

**THE USE OF CREATIVE-ARTS THERAPIES IN TREATING  
TRAUMA-RELATED MENTAL HEALTH CONDITIONS IN SOUTH  
AFRICA: PERSPECTIVES FROM THREE PRACTISING CREATIVE-  
ARTS THERAPISTS**

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by

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## **DECLARATION**

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## ABSTRACT

Multiple factors contribute to the prevailing mental health conditions of South Africans. According to Kaminer and Eagle (2010, p.8), 75% of South Africans are trauma survivors, half of whom have experienced multiple traumas, some directly and some indirectly. However, many trauma survivors are not adequately treated due to the limited access and availability of mental health specialists in the country. Thus, mainstream medical treatments ought to be supplemented by alternative forms of therapy such as creative-arts therapy that cater to the wide demographic range of citizens in South Africa.

This research aims to explore the efficacy of creative-arts therapies as a treatment for trauma-related mental health conditions in South Africa from the perspectives of three practising creative-arts therapists.

The research is a qualitative study and uses Interpretive Phenomenological Analysis (IPA) to interpret the data. The research participants consisted of three accredited creative-art therapists practising in Music, Art, and Dance. The participants were interviewed using semi-structured, in-depth interviews which were conducted online. The interview data was transcribed and analysed using the IPA framework provided by Smith, Flowers and Larkin (2009). The results yielded three superordinate themes which were supported by eight subordinate themes.

The results suggest that creative-arts therapies are underutilized in South Africa due to a lack of public awareness and general (mis)perceptions about mental health conditions. Furthermore, access to these therapies in formal settings is limited as they are not offered as treatment options in public health facilities, which negatively impacts the viability of creative-arts therapies practice in the country. Creative-arts therapies offer several unique benefits to individuals of all ages, backgrounds and abilities as they do not require prior artistic knowledge or experience to participate in treatment. In addition, they are non-verbal which helps to bridge the language and cultural barriers that often arise as a result of South Africa's diverse cultural population. Finally, creative-arts therapies are an effective method of treating mental health conditions incurred through trauma as they focus on accessing stored trauma in the body or unconscious mind through a natural and non-judgemental platform of creative expression. As a result, they address the physical, emotional, psychological, and cognitive effects of trauma while empowering the individual.

In conclusion, this research suggests that creative-arts therapies are highly effective in the treatment of trauma-related mental health conditions, particularly in a country like South Africa

which experiences high incidents of trauma. They should be better integrated into public health care facilities so that they are accessible to the general public. This will result in an increase in the use of creative-arts therapies as a treatment option for mental health conditions, particularly those related to trauma. It would also help to address the limited awareness and poor perceptions of the nature of mental health, mental illness, mental health care and mental health care services.

Keywords: Creative-arts therapies, mental health, accessibility to mental health care, trauma, stigma, non-verbal therapy

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## **LIST OF ACRONYMS**

CDC	Centers for Disease Control and Prevention
DMT	Dance/Movement Therapy
GBV	gender-based violence
HPCSA	Health Professions Council of South Africa
IPA	Interpretive Phenomenological Analysis
NGO	Non-governmental organisation
PTSD	post-traumatic stress disorder
SACAP	South African College of Applied Psychology
SADAG	South African Depression and Anxiety Group
SAHRC	South African Human Rights Commission
SANATA	South African National Arts Therapies Association
THPs	Traditional Health Practitioners
UNHCR	United Nations High Commissioner for Refugees
APA	American Psychological Association

# **CHAPTER 1**

## **INTRODUCTION**

### **1.1 INTRODUCTION**

Chapter 1 introduces and contextualises the research project. It provides the rationale, background, and purpose of the research project. The research aims, questions, design, and outline of the chapters are presented.

### **1.2 RATIONALE**

As an individual passionate about existing mental health conditions and the kinds of treatments which are available in South Africa, I became curious about the use of music therapy as a viable means of treating victims of abuse in South Africa. I was also curious about the extent to which the public is aware, and accepting, of mental health conditions. I conducted a comprehensive study of the use of music therapy to treat victims of gender-based violence (GBV) as one of my Honours electives at Rhodes University. This led to my discovery of the creative-arts therapies, which include music, dance, art and drama therapies, as a treatment option for both physiological and psychological conditions. When reviewing the literature on each of the creative-arts therapies, it became apparent that there was little documentation which focused on mental health and mental health care for people who suffer from poor mental health as a result of experiencing trauma within a South African context. This prompted my desire to obtain a broader perspective on the use of creative-arts therapies in South Africa as well as the extent to which society is aware of the use of creative-arts therapies as an alternative to mainstream therapies.

### **1.3 BACKGROUND**

Statistics published by the South African Depression and Anxiety Group (SADAG) indicate that one in six South Africans suffers from anxiety, depression, or substance-use problems, excluding more severe conditions such as schizophrenia (SACAP, 2019). Of the reported severe mental illnesses within South Africans, only 27% receive treatment in any form of mental health care (ibid.).

SADAG claims that 85% of patients depend on public health sector services; however, only 18 beds are made available for every 100,000 patients, of which 1% is reserved for children and adolescents (SACAP, 2019). According to global health statistics, there are over 700,000 deaths that result from suicide per year globally, with numerous suicide attempts reported, and

a global scale in 2019 indicates suicide cases are mainly prominent among the 15-29 age group (WHO, 2021). Consequently, suicide constitutes a significant public health concern, with 77% of global suicides occurring in middle-income countries, as noted in 2019 (ibid.).

It has been documented that one-fifth of the South African population encounter a depressive disorder at least once in their lives, while common mental health problems burden 16.5% of South Africans, and 23 South Africans commit suicide daily (Pols, 2019). Another concern is that 75% of clinical staff at health institutions reportedly display disinterest in patients' mental health issues (SACAP, 2019). This could be due to a number of reasons such as a lack of resources, insufficient medical expertise necessary to cope with the mental health crisis, as well as the attitude that psychological health is less concerning than physiological conditions. Alarming, the South African Human Rights Commission (SAHRC) reports that the mortality rate of people with mental illness is 2.5 times higher than that of the general population (Pols, 2019), showing an immense need for increased facilities specializing in mental health care.

According to the Centers for Disease Control and Prevention (CDC, 2021):

“Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Although the terms are often interchangeable, poor mental health and mental illness differ. A person can experience poor mental health and not be diagnosed with a mental illness. Likewise, a person diagnosed with a mental illness can experience periods of physical, mental, and social well-being.”

Many factors contribute to the mental health of South African citizens, such as ongoing historical, political and gender-based violence, as well as prevailing circumstantial factors such as poverty and crime. However, in 2020-2022, additional factors such as the worldwide economic disruption which resulted from the COVID-19 pandemic restrictions, compounded the distressing situations many South Africans face on a daily basis. Banderker (2022) asserts that the global economic recession has had a particularly negative long-term impact on young people worldwide. Given the context of South Africa, which is marked by one of the worst unemployment rates on a global scale (Maskaeva & Msafiri, 2021), the struggle for young

South Africans to earn a living is currently unprecedented.<sup>1</sup> The high level of youth unemployment is triggering an alarming mental health crisis that threatens to increase the suicide rate of young men and women who continue to lose hope for their futures. Banderker (ibid.) cautions that South Africa faces looming psychological doom and maintains that equitable access to affordable mental health care is a critical way to remedy the inevitable national mental health crisis.

The situation is exacerbated by corruption and incompetence in the health care systems administration. Studies show clear limitations in South Africa's public health systems' capacity to track allocated health expenditure and provision of critical mental health services (Docrat et al., 2019). Although South Africa possesses a supportive legislative and policy environment, the failure to comprehensively track and monitor the essential health system inputs will unfortunately continue to result in poor universal health coverage. There seems to be a shortage of public health programs or facilities that provide trauma patients with the necessary mental health care or access to information on these facilities or safe houses/shelters where their needs can be met. As a result, the available statistics on mental health are not an accurate reflection of the state of mental health in the country because many people lack access to information on where to seek help (SADAG, 2021). Moreover, according to the South African Society of Psychiatrists, the country faces a dearth of specialists to effectively address mental health concerns (Pols, 2019). In light of the country's apparent inability to meet its citizens' mental health needs, the implementation of alternative therapies or mental health care programs that are accessible, affordable and effective ought to be considered (SACAP, 2019).

In addition to a lack of resources and facilities, mental health patients in South Africa frequently also contend with the stigma and discrimination associated with psychological illnesses, which Egbe et al. (2014) describe as a global public health concern. As a result, many people are too afraid to report their mental health concerns for fear of stigmatization (SADAG, 2021). Stigma has been associated with a lack of knowledge resulting in ignorance, prejudice and discrimination (Egbe et al., 2014). This can manifest as externalized stigma, which occurs when individuals and society at large hold negative attitudes and biases towards people with mental illness, or internalized stigma, also known as self-stigma, where individuals internalize negative attitudes and beliefs about themselves due to their mental illness (ibid.). Monnapula-Mazabane and Petersen (2021) state that although an improved attitude towards mental health

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<sup>1</sup> The first quarter of 2022 shows unemployment rates of 63.9% for ages 15-24 and 42.1% for ages 25-34 years, and the official rate stands at 34.5% (Stats SA, 2022b).

has developed over the years, limited attention on the stigmas surrounding mental health and their effects persists. Negative attitudes and the stigmatization of mental health gives rise to harmful stereotypes which tend to persist and hinder the utilization and effectiveness of mental health services.

This research project focuses on patients suffering from mental health conditions as a result of trauma. Trauma refers to an emotional reaction that occurs in response to an overwhelmingly distressing or horrific event (APA, 2023) that may be caused by social, historical, and cultural factors. These are categorized under traumatic events which cause physical, emotional, spiritual or psychological harm (Cafasso, 2021). Research suggests that trauma “resets the body” in that the victim feels chronically unsafe in their own body and interprets the world as terrifying and unsafe (Van der Kolk, 2015, p.96). According to Howell (2011, p.75), the most fundamental effect of trauma is dissociation, which refers to a separation of processes that are usually related. In other words, how trauma victims process information can be affected by their traumatic experience. Moreover, each individual’s experience differs, from how they process the traumatic event to how it affects their body and mind.

Traumatic experiences are often not easily expressed verbally, making it challenging to address or process as they are often dissociated from conscious awareness and emotion (MacIntosh, 2003). This means that mainstream therapies such as psychotherapy or psychiatry do not necessarily provide an optimal therapeutic medium for trauma patients. However, alternative or holistic therapies which prioritise non-verbal emotional expression, such as the creative-arts therapies, are well suited to treating trauma patients. Creative-arts therapy is an umbrella term for the use of creative arts such as music, dance, art, drama, and expressive processes by healthcare professionals to improve and enhance the physical, emotional, psychological, and social well-being of individuals and communities (Shafir et al., 2020). Creative-arts therapists utilize the client-therapist relationship as a dynamic and essential force to facilitate growth and change by means of creative expression (ibid.).

There are four established creative-arts therapies in South Africa:

1. Music therapy facilitates psychological, emotional, and physical processes that may be inaccessible when using traditional therapy and may help facilitate healing by safely channelling unconscious pain (MacIntosh, 2003).

2. Art therapy is a psychotherapeutic approach that incorporates the use of creative methods of expression by accessing the unconscious, promoting emotional expression and facilitating healing through non-verbal means (Edwards, 2004).
3. Drama therapy establishes a therapeutic relationship between client/patient and therapist where the therapist guides clients to make sense of their lives using role-play, storytelling improvisation, and different theatre techniques to promote mental health and facilitate individuals' personal growth (Landy, 2006).
4. Dance and movement therapy uses psychotherapeutic movement to support the individuals' cognitive, emotional, physical, and social integration (Strassel et al., 2011).

Training programs at university institutions have now been made accessible for those who want to study and become accredited creative-arts professionals. The current accredited training programmes available for postgraduate degrees offered at tertiary institutions include Art therapy at the University of Johannesburg (UJ), Drama therapy at the University of the Witwatersrand (WITS), and Music Therapy at the University of Pretoria (UP). However, despite the availability of accredited training institutions for creative-arts therapies in South Africa, a significant gap in knowledge and understanding of these therapies persists in the field of psychology. In a country as culturally diverse as South Africa, the importance of providing alternative therapeutic methods beyond traditional western therapy<sup>2</sup> cannot be overemphasised.

The current study endeavours to investigate the utilization of creative-arts therapies within a South African context, with the aim of gaining a deeper understanding of their alternative approaches to treating trauma-related mental health conditions. The research also aims to raise awareness of the many mental health challenges faced by South Africans and the urgent need for alternative therapies to be integrated into public and private health institutions. The findings of this study have the potential to inform future research in this area.

#### **1.4 RESEARCH AIMS**

The main aim of this study is to explore the personal perspectives and insights of three accredited practitioners of creative-arts therapies (music, art and dance) on the impact of their respective therapies on trauma-related mental health conditions within the health care system in South Africa.

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<sup>2</sup> Traditional western therapy: psychotherapy, occupational therapy, counselling/counselling psychology, and psychiatry.

This research aims to shed light on mental health challenges faced by individuals in South Africa, particularly related to trauma, and to raise awareness of the potential of creative-arts therapies as alternative therapeutic options. Additionally, the study aims to investigate the accessibility of creative-arts therapies within the South African healthcare system.

## **1.5 RESEARCH QUESTIONS**

Main research question:

What are the perceptions of creative-arts therapists on the value of their respective therapies in treating trauma-related mental health conditions within the South African health care system?

The main research question can be subdivided into the following sub-questions:

1. To what extent are mental health patients aware of creative-arts therapies as a viable treatment option in South Africa?
2. What are the effects of creative-arts therapies on mental health and mental health care in South Africa?
3. How do creative-arts therapies compare to other pharmaceutical or holistic therapies offered to mental health patients?
4. What are the benefits of creative-arts therapies for trauma victims?

In order to address the research question and its corresponding sub-questions, a series of interview questions were formulated to thoroughly explore and analyse the perspectives of the creative-arts therapists. The aim is to elicit comprehensive insights that will enhance the understanding of the research.

## **1.6 RESEARCH METHODOLOGY**

The qualitative, phenomenological research design uses Interpretive Phenomenological Analysis (IPA) to analyse the research data. Chapter 3 presents a detailed overview of the methodological processes followed.

Three HPCSA-accredited creative-arts therapists participated in the study. The participants were purposefully selected according to the following criteria:

1. Currently practising in creative-arts therapy in South Africa.

2. Legally registered under Arts Therapy with the Health Professions Council of South Africa (HPCSA), having completed their Master's level qualification and required clinical practice hours (HPCSA, 2020).
3. Have experience using creative-arts therapy for mental health and well-being and trauma therapy in South Africa.

The participants for this study were recruited through a combination of individual email outreach and the use of LinkedIn, a professional networking platform. The recruitment process focused on identifying qualified practitioners of creative-arts therapies with relevant experience in treating mental health conditions in South Africa.

The research data were collected using semi-structured interviews conducted individually with each participant. The duration of each interview was 45 to 60 minutes.

Prior to the initiation of the interviews, a pilot study was conducted to ensure the feasibility and effectiveness of the research methodology and interview protocol. The pilot study also allowed for any necessary adjustments to be made to the research design before the full study was carried out.

The transcription process for this study entailed the transcription of each recorded interview session. This was accomplished by listening to the audio recordings and manually transcribing the spoken content into written text.

Ethical approval was obtained from the Rhodes University Ethics Committee.

Each participant in the study provided written permission before the interviews were conducted. Participants were advised that they could withdraw at any time, they were assured of anonymity and confidentiality, and informed that they could request to read their transcripts before the data analysis began.

## **1.7 SIGNIFICANCE OF THE STUDY**

This research aims to make a significant contribution to the existing literature on trauma-related mental health conditions and care, by providing new perspectives from practising creative-arts therapists on the perceived efficacy and accessibility of these therapies in South Africa. Additionally, the study hopes to raise awareness of the ongoing crisis in mental health and mental healthcare in the country, and provide insights that can inform future research and improve mental healthcare outcomes in South Africa.

## **1.8 CHAPTER OUTLINE**

Chapter 1 provides an introduction to the study. Chapter 2 presents a literature review and a discussion of core concepts relevant to the research. Chapter 3 outlines the methodology used for the research. Chapter 4 presents the results of the data analysis. Eight emergent subordinate themes are grouped into three superordinate themes and presented in three main sections. Chapter 5 provides a discussion of the themes in relation to the literature. Chapter 6 answers the research questions, presents the research limitations and makes recommendations for future research.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

This chapter provides an overview of the theoretical underpinnings of the research. It presents the study's core concepts and discusses the related literature. First, theories concerned with mental health, including stigmatization, trauma, and mental health resources in South Africa are reviewed. This is followed by an overview of four accredited creative-arts therapies practised in the country. A summary concludes the chapter.

#### **2.2 MENTAL HEALTH IN SOUTH AFRICA**

Unlike physiological health, which displays clear symptoms of distress when compromised, impaired mental health includes obscure, complex disorders which can be difficult to recognise and treat. The WHO conceptualizes mental health as a “state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community” (PAHO, 2022). The World Health Organization (WHO, 2022) clinically defines a mental health condition, or mental disorder as a notable disruption in an individual's cognitive process, emotional regulation or behaviour that is associated with distress or impairment of functioning. This can include a wide range of conditions which can have a significant impact on an individual's quality of life, and lead to severe disability if left untreated. Therefore, it is essential that individuals with mental health conditions receive appropriate diagnosis, treatment, and support to improve their mental well-being.

Undiagnosed psychological conditions, such as anxiety, depression, and psychosis, can be devastating to people who are unaware of their condition and are untreated. Sadly, those who do not receive the necessary psychological care can be driven to suicidal despair, a fact reflected in the increase in suicide incidents in South Africa. There are 23 reported cases of suicide in South Africa every day (Pols, 2019). Attempted suicides are ten times higher than this figure (Motsoari, 2021). By September 2021, SADAG reported an increase of nearly 40% in calls, from 600 calls a day before COVID-19 to 2,200 calls a day during COVID-19 (ibid.). The prevalence of depression in South Africa is estimated to be 9.7% or 4.5 million individuals,

and it has been reported that 40% of suicide attempts are people with a mental health illness (ibid.). A recent study found that 93.2% of mental health inpatient admissions in South Africa were aged 18 years and older, with only 6.8% recorded for those under 18 years of age (Docrat, et al., 2019, p.714). This suggests that adult South Africans are more prone to mental health issues than the younger age groups which have fewer reported incidents. This implies that there is a suicide crisis in South Africa which is likely to persist unless there is some form of intervention from mental health care services.

The historical and contextual factors that contribute to the current mental health crisis in the country must be taken into consideration when considering South Africa's mental health conditions (Motsoari, 2021). Factors such as poverty, political unrest, and economic challenges contribute to chronic stress and trauma, which in turn affect an individual's mental health negatively. Additionally, South Africa's history of colonialism, apartheid and its aftermath, has left deep-seated wounds in many communities in our society. These historical and societal factors must be understood when addressing the mental health crisis in South Africa as they play an essential role in providing support and resources to individuals and communities. It is imperative that action is taken to address this issue and ensure that individuals in need of mental health support are able to access it in a timely and efficient manner.

### **2.3 STIGMAS ASSOCIATED WITH MENTAL HEALTH CONDITIONS**

Stigmas linked to mental health conditions in South Africa are highly prevalent as, in many societies, mental health issues are considered a sign of weakness or shame, resulting in many people suffering in silence (SACAP, 2019). The stigma of having a mental illness is thus aggravated by a range of direct and indirect consequences that affect individuals and communities. Stigma is a severe social problem due to a general fear, lack of acceptance, and respect towards persons living with mental illness (Nxumalo & Mchunu, 2017). As Hugo et al. (2003) argue, misinformation about mental illness remains a significant problem as it contributes to the stigmatization of mental illness. An example of this is the notion that people with mental illnesses such as schizophrenia are dangerous and should be feared (Bradbury, 2020). Bradbury (2020) further argues that attitudes towards severe mental health conditions are more negative than those that are considered "minor" such as generalised anxiety disorder.

Stigmas are often first manifested in society and then internalized by the individual (Ahmedani, 2011). The fear of stigmatization frequently prevents individuals from seeking the psychological support they need, which leads to undiagnosed and untreated mental health

conditions. There are various ways in which stigmas develop in society, with the following six dimensions identified as playing a significant role (ibid.):

1. Peril – Dangerousness is often considered an essential aspect of stigma in mental health, and it addresses the general public's perceived view of mental health disorders.
2. Origin – It is not always understood that the origins of mental health disorders can stem from biological and genetic roots. This results in the misconception that mental and behavioural disorders are personally controllable. Consequently, if individuals cannot get better unaided, they are viewed as making no effort to recover.
3. Controllability – Society has more sympathy for disorders they deem to be uncontrollable.
4. Concealability – Stigmatization occurs based on visibility. That which is easily identified is less concealable, allowing society to differentiate and stigmatize, creating those stereotypes.
5. Course and stability – How long will the treatment occur before the individuals no longer experience the symptoms of their disorder, how long has their behaviour been unstable as a result of the mental health, and will they get any better?
6. Disruptiveness – The extent to which mental or behavioural disorder impacts or may impact the individual, their relationships, and their role in society.

Studies report the possibility of overcoming stigmas as being much more complex than overcoming the mental illness itself, due to the effects of the public stigma that leads to an increase in self-stigma (Corrigan & Rao, 2012). Internalised stigma, also known as self-stigma, is characterized by a subjective sense of devaluation, marginalization, secrecy, shame and withdrawal for individuals living with the mental illness (Boyd et al., 2014). Self-stigma occurs when individuals internalize public prejudice and discrimination which result in negative attitudes toward mental health (Corrigan & Rao, 2012, p.465). Research indicates that community attitudes and perceptions towards psychiatric disorders have a significant impact on those who seek treatment and their social reintegration (Hugo et al., 2003). Furthermore, a patient's knowledge and attitude towards mental illness can influence their compliance with treatment plans (ibid.). This results in a variety of adverse effects including hopelessness, lowered self-esteem, demoralisation, profound psychology adversity, impaired social adaption, unemployment, reduced psychiatric medication adherence and limited social support (Hugo et al., 2003, p.221), all of which negatively affects an individual's distress level and sense of self-esteem.

Bradbury (2020) claims that a patient's age and gender have an impact on the stigmas surrounding mental health. Furthermore, in nations where significant disparities in gender equality exist, women are disproportionately affected by mental health conditions when compared to men. In order to gain a comprehensive understanding of the cultural, gendered, socioeconomic, and disorder-specific factors that contribute to the stigmatization of mental health conditions, further investigation is necessary, especially within the South African context. According to Bradbury (2020), future amendments of mental health policies must begin by combating the stigma of mental health.

Mental health professionals stem from backgrounds in diverse communities and societies where they are accustomed to various stereotypes and prejudice. This can lead to an internalisation of stereotypes, prejudice, and biases, which can potentially influence the therapists' professional approach to patient care and treatment. FitzGerald et al. (2019), refer to these implicit biases as unconscious or automatic mental associations which result in therapists displaying negative evaluations and discriminatory behaviour. McHenry and Johnson (1993) posit that prejudice, stigma, and societal oppression will persist, and continuously impede on the therapeutic process, should the therapists, their colleagues, and supervisors not actively engage in collaborative efforts to address these issues. Research indicates that achieving the right balance of understanding internalised biases to avoid an excessive pathologising approach and an insufficient recognition of crucial concerns, also described as over pathologising and under pathologising bias (Mahalik & Wisch, 1999), is effective in mental health care. To ensure optimal care and mental health services, the therapist must embark on a journey of self-awareness and reflections, both individually and within the therapist community. This involves ongoing introspection and examination of their experiences, beliefs, biases, and personal growth, that contributes to their ability to provide effective therapeutic interventions and enhance their professional development.

## **2.4 TRAUMA**

### **2.4.1 Trauma: definitions, symptoms, and types**

Trauma is a form of psychological distress where the individual suffers emotionally due to exposure to terrible events that are difficult to cope with (American Psychological Association, 2008). It is the individual response to an event experienced as physically or emotionally harmful, and may be challenging to process. It can cause either short-term or long-term effects to develop into a mental health disorder or post-traumatic stress disorder (PTSD) (Legg, 2020).

Trauma occurs when an individual's ability to cope with day-to-day stress is overwhelmed. Trauma symptoms may be emotional, psychological, and spiritual (Williams, 2021). According to Howell (2011, p.75), the most fundamental effect of trauma is dissociation, which is the separating of an individual's mental functioning and conscious awareness. Some people recover naturally, while others develop PTSD, depending on the degree to which the individual processes the trauma.

Unresolved trauma experience, which is called a trigger, can develop over time. Triggers range from senses such as scent, sound, touch and taste, to memories. They can result in an automatic or involuntary response or reaction that individuals may struggle to control due to the original traumatising (Williams, 2021).

There are three main types of traumas: acute, chronic, and complex (MedCircle, 2021):

1. **Acute trauma** is a result of a single incident. The traumatic event is specific, which means that symptoms may develop immediately or over time, sometimes months after the event, requiring professional support and interventions. Any symptoms that are unprocessed may lead to PTSD, for example, sexual assault or rape, natural disaster, or witnessing a violent event.
2. **Chronic trauma** is ongoing and prolonged. This type of trauma often occurs within the context of a specific relationship where the trauma may persist for several weeks to possibly years. Examples of chronic trauma include domestic violence, abuse and bullying.
3. **Complex trauma** is the exposure to multiple varied traumatic events with long-term emotional and physical symptoms. This kind of trauma is often the most severe, as it can affect the individual's development and sense of safety in the world. For example, in children, complex trauma can be in the form of prolonged neglect, sexual abuse and/or verbal abuse, while in adults, it can be in the form of financial distress, domestic violence, and/or substance abuse.

#### **2.4.2 Causes of trauma**

The prevalence of trauma exposure in South Africa is more than 70% of the population, where an individual is exposed to a traumatic event at least once within their lifetime, and more than half of the population experiences two or more traumatic events (Guse, Joubert & Maree, 2021). Traumatic experiences can be caused by multiple factors such as socioeconomic challenges, unemployment, gender-based violence, challenges in education (school bullying, #fees must fall student protests), low-income communities, structural inequality, poverty, lack

of access to quality health care, continuously stressful home and work environments, violence, childhood traumas, negativity on social media platforms, looting, the South African history of apartheid, to name just some. These traumatic experiences can trigger and act as a catalyst for the development of psychiatric disorders such as depression, anxiety, and substance abuse, which may increase the risk of suicide, emotional and interpersonal problems, and negative self-image (SADAG, 2021).

According to Kaminer and Eagle (2010), the causes of trauma can be categorized into four different types of trauma exposure:

- i. Violence: gender-based violence, criminal violence, physical abuse, political violence, physical abuse during childhood, community violence;
- ii. Non-intentional injury: road traffic incidents and burn injuries, most likely in children;
- iii. Indirect traumatization: witnessing violence or injury to someone else; and
- iv. Multiple traumatization's: having experienced several traumas in their lifetime, either directly or indirectly.

#### **2.4.3 PTSD (post-traumatic stress disorder)**

Traumatic experiences may result in a debilitating condition called post-traumatic stress disorder (PTSD), which can present immediately after an event but usually develops some time after the event (Mayo Clinic, 2023). It can reveal itself from up to three weeks or three months, or it may surface years after the trauma exposure (SADAG, 2021). Bhandari (2022) groups symptoms of PTSD<sup>3</sup> into four main categories (Bhandari, 2022):

- i. Reliving: This is defined as the continuous repetition of the traumatic event through thoughts and memories, which may include nightmares, hallucinations, and flashbacks. Continuous intrusive thoughts and symptoms may be experienced.
- ii. Avoiding: Keeping away from places, people, or situations that may trigger the memory of the traumatic event, which may lead to detachment and isolation from loved ones and the loss of interests and desires.
- iii. Increased arousal: This can appear in the form of heightened emotional responses such as outbursts of anger, irritability, difficulty concentrating, problems relating to others, etc. The individual may also experience physical symptoms such as rapid heart rate and breathing, muscle tension, increased blood pressure, etc.

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<sup>3</sup> It is important to note that not all trauma exposure leads to PTSD.

- iv. Negative cognitions and mood: These are the thoughts and feelings associated with the traumatic event relating to blame, alienation, and memories.

## **2.5 SOUTH AFRICAN MENTAL HEALTH RESOURCES**

South Africa's Mental Health Care Act No.17 of 2002 (2002) recognises the importance of mental health as a state of physical, mental, and social well-being and acknowledges the need for mental health services to be provided as part of primary, secondary, and tertiary health services (South African Government, 2022). Additionally, the Act highlights the need to promote the provision of mental health care services in order to promote the maximum mental well-being of both individuals utilizing mental health care services and the communities in which they reside, and acknowledges the constitutional prohibition of unfair discrimination against individuals with mental health or other disabilities. The Act further highlights the vital role of mental health specialists and public health facilities in delivering comprehensive care, diagnosis, treatment, and rehabilitation, for individuals with mental health concerns. It emphasises and prioritises the accessibility of these resources focusing on ensuring individuals, regardless of location or socioeconomic status, can access and receive the necessary care for the well-being and mental health of South Africans. Implementing these acts and policies alone is insufficient in ensuring effective implementation and improvement of the mental health care systems. There is a critical need for significant investment in mental health care and research resources. Highlighting the severity of the burden posed by mental health issues and the state of mental health services and warrant intervention studies that incorporate and employ approaches, these evaluations incorporate culturally appropriate initiatives for mental health care (Lund et al., 2012).

The next subsections discuss two kinds of mental health resources: mental health specialists and public health facilities.

### **2.5.1 Mental health specialists**

South Africa provides both Western mental health care services, such as therapists, counsellors, psychologists, psychiatrists, and psychoanalysts, as well as traditional healthcare specialists such as counsellors, meditators, healers and spiritual protectors. In certain communities, traditional healers may serve as the primary source of healthcare for many individuals, and with appropriate training, they may also be able to provide initial diagnoses for certain illnesses. The South African government recognises the importance of traditional healthcare through the Traditional Health Practitioners Act 35 of 2004 (South African Government, 2004).

Zuma et al. (2016) comment on the multifaceted role of traditional health practitioners (THPs) in the provision of healing and care, arguing that THPs offer a range of services beyond the traditional use of herbs for physical illnesses or divination. THPs are not only custodians of traditional African religion and customs, but also serve as cultural educators, counsellors, mediators, and social protectors (Zuma et al., 2016, p.10). Additionally, the authors emphasize the importance of the healers' relationship and connection to the ancestral and spiritual worlds, with many stating that their healing practices are guided by the ancestors (ibid.).

Although there are different kinds of specialists for mental health care, South Africa has insufficient health resources to manage the mental health crisis (SACAP, 2019) and there is a profound lack of awareness of the complexities of mental health conditions.

### **2.5.2 Mental health resources in public health facilities**

South Africa's public mental health expenditure in 2016/17, constituting approximately 5.0% of the total public health budget, revealed that six out of nine provinces spent less than 5% of their budgets on mental health care, while provincial spending on mental healthcare ranged from 2.1% to 7.7% of the provincial health budgets (Docrat et al., 2019). The interconnectedness between management and governance of these mental health care and health systems is imperative for effective functioning, including elements such as incentives, proper system designs, and accountability for optimal outcomes of mental health care (Marais & Petersen, 2015). In addition, the consistent absence of extensive tracking and monitoring of funding and resources contributes to the issues of effective resource allocation in mental health care systems in South Africa. According to Docrat et al. (2019, p.714), there is a severe shortage of public sector psychiatrists, especially child psychiatrists, with only three provinces reporting any child psychiatrists working in the public sector. Thus, he posits, the incapacity of South African health public institutes results in the mental health care falling to community-based support groups and community leaders (ibid.).

Currently, the public healthcare system offers health resources, including mental health care, to the public at clinics, community health centres and hospitals (UNHCR, 2022):

1. Clinics that treat the everyday health needs of the general public are known as 'primary health care systems'. Clinics are run by trained primary health care nurses who refer patients to hospitals when a patient needs further treatment. There are different types of clinics, including mobile and satellite clinics which primarily provide counselling, short-

term counselling and group counselling, and can provide medication. An individual needs to request for counselling or ask for a referral (Sinisi, 2020).

2. Community Health Centres are much larger clinics and usually have doctors and nurses. They also do referrals for mental health care services. These sometimes include community-centred NGO health centres.
3. Hospitals are considered for surgery, emergency treatments, and severe illness that cannot be treated at a clinic. Clinics and doctors typically refer patients to hospitals, but individuals can present themselves without a referral if there is an emergency. As these are much larger institutions, there is direct access to mental health care.

In addition, if there is a suicide risk or attempt, depression, anxiety, and any mental health matters, patients or clients are provided with a suicide helpline such as Cilpa and SADAG which offer support to any person, family members, or individuals concerned about another person experiencing or expressing suicidal thoughts (UNHCR, 2022). However, the question of how widely the helpline numbers are disseminated in a country such as South Africa is an important one. Despite the availability of the suicide helplines, it remains unclear to what extent the general population are aware of these resources, and whether they are readily accessible or affordable to all.

Harvey (1996) argues that the relationship between the individual and their environment plays an important role in understanding the impact of traumatic experiences. This includes the ecological view which recognises that individuals are influenced by their social, cultural and physical factors, and in a country such as South Africa where availability and affordability of mental health resources are not being adequately monitored, individuals who require or seek treatment may be negatively affected due to limited access to care within their immediate environment or a lack of awareness. Harvey (1996, p.8) maintains that environmental factors influence individuals' responses to and recovery from psychological trauma, and thereby play a pivotal role in their psychological well-being.). The integration of alternative therapies in traditional healthcare settings, such as clinics, community health care centres and hospitals, is crucial in providing accessible treatment options for larger communities in South Africa. This approach recognizes the importance of an ecological view and acknowledges the role of environmental factors in shaping individual responses to trauma.

## **2.6 AN OVERVIEW OF CREATIVE-ART THERAPIES**

Shafir et al. (2020, p.1) state that the creative-expressive process engages physiological sensations, emotions, and cognition, which allows for the facilitation of conscious and unconscious conflict through verbal and non-verbal means, creating different forms of communication between oneself and others.

Modern psychiatry has gradually evolved from only administering pharmaceutical treatments towards a more holistic approach to treatment, including creative-arts therapies' psychotherapeutic methods (Chiang et al., 2019). Perryman et al. (2019, p.92) assert that creative-arts therapists utilize methods and techniques which focus on communication between the right hemisphere of the brain, where images and negative unconscious emotions are stored, and the left hemisphere, which is responsible for logic and language. Strengthening the communication between the two hemispheres of the brain can be an effective way for clients to process and express difficult emotions, helping them to gain insight and understanding into their experiences.

Chiang (2019, p.132) argues that the implementation of creative-art therapies has the potential to help patients with mental illness communicate and connect better with their communities, their therapists, and themselves. In addition to addressing the amelioration of mental illness, creative-arts therapies revitalise the therapeutic experience and environment, and enhance the artistic and creative skills of the patients.

Studies show positive results with regard to the efficacy of creative-art therapies on adults with various mental health and behavioural problems such as depression, trauma due to sexual abuse, anxiety and eating problems (Smriti et al., 2022). Creative-arts therapies have been shown to be effective in working with clients who have symptoms of unresolved trauma (Perryman et al., 2019). This research project explores this notion, and aims to contribute new insights into the therapeutic effects of creative-art therapies on patients suffering from trauma-related mental health conditions.

The next section focuses on four accredited creative-arts therapies in South Africa that lie at the heart of this research: music, art, dance (movement), and drama (movement) therapies.

### **2.6.1 Music therapy**

Music therapy is the use of music interventions to accomplish personalised goals and objectives within a therapeutic relationship with an accredited professional (American Music Association, 2005). It is a therapeutic approach that aims to improve individual mental health and overall

well-being using the naturally mood-lifting properties of music (Wong, 2021). Music therapy can use active methods, which include the individual engaging in active music-making, such as improvisation and singing that is guided by the therapist, or receptive methods, which include listening and responding to music through methods such as lyrical analysis, music imagery and listening to recorded music (Chiang et al., 2019; Errkilä et al., 2011; Stanczyk, 2011). These techniques can be used to improve the individual's mood, decrease stress, pain, anxiety levels and enhance relaxation within the body (Stanczyk, 2011). Research shows that musical training or exposure to music may also cause anatomical changes to cortical and subcortical areas relevant to auditory, motor and cognitive skills (Herholz & Zatorre, 2012). These can affect the neurotransmitter systems positively, resulting in improved mood and changes in the neurotransmitter systems which may be long term (ibid.).

Music therapy allows individuals to access and express emotions, develop relationships, and engage in self-projection, expression, and free association, which can help them connect with emotional memories and images (Errkilä et al., 2011). Research shows that individuals who receive a combination of music therapy and standard mental health care stand a greater chance of improvement than those receiving only standard care for moderate or severe depression (Nizamie & Tikka, 2014).

The use of music in the treatment of trauma can be supportive, help restore a sense of safety, stimulate strength and help the individual to become more in touch with their feelings (Rudstam et al., 2017). Research shows that music therapy effectively reduces anxiety levels and improves sleep quality, two common symptoms of PTSD, as music is considered pleasant and relaxing, increasing physiological arousal (Hernández-Ruiz, 2005). In his 2005 work, Hernández-Ruiz recognizes the research of Sloboda on emotional responses to music and concurs that music can elicit a range of affective reactions, such as altering current mood, expressing emotions, or intensifying emotions. He further articulates ways in which music therapy can act as a self-reinforcing tool for empowering abused women by enhancing the physiological and emotional state through engaging in enjoyable activities that are not connected to traumatic experiences.

Traumatic experiences affect the victims' well-being, and as a result, many may struggle with managing their emotional reactions (MacIntosh, 2003). Music can reach an individual on multiple levels, including emotional, cognitive and physical, may facilitate healing by safely channelling unconscious pain and is therefore defined as an ideal holistic therapy (ibid.).

Feelings are often more accessible when engaging with music than words, as music provides a safe medium for non-verbal expression. As a result, there are frequently utilized music interventions within psychotherapy due to their potential to enhance self-awareness, self-expression, self-esteem, and interpersonal communication.

Music therapy has been used to help address the individual's social, physical, emotional, psychological, and spiritual needs (Gallagher et al., 2018). In addition, music therapy is used in palliative medicine to enhance the individual's quality of life, communication, coping, and the expression of feelings such as fear, loneliness, anger, and isolation. It has also been used as a tool to support patients and families during the process of loss (ibid.).

Although music therapy promotes the overall well-being of an individual on its own, Wong (2021) emphasises that music therapy may not constitute adequate treatment for medical conditions, including mental health disorders. However, when combined with medication, psychotherapy and other interventions, it can be a valuable component of a treatment plan (ibid.). As McCaffrey, Edwards, and Fannon (2011) argue, simply listening to music alone may not be enough to achieve healing results. It is the intentional design and use of music, in conjunction with other factors, that can lead to a positive therapeutic outcome. Juslin and Västfjäll (2008) present eight psychological mechanisms that are involved in the musical induction of emotions, two of which – visual imagery<sup>4</sup> and episodic memory<sup>5</sup> (Juslin and Västfjäll, 2008, p.563) – are often used to access emotions in therapy. This takes into account how music may often induce positive emotional responses to music; however, it is crucial to consider that some music may trigger specific traumatic, uncomfortable, and sad memories. The active engagement with music and the right therapeutic approach can help clients to process and express difficult emotions, which can lead to a greater understanding of their experiences and ultimately can aid in the healing process.

### ***2.6.1.1 The role of a music therapist***

According to Sokanu (2022), music therapists create a therapeutic and supportive environment that taps into non-verbal processes to facilitate emotional, physical, and mental change. Therapists use techniques such as relaxation, guided imagery, and improvisation during

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<sup>4</sup> Visual imagery refers to a process where an emotion is induced because the individual conjures up visual images while listening to music (Juslin & Västfjäll, 2008, p.566).

<sup>5</sup> Episodic memory refers to a process where an emotion is induced because the music evokes a memory of a particular event in the listener's life (Juslin & Västfjäll, 2008, p.567).

therapeutic interventions, and they incorporate sound, music, and rhythm to engage clients (ibid.).

Gallagher et al. (2018) explain how the music therapist plays a significant role in enhancing the physical, social, psychological, emotional, and spiritual needs of the patient or individuals. During therapy, the music therapist aims to access the relationship between the individual and the music, which may involve the expression of emotion, memory, or pain. Accessing this relationship allows the therapist to address the patient's needs holistically. The music therapist assesses patients by analysing the relationship that the client develops within and through the therapeutic music process to establish the client's individual goals and find a treatment method that best fits the client (Berklee, 2022).

### **2.6.2 Art therapy**

Art therapy is an integrative form of psychotherapy, using free self-expression through painting, drawing, and active art-making as a curative service in the mental health and well-being of individuals (American Art Therapy Association, 2022). Art has been used for communication and expression for centuries. In a therapeutic context, methods of art therapy can include reflecting on the emotions evoked by looking at different paintings or sculptures that include a creative component (Chiang et al., 2019, p.130). Art serves as a domain for diverse forms of artistic expression encompassing a wide range of representation. It can creatively shape cultural identities, individual perspectives and experiences, and provides a platform to convey thoughts, values, and emotions.

As Hayley Berman, the founder of Lefike La Phodiso, a community art counselling and training facility in South Africa, says "Art therapy offers an alternate language of communication, inhabiting the space between images and text" (2022). Art therapy incorporates creative methods of expression by releasing the unconscious, utilizing spontaneous visual arts expression, and has developed as an art psychotherapy that allows for emotional expression and healing through non-verbal means (Edwards, 2004). Van Lith (2016) describes art therapy as using an artistic method of treating mental health disorders to improve an individual's mental health, centred around creative expressions.

Art is an integral part of the therapeutic field and is used in many assessment and treatment techniques where doctors use art as a healing strategy (Farokhi, 2011). Art therapy can be seen as a method of gaining personal insight into patients' conditions through their creative expression. By identifying suppressed feelings through the analysis and exploration of their

artwork, patients may identify themes, conflicts, emotions, and behaviours and how they affect each other (Van Lith, 2016).

Studies suggest that art therapy can play a significant role in the reduction of trauma symptoms and levels of depression in adults who have experienced trauma (Regev & Cohen-Yatziv, 2018). Patients come to express themselves freely and creatively, thereby beginning the process of healing. According to the American Art Therapy Association (2022):

“Through integrative methods, art therapy engages the mind, body, and spirit in ways distinct from verbal articulation alone... Visual and symbolic expression gives voice to experience and empowers individual, communal, and societal transformation.”

With the modern advances of the digital age, technology has become a significant feature in our daily lives. As a result, some art therapists may adapt their approaches to therapy by incorporating digital media into therapy sessions. The use of digital technology as an art therapy method is still relatively new, however it was seen to be extremely helpful in situations such as the COVID-19 pandemic where online art groups provided social support and connection during tough times (Biro-Hannah, 2021). However, some researchers (Alders et al. 2011) argue that while some clients may interact successfully with computers and technology in art therapy, it can impede their social skills development. There are also concerns about the ethical issues relating to the use of technology in art therapy, such as confidentiality, and the effectiveness of the therapy session (ibid.). The consensus is that clients should be supervised by trained professionals, and the use of technology should be considered and evaluated on a case-by-case basis.

Kalmanowitz and Potash (2010) caution that while art therapy is a recognized profession with a written code of ethics, some individuals may inaccurately refer to themselves as art therapists without having received the necessary masters' and postgraduate-level training required for the profession. To ensure the best possible outcome for clients and the protection of the integrity of the profession, Kalmanowitz and Potash draw attention to the specialization required in order to practice art therapy, stating that “ethical standards in art therapy are best shaped by art therapists who have a breadth of practice and understanding of the profession” (2010, p.20).

In a formal setting, psychologists may use art-based assessments for psychological testing, such as house-tree-person assessments that use drawings (house, tree, and person) to analyse a person's feelings about their environment and themselves in the world (Mills & Kellington, 2011). The therapist asks the individual a few questions about the drawing to understand how

they see, think, and feel, to obtain a more in-depth understanding of their expressive drawing. Focusing more on the drawing makes the individual feel less explanatory and more expressive because the drawing is a reflection of themselves. This can offer detailed insight into the individual's mind that they may not at first have words to describe, and is a method that has been helpful in treating girls who were victims of domestic violence, as they are often more likely to internalize their feelings while boys act out on them (Art therapy project, 2022).

It is worth mentioning that individuals seeking mental health treatment through art therapy do not need to have prior artistic experience or innate artistic talent for the therapy to be effective (GoodTherapy, 2023). This is not a requirement for a successful outcome.

### ***2.6.2.1 The role of an art therapist***

The British Association of Art Therapists (2022) describes the art therapist's role as providing support to individuals of all ages and abilities and at all stages of life who wish to discover an outlet for often complex and confusing feelings, and to foster self-awareness and growth.

Art therapists define their practice as psychodynamic, humanistic (phenomenological, person-centred), psychoeducational (behavioural, cognitive behavioural, developmental), and systemic (family and group therapy), which uses integrative and eclectic approaches (Van Lith, 2016, p.9). Some art therapists use an observant stance by witnessing the process of individual discovery, while others use an interventionist engagement to elicit the creation of meaning or form an alliance that nurtures trust and safety (ibid.).

### **2.6.3 Dance therapy (movement therapy)**

Dance/movement therapy (DMT), also known as dance therapy, uses movement to help individuals achieve emotional, cognitive, physical, and social consolidation (GoodTherapy, 2022). Dance therapy promotes self-awareness, self-esteem, and a safe space for the expression of feelings, and it is also considered movement psychotherapy, different from regular dancing (Hagan, 2017). This type of therapy embodies the psychotherapeutic use of movement for the treatment of mental health disorders using methods that can begin with minor exercises such as walking, which develop and advance to more complicated movements as the individual develops more comfort and skills (Chiang et al., 2019, p.132). These psychotherapeutic movements support a person's cognitive, emotional, physical, and social integration (Strassel et al., 2011).

The content of the dance therapy session is the actual movement patterns of both patient(s) and the therapist. The dance therapist focuses on the patient's movement patterns in the moment,

using physical expression or “movement vocabulary” instead of words (GoodTherapy, 2022) to create awareness of the patient’s expression of feelings (Schmais & White, 1986). Through observing the client’s movements, the therapist can assess that which is not always communicated through conscious and unconscious feelings (GoodTherapy, 2022). The patient may follow the movements of the therapist or other group members; however, the dance therapist only deals with the patient’s specific movement repertoire (Schmais & White, 1986). Most importantly, the dance therapist should create a safe and healthy environment for clients to express themselves and communicate effectively.

Dance therapy utilizes a unique combination of physical exercise, music, and cognitive engagement. It focuses on the correlation between psychological aspects such as expression, coordination, and self-awareness, which result in mind-body treatment (Lossing, Moore & Zuhl, 2017). Dance has been used as a preventative measure and a treatment method for disorders such as Parkinson’s disease, depression, and dementia, showing promising benefits for various neurodegenerative diseases which are characterized by a deterioration of cells in the central nervous system (ibid.). Examples of some treatment methods used in dance therapy in order to achieve positive outcomes include cueing (instructor, self-generated, mental imagery, visual or auditory stimuli) and cognitive movement strategies (breaking down movements into sequences, feeling their body) (Lossing, Moore & Zuhl, 2017, p.171).

Some researchers suggest that dance training increases one’s awareness of body sensations and relate specific emotions to those sensations and how those sensations relate to those emotions, heightening their awareness within oneself (Lossing, Moore & Zuhl, 2017, p.175). Emotions are embodied, therefore the way you feel affects the way you hold your body. For example, when you are feeling anxious your body may get tense, or if you are confident your posture will be upright and at ease (StageMinded, 2022). As trauma is understood to remain in the body, greater awareness of these connections in the body allows for a better understanding of subconscious emotions which are otherwise inaccessible. In addition to a heightened awareness of emotions, Pulkanen, Saarikallio and Luck (2014) argue that dance also provides an outlet for the expression of painful or difficult emotions that an individual may struggle to process. Through group interactions, dance may facilitate a sense of community, resulting in a more positive self-image (ibid.). Dance therapy is also cost-effective and may be a more enjoyable intervention for individuals and communities than mainstream therapies (2017).

Dance therapy is considered one of the most enjoyable, safe, expressive, and feasible forms of physical activity that actively improves physical health, mental health, and general well-being (Niranjan et al., 2022). Research suggests that individuals who actively participate in dance activities experience improvements in coping with stress-related health conditions, as well as an enhancement in overall psychological well-being (Laird et al., 2021). Despite the need for further research to determine how effective DMT can be in various settings, it continues to show promise as a viable treatment modality for many physical and mental health concerns (GoodTherapy, 2022).

#### ***2.6.3.1 The role of the dance therapist***

A dance therapist's role is to help their clients or patients attain improved body image and self-esteem, where motion and emotion are interconnected (GoodTherapy, 2022). The dance therapist aims to facilitate life-span development; to prevent, diagnose and treat issues that hinder the healthy functioning of the individual; to assess, evaluate and develop treatment goals; and to implement the planned interventions as well as meeting the client's needs by developing the treatment to meet their needs (ibid.).

According to Erica Hornthal, dance therapy is “about finding the places inside that you might not know or have chosen to deny and giving a voice to the experiences and emotions” (Lindberg, 2021). When the dance therapist is able to gain insight into the individual's pattern of behaviour, (s)he can help the client to gain agency by creating coping strategies and finding multiple ways of managing and working through life's difficulties.

Dance movement psychotherapists work with adults and children who are affected by mental health conditions including depression, anxiety, learning difficulties, dementia or autism. They also treat clients with physical, psychiatric, or neurological disorders including behavioural or emotional problems (TargetJobs, 2022).

#### **2.6.4 Drama therapy (movement therapy)**

Drama therapy is the intentional use of healing aspects of drama and theatre as a therapeutic process. According to the British Association of Dramatherapists (2020), it has been identified as a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth, and its main focus is the intentional use of healing aspects of drama and theatre as a therapeutic process. Drama therapy combines therapeutic techniques from other creative-art therapies, such as dance and music, with acting techniques achieving an increase in social functioning and empathy (Chiang et al., 2019, p.132).

Drama therapy can be defined as an active, creative, and experiential approach to facilitate a transformative process. By utilising techniques and tasks such as storytelling, projective play, purposeful improvisation, and performance, individuals actively engage in tasks that enact relationships, express preferred behaviours, impersonate diverse life roles, and present the changes they yearn for in their lives (Cassidy, Turnbull & Gumley, 2014).

Drama therapy creates a relationship between client/patient and therapist where the therapist guides the client through making sense of their lives using role-play, storytelling, improvisation, and different theatre techniques to facilitate personal growth and promote mental health (Landy, 2006). According to Hood (2022), drama therapy includes psychodrama, a dynamic form of psychotherapy involving the re-enactment of the individual's life experience, supported by group members. The psychodynamic director works closely with the individual using physical touch to facilitate the identification of specific narratives that will be explored in the therapy session.

An example of the benefits of drama therapy can be seen in a study exploring drama therapy for adolescent girls who had been sexually abused which found that the girls' levels of depression, hostility, psychotic thinking and general psychological symptoms decreased substantially after drama therapy sessions (Mackay, Gold & Gold, 1987).

#### ***2.6.4.1 The role of the drama therapist***

Drama therapists use storytelling, movement, role play, and many theatre-based activities to explore the emotions and behaviours of their clients. Through these theatre techniques, the clients/patients will learn more about themselves, how they respond to their surroundings and individuals around them, and understand social situations (Indeed Editorial Team, 2022). The therapist also creates more private and safe spaces for individuals with stage fright, offering a greater sense of privacy and ensuring self-growth and self-awareness (ibid.). The therapists' techniques help resolve conflicts and problems that may arise within the client to facilitate personal growth and healing. For that to occur, the therapist assesses the needs and goals of the client to create individual or group treatment plans (Lawrenz & Sherrell, 2022).

Drama therapy incorporates active forms of psychotherapy utilizing physical touch during the exploration of a theme or storyline. The implementation of ongoing informed consent processes not only ensures that the individual's autonomy is respected throughout the therapeutic session, but also facilitates the provision of optimal care and promotes positive mental health outcomes for the clients/patients. Within drama therapy, it is essential that the therapist facilitates the

process of “de-roling” to ensure that the roles that were enacted during the rehearsals, improvisations, and performances remain within the therapeutic space (Bailey & Dickinson, 2016). This practice helps prevent individuals from carrying all the intense emotions and experiences experienced outside the therapeutic context, thus risking the continuous mitigating re-enactments and potential negative consequences, such as being trapped in frustration, anger, anxiety, dysfunction, or other adverse emotions that could impact their well-being.

## **2.7 CREATIVE-ARTS THERAPIES SUMMARY**

To conclude, it is notable that the aims of most of the treatment of creative-arts therapies reviewed in the chapter play a role in particularly in regulating mood or facilitating emotional and physical expression. The field of creative arts therapy has emerged as a result of the collaborative efforts of various professionals, including artists, psychotherapists, educators, health and social workers. These disciplines are characterized by the utilization of various forms of art, a focus on the value of creativity, an emphasis on the importance of nonverbal communication, and the incorporation of imagery, symbolism, and metaphor as appropriate (Ahessy, 2013, p.275). Additionally, the creation of a safe and secure therapeutic environment and the establishment of a therapeutic relationship between client and therapist are considered essential components. Furthermore, the implementation of therapeutic goals that guide interventions and the utilization of assessment and evaluation in daily practice are considered integral to the practice of creative arts therapy (Ahessy, 2013, p.275).

A fundamental principle of creative arts therapies is that individuals of all abilities and illnesses are capable of engaging in the arts and utilizing them to promote or regain their well-being (Ahessy, 2013). It is not a pre-requisite for participants to have prior experience or proficiency in the specific art form in order to participate and benefit from creative arts therapies (ibid.). But, although creative-arts therapies are often effective, they are not always the optimal choice for patients. For example, a patient with hearing difficulties would not benefit from music therapy, or someone with a physical disability may not be able to engage in dance therapy. Furthermore, although creative-arts therapies cross cultural barriers, such as language, some may not cater towards minorities such as individuals living with disabilities.

There is a very little information in the literature on the scope, application and efficacy of creative-arts therapies in treating mental health conditions, specifically trauma-related conditions. This research aims to explore this topic from the perspectives of the creative-arts therapists, and hopes to add new insights to the literature.

## **2.8 SUMMARY**

In this chapter, a comprehensive literature review on key concepts relevant to mental health conditions in South Africa and creative-arts therapies was presented. The review includes an examination of the stigmas associated with mental health conditions, the various forms of trauma and the ways in which they can occur, the resources available for mental health care in South Africa, and the roles of mental health specialists in the country. Additionally, an overview was provided of the utilization of creative arts therapies, such as music, dance, drama, and art in the treatment of mental health conditions. The role of therapists in each of these creative arts therapies was discussed, as well as the specific role of music in creative arts therapies.

## **CHAPTER 3**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter presents the research paradigm and methodology used in the study. First, I argue for my choice of qualitative methodology and the selection of Interpretative Phenomenological Analysis (IPA) for the research. Thereafter, the strategies and procedures followed for data collection and data analysis are presented in detail. This is followed with a brief presentation of the pilot study and ethical procedures. The chapter concludes with a discussion of the research study's validity and reliability.

#### **3.2 RESEARCH DESIGN**

The research study aimed to explore the efficacy of creative-arts therapies in treating trauma-related mental health conditions in South Africa. To achieve this, the research investigated the subjective perspectives of creative-arts therapists currently practising in the country. The researcher considered the creative-arts therapists' insider reflections on their clinical experience with trauma patients crucial to the research, and therefore selected a qualitative research approach based on a phenomenological design. A phenomenological research paradigm explores an experience in its own terms and aims to elicit personal reflections on a particular phenomenon from the insider's perspective (Smith et al., 2009).

Interpretative phenomenological analysis (IPA) was selected to analyse the data. IPA is a philosophical approach to the psychological study of an experience which emphasizes the human-lived experience (Smith et al., 2009). The research approach explores the subjective experience of a phenomenon and is theoretically informed by three key areas of the philosophy of knowledge: phenomenology, hermeneutics, and ideography (Smith et al., 2009).

Phenomenology, a philosophical research approach, aims to capture the essence of a given experience through focusing on the perspectives of those who have experienced it (Smith et al., 2009). The approach seeks to understand the meaning of the experience in terms of how and what was experienced (Neubauer, Witkop & Varpio, 2019). Husserl's ideas posit that by carefully examining human experience, one can identify the essential qualities of that experience (Smith et al., 2009).

Hermeneutics, a theory of interpretation, focuses on the methods and purpose of interpretation, the intentions or meanings behind a phenomenon, and the contextual relationships surrounding

it (Smith et al., 2009). Heidegger's contributions to the field of phenomenology and hermeneutics in therapy question the traditional approach of understanding reality through a solely worldly perspective, taking into account the perspectives of individuals, their relationships, and the role of language. The integration of phenomenology and hermeneutics in this study recognizes that a thorough comprehension of a phenomenon necessitates an understanding of its individual components. This approach aligns with the dynamic relationship between the whole and the parts as outlined in hermeneutics (ibid.). Ricoeur's hermeneutic theory of interpretation takes into account the relationship between the interpreter (ontology) and the interpretation (epistemology), acknowledging that interpretation proceeds through multiple stages to understand what is expressed within the text (Geanellos, 2000). This aligns well with the hermeneutic notion that understanding parts of the text in relation to the whole text represents many levels of interpretation (ibid.). By utilizing the methodological approach of both phenomenology and hermeneutics, the study aims to understand the experience of the phenomenon by examining the subjective experiences of individuals while also considering the broader contextual relationships that shape the experience.

The idiographic approach to research is characterized by a thorough and in-depth understanding of specific individuals or groups, with a focus on the particular rather than the general (Smith et al., 2009). According to Smith et al. (2009), this approach utilizes systematic analysis, detailed examination, and a commitment to understanding the specific context and phenomena being studied. As Charlick et al. (2016) argue, idiography examines the "particular" through a systematic depth of analysis and from the perspective of the individuals or groups being studied. By capturing context-specific information, idiography allows for a broader understanding of the topic to be contextualized within the specific context, resulting in more relevant findings. It is also important to note that idiography does not reject generalizations, but rather employs a different method for examining and establishing them (Charlick et al., 2016). The idiographic approach is well-suited for this study, which focuses on the use of creative-arts therapy within the South African context. By examining the experiences and perspectives of different creative-arts therapists in this context, this study is able to capture context-specific information which provides valuable insights into the research topic. The idiographic approach encourages an exploration of the particular and unique experiences of each creative-arts therapist through a systematic and in-depth analysis of the data.

### 3.3 PARTICIPANT RECRUITMENT AND REQUIREMENTS

A small sample of three participants was purposefully selected for the study. Three main criteria determined their eligibility for participation in the research. Each participant was required to be:

1. An HPCSA-accredited creative-art therapist currently practising in their respective field in South Africa.
2. Legally registered under the Arts Therapy<sup>6</sup> with the HPCSA, having completed their Master's level qualification and required clinical practice hours.
3. Experienced in treating trauma-related mental health conditions in South Africa.

This research focused on understanding the use of creative-arts therapy in the treatment of trauma-related mental health conditions in the South African context. It was essential that the research participants were experienced creative-arts therapists who have experience working with patients struggling with mental health and trauma. This enabled the researcher to gain professional and experiential knowledge of the topic and provided valuable insights on the use of creative-arts therapy in this context.

The recruitment of participants for this research proved to be a challenging task as there are not many creative-arts therapy practices in South Africa, particularly in the field of mental health and trauma. Many practitioners are based in private practices and focus primarily on children and education. Additionally, there are no known public hospitals or clinics that offer creative-arts therapy, making it difficult to find suitable participants for the study.

An initial search on Google provided a few names of potential participants, but their profiles and websites had not been updated and thus the contact details provided could not be confirmed. A subsequent search on LinkedIn<sup>7</sup> for creative-arts therapists practising in South Africa yielded some promising results, which were then narrowed down to those who were accredited by the HPCSA. Of these research candidates, creative-arts therapists practising in music, art, drama and dance, who had experience in treating conditions relating to mental health and trauma, were identified. Thereafter, specific participants were hand-picked and contacted to participate in the study.

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<sup>6</sup> Arts Therapy serves as an umbrella term in South Africa for accredited therapeutic approaches that extend beyond conventional or traditional forms of therapy.

<sup>7</sup> LinkedIn is a public, professional networking platform.

Of the four creative-arts therapies practised in South Africa, only three were represented in this research study. No drama therapist was available, thus the three creative-arts therapies represented were music therapy, arts therapy and dance/movement therapy. All three participants are HPCSA-accredited therapists who are currently practising in South Africa in their respective creative-arts therapies fields.

### **3.4 FORMULATING THE INTERVIEW QUESTIONS**

An in-depth, semi-structured interview was conducted with each participant via online platforms, such as Zoom. The interviews were guided by an interview agenda (Addendum A), which consisted of predetermined, open-ended questions that were formulated to capture relevant data related to the research topic. The questions were constructed in such a way that participants felt encouraged to elaborate freely on their perspectives and experiences of practising creative-arts therapies, specifically in relation to mental health and trauma conditions, so that a comprehensive and in-depth understanding of the topic could be obtained.

Although pre-determined questions were used in the interview, the interview agenda did not direct participants to answer questions directly, but rather encouraged a structured discussion from which the participants' answers emerged during the analysis process. The interview questions included four kinds of IPA-specific questions as proposed by Smith et al. (2009):

1. Descriptive – *“Can you describe the effects of your specific creative-arts therapy on mental health and mental health care in South Africa?”*
2. Narrative – *“In your experience, to what extent are mental health patients aware of creative-arts therapies as a viable treatment option in South Africa?”*
3. Contrast and Comparative – *“In your particular practice, how do you compare your creative-arts therapy to other pharmaceutical or holistic therapies offered to mental health patients?”*
4. Evaluative – *“How effective is your creative-arts therapy as an important tool when dealing specifically with trauma related incidents? Can you elaborate or provide specific examples?”*

The semi-structured interview format used in this study was particularly effective in building personal connections with participants due to its flexible nature. This approach enabled the researcher to delve deeper into specific subjects as they arose, rather than imposing a rigid set of predetermined questions in a rigid interview schedule on the participants.

Table 3.1 provides the interview schedule used in the research.

**Table 3.1: Interview schedules**

<b>Participant creative-art field</b>	<b>Form of communication</b>	<b>Location (current practice)</b>	<b>Interview schedule</b>
Music Therapist and Psychotherapist	Contacted on 21 <sup>st</sup> February 2022 via LinkedIn	Gauteng, South Africa	22/04/2022
Art Therapist and Psychologist	Contacted on 22 <sup>nd</sup> February 2022 via email	Johannesburg, Gauteng, South Africa	19/04/2022
Movement and Dance Therapist	Contacted on 22 <sup>nd</sup> February 2022 via LinkedIn and WhatsApp messenger	Cape Town, Western Cape, and Makhanda, Eastern Cape, South Africa	06/05/2022

### **3.5 DATA COLLECTION STRATEGY AND PROCEDURES**

The main source of data for the research was provided by the semi-structured interviews which were conducted individually with each participant. The data collection procedures are outlined in the following sections.

#### **3.5.1 Contacting the participants**

Each participant was contacted via email and provided with an invitation letter outlining the research project, an invitation for participation (Addendum C), ethics approval letter (Addendum D) and a consent form (Addendum B). These documents served to inform the participants about the study, explain how it would be conducted should they agree to participate, and obtain their informed consent for participation.

#### **3.5.2 Conducting the interviews**

The interviews were conducted and recorded online with the participants' informed consent. Zoom technology was used for the interview process and each participant had to ensure a secure internet connection for the interview. At any given moment, the participants could withdraw even after they had signed the consent form and during the interview.

As the interviewer, my primary objective was to create a space for participants to freely and candidly share their experiences as practising creative-arts therapists in South Africa. This meant that I did not always ask all the interview questions I had constructed prior to the interviews, but if the opportunity presented itself, I chose to explore particular views which

arose in response to a specific question in more depth. The interviews yielded rich, authentic data that offered valuable insight into the individual perspectives of each participant.

### **3.6 PILOT STUDY**

To ensure the effectiveness of the research design and the questions used in the study, a pilot study was conducted with a music therapist who recently received her qualification from the UK and had recently arrived in South Africa. This pilot test was useful in identifying a few issues with the research design, specifically the interview questions, the length of the interview and my interview style and technique. Based on the outcome of the pilot study, the research design was modified and improved, which led to a restructuring of certain interview questions, the interview duration, and my interview style and technique before the research interviews began.

### **3.7 ANALYSIS**

The data collected from the interview transcripts underwent a case-by-case analysis using a systematic methodology of Interpretative Phenomenological Analysis (IPA) suggested by Smith et al. (2009). This process yielded three overarching superordinate themes informed by eight subordinate themes.

After each interview was completed, the analysis of the data took place according to the following steps:

1. Transcribing: This involved listening to the recorded audio and carefully writing down the exact words said by the participant and myself.
2. Listening and reading: Once the data had been transcribed, I could re-listen, edit and add sections that may have been missed during transcription.
3. Reading and re-reading the data.
4. Initial noting of the transcribed interview. Three analytical processes were used (descriptive, linguistic and conceptual) to analyse each text.
5. Identifying emerging themes: these reflected the phenomenological essence of the participant's perspectives. They were very detailed, reflecting the participant's original words and thoughts and my conceptual interpretation.
6. Searching for relevant patterns and connections across the identified themes. This included two main types of themes (Smith et al., 2009):
  - i. Superordinate themes: defined as an overarching construct that applies to each participant and may emerge in multiple ways within the context.

- ii. Subordinate themes: defined as themes with parallel meanings that represent the shared aspects by the participants.

The data analysis was done by the process suggested by Smith et al. (2009) in abstraction and numeration, and coding through forming clusters of themes. Multiple superordinate and subordinate themes were identified, analysed, and grouped into the final three superordinate themes and eight subordinate themes.

### **3.8 ETHICAL CONSIDERATIONS**

Data was collected using primary data collection through online interviews and secondary data (public existing data collected by others). No direct access to any mental health service delivery facilities nor data that contained any patient identifiers were collected in this study.

Ethical approval was obtained from the Rhodes University Ethics Committee (Addendum D). After accepting the invitation to participate in the research project, each participant was asked to sign and submit a letter of informed consent (Addendum B). The letter of informed consent acknowledged that the participants understood that their participation was voluntary, that they had the right to withdraw at any time, that they were assured of anonymity and confidentiality, that they would be given the option of reading their transcripts before the data analysis began, that they would not be receiving any form of reward for their participation, and clearly stated that this research was simply for academic purposes.

### **3.9 VALIDITY AND RELIABILITY**

I referred to the guide by Lucy Yardley on how IPA meets the criteria for the validity and reliability of the research (Smith et al., 2009). The four main criteria suggested by Yardley for an IPA study are sensitivity to context, commitment and rigour, transparency and coherence, and the impact and importance of the study, all of which I used to ensure validity and reliability in my study.

#### **1. Sensitivity to context**

This is essential in my research as I had to consider the experience of the creative-arts therapists within the context of South Africa, and to ensure that the therapists were able to express their lived experiences of the therapies in which they specialize. I endeavoured to create a rapport with the participants where they would feel comfortable to express their viewpoints freely, and without bias. Through my research of existing literature, I was also able to show sensitivity and empathy to the topic and investigation. By interviewing experts practising in their field, the

interview data I obtained was from a well-informed perspective, where the experts provided subjective opinions based on theoretical assumptions as well as personal, lived experiences gained from working with their patients.

## 2. Commitment and rigour

I ensured that each participant was comfortable by starting off the interview with a few questions about themselves as well as answering any questions they may have had freely and openly before the recording began. I also asked the participants to choose a time slot that was most convenient for them. I ensured that all forms of communication (email or phone number) and information were given to each participant prior to the start of the interviews to enable them to better equip themselves and understand the interview requirements.

I ensured that only accredited South African creative-arts therapists currently practising in their fields were selected as participants, to ensure that the data collected and analysed would be based on expert experience. Their expert knowledge of their fields as well as South Africa's health care systems provided them with an excellent understanding of the research questions, and generated nuanced, rich data as a result. By conducting a pilot study, I was able to adapt and refine my interview questions before the research interviews took place.

## 3. Transparency and coherence

Each stage of the research process has been outlined and described in the thesis write-up. A considerable amount of drafting and re-drafting took place to ensure careful writing and analysis.

## 4. Impact and importance

This research emphasizes the significance of creative-arts therapies in addressing trauma-related mental health conditions, and in the broader context of mental health care. The study also investigates the possible utilization of creative-arts therapies within the current mental health crisis in South Africa, providing insight into how it can be effectively used as a resourceful and beneficial approach to treating mental health conditions. The study was selected for presentation at the South African Society for Music Research hosted by Rhodes University from 25-27 August 2022.

### **3.10 SUMMARY**

This chapter presented an overview of the methodology used in the study. It argued for the choice of a qualitative research paradigm and selection of IPA to analyse the data. It provided

an overview of the participant selection, data collection, pilot study and analysis procedures. It concluded with a presentation of the research's ethical considerations, validity and reliability measures.

# CHAPTER 4

## ANALYSIS

### 4.1 INTRODUCTION

This chapter presents an interpretative phenomenological analysis (IPA) of the transcribed data collected from the research interviews. Three therapists practising in the creative-arts therapies field were interviewed. The interview process encouraged the participants to provide personal insights into their lived experiences as practising therapists in the South African context. Through the analysis of the transcripts, a set of three superordinate and eight subordinate themes were identified. The superordinate and subordinate themes are discussed in three sections. Verbatim quotes from the transcripts are included in the discussion of each theme, and a summary concludes the chapter.

### 4.2 IDENTIFYING SUPERORDINATE AND SUBORDINATE THEMES

Three superordinate themes and eight subordinate themes emerged from the data analysis. The themes supported by raw data from the transcripts and keywords are illustrated in Table 4.1. A more extensive representation of this diagram found in Addendum E. The first superordinate theme focuses on the viability of creative-arts therapies in South Africa, the second explores the efficacy of creative-arts therapies in South Africa, and the third investigates the role of creative-arts therapies in trauma and healing.

**Table 4.1: Superordinate and subordinate themes, raw data and keywords**

<b>Superordinate theme 1: Viability of creative-arts therapies in South Africa</b>		
<b>Subordinate theme</b>	<b>Raw data</b>	<b>Key words</b>
1. Perceptions and accessibility	Dr. N: In the broad public health areas where literacy around mental health, in general, is not that great. (p.1)  Dr. N: The public doesn't really know about the value of art therapy. When you talk about mental health, people immediately sort of think a psychologist or a psychiatrist or they think of a social worker. (p.13)	Mental health literacy  Poor public knowledge
2. Government support	Dr. C: Being able to generate enough income is very difficult when there are no government posts... you have to be the pioneer to prove your worth and ascend. (p.12)  Mr. M: We don't have public sector jobs. We work in private in private settings. (p.10)	Income  Pioneer Public vs private sector jobs

<b>Superordinate theme 2: Efficacy of creative-arts therapies in South Africa</b>		
<b>Subordinate themes</b>	<b>Raw data</b>	<b>Key words</b>
1. Mainstream vs. Creative-arts therapies	<p>Dr. N: Also acknowledging that many psychologists will use art or at least psychological testing that is Arts based ... particularly with children and adolescents. (p.1)</p> <p>Dr. C: I think it's turf wars really. And access to resources. (p.2)</p> <p>Dr. N: People have not had good experiences of their own creativity and being able to express themselves. (p.5)</p>	<p>Arts-based assessments</p> <p>Access to resources</p> <p>Creative experiences</p>
2. Stigmatization	<p>Dr. N: Stigma comes from fear, right? It gets bigger and bigger in the minds of communities but also in our own minds and how we stigmatize ourselves. (p.7)</p> <p>Mr. M: There's shame on both the person who is suffering and the associates of that person, for example the family ... sometimes families don't want to be associated or identified with a particular condition or person. (p.6)</p> <p>Dr. C: Really recognize our own stereotypes...I think any therapist who has done the work on themselves and who has integrity would offer a safe space for whatever needs to be expressed... the therapist can't have judgments because If they do then it's not safe. (p.8)</p>	<p>Stigma</p> <p>Fear</p> <p>Shame</p> <p>Therapist stereotypes</p>
3. Client–therapist relationship	<p>Dr. C: The therapeutic relationship then unfolds as the process goes forward. And we trust that unfoldment. (p.4)</p> <p>Dr. C: See and really recognize our own stereotypes. (p.6)</p> <p>Dr. N: Community work that is done is when people really have an understanding of what people's contexts are like without coming in to try and save the day. (p.10)</p>	<p>Relationship</p> <p>Trust</p> <p>Stereotypes</p> <p>Understanding</p> <p>Context</p>
4. Non-verbal expression	<p>Mr. M: Even though we're speaking the same language, we may be inferring meanings to the words that we're using differently, depending on where you have been, what attachments and assumptions you're making. (p.5)</p> <p>Dr. N: When you're not speaking these languages, you're not accessing stories in a meaningful way. And therapy in many ways is about the ability to tell your story. (p. 3)</p>	<p>Different meanings</p> <p>Assumptions</p> <p>Accessing stories</p>

<b>Superordinate theme 3: Creative-arts therapies in trauma and healing</b>		
<b>Subordinate themes</b>	<b>Raw data</b>	<b>Key words</b>
1. Trauma experience and effects	<p>Mr. M: South Africa as a country sits potentially on multiple re-traumatisation starting from historical trauma, you know, cultural traumas, and all of those that are potentially present at any one given time. (p. 7)</p> <p>Dr. N: Somatic memory ... that's how trauma is stored in the brain ... to be exposed and understood in the treatment of trauma. (p.8)</p> <p>Mr. M: When somebody has encountered trauma, they form a response to that trauma that eventually becomes a pattern of living or relating. (p.8)</p>	<p>Multiple traumas</p> <p>Somatic memory</p> <p>Trauma treatment</p> <p>Trauma response</p>
2. Healing	<p>Mr. M: Mental health diagnosis can be totalising, that means that the person can be stuck in one way of being and yet when we shift that into a dance, a song, movement, playing of drums, suddenly something shifts ... a person sees themselves as more than just a diagnosis. (p.4)</p> <p>Dr. C: Your healing is in you. (p.16)</p>	<p>Stuck</p> <p>Shift</p> <p>Individualistic healing experience</p>

#### **4.2.1 Superordinate theme 1: Viability of creative-arts therapies in South Africa**

This superordinate theme presents two subordinate themes which address the viability of creative-arts therapies in South Africa: the perceptions and accessibility of creative-arts therapies, and the lack of government support for creative-arts therapies.

##### ***4.2.1.1 Subordinate theme 1: Perceptions and accessibility of creative-arts therapies***

The participants identified society's general perceptions of mental health in South Africa as an area of concern which plays a role in the current mental health crisis. Mental health conditions and related therapies are not well understood in the country. The analysis suggests that there is a pervasive lack of awareness and comprehension of the concept of mental health. For example, many South Africans do not understand what mental health refers to, nor do they readily accept mainstream therapies such as psychiatry, psychology, and occupational therapy.

Dr. N: In the broad public health areas where literacy around mental health, in general, is not that great. (p.1)

Mr. M: People are still dubious about psychological services; for example, even psychologists are still having to explain themselves within specific sectors of our society, and so, as a young profession, it will take a bit of time. (p.3)

This widespread lack of public awareness of mental health conditions and available professional services extends to alternative therapies such as creative-arts therapies, which are still a relatively unknown profession in South Africa. The results indicate that South Africans simply do not know that there are other modes of treatment, such as creative-arts therapies, that they can access for their specific needs. Thus, creative-arts therapies are seldom considered as an option for mental health care.

Dr. N: The public doesn't really know about the value of art therapy. When you talk about mental health, people immediately sort of think a psychologist or a psychiatrist or they think of a social worker. (p.13)

In addition, the analysis indicates that there appears to be a general lack of interdisciplinary and transdisciplinary research on the efficacy of creative-arts therapies which focus on mental health. This is unfortunate as research may raise awareness for people who otherwise would not be involved in this kind of therapy. This, in turn, may lead to more opportunities for programmes which address mental health and mental health care.

Mr. M: There has to be significant study done in terms of reach and awareness and all of that, but anecdotally, I can tell you that there's still very little awareness of alternative therapies to put it that way (p.1) ... When people are meeting the study, it's a window into opening up access and also allowing for people to meet music therapy within the context of South Africa. (p.1)

Ironically, most communities in South Africa traditionally include creative activities such as music, dance, art and storytelling as a means of expression. Participation in these creative activities is an accepted way of life, and creative forms of expression are considered a natural way of working and engaging South African cultures and communities. Rural communities, in particular, include these activities on a daily basis.

Mr. M: A lot of times when people gather in these spaces, they're not cerebral about the gathering. They just gather, the music happens (p.9) ... They gather to celebrate to dance, they gather to share energy to, you know the word resilience, for example, it is to be resilient, it means that we have a shared energy resource, especially, when we are under threat, and this is why people gathered when they had to go to war, for example, that energy and build their resilience. (p.9)

The trusted and established use of creative arts within communities thus potentially provides a natural opportunity for creative-arts therapies to infiltrate communities and introduce ways of identifying and treating mental health conditions in a safe, familiar space. This natural inclusion

of treatment may play a role in destigmatizing people's perceptions of mental health and health care.

Dr. N: If the space is safe enough the work will naturally happen with these ways of working. (p.11)

Dr. C: How do we hold everybody's stories in the space so that it is as safe as possible for everybody in this group, and group dynamics are also very important. (p.17)

Dr. C: I think it's about accessing what is already there in context. (p.5)

#### ***4.2.1.2 Subordinate theme 2: Lack of government support for creative-arts therapies***

The findings of the analysis reveal a significant lack of professional employment opportunities for creative-arts therapists within public and private health care centres, such as clinics and hospitals, in South Africa. While private health care centres receive funding from both government and private sources, public health care centres typically receive funding only from the government. The lack of government funding of creative-arts therapies in public health care centres, which is the primary source of mental health care for many South Africans, has significant implications for both therapists and patients. Not only are patients denied the opportunity to engage with this kind of therapy, but creative-arts therapists are also deprived of opportunities to provide professional services to those who cannot afford private health care. This negatively impacts the vocation of creative-arts therapies.

Dr. N: There may be hospitals that have psychiatric units, with a few places that are dealing with art therapy. They may be psychologists or educational psychologists going into those spaces doing their community placements, or clinical internships, some people may use Art space method, some weren't, but they are no posts in government for creative-arts therapists. (p.2)

Mr. M: I think the biggest challenge is where service meets capital. (p.9)

Mr. M: We don't have public sector jobs. We work in private settings. (p.10)

Dr. C: Being able to generate enough income is very difficult when there are no government posts ... you have to be the pioneer to prove your worth and ascend. (p.12)

The professional challenges that creative-arts therapists experience result in many therapists using valuable professional time promoting themselves and their professions, which often requires them to provide free services and partake in free community services.

Dr. C: You have to be the pioneer in a sense to get the funding or to get the insights or support that you need in order to actually do the work that helps people. (p.2)

The research participants observed that both public and private mental health care facilities typically do not provide patients with the option of seeing an arts or music therapist despite the aid of governing bodies, such as the South African National Arts Association (SANATA), which support the professional interests of arts therapies. Therapists have worked to ensure that there are programs at a structural level, such as the Health Professions Council and university accredited programs that work with higher education degrees, to ensure the continued development and accessibility of the profession SANATA persistently advocates for the inclusion of creative-arts therapies in healthcare. These programs, although a step in the right direction, are still very inaccessible and restrictive, as they only accept a limited number of students each year, which limits the accessibility and the increase of creative-arts therapies in South Africa. However, the fact that these institutions have developed these training programs is a positive start in providing quality mental health care for South Africans.

Mr. M: SANATA is a body that specifically looks at the interests of arts therapists in South Africa. So as a professional body, we provide the scope for ongoing professional development, continuing professional development, training programs and courses and also giving people an opportunity to meet like-minded professionals, who want to develop in a particular way in a particular direction. (p.2)

But, in reality, very few patients come into the professional care of creative-arts therapists. As a result, the profession's scope is severely limited to a select few: according to the research participants, the more patients who have access to creative-arts therapies, the greater the general awareness of the scope and benefits of the therapies.

Dr. N: I think more people have a good experience working with an art therapist and then spread the word to other people. Then you create a demand for a service and that raises awareness, and that creates a spillover effect to people understanding the benefits of the treatment, but also how it helps mental health de-stigmatizing mental health treatments. (p.2-3)

#### ***4.2.1.3 Summary of superordinate theme 1***

In sum, the analysis suggests that South Africans' limited grasp of mental health conditions and therapies stems from a widespread lack of awareness and research. The scarcity of opportunities within the public health sector for creative-arts therapies creates a stark contrast between the need for services and the lack of support provided by public institutions. This lack of support puts the burden on practitioners of creative-arts therapies to continuously advocate for their own recognition and inclusion within the public health system.

## **4.2.2 Superordinate theme 2: Efficacy of creative-arts therapies in South Africa**

This superordinate theme presents four subordinate themes which explore the efficacy of creative-arts therapies in South Africa: mainstream vs. creative-arts therapies in South Africa, stigmatization, the client-therapist relationship, and the challenges that creative-arts therapies experience in South Africa.

### ***4.2.2.1 Subordinate theme 1: Mainstream therapy vs. creative-arts therapy***

Mainstream therapy refers to the conventional practices of treating mental health conditions in South Africa and includes therapists such as psychiatrists, psychotherapists, psychologists, counselling psychologists, and occupational therapists. These tend to be the most well-known and accessible therapies as they are offered to patients at government and private hospitals or institutions. The research data suggests that it is common practice for some creative-arts therapies, such as drawing, to be utilized as a part of conventional or mainstream treatments, which affirms the intrinsic value of creative-arts therapies.

Dr. N: Also acknowledging that many psychologists will use art or at least psychological testing that is Arts based ... particularly with children and adolescents. (p.1)

However, in these instances, the creative-arts therapy is generally not accredited as a distinct therapy separate to mainstream therapy, and gains no validation as a viable alternative to mainstream therapy. This is partly due to financial constraints which may contribute to the professional competition between healthcare providers. Limited resources provided to government-subsidised institutions likely affect patients' healthcare options. Unfamiliar new therapies, such as creative-arts therapies which still need to be well established, would be overlooked in these instances.

Dr. C: I think it's turf wars really. And access to resources. (p.2)

Thus, the research suggests that creative-arts therapies face the sobering reality that they have to prove their worth to attract clients, despite some of their methods being practised in mainstream therapies.

An additional problem is the misconception that patients need skills to participate in creative-arts therapies. According to the analysis, very few individuals have had favourable experiences with practice and expressions in the creative arts field. An inherent fear of creative expressions, perhaps resulting from school experiences where creative-arts subjects (music, art, drama) are graded according to skills, often leads to the mistaken assumption that individuals considering creative-arts therapies have to be "good at it" to engage with the therapies.

Dr. N: People have not had good experiences of their own creativity and being able to express themselves. (p.5) ... you're almost re-educating on what the arts can offer people. (p.5)

South Africa is fortunate to recognize not only creative-arts therapies but also traditional health practitioners as other forms of health care.

Mr. M: When you go to a Sangoma for example, there's lots of shamanic use on music within the context of African healing rituals. (p.1)

#### ***4.2.2.2 Subordinate theme 2: Stigmatization***

Mental health conditions are associated with a lot of fear and prejudice both in communities (Western and African) and within the person struggling with a disease. The analysis describes how fear of the unknown (mental health condition) can quickly lead to harmful prejudices, which result in public stigma and self-stigma.

Dr. N: Stigma comes from fear, right? It gets bigger and bigger in the minds of communities but also in our own minds and how we stigmatize ourselves. (p.7)

Individuals struggling with symptoms of a disease face the additional burden of being ashamed of their condition. Moreover, aside from the experience of personal shame in suffering from a mental health condition, a mental health diagnosis can bring discriminatory, negative attitudes towards the patient from members of a family or community.

Mr. M: There's shame on both the person who is suffering and the associates of that person, for example the family ... sometimes families don't want to be associated or identified with a particular condition or a particular person. (p.6)

Diagnosing a mental health condition thus creates a significant fear of the shaming and prejudices of stigmas. The stigma of mental health also falls into the category of self-stigmatization, where individuals cannot see themselves beyond their mental health diagnoses. The analysis suggests that creative-arts therapies' experiential nature of existing in the artistic medium may help patients to experience a different version of themselves.

Mr. M: We all have mental health issues. We have mental health, all of us, not some of us, all of us have mental health. Whether we have mental illness is a different thing altogether, but we all have mental health to look after. (p.7)

Mr. M: With music, it allows you to experiment with different ways of being with another person, different ways of being within the music, different ways of meeting yourself as a person. (p.8)

Dr. C: Really recognize our own stereotypes ... I think any therapist who has done the work on themselves and who has integrity would offer a safe space for whatever needs to be expressed ... the therapist can't have judgments because if they do then it's not safe. (p.8)

According to the participants, methods of creative-arts therapies are already used within standard psychological assessments which are not specifically assigned to creative-arts therapies.

Dr. N: Using assessments like the house-tree-person, the draw up person, these art-based assessments are often used by psychologists, particularly with children and adolescents. (p.1)

Mr. M: People have used music therapeutically. Whether the therapy is physical illness, whether the therapy is for psychological disorders, however, that is defined. People have used music therapeutically. (p.1)

#### ***4.2.2.3 Subordinate theme 3: The client-therapist relationship***

Creative-arts therapies emphasise a holistic approach which treats all aspects of the patient's condition, and endeavours to create a meaningful client-therapist relationship during the course of the therapy. The analysis suggests that the strong client-therapist relationship provides a safe space for emotional processing and healing.

Dr. C: So allowing for therapists who will access a whole experience of you can be incredibly beneficial. (p.3)

Dr. C: The therapeutic relationship then unfolds as the process goes forward. And we trust that unfoldment. (p.4)

The client-therapist relationship is vital in creative arts as the client/patient tries to access suppressed emotions. It is essential to ensure that the client feels comfortable and safe enough to express intimate emotions. The analysis suggests that there needs to be a trusting, open and safe environment for both client and therapist. The creative-art therapist plays the most crucial role in ensuring the connection with the individual and themselves, monitoring, observing, and providing support as a therapeutic approach.

Dr. C: I don't break down walls ... it's about acknowledging the wall. (p.9)

Due to South Africa's broad cultural diversity, therapists may encounter or work with communities with which they are not culturally familiar. The analysis stresses the importance of the therapist's understanding and respect for each community's specific cultural beliefs and practises before working in the community.

Dr. N: Community work that is done is when people really have an understanding of what people's contexts are like without coming in to try and save the day. (p.10)

According to the research participants, it is the therapist's responsibility to ensure that a therapy environment is safe enough for an individual to open themselves to healing within group settings. In order to interact with their clients without judgement or bias, the participants highlighted the value of creative-arts therapists undergoing personal reflection. This ensures that the therapeutic space is free of any potential stereotypes which may inhibit the client-therapist relationship. Therapists' unprejudiced attitudes are crucial in providing clients with a safe space to access and express difficult emotions.

Dr. C: And really recognize our own stereotypes. (p.8) ... Any therapist who has done the work on themselves and who has integrity would offer a safe space for whatever needs to be expressed (p.8) ... You would choose a therapist that you feel you can relate to. (p.8)

#### ***4.2.2.4 Subordinate theme 4: Non-verbal expression***

Language and cultural differences can present mainstream therapists and their clients with significant communication difficulties, causing misinterpretation of experiences and expression.

Mr. M: Even though we're speaking the same language, we may be inferring meanings to the words that we're using differently, depending on where you have been, what attachments and assumptions you're making. (p.5)

Mr. M: Counselling and psychotherapy assumes that people are able, with a bit of support, to articulate what their experiences are. And by articulation, I mean the use of words and language to state what they experienced is and what is difficult ... That's a good assumption when you're dealing with high functioning people. Except, that sometimes people are not as articulate. (p.3)

However, the analysis suggests that creative-arts therapies present a medium for the therapist and client to communicate in a creative environment which is not confined by verbal boundaries. Relying only on words sometimes hides the depth of meaning of an articulation, especially for individuals who do not have the vocabulary to express themselves in a way the therapist may understand. Furthermore, it is essential to consider even how different words have different meanings contextually.

Dr. N: When you're not speaking these languages, you're not accessing stories in a meaningful way. And therapy in many ways is about the ability to tell your story. (p.3) ... You're integrating far more quickly and effectively when you're working in nonverbal ways and in creative ways to make meaning and make sense of what's happened. (p.3-4) ... And these ways of expression to sort of showing the unshowable

or speaking the unspeakable in some ways, and it's much easier and for me as an art therapist for it to be contained also on a page or in some form. (p.4)

Given the linguistic diversity present in a country with 11 official languages, the use of creative arts therapies that transcend the limitations of language holds obvious value. These therapies provide an effective means for individuals to express intimate emotions through a non-verbal language of expression, thereby overcoming any potential barriers to communication. In this way, creative arts therapies can serve as a powerful tool for promoting emotional well-being and building stronger therapeutic relationships in the South African context.

#### ***4.2.2.5 Summary of superordinate theme 2***

In sum, although creative-arts therapies are a highly effective branch of clinical psychology, therapists are confronted with difficulties such as competition with mainstream therapy, limited financial resources from health care facilities, and misconceptions about the skills needed to participate in creative-arts therapies. They are useful therapeutic approaches in situations where mental health concepts are stigmatized. Good outcomes depend on good client-patient relationships which do not harness stereotypical attitudes from therapists. Lastly, because they largely rely on non-verbal expression, they can help to overcome language and cultural barriers that are often encountered in mainstream therapies.

### **4.2.3 Superordinate theme 3: Creative-arts therapies in trauma and healing**

This superordinate theme explores the experience of trauma in more detail and discusses the healing aspects of creative-arts therapies in South Africa.

#### ***4.2.3.1 Subordinate theme 1: Trauma experience and effects***

Trauma is experienced and internalised differently by people. Similarly, symptoms of trauma are processed either overtly or covertly. Some people are unaware of their traumatised state and do not know that they are living through a trauma response to issues in society such as the impact of colonisation, apartheid, black identity, and gender identity.

Mr. M: South Africa as a country sits potentially on multiple re-traumatization starting from historical trauma, you know, cultural traumas, and all of those that are potentially present at any one given time. (p.7)

According to the research participants, trauma is frequently stored in memory senses in the brain and the body which creative-arts therapists aim to access through the senses.

Dr. N: Trauma memory and trauma therapy-If you're not working with the body in some way, you're not going to access those memories, you're not going to access them effectively. Those memories that

you're trying to work and integrate with and make sense of are all sort of stored through the senses, and so if you're not working with the senses and the body, you're probably not going to access memory in a meaningful way. (p.3)

Dr. C: We all sing the most natural thing but first thing we do in our family... but suddenly it's like no we have to be all formal if we're talking about our trauma and our pain and you know and so and then it denies a whole wealth of experience and knowledge that lives in your body and ways of feeling. (p.10)

Trauma is not only experienced in the mind but also in the body, being stored as somatic memory. In trauma therapy, addressing both the mind and the body can be crucial for resolving traumatic experiences and promoting healing. Neurophysiology<sup>8</sup> also forms part of somatic memory.

Dr. N: It has so much to do with the neurophysiology, the body's response to trauma and brains meaning making around trauma. And it goes really back to left and right brain sort of working and more integration in working with words and then working with images ... Somatic memory ... that's how trauma is stored in the brain. And that's the part to be exposed and understood in the treatment of trauma. (p.8)

Creative-arts therapies can access what is hidden within the mind and body using a technique of image processing. Through processing a traumatic image, the individual and the therapist can be aware and process specific images or experiences and work through them in healthy, non-invasive ways.

Dr. C: So if one is quite human, or psychodynamic, then there's a sense of the unconscious as well, and the unconscious is access to image, images and symbolism. (p.3)

The analysis suggests that when dealing with trauma and mental health diagnosis, it may feel as though there is a lack of agency over the body or that the trauma experience is what will always be present due to the difficulty of the journey. The healing process often takes a lot of time and patience, but can be very rewarding when the healing process begins.

Mr. M: When somebody has encountered trauma they form a response to that trauma that eventually becomes a pattern of living or relating. (p.8)

Dr. C: Eventually she made the link between what happens with the panic attacks is almost exactly what she felt in that original experience of nearly being shot by her father but to actually know what that little girl must have felt at five years old is something almost unspeakable. And so there's something about being able to slowly, over time, make that connection. She was more able to breathe into that very small part of herself. And her life changed, she became more able, more softer with her own story. And more able to be in the world knowing that she carries that workflow, but it doesn't have to hold her back. (p.7)

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<sup>8</sup> Working specifically disorders of the nervous system and the electrical aspects of the brain (Brennan, 2021).

#### ***4.2.3.2 Subordinate theme 2: Healing***

Healing is a very individualistic process. The Oxford English Dictionary defines healing as the process of becoming sound and healthy. Creative-arts therapies recognize that individuals are more than their diagnoses, and that healing is not solely about overcoming symptoms but also about empowering individuals to live fulfilling and meaningful lives. These therapies are designed to support the whole person, not just their symptoms.

Mr. M: What music therapy could do in that space is to emphasize care. And support ... we're not dealing with the disease; we're dealing with the person. So as a clinician, my commitment is to the person. My claim, my commitment, is not to curing a disease. My commitment is to the person, and music therapy has a way of eliciting what is healthy in a person, what is still alive in the person. (p.6)

Dr. C: Your healing is in you. (p.16)

Creative-arts therapies present clients with a very natural way to express themselves. For example, the arts therapist expressed how there is a re-evaluation of one's expressive self and healing by using art therapy methods. Through creative-arts therapies, individuals can explore their emotions, thoughts, and experiences in a non-threatening and non-judgemental environment, helping them to gain a deeper understanding of themselves.

Mr. M: Mental health diagnosis can be totalising, that means that the person can be stuck in one way of being and yet when we shift that into a dance, a song, movement, playing of drums, suddenly something shifts ... a person sees themselves as more than just a diagnosis. (p.4)

Dr C: In the end it goes up into this incredible experience of sharing and it felt like they could give voice to some of the frustrations. (p.5)

Mr. M: If somebody can benefit from the use of music and the arts, that's fine. Ultimately, it's about the client's goals. (p.5)

These therapies thus support individuals in their journey towards healing by providing them with opportunities for self-expression, self-discovery, and connection to others, thereby helping them to gain a sense of meaning and purpose in their lives.

#### ***4.2.3.3 Summary of superordinate theme 3***

The analysis suggests that creative-arts therapies can be highly effective in addressing the internalization of trauma and its impact on the brain and body. Through the use of various forms of creative expression, individuals can gain a deeper understanding of their experiences and emotions, and begin to process and integrate traumatic memories. Additionally, creative-arts therapies can help to re-evaluate self-expression and healing, providing individuals with

new ways of understanding and expressing themselves. Overall, the analysis highlights the potential of creative-arts therapies as a powerful tool for addressing trauma and promoting healing.

### **4.3 SUMMARY**

This chapter presented a detailed analysis of the research data. Three superordinate themes – the viability of creative-arts therapies in South Africa, the efficacy of creative-arts therapies in South Africa, and the role of creative-arts therapies in trauma and healing – were presented and discussed. Eight subordinate themes and verbatim quotes which support the three superordinate themes were presented and will be discussed in relation to the literature in the next chapter

# **CHAPTER 5**

## **DISCUSSION**

### **5.1 INTRODUCTION**

This research explores the use of creative-arts therapies as a viable treatment for trauma-related mental health patients in South Africa. While the creative arts have historically provided humans with a platform to express and experience intimate emotions within a creative context, little is known about their uses in a therapeutic context. Creative-arts therapies are a relatively new type of therapy, and do not yet have the same broad reach as more established psychological therapies. The research data was collected from three accredited therapists who provided unique reflections on their experiences of creative-arts therapies in South Africa. This chapter discusses the eight subordinate themes and three superordinate themes which emerged from the data in relation to the existing literature.

### **5.2 SUPERORDINATE THEME 1: VIABILITY OF CREATIVE-ARTS THERAPIES IN SOUTH AFRICA**

Although research suggests that creative-arts therapies include low-risk and high benefit interventions for patients with severe mental illness and low functioning, the use of creative-arts therapies to treat mental health conditions remains limited (Chiang et al., 2019). The findings of the analysis support this view, maintaining that this is caused by two main contributing factors in South Africa. Firstly, the general public's limited awareness and (mis)perceptions of mental health conditions and care prevent patients from seeking psychological treatment. This applies even more to the creative-arts therapies as the field is not yet well established, and the public is simply unaware that these kinds of treatment options exist. Ironically, as many communities include recreational activities which are rooted in creative arts practice, such as music-making, dancing, and storytelling as an informal method of expression and relaxation, the creative arts therapies may be readily accepted as a formalised treatment if it was introduced to the communities.

Secondly, the analysis suggests that even if a patient is informed of the options of creative-arts therapy, accessibility to treatment is very difficult. Most of the awareness of creative-arts therapies derives from private settings or volunteer work, such as the Lefika La Phodiso NGO in Johannesburg. As NGOs are the centre of promotion and awareness, there is a limitation regarding the accessibility and distribution of information, which could be addressed by

incorporating creative-arts therapies into public health facilities. However, there is a critical lack of government funding for the treatment of mental health in public health facilities, with the result that the creative-arts therapies are not offered to patients as there are no employed therapists. While there is some support in private facilities, only 17 out of 100 South Africans have medical aid to access private healthcare insurance, leaving 82 out of every 100 South Africans primarily dependent on public healthcare (Stats SA, 2022a). This means that most individuals do not have access to creative-arts therapies as medical aid services do not have specific benefits for these therapies.

According to SACAP (2019), there is insufficient medical expertise necessary to cope with the mental health crisis and a general attitude that psychological health is less concerning than physiological conditions. The findings of this research concur with this, claiming that because creative-arts therapists are undervalued and not financially supported by public health facilities, they are unable to find jobs where they can provide psychological care for the patients suffering from mental health conditions.

### **5.3 SUPERORDINATE THEME 2: EFFICACY OF CREATIVE-ARTS THERAPIES IN SOUTH AFRICA**

According to Farokhi (2011), art is an integral part of the therapeutic field and is used in many assessment and treatment techniques where medical doctors use art as a healing strategy. This research posits that the use of creative-arts therapies, such as drawing, in mainstream therapy affirms the intrinsic value of these therapies. An example of this is a well-known method called House-Tree-Person, where a client's drawing of a house, a tree and a person is used as a means of psychological analysis and diagnostics (Yu et al., 2016). Unfortunately, the analysis also reveals that because mainstream specialists use aspects of creative-arts therapies as a part of their treatment methods, creative-arts therapists are then not recognised or sought out as viable alternatives to mainstream therapy. This means they are required to prove their worth in order to attract clients.

Research (Ahessy, 2013; GoodTherapy, 2023) maintains that the lack of prior knowledge or experience in a specific art form is not a barrier for individuals to participate in creative-arts therapies. The analysis correlates with this, arguing that an advantage of all creative-arts therapies is that they enable patients' access to these therapies without prior artistic knowledge or experience. However, the analysis also specifies that this is not common knowledge as potential clients are frequently afraid that they need to be skilled in the creative arts in order to

participate in the therapy. This misconception, coupled with an inherent fear of creative expression, prevents clients from opting for creative-arts therapies.

According to Hugo et al. (2003), misinformation about mental illness remains a significant problem as it continues to contribute to the stigmatization of mental illness, which often first manifests in society before being internalized by the individual (Ahmedani, 2011). Similarly, the findings of the analysis suggest that there is wide-spread public and self-stigma associated with mental health in South Africa. Those living with mental health conditions experience debilitating feelings of personal shame, and often face discriminatory, prejudiced attitudes from members of their families or communities. This aligns with Boyd et al. (2014) who articulate that those living with mental illness suffer from a subjective perception of devaluation, marginalization, secrecy, shame and withdrawal.

Research indicates that community attitudes and perceptions towards psychiatric disorders have a significant impact on those who seek treatment, and a patient's knowledge and attitude towards mental illness can influence their compliance with treatment plans (Hugo et al., 2003). The analysis indicates that stigmatization and associated feelings of shame and worthlessness may prevent individuals from obtaining accurate information, diagnoses and treatment for their mental health conditions. As Ahmedani (2011) puts it, the fear of stigmatization frequently prevents individuals from seeking the psychological support they need, which leads to undiagnosed and untreated mental health conditions.

Research exploring the use of creative-arts therapies for emerging adults who are reluctant to participate in traditional forms of therapies due to stigmas indicates that alternative therapy does not hold the same stigma as traditional therapy (Smriti et al., 2022). The findings of the analysis align with this, suggesting that creative-arts therapies have the potential to transcend the stigmatization of mental health care as many creative arts, such as music and dance, already exist in communities as acceptable cultural and traditional practices. Thus, the analysis suggests that the practice of creative-arts therapies is not a new phenomenon in rural South Africa. While not acknowledged as a method of therapy, many communities have long utilized the creative arts in an informal capacity for health and well-being.

No longer confined to stringent pharmaceutical interventions, modern psychiatry now includes more holistic approaches to treatment which include creative-arts therapies' psychotherapeutic methods (Chiang et al., 2019). Researchers (McCaffrey et al., 2011; Wong, 2021) argue that

the intentional design and use of music as a component of a treatment plan which includes other factors such as medication and psychotherapy, can lead to positive therapeutic outcomes.

Therapists play an active, vital role during creative-arts therapy e.g., guiding singing, improvisation, listening, responses in music therapy (Chiang et al., 2019; Errkilä et al., 2011; Stanczyk, 2011); observing, intervening, or evoking multiple sensations of human experiences in art therapy (Van Lith, 2016); tracing movement patterns of both patient(s) and the therapist in the moment, using physical expression or “movement vocabulary” instead of words (GoodTherapy, 2022). But in order to achieve successful therapeutic outcomes, this research emphasises that the establishment of a meaningful, trusting client-therapist relationship cannot be underestimated. As Sokanu (2022) argues, the music therapist plays an essential role in the creation of a therapeutic relationship to facilitate emotional, physical and mental change. The findings of the analysis strongly align with this, positing that strong client-therapist relationships play a vital role in creating the safe space necessary for emotional processing and healing.

As the attitude of the therapist is crucial in ensuring a connection with the individual, the analysis stresses the importance of therapists’ awareness of their potential implicit biases and stereotypes when treating clients. Implicit bias and stereotypical prejudice lead to negative evaluations and discriminatory behaviour (FitzGerald et al., 2019) which impede therapeutic processes (McHenry and Johnson (1993). According to the analysis, the cultural diversity of the South African society presents a high risk of personal bias amongst mental health practitioners. Therefore, it is crucial that creative-arts therapists engage meaningfully with their internalised biases and prejudices, so that they are equipped to recognise and treat conditions appropriately. Similarly, Mahalik and Wisch (1999) caution that an imbalance of understanding internalised bias can lead to over pathologising and under pathologising bias.

In a country as culturally and linguistically diverse as South Africa, verbal communication can be problematic in navigating human expression in a therapeutic environment. Thus, the analysis suggests that the creative-arts therapies, which rely on non-verbal expression, are a useful way to overcome the language and cultural barriers that are often encountered in mainstream therapies. For the non-verbal expression of emotional, physical and mental pain, Art therapy uses visual, symbolic expression to give voice to experience (American Art Therapy Association, 2022), dance therapy uses “movement vocabulary” to enact experience (GoodTherapy, 2022) and music therapy uses sound, music and rhythm to access human

emotion (Sokanu, 2022). The analysis thus argues that creative-arts therapies are able to use creative ways of natural human expression to overcome verbal limitations by providing alternative means of communication.

#### **5.4 SUPERORDINATE THEME 3: CREATIVE-ARTS THERAPIES IN TRAUMA AND HEALING**

This research focuses on the use of the creative arts therapies in treating trauma-related mental health conditions. Howell (2011, p.75) argues that the effects of trauma result in the dissociation of an individual's mental functioning and conscious awareness, which the creative-arts therapies methods and techniques are moderately helpful in healing by providing a safe way for individuals to recollect their traumatic experiences into less fearful and harmful memories (Perryman et al., 2019). The analysis correlates with this, claiming that the creative-arts therapies present clients with a very natural way to explore emotions, thoughts, and experiences in a non-threatening and non-judgemental environment, helping them to gain a deeper understanding of themselves which they are encouraged to express in a safe therapeutic environment. Moreover, the analysis identifies that an essential component of healing trauma when recalling traumatic experiences is for the individual to regain a sense of control over themselves and the situation. To achieve this, the creative-arts therapies prioritise the empowerment of the individual through the therapeutic process of actively being in charge of their own bodies. The analysis stresses the creative-arts therapies' concept that individuals are more than their diagnoses, and that healing is not solely about overcoming symptoms but also about empowering individuals to reach their goals and to live fulfilling and meaningful lives.

The American Psychological Association (2008) describes trauma as an individualistic experience, which is an individual's specific response to physically or emotionally harmful events. In addition to the response to a traumatic event, the analysis further argues that the impact of trauma on individuals is internalized differently according to each individual, some of whom may be unaware that they are experiencing traumatic responses. This may result in unresolved traumas, which according to Williams (2021), can be defined as triggers. The findings suggest that unconscious traumatic experiences can be difficult to express verbally, making it challenging to process or address as they may be dissociated from conscious awareness and emotion. As MacIntosh (2003) asserts, this validates the importance of non-verbal forms of expression in therapy as a means to access and process these experiences.

Harvey (1996) emphasizes the multidimensional nature of trauma and recovery, and acknowledges that individuals who have not received clinical care may continue to be impacted by their traumatic experiences. In light of these considerations, and the research findings on the effects of trauma, it is imperative to provide a variety of access points for treatment of mental health, including the incorporation of alternative therapies, in order to effectively serve larger communities in South Africa. By providing multiple forms of access to treatment, individuals who have experienced trauma and have not fully recovered can have the opportunity to achieve optimal healing and growth.

## **5.5 SUMMARY**

This chapter discusses an analysis of the creative-arts therapists' insights in relation to the literature. The analysis suggests that there is limited use of creative-arts therapies to treat mental health conditions in South Africa due to the public's poor awareness and perceptions about the nature of mental illness. Furthermore, public access to the creative-arts therapies in formal settings is severely restricted as they are not offered as treatment options in public health facilities. This negatively affects the viability of creative-arts practice in South Africa.

The analysis suggests that the efficacy of creative-arts therapies in South Africa is indisputable. As no prior artistic knowledge or experience is required for this kind of therapy, it is accessible to everyone. This principle highlights the inclusive and accessible nature of creative arts therapies, which are open to individuals of all abilities and backgrounds. Unfortunately, this is not well known and as a result, clients are afraid to consider the creative-arts therapies as a treatment option. The analysis asserts that the public and self-stigmatization associated with mental health which permeates society prevents many individuals from seeking help for their conditions. And the individual therapists' awareness of potential implicit biases and stereotypes in order to be cautious of over pathologising and under pathologising bias. Creative-arts therapists play a central role in the therapeutic process, aiming to create a safe space for patients to express themselves. The analysis stresses that creative-arts therapists need to be sensitive to the vast cultural and linguistic diversity in the country in order to truly grasp the cultural and individual experiences of individuals. Another advantage of the creative-arts therapies is that they provide a non-verbal means of expression which mitigates limitations encountered through language and cultural diversity.

As trauma is not always experienced by the conscious mind, the analysis maintains that creative-arts therapies are particularly helpful in healing the effects of trauma as they provide

an alternative way for individuals to access and articulate traumas in a non-judgemental environment. Through restoring a sense of control over the environment and the self, the creative-arts therapist empowers clients to overcome symptoms of their trauma, and resume fulfilling lives.

In conclusion, the analysis asserts that the creative-arts therapies are a valuable method of treating trauma-related mental health conditions in the South African context and should be integrated into public health facilities where they are accessible to the public.

# CHAPTER 6

## CONCLUSION

### 6.1 INTRODUCTION

This research explores the use of creative-arts therapies in treating trauma-related mental health conditions. Chapter 1 introduced the research, its background, and its principal aims. Chapter 2 provided an in-depth overview of the current literature on creative-arts therapies, mental health, and trauma in South Africa. Chapter 3 gave a detailed insight into the methodological procedures followed to investigate the research question. Chapter 4 gave an analysis of the data collected through the three creative-arts therapist interviews with verbatim quotes. Chapter 5 discusses the findings in relation to the literature. Chapter 6 summarises and presents the research conclusions. The main research questions and sub-questions are discussed and a short summary concludes the chapter.

### 6.2 ADDRESSING THE RESEARCH QUESTIONS

The main research question is:

What are the perceptions of creative-arts therapists on the value of their respective therapies in treating trauma-related mental health conditions within the South African health care system?

The four sub-questions are addressed before the main research question is answered.

#### **6.2.1 To what extent are mental health patients aware of creative-arts therapies as a viable treatment option in South Africa?**

The research suggests that mental health patients, who already have a poor grasp of the nature and scope of mental illness, are also not adequately informed about creative-arts therapies as a treatment option in South Africa. As government support structures and funding do not extend to the creative-arts therapies, very few therapists practise in public hospitals and no therapists practise in public health institutions. Thus, patients who are generally unaware of the range of existing mental health therapies are not provided with the option of selecting creative-arts therapies as part of a treatment plan. The lack of public facilities that incorporate the use of creative-arts therapies is thus a major contributing factor to the lack of awareness and accessibility of alternative therapies for mental health patients in South Africa. Unless patients themselves are aware of creative-arts therapies offered in private facilities, creative-arts therapies are generally not recommended by medical professionals. Not only does this limit the

public's awareness of the field, but it also provides little incentive for young people to pursue the profession.

### **6.2.2 What are the effects of creative-arts therapies on mental health and mental health care in South Africa?**

Although there is very little published literature on the effects of creative-arts therapies on mental health conditions in South Africa, this research suggests that individuals respond well to the non-verbal methods of expression which are offered in therapy, particularly those suffering from unconscious trauma which is stored in the body. Like mainstream therapists, creative-arts therapists aim support their patients' emotional, psychological, and physical well-being. However, creative-arts therapies have the advantage of offering a non-verbal therapeutic environment to clients. This is particularly valuable in South Africa where there is a broad range of cultures and spoken languages. If a therapist is not familiar with the culture, this can lead to misinterpretation and misunderstanding if the client is not understood through an inability to articulate their thoughts. Although creative-arts therapists need to be aware of this, their treatment methods rely on forms of expression which overcome language barriers through creative expression. This provides natural access to the unconscious mind.

### **6.2.3 How do creative-arts therapies compare to other pharmaceutical or holistic therapies offered to mental health patients?**

Aside from the non-verbal approach to therapy, creative-arts therapies may help to reduce the stigma associated with receiving treatment for mental health conditions. Public and self-stigmatization of mental health conditions is rife in South Africa. The fear and shame associated with receiving treatment for a mental health condition prevents individuals from seeking help. Yet, most communities in South Africa include creative-arts practice as an accepted activity in daily life. The integration of creative-arts therapies as part of a treatment plan, in a more formal context of treating mental treatment in communities, would both benefit those suffering from poor mental health and potentially reduce the stigma of a diagnosis.

### **6.2.4 What are the benefits of creative-arts therapies for trauma victims?**

As trauma is not always experienced by the conscious mind, creative-arts therapies are particularly helpful in releasing the effects of trauma through accessing the unconscious mind. Trauma is often stored in the body, and to access that, creative-arts therapies use methods of expression best suited to their clients to identify, acknowledge and overcome that trauma. Expressing one's trauma can be a harrowing experience, especially verbally. However, by

removing language from the treatment process and using only non-verbal creative expression, it is possible in a more nuanced way, to separate the stigma of trauma from the individual. Creative-arts therapies offer an alternative avenue for individuals to explore and express traumas in a non-judgemental and safe environment. Through providing opportunities for individuals to regain a sense of control over their environment and themselves, the creative-arts therapist can empower clients to overcome symptoms of their trauma and return to a more fulfilling life. This approach recognizes the multidimensional nature of trauma and the importance of providing diverse treatment options for individuals to achieve optimal healing.

### **6.3 ANSWERING THE MAIN RESEARCH QUESTION**

The main research question was: What are the perceptions of creative-arts therapists on the value of their respective therapies in treating trauma-related mental health conditions within the South African health care system?

Creative-arts therapies contribute several unique benefits to treating mental health conditions incurred through trauma. First, they are accessible to all as they are non-verbal and bridge the language and cultural barriers which challenge other methods of treatment. Second, participants do not require any prior skills to participate in therapy, making these therapies a suitable treatment for children and adults from different social backgrounds. Third, they actively focus on accessing stored trauma in the body or unconscious minds in the natural, non-judgemental platform of creative expression. They address the physical, emotional, psychological, and cognitive effects of trauma, with a strong focus of empowering an individual who has suffered a traumatic event. Thus, creative-arts therapies can make a significant contribution to the treatment of mental health conditions incurred through trauma in South Africa.

### **6.4 LIMITATIONS OF THE STUDY**

The study had a number of limitations.

First, creative-arts therapy in South Africa is currently a small field. Very few accredited creative-arts therapists were available for interviews, and only three of the four different kinds of creative-arts therapists participated in the study. Input from a drama therapist would have contributed meaningfully to the study. Due to the small sample size, the literature review is used to support and validate the observations that were derived from the data collected.

Second, the limited availability of creative-arts therapy practitioners in the field of trauma specialists in South Africa made it difficult to find suitable participants for the study. This challenge could be a limitation of the research, as it may not represent the broad spectrum of clients treated by creative-arts therapists.

Third, the limitations of conducting research via Zoom meetings were not insignificant, as frequent disruptions in connectivity due to scheduled power outages (loadshedding) in South Africa posed a significant challenge to the flow of discussion in instances. Additionally, during online recordings, instances of audio loss occurred when multiple participants spoke simultaneously. Online data collection methods may not allow for the same level of observation, nonverbal cues, and other forms of data that can be gathered in an in-person setting.

The study was also limited by the limited availability of information from South African mental health institutions specific to the use of alternative methods of therapy for mental health and trauma. This lack of information may have affected my understanding and contextualisation of the findings of the study. It could also limit the application of the findings to other contexts and populations.

## **6.5 RECOMMENDATIONS FOR FUTURE RESEARCH**

This study provided insights from three creative-arts therapists (music, art, dance). In order to gain a more comprehensive understanding of the field of creative-arts therapies practised in South Africa, future studies could include the perspectives of other creative-arts therapies, such as drama. A larger sample of participants would also provide more extensive data and studies on each individual creative-arts therapy within South Africa should be done.

This research focused on the therapeutic benefits of creative-arts therapies as treatment for trauma-related mental health. However, an additional significant finding of the research emerged, namely the exclusion of creative-arts therapies in public health facilities in South Africa, even though they are accredited as mental health experts. Public facilities that are the leading providers of access to health care for most South Africans are overwhelmed; however, alternative therapies are not practised within these institutions.

While this research addressed the general efficacy of creative-arts therapies in addressing trauma-related mental illness, future research could explore more specific uses and effects of

treatment in the context of South Africa. This would include exploring the cultural specificities which play a role in understanding how these therapies can be adapted and implemented.

## **6.6 CONCLUSION**

South Africa has a high occurrence of traumatic experiences, with research indicating that more than 70% of the population is exposed to at least one traumatic event during their lifetime. Given the diversity of the population, there is a clear need for alternative therapies to address the range of traumas experienced by different individuals. Creative-arts therapies have been shown to be effective in addressing trauma, however, there is a need for greater exploration of their use in the South African context. The implementation and integration of creative-arts therapies in public health institutes in South Africa has the potential to bring about significant changes in mental health care, specifically in addressing trauma-related mental health conditions. This research can provide a greater understanding of the impact of these therapies on mental health in South Africa and inform the development of effective trauma-related interventions in the country.

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## ADDENDUM A: INTERVIEW QUESTIONS

### Interview questions

1. To what extent are mental health patients aware of creative-arts therapies as a viable treatment option in South Africa?
  - (a) To what extent is your creative-arts therapies made accessible? *Possible prompts: What kind of support is provided and are these government or non-profit organizations?*
  - (b) Is there adequate accessible information on the viability of the treatment? *Possible prompts: How are these treatments and treatment facilities run?*
2. What kind of impact does trauma have on mental health in South Africa? *Possible prompt: How can this be addressed/dealt with?*
3. What are the effects of your specific creative-arts therapy on mental health and mental health care in South Africa? Can you elaborate? *Possible prompt: According to the South African Society of Psychiatrists, there is a lack of specialists to treat mental-health care. What role does your creative-art therapy play?*
4. What kind of support or benefits does your specific creative-arts therapy provide specifically to individuals who have experienced or have been exposed to trauma?
5. How effective is your creative-arts therapy as an important tool when dealing specifically with trauma related incidents? Can you elaborate or provide specific examples of some of your experiences?
  - (a) What kind of impact can your specific creative-art therapy have on communities affected by multiple forms of trauma?
6. How do creative-arts therapies compare to other pharmaceutical or holistic therapies offered to mental health patients?
  - (a) How do creative-arts therapies address language and culture compared other traditional therapies? *Possible prompt: Why is this important in the South African context?*
  - (b) What ways do creative-arts therapies address stigmas surrounding mental health and mental-health care in South Africa? *Possible prompt: Why is this important?*

## ADDENDUM B: LETTER OF CONSENT (SOUTH AFRICAN ACCREDITED CREATIVE-ARTS THERAPISTS)



### PARTICIPANT INFORMED CONSENT DECLARATION

Research Project Title: The Use of Creative-Arts Therapies in treating trauma-related Mental Health conditions in South Africa: An IPA Investigation.

Tshegofatso Makube a Masters's candidate from the Department of Music and Musicology at Rhodes University has requested my permission to interview me for the research project.

The nature and the purpose of the research project and this informed consent declaration have been explained to me in a language that I understand.

I am well informed that:

1. The purpose of this research project is to investigate ways in which music, art, and drama therapy assist those who do not have access to traditional therapy treatments for the improvement of quality of life. To achieve this, the research aims to elicit insights from accredited creative-arts therapists in South Africa.
2. The Rhodes University Ethics Committee has given ethical clearance to this research project (Ethics Approval Number: 2021-5303-6358) and I have seen/may request the clearance certificate by contacting the Ethics Coordinator ([ethics-committee@ru.ac.za](mailto:ethics-committee@ru.ac.za)).
3. By participating in this research project, I will be contributing towards the growing body of knowledge on the awareness of the crisis in mental health and mental health care for most South Africans. And the need to explore and bring awareness to creative-arts therapies as accessible and effective forms of therapy treatments for mental health, mental health care, and trauma-related mental health issues in South Africa.

Rhodes University, Research Office, Ethics  
Ethics Coordinator: [ethics-committee@ru.ac.za](mailto:ethics-committee@ru.ac.za)  
t: +27 (0) 46 603 7727 f: +27 (0) 86 616 7707  
Room 204, Main Admin Building, Drostdy Road, Grahamstown, 6139



4. I will participate in the project by doing one in-depth interview with Tshegofatso Makube in the presence of her supervisor Professor Catherine Foxcroft.
5. My participation is entirely voluntary should I wish to withdraw at any stage, I may do so without any negative consequences.
6. I am aware that technical difficulties may be encountered during an online interview. These difficulties will be catered for appropriately. Zoom will be the primary platform for conducting the interview. Should we encounter problems with Zoom, Skype or Google meet will be used to conduct the interviews.
7. I will not be compensated for participating in the research, but my out-of-pocket expenses will be reimbursed such as the use of personal data for the interview.
8. This is a thesis dissertation. I may request a copy of the final thesis should I desire to do so. Confidentiality and anonymity of records will be maintained and my name and identity will not be revealed to anyone (should I not want it to) who has not been involved in the conduct of the research.
9. I am aware that as a research participant I may create a Zoom, Skype, or Google account with a pseudonym for the research study to keep my identity anonymous. As the interview will be recorded.
10. I agree with my interview being recorded. I am aware that I have the right to retract permission to have the interview recorded before and any time after the interview has been conducted.
11. In terms of the Protection of Personal Information Act, I possess the right to receive feedback about this research. I will have an opportunity to review the transcripts of the interview to ensure accuracy and to withdraw elements or all of the interview. I will have the opportunity to review the initial analysis to check that no identifying information is present unless I elect not to receive feedback.

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12. In terms of the Protection of Personal Information Act, it remains my right to request the Researcher to provide me with a detailed explanation of exactly how confidentiality and anonymity will be achieved. I may request to know how my personal information will be stored securely, for how long it will be stored, and whether it is likely to be used again in further research.
13. By signing this informed consent declaration, I am not waiving any legal claims, rights, or remedies.
14. A copy of this informed consent declaration will be given to me, and the original will be kept on record. The research will be conducted exclusively online, documents will therefore be signed electronically.
15. Electronic records which include the recordings of interviews and the capturing of data will be kept in password-protected files on an online drive. These records will be kept for 10 years as property of Rhodes University with the Department of Music and Musicology.
16. I am aware that the confidentiality agreement may be revised should I not feel comfortable with certain aspects of the agreement.
17. Any further questions that I might have concerning the research or my participation will be answered by
  - o Tshegofatso Makube (Researcher)  
Email: [niamakube@gmail.com](mailto:niamakube@gmail.com).
  - o Professor Catherine Foxcroft (Supervisor)  
Email: [c.foxcroft@ru.ac.za](mailto:c.foxcroft@ru.ac.za).
  - o Dr. Boudina McConnachie (Department of Music and Musicology Ethics Coordinator)  
Email: [b.mcconnachie@ru.ac.za](mailto:b.mcconnachie@ru.ac.za).

Rhodes University, Research Office, Ethics  
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I, \_\_\_\_\_ have read the above information and confirm that the above information has been explained to me in a language that I understand. I am aware of the contents in this document. I have asked all the questions that I wished to ask and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurized in any way and I voluntarily agree to participate in the above-mentioned research project.

I **agree/disagree** (SELECT APPLICABLE) with the Researcher's request to record my comments and opinions during interviews, the purpose of which is to ensure the accurate recording of my views. Furthermore, I have the right to request a copy of the interview transcriptions to confirm that my opinions are accurately recorded.

.....  
**Participants signature**                      **Witness**                      **Date**

---

### **Consent Form at the End of the Research Process**

1. I \_\_\_\_\_ voluntarily agreed to participate in the above mentioned research study.
2. I am aware that the information I revealed throughout the interview will be used in the research study.

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Ethics Coordinator: [ethics-committee@ru.ac.za](mailto:ethics-committee@ru.ac.za)  
t: +27 (0) 46 603 7727 f: +27 (0) 86 616 7707  
Room 204, Main Admin Building, Drosty Road, Grahamstown, 6139



3. I am aware that confidentiality and anonymity will be maintained. This will be done by changing the names of people or places. I can remain anonymous to the researcher and co-researcher as well by creating a Zoom account with a pseudonym for the study.
4. I am willing to read through the transcript of my dialogue with the researcher and their supervisor to ensure the information obtained aligns with what was said during the interview, ensuring a trustworthy and rigorous qualitative study.

.....

<b>Participants signature</b>	<b>Witness</b>	<b>Date</b>
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Rhodes University, Research Office, Ethics  
Ethics Coordinator: [ethics-committee@ru.ac.za](mailto:ethics-committee@ru.ac.za)  
t: +27 (0) 46 603 7727 f: +27 (0) 86 616 7707  
Room 204, Main Admin Building, Drosty Road, Grahamstown, 6139

## ADDENDUM C: INVITATION TO PARTICIPANTS

### INVITATION TO PARTICIPANTS

Dear Creative-Arts therapist,

**Re: Invitation to participate in a research study**

You are invited to participate in a research study titled "The Use of Creative-Arts Therapies in treating trauma related Mental Health conditions in South Africa: An IPA Investigation." Your participation will contribute to the growing awareness of the mental health and mental health care crisis in South Africa and the importance of the inclusion of Creative Arts therapies in South Africa as accessible treatment options.

The main research question is:

How can creative-arts therapies contribute to the current methods of treating mental health conditions incurred particularly through trauma in South Africa?

The research will focus specifically on mental health conditions incurred through trauma in South Africa. To achieve this, the research aims to elicit personal insights from 4 acceded creative-arts therapists on the effects of their respective therapies on mental health care through in-depth interviews. The therapists' professional and experiential knowledge on the efficacy of their respective therapies will provide new perspectives on current mental health concerns in South Africa.

Participants will be required to participate in a 45-60min in-depth interview via an online platform. Participation in this research is voluntary. As a participant you will be asked to sign a consent form indicating that you understand and agree to the conditions prior to the interview. You also have the right to withdraw at any time after accepting the invitation and at any given time during the research interview.

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Should you wish to participate in the interview, you can simply respond positively to my email address ([niamakube@gmail.com](mailto:niamakube@gmail.com)). If we receive a positive response from you, we will provide you with more information on the aims of the research study, what will be expected of you, your rights as a participant as well as set up a date and time most suitable for your schedule to conduct the interview. This study has been approved by the Rhodes University Ethics Committee (Ethics Approval Number: 2021-5303-6358), you will also be sent the letter of ethical approval as well as the approval number. If you wish to complain or comment on the manner in which the interview is being conducted, you are welcome to contact the ethics committee ([ethics-committee@ru.ac.za](mailto:ethics-committee@ru.ac.za)).

Thank you for your time we hope that you will respond positively to our invitation.

## ADDENDUM D: ETHICS APPROVAL LETTER



Rhodes University Human Ethics Committee  
PO Box 94, Makhanda, 6140, South Africa  
t: +27 (0) 46 603 7727  
f: +27 (0) 46 603 8822  
e: [s.mangele@ru.ac.za](mailto:s.mangele@ru.ac.za)  
NHREC Registration number: RC-241114-045

<https://www.ru.ac.za/researchgateway/ethics/>

29 November 2021

Prof. Catherine Foxcroft

Email: [c.foxcroft@ru.ac.za](mailto:c.foxcroft@ru.ac.za)

Review Reference: 2021-5303-6461

Dear Prof. Catherine Foxcroft

**Title:** The Use of Creative-Arts Therapies in treating trauma related Mental Health conditions in South Africa: An IPA Investigation

**Principal Investigator:** Prof. Catherine Foxcroft

**Collaborators:** Miss Tshogofatso Makube

This letter confirms that the above research proposal has been reviewed and **APPROVED** by the Rhodes University Human Ethics Committee (RU-HEC). Your Approval number is: 2021-5303-6461

Approval has been granted for 1 year. An annual progress report will be required in order to renew approval for an additional period. You will receive an email notifying you when the annual report is due.

Please ensure that the ethical standards committee is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. Please also ensure that a brief report is submitted to the ethics committee on the completion of the research. The purpose of this report is to indicate whether the research was conducted successfully, if any aspects could not be completed, or if any problems arose that the ethical standards committee should be aware of. If a thesis or dissertation arising from this research is submitted to the library's electronic theses and dissertations (ETD) repository, please notify the committee of the date of submission and/or any reference or cataloguing number allocated.

Sincerely,

Prof Arthur Webb

**Chair:** Rhodes University Human Ethics Committee, RU-HEC

cc: Ms Danielle de Vos - Ethics Coordinator

**ADDENDUM E: MASTER TABLE OF SUPERORDINATE AND SUBORDINATE  
THEMES**

<b>Superordinate theme 1: Viability of creative-arts therapies in South Africa</b>	
<b>Subordinate theme</b>	<b>Raw data</b>
1. Perceptions and accessibility	<p>Dr. N: In the broad public health areas where literacy around mental health, in general, is not that great. (p.1)</p> <p>Mr. M: People are still dubious about psychological services; for example, even psychologists are still having to explain themselves within specific sectors of our society, and so, as a young profession, it will take a bit of time. (p.3)</p> <p>Dr. N: The public doesn't really know about the value of art therapy. When you talk about mental health, people immediately sort of think a psychologist or a psychiatrist or they think of a social worker. (p.13)</p> <p>Mr. M: There has to be significant study done in terms of reach and awareness and all of that, but anecdotally, I can tell you that there's still very little awareness of alternative therapies to put it that way (p.1) ... When people are meeting the study, it's a window into opening up access and also allowing for people to meet music therapy within the context of South Africa. (p.1)</p> <p>Mr. M: A lot of times when people gather in these spaces, they're not cerebral about the gathering. They just gather, the music happens (p.9) ... They gather to celebrate to dance, they gather to share energy to, you know the word resilience, for example, it is to be resilient, it means that we have a shared energy resource, especially, when we are under threat, and this is why people gathered when they had to go to war, for example, that energy and build their resilience. (p.9)</p> <p>Dr. N: If the space is safe enough the work will naturally happen with these ways of working (p.11).</p> <p>Dr. C: How do we hold everybody's stories in the space so that it is as safe as possible for everybody in this group, and group dynamics are also very important. (p.17)</p> <p>Dr. C: I think it's about accessing what is already there in context. (p.5)</p>

<p>2. Lack of government support</p>	<p>Dr. N: There may be hospitals that have psychiatric units, with a few places that are dealing with art therapy. They may be psychologists or educational psychologists going into those spaces doing their community placements, or clinical internships, some people may use Art space method some weren't but they are no posts in government for creative-arts therapists. (p.2)</p> <p>Mr. M: I think the biggest challenge is where service meets capital. (p.9)</p> <p>Mr. M: We don't have public sector jobs. We work in private settings. (p.10)</p> <p>Dr. C: Being able to generate enough income is very difficult when there are no government posts... you have to be the pioneer to prove your worth and ascend. (p.12)</p> <p>Dr. C: You have to be the pioneer in a sense to get the funding or to get the insights or support that you need in order to actually do the work that helps people. (p.2)</p> <p>Mr. M: SANATA is a body that specifically looks at the interests of arts therapists in South Africa. So as a professional body, we provide the scope for ongoing professional development, continuing professional development, training programs and courses and also giving people an opportunity to meet like-minded professionals, who want to develop in a particular way in a particular direction. (p.2)</p> <p>Dr. N: I think more people have a good experience working with an art therapist and then spreads the word to other people. Then you create a demand for a service and that raises awareness, and that creates a spillover effect to people understanding the benefits of the treatment, but also how it helps mental health de-stigmatizing mental health treatments. (p.2-3)</p>
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**Superordinate theme 2: Efficacy of creative-arts therapies in South Africa**

Subordinate themes	Raw data
<p>1. Mainstream vs. Creative-arts therapies</p>	<p>Dr. N: Also acknowledging that many psychologists will use art or at least psychological testing that is Arts based ... particularly with children and adolescents. (p.1)</p> <p>Dr. C: I think it's turf wars really. And access to resources. (p.2)</p> <p>Dr. N: People have not had good experiences of their own creativity and being able to express themselves. (p.5) ... you're almost re-educating on what the arts can offer people. (p.5)</p>

<p>2. Stigmatization</p>	<p>Dr. N: Stigma comes from fear, right? It gets bigger and bigger in the minds of communities but also in our own minds and how we stigmatize ourselves. (p.7)</p> <p>Mr. M: There's shame on both the person who is suffering and the associates of that person for example the family ... sometimes families don't want to be associated or identified with a particular condition or person. (p.6)</p> <p>Mr. M: We all have mental health issues. We have mental health, all of us not some of us, all of us have mental health. Whether we have mental illness is a different thing altogether, but we all have mental health to look after. (p.7)</p> <p>Mr. M: With music, it allows you to experiment with different ways of being with another person, different ways of being within the music, different ways of meeting yourself as a person. (p.8)</p> <p>Dr. N: Using assessments like the house–tree–person, the draw up person, these art-based assessments are often used by psychologists particularly with children and adolescents. (p.1)</p> <p>Mr. M: People have used music therapeutically. Whether the therapy is physical illness, whether the therapy is for psychological disorders, however, that is defined. People have used music therapeutically. (p.1)</p> <p>Dr. C: Really recognize our own stereotypes...I think any therapist who has done the work on themselves and who has integrity would offer a safe space for whatever needs to be expressed... the therapist can't have judgments because If they do then it's not safe. (p.8)</p>
<p>3. Client–therapist relationship</p>	<p>Dr. C: So allowing for therapists who will access a whole experience of you can be incredibly beneficial. (p.3)</p> <p>Dr. C: The therapeutic relationship then unfolds as the process goes forward. And we trust that unfoldment. (p.4)</p> <p>Dr. C: I don't break down walls...it's about acknowledging the wall. (p.9)</p> <p>Dr. C: See and really recognize our own stereotypes. (p.6)</p> <p>Dr. N: Community work that is done is when people really have an understanding of what people's contexts are like without coming in to try and save the day. (p.10)</p> <p>Dr. C: And really recognize our own stereotypes. (p.8) ... Any therapist who has done the work on themselves and who has integrity would offer a</p>

	safe space for whatever needs to be expressed (p.8) ... You would choose a therapist that you feel you can relate to. (p.8)
4.Non-verbal expression	<p>Mr. M: Even though we're speaking the same language, we may be inferring meanings to the words that we're using differently, depending on where you have been, what attachments and assumptions you're making. (p.5)</p> <p>Mr. M: Counselling and psychotherapy assumes that people are able, with a bit of support, to articulate what their experiences are. And by articulation, I mean the use of words and language to state what they experienced is and what is difficult ... That's a good assumption when you're dealing with high functioning people. Except, that sometimes people are not as articulate. (p.3)</p> <p>Dr. N: When you're not speaking these languages, you're not accessing stories in a meaningful way. And therapy in many ways is about the ability to tell your story. (p.3) ...You're integrating far more quickly and effectively when you're working in nonverbal ways and in creative ways to make meaning and make sense of what's happened. (p.3-4) ... And these ways of expression to sort of showing the unshowable or speaking the unspeakable in some ways, and it's much easier and for me as an art therapist for it to be contained also on a page or in some form. (p.4)</p>
<b>Superordinate theme 3: Creative-arts therapies in trauma and healing</b>	
<b>Subordinate themes</b>	<b>Raw data</b>
1.Trauma experience and effects	<p>Mr. M: South Africa as a country sits potentially on multiple re-traumatisation starting from historical trauma, you know, cultural traumas, and all of those that are potentially present at any one given time. (p. 7)</p> <p>Dr. N: Trauma memory and trauma therapy – if you're not working with the body in some way, you're not going to access those memories, you're not going to access them effectively. Those memories that you're trying to work and integrate with and make sense of are all sort of stored through the senses, and so if you're not working with the senses and the body, you're probably not going to access memory in a meaningful way. (p.3)</p> <p>Dr. C: We all sing the most natural thing but first thing we do in our family... but suddenly it's like no we have to be all formal if we're talking about our trauma and our pain and you know and so and then it denies a whole wealth of experience and knowledge that lives in your body and ways of feeling. (p.10)</p>

	<p>Dr. N: It has so much to do with the neurophysiology the body's response to trauma and brains meaning making around trauma. And it goes really back to left and right brain sort of working and more integration in working with words and then working with images ... Somatic memory ... that's how trauma is stored in the brain ... to be exposed and understood in the treatment of trauma. (p.8)</p> <p>Dr. C: So if one is quite human, or psychodynamic, then there's a sense of the unconscious as well, and the unconscious is access to image, images and symbolism. (p.3)</p> <p>Mr. M: When somebody has encountered trauma, they form a response to that trauma that eventually becomes a pattern of living or relating. (p.8)</p> <p>Dr. C: Eventually she made the link between what happens with the panic attacks is almost exactly what she felt in that original experience of nearly being shot by her father but to actually know what that little girl must have felt at five years old is something almost unspeakable. And so there's something about being able to slowly, over time, make that connection. She was more able to breathe into that very small part of herself. And her life changed, she became more able, more softer with her own story. And more able to be in the world knowing that she carries that workflow, but it doesn't have to hold her back. (p.7)</p>
2. Healing	<p>Mr. M: What music therapy could do in that space is to emphasize care. And support ... we're not dealing with the disease; we're dealing with the person. So as a clinician, my commitment is to the person. My claim, my commitment, is not to curing a disease. My commitment is to the person, and music therapy has a way of eliciting what is healthy in a person, what is still alive in the person. (p.6)</p> <p>Dr. C: Your healing is in you. (p.16)</p> <p>Mr. M: Mental health diagnosis can be totalising, that means that the person can be stuck in one way of being and yet when we shift that into a dance, a song, movement, playing of drums, suddenly something shifts ... a person sees themselves as more than just a diagnosis. (p.4)</p> <p>Dr C: In the end it that goes up into this incredible experience of sharing and it felt like they could give voice to some of the frustrations. (p.5)</p> <p>Mr. M: If somebody can benefit from the use of music and the arts, that's fine. Ultimately, it's about the client's goals. (p.5)</p>

