turkey

Study no.	Study Title	Author(s) and date	Country
13	The effects of music listening on pain perception and coping with breast cancer	Vilč et al., 2023	Croatia

Data extraction

Data extraction was conducted systematically to capture key information from each of the 13 selected studies (see Table 2). Relevant details were recorded, including study titles, methodologies, and research designs, participant characteristics, data collection methods, research objectives, and descriptions of the interventions and procedures used. Additionally, the results and conclusions reported in each study were extracted to provide a comprehensive understanding of the outcomes. The extracted information was then organised to allow comparison across studies and to facilitate the identification of patterns, intervention types, and key themes. This structured approach ensured that all relevant data were consistently captured and prepared for subsequent analysis and synthesis.

Results

The thematic analysis of the findings of the included studies revealed two primary categories: types of music-listening interventions and the roles of music listening for individuals with cancer. In terms of intervention types, relaxation-based listening was commonly reported, often involving pre-recorded calming music, such as classical or instrumental tracks, delivered during chemotherapy sessions or prior to medical procedures (Bilgiç & Acaroğlu, 2017; Bulfone et al., 2009). Personalised playlists, tailored to individual preferences, were shown to enhance engagement, relaxation, and coping (Elwafi & Wheeler, 2016; Kiernan & Vallerand, 2023). Some interventions combined music with imagery or narrative techniques, such as guided imagery and music (GIM) and music, drawing, and narrative (MDN), which supported reflective or expressive processing and promoted deeper psychological engagement (Bonde, 2007; Giordano et al., 2024).

Regarding the roles of music listening (see Table 3), a consistent finding across studies was symptom reduction, with participants reporting decreases in anxiety, pain, nausea, and fatigue (Ünal Toprak et al., 2024; Mou et al., 2020; Bilgiç & Acaroğlu, 2017). Cognitive benefits were also noted, with

Table 2: Data extraction of selected studies

Author and year	Title	Participants	Methodology and design	Type of intervention	Type of intervention details
Bilgiç & Acaroğlu, 2017	Effects of listening to music on the comfort of chemotherapy patients	N=70 (18 years and older)	*Quantitative* Quasi-experimental (two-group pre-test and post-test)	Music listening	Listening to music for 20 to 30 minutes during chemotherapy via a CD featuring violin, harp and wave sounds.
Bonde, 2007	Imagery, metaphor, and perceived outcome in six cancer survivors' Bonny Method of Guided Imagery and Music (BMGIM) therapy	N=6 (Only five completed)	*Qualitative*	Guided imagery and music (GIM)	Each participant had ten individual guided imagery and music sessions, which were conducted every two weeks. Each session was approximately two hours. Western classical music was used in this intervention.
Bulfone et al., 2009	Effectiveness of music therapy for anxiety reduction in women with breast cancer in chemotherapy treatment	N=60 (30 = music therapy group and 30 = control group)	*Quantitative* Clinical experimental design (randomised control group)	Music listening	The intervention group listened to music (classical compositions, new age, Celtic melodies and nature sounds) via a Walkman device with headphones 15 minutes before chemotherapy sessions.
Burns et al., 2018	Differences between supportive music and imagery and music listening during outpatient chemotherapy and potential moderators of treatment effects	N=76 (completed the post-test measures)	*Quantitative* Randomised controlled trial	Supportive music imagery and preferred music listening	Patients received 50-minute sessions where the supportive music and Imagery group used guided relaxation with recorded music. The music therapist selected pieces primarily from Western art music [classical] and new age genres), and the preferred music listening group listened to their chosen music (country, new age, 2000s [the decade of], Christian, jazz, 60s/70s, 80s/90s, classical [Western art music], Broadway, and spiritual) during infusion.

Author and year	Title	Participants	Methodology and design	Type of intervention	Type of intervention details
Elwafi & Wheeler, 2016	Listening to music as part of treatment for breast cancer: A qualitative content analysis of patients' listening logs	N=8	*Qualitative* Qualitative content analysis	Music listening	Patients were given CDs of the session's music to listen to daily and kept listening logs to record their reactions. Music genres used in the intervention include rock, soul, classic rock, folk, reggae, gospel, country, R&B, Motown, rap, pop rock, easy listening, instrumental jazz, blues, Celtic, show tunes, and acoustic rock.
Gimeno, 2010	The effect of music and imagery to induce relaxation and reduce nausea and emesis in patients with cancer undergoing chemotherapy treatment	N= 20	*Mixed-methodology* Repeated measures experimental design	Music and imagery (MI) and imagery (IO)	Each 60–90-minute session occurred over six weeks, with participants encouraged to practice relaxation techniques at home using CD recordings tailored to their session type. The music used primarily consisted of New Age music, characterised by slow tempi, repetitive musical themes, narrow melodic ranges, regular rhythms, and minimal instrumentation, with selections including nature sounds, guitar, flute, harp, piano, cello, and solo guitar.
Giordano et al., 2024	Effect of music therapy on chemotherapy anticipatory symptoms in adolescents: A mixed methods study	N= 10	*Mixed-methodology*	Guided imagery and music (GIM)	Sessions followed a structured procedure using an adapted version of the Bonny Method of Guided Imagery and Music (BMGIM), beginning with relaxation exercises and ending with guided music listening. This was conducted over eight months. Each participant had four sessions before chemotherapy treatment. The music used in this intervention included classical music from the Western tradition, pop, rock, new age, soundtracks, and light jazz, customised into playlists based on patients' preferences and specific musical elements.
Henneghan et al., 2020	A randomised control trial of meditation compared to music listening to improve cognitive function for breast cancer survivors: Feasibility and acceptability	N=31	*Quantitative*	Music listening	The music listening (ML) group listened to classical music selections by composers such as Mozart, Bach, and Beethoven for eight weeks and 12 minutes daily. Each participant recorded their daily practice in a log.

Author and year	Title	Participants	Methodology and design	Type of intervention	Type of intervention details
Kiernan & Vallerand, 2023	Mitigation of chemotherapy-induced nausea using adjunct music listening: A pilot study	N=12	*Mixed-methodology* Quasi-experimental	Music listening	The 12 participants listened to their preferred music daily for 30 minutes (whilst taking antiemetic medication) in a five-day music listening program that began two days after chemotherapy. The type of music was not discussed in the paper.
Lagattolla et al., 2023	Receptive music therapy versus group music therapy with breast cancer patients hospitalised for surgery	N=151	*Quantitative*	Receptive music therapy and group music therapy	MTri (individual/receptive music therapy)(60 min) included relaxation, pre-recorded music, improvisation, and feedback, while MTiGrp (group active-receptive integrated music therapy) (90 min) involved group improvisation, visualisation, singing, and reflection. The music chosen for the MTri group was designed to be soothing, featuring a predictable harmonic structure, a major key, and simple, repetitive elements, all without sudden dynamic shifts.
Mou et al., 2020	Effects of passive music therapy on anxiety and vital signs in lung cancer patients undergoing peripherally inserted central catheter placement procedure	N=300	*Quantitative*	Music listening	Patients spent about 30 minutes using wireless headphones to listen to peaceful music that had been pre-selected by patients. The music used in this study included classical, light, and folk genres, each chosen for its soothing melodies and pleasant rhythms, which are known to promote relaxation. The pieces featured a slow rhythm, low tones, and a tempo of 60–80 beats per minute, played at a controlled volume through wireless headphones. The patients listened to music during the entire catheterisation process, which lasted approximately 30 minutes.
Ünal Toprak et al., 2024	The effect of music on anxiety, pain levels, and physiological parameters in women undergoing brachytherapy: A randomised controlled trial	N=55	*Quantitative* Randomised control trial	Music listening	Participants in the music intervention group listened to calming pentatonic tunes through portable sound systems throughout the brachytherapy process, including during the application of the applicator and treatment.

Author and year	Title	Participants	Methodology and design	Type of intervention	Type of intervention details
Vilč et al., 2023	The effects of music listening on pain perception and coping with breast cancer	N=32	*Qualitative*	Music listening	Participants selected their preferred music (primarily local pop music) before surgery and listened to it via headphones twice daily during hospitalisation, with one 30-minute session on the first postoperative evening.

Table 3: An overview of the thematic analysis of the results of the selected studies

Theme 1	Categories	Codes (see Table 1 for studies)
Symptoms reduction	Anxiety reduction	Reduced anxiety was noted in Studies 1, 3, 4, 7, 10, and 11
	Decreased depression	Decreased depression was noted in Studies 1, 4, and 10.
	Stress reduction	Reduced stress was noted in Studies 8, 10 and 12.
	Addressing physical symptoms	Reduced chemotherapy-related pain, reduced nausea, and reduced fatigue, though not significantly. A difference was found in shortness of breath, which was noted in Study 1. Reduced discomfort and improved body awareness were noted in Study 4. Pain relief and less fatigue were reported in Study 5. Reduced heart rate, decreased nausea and vomiting, and that the interactive music listening intervention (IO) significantly reduced nausea compared to the music intervention (MI) and control group were observed in Study 6; similar effects were found for emesis and heart rate, with interactive music listening intervention being more effective for nausea than for emesis, and no difference noted in emesis reduction between music intervention and interactive music listening intervention. Reduced chemotherapy-induced nausea (CIN) was reported in Study 9. Lowered heart rate and systolic blood pressure after Peripherally Inserted Central Catheter (PICC) implantation were noted in Study 11. Reduced physical pain and improved physical condition (less discomfort) were observed in Study 13.

Theme 2	Category	Coding
Benefits of music listening as a non-pharmacological intervention	Benefits of music listening as a non-pharmacological intervention	A non-invasive and cost-effective approach was reported in Study 3. An effective intervention and pre-/post-session effectiveness were noted in Study 7. A feasible intervention was reported in Study 9. A cost-effective, safe, and effective intervention was observed in Study 11.
Theme 3	**Categories**	**Coding**
Coping and enhanced quality of life	Improved emotional state	Reduced emotional distress and improved overall mood were noted in Study 1. Enhanced emotional resilience was reported in Study 2. Emotional regulation and enhanced self-awareness were observed in Study 4. Improvements in emotional well-being were reported in Study 10, while Study 13 found improved emotional states.
	Promotes relaxation	Improved or increased relaxation was noted in Studies 1, 4, 5, 6, 10, 12, and 13.
	Improved quality of life	Improved quality of life was noted in Studies 7 and 8.
	Improved coping	Improved coping was noted in Studies 2 and 13. Inspired strength was noted in Study 5.
Theme 4	**Category**	**Coding**
Cognitive benefits	Cognitive benefits	Reduced intrusive thoughts and memories, along with improvements in cognitive abilities, including memory, were noted in Studies 4, 5, and 8.
Theme 5	**Categories**	**Coding**
Connectedness	Spirituality	Coming to terms with life and death, spiritual connectedness was noted in Studies 2 and 5.
	Connectedness	Connectedness was noted in Studies 5 and 10.
	Gaining personal insights	Gained insight, improved self-understanding, and the benefits of introspection were noted in Studies 2 and 10.

improvements in concentration and memory supporting cognitive recovery following treatment (Henneghan et al., 2020). Music listening further facilitated coping and enhanced quality of life, as patients described the music as a source of hope, relaxation, strength, and meaning that aided adjustment to illness (Elwafi & Wheeler, 2016; Burns et al., 2018). Finally, music fostered connectedness, enabling emotional expression, social bonding, and spiritual connection, which contributed to reduced feelings of isolation (Lagattolla et al., 2023; Bonde, 2007).

Discussion

The literature identifies various music-listening interventions, including pre-recorded and live music, guided imagery and music (GIM), music and imagery, receptive music therapy, and group-based approaches. These interventions differed in duration, timing, and genre. Short sessions of 12 to 30 minutes improved feasibility and adherence for patients undergoing chemotherapy or intensive procedures. In contrast, longer structured sessions of 30 minutes to two hours, such as guided imagery and music and supportive music and imagery (SMI), supported deeper emotional processing (Henneghan et al., 2020; Gimeno, 2010; Burns et al., 2018).

Musical genres ranged from Western classical and new age to patient-selected music. Allowing participants to choose music promoted comfort, emotional regulation, and engagement, emphasising the value of autonomy and familiarity (Bradt et al., 2015; Kiernan & Vallerand, 2023; Evers & Suhr, 2000). Structured interventions like Bonny Method of Guided Imagery and Music (BMGIM) used pre-selected music to facilitate deep emotional and imagery experiences, while simple repetitive structures such as pentatonic scales encouraged relaxation and pain distraction (Bonny, 2000; Bonde, 2007; Ünal Toprak et al., 2024). Tailoring interventions to patient preferences and therapeutic goals remains essential.

Music listening is consistently identified as a safe, cost-effective, and accessible intervention in cancer care. It promotes emotional, psychological, and physical wellness and may diminish dependence on pharmacological interventions (Lorek et al., 2023; Roberts et al., 2022; Hinz et al., 2020; Beck et al., 2010; Daut & Cleeland, 1982). Integrating music listening into oncology care offers a holistic and sustainable approach (Greenberg et al., 2010).

The review emphasised the role of music listening in symptom management. Reductions in anxiety, stress, and depression were frequently reported, often surpassing those seen with interventions like meditation (Hughes et al., 2024; Mou et al., 2020; Henneghan et al., 2020). Music listening also alleviated nausea and vomiting, supporting its use as a complementary approach with pharmacological treatments (Warr, 2008; Ryan, 2010; Ho et al., 2023).

Cognitive benefits included fewer intrusive thoughts and improved memory. Music evoked personal memories and associations, distracting patients from distress and supporting emotional regulation (Elwafi & Wheeler, 2016; McFerran & Lotter, 2024). Structured interventions like supportive music and imagery promoted reflective processing and further reduced intrusive thoughts compared to simple music listening.

Enhanced emotional states, relaxation, coping, and overall quality of life were consistently reported. Music listening promoted relaxation and calmness, enabling transitions from distress and anxiety. Self-guided interventions empowered patients to practice relaxation independently, supporting coping and emotional adjustment (Studies 1, 4, 6, 10, 12, and 13). Music also encouraged introspection, self-awareness, and insight, facilitating emotional regulation and self-exploration (Studies 2 and 10; Bonde, 2007; Vilč et al., 2023; Schäfer et al., 2013).

Finally, music listening fostered connectedness at intrapersonal, interpersonal, and transpersonal levels. Intrapersonally, participants gained self-awareness and insight, enhancing coping and adaptation (Studies 2 and 10). Interpersonal benefits included strengthened relationships, with music facilitating reconnection between patients and family members (Vrontaras, 2018). Transpersonally, music promoted spiritual connectedness, allowing participants to access emotional and psychological states beyond verbal expression, fostering reassurance and empowerment (Moss, 2019; Joseph, 2014; Bist et al., 2024).

Overall, this review underscores the multifaceted role of music listening in cancer care. Interventions are adaptable in duration, genre, and delivery method and demonstrate consistent benefits across emotional, cognitive, and social domains. Music listening serves as a non-invasive, cost-effective adjunct that supports symptom reduction, coping, quality of life, and connectedness. Future research should explore the integration of patient-

preferred and structured interventions, with larger samples and long-term follow-up, to consolidate understanding of the therapeutic potential. Collectively, music listening represents a promising and holistic complement to conventional cancer care.

Conclusion

This systematic literature review explored the role of music listening in cancer care, analysing 13 studies identified from an initial 4,383 through the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) protocol and Specialist Unit for Review Evidence (SURE) appraisal. Thematic analysis revealed five main themes: symptom reduction, coping and enhanced quality of life, cognitive benefits, connectedness, and the value of music listening as a non-pharmacological intervention. Despite promising results, limitations included small sample sizes, lack of control groups, short intervention durations, and narrow populations, affecting generalisability. Future research must incorporate larger and more diverse samples, extended therapies, and randomised controlled trials to evaluate enduring benefits. In the South African context, the findings of the systematic literature review provide a foundation for guiding future research. Overall, music listening shows significant potential as a supportive, holistic approach in cancer care, promoting emotional comfort, connection, and well-being.

Declaration: This journal article outlines my master's thesis titled *Exploring the Use of Music Listening in Cancer Care: A Systematic Literature Review*. The content is a synopsis of my original master's thesis, and the work, analysis, and interpretation are entirely original. AI tools were utilised to assist with writing flow, grammatical correction, and summarising previously written material.

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Text-based drama therapy: The state of the field in South Africa

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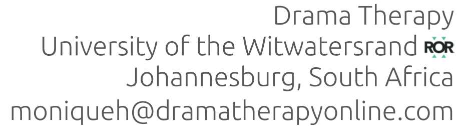
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Bio

Monique Hill qualified as a drama therapist in South Africa in 2015 and was part of the first cohort of drama therapists trained on the continent. As a certified cyber therapist, Hill now runs a private practice in Germany, where she specialises in drama therapy through video chat, text, and email. She is currently completing her doctorate focusing on text-based drama therapy and role-playing games, and she is both a lecturer and research supervisor for the drama therapy programme at the University of the Witwatersrand, as well as a clinical supervisor.

Abstract

This article introduces the emergent field of text-based drama therapy (TbDT), with specific reference to the applicability of the method in the Global South. TbDT is situated within the broader field of online therapy, but is itself a distinct method that requires adjustments to the way the therapist builds the therapeutic alliance. The article suggests that TbDT therapists should be trained to understand the differences in control, clarity, and creativity that the method requires, as well as emphasising that TbDT is still an embodied and creative form of drama therapy. TbDT is suggested as a highly accessible form of therapy that is able to cut across language and cultural differences through the creation of a third language of connection.

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Keywords: Text-based drama therapy (TbDT), online drama therapy, creativity, accessibility

Introduction

This article aims to introduce and define the emerging field of text-based drama therapy (TbDT), specifically as it is practised in South African contexts. TbDT is defined as drama therapy interventions delivered through text-based applications such as instant messaging apps and email. Content may include pictures, GIFs, emojis, voice notes, and music, and is sent through the chosen application. TbDT uses text as the primary means of in-session communication between therapist and client, though other creative aspects can be included. The article comes from a broader ongoing doctoral process, which seeks to not only define TbDT, but also to create the beginnings of a theory underpinning the practice and how to ethically and safely conduct TbDT. The article is offered as preliminary findings and reflections from this ongoing research project.

Teletherapy, or therapy at a distance, has existed for at least the past 45 years, beginning with telephone-based therapy hotlines, and more recently moving into online spaces via chat-based programs and video calls (Anthony & Nagel, 2010). With the advent of global COVID-19 pandemic lockdowns, interest in online therapy flourished in South Africa, with a considerable increase in the number of people searching for teletherapy online compared to pre-pandemic data (Leochico et al., 2021).

Advertisements for services such as BetterHelp, an online therapist database and chat provider, were promoted across social media, often giving the idea that therapists could be on call 24/7, while underpaying therapists and exploiting client data for profits (Osberg & Mehrotra, 2020). Arts therapists in South Africa also expanded into the online world during the pandemic, most notably as part of Frontline Support Services, a coalition of arts therapists who offered free text-based or video-chat therapy to those affected by the pandemic who were otherwise unable to access psychological support (Harrop-Allin & Pollard, 2022).

While the expansion during the pandemic was largely driven by necessity, my own private practice has offered TbDT since 2019, driven by the promise of improved access for clients who may not have enough data for videoconferencing calls, or who may not have the privacy, space, or time

required for more traditional forms of drama therapy online or face-to-face interventions (Hill, 2020). TbDT in particular provides many opportunities for clients to take control of their online privacy. Many text-based apps incorporate end-to-end encryption, working to keep data safe from outside access, and the ability to delete messages on a timed schedule, keeping conversations private even on shared devices.

After the pandemic, the need for ethics and guidelines for teletherapy has only increased, with the rise of artificial intelligence (AI) services, and clients turning to AI bots for therapy. Users cite the bots' 24/7 accessibility and the high costs of professional therapy as reasons for seeking alternative help despite warnings of potential harms (Lawrie, 2025).

It is my opinion that TbDT is uniquely situated to address the needs of South African clients, where there is significant inequality in terms of access to mental health support (Docrat & Lund, 2019). In South Africa, increasing access to mental health care means that, among other things, clients may be able to overcome issues such as geographical constraints (having few therapists available locally) and time and financial constraints (not having to pay for transport to and from therapy, or take time off).

TbDT research and practice are in their infancy, and as a new form of therapeutic work, it is important that practitioners are given adequate training and solid ethical and procedural guidelines to carry out TbDT in a responsible way. Defining the field of TbDT is a first step in that direction.

Text-based therapy: A brief introduction

The therapeutic use of writing and text is by no means a new phenomenon. Non-traditional text-based psychotherapeutic interventions can be traced back to the early 1900s, where Sigmund Freud and Carl Jung corresponded through a series of letters (Brick & Yates, 2022), while the use of internet-based therapeutic interventions can be traced back to bulletin boards and online support groups in the early 1970s. In his groundbreaking text, *Psychology of the Digital Age*, Suler (2016) explains that writing is not simply about communication, but rather an act that can convey multiple psychological benefits, including strengthening inner resources, self-reflection, working through difficult emotions, and therapeutically reconstructing life stories.

Suler (2016, p. 161) also mentions the more recent development of emails, blogs, and social media posts as “a form of self-directed psychotherapy”, as opposed to therapist-led therapeutic interventions. Today, the field is broadly referred to as ‘e-health’, which incorporates the therapeutic use of email, text messages, videoconferences, and phones, helping to improve access to health services and address distance as a barrier to access. As a subcategory of e-health, ‘m-health’ focuses on the specific use of mobile phones in healthcare, as a potentially more cost-effective and flexible mode of health-care delivery (Parson et al., 2019).

For Brick and Yates (2022, p. 187), digitally delivered counselling, whether through text, email, or video, focuses on “the intention to convey a mediated experience that does not feel mediated to the client”, speaking to creating presence and relationship in the online space. They go on to argue that the layers of anonymity and the “facelessness” of online spaces can contribute to clients feeling more immersed and being freed to share deeply with fewer fears of judgment or stigma (Brick & Yates, 2022). Interestingly, this is echoed by Schubert (2022), who writes that online drama therapy may benefit from the safety of the client being in their own space, which allows deeper sharing and connection. Anthony (2004, p. 135), who was herself a pioneer of online talk therapy, further describes how the client and therapist build relationship and rapport in online work “not by reacting to another person’s physical presence and spoken word to interpret a person’s state of mind, but by entering the client’s mental constructs via the written word and responding in a like manner”.

Brick and Yates (2022) also argue that though digital therapy should not try to replace face-to-face interventions, there is evidence that it is just as effective as a standalone therapy, while allowing clients to still access mental health support who may not have the ability to commit to face-to-face therapy in a consistent physical space. Jones and Stokes (2009), in their in-depth handbook on online therapy, agree, pointing out that it is increasingly evident that clients are choosing online therapy not because face-to-face work is impossible, but because it is their preferred method of connection.

Amid the positivity surrounding text-based therapy, Suler (2016) reminds us that people can have very different reactions to text-based communication, with its lack of body language and facial cues. Suler (2016, p. 163) argues that some may find typed text to be “formal, distant,

unemotional, or lacking a supportive and empathetic tone", while others may prefer text as it allows for interactions uncomplicated by physical appearances, finding in-person interaction to be potentially overstimulating. Text may therefore be a preferable option for autistic clients, or those with social anxiety or dysphoria that make face-to-face interactions difficult.

As much as there are many opportunities offered by the world of digital and text-based therapy, it is by no means a panacea. Parson et al. (2019) approach the use of text in therapy with some reservations, mentioning specifically the cost of setting up and internet connectivity. Also mentioned were "the potential for miscommunication, confidentiality and data security, and maintaining boundaries", which could potentially strain the therapeutic relationship (Parson et al., 2019, p. 75). Likewise, Brick and Yates (2022) emphasise that digital therapies are not for every client or every therapist, and that competency and training are vital for therapists to create a sense of safety and authenticity in digital spaces.

There is also evidence for the inclusion of creative tasks in the text-based therapy space run by professionals who are not necessarily arts therapists. Jones and Stokes (2009) give numerous examples of creative writing tasks, such as the unsent letters task, where the client gives voice to feelings and thoughts which may feel unspeakable, or working with dialogue, where the client can script out a dialogue between themselves now and an aspect of their past or future self. In their online counselling handbook, they even include chapters on the incorporation of creative arts therapies, image, and sound into the text-based therapy space, giving concrete examples of exercises that help clients to access their unconscious, and enhance the written word with arts or image-based interventions (Jones & Stokes, 2009).

With text-based talk therapy having the potential to include art-based interventions, it becomes even more important to define TbDT as a standalone field. With this in mind, I turn to defining the practice of TbDT in South Africa.

Text-based drama therapy (TbDT) in South Africa

The following section is a summary of the findings from semi-structured interviews with five South African HPCSA-registered drama therapists with experience in TbDT. The interviews were conducted via videoconferencing and focused on understanding how creative and embodied elements are

incorporated into TbDT, as well as exploring the similarities and differences between TbDT and both online and in-person drama therapy. The interviews were transcribed and subjected to a grounded theory analysis, where categories were created with the aim of giving shape to the field of TbDT. Although the sample is small, it reflects the emergent nature of the field and provides a good first step to understanding what TbDT entails. The client populations that the interviewees worked with were varied and included teenagers and adults, university students, and clients, both in suburban and rural settings.

Text-based drama therapy (TbDT) is different from in-person and video-call-based drama therapy

TbDT is not just traditional drama therapy transferred to text. Rather, TbDT is its own method of working, distinct enough that it requires additional training to work ethically and safely. Until now, many therapists who used TbDT did so out of necessity, mostly due to the sudden pandemic lockdowns and subsequent lack of access to the data required for video calls. Several necessary adjustments are required to the therapist's own mindset, and how they approach the work, the building of rapport, and the therapeutic alliance with the client. For the therapists interviewed, many of these adjustments were made from experience, but in the future, these could be trained, so that therapists can feel more confident to enter into TbDT work.

Agency and trust versus safety and control

In TbDT, the client has much more agency and control than in in-person therapy. Clients have increased control over their own space, their ability to dictate the level of sharing and witnessing, and the level at which they feel safe enough to choose to engage. Therapists, on the other hand, lose the ability to see their clients and therefore the sense of being able to predict or interpret their emotional responses, and also lose control over the space, both in terms of the objects available and in terms of confidentiality and safety.

With this loss of control, therapists may feel concerned when faced with silence in a session, as they may be unsure how to interpret this, whether it is a technological or signal issue, or resistance and anger, dysregulation, shutdown, or distraction. TbDT requires a specific trust to be created, so

that the client will tell the therapist if something is wrong, rather than disappearing. Therapists also need to learn to manage themselves in the silences and the in-betweens, without jumping in and trying to pre-empt or control the situation.

Although this shift in control is scary for therapists, it can also be beneficial in several ways. Clients may, for example, benefit from the increased control of how they are interpreted and seen, especially when they have a fear of judgment, or present differently in person, for example clients with high levels of social anxiety.

In traditional therapy, more sensory input can mean we have the illusion of control and safety, and without that, we need to be more intentional rather than rely on assumptions and interpretations. Therapists need to text clearly and consistently, offering space for discussion and correction when misinterpretations happen. Obviously, therapists and clients also misinterpret each other often in person, but the lack of body language in TbDT heightens the risk of misinterpretation and could make it difficult for the client to correct the therapist.

As TbDT therapists, we need to adapt to understand and read the patterns of someone's typing and text engagement, as we would read their body language, but we also need to remember that interpretations are not the truth, and rather be clear, intentional, and explicit with what we ask and say, and encourage our clients to do the same.

To help therapists relinquish control, it may help to set up rules for the engagement to create a sense of safety, connection, communication, and trust. Physical space safety checks at the start of a session may also help ease the therapist's concern.

Distance and mediation

Therapists are trained to build rapport and connection with clients, but the added mediation of the computer or mobile phone screen is a different experience. Therapists need techniques to help mitigate the feeling of being too far removed from the client. One such technique is the intentional use of voice notes to create more immediacy and connection, as opposed to texting, which is more distanced and considered. One way in particular that voice notes can be used to play with distance is by asking the client to share their creative work in several different ways, depending on the degree of

distance the therapist feels is psychologically beneficial. An example is asking the client to write a story, and then having them read it out to the therapist via voice note, rather than simply sharing a picture of the written story.

Therapists engaged in TbDT may feel the distance less if they engage in co-creation or creative activities alongside their clients. Using visuals and images also helps to make connections, as therapists and clients can share photographs of themselves, their spaces, or the objects around them. Connection is still very possible over text. However, it may feel different compared to in-person work.

The client's physical space

The client's physical space has a significant impact on TbDT, both on the therapeutic relationship and on the creative methods utilised in each session. This is another part of the work that is out of the therapist's control, meaning that clients take on much more responsibility for their own privacy. The process of informed consent is impacted, as the client will possibly need more guidance as to how to hold their own privacy needs in mind, as opposed to meeting in a more controlled therapy room.

Therapists also need to ensure that the client is able to express their own levels of comfort with the topics being discussed and the creative activities that are offered, as the therapist cannot see moment-to-moment happenings in the client's space. When clients are accessing therapy from more public spaces, such as from a parked car or at a busy community event, the space allows for shifting and fluid levels of privacy, which the therapist cannot control, nor even see. These shifts may also impact the idea of the 'therapeutic hour', with adjustments and flexibility needed on the part of the therapist to understand that rigidly sticking to the hour may not be appropriate, or even really possible for the client.

One positive that comes from the client having control of their space is that the therapist cannot unconsciously shape the client's expression by what resources and objects they provide. Instead, often clients use elements from their current circumstances, providing opportunities to engage with rich and relevant symbols from their lives. The client may also have easier access to their own prized possessions, perhaps imbuing extra levels of meaning and connection for projective work.

Text-based drama therapy (TbDT) is grounded in creativity

It is important to differentiate TbDT from talk therapy held over text, and one way to do so is to find the creativity and embodiment in the therapy: the *drama* of the TbDT. The therapists interviewed provided many examples of how they incorporated creativity into their text-based work with clients, and also how they tailored these interventions not only to their clients' psychological needs, but also depending on the specific client's physical space on the day, and the specific needs of the digital space.

The body and the voice

In text-based therapy, where the therapist and client may never actually see each other's bodies, embodiment is nevertheless still an integral part of the work. All therapists interviewed made reference to using embodied practices, though their methods differed. The use of the voice in particular is important to TbDT, as it is an inherently embodied experience, as opposed to the silent typing of much of text-based work.

A large portion of the respondents described the act of drawing the client's attention to their bodies by prompting the client to check in with how their bodies are feeling, or to focus on where an emotion is situated in the body. This may also include reference to the client's physical space and how the body feels where it is currently situated. Even though in in-person drama therapy, the client would often be asked to take this check-in and build into work that is using the whole body to act or move, this embodied moment was not seen as inferior to other embodied work. Rather, in many cases, it was described as being gentler, more attuned to the needs of the client, and meeting the client where they were in the moment.

The therapists prompted clients to describe their bodily sensations at times, and these descriptions and check-ins were often a catalyst for creative exercises. Other techniques included using breathing exercises and gentle stretching at the beginnings and endings of sessions, as well as body scans. Often, in longer guided exercises, the therapists used voice notes instead of text. By recording themselves talking the client through the exercise, the client was free to put down their phone, look away from the screen, and take time to focus completely on their bodies.

The use of voice notes featured prominently in the work of many of the therapists, and for many purposes. Voice notes, whether used in sessions or between sessions, were often described as a calming, connecting, and regulating technique, reaching out across the distance of the digital space. Voice notes were described as the opposite end of a continuum, with texting being considered slow and edited, and voice notes as more akin to improvisation, and being considered immediate and raw.

Along with this is the idea that a voice note can offer rich insights for the therapist, in terms of being able to hear the tone, pauses, and potentially the changes of emotion of the client, in a more immediate way than through text. In this way, voice notes are more difficult for both the therapist and client to control, as the client is being witnessed in a more immediate way, and may give away more than they intend in terms of their emotional or psychological state.

Voice notes were also used as part of role work, where a client may be prompted to record the note in role, and the therapist could then hot seat the client as a character. One therapist described using voice notes for music making and as a way to record stomping, rhythms, and movement without the pressure of sharing and being witnessed on video. This method also included voice notes for vocalising emotions, using sound rather than words.

Although voice notes are an exciting and creative tool, they are not always available due to the restrictions of a client's physical space. Understanding the client's physical space means that we can better adjust the therapy to meet the constraints and opportunities of each space.

Visuals and images

Drama therapy often involves the use of dramatic projection or the act of clients projecting their emotions, psychological state, or current difficulties onto dramatic materials such as objects or picture cards. Therapists found that projective techniques were particularly easy to adapt and access in the TbDT space, specifically through the use of visuals and images.

Every interview featured a visual or an image. This took several forms, including the sharing of artwork that had been made offline, as well as creating and sharing digital artworks and creations. Therapists described using GIFs or emojis as useful check-in and check-out tools, and also often

asked clients to take pictures of items in their physical space as a response to a prompt.

Some therapists thought of using visuals as a way to deepen their connection with the client, with both therapist and client sharing photographs of their physical spaces, as a way of inviting each other into their spaces. The visual language grew to be a powerful connector for many therapists, stepping in somewhat for the lack of the body, especially when the therapist and client did not share the same first language.

Images were often used in storytelling or role work, either with the client drawing offline and then sharing via picture, or using digital found images, or even photographs of themselves, making an embodied image. Images could be used for tools like the 6-part story method (6PSM) or could be the catalyst for creative writing.

Images were often used in the form of art, which the therapist and client both drew or doodled during the session, and then shared with each other at the end of the session. This formed a way for some of the therapists to stay present while waiting for clients to respond, but also as a further connection and rapport-building tool.

Storytelling

Storytelling was another technique that was widely used by the therapists, and one that was accepted to be easily transferable to the TbDT space. Therapists report having success playing simple story-based improvisational games, such as the fortunately-unfortunately game and the 6-part story method game.

The text-based space meant that it was easy to write the story in text, or offline and upload a photograph of it. Having the text of the story available at all times meant that the therapist was able to easily ask questions and find connections, and the client was also able to edit or reflect easily. Stories unfolded using a range of creative methods: text, visuals, voice notes, and objects, as well as in-session and between-session storying. The stories created space for clients to play with new perspectives and different roles, just like in-person sessions.

A significant difference between in-person and online work was that in text, the therapist listens to the story in a different way, having fewer

opportunities to interrupt during the telling. The therapist interacted with the story as a whole when the client was ready to share.

Text-based drama therapy (TbDT) has unique strengths

Accessibility

One of the major strengths identified in the data is that TbDT is easy to access for clients. TbDT takes away many of the logistics involved in therapy, meaning that the client needs to travel less and may have time for therapy that can fit into their day more easily. Some clients would never be able to make space for a traditional weekly therapy hour. Email and text mean these requirements can be adapted to the unique situations of the clients.

The online space also means that clients are connected more easily to therapists outside of their community, which can be useful when a client is in need of outside perspectives or is exploring culturally taboo topics. Without the need to travel physically to the therapist, distance is no longer an issue.

Gentleness

Text-based work is, by nature, slower in pace, as there is a natural rhythm to the back and forth of typing, recording, and listening to voice notes. This gentleness is also enhanced by the fact that there is no 'unintended witnessing', or the idea that while I am processing or thinking, I am not watched and potentially assessed by the therapist. I can choose when to be witnessed and when to take space. Therapists wondered if this gentleness might enable clients to feel more comfortable with creativity, as well as enabling a slow and sustained connection between client and therapist.

Another of the unique aspects of TbDT is that there is a record of everything that is said and created, for both parties to revisit. The client can use the text of the session to better integrate what was learnt, and the therapist can also refer back to what was said and done in a more specific and precise way. This record could also be used to track changes and to help the client gain perspective.

The third language of text-based therapy (TbDT)

The third language of TbDT captures the uniqueness of the connection in the text-based space. There is the language that we literally use: our spoken languages, then there is the creativity itself, and then there is the third language, which incorporates how we communicate when we do not have a body. This includes the visual language that is created, including how we use images, gifs, emojis, and photographs, as well as the rules that bind us (not grammar rules, but social rules: how this space works in particular, how I let you know that I am still here, or how I let you know if something is wrong).

This third language also mitigates the difficulty of not having therapy in your mother tongue, as it becomes a shared means of understanding connection and communicating. It is a written body language, where the patterns that indicate I am okay or not also appear in the way I communicate textually.

In short, the third language is one of connection and understanding developed by each client and therapist, unique to that specific relationship. It may include understanding norms and patterns in the way the client presents themselves in text, images to deepen meaning, and shared emojis, gifs or images with a unique, shared meaning.

Competency as a text-based drama therapy (TbDT) therapist

If we better understand how therapists already doing this work build confidence and competence, then perhaps we can learn how to train TbDT therapists before they enter the work. What emerged from the interviews is that experience and training both made a significant impact on the confidence of the therapist. Most of the therapists spoke of feeling initial nervousness, mostly due to how different text-based work was from what they had been trained in.

For many, this nervousness dissipated once the therapist had gained some experience in the modality. More experience allowed for relaxing a little control, learning that the modality was not so different, and that there were ways of creating connection, even through the screen. Interestingly, the experience did not necessarily have to be their own practice, though that definitely helped. Instead, relaxing control could also be hearing about the

positive experiences of others using this modality. There was a sense that, although this work was very different and new, someone somewhere was already doing it, so it must be possible.

The confidence was also linked to personal experiences of positive online connections, often with the pandemic acting as the catalyst. Confidence also came from having little pieces of experience with clients moving from in-person to online, or from running supervision online. These smaller therapeutic experiences allowed therapists to feel more confident to take the leap into fully text-based work.

Previous drama therapy training, specifically in the form of lectures or workshops, even briefly covering text-based work, helped therapists to know more about what to expect and how to set up a contained and playful therapeutic space.

Some therapists spoke of feeling confident to enter the work due to their own comfort level and experience with online spaces personally. Many spoke of valuing the use of text and videoconferencing for personal connections and friendships, and their personal preference for using voice notes with friends meant that they felt naturally led to use them therapeutically.

A smaller category that deserves further investigation is one in which a therapist questioned whether perhaps their own neurodivergence contributed to their comfort level in the text-based space. This therapist spoke of the idea that the distance that text-based work affords could help the neurodivergent therapist from becoming flooded or overwhelmed by their client's material. Although this is only one therapist's experience, it echoes my own reflection as a neurodivergent therapist and gives an interesting avenue for future research.

Although we cannot train therapists to be neurodiverse or force a love of the online space onto them, we can design training that combines practical and theoretical elements to create competence in TbDT. We can also introduce TbDT as a viable option for drama therapy, offering a space that is adjacent to traditional in-person drama therapy, which may help more people find space for themselves in drama therapy.

Conclusion

TbDT is an emerging and unique form of drama therapy, with much to offer the South African context and the Global South more broadly. In order to practice competently, drama therapists should seek out training and experience, especially in relation to understanding the shifts in control, clarity, and creativity that the field requires. In a world where convenience is often prioritised, TbDT gives us a glimpse of what accessible, adaptable, technologically informed drama therapy can look like, without needing to sacrifice the therapeutic relationship, creativity, or connection to our bodies and each other.

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

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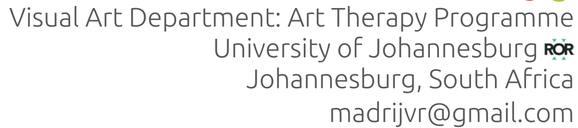
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Abstract

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

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

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

Introduction

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

Background

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

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

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

Systems thinking

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

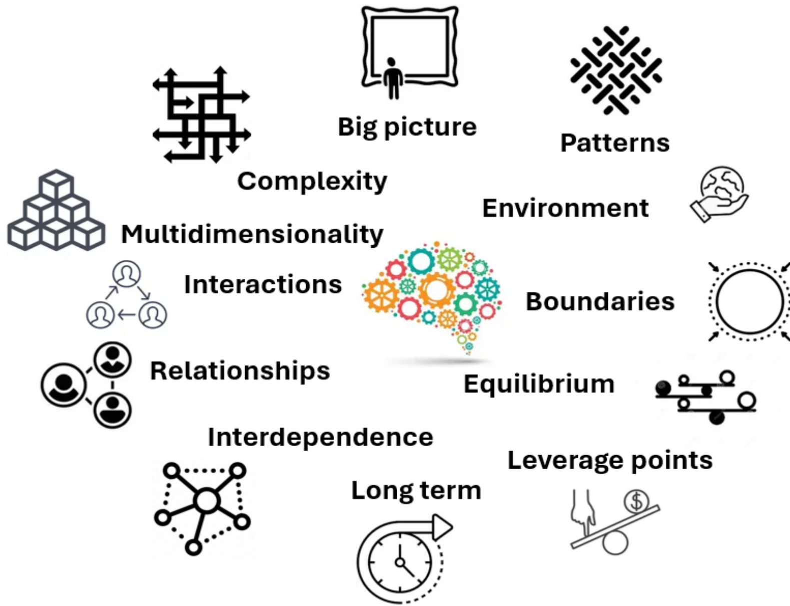

Figure 1: Key concepts of systems thinking (diagram by author)

Systems thinking in art therapy

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

Bioecological model

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

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

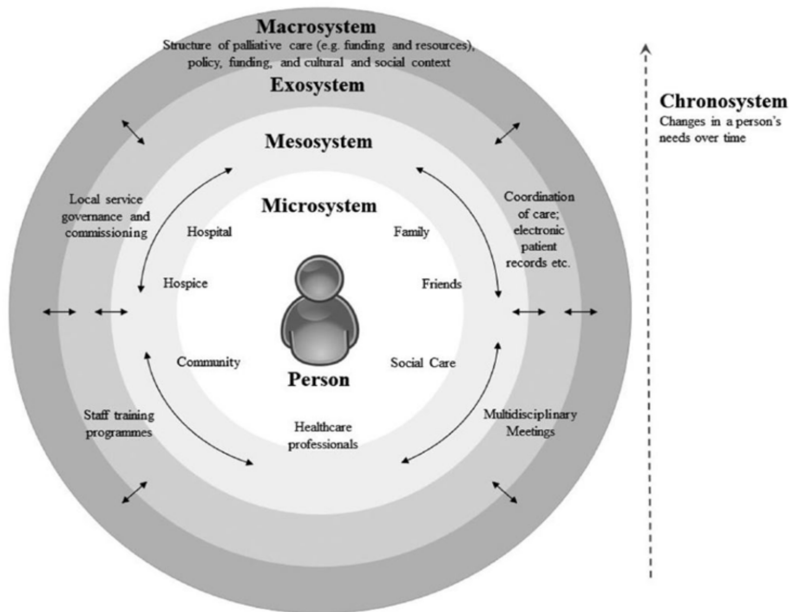

Figure 2: Bioecological model of complexity in palliative care (Pask et al., 2018, p. 1085)

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

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

Heuristic inquiry (HI) – being embedded in a system

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

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

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

Arts-based approach

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

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

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

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

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

Ethics

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

Introducing the example of palliative care

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

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

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

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

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

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

Approach to system mapping and the art therapist's positioning

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

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

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

Systems mapping process

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

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

Iterative Guide 1: Reflection and taking care of self

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

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

Figure 3: Positioning myself in the team (positionality)

Figure 4: Death in the family

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

Iterative Guide 2: Information gathering

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

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

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

Visual mapping

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

Six maps emerged during the process:

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

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

Step 1: Initial pliable map

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

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

Step 2: The view of others in the system

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

The engagement guidelines:

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

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

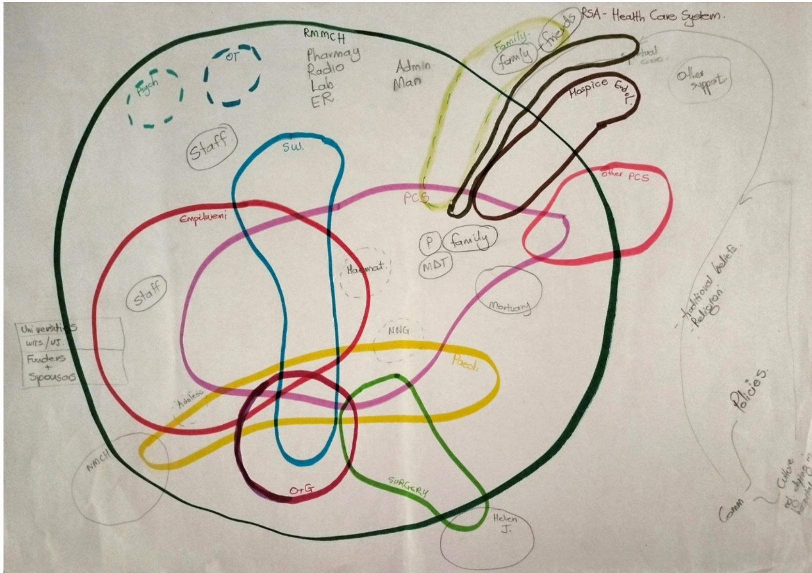

Figure 7: Hand-drawn map of the system capturing complexity

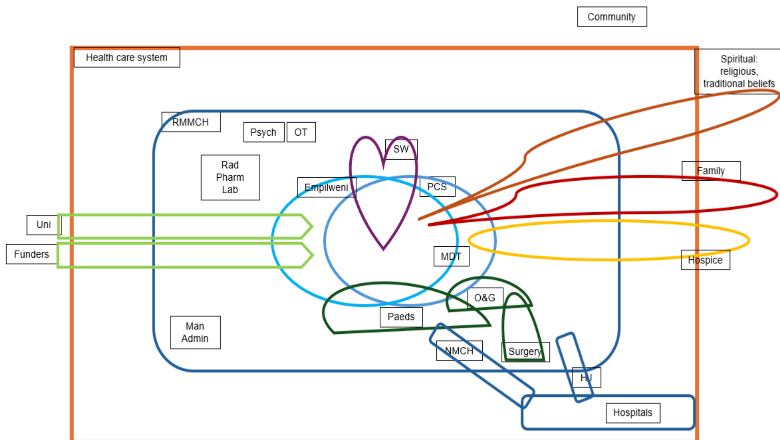

Figure 8: Electronic map of the complex system

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

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

Figure 9: Hand-drawn simplified map

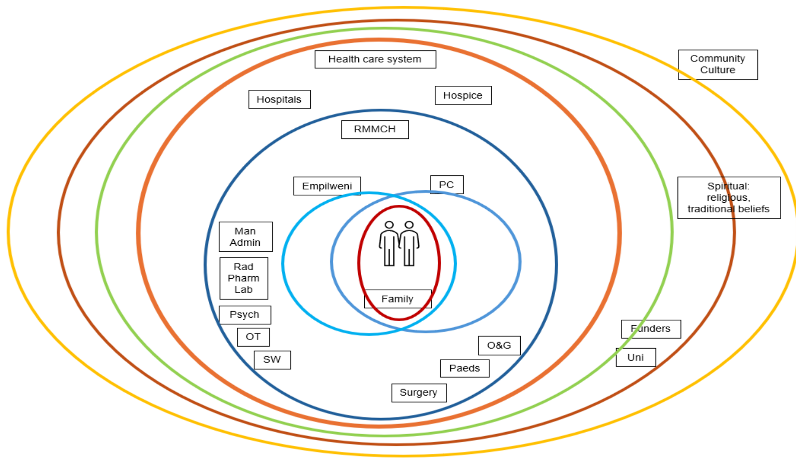

Figure 10: Electronic simplified map

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

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

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

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

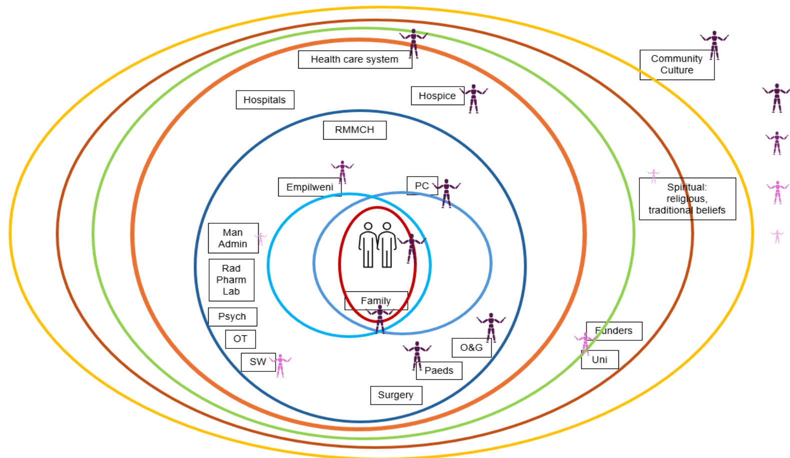

Figure 11: Positioning of the art therapist

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

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

Stage of care

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

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

Focus client

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

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

The specific task of the art therapist

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

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

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

Table 1: Example matrix of art therapist positioning and contributions

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

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

Step 6: Visualising holistic service provision

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

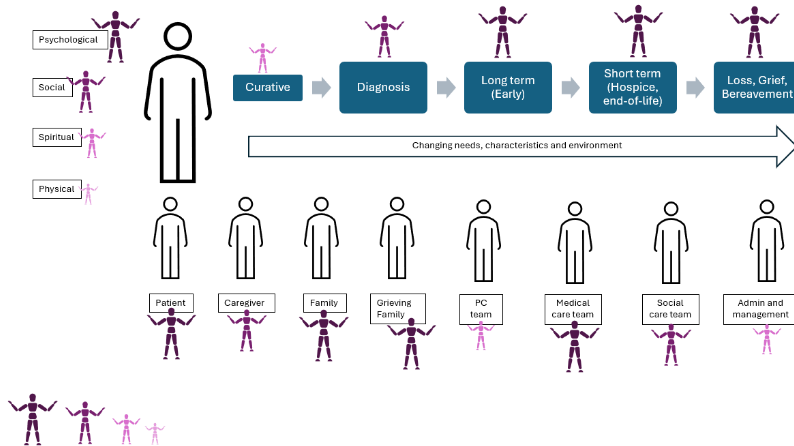

Figure 12: Relevance of art therapy in PC stakeholders and stages

Step 7: Identifying key considerations in positioning the art therapist

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

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

Step 8: Implementation

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

Conclusion

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

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

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

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Bio

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

Abstract

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

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

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

Setting the scene and introduction

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

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

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

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

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

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

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

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

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

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

Literature review

Ubuntu as a philosophical and therapeutic framework

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

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

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

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

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

Art therapy in South Africa

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

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

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

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

Multidisciplinary teams (MDTs) and Ubuntu in practice

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

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

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

Community-based art therapy and Ubuntu

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

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

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

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

Discussion

Ubuntu in art therapy practice

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

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

Ubuntu in multidisciplinary teams (MDTs)

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

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

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

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

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

Implications

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

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

The implications of this integration are multifold:

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

Conclusion

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

Declaration of Use of AI-Assisted Tools

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

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Umkaphi: Ukukhanda ucwaningo besintu yobuciko olaphayo – reconceptualising ethics and reflexivity in narrative enquiry method for drama therapy research

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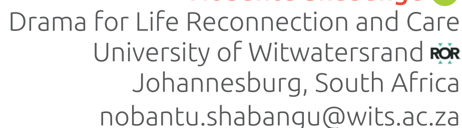
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Bio

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Abstract

Drama therapy's central principles involve embodiment and projection. This article reflects on these principles as an undercurrent in the method chapter of my master's thesis. I proffer that, as a novice narrative inquirer,

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I transformed the trauma of my grandmother's hoarding of empty plastic bottles into an adjunct research process for a narrative enquiry method. Through the process, I draw parallels between this intuitively driven mode of conducting research, that is, reconfiguring the extra sensibilities attained from my maternal lineage: my mother, grandmother, aunts and other women elders who trained my researcher capabilities through Zulu cosmology. As such, I explain how the concept of *umkaphi* (guide) provides grounded ethical guidance, critical distance and interties with reflexivity. I argue that proximity to the subject matter, as well as participants, positions the researcher at an advantage for in-depth data collection and analysis. I explain how Western, educated, industrialised, rich, and democratic (WEIRD) research has affected drama therapy research and why a new reading of research is needed. The article is sectioned into titles forming waves of arrival: arriving to myself, arriving to drama therapy, arriving to the concepts of *umkaphi*, arriving to the concept of invisibilisation, and arriving to a method of transforming the experience of my grandmother's hoarding into an aspect of narrative research methodology—*ukuhlahlela okulahliwe*. The findings signal a procedural change in drama therapy through unique and intentional reconfigurations by Black drama therapists.

Keywords: Drama therapy, reflexivity, narrative enquiry, feminist methodologies, transformation

Introduction

Qualitative research appreciates the teller's wisdom and insight, and so narrative enquiry becomes an exchange of stories between the researcher and the respondent. In 2021, my research focused on interviewing Black drama therapists to gather their perspectives on their experiences in the field and gain insights on becoming a drama therapist in post-apartheid South Africa. According to several scholars, first-person narratives assist in the reconfiguration of one's identity in their perpetual evolution of becoming in a post-colonial world (Fanon, 1986; Gqola, 2001; Nielsen, 2011; Manganyi, 2013; Tamale, 2020).

Exploring diverse epistemic knowledges, according to Magoqwana, Magadla, and Masola (2024), means moving between native tongues and academic language to expand not only the linguistic repertoire of the researcher but also to encourage "revisiting our mother's epistemic

foundations" to deepen research. At the core of this article is conceptualising research from "lived wisdom", which is a scholarly approach that centres African women's lived experiences as legitimate entryways that appreciate African women's intellectual and conceptual labours (Magoqwana, Magadla, & Masola, 2024). Afro-feminists emphasise the inherited intellectual modes passed down orally across generations, which, when the printing press arrived in South Africa, were archived through indigenous languages and English texts (Magoqwana, Magadla, & Masola, 2024). However, meaning was lost through translation, and often male voices were centred. Before colonialism, women's knowledges were passed down through orality and archived through certain rites of passage, where artefacts like *ukhamba*,[1] *isidwaba*,[2] and *icansi*[3] were passed down across the generations.

On a personal note, many of these artefacts were non-existent in my family because of constant displacement during apartheid. Instead, I inherited hundreds of my grandmother's empty plastic bottles, which she diligently hoarded until her death. However, even without our traditional artefacts, the bodies of maternal figures in my family became the living vessels carrying hundreds of years of history. In *What is Slavery to Me*, African feminist Pumla Dineo-Gqola (2010) describes the liminal space of becoming the idealised self for Black women in post-apartheid South Africa as a site of affirmation that marks an end to silencing. Gqola (2010) explores the concepts of unremembering and reremembering in an attempt to redeem Black women's ontology through the plurality of their lived experiences. This article primarily focuses on reconceptualising the narrative enquiry method by firstly revisiting the voices and inherited trauma from my maternal lineage.

Umlando:[4] Arriving to myself and drama therapy

I am Black. I am queer. I am an isiZulu speaker. I am a woman, the third generation of last-born daughters on my mother's side; this means my mother was a last-born, and so was my grandmother. I am the granddaughter of Ndabazabantu Joseph Mthembu and Nomusa Juliet Mthembu, and the daughter of Innocentia Phumizile Mthembu and Benjamin Vusi Shabangu.

1 Clay pot
2 Loin cloth worn by married women
3 Straw mat for sleeping or sitting on
4 History/background

Some elders, when they hear I am a Shabangu, call me MaBhele, a celebration of the family trunk that connects Shabangus and unites several other Bantu lineages in the Southern African region. Some call Shabangus the original tricksters, but this is not an article about archetypes, and so I resist the temptation to indulge.

My grandmother, Judith Pinky Shabangu, taught me the *isithakazelo*[5] of our people before she passed away; apparently, our people were praised for the skills of crossing mighty rushing rivers so effortlessly that, when we got to the other side of the bank, we looked even more beautiful and surreal, peaceful even—this is but a loose translation. Personally, this powerful praise song is hard to believe and even more difficult to recite, given the painful experiences of my family during apartheid.

Herein, I outline my arrival to drama therapy from a position of being born in a democratic dispensation, yet still experiencing the vicarious trauma of apartheid from my grandmother. Coming from a maternal line of healers who were riddled by poverty, I questioned how my family came to live in such deplorable conditions, especially because I knew my mother and grandmother intimately outside of their daily work as domestic workers and tea ladies.

I knew them as the women who spoke good English despite their limited education, women who taught me how to knit, bake, and garden; but mostly, I knew them as healers who knew how and when to brew *muthi*[6] according to the moon cycle. I knew them as tender women who explained the world to me without breaking my sense of wonder and curiosity. However, I also knew them as women who could not fulfil their own spiritual callings due to displacement because of apartheid, low economic disposition due to limited education, and limited access to other forms of work.

Moreover, the psychic wound of never seeming to arrive due to the legacy of the colonial injury had forced them to question the validity of the power in their spiritual craft, especially since they had not undergone initiation for their own callings. The grief of them never having the opportunity to fully realise their greatness weighed heavily on me by the time I registered for the course, and that grief was reawakened by both

5 Recitation of clan names or outline of lineage (singular of izithakazelo)

6 Medicine, specifically African Traditional Medicine (ATM). Muthi is typically used for bodily ailments that emanate from natural and supernatural causes

their passings. Contrarily, their passings also liberated me from the fear of pursuing my dreams. Understandably, career visibility for my mother and grandmother, much like the rest of the population that was born before or during apartheid, was recognised in servant labour, meaning one could not self-determine their career trajectories (Mkhize & Frizelle, 2000; Mkize, 2005).

Umzabalazo:[7] The conception of invisibility

I argue that the psychic wound is a manifestation of invisibility, and in this section, I examine the conception of invisibility through Black feminists, philosophers, and psychologists, primarily Fanon, Gobodo-Madikizela, Gqola, Manganyi, Mkhize, and Stevens. This conception is further explored within the psychology, medical, and drama therapy fields.

Fanon (1986) argues that the colonial hangover informs the tacit ways that Black bodies navigate and negotiate space based on historic alienation during colonisation. Herein, the notion of adopting the popular language and culture directly correlates to access and being socially accepted, whereas failure to do so means isolation and alienation, that is, non-existence. Therefore, to be Black and fully embodied in the university, since universities are colonial entities, is based on racial alienation. As such, to be visible means, to an extent, employing self-betrayal to achieve racial and class membership, as well as belonging within social associations (Nielsen, 2011; Gqola, 2001; Hook, 2004; Freire, 2017; Tamale, 2020).

However, for Africans, the intersection of personhood and vocational identity is crucial, especially where societal roles shape meaning and purpose (Mkhize & Frizelle, 2000; Makanya, 2014). Therefore, self-betrayal is impossible, or rather the last resort. Job titles reflect motivations and experiences, though individual experiences remain diverse despite collectivist values (Fabiano, 2010; Mkhize & Frizelle, 2000; Stevens, 2016).

Black women feel the pressure to academically assimilate more than other student groups. Mkhize and Frizelle (2000) state that the main challenge faced by Black female students is the need for perceived high performance because they face increased scrutiny. These policies, though founded in legislative emancipation, create pressurised environments,

7 The struggle

because in post-apartheid South Africa, race relations still affect university experiences (Ngema et al., 2023).

Previously disadvantaged students reported significant challenges compared to their white peers. Gobodo-Madikizela (2015, p. 263) highlights the invisibility of Black medical students, illustrating this issue further:

> "To deny the painful reality of another person is to render the person invisible. The tragic part of this is not so much the denial of the Other, but rather the silencing of the protagonist's own conscience; that is to say, the dehumanisation of the self".

This reveals that the colonial act of invisibilising Black people through racial identifiers such as 'non-white' annihilated core cultural identities, resulted in Black people being seen as non-entities in previously white academic streams, and produced static atmospheres in the professional realm.

The supervisee-supervisor relationship develops the capacity of future therapists; therefore, a good relationship is required. However, in the United Kingdom, a study found that interracial supervisee-supervisor relationships between white supervisors and non-white psychology students often resulted in conflict concerning client care, student performance, and readiness for work due to the discipline's Eurocentric roots (Eklund et al., 2014). Similarly, with white female drama therapists comprising over 80% of the professional population (Mayson, 2020), the South African foundations of drama therapy mirror the foundations of the South African psychology field, with accounts of being silenced during supervision meetings (Qhobela, 2015; Manganyi, 2013).

South Africa's first Black qualified psychologist, Chabani Manganyi, found himself a political refugee in the United States after experiencing exclusion from the South African psychological professional bodies. According to Stevens (2016), Manganyi demonstrates professional resilience and signifies the naming of the obstacles manifesting from being historically viewed as a non-entity despite his academic accolades and qualifications.

It is in narrating and re-narrating his training experiences during apartheid that Manganyi reaches a reflexive disposition, highlighting the fight to be professionally recognised. Similarly, the Black women that I interviewed navigated the same obstacles and, through a narrative approach, found a means to voice their frustrations, joys, confusions, and achievements.

Ubuciko olaphayo:[8] Drama therapy's arrival in South Africa

Henrich, Heine, and Norenzyan (2010) posit that Western, educated, industrialised, rich, and democratic (WEIRD) research is linguistically and conceptually skewed towards satisfying a minority of the world's population perceptions, that is, the Global North. Furthermore, WEIRD research often carries assumptions of universality, but in so doing, creates alienating disciplines. As such, the medical and behavioural sciences are unfairly attributed with traits of objectivity. However, American psychologists make up approximately 5% of psychologists in the world, and research from the United States dominates psychology across the globe (Henrich, Heine, & Norenzyan, 2010). Therefore, the medical field and psychology are inherently biased and limited in serving non-white, or rather non-WEIRD, populations. Consequently, drama therapy's arrival in South Africa, a decade after political liberation, is not unmarred by the colonial hangover and WEIRD research.

Drama therapy emerged in the second half of the 20th century across America, Europe, and the United Kingdom, underwent various developments (including short courses), and was officially formalised in the United Kingdom through the Health Professionals Council (Langley, 2006). The modality is characterised by the foundations of psychology and theatre, with elements borrowed from shamanistic performances calling for healing through dramatic action, symbolism, role-taking, mirroring, projection, and embodied play for psychological growth and catharsis (Pendzick, 1988; Feniger-Schaal & Orkibi, 2020).

The development of drama therapy in the West contrasts with the South African timeline, whereby during the 20th century, the country saw the exchange of colonialism with apartheid (Gallo, 2020). Drama therapy, therefore, arrived in South Africa as a Western export to the only department that offers the course at the University of Witwatersrand. Attempts to position the discipline within activist streams placed the pedagogy alongside applied drama and theatre, with both disciplines focusing on social transformation and healing (Nebe, 2016). However, limitations to reach the broader South African population through trained drama therapists that are racially and linguistically representative of the population are revealed

8 Healing arts

through a baseline review of the student enrolment statistics, which indicate a stagnation of enrolment numbers, particularly for Black students, year after year (Shabangu, 2024).

Between 2014 and 2021, Black female students consistently comprised a minority in drama therapy enrolment, and despite women making up 81% of total students, Black women only comprised 30% of the female cohort (Mayson, 2020). These percentages point to bridging the gaps in WEIRD research by examining the retention rates of Black women students in the journey of becoming drama therapists. Moreover, research on retention in South Africa is complicated by the history of work migration and indentured labour, whereby for a significant period, research on career development was limited due to the restricted opportunities for work beyond blue-collar employment and the limitations imposed by Bantu Education during the apartheid era in South Africa (Gallo, 2020; Phadi & Ceruti, 2013; White & Ali-Khan, 2013).

According to Henrich, Heine, and Norenzyan (2010, p. 112), building concepts that are rich in diversity bridges the gaps identified in WEIRD research and creates a new window to understand certain behavioural trends within specific populations:

> "Researchers can view phenomena from a novel perspective, not constrained by their own intuitions, when they study those from other cultures, and can potentially discover phenomena that they otherwise would not see. However, we disagree with an extreme version of this argument, which proposes that researchers should entirely avoid studying people from their own culture. Researchers' intuitions about the ways people in their own cultures think can be a useful source of understanding in building theories and in honing research instruments".

Access and assimilation go hand in hand with political liberation; however, access to the discipline does not necessarily translate to assimilation because assimilation into academic cultures is still centred in WEIRD cultures (Swartz, 2009; White & Ali-Khan, 2013).

Ukuhlahlela okulahliwe:[9] The metaphorical exploration of the narrative enquiry

According to Moore et al. (2020), historical trauma often leads to unresolved grief, and the awareness of systematic oppression needs to be brought to the surface as part of the therapeutic work. Hearing the same stories of the losses experienced by my grandmother and mother sounded more like cries for justice, much like a formal grievance process. I, in turn, internalised all the narratives, hoarded them, and formed an unhealthy relationship with my identity. However, Mkhize (2000, p. 4) explains this phenomenon as a natural process in one's transformation:

> "During the process of development or 'ideological becoming', an individual enters dialogue with a number of social and cultural voices or perspectives. These voices, which may be composed of utterances by parents and grandparents, including collective group understandings as reflected in cultural and religious prescriptions, are preserved in the psyche, where they can engage in an inner dialogue with each other".

In preparation for the narrative enquiry, I went back home to my maternal grandmother's garage, where she kept her hoard of empty plastic bottles. These garage sessions turned into quasi-experimental moments. I walked through hundreds of empty plastic bottles that she had been collecting with hopes that one day she would accumulate enough to sell and make a sizeable amount of wealth.

I played around with these empty plastic bottles daily in the silence and in the grief. I took off the caps and exchanged them with the other mouths of bottles. I carefully read the ingredients on the labels and then turned the labels around to the blank side while I thought of a new label. These sessions became playful and sobering meditations.

The pain of playing with these empty plastic bottles surfaced in most of my sessions as I considered the condition of Black lives in my community: empty, fragile, and non-redeemable. I needed to move from this emotional disposition by externalising and projecting my uncomfortable feelings into the bottles I performed with before the interviews with the drama therapists. I knew that I needed to approach my participants without apathy and not

9 Analysing that which is discarded

assume their conditions were similar to those in my environment. I relabelled the bottles by writing down the values of my research on the blank side of the label. Sometimes I would get stuck, but I would put my ear to the bottle as if I could hear it, listen to the echo, and then write a new label for the bottle, such as *isidima*,[10] *uthando*,[11] *inguquko*,[12] *impumelelo*,[13] *umvuso*,[14] *inhlawulo*,[15] and various others that informed the chapter titles of my research but also prepared me for deep listening during my participants' interviews.

Umkaphi:[16] Relational ethics and reflexivity

Often, concerns about validity and credibility arise due to the proximity of the researcher to the field, the selected participants, and the research topic. However, Haverkamp and Young (2007) state that a proactive researcher who invests in the relationship with their participants produces in-depth findings. The insider-outsider researcher approach is, therefore, the prime position to interrogate the interacting forces between systems and people for redressing institutions that determine visibility and progressiveness (Dwyer & Buckle, 2009; Fook & Gardner, 2007). Previous drama therapy research points to the importance of the insider-outsider researcher. For example, Qhobela's (2015) master's thesis is a self-reflection on the performance of race in drama therapy sessions, pointing to a need to be hyper-visible because of a lack of attention paid to drama therapy trainees during her time. Precarity surrounds Black lives and places them at the periphery of power systems; therefore, a "new bodily ontology" implores us to rethink social belonging, injurability, and bodily presence (Butler, 2009).

It is significant to factor in belonging when conducting research, especially in historically marginalised populations (Gaotlhobogwe et al., 2018; Walkington, 2017). I shifted the nature of research from one that is purely clinical and objective to a method that emphasises democratic data collection

10 Dignity
11 Love
12 Transformation/change
13 Success
14 Resurrection
15 Reparations
16 Guide/guider

and a rethinking of research ethics. Herein, I resorted to my Zulu culture's notion of *umkaphi*[17]—the person who guides another to their destination.

Typically, *umkaphi* knows the way better than the person being guided, because the *umkaphi* has the experience of being on that path before. Typically, *umkaphi* takes on the role of the listener of grievances and maintains an objective stance in social altercations while still acting as an advocate for the person they are guiding. *Umkaphi* takes on different meanings in different contexts: spiritually, *abakaphi*[18] are guides who point the living in the right direction and path. In this instance, they are considered benevolent and wise, unlike other spiritual guides who may have malicious intent. Every rite of passage calls for *abakaphi*. At an initiation, *umemulo*[19] guides young Zulu maidens. At a wedding, *abakaphi* are regarded as part of the bride's party, ensuring that the bride is well represented and taken care of before and during the wedding presented by the groom's family. As such, *abakaphi* direct the research process and serve as ethical reminders for the manner of relating to others in different situations. Furthermore, *abakaphi* hold the boundaries for interactions and act as vessels for accountability. In addition to my research supervisor and my spiritual guides, other *abakaphi* I encountered were the qualified drama therapists who had started their journeys years before me, the ones who charted the path before I knew of its existence, and from their destinations and different vantage points, responded to my call for interviews with keen investment in the research article's formation and completion.

Additionally, I engaged in the practice of reflective journaling during the research process to mediate fluctuations, as both the researcher and participants are in constant flux (Popoveniuc, 2014). By adopting a reflexive approach throughout the research process, I was able to evaluate the findings with the clarity afforded by critical distance. I kept a critical reflection journal throughout the research process to evaluate my own assumptions. For example, some participants articulated their selfhood within the lens of Black womanhood instead of Afro-feminism. I had to examine my own labelling of others, and I realised that the resistance to being identified and codified as Black and feminist was due to the structural difficulties faced during

17 Guide/guider

18 Plural for guide, i.e., guides

19 Rite of passage for young unmarried women

their years at university. Even when respondents did not express difficulty due to their race, the resistance to this identification could be attributed to the need to evade historical negative connotations of being visible solely in those ways.

Conversely, class identity for the interviewees seemed to also contribute to the self-definition of 'Black woman', wherein the identity of being called a woman was not argued, but being Black was; again, this is because of the historical negative connotations associated with the compound identity of being Black and a woman.

Drawing out the points of a discernible reality proved interesting yet challenging because the research process elicited responses that went beyond clinical responses towards nuanced dialogues that add criticality. As a result, the intimacy of narrative enquiry opened a channel to practice true reflexivity and apply ethical hygiene.

Inzuzo yendaba: Findings

The findings gleaned from the five semi-structured interviews that I conducted indicate three factors that directly influence drama therapy students in pursuing the career further: a positive master's experience, a positive internship experience, and positive drama therapy supervisory support. These three factors all have a singular link, which is relationship building—either laterally with drama therapy classmates, hierarchically with supervisors and lecturers, or externally with internship sites that could potentially lead to long-term work opportunities. Four of the five participants identified as drama therapists, and all five perceived the career to be economically viable. The drama therapists who connected well with their supervisors fared better, but this was not always the case; instead, the drama therapists interviewed sought extra support by finding another supervisor with whom they could culturally connect and be mentored fairly. This was found in the form of an elder Black woman in a similar profession:

> "I felt it expanded my relationships beyond just the work relationship part because I could go to her about the concerns that I had, I didn't necessarily take my therapeutic work to her but she was wise enough to know how to assist me and support me by virtue of their expertise in the field and my way of working as well is very community based so she was able to plug in quite a lot and shape quite a lot. She had worked overseas but she's also worked here locally, and she had

> that wisdom of what the possibilities of overseas are and she formulated a lot of working systems in that environment. She was a groundworker like she's a ground worker and a pioneer." The Preceptor (Shabangu, 2024, p. 60).

The five participants came from a middle-class background. Three of the five participants were mothers. Motherhood was particularly integral for building inner resilience for three of the participants, and all the participants described positive parenting during their childhoods that built their inner reserves for *resilience*. One participant shared about their mother's influence:

> "My mother was very particular about the words. She is very metaphorical. She came with the rules and strictness in the house, but that created structure for us. It became the space of safety." The Dancer (Shabangu, 2024, p. 66).

Feminist ontologies expose the intersections of oppression women experience by deliberately naming phenomena that are particularly directed at denigrating women and their intellectual labours (Magoqwana, Magadla, & Masola, 2024). Moreover, Afro-feminism deconstructs these oppressions and links the oppressions to structural powers, unearthing the layers of suppressed meaning:

> "If we are to achieve effective intersectional analyses… then looking inside texts and narratives for ideological traces means implementing a mode of analysis which reads contradictions within texts as refractions of structural, material, and ideological contradictions. It means being attuned to the cracks, absences and discontinuities in stories instead of conducting 'smoothed over' analysis which reproduces univocally" (Tamale, 2020, p. 71).

Afro-feminist theorists informed the development and condensation of the following themes: *strong Black woman (SBW), angry Black woman (ABW), Andizi, Black masquerade*, *gatekeeping*, *academic racial politics,* and *community between Black drama therapists* (Gqola, 2001; Kiguwa, 2019; Ngema et al., 2023; Motimele, 2019; Tamale, 2020; Tamale & Oloka-Onyango, 1997; Shabangu, 2024; Watson & Hunter, 2016). These themes point to centres of power for the interviewees and centres where deliberate invisibilising takes place if the terms and conditions of assimilation are not met (Shabangu, 2024). For example, SBW and ABW were configured differently by the women; three of the women's narratives subscribed to this label, whereas

the latter seemed to be an aggressive descriptor forcibly put onto the two women who did not subscribe to being strong Black women—a descriptor feared by all women for fear that they would not be perceived as agreeable and would face social isolation, which came true for one participant.

Therefore, conditions of the drama therapy qualifying process are not far removed from Manganyi's own account in apartheid South Africa—however, the participants seemed to have more agency. Whilst the findings are textured and vary from participant to participant, the majority expressed an overall positive master's placement year and internship year, except for one participant who generally had an overall negative experience. The prevailing themes of *racial politics*, *Black masquerade*, *strong Black woman*, and *angry Black woman* signal a negative visibility that delayed or deferred pursuing a drama therapy career for one participant:

> "I did my hours, but I've not finished my hours actually because I just stopped. I felt that I wasn't happy doing what I was doing so I stopped. This was what I felt even doing my master's I felt I wasn't being supported I wasn't being heard, and I wasn't being seen as an individual. I don't know how else to explain it. I know that we were supposed to be studying but I saw all the people being supported and I wasn't. I knew I was not being supported by anybody, but it was just me on my own, that's it! You take the individual into account; not just take the collective. You know I didn't want to seem like an angry Black woman who always complained so I tried to limit my complaints. But even when I did present it, it wasn't like anybody listened, you understand? So, no I had a horrible experience." The Writer (Shabangu, 2024, p. 58).

To an extent, a favourable economic upbringing positioned all the participants at an advantage because economic-class membership buffers social associations; however, class identity offers little protection against being first read as Black (Phadi & Ceruti, 2013). All the participants reported encounters of being treated as some form of stereotype, causing them either to shrink, silence themselves or, conversely, overcompensate as students and in their professional roles, proving that these micro-traumas were experienced by all the women, even though the majority expressed a positive experience. However, once they fully attained their qualifications, they found that they enjoyed new powers of self-determination in the field; they could rest and return at will—choosing what visibility looks like for them:

> "I refuse to go to some of the things, but because I feel like if I'm to survive now I'm good in the field and to continue being as passionate, I would need to make sure that those that I'm streaming along and walking with are people that I know are not induced by power dynamics, that are not interested in reminding me who started drama therapy in South Africa; that for me is problematic. The commitment is on the work ethic. It's not in the politics and I'm not interested in debating, and so I prefer the groundwork." The Preceptor (Shabangu, 2024, p. 64).

The narratives demonstrate that professional visibility for Black women drama therapists is measurable, though often undermined, and their trustworthiness is frequently invalidated. Whilst these interviews were conducted on a one-on-one basis, the collective narratives carry common nodes that connect the participants, creating a paradox of being both visible and invisible even to each other. These findings arguably point to the transposition of apartheid trauma in drama therapy and explain the experience of micro-aggressions. Collecting these narratives from drama therapists reminded me of wading through the hundreds of empty plastic bottles and relabelling them as my assumptions dissipated about each interviewee during our sessions. One participant who had quit her training felt encouraged to go back and finish her clinical placement hours after the interview. The process was affirming and cathartic for the participants, in that initially I started with three participants, but two of them then referred two other drama therapists to me. These drama therapists, who were not queer, not me, in a way acted as *abakaphi* for me and were affirming the process of becoming a drama therapist to me with the singular message: you may get fractured along the way, but you will arrive whole.

Conclusion

The article suggests that 'lived wisdom' is an integral part of narrative enquiry, especially in South Africa. I created a non-biased narrative enquiry mode by externalising my psychic tensions onto my grandmother's hoard of empty plastic bottles that symbolised my generational trauma and transformed the bottles into repository vessels for my research. The concept of *umkaphi* (guide) plays a crucial role in this research and emphasises the importance of relational ethics in narrative enquiry. Positionality is marked by membership, and the significance of the insider-outsider researcher proves

that proximity allows for honest communication, data capturing, and finding nuance in the participant narratives. The onto-epistemologies of the women interviewed illustrate the myriad complexities that each drama therapist engages with to be certified and empowered.

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Polyphonic bricolage and cultural humility: A framework for reimagining art therapy practice in the Afro-Caribbean context

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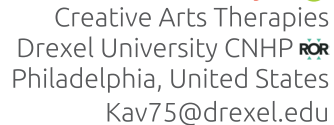
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Bio

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Abstract

This article proposes polyphonic bricolage, a concept introduced by Schmidt (2006), that embraces the dynamic blending of diverse cultural influences as a tool for addressing the psychosocial needs of Afro-Caribbean clients in art therapy. Eurocentric art therapy models often fail to account for the cultural complexities of these communities, resulting in marginalisation and inequitable practices. Polyphonic bricolage offers a lens for understanding the shifting cultural identities of Afro-Caribbean clients, emphasising their fluidity, agency, and identity formation. When integrated with cultural humility, it highlights the art therapist's role in fostering therapeutic alliances and ensuring equitable practice. By cultivating self-reflexivity and flexibility, art therapists can recognise biases and create spaces that honour clients' lived

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experiences. This integrated framework encourages culturally responsive interventions that build trust, empower clients, and lead to meaningful therapeutic outcomes. A brief supervision vignette demonstrates how a lack of cultural understanding can cause harm and illustrates the importance of culturally attuned practice. Ultimately, combining polyphonic bricolage with cultural humility provides a pathway for art therapists to engage Afro-Caribbean communities in a more responsive, fair, and empowering way.

Keywords: Polyphonic bricolage, art therapy, Afro-Caribbean, cultural humility, cultural sensitivity, culturally responsive practice, therapeutic alliance

Conceptual foundations: Polyphonic bricolage and cultural humility

This article proposes polyphonic bricolage and cultural humility as an integrated theoretical framework for reimagining art therapy practice in the Caribbean context. Grounded in both decolonial and relational paradigms, as articulated by Chilisa (2020) in her advocacy for Indigenous methodologies that prioritise relational accountability, community participation, and the centring of local knowledges, this framework provides the conceptual lens through which the psychosocial realities of Afro-Caribbean communities and the brief supervision vignette presented later are analysed and interpreted throughout the paper. Polyphonic bricolage emphasises the dynamic blending of cultural voices, histories, and practices, reflecting how Afro-Caribbean identities emerge through processes of adaptation, negotiation, and creativity. Cultural humility complements this by foregrounding reflexivity, openness, and ethical engagement, positioning the therapeutic relationship as an evolving, co-created space rather than a fixed or hierarchical one. Together, these principles offer a responsive and transformative approach that resists static, Eurocentric interpretations of art therapy and instead centres cultural complexity, lived experience, and collective meaning making.

Recognising that Eurocentric frameworks limit the application of art therapy practice in non-Western contexts, this article offers a culturally responsive perspective inspired by firsthand experiences as an Afro-Caribbean art therapist. Recent work by Donald (2025) highlights the rise of community-based and culturally grounded art therapy in the

Caribbean, emphasising the role of creative expression as both a healing and methodological process. Similarly, interdisciplinary scholarship (Kaimal & Arslanbek, 2020) situates artmaking as a bridge between communal resilience and individual transformation. The specific psychosocial forces at work within Afro-Caribbean communities are discussed, including the impacts of family and intergenerational dynamics, the blending of philosophical, spiritual, and healing practices derived from multiple cultural influences, the experiences of stigmatisation that make trust a critical issue, and the sociocultural barriers to accessing therapy (Gallimore et al., 2023; Hickling & Hutchinson, 1999; Robinson et al., 2021; Sutherland et al., 2013).

The polyphonic bricolage and cultural humility framework directly engages the psychosocial forces shaping Afro-Caribbean well-being, thus providing a contextually grounded methodology aligned with Chilisa's (2020) emphasis on knowledge systems that emerge from lived experience and relational ethics. By weaving together these elements, the framework provides a fluid, culturally grounded, and ethically attuned model of art therapy that honours Afro-Caribbean worldviews, fosters creative agency, and promotes both personal and collective healing.

Clinical and personal motivation

As an Afro-Caribbean woman and art therapist, my journey into the field has been profoundly shaped by my identity, cultural background, and professional experiences. I completed my art therapy training in the United Kingdom and began my career working for a children's charity in inner-city London. These early years as a clinician and team leader provided invaluable lessons that continue to inform my practice.

In my role, I supervised over twenty-five clinicians and trainee practitioners from disciplines such as social work, psychology, and therapy. Our work primarily supported schools in low socio-economic areas with large migrant populations, many of African and Caribbean heritage. Across these contexts, I witnessed a recurring challenge: a cultural disconnect between clinicians and the clients they served. Misunderstandings and biases, particularly regarding Afro-Caribbean family structures and values, often hinder therapeutic engagement, revealing the need for culturally informed frameworks and deeper cultural humility in practice. Many clinicians admitted feeling unequipped to address the concerns of clients from African and

Caribbean backgrounds, resulting in a disproportionate referral burden on Black therapists and exposing systemic inequities and emotional labour within the organisation.

One vivid example of this occurred during an informal supervision session with a social worker who was mapping a client's family structure using a genogram, a therapeutic diagram used to visually represent relationships and family dynamics across generations (McGoldrick et al., 2008). The client, a young person of Caribbean descent, was living with a relative in the United Kingdom while their parents remained in their home country, a common caregiving structure in transnational Caribbean families shaped by migration and kinship reciprocity (Arnold & Barnes, 2011; Crawford-Brown, 1999). The social worker expressed surprise and dismay as they related the client's complex family caregiving/relational structures. To me, this response reflected a Western perspective that assumes the nuclear family model as normative (Falicov, 2003). However, in contrast, Afro-Caribbean understandings of family are collectivist and relational, grounded in shared caregiving and mutual obligation (Nakhid-Chatoor, 2022; Ramkissoon et al., 2008). This distinction underscores what Sutherland (2011) describes as the tension between Eurocentric individualism and African-centred relationality in mental health frameworks. To me, the social worker's reaction underscored the broader issue: many clinicians struggled to navigate cultural nuances and often approached cases with assumptions rooted in dominant cultural norms. Sharing a similar Caribbean background as the client, I reflected deeply on the discomfort I experienced during the conversation. As an Afro-Caribbean woman and a single mother who had left my daughter in the care of my parents in the Caribbean while I studied in the United Kingdom, I recognised this family dynamic as a common cultural practice. I reflected on the importance of a broader understanding of such practices and how perceptions may stigmatise clients. The Western lens often assumes individual autonomy as the foundation of psychological health, privileging nuclear family systems and rational expression (Falicov, 2003). In contrast, Afro-Caribbean epistemologies emphasise interdependence, collective caregiving, reflect resilience, family adaptability, and the spiritual dimensions of family life (Arnold, 2006; Donald & Brock, 2023; Donald et al., 2024). This divergence reflects broader cultural ontologies that locate healing within community and ancestry rather than solely within the individual psyche.

This experience, and many others like it, fuelled my commitment to advocating for culturally sensitive therapeutic practices. It reinforced the importance of understanding clients' cultural contexts, not just as background information but as integral to effective and empathetic care. My personal and professional motivation stems from a desire to bridge these cultural gaps and to empower clinicians to engage with their clients in ways that honour their lived experiences, cultural values, and unique perspectives. These motivations continue to guide my work as I strive to challenge dominant narratives, deconstruct cultural misunderstandings, and promote equitable therapeutic practices that respect and affirm the identities of Afro-Caribbean and other marginalised populations.

Background

The Caribbean's mental health landscape cannot be understood apart from its historical and socio-political roots. Nicolas and Wheatley (2013) argue that legacies of colonialism shape the region's psychological realities. Colonialism disrupted Indigenous and African systems of healing and selfhood, replacing them with Western psychiatric models that invalidated local expressions of distress (Hickling & Hutchinson, 1999; Sutherland et al., 2013). The resulting fractures in cultural identity and collective memory have contributed to internalised oppression and the underutilisation of mental health services (Ward & Hickling, 2004). Hickling (2012) additionally describes a Caribbean "post-slavery consciousness" marked by collective trauma, mistrust of formal institutions, and resilience sustained through cultural continuity.

Within this context, art therapy and the broader creative arts therapies have been critiqued for their Eurocentric foundations, which often fail to engage non-Western epistemologies or culturally embedded ways of healing (Donald, 2025; Hocoy, 2002; Kapitan, 2023; Park & Ramirez, 2021; Talwar et al., 2004). These models privilege individualism, rationality, and pathology over relational, spiritual, and embodied knowledge (Talwar, 2010). As Hocoy (2002, p. 141) observes, "the most central issue concerns the potential for art therapy to perpetuate Western imperialism", and describes the tendency of Western therapeutic traditions to pathologise, marginalise, and misinterpret cultural expressions.

Art therapy models grounded in Eurocentric values and beliefs are ill-suited to Afro-Caribbean contexts, where spirituality, community, and

ancestry are central to well-being. These models frequently overlook collective healing, nonverbal communication, and the significance of kinship and ritual, as well as the symbolic power of traditional materials and motifs (Nakhid-Chatoor, 2022; Westlich, 1994). This exclusion weakens the therapeutic alliance and marginalises the lived realities of clients whose understanding of health is inherently communal (Prince, 2001; Sutherland et al., 2013). Moreover, Eurocentric systems have historically pathologised Indigenous practices, reinforcing stigma and structural inequities within therapeutic spaces (Campinha-Bacote, 2002; Tervalon & Murray-Garcia, 1998). Without awareness, practitioners risk perpetuating colonial hierarchies and fail to address the enduring impacts of structural violence and systemic oppression (Farmer, 2004; Metzl & Hansen, 2014). The omission of traditional belief systems and healing practices from art therapy training further compounds inequities, leaving practitioners underprepared to meet the needs of Afro-Caribbean clients (Moodley & West, 2005).

To counter these limitations, emerging frameworks call for culturally grounded and relational approaches to healing. Donald et al. (2024) emphasise the interconnectedness of spirituality, community, and health. Additionally, the spiritual-therapeutic interplay (SpTI) (Valldejuli & Belnavis Elliott, 2025) integrates creativity, ancestral wisdom, and Afrocentric philosophies such as Sankofa, positioning art therapy as a relational and restorative process. As Valldejuli and Belnavis Elliott (2025, p. 1) note, “Caribbean spirituality challenges Western individualistic models by framing healing as relational and culturally embedded”. This approach aligns with polyphonic bricolage, which emphasises multiplicity, historical recovery, and creative expression as pathways for decolonial healing.

Overall, recent Caribbean scholarship (Donald et al., 2025; Soo Hon, 2021; Valldejuli & Belnavis Elliott, 2023/2025) underscores the urgent need for art therapy models that move beyond Eurocentric frameworks to engage meaningfully with the cultural hybridity and lived realities of Caribbean communities. These studies call for approaches rooted in cultural humility, relationality, and historical consciousness, principles that acknowledge how identity, spirituality, and collective memory shape healing (Donald et al., 2025; Valldejuli & Belnavis Elliott, 2023/2025). Together, they signal a growing recognition that therapeutic practices must not only be inclusive but also responsive to the complex social, historical, and spiritual ecologies of the region. Building on this foundation, the following section explores the

specific psychosocial needs of Afro-Caribbean communities, identifying the cultural and systemic factors that influence access, trust, and pathways to healing within therapeutic contexts.

Specific psychosocial needs of Afro-Caribbean communities

Afro-Caribbean communities experience complex psychosocial realities shaped by histories of enslavement, colonisation, displacement, and ongoing systemic inequities (Farmer, 2004; Fletchman-Smith, 2011; Nettleford, 2000/2004; Taylor, 2001). These legacies have profoundly influenced how health, illness, and healing are understood, privileging relational paradigms over individualistic biomedical models (Forde, 2022; Sutherland et al., 2013). Within Afro-Caribbean worldviews, well-being is often conceived as balance among body, spirit, and community, a holistic orientation that resists Western notions of pathology while centring resilience, collective care, and ancestral continuity (Donald, 2025; Nakhid-Chatoor, 2022; Prince, 2001).

Psychosocial challenges are further shaped by migration, intergenerational trauma, stigma, and systemic inequities (Arnold & Barnes, 2011; Donald et al., 2024; Sutherland et al., 2013). These include family fragmentation through migration, mistrust of Western systems, and the marginalisation of traditional healing knowledge (Arnold, 2006; Arnold & Barnes, 2011; Sutherland et al., 2013). As Soo Hon (2021) demonstrates in her participatory ethnographic research with youth in Trinidad and Tobago, art-based cultural practices offer vital tools for collective expression and psychosocial well-being in communities affected by violence and displacement. Such findings reinforce the importance of integrating culturally resonant creative and communal practices into therapeutic frameworks. Addressing these needs requires therapists to respect family dynamics and intergenerational impacts, honour blended spiritual practices, destigmatise mental illness, and advocate for equitable access to care.

Family dynamics and intergenerational impacts

Family structures in the Afro-Caribbean diaspora are shaped by dynamic cultural, economic, and migratory influences. Jamaican social worker and professor Claudette Crawford-Brown (1999) coined the term “barrel children” to describe those raised by extended family while parents migrated for work, challenging stigma and highlighting their unique struggles (Noel,

2017). Such caregiving reflects resilience and adaptability but can also create emotional challenges, including attachment issues and feelings of abandonment (Arnold & Barnes, 2011; Noel, 2017). These complexities are often misinterpreted within dominant cultural frameworks (McLean et al., 2003).

Migration profoundly shapes intergenerational relationships. Arnold (2006) found that Caribbean women separated from their mothers in childhood and later reunited in the United Kingdom often faced disrupted attachments and difficulties with trust and belonging. Donald et al. (2024) similarly note that these cycles of separation and resilience influence the psychosocial functioning of Caribbean families, with creative and spiritual resilience playing key roles in rebuilding connections and self-worth.

The Caribbean concept of family is expansive, extending beyond blood ties to include non-relatives and community members (Ramkissoon et al., 2008). Family structures range from nuclear and single-parent families to extended, blended, and 'shifting' families shaped by migration. Processes of immigration, acculturation, and reunification contribute to significant mental health strain as individuals navigate displacement, adaptation, and disrupted familial bonds (Arnold & Barnes, 2011; Sharpe & Shafe, 2016).

To effectively support Afro-Caribbean families, art therapy must adopt a sociocultural lens that honours the fluidity of these family forms and recognises communal caregiving as a cultural strength rather than a deficit. Culturally responsive interventions that integrate storytelling, symbolic artmaking, and intergenerational dialogue can help restore belonging, process loss, and affirm the enduring resilience embedded in Afro-Caribbean kinship systems.

Blended practices within the Caribbean

Beyond the complexities of family dynamics, the blending of diverse cultural elements also significantly shapes the mental health and well-being of Afro-Caribbean communities (Hope et al., 2020; Robinson et al., 2021; Williams et al., 2007). Afro-Caribbean identities emerge from a synthesis of African, European, and Indigenous influences, an evolving cultural hybridity born out of colonisation, displacement, and resilience (Nettleford, 2000/2004; Oluwapelumi, 2022; Taylor, 2001). This blending, referred to here as blended practices, encompasses the creative integration of spiritual, artistic, and

healing traditions drawn from multiple heritages. Examples include the fusion of Christianity with African cosmologies, resulting in distinctive systems such as Obeah, Revivalism, and Vodou (Meyer, 2025; Olmos & Paravisini-Gebert, 2001; Sutherland et al., 2013). These hybrid systems reflect the adaptability and creativity of Afro-Caribbean people, who reimagined inherited traditions to form empowering and meaningful practices that resist erasure and affirm identity (Nettleford, 2000/2004; Oluwapelumi, 2022; Taylor, 2001).

Within this cosmology, spirituality is inseparable from health, identity, and collective well-being. Practices such as herbal medicine, drumming, storytelling, and ancestral reverence rituals, often expressed through rituals, prayer, and symbolic artmaking, embody relational ways of restoring balance and connection (Meyer, 2025; Nakhid-Chatoor, 2022; Sutherland et al., 2013). As Meyer (2025) notes, rituals and art forms in Tobago continue to function as acts of faith and heritage preservation, blurring boundaries between spirituality, community, and performance. The integration of African spiritual systems with Christianity reflects a dynamic negotiation between resistance and adaptation (Olmos & Paravisini-Gebert, 2001; Nicolas & Wheatley, 2013), nurturing cohesion and serving as cultural affirmation amid histories of oppression and displacement (Powerful, 2021). As Sutherland et al. (2013) and Valldejuli and Belnavis Elliott (2025) observe, such practices represent "spiritual agency", the capacity to heal through relational and ancestral engagement. Within this worldview, artmaking becomes both remembrance and resistance, a means of reweaving fractured histories through creativity. As Valldejuli and Belnavis Elliott (2025, p. 9) note, "By centring spirituality and cultural knowledge, art therapy can become a more inclusive, impactful, and transformative practice". In art therapy, this perspective invites the integration of ancestral reverence rituals to promote cultural continuity, empowerment, and communal healing.

Caribbean spirituality thus embodies a negotiation of faith and survival, where ritual and art sustain both identity and psychological balance. Through the creative arts, these expressions transcend the therapeutic frame, transforming trauma into acts of resistance and meaning-making, honouring the collective soul of the Afro-Caribbean experience.

Stigmatisation and the importance of trust

Mental health stigmatisation poses a significant barrier for Afro-Caribbean communities, often rooted in mistrust of Western mental health systems and cultural taboos surrounding mental illness (Campinha-Bacote, 2002; Sutherland et al., 2013). This mistrust is exacerbated by the deterministic and reductionist frameworks of Western medicine and psychology, which frequently pathologise culturally accepted expressions of distress and dismiss religious and spiritual beliefs as invalid or irrelevant (Sutherland, 2011; Sutherland et al., 2013). Additionally, stigma and misinformation surrounding mental health, stemming from historical practices of institutionalisation, further alienate individuals seeking care. The lack of culturally valid psychological assessment tools also contributes to this issue, frequently leading to misdiagnosis and delayed treatment (Robinson et al., 2021). Such perspectives not only marginalise but actively stigmatise and discriminate against Indigenous healing practices, further alienating individuals seeking care (Bridges, 2011; Fadiman, 2012; Sutherland et al., 2013).

This systemic dismissal of the lived experiences and knowledge of people from non-dominant backgrounds compounds the challenges faced by Afro-Caribbeans in accessing equitable mental health care. Furthermore, many mental health providers fail to establish trust and reciprocity in therapeutic relationships, often due to a lack of cultural humility (Tervalon & Murray-Garcia, 1998). In Afro-Caribbean contexts, where therapeutic relationships are viewed as extensions of community bonds, trust-building is essential (Belnavis & Soo Hon, 2015; Valldejuli & Belnavis Elliott, 2023). Therapists can overcome these barriers by using culturally sensitive practices that emphasise collaboration, empathy, and respect for clients' cultural and spiritual values (Talwar, 2010), fostering a strong therapeutic alliance and better outcomes.

Barriers to access

Socio-economic disparities, inadequate mental health infrastructure, and the prohibitive costs of therapy create significant barriers to mental health care access in the Caribbean, where treatment is often regarded as a privilege reserved for the wealthy (Robinson et al., 2021). The shortage of culturally responsive mental health providers, exacerbated by the brain drain phenomenon (where qualified professionals migrate), further limits access, particularly in rural areas where infrastructure and facilities are inadequate.

Compounding these issues is the inadequate allocation of government health budgets to mental health services, making affordability a significant obstacle for many individuals (Robinson et al., 2021).

A significant barrier to access arises when interventions are neither affordable nor culturally relevant, not aligning with the lived realities of Afro-Caribbean clients. The absence of culturally specific materials and methods in art therapy, such as the integration of traditional art forms, limits resonance and diminishes the therapeutic alliance (Kaimal & Arslanbek, 2020; Valldejuli & Vollman, 2022). Integrating polyphonic bricolage and cultural humility into practice not only diversifies methods but also advocates for equitable access and localised training that reflects regional epistemologies.

Polyphonic bricolage and cultural humility: A framework to address the needs of Caribbean clients

Polyphonic bricolage, as defined by Schmidt (2008, p. 2), describes culture and religion in the Caribbean as dynamic processes marked by "discontinuities, repetitions, and contradictions". Rather than static or monolithic, Caribbean traditions continually adapt to historical and contemporary realities, blending African, Indigenous, European, and other influences (Glazier, 1985; McNeal, 2011; Sutherland et al., 2013; Taylor, 2001). As a concept, polyphonic bricolage emphasises the agency and creativity of communities in shaping their identities and practices through this ongoing integration. Polyphonic bricolage offers a lens for viewing Caribbean adaptations as intentional and empowering, rather than fragmented or deficient. The region's cultural resilience is exemplified by its capacity to draw from varied sources to create meaningful practices (Schmidt, 2008). By foregrounding community agency, these practices reflect an enduring adaptability that continues to shape identity, spirituality, and healing across the Caribbean. Therefore, polyphonic bricolage not only fosters collaboration but also challenges the unequal power dynamics sustained by dominant narratives. In doing so, polyphonic bricolage highlights cultural complexities often overlooked by Western approaches. Recognising these dynamics is essential for developing resonant care. Western approaches can often operate in dichotomies, such as mind versus body, self versus community, and reason versus spirituality, and these ways of thinking privilege individualism and rationalism over relational and holistic ways of knowing (Talwar, 2010), not accounting for the multiplicity

of voices and experiences within Afro-Caribbean communities (Sutherland, 2011). Schmidt (2006) highlights that cultural and religious processes in the Caribbean are not fixed but involve the continual rearrangement and reinterpretation of elements, with meanings shifting based on the context and needs of the people. This adaptability underscores the importance of a nuanced framework that accommodates diversity and contradiction within cultures, avoiding the reductive tendency to homogenise experiences.

In therapeutic contexts, not recognising this complexity can alienate clients and limit their ability to express their authentic realities. For instance, as illustrated in a brief supervision vignette: a social worker's confusion or lack of cultural understanding may inadvertently pressure clients to conform to perceived norms, suppressing their cultural and spiritual truths. Polyphonic bricolage offers a way to counteract such dynamics by fostering cultural humility, encouraging clinicians to embrace the diversity and fluidity of clients' backgrounds and beliefs.

Integrating cultural humility and polyphonic bricolage in art therapy

Cultural humility and polyphonic bricolage together offer a transformative, decolonial framework for art therapy practice in the Afro-Caribbean context. Cultural humility, as described by Stepney (2023), emphasises self-reflection, critical dialogue, and an ongoing awareness of power dynamics within therapeutic relationships. The intrapersonal dimension of cultural humility invites therapists to examine their own cultural identities, while its interpersonal aspect fosters authentic engagement with clients' lived experiences. As Foronda et al. (2016, p. 213) define it, cultural humility is "a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique", leading to mutual respect, empowerment, and lifelong learning (Foronda, 2020; Yeager & Bauer-Wu, 2013). Unlike cultural competence models that treat culture as a static body of knowledge, cultural humility recognises learning as an ongoing process and cautions against stereotyping through cultural generalisations (Campinha-Bacote, 2002; Kleinman & Benson, 2006).

Polyphonic bricolage complements cultural humility by recognising culture as dynamic, multifaceted, and relational. Drawing on Schmidt's (2008) assertion that Caribbean identities are formed through "ongoing

conversations" among diverse voices, polyphonic bricolage enables art therapists to respond sensitively to clients' multiple cultural influences while honouring both individual and collective experiences. Within this framework, artmaking becomes a dialogic process where materials, symbols, and stories embody ancestral memory, spiritual continuity, and cultural resilience (Donald, 2025; Soo Hon, 2021). Together, these frameworks bridge the personal and collective dimensions of healing by positioning art therapy as both reflective and co-creative.

Table 1 illustrates how polyphonic bricolage and cultural humility can address the psychosocial needs of Afro-Caribbean communities, such as family dynamics, spiritual blending, stigma, and access to care by fostering culturally grounded and relationally sensitive practices.

Table 1: Specific needs of Afro-Caribbean communities

Specific needs of Afro-Caribbean communities	Impact of polyphonic bricolage	Impact of cultural humility
Respecting family dynamics and considering intergenerational impacts	Acknowledges and integrates diverse family structures and practices (e.g., barrel children) into therapy, promoting understanding and healing	Encourages therapists to reflect on their own biases and assumptions about family dynamics, fostering respect for diverse practices
Honouring blended philosophical, spiritual, and healing practices within the Caribbean	Recognises and values the blending of diverse cultural and spiritual traditions, fostering a holistic understanding of clients' identities and practices	Promotes openness to, and respect for, clients' unique blend of cultural and spiritual practices, avoiding judgement or imposition of dominant cultural norms
Destigmatisation and the cultivation of trust	Creates a safe space for clients to explore their experiences without fear of judgement or pathologisation, fostering trust and openness	Encourages therapists to acknowledge and address power imbalances, fostering trust and collaboration in the therapeutic relationship
Removing barriers to access and promoting equity in care	Adapts art therapy practices to be more accessible and affordable, incorporating culturally relevant materials and methods that resonate with clients' experiences	Encourages therapists to advocate for equitable access to mental health services and to continually develop culturally responsive, community-centred care

Table 1 outlines the psychosocial needs of Afro-Caribbean communities. The integration of polyphonic bricolage and cultural humility provides a cohesive framework for translating these cultural and relational insights into therapeutic practice. Integrating concepts from Valldejuli (2025), the Afro-Caribbean art therapy approach (ACATA), Arnold and Barnes (2011), Donald et al. (2025), Sutherland et al. (2013), and Soo Hon (2021), the diagram illustrates interrelated psychosocial forces: family and intergenerational dynamics, blended practices, stigma, and access barriers that shape Afro-Caribbean experiences of therapy.

Figure 1 shows an integrative figure of the polyphonic bricolage and cultural humility framework.

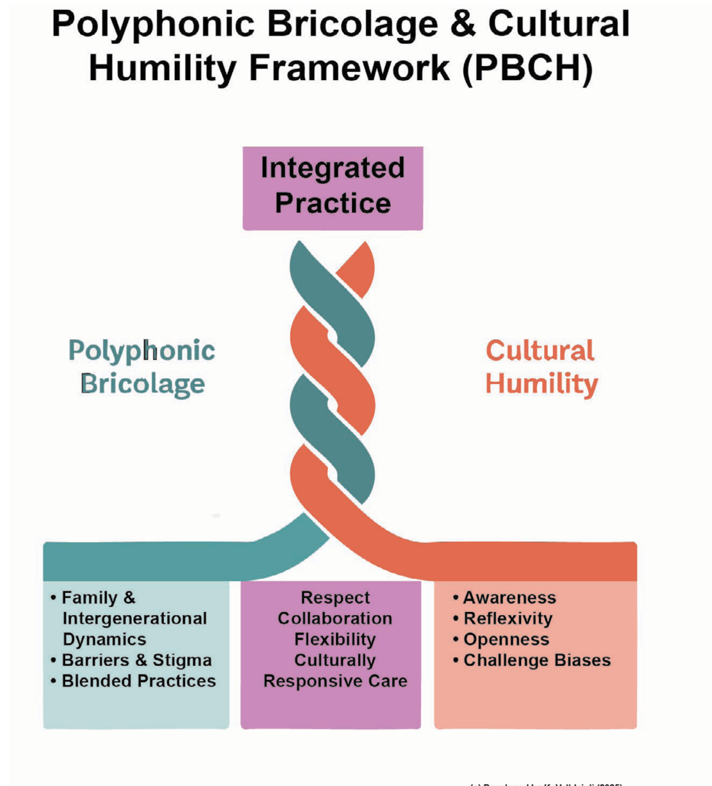

Figure 1: Polyphonic bricolage and cultural humility framework in art therapy (Valldejuli, 2025)

Figure 1 was illustrated by Kim Valldejuli and depicts the polyphonic bricolage and cultural humility framework as an interconnected model integrating polyphonic bricolage and cultural humility in art therapy. The overlapping strands symbolise the dynamic co-creation of knowledge, honouring Afro-Caribbean worldviews and specific psychosocial needs. This synthesis bridges individual and collective dimensions of healing by positioning art therapy as both a reflective and co-creative process. Through polyphonic bricolage, therapists engage multiple cultural voices and symbolic traditions, while cultural humility ensures that these engagements remain grounded in respect, openness, and self-reflexivity.

Together, the concepts in Figure 1 respond directly to the complexities highlighted in Table 1, such as family dynamics, blended spiritual practices, stigma, and access, and offer a flexible and decolonial structure that honours Afro-Caribbean epistemologies. The resulting framework supports art therapists in creating culturally resonant spaces where healing is not imposed but collaboratively constructed through ancestral attunement, relational awareness, and creative expression.

Polyphonic bricolage emphasises flexibility and responsiveness, enabling therapists to sensitively engage clients' multiple cultural influences while honouring both individual and collective experiences. Cultural humility, as described by Jackson and Tervalon (2020), requires active listening, self-reflection, and empathy for clients' lived realities. By valuing clients' perspectives and adapting practices to align with cultural contexts, art therapists foster authenticity, reciprocity, and mutual growth (Greene-Moton & Minkler, 2020; Valldejuli & Vollman, 2022).

When these approaches intersect, therapists cultivate practices rooted in reflexivity, co-creation, and cultural attunement. Through art engagement, clients reconstruct fragmented narratives and reimagine connection to ancestry and community. Cultural humility deepens this process by positioning the therapist as a learner who honours the spiritual, historical, and communal meanings embedded in creative expression (Napoli, 2019). As Valldejuli (2025, p. 3) articulates, "The Afro-Caribbean art therapy approach of ACATA offers a critical intervention by resisting the medicalisation of cultural responses to historical violence and instead centring ancestral memory, collective healing, and cultural restoration through art".

Together, these approaches create a client-centred space that resists dominant narratives and affirms cultural identity. Kapitan (2023) highlights the importance of working within "liminal spaces", where creative processes allow identity transformation and expanded consciousness, particularly significant for marginalised communities shaped by cultural blending. By embracing polyphonic bricolage and cultural humility, art therapy transcends rigid cultural frameworks and becomes a culturally responsive and inclusive practice. Clients can feel seen, heard, and empowered.

As Donald (2025, p. 2) asserts, "Community art therapy offers a participatory, multimodal approach that resonates with longstanding Caribbean traditions of storytelling, music, visual symbolism, and spiritual practice". Integrating these perspectives, both frameworks are enhanced through arts engagement that honours Afro-Caribbean heritage through rhythmic painting, textile work, natural pigments, or ritual-based imagery embodying the communal, spiritual, and ancestral nature of healing described in spiritual-therapeutic interplay (Valldejuli & Belnavis Elliott, 2025). In this way, art therapy becomes a site of remembrance and restoration, where ancestral wisdom informs contemporary practice and cultural identity is affirmed through creative expression.

Implications for practice

This article offers an urgently needed reconceptualisation of art therapy practice through a decolonial lens, grounded in the lived realities of Afro-Caribbean communities. While cultural humility and cultural competence have been part of clinical discourse for decades, this work advances the conversation by integrating polyphonic bricolage as a dynamic, culturally affirming framework that resists static or tokenistic approaches. Unlike traditional models that focus on acquiring knowledge about other cultures, polyphonic bricolage and cultural humility invite therapists into an evolving, participatory, and reflexive relationship with culture, one that centres complexity, co-creation, and lived experience (Valldejuli & Belnavis Elliott, 2025).

This polyphonic bricolage and cultural humility approach explicitly challenges the dominance of Eurocentric paradigms in art therapy by honouring Indigenous knowledge systems, spiritual traditions, and aesthetic expressions rooted in Afro-Caribbean worldviews. It foregrounds the

therapeutic alliance not as a neutral or standardised construct, but as a culturally situated, ethical relationship that requires deep attunement to historical trauma, identity negotiation, and the legacies of colonialism (Meyer, 2025; Powerful, 2021; Taylor, 2021). When therapists engage in continuous reflexivity, practice cultural humility, and embrace pluralistic forms of expression—that is, diverse artistic, spiritual, and cultural ways of communicating—they co-create spaces of healing that are responsive, ethical, and transformative.

Furthermore, this work expands the role of art materials, imagery, and storytelling within art therapy by proposing that blended cultural and spiritual practices are not peripheral, but rather are central to therapeutic effectiveness. Within polyphonic bricolage, artmaking becomes a dialogic process where multiple cultural voices, materials, and symbols are brought into conversation through creative expression. Cultural humility deepens this engagement by inviting therapists to approach art processes with openness and reciprocity, allowing clients' aesthetic choices, traditional symbols, and spiritual practices to guide the creative encounter. Through culturally grounded materials such as natural pigments, textiles, ritual objects, and movement-based art forms, clients articulate narratives of resilience, belonging, and ancestral continuity that transcend verbal interpretation (Donald & Brock, 2023; Donald, 2025; Hope et al., 2020; Nakhid-Chatoor, 2022). The use of imagery, rhythm, and storytelling facilitates the expression of experiences that often cannot be captured by Western verbal or diagnostic frameworks. In this way, the arts themselves function as a culturally responsive and decolonial methodology embodying respect, relationality, and the multiplicity of Afro-Caribbean worldviews (Donald, 2025). These arts-based interventions foster psychological integration, spiritual alignment, and collective meaning-making, demonstrating how art therapy can serve as both a creative and cultural bridge for healing within diasporic communities.

Conclusion

This article argued for a decolonial reimagining of art therapy practice integrated within a polyphonic bricolage and cultural humility framework. The approach challenges dominant Eurocentric models by centring Afro-Caribbean spiritual traditions, ancestral wisdom, and relational worldviews. Grounded in historical consciousness and creative adaptability, polyphonic

bricolage offers a flexible structure for incorporating culturally resonant practices, while cultural humility emphasises the therapist's ongoing ethical responsibility to honour clients' lived experiences. Together, polyphonic bricolage and cultural humility reposition the therapeutic alliance as a culturally situated, co-created process rooted in trust, reciprocity, and mutual respect. Within this framework, artmaking becomes a site of resistance against colonial narratives that have pathologised Indigenous and African-based healing traditions. Artmaking also becomes a space of remembrance where ancestral symbols, rituals, and creative expression recover suppressed histories and becomes a process of restoration through which identity, dignity, and community connection are reimagined and affirmed. By engaging with art materials, imagery, and storytelling that reflect clients' cultural worlds, therapists help transform therapy into an act of cultural reclamation and collective healing. The key takeaway is that culturally affirming art therapy practices do not simply accommodate diversity; they transform the field by expanding its epistemological foundations and embracing healing traditions long silenced by colonial legacies. In doing so, the arts themselves create spaces of resistance, remembrance, and restoration where creativity becomes both witness and catalyst for decolonial transformation.

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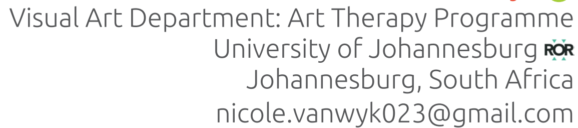
Materiality in art therapy: A South African group study highlighting regulating, dysregulating and ambiguous art materials used on one canvas

Nicole van Wyk

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Abstract

This article, based on my master's research study, addresses a variety of responses that art materials can elicit in individuals. Focus is placed on how art materials can assist in self-regulation, elicit dysregulation, or evoke more ambiguous responses. Four University of Johannesburg art therapy honours students participated in a four-week online art therapy group, using the one-canvas method to engage with materials drawn from the Expressive Therapies Continuum (ETC), including dry/resistant, wet/fluid, and tactile media. Participants reflected on their experiences through group discussions and online surveys. Materials such as pencils and watercolour were described as containing and regulating, while others, such as glue, were experienced

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as uncomfortable, dysregulating, or even invasive. These responses were shaped not only by the materials' properties but also by personal history, context, and meaning-making processes. Drawing on social constructivism and the Expressive Therapies Continuum as theoretical frameworks, the study highlights the interplay between materiality, internal experience, and socio-cultural positioning. While limited by a small, relatively privileged sample and the specific use of canvas, the findings nevertheless emphasise the need for art therapists to remain attuned to the emotional and sensory effects of art materials in art therapy.

Keywords: Art therapy, materiality, art materials, Expressive Therapies Continuum (ETC), social constructivism, one canvas method, emotional regulation, emotional dysregulation

Introduction

> "The central use of art materials makes what happens in an art therapy session different from all other psychotherapy approaches" (Malchiodi, 2011, p. 27).

Art materials are integral to art therapy. This might seem obvious, but Moon (2010) highlights that art therapists sometimes rely on familiar, more technical materials rather than exploring a broader, more conceptual range. In art therapy, the focus is often not on the final art product, but on the process of making and the use of materials as tools for emotional and psychological processing and insight. I have been curious about how different materials evoke distinct perceptions, emotions, and responses. Rather than relying on traditional or familiar materials, as Moon (2010) suggests some therapists do, I have explored a broader range. My own visceral reactions to certain materials prompted a curiosity about how others, particularly art therapy trainees, experience and respond to various art materials.

To explore this, I facilitated a four-week online art therapy group with four University of Johannesburg art therapy honours students. The group used the one-canvas method (Miller 2020), where each participant worked on a single canvas for four weeks. Each session introduced a different material category based on Kagin and Lusebrink's (1978) Expressive Therapies Continuum theoretical model: dry/resistant, wet/fluid, and tactile. Participants were invited to choose materials within these categories,

creating space for autonomy while allowing a focused exploration of sensory and emotional responses.

Participants shared their experiences during group reflections and through online surveys completed after each session. While my research paper examined the group's engagement with various materials on a single surface over time, this article focuses specifically on participants' experiences of certain materials as dysregulating and evocative, grounding and regulating, or a combination of both, depending on how the art materials were used and when. I also created my own response artwork on a single canvas, reflecting on both the materials and my experience of the sessions. In this study, (emotion) regulation refers to a person's capacity to manage and respond to emotional experiences, while (emotional) dysregulation refers to a person's difficulty in applying (healthy) strategies to manage or reduce negative emotions (Rolston & Lloyd-Richardson, n.d.).

The study aimed to contribute to the limited South African literature on materiality in art therapy by highlighting how art materials can elicit a wide range of embodied and emotional responses. It is important as art therapists to have a broad enough knowledge base of art materials, particularly to offer solutions if clients need adaptive problem-solving while art making (Rubin, 2011). My research study invited further reflection on material preferences, sensory sensitivities, and the therapeutic potential of thoughtfully chosen media. This work is framed by social constructivism and the Expressive Therapies Continuum, which together provide insight into how individual, cultural, and psychological factors influence the art therapy process.

Overview of research

This article draws from a qualitative study exploring how a small group of art therapy honours students experienced various art materials over time. While the broader research examined the group process, the use of the one-canvas method and my response art, this article specifically focuses on the emotional, sensory, and regulatory responses elicited by different materials. By narrowing in on this aspect of the study, the aim is to highlight how art materials themselves can support or challenge a participant's emotional state during artmaking through the varying material qualities.

Participants used a range of materials derived from the Expressive Therapies Continuum across four online group sessions, engaging with each

category (dry/resistant, fluid, and tactile), each on their own single canvas. The participants were encouraged to err on the side of a larger surface of canvas – each canvas size is indicated in Table 1. This article foregrounds the nuanced, layered responses that emerged through participants' direct interaction with the materials. These reflections underscore the importance of intentional material choices by art therapists and the complex, often embodied role that materiality plays in art therapy. This intentionality regarding material choices is also particularly true in South Africa, where limited resources and cultural nuances (among other factors) play a significant role in the consideration of art materials in various South African contexts.

Participant profiles and session experiences

Table 1: Participant profiles

Pseudonym	Age	Geographic location (province)	Approximate size of canvas
Charlie	30	KwaZulu-Natal	A1
Fire	28	Western Cape	A3
Micke	23	Gauteng	1x1m
Sibusiso	23	Gauteng	A1

Table 2: Participant art material experiences

Material category	Materials used by each participant	Survey quotes
Favourite/ preferred materials	Charlie – Colouring pencils, watercolour Fire – Oil pastels, wax crayons, hairdryer to melt the wax Micke – Acrylic paint, oil pastels Sibusiso – Chalk pastels	Charlie – *Using watercolour felt calming and regulating* Fire – *Agitated, energetic, curious. Brought up emotions I was not aware I was suppressing* Micke – *Energising, exciting and joyous* Sibusiso – *Elated. Flow of the medium is smooth and easy to control*

Material category	Materials used by each participant	Survey quotes
Dry/resistant materials	Charlie – Chalk, colouring pencils, markers Fire – Charcoal, pencil/ graphite Micke – Chalk, chalk pastels, charcoal, acrylic markers Sibusiso – Pen	Charlie – *Energised, at ease and in control. Markers felt like a lesser calibre* Fire – *Precise, soft, dusty, messy. Smoothing the charcoal was satisfying and relaxing* Micke – *I felt grounded and calm, with a little bit of frustration* Sibusiso – *Energised, a release in a way, the sensation of scratching eased tension*
Fluid/wet materials	Charlie – Acrylic paint, drawing ink, gouache, watercolour Fire – Watercolour, markers Micke – Acrylic paint, oil pastels, watercolour, acrylic markers and glue gun Sibusiso – Watercolour	Charlie – *Fluid and evocative of quite intense emotions, I felt quite a lot of self-criticism. Sponge and roller on the canvas. This was a fun way of creating a bit of distance and releasing some control. Sponge dabbing was soothing and helped work through tough feelings* Fire – *Excited, energised. I like watercolour and how easily it flows* Micke – *Grounding, energising at the end, hypnotising, calming* Sibusiso – *Liberating. When it comes to using paint, I get very precious and pedantic, which often stands in the way free and expressive art making*
Tactile/ textural materials	Charlie – Acrylic paint, textured medium, wool/ string, craft paint, glue, and thread Fire – Plaster of Paris, moss and glue gun Micke – Acrylic paint, textured medium, glue gun Sibusiso – Foil	Charlie – *Tactile mediums help to keep me anchored to the present moment due to the constant contact they have with my hands. But […] glue left a sticky residue on my hands and evoked quite a lot of uncomfortable feelings. Printmaking calms me. Sewing and repairing* Fire – *Excited, happy, buzzed. I enjoy making things, so 3D has always allowed me to play and make nonsense* Micke – *Frustrated, energised, excited, disgusted, curious and happy* Sibusiso – *Both energised and frustrated*

Research methods

The participants for my research study were invited from that year's honours cohort of art therapy at the University of Johannesburg (UJ). Four students were able to participate in the online group study. The decision to run the study online was based on the fact that many of the honours students did not live in Johannesburg, though I initially envisioned the study to be in-person. Online was a relatively standard way of conducting art therapy for the participants, due to the remote teaching of the honours course. The opportunity was there to be in one's own space at home if something were to elicit uncomfortable feelings – though the opposite is also true, as home might not always be a safe or private space. Both these perspectives were taken into consideration during this study. This was particularly important regarding materials that the participants chose, based also on feeling safe enough to explore materials that could be evocative.

The group met weekly for two hours over a four-week period. The participants were invited to do check-ins at the start of sessions, make art using the mediums according to the categories each week, and then reflect and share as much as they were comfortable with in the group. There was an additional data-capturing opportunity through an online survey after each session. Participants were asked to fill in the survey as a means of collecting any data that may have been missed, excluded from the group, or that they thought about in hindsight.

The material explorations in each session were done on one surface over time. Each participant had a single canvas that they used repeatedly each week, inviting layering and interaction of materials as well as the emotional and mental work of loss of layers, and navigating change in their artworks over the four weeks. I engaged in my own response art after sessions on my own single canvas in response to the materials and the group. In addition to session responses, I used my canvas to respond to transcribing and writing up my research paper after the group sessions were concluded.

Literature and theoretical frameworks

Miller (2020) agrees that art materials are an important consideration within art therapy because of their potential to stimulate emotional responses. Additionally, the tactile experience and awareness while using certain art

materials is also an important part of the experience. Rubin (2011) concurs that art materials have certain qualities to which people respond cognitively and emotionally (for example, clay can be experienced as repulsive and/or pleasurable to work with). The experience of any art material is therefore partly about what the client brings, but also about the qualities and characteristics of the art material. According to Moon (2010), it is an important ethical responsibility of the art therapist to intentionally consider the potential impact that the art materials and tools might have on a client throughout their therapeutic process.

This study is centred on the essential role of art materials and materiality in a therapeutic context. Social constructivism and the Expressive Therapies Continuum were used as a framework for understanding the diverse qualities and potential emotional responses caused by various art materials and media used in art therapy.

The Expressive Therapies Continuum is a theory of materiality developed by Kagin and Lusebrink (1978), consisting of four levels of how the brain processes and organises art materials. These levels range from simpler to more complex functioning. The levels, progressing from the bottom up, are kinaesthetic/sensory, perceptual/affective, and cognitive/symbolic (Kagin & Lusebrink, 1978). Hinz (2020) speaks to the fourth "level" – creativity – existing as an integrative function. Creativity occurs on any or all the levels when there is a synchronicity of theoretically opposite materials. By navigating these levels, therapists can gain deeper insights into their clients' cognitive and emotional states and gauge the level at which the client feels the most comfortable in relation to art materials.

Social constructivism means that our personal experiences (with art materials in this case) are informed by society and our environments. The way we connect with art materials is impacted by social influences, so the meaning we give to materials is influenced by the social world in which we live (Moon, 2010). Moon (2010) outlines various factors that have an impact on how we perceive and experience art materials. These are aesthetic preference, physical or sensual characteristics of the material, personal associations, language associated with the material, the original function of the art material, the connection between the art material and popular culture, and the socio-cultural-historical context and meaning of the art material. This means that even within the South African context, there can be

a vast variety of meanings and implications assigned to certain materials and art media, depending on the setting.

Results

The following findings have been categorised into *dysregulating*, *regulating*, and *ambiguous*, according to how research participants experienced the art materials they used.

Art materials and dysregulation

Some of the frustration and minor distress elicited by material use were due to unexpected or unappealing material interactions, sensory discomfort, and unanticipated problems with a material's application.

Material interactions

Charlie's experience with markers in Session 2 was quite confronting. She described markers as an elementary art material and found their bright colours uncomfortable, feeling as though she was ruining what she had already created on the canvas by adding markers over it. Using marker over chalk also added a sensory layer of discomfort, which she described as feeling like *"when you've rubbed out too much on your paper and the paper's gotten kind of thin and dusty"*. Similarly, Fire experienced frustration when using markers, noting that they scraped off the layer underneath. The disappointment arose when they tried to add details on top of other materials, but the marker did not interact well with the previous layers. They eventually stopped using markers out of fear of ruining their existing work.

In the final session, Fire and Micke used plaster of Paris and grout, respectively. Fire mentioned frustration with the white marks the plaster left, its poor adhesion to the canvas, and the slowness of the process. Although Fire generally enjoys working with plaster of Paris, this instance proved more challenging. Micke also found her grout difficult to mix and unpredictable, describing how it was not doing what she wanted it to do.

Interestingly, Micke grounded herself from the frustration of working with grout by using a glue gun, while Fire mentioned wanting to use a glue gun to attach the plaster once dry, as it was not adhering while wet.

Discomfort with glue

Two participants were negatively affected by the glue they used, describing it as uncomfortable and even repulsive. Charlie shared that sticking the collage onto the canvas involved large amounts of sticky glue, which left a residue on her hands and evoked considerable discomfort. Similarly, Sibusiso described a strong aversion to the glue while using it to paste foil, calling it disgusting and invasive. He noted its sticky and oddly wet texture and mentioned repeatedly wiping his hands after each application. In contrast, using a glue gun was grounding for Micke. She enjoyed the dripping and textures it created.

Figure 1: Micke, Session 3 artwork, 2024, acrylic, watercolour, and glue on canvas (photographed by artist, used with permission)

Art materials and self-regulation

Some materials supported participants' self-regulation, including watercolours, dry or resistant media such as pen and colouring pencils, and tools like sponges and paintbrushes, which created both distance and a sense of control. Repetitive movements during the process also assisted several participants in processing and regulating their emotions.

Watercolour

In Session 1, Charlie was able to regulate her anxiety about the largeness of her canvas by using watercolour and colouring pencils, which helped decrease her feelings of anxiety. Micke also had a calming experience with watercolour, describing how dripping it onto her canvas and watching the colour flow was quite hypnotising.

Repetitive movements

Several participants found that repetitive movements emerged naturally during their artmaking. Micke found calm in the repetition of dripping watercolour and glue gun strands. Fire experienced gratification in the repeated smoothing of charcoal across the surface, while Sibusiso described how the repeated scratching of his pen on the canvas helped ease some of his tension.

Figure 2: Charlie, Session 1 artwork, 2024, watercolour, pencil, and drawing ink on canvas (photographed by artist, used with permission)

In Session 3, Charlie described using spiral movements while painting, which, along with the rhythmic action of sponge dabbing, helped her regulate and externalise difficult thoughts and feelings. She also used pencils to draw repeated scale shapes on her canvas.

Figure 3: Charlie, Session 3 artwork, 2024, watercolour, pencil, and drawing ink on canvas (photographed by artist, used with permission)

Dry/resistant materials

Micke mentioned not wanting to use graphite pencils during this session because she always feels the need to sketch something recognisable with them. Fire described the charcoal they used as relaxing and satisfying, although they found the residue left on their hands uncomfortable. In Session 2, although Sibusiso's chalk pastel kept smudging, he found that using a pen eased his tension. The pen provided an auditory and tactile

sensory experience and gave him a sense of mastery and competence amidst uncertainty. Micke noted that the noises made by dry materials on everyone's canvases created a pleasant, cohesive, and meditative atmosphere.

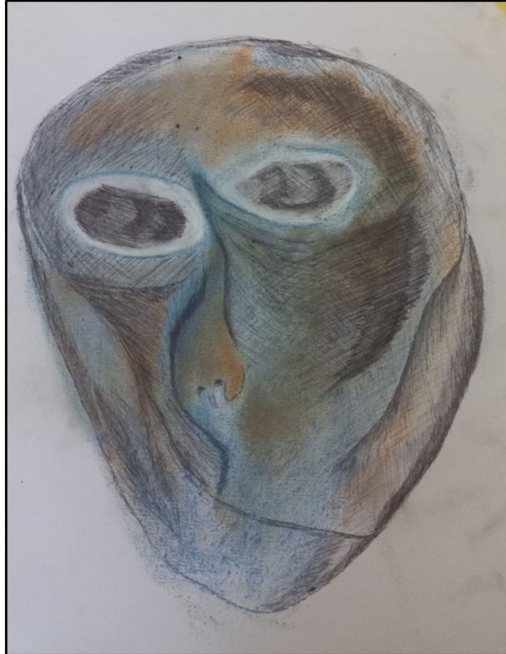

Figure 4: Sibusiso, Session 2 artwork section, 2024, chalk, pastel, and pen on canvas (photographed by artist, used with permission)

Tools/barriers

Two participants described notable experiences when using tools that created a barrier between themselves and the material. Micke found she was more engaged when painting directly with her hands, noting that using a tool elicited more cognitive engagement and less embodiment. Charlie found that rollers and sponges helped regulate her emotions by creating a sense of distance from the medium, allowing her to process her inner critic.

Micke reflected: *"When [I'm using] something […] [where] I can't eliminate the space between my body and material (i.e., tool/barrier) […] I tend to get stuck in my head a lot".*

Charlie shared: *"Leaning on utensils like rollers, brushes, and pencil crayons was especially helpful in creating distance and separation from the mediums I was using. It provided an opportunity for distance and self-regulation".*

Fire was also able to counter their frustration with wax crayons on canvas by using a hairdryer as a tool to melt and smooth out the crayon marks.

Art material ambiguities

Use of canvas

Two participants had never used canvas before and embraced the unfamiliarity of the surface. Initially, the large size of the canvas caused anxiety for some, such as Charlie, who used familiar materials to help regulate her emotions in response to the scale. Fire described the canvas as feeling *"too professional"* and used childlike techniques such as wax crayons and scribbling to counter this. Sibusiso, initially cautious, was pleasantly surprised by how some materials worked on canvas, while Micke enjoyed the larger surface, which allowed for more embodied artmaking, including hand painting and the use of grout.

Some materials made interesting, repetitive sounds on the canvas, which resulted in Charlie and Sibusiso worrying that others might find the noises irritating. Micke, however, said she enjoyed the sounds because they reassured her that she was not alone. Because the group sessions took place online, the experience of sound was somewhat limited and less immersive. The background noise suppression of the videoconferencing application often blocked out the sound of artmaking, though some sounds still occasionally came through.

Smudging and the messiness of materials

Working with materials like chalk and charcoal inevitably caused mess and smudging. Participants often navigated the tension between preserving their artwork and allowing the materials to move freely across the canvas somewhat haphazardly.

Sibusiso used a pen over soft pastels and expressed discomfort with the powder smudging unintentionally. He described needing to "*keep negotiating letting go and being comfortable with what's coming up*" as smudges altered his

image. He referred to this process as one of "*deconstruction and destruction*", yet ultimately felt satisfied with the outcome. Fire also experienced tension with smudging, describing frustration with *"very dirty hands",* but also finding the act of smoothing charcoal onto the canvas relaxing and satisfying.

Figure 5: Fire, Session 3 artwork, 2024. Wax crayon, oil pastel, and charcoal on canvas (photographed by artist, used with permission)

Charlie and Fire, on other occasions, experienced smudging as fun and playful. When using chalk and oil pastels, they both described the smoother tactile feeling as pleasant and were surprised by the results.

Discussion

An advantage of working with a group of trainee art therapists is that they are taught and encouraged to practice self-regulation, self-reflection, and ongoing self-awareness. This was evident in several sessions where certain materials or circumstances caused frustration or dysregulation, yet participants were able to recognise and manage these experiences consciously.

The interactions between art materials and their application on canvas did not always produce the desired results for participants. This highlights the unpredictable nature of artmaking and the importance of flexibility and awareness when engaging with materials that may challenge one's expectations or sense of control.

Fluid materials have been found to be more affective in that they often elicit stronger emotional reactions, whereas resistive materials such as pencils may evoke more cognitive responses (Malchiodi, 2011). This distinction was also evident among my research participants, who frequently reflected this in their experiences.

Micke's grounding experience with the glue gun may have been related to the buffer it provided between her and the glue, allowing for both physical and psychological distance and an increased sense of control over the medium. In contrast, participants who used glue directly without such a buffer reported discomfort and even repulsion. The glue gun, in this sense, transformed the same material into a more satisfying and regulating experience.

Gruber (2018) confirms that there is ample research supporting the link between emotional regulation and artmaking, showing that creative processes can help modulate emotions. Similarly, Fancourt et al. (2019) found that engaging in creative arts and art therapy can access emotions, sensations, and physiological signals that enhance emotional regulation. This process has been associated with reduced stress and cortisol levels, as well as increased self-awareness.

The present findings reflect that the use of fluid media such as watercolour appeared to align with the affective level of the Expressive Therapies Continuum, which theorises that such media enhances emotional expression. In this study, the affective nature of watercolour tended to be calming rather than activating.

Similarly, repetitive movement and flow seemed to support participants, such as Charlie, in soothing her inner critic. This aligns with the Expressive Therapies Continuum's kinaesthetic element, which suggests that rhythmic, embodied processes facilitate affective regulation and integration.

Materials such as a pen, which fall on the resistive end of the Expressive Therapies Continuum, are believed to support cognitive processes (Moon, 2010). Social constructivism supports the idea that materials are sometimes

chosen for their sensory characteristics. In this study, Sibusiso used the tactile and auditory qualities of his pen to regulate the frustration caused by chalk pastel, demonstrating this interplay.

Pénzes et al. (2014, p. 488) note that "The combination of art material properties and the tool chosen determined the amount of control the client has". This is evident in both Micke and Charlie's experiences, where tools either created distance and cognitive engagement or facilitated affective processing and regulation. Charlie's use of wet wipes to clean up and self-regulate after discomfort with certain materials further underscores the intricate connection between physical sensation and emotional response in the creative process, shaping both material choice and the overall experience of artmaking.

The online format of the group also introduced a sensory limitation. Because the noise suppression feature on the videoconferencing application often blocked background sounds, participants could not always hear one another's artmaking processes. As the researcher and observer, I wonder what responses to art material sounds might have emerged had the sessions taken place in person, and whether this might have influenced participants' material choices or experiences. Sometimes the noises from others' materials could cause dysregulation or overstimulation for some.

Finally, the ambiguity of mess and smudging appeared significant in participants' artmaking experiences. As I also noted in my own response to art processes, the experience of mess could be both uncomfortable and liberating. The presence of mess and smudging seemed to reflect participants' emotional states: when feeling fragile or out of control, the mess could feel disturbing, yet when the need was to express or externalise chaotic emotions, it became cathartic and even necessary for emotional processing.

Limitations and recommendations

The small sample size of four participants allowed for a more intimate engagement with the study. However, it is too small to be representative of the South African population. The participants were all postgraduate students, which speaks to privilege, access, and a specific frame of reference regarding their education. Therefore, further research would be beneficial in settings where this may not be the case, as there might be a more holistic

representation of the South African perspective. Additionally, canvas is not necessarily an affordable option for therapists or clients, so other considerations might need to be made. In this study, as a group, we discussed the option of using alternative surfaces, but participants were content to work with canvas. Perhaps cardboard boxes, fabric, or wood might be alternative options as they are more easily accessible and either affordable or do not incur any costs.

Although online sessions can be helpful and inclusive, it has disadvantages, including affordability, internet disruptions, and the inability to respond to the sounds, materials created, and experiences of one another in a group setting more fully. I would recommend a study of in-person materiality exploration with a focus on the abovementioned sensory influences.

Materials interact differently on different surfaces, and particularly on canvas, which has a textured surface—for example, materials may have elicited different reactions on paper. It might be worth exploring media on various surfaces to adapt this study's methods to also suit socio-economic access in South Africa.

Conclusion

This study highlights the integral role of art materials in art therapy, emphasising how the materials can evoke diverse emotional and sensory responses. Through the exploration of the one-canvas method with four art therapy honours students, the research showed how different materials can be regulating, dysregulating, or ambiguous, depending on their various characteristics and the participants' personal experiences and associations with the art materials. Fluid materials like watercolour were often calming and regulating, while resistive materials like pens and pencils elicited more cognitive engagement. On the other hand, certain materials, such as glue, caused discomfort and dysregulation, highlighting the importance of material selection in art therapy, considering that clients may respond differently to different materials. Ambiguous materials are those that fall into a grey area and can be experienced positively or negatively, depending on the person and their potential state of mind that day.

The findings of this study align with social constructivism and the Expressive Therapies Continuum, which emphasise the interplay between

material properties, individual experiences, and socio-cultural influences. Participants' reflections revealed the therapeutic potential of thoughtfully and intentionally chosen art materials, as well as the challenges posed by material interactions, messiness, and sensory discomfort.

While the study provided valuable insights, its limitations include a small sample size, the educated and thus privileged background of participants, and the exclusive use of canvas as a surface. Future research should explore materiality in diverse socio-economic settings, alternative surfaces, and in-person group dynamics to deepen understanding and accessibility in art therapy practices.

Ultimately, this research underscores the ethical responsibility of art therapists to consider the emotional and sensory impact of materials, fostering self-regulation and emotional processing in clients. The findings invite exploration of material preferences and their therapeutic implications, contributing to the literature on materiality in art therapy in South Africa.

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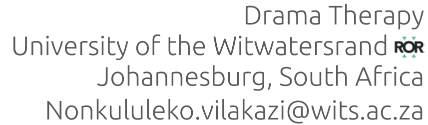
Implications for drama therapy in working single-mother households in the South African context

Nonkululeko Vilakazi



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Bio

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Abstract

Black women in South Africa are disproportionately represented in low-paying, insecure occupations, with a significant proportion being single mothers raising children in the absence of fathers (Sonubi, 2010). Despite the prevalence of single-mother-headed households, there is limited research exploring the developmental effects of father absence on children in this context, particularly regarding accessible therapeutic interventions. This study investigates the potential of drama therapy as a psychosocial intervention for children affected by paternal absence, focusing on the capacity of drama therapy to support identity formation, emotional regulation, and social development. Drawing on Western developmental psychoanalytic theory, attachment frameworks, and relational perspectives, the research integrates literature on child development with clinical applications of drama therapy, including role play, storytelling, and projective play techniques. Through illustrative case vignettes of children aged 10–17 years from a Johannesburg school, the study demonstrates how drama therapy facilitates the expression of unconscious and conscious experiences, enhances agency, and provides corrective relational experiences. Findings suggest that drama therapy is a culturally adaptable and developmentally appropriate intervention for mitigating psychological, behavioural, cognitive, and relational challenges associated with father absence in single-mother households.

Keywords: Drama therapy, single mothers, absent fathers, children, development

Introduction

Introduction and background

This article explores the psychosocial impact of father absence on children raised in Black single-mother households within the South African context, and considers the implications of these dynamics for drama therapy practice. Drawing upon both lived and professional experience, the article situates questions of parental absence, emotional regulation, and relational presence within the broader socio-economic realities of working single mothers. The inquiry positions embodiment, relational attunement, and performative

expression as central concepts in understanding how drama therapy might engage with these familial constellations.

Personal context

As a single mother of two daughters, I have witnessed the nuanced emotional experiences that accompany paternal absence. My children's awareness of their father's absence often surfaced following his sporadic and unpredictable visits. These encounters tended to evoke prolonged emotional distress, communicative withdrawal, and indirect attempts at sense-making through identification with fictional characters who experienced similar loss. This prompted a personal and professional questioning: *Do children in single-mother households experience a form of ambiguous loss that remains unacknowledged yet deeply felt?*

I also became aware of the emotional costs of work-family conflict among single mothers in low-income employment. Extended working hours and economic pressures can constrain emotional availability, potentially shaping a child's attachment experience. In my own family and in my community-based work, I observed that many boys in single-mother households adopt protective or caregiving roles toward their mothers, an early assumption of responsibility that suggests both resilience and premature maturity.

The COVID-19 context and virtual presence

These reflections deepened during the COVID-19 pandemic. South Africa's 2020 lockdown regulations confined individuals to their homes, disrupting visitation patterns and further destabilising contact with non-resident fathers. Yet, this period also accelerated the use of digital communication platforms, introducing new modes of virtual connection. This shift led me to consider whether virtual presence might serve as an alternative form of parental engagement when physical proximity is impossible.

Shortly after beginning my drama therapy training in South Africa, I received a scholarship to pursue postgraduate study in the United Kingdom. This educational migration transformed me, paradoxically, into an absent mother, coinciding with the physical unavailability of my children's father. Yet, consistent virtual communication fostered an emotional closeness that had been more difficult to sustain when I was physically present but

emotionally depleted. This experience challenged conventional notions of presence, suggesting that emotional attunement can be maintained, or even deepened, across spatial divides.

Migration and feminised labour

This personal shift illuminated a broader structural phenomenon: the feminisation of labour and poverty in South Africa. Many Black single mothers remain concentrated in low-wage, time-intensive employment with limited opportunities for advancement. Educational migration, what Riaño and Piguet (2016) term "degree mobility", represents both an interruption of this economic cycle and an act of agency. My relocation to the United Kingdom for study reconfigured absence from a condition of constraint to one of transformation.

Reflecting on this, I recognised a paradox: while physically present in South Africa, my extensive work hours rendered me emotionally unavailable. In contrast, my physical absence in the United Kingdom was accompanied by greater emotional availability through sustained online communication. Drawing on Porter's (2014) notion of multimodal presence, I began to conceptualise parenting as a form of attuned relationality that transcends physical space. Within single-mother households, this invites a re-evaluation of how time, space, and embodiment intersect to shape emotional connection.

Emotional regulation and communal support

Initially, I feared that my absence would trigger emotional dysregulation in my daughters or exacerbate unresolved grief over their father's absence. However, our ongoing dialogue revealed that they had internalised coping strategies rooted in earlier experiences of co-regulation and emotional scaffolding. The involvement of extended family members, a reflection of the communal model of child-rearing characteristic of many African families, further supported their resilience. This relational ecology provided emotional continuity and containment, aligning with systemic and community-oriented understandings of psychological well-being.

Professional reflections

My previous work as an Applied Theatre facilitator in Gauteng townships further contextualised these observations. In mixed-gender facilitation settings, I noted that children from single-mother households often displayed distinct communication patterns. Younger children, regardless of gender, tended to seek emotional safety from female facilitators, while older boys alternated between female facilitators for personal matters and male facilitators for instrumental ones. These dynamics suggest that children's relational preferences and interpersonal styles are shaped by the gendered configurations of their home environments. Such findings resonate with Erikson's psychosocial theory (Naidoo, Townsend & Carolissen, 2016), which emphasises the social foundations of identity development.

These insights underscore drama therapy's potential as a relational space where children can symbolically explore and reorganise experiences of attachment disruption. The aesthetic distance of the dramatic frame allows for both projection and reflection, enabling participants to reauthor narratives of absence and belonging.

Artistic inquiry: Walking as metaphor

Earlier performance-based research deepened these conceptual reflections. In a 2020 solo performance, I explored walking as a metaphor for paternal absence, inspired by Francis Alÿs's notion that walking can unfold socio-political and psychological narratives (Alÿs, cited in Schneider, 2012). The motif of walking became a means to interrogate how fathers "walk away", how movement itself becomes an act of communication and rupture. Initially, I sought to understand the embodied experience of the absent father; over time, my inquiry shifted toward the embodied experience of the one who remains.

This focus aligned with somatic and trauma-informed perspectives that view the body as a repository of implicit memory (Rothschild, 2000). The physical stillness and emotional constriction I experienced as a remaining parent mirrored what I came to understand as an embodied immobility, a freeze response to loss. Through repetitive, performative actions, I began to process these sensations, linking them to broader questions of relational rupture, care, and adaptation.

My subsequent migration reframed these insights: I became both the 'absent' and the 'remaining' parent. This dual position highlighted the complexities of mobility, attachment, and caregiving in transnational families. For drama therapy, such experiences invite reflection on how creative and embodied processes can support meaning-making within fractured familial systems (Bird, 2023).

Drama therapy offers a unique modality for exploring ambiguous loss, embodied absence, and emotional regulation through symbolic action (Bradley, 2024; Johnson & Emunah, 2020). Within South African single-mother households, these approaches can create spaces where mothers and children articulate loss, reconnect with resilience, and reconstruct relational presence through play, movement, and performance. By integrating personal narrative, embodied inquiry, and socio-cultural analysis, this article positions drama therapy as a practice capable of addressing both the affective and structural dimensions of parental absence. The article calls for a re-imagining of presence, not as mere proximity, but as an attuned, multimodal, and relational act that can sustain connection even across distance.

Context and rationale for the study

In postcolonial South Africa, the intersection of gender, labour, and family structure continues to shape the experiences of many Black women. Sonubi (2010) identifies a *feminisation* of labour, noting that Black women occupy 41% of elementary, low-paying, and insecure jobs while earning less than men in similar positions. They also remain the lowest-paid group across occupational levels compared with white women, white men, and Black men. Within this 41%, a significant proportion are single mothers who assume full financial responsibility for both children and extended family.

This socio-economic reality affects family functioning and child development. Manyatshe (2013) observes that in many ethnic single-mothered families, the silence surrounding the absent father prevents children from forming coherent meanings about his absence. Such unspoken experiences can lead to emotional confusion and assumptions that strain the mother-child bond. Even when relationships are strong, cultural and institutional reminders reinforce the absence within the family system, such as school forms requesting both parents' details. Manyatshe (2013) also highlights the stigma faced by Black single mothers, often rooted in

patriarchal cultural traditions and monotheistic beliefs. This stigma may intensify the mother's emotional and social burden as she navigates both caregiving and breadwinning roles. The resulting exhaustion and time scarcity can compromise emotional attunement, with implications for the child's sense of safety and belonging.

This study, therefore, explores how father absence within single-mother households shapes children's developmental and relational well-being. It focuses on children of Black single mothers working in low-paying occupations, where both financial insecurity and limited time may constrain emotional availability. Grounded in psychoanalytic developmental theory, the study assumes that early relational contexts, the primary caregivers, are foundational to personality formation and socialisation (Graham, 2016). Disruptions in these bonds can impair self-concept and social comparison, leading to developmental vulnerability. Within this frame, father absence is understood not merely as a social condition but as a psychological rupture that influences identity formation and attachment processes.

By engaging both developmental literature and drama therapy theory, the study investigates whether drama therapy might help mitigate the psychosocial effects of paternal absence. Through symbolic play, enactment, and role play, drama therapy offers a relational space where children can explore loss, re-imagine presence, and build emotional resilience (Frydman et al., 2022; Landy, 1992).

Content and contribution to the field

This article proposes that integrating psychoanalytic developmental concepts with drama therapy's embodied and relational practices can deepen understanding of how children in single-mother households process father absence. The study positions father absence as an ambiguous loss, a condition of unresolved presence and absence (Boss, 2006), and argues that drama therapy provides a uniquely responsive modality for working within this ambiguity.

Although extensive research links paternal absence to educational and behavioural challenges (Freeks, 2017), few studies explore these experiences through creative arts therapies. There is a distinct lack of drama therapy literature addressing Black South African single-mother households, where economic precarity and cultural stigma intersect.

Drawing on Kail et al. (2019), the absent father is seen as "physically missing yet psychologically present", sustaining emotional ambivalence that can distort identity development. Within this emotional tension, drama therapy's embodied symbolisation offers potential for meaning-making and healing. Through enactment and play, children can externalise inner conflicts, experiment with new roles, and construct coherent personal narratives.

This research thus positions drama therapy as both a psychosocial and culturally grounded intervention, capable of addressing emotional wounds within the structural realities of South African families. It also extends theoretical discussions of presence and absence in therapeutic relationships, suggesting that imaginative and embodied connection can restore a sense of belonging where physical presence is unavailable.

In summary, the study contributes by framing father absence as an ambiguous loss requiring embodied, creative therapeutic attention; addressing an underrepresented context in drama therapy, the lived experiences of Black South African single mothers and their children; and proposing a context-sensitive and culturally responsive use of drama therapy to foster attachment repair, emotional regulation, and resilience. By integrating psychoanalytic understanding with embodied dramatic processes, this study advances a nuanced view of how creative arts therapies can engage the complexities of absence, identity, and relationship in contemporary South African life.

Theoretical and literature framework

Children growing up in single-mother households with absent fathers, particularly in low-income Black South African contexts, face unique developmental challenges. Understanding these requires integrating psychoanalytic, attachment, and developmental perspectives, which inform potential interventions through drama therapy.

Object relations theory (Klein, 1946; Shultz & Shultz, 2017) emphasises that infants develop a sense of self through early relationships with primary caregivers, typically the mother. Infants internalise 'good' and 'bad' objects through mechanisms such as introjection, projection, and splitting, shaping later relational patterns. Klein's paranoid-schizoid and depressive positions illustrate how children manage anxiety and ambivalence. In the depressive position, children integrate good and bad aspects of the caregiver,

developing empathy and reparation. In single-mother households with absent fathers, children may internalise unresolved loss or abandonment as 'bad objects', affecting self-concept and interpersonal relationships. Drama therapists can act as transitional objects (Winnicott, 2021), providing a relational space to explore attachment, play, and identity.

Attachment theory (Bowlby, 1969; McLeod, 2025) emphasises that secure bonds with caregivers are crucial for maintaining psychological well-being. Father absence disrupts these bonds, potentially leading to maladaptive coping, anxiety, and identity difficulties. Drama therapy, through play, role-playing, and storytelling, enables children to explore and process both conscious and unconscious experiences, thereby supporting reparative relational work (Creevan, 2014; Jones, 2021).

Empirical studies reinforce these theoretical insights. Falana, Bada, and Ayodele (2012) found that children of single mothers exhibit cognitive and verbal delays, with long-term impacts on academic and occupational outcomes. Sylvester (2010) and Bojuwoye and Sylvester (2012) highlight the importance of male role models in adolescent boys' identity formation, socialisation, and discipline, while Thwala (2018) and Smith et al. (2014) report identity disruption among boys and girls lacking paternal guidance.

Paternal absence affects relational and cultural dynamics. Nathane-Taulela and Nduna (2014), Morwe et al. (2015), and Eddy et al. (2013) found that inconsistent father involvement contributes to material deprivation, emotional disconnection, and cultural alienation. Magqamfana and Bazana (2020) note inter-individual variability, yet emphasise that positive paternal engagement significantly influences identity formation. Behavioural and emotional outcomes include risky sexual behaviour, low self-esteem, and social maladaptation (Ntloko & Kheswa, 2018; Matlakala et al., 2019). Narrative accounts indicate that children develop both negative coping strategies (withdrawal, denial, and self-blame) and adaptive strategies (creative expression, journaling, and reliance on extended family) (Mdletshe, 2014; Tau, 2020).

Drama therapy offers a mechanism to address these impacts. Using play, role-play, and storytelling, therapists can provide children with opportunities to explore relational dynamics, process loss, and develop resilience (Johnson & Emunah, 2020; Pendzik, 2006). By modelling attachment, facilitating reparative experiences, and supporting the integration of conflicting

emotional experiences, drama therapy can strengthen self-concept and interpersonal functioning in children affected by paternal absence (Johnson & Emunah, 2020; Malchiodi, 2022). This integrated framework underscores the relevance of psychoanalytic and attachment-informed drama therapy interventions. Children's unconscious and conscious experiences of father absence can be expressed and explored safely, fostering psychological well-being, resilience, and the development of healthy relational patterns.

Methodological framework

This study adopts a hermeneutic phenomenological orientation, exploring the lived experiences of children from single-mother households and those affected by father absence (Alsaigh & Coyne, 2021). Participants, aged 10–17 years, were drawn from a school in Parktown, Johannesburg, with some referred specifically to drama therapy for challenges linked to paternal absence. The research uses vignettes derived from these real-life contexts as interpretive tools, allowing for a nuanced exploration of subjective experiences. Through drama and movement therapy, children engage in storytelling, role-play, and embodied enactments, enabling access to both conscious and unconscious processes. This methodology prioritises the children's perspectives, focusing on meaning-making, relational patterns, and emotional expression within their social and familial contexts (Alsaigh & Coyne, 2021; Fuster Guillen, 2019). Hermeneutic interpretation of these vignettes informs both understanding of developmental impacts of father absence and the potential therapeutic contribution of arts-based interventions in fostering resilience, self-concept, and relational repair.

Findings and discussion

This section presents findings from three case vignettes, Precious (11), Ntebogeng (10), and Thabo (17), highlighting the varied experiences of children growing up with absent fathers in single-mother households. Drama therapy techniques were used to explore relational, emotional, and developmental dynamics, informed by psychoanalytic and object relations theory.

Case 1: Precious – intermittent paternal absence

Precious was referred following a behavioural shift linked to her parents' separation, reporting anxiety about underpreparedness for school exams. Her father was between jobs and had gradually cut contact after separation from her mother. Precious' mother's work as a live-in nanny limited her availability. Drama therapy sessions focused on role play and storymaking to explore changes in family dynamics and the impact of paternal absence.

Integration of a single parent-child session allowed Precious and her mother to co-create narratives, strengthening attachment and communication. This aligns with object relations theory, emphasising that early relational patterns shape self-concept and expectations of caregiving (Klein, 1946; Shultz & Shultz, 2017). Drama therapy provided a symbolic rehearsal space for navigating ambivalent feelings toward her father and coping with limited maternal presence.

Case 2: Ntebogeng – sudden maternal loss and paternal introduction

Ntebogeng had never known her father, and the sudden death of her mother created a profound relational void. She now lives with her grandmother and aunt, who provided stability, while her father initiated legal custody proceedings, introducing uncertainty.

An adapted empty-chair technique allowed Ntebogeng to explore relational roles and negotiate her questions regarding her father's sudden involvement. Non-directive play, including enrolling herself in abstract objects during storytelling, enabled her to experiment with distance from overwhelming emotions, reflecting Klein's concept of phantasy as a coping mechanism (Spillius et al., 2011). Drama therapy promoted agency, allowing Ntebogeng to process grief, negotiate relational boundaries, and regain a sense of control over her experiences.

Case 3: Thabo – adolescent paternal rejection

Thabo self-referred following rejection from his father, experiencing tension between masculine and feminine energies in adolescence due to a single-mother upbringing. Drama therapy engaged projective play and seven-part

cartoon-based storymaking, allowing him to self-direct narratives and enact role reversals.

These activities facilitated exploration of identity, relational dynamics, and autonomy. He used the sessions to rehearse interactions with his mother, reflecting Winnicott's (2021) concept of transitional objects and the therapeutic play space as a site for practising agency and negotiating power dynamics. Drama therapy thus supported Thabo in reclaiming control, expressing unmet needs, and developing self-efficacy in relational contexts.

Thematic analysis and integration

Across the three cases, drama therapy provided an aesthetic frame for expressing and processing relational, cognitive, and emotional challenges arising from father absence (Bird, 2023; Sweeney, 2023). Role play, storytelling, and embodied relational markers enabled the projection of internal conflicts, rehearsal of coping strategies, and integration of fragmented relational experiences (Busika, 2015; Dokter, Holloway & Seebohm, 2012; Pitre, Sajnani & Johnson, 2015).

While all three children were reared by single mothers, the differences in paternal absence shaped their developmental experiences: Precious experienced intermittent paternal contact, Ntebogeng faced lifelong absence with sudden paternal introduction, and Thabo encountered active paternal rejection during adolescence. These nuances highlight the importance of tailoring interventions to the child's developmental stage and relational context. Drama therapy, grounded in psychoanalytic and object relations theory, allowed for conscious and unconscious exploration of self and relationships. Object relations theory elucidates the impact of internalised parental figures on self-concept, attachment, and relational expectations, while Winnicott's (2021) concepts of play and transitional objects provided a framework for therapeutic experimentation with autonomy, attachment, and identity formation.

The findings suggest that drama therapy offers a culturally and developmentally sensitive approach for children experiencing father absence. Techniques such as role play, storytelling, and the use of embodied relational markers foster agency, enable reparative processes, and support self-understanding, emotional regulation, and parent-child relational quality. This approach demonstrates potential for addressing the psychosocial,

behavioural, and cognitive impacts of paternal absence in single-mother households, reinforcing the value of drama therapy as a therapeutic intervention within the South African context.

Contribution to the field – significance of this study

This study explores Western developmental psychoanalytic literature and its application to children reared by Black single mothers with absent fathers in South Africa. It also examines drama therapy techniques to consider their potential as social and emotional support interventions for the developmental effects of father absence. While extensive literature exists internationally on absent fathers' social, psychological, behavioural, and developmental implications (McLanahan, Tach & Schneider, 2013; Agllias, 2017; Polak, 2019), there is a paucity of research in the South African context addressing both the impact of ambiguous parental loss and the application of drama therapy as an intervention.

Drama therapy, understood here as the use of theatre and dramatic techniques to facilitate therapeutic change (Johnson & Emunah, 2020), offers a platform for addressing psychological, behavioural, and cognitive challenges. It allows children to acquire developmental skills in a psychosocially supportive context while exploring internal conflicts associated with absent fathers (Berghs et al., 2022; Malchiodi, 2022). The primary research question guiding this study was: *Can drama therapy support identity formation and mitigate psychological, behavioural, and cognitive dysfunctions in children of absent fathers?*

Implications for drama therapy

Drama therapy's use of play, role play, and storytelling aligns with psychoanalytic concepts of free association, enabling unconscious material to emerge in a non-threatening way (Corey et al., 2021; Irwin, 2005). Role play allows children to externalise internalised experiences, experiment with relational interactions, and rehearse dialogues with significant others in a metaphorical space (Jennings, 2014). By enacting scenarios with therapist support, children can explore resistance behaviours, practice coping strategies, and gain insight into their emotional and relational responses.

Winnicott's (2021) relational theory underscores the therapeutic potential of play, providing a "good enough" relational container where children can repair or rehearse parent-child dynamics safely. Drama therapy facilitates identity exploration, agency, and autonomy by enabling children to embody multiple roles and perspectives. Play and storytelling also foster problem-solving, self-awareness, and reflective capacity, bridging therapeutic experiences with real-world relational skills (Hoey, 2005).

Conclusion

Children raised in single-mother households with absent fathers in South Africa experience psychological, behavioural, cognitive, and relational challenges shaped by paternal absence, socio-economic pressures, and gendered role expectations. This study demonstrates that drama therapy offers a culturally and developmentally responsive intervention, providing a symbolic, relational, and imaginative space for children to process internal conflicts and explore identity. Techniques such as play, role play, and storytelling allow children to externalise emotions, rehearse dialogues with absent or significant figures, and practice autonomy within a safe therapeutic environment. The study highlights the importance of positive male role models, whether real or represented symbolically, in supporting identity formation and self-concept development. Integrating psychoanalytic and relational theories, drama therapy facilitates both conscious and unconscious exploration, enabling children to engage with emotional, cognitive, and behavioural experiences holistically. By bridging therapeutic experiences with real-life relational skills, drama therapy can mitigate risk behaviours and enhance psychosocial resilience. This research contributes to the field by positioning drama therapy as a viable intervention for children affected by father absence, offering practical guidance for clinicians in South Africa and similar contexts.

Research limitations

Literature specific to Black single-mother households in South Africa is limited, particularly regarding therapeutic interventions for children of absent fathers. Existing research often conflates socio-economic status and single-parenthood variables, and few studies explore psychoanalytic or drama therapy-based approaches in this context.

Recommendations

Building on Bion's concept of maternal reverie (Gooch, 1998), I propose the notion of virtual parental reverie, integrating digital platforms to facilitate relational connections and therapeutic engagement when time-space constraints prevent direct intervention. Future research should explore virtual drama therapy approaches, as well as holistic interventions that include absent fathers, enabling relational reintegration and supporting children's psychosocial, cognitive, and behavioural development.

Disclaimer

This article is based on the author's Master of Arts dissertation, *Implications for drama therapy in working single-mother households in the South African context,*[1] completed in 2020 at the University of the Witwatersrand. Readers are encouraged to consult the original dissertation for a comprehensive account of the study's methodology, analysis, and findings.

Declaration of AI use

AI was used to improve readability and language.

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1 The full master's dissertation by Nonkululeko Vilakazi is available through the University of the Witwatersrand institutional repository at https://wiredspace.wits.ac.za/items/a9b5251c-29cc-4ef7-b3a8-1bb82657ad87/full

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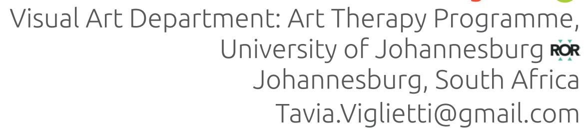
The Critic, the Child and the Nurturer: A group case study of art therapy in a weight-neutral frame for women with body image concerns

Tavia Viglietti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Bio

Tavia Viglietti is currently completing her Master of Art Therapy through the University of Johannesburg. She has a special interest in fat liberation – particularly as it applies to the therapeutic space. Her clinical work has taken place at public psychiatric hospitals surrounding Cape Town, where she has worked extensively with clients with intellectual disabilities and complex mental health needs. Prior to this, Viglietti lectured Psychology modules for Southern New Hampshire University's Bachelor of Arts programme in partnership with the Global Education Movement and the Scalabrini Centre of Cape Town, which offers scholarships to refugees across seven countries.

Abstract

This article explores how art therapy can function as a weight-neutral practice for South African women experiencing body image distress. Grounded in a six-week narrative art therapy group, the study drew on Ashlee Bennett's (2022) three characters: the Body Critic, the Younger Self, and the Body Nurturer. Participants were able to externalise shame and imagine new ways of relating to their bodies. Using a qualitative, arts-based approach, the group revealed how internalised body criticism often stems from gendered, cultural, and familial influences. Through arts-based thematic analysis, three

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therapeutic processes were identified: the externalisation of internalised shame, the re-authoring of body narratives, and the emergence of self-compassion. Findings suggest that art therapy grounded in a weight-neutral stance offers an inclusive, ethically responsive alternative to weight-centric models of care. The article concludes with recommendations for (1) practice – embedding weight-neutral and anti-fat-bias frameworks in therapeutic work, (2) training – integrating critical engagement with weight-neutral practices and confronting anti-fat bias in art therapy education, and (3) research – developing decolonial and contextually grounded approaches to body image in South Africa. This study represents the first documented application of weight-neutral narrative art therapy in the region.

Keywords: Art therapy, weight-neutral practice, body image, anti-fat bias, South Africa, inner child, inner critic, fat liberation

Introduction

This article explores the unique potential of art therapy as a weight-neutral therapeutic approach. I draw from a master's research project that explored group narrative art therapy for individuals struggling with body image distress. This article is a distillation of how art therapy works as a weight-neutral practice (Viglietti, 2024). A weight-neutral therapeutic stance actively resists the widespread anti-fat bias found in society. Body neutrality in general emerged in response to criticisms of the body positivity movement, which has demonstrated itself to have limits of *who* is allowed to love their body, usually accompanied by healthism or capitalism (Gordon, 2023). Furthermore, while aspects of body positivity may be uplifting, it is my view that it is not a helpful stance for a therapist to have, as it values a single feeling about the body. Just as we need fat[1] joy in spite of the anti-fatness in society, we need to welcome negative feelings in the therapy room without our clients feeling like they are failing. Weight-neutral practice would distance the individual's value from their weight or body shape and instead put therapeutic focus on other key issues. Furthermore, this approach does not demand everyone 'love' their body all the time, instead opting for acceptance with bodies and inevitable ebbs and flows. This research

1 The word *fat* is used in this research in its reclaimed state per fat liberation activism – as a neutral descriptor. Having said that, I do acknowledge that it is a word that is frequently weaponised. Not everyone does or has to feel safe with the word.

also aligns with the Health at Every Size (HAES) movement, which seeks to separate assumptions about health and *healthism*[2] from the shape and size of one's body, advocating for equitable access to physical and mental healthcare without individuals being dismissed or pathologised through weight-loss advice (Bacon, 2010).

My engagement with fat studies scholarship stems from my own lived experience of inhabiting a fat body that has changed over time, yet has almost always been made to feel *too big*. These experiences have surfaced in many ways – through interpersonal interactions, in medical settings where unrelated concerns drew unsolicited weight-loss advice (even when in perfect health), and in therapy, where a therapist's anti-fat bias reinforced the very body criticism for which I had sought support. I first explored how art therapy could support individuals exploring body image concerns in 2023. I found that artmaking often felt less threatening than purely spoken methods when working with emotionally charged material like body shame. The creative process enabled a gentler entry point into vulnerable inner narratives and allowed for complex feelings to be externalised and reflected upon with greater safety.

My thinking has been most influenced by the work of Australian art therapist Ashlee Bennett. In *The Art of Body Acceptance*, Bennett (2022) combines narrative approaches with practical art therapy strategies to help people reframe their relationships with their bodies. Her three-character framework – the Body Critic, the Younger Self, and the Body Nurturer – has been central to my research and is woven throughout the group process described in this article. By bringing Bennett's framework into dialogue with the experiences of South African women, this article extends weight-neutral art therapy scholarship into a new cultural and therapeutic context where such work has not previously been documented.

This article aims to demonstrate the value of art therapy as a weight-neutral practice by drawing from my time holding a six-week narrative art therapy group with South African women navigating body image distress. I designed the group around Bennett's (2022) three narrative characters – the Body Critic, the Younger Self, and the Body Nurturer – which served

2 *Healthism* is a systematic belief that individual health is indicative of one's diligence and overall character (Gordon, 2023). Under healthism thin individuals are interpreted to be hardworking and of higher moral fibre, while fat people are perceived to be the opposite.

as guiding figures throughout the process. These characters offered participants a symbolic language through which to externalise internalised narratives of shame, explore past wounds, and begin cultivating self-compassion. The Body Critic emerged as a particularly potent therapeutic hurdle: harsh, familiar, and deeply internalised. Rather than attempting to erase it, the group used this figure as a starting point. Over time – and at their own pace – group members began to explore beyond this starting point. Externalisation of internalised shame, the re-authoring of body narratives, and the emergence of self-compassion emerged as beneficial therapeutic processes.

This research is deeply personal to me. It represents a stride toward becoming the kind of therapist I once needed as a child, a young woman, and an adult.

Literature

There is a growing amount of literature critiquing the global state of anti-fat bias (Bacon, 2010; Flegal, 2021; Gordon, 2023), challenging the flawed assumptions linking body size to health, the medicalisation of fatness, and the cultural systems – such as diet culture and healthism – that uphold weight stigma. Authors like Aza (2019) and Kinavey and Cool (2019) draw important links between anti-fatness and how it shows up in therapeutic spaces, often unnoticed. More specifically, in relation to art therapy, Bennett (2022) remains the only practitioner explicitly applying and publishing on weight-neutral principles. While Bennett writes from a feminist, decolonial perspective, her work is grounded in an Australian context. To date, there is no South African research explicitly engaging weight-neutrality in art therapy or psychotherapy, despite clear evidence of widespread weight stigma in local health discourses (Bosire et al., 2020). This article seeks to fill a gap at this intersection.

Anti-fat bias is a pervasive societal tendency embedded across social and institutional levels, and even impacting therapeutic spaces (Aza, 2019; Kinavey & Cool, 2019). Its effects on women are particularly significant, often leading to body criticism, chronic dieting, and disordered eating (Fikkan & Rothblum, 2012; Jovanovski & Jaeger, 2022). This bias is interwoven with diet culture, which is seen by many scholars as patriarchal, racist, and profit-driven (Jovanovski & Jaeger, 2022). Diet culture merges health and

appearance ideals into the notion of an ideal female body – achievable only through genetics or extreme dieting (Gordon, 2023; Jovanovski & Jaeger, 2022). As this body of scholarship demonstrates, diet culture stems from the sexual objectification of female bodies (Bartky, 1990; Bordo, 1997, 2005; Gordon, 2023).

Within therapy, anti-fat bias manifests as a weight stigma characterised by negative attitudes, beliefs, or behaviours toward fat clients (Fikkan & Rothblum, 2011). Traditional individual therapy often fails to acknowledge the broader social, cultural or political backdrops of weight stigma and steers therapists towards encouraging weight loss as a form of self-discipline (Matachin & Simone, 2019). Research indicates that mental healthcare practitioners are impacted by anti-fat bias, and their attitudes towards fat clients are informed by the myth that fat people are lazy and their inability to become thin is due to lacking motivation (Kinavery & Cool, 2019; Gordon, 2023). In therapeutic relationships, anti-fat bias may arise through countertransference, where a therapist's own feelings or biases impact the therapeutic process (Aza, 2009; Kinavey & Cool, 2019). I argue that the prevalence of anti-fat bias in the therapy room is higher than we would like to believe and, ultimately, that this is a public health issue in how it both overtly and inadvertently prevents fat people from appropriate mental healthcare services (as well as other health services).

As critical literature and lived experience accounts have increasingly shown, weight stigma – rather than body size itself – is a major driver of poor mental health outcomes, including depression, anxiety, disordered eating, and body dissatisfaction (Aza, 2009; Kinavey & Cool, 2019; Gordon, 2023). Yet, few therapeutic models offer alternatives to the weight-centric paradigm that is embedded not just in the anti-fatness of society but also in the DSM-5, which informs much of mental healthcare (APA, 2013). For clients in fat bodies, therapy may become another site of surveillance and judgment, even when well-intentioned.

When searching for literature that relates specifically to group therapy and anti-fat bias in the context of this research, it is not without significance to report that search results were primarily South African support groups promoting weight loss. Similarly, I often observed that narratives around fatness in South Africa frequently used stigmatising narratives around

'obesity'[3] – often merging Black South African culture with this highly contested term (Bosire et al., 2020). Problematising fatness through medical terminology in association with culture reveals the intensity of Eurocentrism in research. This is also indicative of the gap in the literature to which this study aims to contribute. While literature specifically on the South African context is lacking, there is significant evidence of narrative art therapy being highly impactful in multicultural settings (Padilla, 2022). Sabrina Strings' (2019) and Sonya Taylor's (2021) respective books both speak to the racist origins of anti-fat bias in the context of the United States. These writings are relevant to the South African context, in which the legacy of apartheid is felt today. When it comes to body image in the South African context, it is clear that the literature is steeped in assumptions and oversimplification of a topic that is richly nuanced. It is essential that mental healthcare professionals begin to unpack some of these assumptions (Viglietti, 2024).

The literature thus reveals a substantial gap in research on group therapy approaches addressing anti-fat bias within a South African context, where the dominant narrative around body size remains rooted in weight-loss promotion and stigmatising language. Additionally, the conflation of cultural identity with problematic terms like 'obesity' highlights a persistent Eurocentrism, which further reinforces stereotypes and marginalises diverse cultural perspectives on body image. While international studies underscore the effectiveness of narrative art therapy in multicultural settings, there is a clear need for more South African research that acknowledges the complex interplay between culture, history, and body image and that challenges simplistic narratives around weight. Anti-fatness cannot be understood in isolation; it is entwined with broader systems of power and oppression.

Methodology

I used a qualitative, arts-based research approach to explore narrative art therapy as a weight-neutral practice. Six women took part in a closed art therapy group, recruited through flyers distributed both digitally and physically across Cape Town communities. The group was grounded in psychodynamic group art therapy, supported by narrative art therapy

3 *Obesity* is medically defined as having a BMI of 30.0 or higher. Fat liberation activists argue that labelling fatness as a medical issue is rooted in flawed science and worsens stigma (Gordon, 2023).

theory and body acceptance work. The research centred on the storytelling aspects of art therapy and the meaning participants found in the process of expressive artmaking.

Arts-based research supports both embodied and implicit forms of knowing (Malchiodi, 2017). Participants were encouraged to choose from a wide variety of art materials – wet, dry, 2D, 3D, and natural-supporting autonomy and self-expression. While some prompts were directive, especially early on to provide containment, these were always framed as optional. The group was held in a responsive way, allowing for participants to bring what felt most present for them.

The core narrative components guiding the group included the Younger Self, Body Critic, and Body Nurturer, drawn from Bennett's (2022) narrative art therapy framework. This framework informed both the structure of the six-week group and the interpretive lens used throughout the study. Key narrative processes – externalisation, deconstruction, and re-authoring – were explored through both artmaking and reflective dialogue. The sessions were designed to move from identifying and externalising critical internal voices, then later toward exploring self-compassion through engagement with the Body Nurturer. Artmaking provided a natural vehicle for externalising internalised narratives, while group sharing allowed these stories to be witnessed and re-authored in community. Importantly, the interpretation of artworks came from participants themselves to avoid imposing meaning.

The group ran for six consecutive weeks, a duration selected for its feasibility within the scope of a master's mini dissertation and ethical approval timelines. The venue was a local community art studio, ideal for privacy and confidentiality. Each 90-minute session followed a consistent structure: check-in, artmaking, and group reflection. Ethical considerations were carefully managed throughout. Participants gave informed consent and all data was securely stored in line with the Protection of Personal Information Act (POPIA) of 2021. As a trainee art therapist, it was also crucial to abide by the guidelines of the Health Professions Council of South Africa (HPCSA), where I am registered. Pseudonyms were given to protect the identity of group members. Data included photographs of artwork, session recordings, facilitator field notes, and written reflections submitted by participants. The recordings were transcribed using the services of a

transcriber who signed a confidentiality agreement. Transcriptions were thematically analysed using Atlas.ti (Braun & Clark, 2006). A crisis protocol was in place, and regular supervision supported the group's ethical holding.[4]

Although attendance varied due to participants' schedules, connection was maintained through a WhatsApp group where members shared artworks and reflections between sessions. The short timeframe limited the depth of exploration, and participants expressed that more sessions would have been beneficial. Nonetheless, the group provided a meaningful space for beginning to question internalised body narratives and to imagine alternative, more compassionate relationships with the self. This approach allowed for a deep and embodied engagement with participants' internalised narratives, offering insights into how weight-neutral art therapy can support self-reclamation and resistance to anti-fat bias.

Thematic analysis, as outlined by Braun and Clarke (2006), was used to analyse the verbal data drawn from recorded group sessions and therapeutic process notes. Participants' interpretations of their own images guided the discussion, and these verbal narratives were the focus of coding and theme development. Visual and verbal data were cross-referenced, with participants' own verbal interpretations guiding thematic coding of imagery. This approach ensured that the analysis remained consistent with the study's narrative focus while honouring the role of artmaking as a catalyst for storytelling rather than as an object of interpretation. As both facilitator and researcher, I remained mindful of my dual role and engaged in ongoing supervision to reflect on my positionality and its impact on the group process.

Discussion

This study contributes to a practice-based extension of Bennett's (2022) narrative art therapy model, demonstrating how it can be applied within a weight-neutral framework in the South African context. In doing so, it also offers a conceptual argument for how art therapy can ethically engage with body image concerns without reinforcing weight stigma. The findings are drawn from a more expansive master's study, which is organised around three recurring internal figures introduced through the narrative art therapy framework: the Body Critic, the Younger Self, and the Body Nurturer. These

4 Ethical clearance number: SEM 2-2024-060. This was granted by the National Health Research Ethics Council (NHREC).

characters, adapted from Bennett's (2022) work, became powerful tools through which participants explored their relationships with their bodies, their histories, and themselves. The characters served as living metaphors that evolved through the artmaking process. In particular, the Body Critic emerged early and forcefully, often dominating the therapeutic space, while the Body Nurturer remained more elusive – appearing gently, yet offering hope for increased self-compassion. The Younger Self acted as a bridge between these extremes, drawing attention to the emotional wounds beneath entrenched body criticism. What follows is a closer look at how each figure came to life in the group, and what their emergence revealed about the therapeutic possibilities of a weight-neutral art therapy approach.

The central hurdle: The Body Critic

The Body Critic emerged as a central hurdle throughout the therapeutic process, presenting itself as a place to become stuck. The hurdle was frequently represented by authority or parental figures, embodying a protective yet critical role, often linked to major life changes such as weight gain, illness, puberty, or pregnancy. Participants explored how culture, gender, religion, and relationships shaped their experiences of being perceived and tied into the Body Critic. The Body Critic consistently reinforced negative body image while presenting itself as a voice of truth and protection. What emerged through artmaking reflected internalised judgments from authority figures and societal expectations, often rooted in the narratives of others.

Through artmaking, these critical voices were externalised and visually explored, revealing the origins and emotional impact of internalised body narratives. For example, D depicted her Body Critic as her paternal grandmother, including phrases like "*Never good enough*" and "*Always something to say*". In reflecting on the work, D said, "*They don't want me to be more in control of my life than they are*".

Figure 1: Participant D, Session 3 artwork, 2024, oil pastel

In another artwork (see Figure 2), F explored her body's story, incorporating her parents' voices. While her father's influence was subtler, her mother's was explicit and critical. F recalled memories of her mother's negative remarks, including comparisons to others: *"Last year, she bought a dress for my brother's girlfriend and whispered, 'I thought to give it to her because she's the only one in the family whose body would look nice in it'"*.

Figure 2: Participant F, Session 2 artwork, 2024, mixed media

Participants frequently linked the Body Critic's intensity to transitional periods. M described pressure to "*stay one size*" as a way to maintain control. F used art to process how pregnancy altered her body, while A shared a painful memory of puberty marked by her father's lack of support when she first menstruated.

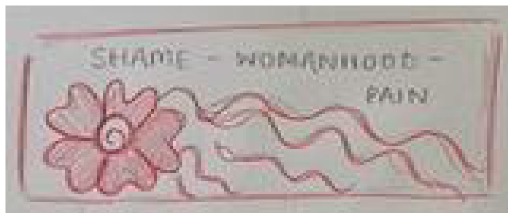

Figure 3: (Left) Participant F, Session 2 artwork, 2024, copper poster paint
Figure 4: (Right) Participant A, Session 2 artwork, 2024, pencil crayon

For D, childhood illness shaped her relationship with the Body Critic. Her artwork traced a journey from visible scars and hair loss to a rejection of femininity as performance: "*When you have no hair […] to prove to everyone you're a girl, you've got to be all in pink […] and that wasn't really who I was*".

Figure 5: Participant D, Session 2 artwork, 2024, pencil crayon

While each participant's narrative was unique, the Body Critic remained a shared figure – convincing, punitive, and often inherited. Through narrative art therapy, participants began to question the truth of its voice, inviting the possibility of alternative narratives grounded in self-compassion and body acceptance.

The Younger Self: Neglected inner child

The Younger Self emerged as a quiet yet potent theme in the group. While often overshadowed by the dominance of the Body Critic in the early sessions, this character began to surface more clearly as participants progressed through their therapeutic journey. The Younger Self did not arrive fully formed – it often appeared as fragile or inaccessible – but its emergence marked a turning point. It opened a pathway to vulnerability that had been buried under years of body criticism and cultural messaging.

N noted during Session 4 that she spent most of her time on other elements of her artwork and only added the Younger Self in the last five minutes. When given a voice, anger was at the fore as A shared in her Session 4 debrief: "*My Younger Self is angry at many things and people. They want to be set free. The Younger Self is ready*". Playful engagement with childhood materials like glitter glue often accompanied this character's emergence.

The Younger Self often appeared dependent, much like an actual child, especially when exploring its relationship with the Body Critic. Participants frequently described the Body Critic as controlling and silencing the Younger Self to suppress emotions and conceal authenticity. For example, A in Session 2 remarked: "*It felt almost impossible to reach her. She has so much pressure on her and has been squashed. It's like she can't reach out to me either*".

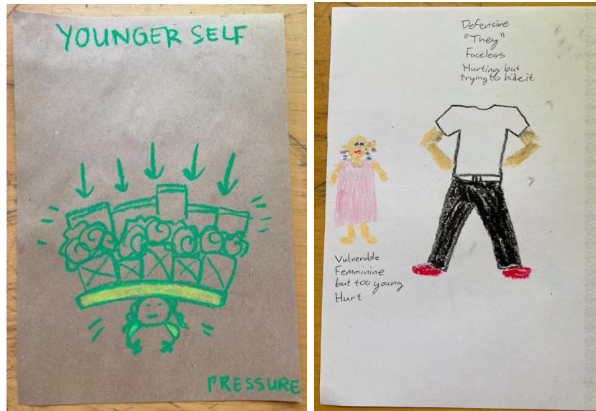

Figure 6: (Left) Participant A, Session 3 artwork, 2024, oil pastels
Figure 7: (Right) Participant D, Session 3 artwork, 2024, mixed media

In her Session 3 artwork (see Figure 7), D depicted her Younger Self as a child recovering from cancer, symbolising the emotional vulnerability that had long been repressed by the Body Critic. This image made visible how the Body Critic had stifled tenderness under the guise of protection. Through artmaking, D began to explore a different relational dynamic – one where the Body Nurturer could step in to care for the Younger Self, challenging the Body Critic's authority and showing that another, more compassionate path was possible.

In Session 5, participants used clay to depict the relationship between these characters. A's sculpture (see Figure 8) showed her Younger Self with wings, safely cradled in the Body Nurturer's open palm. She explained:

> "*She's [the Younger Self] also learning to fly 'cause she was squashed previously because of lots of expectations and perfection. [...] And I put clivias [flower petals] next to her. And a heart to indicate that she is loved. She's supported, because the Body Nurturer is the hand, and the hand is strong and smooth. A good foundation. She's a good landing and taking-off spot, so if the hurt child flies, but is a little hesitant, like, 'I don't wanna fly that high', she can come back to the hand, and the Body Nurturer will hold her and […] not hold her back. That's why the hand is more open*".

This imagery highlighted a shift in A's depiction of her Younger Self, moving from squashed and inaccessible (see Figure 9) to empowered and supported

by the Body Nurturer. The open hand symbolised a nurturing foundation, contrasting the constrictive control of the Body Critic.

These shifts suggest the therapeutic process helped participants reconnect with their Younger Selves, empowering them to explore alternative, nurturing narratives while challenging the dominance of the Body Critic.

Figure 8: Participant A, Session 5 artwork, 2024, clay and found objects

The emergence of the Body Nurturer: Reclaiming internal safety and care

Early into the art therapy sessions, the Body Critic emerged as harsh and cruel. However, ultimately it was perceived as containing the truth – cold hard facts for why we must strive for thinness, be it health or feeling lovable, even desirable. This marked a point where participants could become stuck without the third character: the Body Nurturer. Although the Body Nurturer

represented a potential respite from the Body Critic, the Body Nurturer was the least developed.

Unlike the Body Critic, who felt entrenched and familiar, the Body Nurturer appeared tentatively at first – less defined, more aspirational. For some participants, this figure was imagined for the first time in the group. For others, it echoed fleeting past experiences of being cared for, seen, or soothed. In all cases, the Body Nurturer represented a significant internal shift. She was a symbol of the possibility of care without condition and of value without conditions. The Body Nurturer did not arise by replacing the Body Critic or 'fixing' the Younger Self. Rather, she entered the internal landscape alongside these other figures, offering a new relational dynamic – one that interrupted the binary of either self-hate or self-love. Within a weight-neutral framework, this is essential. For example, the Body Nurturer does not demand transformation of the body. Instead, she invites a transformation of the *relationship* with the body.

In Session 5, participants were invited to use clay and found objects to represent the relationship between the Body Nurturer and the Younger Self. The tactile, grounding nature of clay provided a sense of containment and physicality that supported the exploration of nurturance in concrete ways. A's sculpture portrayed her Younger Self (see Figure 8) as a small figure with wings, seated safely in the palm of a large, open hand. She placed heart-shaped beads and clivias around the figure. A explained: "*She's supported, because the Body Nurturer is the hand [...] a good foundation. Not holding her back*". This open, holding gesture stood in stark contrast to earlier imagery where her Younger Self was overwhelmed or unreachable. In this image, care was not smothering or corrective – it was spacious and respectful.

M created an artwork (see Figure 9) where colourful swirls began to infiltrate the tight swaddle her Younger Self had been wrapped in by the Body Critic. While the Body Critic's presence remained, the new perspectives introduced by the Body Nurturer created space for alternative narratives to co-exist. M described the swirls as "*different understandings of self*", noting that they "*are starting to weave their way into the swaddle*". In this subtle but powerful metaphor, nurturance was not a loud or aggressive counter to criticism – it was quietly transformative.

Figure 9: Participant M, Session 6 artwork, 2024, mixed media

Unlike the Body Critic, who often mirrored real-life figures (parents, teachers, partners), the Body Nurturer was frequently imagined as internal, symbolic, or spiritual. For some, she took the form of an elder, a future self, or a presence they wished they had encountered earlier in life. Her emergence was often accompanied by grief: the pain of not having been cared for in this way before, and the fear that she might not remain. Still, the Body Nurturer's presence allowed for the possibility of repair – of the relational template participants held with their own embodied selves.

This is where art therapy's unique strengths as a weight-neutral modality truly came to the fore. Participants did not need to intellectualise what compassion means. They *felt* it through colour, form, texture, and imagery. In the safety of the group, they witnessed each other experimenting with self-kindness – tentatively at first, then with growing confidence. Participants were practising new internal relationships, sculpting new patterns of response, and imagining new possibilities for being with their bodies.

By the end of the group, the Body Nurturer was not fully formed in all participants' narratives – but she was present. Sometimes flickering, sometimes fragile, but undeniably there. Her emergence pointed toward the longer arc of healing – one that weight-neutral art therapy is uniquely

positioned to support. Through image, metaphor, and material, participants began to explore a critical thinking voice that is not created of fear or stigma as the Body Critic was.

Across participants, three interrelated therapeutic processes became apparent: externalisation, re-authoring, and the emergence of self-compassion. Through externalisation, participants gave form to the internal Body Critic, transforming abstract judgment into a tangible image that could be examined and challenged. Through re-authoring, they began to reshape their narratives, moving from stories of control and shame toward those of agency and care. Finally, moments of self-compassion – most visible through the imagery of the Body Nurturer – suggested internal shifts to previously critical narratives. These processes unfolded at each participant's pace, underscoring how narrative art therapy supports weight-neutral work by creating space for new stories of embodiment to take root.

Findings

To my knowledge, this is the first South African study to explore weight-neutrality in art therapy, marking an important contribution to both local and global conversations about inclusive therapeutic practice. A weight-neutral, art therapy framework can offer not only a counterpoint to weight-centric norms but a place where alternative stories can emerge.

The provided group case study offers insight into how a weight-neutral approach to art therapy offers curiosity and compassion toward how one's body narratives have been shaped. This is beneficial for clients who struggle with body criticism. This offering goes against the grain of societal expectations of women. Body criticism is deeply gendered and connected to diet culture, which mainly targets women by equating their value with appearance and thinness. In South Africa, these pressures intersect with histories of colonial beauty standards, post-apartheid socioeconomic inequalities, and local cultural narratives about health and body size. According to Jovanovski and Jaeger (2022), diet culture upholds patriarchal control over women's bodies and labels any deviation from its ideals as a moral failing. As a result, the Body Critic also becomes an internalised voice shaped by these gendered pressures, encouraging ongoing self-monitoring and regulation. The creative process supported this shift by allowing participants to access and reflect on non-verbal, emotional layers of

experience. Participants like M and A linked the Body Critic to the silencing of their Younger Selves, identifying how critical internal voices had long overruled more vulnerable or spontaneous parts of themselves. Through clay, mixed media, and pastels, they began to express these younger, suppressed parts with tenderness – showing them held, growing wings, or beginning to push against constricting "*swaddles*" of internalised criticism. These transitions were subtle but powerful, suggesting that while the Body Critic remained present, its role was beginning to change. No longer the dominant narrator, the Body Critic was now being countered by softer, more expansive perspectives. This aligns with Bennett's (2022) narrative art therapy framework, which positions these three characters as narrative devices that allow internal dynamics to be shifted.

Mental health professionals must recognise the significant internalised narratives clients hold, particularly concerning body criticism. This study demonstrates that art therapy provides a valuable approach to exploring and addressing these internal voices in a supportive and gentle way. In the South African context, where body ideals are mediated by colonial legacies, a weight-neutral approach invites a more contextually sensitive practice. It challenges therapists to hold space for multiple meanings of body size – beyond colonial biomedical framings – while acknowledging how race, class, and gender shape experiences of embodiment. These findings suggest that South African therapists need not only to adapt global frameworks like Bennett's, but also to critically consider how local conditions – including public health discourses, limited access to diverse therapy modalities, and entrenched weight-centric norms – shape body image concerns. Integrating a weight-neutral stance into practice can help resist these pressures while offering more ethically attuned care.

Limitations

The limitations of this research lie in that it is a fairly small, limited study. Therefore, these findings are preliminary. This study offers insights into the potential of narrative art therapy as a weight-neutral approach through the rich detail that a small qualitative study allows for.

However, there are several limitations to note. Despite efforts to recruit a group that reflects South African women, the group was composed primarily of white women, which limits the transferability of findings across

South Africa's diverse racial and cultural landscape. This overrepresentation reflects broader trends in the South African art therapy field, which remains small and contains structural and historical inequalities. More contextually grounded South African studies are needed that integrate decolonial and feminist embodiment frameworks.

My own positionality as a white, small fat, cisgender woman in training inevitably shaped the group dynamics and the lens through which I facilitated and interpreted the work. Although supervision and reflexivity were prioritised throughout, power imbalances may have influenced who was drawn to participate and participants' engagement and disclosures. In addition, occupying dual roles as both facilitator and researcher introduced complexity. While boundaries were maintained to the best of my ability, my investment in the success of the group and the field may have subtly shaped how the process unfolded and was documented.

Lastly, while this intervention was highly applicable to this specific group context, this study offers only initial insight into how weight-neutral practice can be enacted in art therapy. Further research is needed to develop clearer, context-specific guidelines for resisting anti-fat bias in therapeutic spaces.

Conclusion

In a world that profits from fear, healthism, and the sexual objectification of bodies, a weight-neutral approach to art therapy does not ask participants to change themselves, but instead invites them to explore new ways of relating to themselves. This study explored the potential of art therapy as a weight-neutral practice for women navigating body image distress in a South African context. By engaging the three central characters – the Body Critic, the Younger Self, and the Body Nurturer – participants externalised internalised shame, unearthed neglected parts of the self, and began to experiment with more compassionate ways of being in their bodies.

In South Africa, where therapeutic spaces are making strides toward body diversity and inclusion, this research signals the value in adapting existing models to better serve those in marginalised bodies. The study points to clear implications. For art therapy practice, this study emphasises the need for weight-neutral reflexivity and attention to internalised bias. For training, this study underscores the importance of explicitly addressing anti-fat bias.

For research, this study signals the need to expand South African scholarship on body image and culturally attuned weight-neutral approaches.

Art therapy offered a uniquely applicable space for this work. Art therapy is open to metaphor, image, material, and symbol. Therefore clients are not limited to spoken language, which can easily be shaped by stigma. Through creative expression and group solidarity, participants began to re-author stories that had long been dominated by diet culture, and systemic anti-fatness. The process did not demand a resolution or a perfect outcome. Instead, with some curiosity, it invited a loosening of the critical voice that had long ruled.

The work is unfinished, as is much therapeutic work. In what is unfinished, raises the need for more robust research from the South African context. With regards to art therapy, anti-fat bias, and body image concerns for clients, this study has perhaps relied too heavily on authors from Northern America, Australia and Europe due to the unfortunate reality that relevant literature from local contexts is limited. For clients, this work presents a beginning, while asking questions that may never have been asked and goes against the grain of diet culture. Not "*How can I fix my body*?" but instead "*What does my body remember?*", "*What part of me needs support?*", and "*Whose voice am I listening to?*". Art therapy, in its spaciousness and sensitivity, proved well suited to hold these questions – and whatever answers began to take shape. This weight-neutral practice of narrative art therapy demonstrated its value especially through the key therapeutic processes: externalisation, re-authoring and accessing self-compassion. All of which are incredibly useful in the treatment of clients who experience stigma and body criticism. In my time observing this group, it occurred to me that the body is such an easy target and that there is a lot more life going on under the surface of what presents as a body image concern. To my mind, this emphasises the importance of striving for body neutrality. The desire to alter one's body often serves as a distraction from something deeper. If mental healthcare professionals cannot look beyond the physical (or from their own internalised stigma), they risk overlooking significant aspects of a client's life and emotional well-being.

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