

**ART AS A THERAPEUTIC INTERVENTION IN A MULTICULTURAL SOUTH
AFRICAN CONTEXT: EXPERIENCES IN AN UNDER RESOURCED
COMMUNITY CLINIC**

by

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Abstract

In this phenomenological study, the experiences of an art therapist and her client are described and explored with a specific reference to the multicultural community clinic context in South Africa. The focus of this study was on the subjective experiences of the research participants when using art based interventions in their psychotherapy sessions. The need for culturally relevant psychological interventions in South Africa is highlighted in literature. The use of art therapy due to its flexibility in various contexts, along with its usefulness in transcending language and culture, was examined in this multicultural context. The experience and relevance for the participants of using art therapy in this setting was examined through semi structured interviews and Interpretative Phenomenological Analysis (IPA). The use of art materials seems to cause initial resistance. The therapeutic relationship is used to transcend this resistance and foster engagement with the art based interventions. The creation of art works in conjunction with the developing therapeutic relationship and expression, and seems to effect change. This change extends into the wider system for both therapist and client.

Key terms: art therapy; South Africa; culture; phenomenology; interpretive phenomenological analysis; experiences; therapist; client

Chapter 1

A Relief Sculpture of the Research Problem

Introduction

The topic of this study involved the use of art therapy within a multicultural South African context. This study intended to gain an understanding of art as a therapeutic intervention from the experience of two adult clients and their art therapist, within the multicultural context of a South African community clinic. Exploring the subjects' experiences aimed to provide insight into the use of art and its applicability in this context.

According to Pillay, Ahmed, and Bawa (2013), there is a need within the mental health field to intervene with effective therapeutic approaches that accommodate the diversity of culture in South Africa. There has been a reported resistance amongst black Africans in a township setting when it comes to seeking psychological services, and Ruane (2010) suggests this may be due to the clients' perception of a lack of sensitivity to culture on the part of the psychologist offering the service.

Art therapy is often favoured when working inter-culturally due to the non-verbal aspect of creativity that transcends language and culture (Atlas, 2009; Berman, 2011). In addition, Gower (2006) in his study of South African psychologists' perspectives on the topic echo the importance of culture in therapy and states that art aids in transcending race, class and culture. Due to the ability of the arts to transcend language barriers, Malchiodi (2007) found that art therapy encourages growth. Visser (2007) found that working with art in South Africa was an effective way to conduct therapy when talking is not possible. This may have implications for the use of art therapy as an alternative mode to talk therapy in multicultural contexts.

The Definition of Art Therapy as Defined in this Study

Within the field there are several international associations affiliated with art therapy, each with their own art therapy definition. America, Canada and the United Kingdom are three countries that have these associations, and provide the following definitions which allow a deeper insight of what was explored within this research.

The American Art Therapy Association (AATA, 2017) highlights the following definition:

Art therapy, facilitated by a professional art therapist, effectively supports personal and relational treatment goals as well as community concerns. Art therapy is used to improve cognitive and sensorimotor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change. (p. 1)

The Canadian Art Therapy Association (CATA, 2018) focuses more on an individual's expression using the creative process within "psychotherapy, facilitating self-exploration and understanding" (p. 1). As an intermediary between the two definitions the British Association of Art Therapy (BAAT, 2018) explains that: "Art therapy is a form of psychotherapy that uses art media as its primary mode of expression and communication" (p. 1).

The following summary of the three definitions will be used as the description of art therapy for the purpose of this research: Art therapy is the idea of expression using various art mediums within psychotherapy for the purpose of self-exploration. Through the process of self-exploration various changes can occur.

Research on the Efficacy of Art Therapy

Gower (2006) in his research on South African psychologists explores the idea of art as a language in therapy. He states that art can be seen as a non-threatening non-obtrusive way to

access a client's world, particularly when language is inaccessible. Anderson, Gerber, and Appleton (1994) suggest that art can be used as a form of alternative therapy or used to supplement traditional talk therapies.

The experiences of using art therapy, and its effectiveness in various cultures and contexts, have been explored in international research from contemporary to clinical settings. Drass (2016) explored the use of art with a theoretical approach of punk rock culture and so emphasised the creation of a space that promotes authenticity within a community setting. In a study with adults in chronic pain O'Neill and Moss (2015) found art therapy useful within a group setting. Art therapy was also used with schizophrenic patients and showed contributions to the patient's recovery (Patterson, Borschmann, & Waller, 2013). Rankanen (2016) explored the experiences of participants after their participation in an art therapy group, with the results indicating improvement in their psychological health and social relationships. These are a few of the studies that highlight the flexibility of art in various contexts as well as its use as an effective medium in therapy.

Art Therapy Research in South Africa

In South Africa flexibility within therapy is important due to the need to accommodate a multicultural society. Similar studies were conducted in South Africa by Pfeifer (2003), Luck (2008) and Wakerley (2008) and all found that the use of art therapy as a group therapy intervention was beneficial.

Roos and Ferreira (2008) discuss their use of art in their exploration of cross-cultural supervision sessions with the result that cultural and language barriers were overcome. The study by Gower (2006) mentioned above, explores individual perspectives of a small sample of South African psychologists using art based interventions. To date no other research on the experiences of therapists and clients engaging with art interventions in the South African context has been found.

The Relevance of the Research Problem

Art therapy is a relatively new field in South Africa (Berman, 2011) with little research conducted, particularly on the lived experiences of the participants on either side of the therapeutic process. There is value in understanding the lived experiences of these individuals as they engage in an art therapy process, hearing their stories in their own voices. This understanding can allow for further exploration into the “relevance” of therapy (Macleod & Howell, 2013, p.223). Using art therapy as a mode of therapy may relay some understanding of the phenomenon, particularly within the multicultural South African context. In addition, the relevance of the specific art therapy methods currently used at the Itsoseng community clinic by art therapists can also be explored.

A Multicultural Setting

The Itsoseng Community Clinic is a community clinic offering psychological services such as counselling, psychometric assessments and psycho educational workshops to the surrounding community (Ruane, 2006).

Ensuring these individuals are heard and their lived experiences are understood is important because, as Meyer (2014) states, interventions need to be culturally relevant. This is only possible if the individuals have the opportunity to express their views. Although an art therapist was used in this study, art based interventions are recognised therapeutic methods that are available to all psychotherapists (Malchiodi, 2003). Due to the exploratory nature of this study the findings cannot be generalised. However, they can contribute to the minimal but growing field of research in art therapy, particularly with reference to the multicultural South African context, by allowing for follow-up studies to be done.

Summary

The following chapter explores literature on the diverse components of art therapy with an emphasis on multicultural perspectives as well as a community clinic’s challenges in South

Africa. Following this, an exploration of the research methodology and design illustrates the steps that were taken when conducting this research, including an analysis of the research data. The research data is then discussed regarding emerging themes, with a further exploration of these themes in relation to various other literature. Finally, the limitations of this research are discussed as well as the implications thereof for this research and further research relating to this topic.

Chapter 2

A Realist Painting of Art Therapy Literature

In this chapter the need for change in South African mental health is highlighted. This is done with a view of psychology within a Western framework and the impact that this may have on a non-western setting where literature points to the need for culturally relevant interventions. Following this, an overview of the literature on art therapy within a multicultural context is examined.

Needs for South African Mental Health

The South African context is one that is overflowing with needs. Amongst communities, one of these needs is for mental health services. Lund, Petersen, Kleintjies, and Bhana (2012) highlight this need; specifically, they as along with Smith (2013) emphasise a need for culturally sensitive mental health services that can be provided, in an effective manner, with the resources available. However, these services will only be effective in multicultural South Africa if the community informs the change (Ruane, 2010).

This is said to be in cognisance of the socio-political situation within South Africa and the acts of silencing some voices over others, such as favoring Western knowledge over local knowledge (Bakker, Eskell-Blokland, & Ruane, 2010; Bakker, Eskell-Blokland, Louw, Ruane, & Viljoen, 2009; Eskell-Blokland, 2009; Eskell-Blokland, 2005). Western knowledge is reinforced in psychology through academia when students are educated using Western theories (Bakker, Eskell-Blokland, & Ruane, 2010).

Pillay, Ahmed, and Bawa (2013) highlight the presence of psychology in apartheid South Africa as well as in a post-apartheid South Africa, and how this has impacted on the training psychologists receive. These same authors suggest that there is still a lack of “contextually” and “culturally” relevant interventions for a South African population (p.49).

Psychological services are informed and driven by Western theories and are used in the multicultural contexts in which students find themselves during their training and once they have graduated (Bakker, Eskell-Blokland, & Ruane, 2010). One such context is a community clinic setting. Eskell-Blokland (2014) echoes the idea of Western middle class mental health interventions being used for a multicultural South Africa, and questions whether these are always appropriate.

In line with this, it has been reported that within psychology, there is an expectation that within a multicultural context, psychologists take on a way of being that allows for more participation and input from the clients themselves, in a way that encourages individuality and expression (Ruane, 2006).

Art therapy and other expressive arts therapies such as drama, dance, and music are some of the approaches that have been used to encourage this individuality and expression in various contexts in South Africa (Meyer, 2014). This seems to be due to these therapies relying less on language and having cultural relevance, as Edwards (2004) highlights when discussing the history of art making. Art making itself may not only have cultural relevance but is often used as a healing medium or to foster a spiritual connection (Edwards, 2004; Fitzpatrick, 2002).

Western Art Therapy vs. Local Knowledge

Due to its Western roots, the origins of art therapy as an originally psychoanalytic approach cannot be ignored (Malchiodi, 2007). Art and the creative process was an interest of Sigmund Freud as well as Carl Jung in the manner of visually and symbolically expressed emotions, and the subconscious that could not be verbally articulated (Edwards, 2004).

Solomon (2005) asks the very important question, how can a dominantly Western therapy be effective in a country where there is an attempt to move away from favouring Western knowledge for a more local, non-western knowledge? Local knowledge in South Africa can be considered community specific, locally generated, and used widely by the

community where it was produced (Eskell-Blokland, 2005). Utilising and respecting this local knowledge stands in contrast to silencing voices.

Fitzpatrick (2002) in her research on Bosnian refugees highlights that Western therapy provides a “mold” (US spelling) that non-western clients may not necessarily fit into (p. 152). Individual treatment is typically informed by the dominant society (Fitzpatrick, 2002). This dominant society for psychology, is itself Western (Bakker, Eskell-Blokland, & Ruane, 2010). Often this idea does not resonate for communities that value the whole above the individual, and suppression of emotion rather than immediate expression (Fitzpatrick, 2002). Fitzpatrick states that cultures and languages that are non-western may therefore need to be approached in different, open-minded and creative ways that aren’t necessarily “common” to Western approaches (p.152).

Art therapy is useful when working with language and cultural barriers due to its various means of emotional expression (Hanania, 2017). The usefulness of art, particularly when within a multicultural context, is the way in which it can be used to eradicate language barriers when used as an alternative form of communication (Gower, 2006). The consideration of the use of art therapy does therefore appear to be pragmatic.

Communication is emphasised in art therapy. One of the ways in which communication can occur is through the art object that portrays the individual’s various facets (Plant & Benrech, 2008). The expression and exploration of these various facets promote empathy (Plant & Benrech, 2008). It is also important to keep in mind that in therapy, particularly with adults, words can be used to increase rational thinking. This thereby creates distance from important emotions that require expression and art can be used to transcend this divide (Hansen-Adamidis, 2003).

Although art therapy provides an added advantage of transcending language and culture, it is important to recognise that it does stem from an originally Western perspective.

The consideration of cultural sensitivity even with an approach that may transcend language and culture is therefore discussed below.

Art Therapy and Culture

The importance of therapy being culturally informed is emphasised by Hanania (2017). This is also true for art therapy where Doby-Copeland (2006) explains that art therapy that is not culturally informed runs the risk of being irrelevant for the client. The art created, and the materials used can all be influenced by the client's culture (Kalmanowitz & Lloyd, 2005).

It is important for the client's cultural experience of art to be acknowledged and explored due to the influence of this on the engagement with the art therapy process (Doby-Copeland, 2006; Kalmanowitz & Lloyd, 2005). This is particularly relevant when considering the role of art within an individual's culture. Art may have a different meaning to that person other than possible therapeutic value (Fitzpatrick, 2002). In addition to this the art therapist's preconceived ideas and own culture should be examined, and awareness of the client's culture emphasised over the therapist's own, not only when working with clients but also when choosing specific art materials (Doby-Copeland, 2006; Partridge, 2016).

In her book, Dean (2016) explores the use of art materials and emphasises the importance of the art materials' relevance to the "situations and subject matter" (p. 60). She states that the art materials play an important role in the engagement or lack of, with the art therapy process (Dean, 2016).

The choice of art materials for use in the art therapy sessions is not immune to the influence of culture as discussed above, and it is important to keep in mind that this can intimidate the client or inhibit engagement in the process. Due to the presence of these art materials the sensory and kinaesthetic experience for clients is also a factor that can be useful in creating further awareness for a client (Carpendale, 2008).

This awareness of self would facilitate multicultural work in a meaningful way. The individual ultimately has a place within the wider community and requires therapy that is

sensitive to their culture that will allow them to continue a constructive connection to their community (Visser, 2007). Therefore, understanding the lived experiences of art therapy can create insight into this phenomenon.

This can only be facilitated by learning about a client's culture and responding to the client in a manner that affords the opportunity to transcend the divide between the two cultures (Fitzpatrick, 2002). "It is about hearing the client's cry and learning to respond first from a position of cultural awareness rather than diagnostic labelling" (Fitzpatrick, 2002, p.152).

Multicultural Art Therapy

Malchiodi (2003) states that having "multicultural competence" as an art therapist is vital when working with clients, ensuring sensitivity to culture (p. 375). This necessitates an understanding on the part of the therapist of how "race, ethnicity, socioeconomic status and religion may affect both attitudes toward drawing and the content of what is drawn" (Malchiodi, 2003, p.375). This is in appreciation of not only the client's culture mentioned previously but also the way in which their experiences may influence their attitude towards working with art, which would require sensitivity and awareness on the part of the art therapist (Malchiodi, 2003).

Bucciarelli (2016) acknowledges the sensitivity to context that art therapy methods have, by adjusting to current presenting needs. This sensitivity to context can also be found in art therapy sessions where the client is able to direct the process by embracing their innate creativity in a way that acknowledges his or her inner voice (Malchiodi, 2003). As argued by Carpendale (2008), art therapy is a manner in which identity can be "reconstruct(ed)" through the act of creating art (p. 2). An important aspect of this reconstruction appears to be the therapeutic relationship.

The Relationship

The relationship between the empathising art therapist who views the art, the client who is creating the art, and the artwork itself facilitates the “three voices” within this therapeutic relationship, allowing for connection (Dalley, Rifkind, & Terry, 1993, p.11). Potash and Ho (2011) discuss art as a medium that facilitates a relationship that can be built between therapist and client in psychotherapy, by acknowledging that art stems from the inner voice of the person creating it. Whitaker (2017) describes this as “knowledge sharing and knowledge making, with relationship building at the core of this transformative practice” (p. 53).

The relationship then becomes an important distinguishing feature of art therapy that helps to differentiate from the cultural art making mentioned earlier, to art therapy. Carpendale (2008) even goes so far as to say that there is no hierarchy in the relationship as the reflections and questions from the art therapist are equally as important as the client’s engagement in the process. The engagement between the relationships, the therapist, artwork and client is important in the process and this facilitation and exploration changes as the context changes (Carpendale 2008).

The visual expression in art therapy is often something that cannot be expressed verbally, which can then be observed and examined by the therapist and client within this relationship. “Art can be seen as an external map of our internal self” (Zinker, 1978, p. 8). The creative process of making a symbolic representation of what is difficult to verbally express is, in itself, therapeutic (Fitzpatrick, 2002).

The Itsoseng clinic in Mamelodi is situated in a multicultural community with a variety of language groups such as SeSotho, IsiZulu, and SeTswana, with its members coming from various parts of South Africa (Ruane, 2006). Due to the Itsoseng clinic being the only provider of comprehensive Western mental health services for a population of

approximately one million, there may be a need to shift toward a multicultural focus, in order to accommodate the variety of cultures within Mamelodi (Ruane, 2006).

Art Therapy in South Africa

South Africa is a multicultural society with 11 official languages, this diversity in culture and language poses further challenges for relevant service provision, particularly when it comes to therapeutic interventions at the Itsoseng Community clinic (Ruane, 2010).

Due to no institution in South Africa currently offering training that qualifies one as an art therapist, attempts have been made to use art methods in South Africa despite institutions not following suit (Berman, 2011; Solomon, 2005). However, the Health Professions Council of South Africa does recognise “arts therapy” as a registration category for internationally trained art, drama, dance and music therapists (Berman, 2011, p.6; Kilian, 2007).

There is a need, according to Ruane (2006) for the service providers at Itsoseng to “leave behind pre-conceived ideas” and to “involve themselves at a grass-root level” with “innovation and creativity” (p.292). Art may be the manner in which to accomplish this as Berman (2010) states that art plays a vital role in a multicultural South Africa “in instances of trauma and exposure to stressful situations, language is often unavailable, and image making therefore becomes a safe way to express some of the difficult situations which people experience” (p. 13).

However, the lived experiences of these individuals when engaging with these interventions do not seem to have been explored. The proposed research endeavored to address this. There are necessary considerations that should be deliberated when implementing art therapy in a multicultural setting. In an effort to understand the lived experiences of an adult client and an art therapist that had engaged with art in a multicultural South African context Interpretative Phenomenological Analysis (IPA) was employed as a research methodology and analysis.

Interpretative Phenomenological Analysis

The paradigmatic point of departure of this study is interpretative phenomenology. Phenomenology focuses on the way individuals experience phenomena, identifying distinctive components of the individual's experience in order to arrive at a comprehensive description (Pietkiewicz & Smith, 2012). There are two approaches in phenomenology: descriptive phenomenology and interpretative phenomenology (Smith, Flowers, & Larkin, 2009). Descriptive phenomenology focuses on describing a specific lived experience whereas interpretative phenomenology focuses on uncovering and interpreting a lived experience (Smith, Flowers, & Larkin, 2009). Interpretative phenomenological analysis, according to Pietkiewicz and Smith (2012), synthesises the interpretative with the descriptive.

In addition to this, IPA is also influenced by Hermeneutics. Hermeneutics focuses on interpretation (Pietkiewicz & Smith, 2012). Within IPA, this holds that human beings are able to find meaning and a sense of worth in their own lives (Kumar, 2012). This sense of meaning is entwined with individuals' various contexts and these contexts influence the individual. In order to understand this, the individuals' subjective way of thinking about phenomena and their description of their lived experience was explored (Pietkiewicz & Smith, 2012).

This exploration involved description on behalf of each individual and interpretation by the researcher, in the form of a "double hermeneutic" where the researcher endeavoured to understand the individual "making sense" of an experience, respecting the description and recognising that all phenomena is ultimately interpreted (Pietkiewicz & Smith, 2012, p. 8; Smith, 2017, p. 303).

IPA synthesises ideas from phenomenology and hermeneutics resulting in a method which is descriptive because it is concerned with how things appear and letting things speak for themselves, and interpretative because it recognises there is no such thing as an uninterpreted phenomenon. (Pietkiewicz & Smith, 2012, p. 362)

Due to the uniqueness of each individual's context, IPA also focuses on an idiographic orientation, which emphasises looking at each participant's experience in in-depth detail (Pietkiewicz & Smith, 2012). The emphasis of this research was on understanding the participants' lived experiences of art therapy within their context of where they find themselves as individual human beings within a therapeutic relationship, and within their wider system. To look in depth into an individual's world, particularly at how the participant perceives a phenomenon and makes sense of their experiences, is the focus of interpretative phenomenological analysis (Smith & Osborn, 2003). It can therefore be said that IPA is applicable to this research and the research questions it sought to answer.

In IPA, the researcher and participant work together, to explore meaning in the expressed lived experiences of the participant. Both researcher and participant contribute to the process by sharing their understanding of the experience, based on their respective backgrounds and their own previous experiences (Kumar 2012; Smith & Osborn, 2003). This process of exploring with the participant the meanings that they attach to aspects of their own frame of reference can be empowering for the participant as this empowers them to educate the researcher from their expert position concerning their own frame of reference - allowing their voices to be heard (Smith & Osborn, 2003).

The act of interpretation does not allow the researcher to be immune to the process, possibly resulting in personal insights as well (Carpendale, 2008). Carpendale (2008) advises that a phenomenological approach to studying art therapy is useful as it can be explored in a descriptive and interpretative way by focusing on the lived experience. This does not entail a search for finality in terms of one person's lived experience, but rather that lived experience is changing and tentative for each person at a given time (Carpendale, 2008).

Understanding these experiences as an interaction with who the participants are within their contexts, will enrich the meaning and understanding of their experience of art based interventions within a multicultural South African context. "Never would a human

lived experience be "presumed to be universal or shared by all humans irrespective of time, culture, gender, or other circumstance" (Van Manen, 2002, cited in Carpendale, 2008, p 4).

With the above-mentioned principles of IPA, Carpendale (2008) states that art materials and the creative process can be explored effectively with the inclusion of psychological theory. Carpendale (2008) speaks of the "creative process" in art therapy and how this offers an "intense lived experience" that can be explored through dialogue (p. 4). Considering that Carpendale (2008) sees phenomenology as a useful method of interpretation within an art therapy session, it is reasonable that it can be used as a method of interpretation in art therapy research. The researcher endeavoured to interpret the same phenomena that the therapist and client were witness to.

Summary

There is a need in South Africa for contextually relevant psychological interventions that are culturally informed. Consideration of the use of local knowledge as opposed to Western knowledge may be useful in implementing interventions that invite participation and expression from the clients themselves. This expression can encompass the therapeutic relationship and a representation of what the client is experiencing. Art-based interventions have been employed to encourage this, and although research is limited on art therapy in South Africa, due to the ability of art to transcend language and culture this may be an intervention to consider. However, the consideration would need to be informed by local knowledge, thereby employing the use of IPA to understand these experiences, is proposed.

Chapter 3

An Expression of Research Design and Methodology

In this chapter an overview of the research design and approach is discussed, together with an explanation of the use of IPA and the relevance and justification thereof. This also provides the structure that was followed during the data analysis and interpretation process.

Research Design

Due to the focus of this study being the subjective experiences of the participants when engaging with art based interventions in a multicultural setting, a qualitative research design was chosen. Due to the research questions proposed by this study, specifically, an exploratory qualitative research design was suitable, as Pietkiewicz and Smith (2012) state that qualitative research intends to provide in-depth exploration of the experience studied. The importance of an individual's lived experience can be accommodated by using a phenomenological approach. In order to hear the lived experiences of the individuals in their voices, this also makes use of the aforementioned local knowledge that appears to be lacking in South African psychology.

A qualitative research approach that is grounded in phenomenology was most suited for this study, as the focus is on the experiences of individuals who "are uniquely situated in a particular phenomenon" (Wagner, Botha, & Mentz, 2012, p.22) and in-depth accounts of the phenomenon under investigation are provided (Pietkiewicz & Smith, 2012). Interpretative Phenomenological Analysis (IPA) complements the research design as a methodology that consists of semi-structured interviews and transcripts that were analysed (Groenewald, 2004; Smith, 2017).

Understanding is grounded in the experiences of the participants, and interpretative phenomenological analysis allows for a process of engagement with the participants' experiences as well as an interaction with the researcher and the interpretation that results

from this (Smith, 2017). Throughout this process the research participants are invited to engage with the process and offer their local knowledge. This interaction with the researcher's theoretical and personal knowledge as well as the participants' experiences and knowledge emphasises the mutual interaction that takes place in IPA research.

Sample

Smith and Osborn (2003) state that the use of IPA is effective for obtaining a detailed account of each participant's lived experiences, where a small sample size is typically used. Purposive sampling indicates that a specific sample is required for whom the research topic has relevance and was therefore a suitable sampling method for this research (Pietkiewicz & Smith, 2012; Smith, 2017). This corresponds with IPA's aim of obtaining detailed analysis of single cases which is done effectively with small samples as a student (Pietkiewicz & Smith, 2012; Smith & Osborn, 2003).

The focus of this type of research was on in-depth data gathering. Two adult clients and one art therapist were purposively sampled. The second adult client was unable to participate therefore the resulting sample consisted of one art therapist and one adult client. IPA studies often contain an homogenous sample of participants who have similar contexts and may draw together samples which offer more than one viewpoint on this shared experience, for example, lesbian couples who parent or patients and their carers (Seamark, Blake, & Seamark, 2004; Touroni & Coyle, 2002). In this research the shared experience was the art interventions.

Inclusion criteria: Adults ranging from the age of eighteen years and above were considered for the research. The participants needed to be participating or had participated in art therapy sessions with an art therapist for at least four sessions at the Itsoseng clinic. It was understood that four sessions would allow sufficient time for relationship building and engagement with the art therapist and with the various art materials.

It was necessary for the art therapist required for the research to conform to the specified requirements of using art as a therapeutic intervention with adult clients at Itsoseng clinic. At the time of the research, there was only 1 art therapist at Itsoseng who was conducting art therapy with adult clients.

The participants also needed to have sufficient understanding and expression of the English language to eliminate the need for an interpreter, in order to facilitate clear understanding of the meaning of their experiences by the researcher.

Once the art therapist had agreed to take part in the research she was able to identify particular clients who met the inclusion criteria. Once ethical approval had been received the art therapist was expected to hand the client information about the study (Appendix I). The art therapist had returned to her home country of Israel when ethical approval was obtained and information about the study was therefore given to the participants by the clinic manager.

As part of the attendance of therapy sessions at the Itsoseng Clinic, the participants can sign consent to be contacted for research. The clinic manager was in regular contact with the clients of the clinic and as result was able to provide the details of the abovementioned research to the participant. The clinic manager contacted one client participant, as well as the art therapist. The participants expressed an interest in taking part in the research and their details were given to the researcher to contact them.

The individuals were then contacted by the researcher and the research was explained to the participants (Appendix I). The researcher then set up a time and date with the participants for the interviews to be conducted. The art therapy client was interviewed face to face in a private therapy room. Due to the limited duration of the art therapist's stay in South Africa the interview was conducted over Skype. Written consent (Appendix II) was obtained from each individual and the interviews were audio recorded on a cellphone and then transferred to a password protected computer.

Data Collection

The data collection process occurred through semi-structured, in-depth individual face to face interviews with the art therapist and client. Due to the limited duration of the art therapist's stay in South Africa the interview was conducted over Skype.

The semi-structured, in-depth individual interview with the client was conducted at Itsoseng Clinic in a private therapy room. Before starting the interviews with the client participant and the art therapist, it was explained that withdrawal from the study at any time was allowed and in such a case the data obtained would be destroyed. The client was also informed that the referring art therapist would not have knowledge of their continued participation.

IPA makes a link between an individual's verbal and cognitive interactions and the emotions they are experiencing, the researcher attempted to be active and aware about what could be happening with the participants (Smith & Osborn, 2003). The semi-structured interview then allowed for adjustment to the participant, as well as exploration in detail, the aspects that seemed to be of importance to the participant. This was of relevance in both interviews as both participant's experiences required further clarification and exploration. Smith and Osborn (2003) endorse the use of a semi-structured interview as it facilitates rapport building and allows for a richer collection of data. Larkin and Thompson (2012) draw attention to a way of being that allows for meanings to be explored in detail by creating space for participants to express what they would like to express.

An interview schedule was used with a list of open-ended questions (Appendix III), this allowed for a somewhat flexible interview so as not to take away from the individual's lived experience (Eatough & Smith, 2008). Care was taken in building rapport with the interviewee by attending to the participant, ensuring the participant was safe and comfortable and conducting the interview in an empathic way, as Smith, Flowers and Larkin, (2009) suggest, ensuring sensitivity to the process. The technique of "funneling" as described by

Smith and Osborn (2003, p.62) was used. This consisted of general questions about the participants and the art interventions before going into more detail about personal experiences, once the participants were comfortable.

The semi-structured interviews ranged from 60-90 minutes long. The interviews were audio-recorded and the use and storage of the recording that was explained in the consent form was re-explained to the participants before the interview began. The participants were also asked to add any aspect of their experiences that weren't covered in the interview.

Data Analysis

IPA was used as a method of data analysis as Smith and Osborn (2003) state that the use of IPA is effective in order to obtain a detailed account of each participant's experience. As suggested by Larkin and Thompson (2012) data was transcribed verbatim in order for transcripts to be used during the various stages of analysis. This was done on a password protected computer to ensure confidentiality. The transcripts were then analysed using the IPA method.

Eatough and Smith (2008) explain IPA as a process of finding superordinate and subordinate themes among the participants' responses. The analysis continues until all subordinate themes have been classified under superordinate themes or have been discarded. This process will now be explained in more detail.

IPA does not contain an exact structure, however, guidelines given in Larkin and Thompson (2012) were used in the data analysis during interpretation of the transcribed data.

1. Each case was looked at individually, examining each line of the transcript with a focus on the lived experience of the individual, in line with the idiographic approach of IPA discussed in chapter 2.
2. Reading and re-reading the transcripts took place in order to identify themes; notes were then made on these themes on the right-hand side of the transcript.

3. As the researcher, considerations were made regarding what it might mean for the participants to have their experience. This was looked at with an interpretative analysis focus.
4. Relationships between the themes were identified (e.g., “the relationship”, “the wider system”).
5. Once this had been completed for both the participants’ transcriptions, the cases were then compared with each other. Similarities or links found between the different transcripts were noted.

The engagement with the data on the part of the researcher was interpretative and as Larkin and Thompson (2012) suggest, a “questioning dimension” was employed by the researcher (p.109). This was done in order to understand the possible meaning of the experience for the participant by attempting to “make sense of the participants trying to make sense of their world” (Smith & Osborn, 2003, p. 51).

Credibility

The research aimed to produce credible findings by employing certain steps in the research process. In hermeneutic phenomenology the relationship between the researcher and participant plays an important part in understanding, due to the different backgrounds and contexts that each brings (Kumar, 2012). The researcher needed to acknowledge the context that each participant brought and recognise her own biases, particularly when attempting to understand and co-create meanings with the participant. The participants’ transcripts were transcribed verbatim and direct quotes were used in this paper in order for the readers to form part of the credibility process, as this enables the researcher’s sense making and interpretative engagement to be examined closely.

Due to the participant’s lived experiences being the focus of an IPA study, constant verifying with the participants about their meanings of their experiences, both in the interview and once data had been analysed, in the form of member checks, helped to ensure

credibility and dependability (Creswell, 2013). Shenton (2004) advises asking the participants if they can consider what they meant when they were in the interview when they express a desire to add or omit information however, this process was not required due the participants not requesting to add or omit any information.

Dependability

Dependability in this study was ensured by using an audit trail. An audit trail is a detailed account of all processes and decisions made during the research. This allows another researcher to clearly see the process the current researcher followed, and in doing so, allows for researchers to closely repeat the study (Carcary, 2009, & Shenton, 2004). The process of obtaining participants, engaging with participants, collecting data and ensuring the process of IPA is adhered to carefully, was monitored using an audit trail.

Confirmability

Confirmability is a manner in which the research, through the analysis process reflects the initial aims of the study (Creswell, 2007). The audit trail can be used in this process to ensure the decision-making process aligned with the aims of the study. As the research is phenomenological, the researcher also contributes to the process by sharing their understanding of the experience, based on the researcher's background and previous experiences (Kumar 2012; Smith & Osborn, 2003). This process of monitoring the researcher's own experiences throughout the process ensures further confirmability through reflexivity.

Reflexivity

The researcher attempted to remain attentive to reflexivity by keeping a reflexive journal throughout the research process. Smith, Flowers, and Larkin (2009) suggest that, although IPA involves interpretation, researchers need to remain focused on the participant and be aware of their own preconceptions. These preconceptions and experiences were recorded

prior to and throughout the data collection and analysis process, and are recorded under the personal reflections sections in the chapters that follow.

Transferability

Creswell (2007) acknowledges that transferability of the research findings refers to the extent to which other individuals in similar situations may be able to find the results meaningful. The audit trail would allow future researchers to clarify whether the transferability of the data would be applicable in other similar situations. However due to the small sample size and the focus of an IPA study being on each individual's lived experience, transferability of the data may be limited.

Chapter 4

A Portrait of Experience

This chapter looks at the data analysis process and explores, in-depth the experiences of the participants when engaging with art as a therapeutic intervention in a multicultural context. As stated in the previous chapter, due to selection criteria the sample has been limited to two participants. The first participant was an art therapist from Israel completing her internship at the Itsoseng community clinic. The second participant was an adult client of the art therapist who had participated in more than four sessions of art therapy with the art therapist. To preserve confidentiality, the research participants will be referred to using the pseudonyms Carly and Lerato.

Personal Reflections

Upon interviewing both participants it was apparent that neither participant used English as their first language. Due to the use of IPA and the emphasis that is placed on exploring what the experience was like for the participants I had to ensure I clarified meanings with the participants throughout both interviews and both member checks. These interviews therefore contained clarification and repetition in order to ensure what the participants were trying to say, was understood.

Initial Themes

In keeping with the first and second stages of data analysis, each transcript was engaged with individually through reading and re-reading the transcripts, keeping each participant's lived experience and what this might mean for them, as the focus throughout. As emphasised earlier in this paper, when using IPA it is essential to capture the meanings and experiences for each participant. The continued engagement with the data on behalf of the researcher is also acknowledged as attempts to understand the meanings for each participant are influenced by the researcher's own biases and assumptions.

Each participant's experiences are discussed individually below in order to stay true to the idiographic approach of IPA, by looking closely at each participant's experience before uniting both experiences through superordinate themes (Smith, 2017). A discussion follows in the form of themes that emerged from the data analysis and reflect an interpretation of their lived experiences of engaging with art as a therapeutic intervention in a multicultural context. The experiences are highlighted using excerpts from the participant's transcripts that are quoted verbatim in order to best describe their lived experiences in their own voices. This is also in keeping with Smith, Jarman and Osborn (1999) who suggest that verbatim extracts assist in differentiating between the researcher's interpretations and the participant's responses.

The table below highlights the superordinate and subordinate themes discovered during data analysis with an indication of the superordinate themes being present for both participants, and the subordinate themes showing fewer repetitions throughout the transcripts indicating that although there was a shared experience, each participant also had their own subjective view of this experience. Some subordinate themes were therefore not noted in both transcripts however aspects of these themes appeared to fall under larger superordinate themes that were present in both transcripts and frequently repeated. This is consistent with the process of finding superordinate and subordinate themes during IPA and allows for the participant's subjective experiences to emerge.

Table 4.1

The experiences of using art as a therapeutic intervention for the client and therapist

Superordinate themes	Subordinate themes
Initial resistance	Embarrassment Patronising Inadequacy
Relationship	Trust, safety and respect Relationship with another, collaboration

Superordinate themes	Subordinate themes
	Relationship with art Relationship with self
Expression	Emotion Speaking Clearing the mind
Movement	Change Learning A deeper level Teaching Lack of exploration
The wider system	Culture Myself in relation to others

An introduction of each participant and the researcher's experience of the participant during the interview process precedes an in-depth exploration into the various superordinate and subordinate themes that emerged during the interview and data analysis process. This is then followed by a summary of the participant's experience. The chapter ends with a discussion on the member checks process, audit trail and personal reflections.

Lerato

Lerato was an adult client at the Itsoseng community clinic that had engaged with art as a therapeutic intervention during her scheduled sessions with an art therapist. She was eager to participate in the research, seeming pleased to be provided the opportunity to speak about and share her experience with others. She responded to the start and the end of the interview with an emphatic "*thank you very much*" which bracketed her pragmatic approach to describing her experience.

My interactions with Lerato gave me a sense of her as someone who is determined, and honest about her life experiences. This was also made apparent in her answers to the

interview questions around her experiences. She would often give short and to the point answers as if there was no question in her mind. At times when Lerato had difficulty explaining her answers in English she would relay them in Sotho and then find the meaning in English afterwards, and articulate her answer again in English. This seemed to help her clarify what it was she was trying to convey. Lerato expressed gratitude throughout the interview process at being given the opportunity to speak about and share her experiences.

Theme 1: Initial resistance. Lerato experienced fear and embarrassment about approaching the clinic and asking for help. The stigma around asking for help and needing to become vulnerable through sharing what was happening in her life was difficult and seemed to be something that Lerato had to talk herself into doing:

“before I was coming here I was feeling bad I thought I am going to have to explain everything in this lady or this guy and then I was so scared but because I need help I said no I must talk everything I’m going to feel better.”

Patronising. Upon reflecting on her initial experience around engaging with the art materials, Lerato recalls a period of resistance. Lerato emphatically used her hands to illustrate the resistance and hesitancy she felt in accepting the idea of using art materials in these sessions. She felt as if she was being treated as a child or someone who was “*abnormal*” and recalls thinking:

“That’s for kids, this isn’t for me! I’m normal, why are they giving me these things? In my mind I think why are they giving me this thing maybe they think I’m not normal...”

However, this resistance appeared fleeting as she made a decision to engage:

“...but at the end of the day I understand maybe they want to know about my knowledge. When they first give me I had to keep quiet after 2 seconds, then I say ok its fine I’ll do it”.

This determination was observed throughout Lerato’s interview, whether it was through her finding the appropriate words to describe her experience or the manner in which she answered the questions.

Theme 2: The relationship. After this initial resistance, Lerato's understanding of using the art as a therapeutic intervention was that it was used to gain insight into her as a person, as it facilitated conversation. Lerato highlighted the importance of the relationship that she had with her therapist and the way that her therapist interacted with her. This led to her feeling cared for and being willing to engage with the process in a safe space. Three subordinate themes were noted under the superordinate theme of 'the relationship'. These are discussed below:

Trust, safety and respect. Lerato's experience of being understood and cared for by a "kind, nice" therapist enabled her to move from an initial feeling of resistance to full engagement with the process, as she decided:

"Ok its fine I'll do it. I was doing this thing after, with my whole heart... that lady was very, very nice for me she tried to help me a lot"

Lerato also highlighted the importance of confidentiality for her and how she felt it was easier to speak to someone who was not living in her community, whether their country of origin differed or not:

"It is easy to talk to them because you don't know that lady or that guy and then you talk the way you want. That one is not staying here, he will never tell the other one, it's me and you for that moment, you must talk everything that you want to and it makes me feel better. Even if she [was] from South Africa it helps that she is not staying with me, yes I don't have a problem for that."

Lerato being able to talk the way that she wanted to in the sessions seems to indicate that she felt safe enough to do so and had enough trust in her therapist's ethical practice of confidentiality.

Collaboration, the relationship with another. Lerato explains that she "gained something" and the therapist she was working with "also gained something", indicating a collaborative relationship. "When I was talking with that lady I feel better". During Lerato's interview I sensed a fondness for her therapist through the way her body language and tone of

voice softened during her descriptions of the relationship. She seemed to show appreciation for the relationship that had developed during her sessions. Lerato also felt that because the therapist was present with her she could talk to her.

“That lady was so kindly for me. She said Lerato don’t be stressed, tell me everything. Thereafter whenever I’m coming here we talk then I’m going home I’m ok”

Lerato indicated that due to this presence, learning was made possible. She also experienced the feedback from the therapist regarding the artwork as helpful and she interpreted it as caring:

“When I’m building that thing that lady was here next to me, she said ‘Lerato do this’ and she was helping me there and then... I must do it because it helps to teach me and she was there for me... if it was somebody else she might leave me like that, because she doesn’t care about me. She was trying to help me about that”.

The relationship with the art. Lerato explains that art facilitated a versatile experience for her into being able to speak about herself and discover herself. She experienced the art as something new that facilitated a conversation between herself and her therapist:

“most of us don’t know about the art, they think that the art is just to paint but it is to get many experience with the art... it is not just for fun, it is meaningful... it is helpful... it helped me to speak... it was nice... they want to know how it affected me... that is why they gave me that thing to build... then after they understand that maybe you have small problems... it’s not just for fun, it is meaningful.”

Lerato indicated that the art helped her to speak and this seemed to be the manner in which communication occurred between her and her art therapist at times when English was inaccessible:

“Sometimes she doesn’t understand it clearly... even myself I didn’t understand English clearly. It’s not a problem... the art teach me... she help me... she show me”

The relationship with self. The experience of Lerato's art therapy sessions can be summed up in four words for Lerato "*to know about me*", indicating some exploration into self-discovery and self-understanding:

"Art was used to know about my knowledge and how they understand how I understand that thing. They want to know how it affected me. I tried to explain what this is... the art is to teach how do you understand, they want to know how do you understand about your knowledge if they give that thing I was building and then after they understand they want to know".

It appeared that through exploration into Lerato's understanding of how things seemed to be affecting her that that was then communicated in the sessions. This communication seems to have taken place through Lerato's creation of the artworks as the artworks may have been a visual representation of Lerato, as she indicates that it was after she had built the artwork her therapist understood.

Theme 3: Expression. The theme of expression for Lerato seemed to take the form of release regarding specific emotions such as anger and stress. She also, however, highlighted a cognitive element to this experience and found the art useful for concentration and clarity of thought. Speaking appeared to connect these experiences together for her as she was able to express, then concentrate with a clear mind in order to speak about what was happening for her.

Emotions. Lerato indicated that she came for therapy in order to change the ways in which she was feeling. Upon explaining the anger that she felt, she would show with her body and facial expression how intense the feelings were for her.

"Art was adding there to the conversation it helped me create... the art for me was a way to relieve stress... I was anger before, but for now I don't have... I feel good after, not bad".

Through Lerato's intense and expressive body language as well as her use of the words "*I was anger*" this further indicates the all-consuming nature of the anger and stress

that she initially felt. Through use of the art and the conversation she seemed to experience catharsis.

Speaking. The expression seemed to be as much facilitated by the art as by speaking about the art as Lerato further clarifies that talking played a major role in this release:

“The best thing that I saw when you have a problem you must talk. You must talk, don’t be quiet... after the sessions I didn’t feel bad, we would talk and when I am going home I am ok... it helped me with so many things and teach me many things. Don’t stay with this in your heart, speak about it... when I was talking with that lady I feel better...”

Lerato seems to recognise that art played a contributory role in her experience however she emphasises her preference for speaking:

“It was fine using the art, but I prefer talking, because when I talking with someone at least I calm down... talking was easier than making the art, it was not difficult but I prefer talking.”

Lerato was clear that through the art creation there was a relief of emotion and perhaps a catharsis, however she states that it was the act of speaking (her preference) that enabled her to “*calm down*”. This may indicate that though the artwork allows for relief of emotions there is an important element that is also addressed through the act of speaking.

Clearing the mind. Lerato frequently spoke about concentrating and how the art helped her to concentrate. She also felt that the art materials helped her to “*switch off my mind*” and to be able to:

“Concentrate only on that thing without my mind wandering... I had to concentrate to that art and not on other things; this cleared my mind and left everything else outside”.

It appears that at some stage the art may have also acted as an externalisation technique through expression of the emotion she felt, or as a distraction for Lerato where she was able to be mindful in the moment while creating art. This experience of using the various art-based interventions in her therapy sessions as a means of clearing her mind, allowed for her to continue using it as a coping mechanism in her everyday life. She states that it helps

remind her of the many things she learnt about herself in therapy and so she engages with art to keep the memories fresh in her mind.

“Before I only used [art] at school at primary but for now I use it at home... I make nice colours and I try to refresh my memory of the experience... its good!”

Lerato’s current attempts to use art for herself in her own time, indicates some relevance into the art activities for her, even when there is no therapist to discuss the artworks with. This is further illustrated through the experience of learning different ways to use the art that is not only limited to how it was taught to her at school.

Theme 4: Movement. The theme of movement was frequently noted in Lerato’s interview as she made several realisations about herself, her emotions and her interactions with others. The experience for her was about learning and gaining *“many things!”*

Change. Throughout the interview Lerato highlighted changes that had occurred for her in her life since engaging with art in her therapy sessions at Itsoseng. She moved from a powerless position to a position of being able to *“handle things”*:

“Before therapy my life was not ok, but since I’ve been coming to therapy I gain many things... I am different from before... I was anger before, but for now I don’t have, there was anger, but for now no angry Lerato, I like no anger, I prefer that one... I was feeling good after, not bad.

When Lerato was asked why she kept coming back:

“Because I get something there. Many things! Art helped me to understand things better, to not have violence to be kind to people and be patient with people”.

Learning. Education is important for Lerato, *“education is the best thing”* and it appears that for her a part of her experience in these art therapy sessions was about learning. Learning was facilitated for Lerato through the creation of the artwork and then the discussion afterwards about what could be corrected. This correction was perceived for Lerato as caring, as something *“beautiful”* that was made possible through the artwork with the therapist.

“I like because she showed me if I’m making the wrong thing... she says you’re doing the wrong thing here, do it like this... She correct me... because if it was somebody else she might leave me like that, because she doesn’t care about me. She was trying to help me about that. Fixing it was so beautiful. The art teach me. My life feels okay now. She teach me many things I didn’t understand sometimes, and things I didn’t know. I must do it because it helps to teach me and she was there for me. Art showed me many things I didn’t know before... art is a beautiful thing that you can use to get a bright future at the end of the day... when I using the art I get a lot of things. I get the knowledge... art gave me knowledge.”

Lerato speaks about the “*beautiful*” process of fixing the artwork and then follows that with “*my life feels okay now*”. The fixing of the artwork may have translated for Lerato into a metaphor for fixing her life through having a concrete representation of it in front of her.

Theme 5: The wider system. Lerato seemed to indicate that her experience is something that can be used to facilitate changed interaction within her wider system by having increased respect for others within her community.

The self in relation to others. Upon elaborating on her experiences of using art based interventions within her therapeutic sessions, Lerato expressed that art was a way in which she might be able to connect with others in her wider system:

“Art helps you to understand things better, to not have violence, to be kind to people to be patient with people and to know people as they are and to respect people... respect other people! Even myself, but the other people, when you talk with the other people you must calm down and with respect, don’t just shout... just talk... you can make something and you can maybe get some people and show how you can do something nicely...”

Taking the education about the creation of art into her community could also serve as a metaphor for Lerato about how she noticed improved connection with her community through her changed interactions. Lerato did not wish to keep her experience to herself but wished to take it out into her community indicating that they may also not know that there are other ways in which to use art.

Lerato's summary

Lerato's experience seemed to contain an element of initial embarrassment and fear that was overcome through a relationship of kindness and feedback with the therapist that was facilitated through art. The process helped her with her own self-understanding and it enabled her to have increased confidence in her problem-solving abilities. It meant making progress from feeling a way that she didn't want to feel, to feeling better through expression. It meant self-discovery. She was able to concentrate and clear her mind and not suppress her feelings anymore. She also seemed to note that art facilitated understanding for her as well as teaching and learning things that she did not know before. She learnt respect for herself and respect for others resulting in increased engagement with others in her wider system.

Personal Reflections

My own biases and assumptions regarding art therapy sessions were challenged particularly in my interview with Lerato. It was enlightening to hear that she experienced certain aspects of the sessions as caring where my assumption would be that it would be difficult to have artworks that I had created, corrected. I also realised that there is more of a cognitive element to Lerato's experience and this surprised me due to my own assumptions of art reaching more of an emotional level. Lerato's preference for talking due to it being easier for her was also something that surprised me due to her positive experience of working with the art materials and how she described what it gave her. This allowed me to realise that the conversation about the art is just as important as the creation of the art, something that I had not considered before. Lerato's interview overall contained an element of gratitude, joy and contentment which was encouraging for me to witness and be a part of.

Carly

Carly is an art therapist who completed her art therapy degree in Israel and came to South Africa to complete her internship with the Itsoseng community clinic. She was interviewed

over Skype due to ethical clearance only having been received when Carly had returned to Israel. She was eager to participate in the research and expressed a willingness to offer suggestions on furthering the research of art therapy in South Africa.

During Carly's interview, the sense that I had from her was that she was a cheerful person who had gained vast life experience through her studies and travels. She would think of her answers carefully and tried hard to think of the appropriate words to describe her experience, as Lerato did. Carly's honesty and openness about her experience gave a balanced view to her description. Carly would often answer the questions from the interview based on her perceptions of what the experience was for her clients as well as her own. She reflected on her own difficulty of emotional expression and how art played an important role in her life because of this, as she found speaking difficult.

The superordinate and subordinate themes that emerged during the data analysis process of Carly's transcripts are listed and discussed below in detail:

Theme 1: Initial resistance. A superordinate theme of initial resistance was noted in Carly's experience, this became something that she felt herself. She also mentioned an awareness of her clients appearing to feel something similar. This was then further elaborated through a feeling of embarrassment, a sense of patronising and inadequacy.

Embarrassment. Carly experienced an initial sense of embarrassment when having to tell clients at the Itsoseng community clinic that they would be engaging with art as a therapeutic intervention. Many of her clients did not know what this was and some indicated their unease at engaging with art materials and felt as if they were being treated as if they were children:

"Ah, well... I felt a little bit, well, I dunno it felt like a little bit embarrassing I don't know and it was a little bit weird because they didn't know at all what it is, ummm, with the old people I worked with... even when I invited parents to do, the parents, the old people, the adult ones, they felt really embarrassed to use art materials even though I explained them.

They felt really embarrassed they felt like they are children again and they didn't understand why they are doing that."

Carly's hesitancy in finding the right words seems to indicate that she may have felt uneasy at the realisation that she as an art therapist also felt some embarrassment at the introduction of art materials to clients who were not familiar with this idea and showed hesitancy.

As she later elaborated:

"Because there is no art therapy in South Africa, so it's not, the patient didn't know where or for what they're coming they didn't know what to expect you know. Also, the adults, umm, they were more hesitating I think, but maybe there was kind of a trust or they didn't know how to say no so they just did what I told them to do".

Although there was hesitancy and a lack of knowledge around the purpose of art therapy Carly indicates that the clients engaged regardless, attributing it to a sense of trust that had developed, or a possible power dynamic between the expert therapist telling the client what they should do and the client following this unquestioningly.

Inadequacy. This resistance was further aggravated by concern about artistic talent:

"I saw the concern for them of doing something and they all told me I don't know how to draw, I don't know how to paint, I don't know how to use it, it's like in a kindergarten."

Carly noticed that the art materials appeared "*threatening*" or "*intimidating*" and realised that they needed to be introduced slowly, particularly with the adults:

"With adults it's a little bit more complicated we worked only with the black community, maybe with white people it will be different I don't know. But in the black community, it was different because they felt like they were children again and it was a little bit embarrassing for them to have this kind of things."

Upon reflecting on this initial difficulty with the introduction of the art materials, Carly began reflecting on her experience of this. The meaning that she attached to this was that of the development of the relationship between her and her clients was important to overcome this resistance.

Theme 2: The relationship. Carly highlighted the importance of the therapeutic relationship and how when the relationship is good and trust is established, it is easy for her as a therapist to work. When she was able to establish trust and a good therapeutic relationship, she was able to have continuous sessions with these clients. The subordinate themes are now discussed:

Trust, safety and respect. For Carly the development of trust in the therapeutic relationship was paramount and something that she noticed was fairly easy to establish after a few sessions with her clients at the Itsoseng clinic:

“Basically the most important thing that we taught... is the trust. To establish the relationship and trust and a safe place... you have the whole freedom you want to do this trust... you don’t have to use art unless you want to, I think it’s good but not everyone is related to it so you don’t have to stick to it. The main thing is just to have trust and then from there it can take a long time [or] it can be 1 or 2 sessions it really depends. Like... when I work in Itsoseng clinic so it was like 1 or 2 sessions and then we can go complete not complete... its good trust and you can go deep and you can do serious work with the clients. In Israel it is a little bit more complicated”.

Carly would further establish this trust by reassuring her clients that their sessions were a safe place and a space that was purely for them:

“an important thing I told them, this is your space now this is your time of the week, it’s all yours, you decide what is going on here, you decide what to do how you want it, whatever you want, this is yours, and you can use art in a way to express yourself.”

Carly would approach the use of art in a respectful way with her clients where they were never forced to engage with the art materials. She would also use the art materials in a manner that appeared to be consistent with where her client appeared to be at, emotionally. Carly had to continuously be aware of what was happening for her clients and herself in order to respond accordingly. This would result in constant questioning of herself and her instincts which could sometimes be confusing:

“The session it was a lot about holding. You know to create a safe place make sure they’re not collapsing inside the session and the material and the session and what they’re doing is not too much for them... with adults I wasn’t pushing them to use it when I saw it was too much for them and I saw they didn’t want to use it, I didn’t push them... this is the establishment of the trust... in art therapy we have material that are regressive like paint, clay, all these kind of things that you can touch with your hands and the other one you can control them like oil pastels, pencils and stuff like this. So usually when you start a session in the beginning you give them only the materials that are controlled... then later on you work with the regressive materials... you need to be really flexible and to understand who is the person that is in front of you, also to give him what he needs, and also at some point also frustrating him a little bit to see how he react to this... and also to think what is the right thing to do, should I hold still, should I be empathic to them and bring them water or tissues, should I sit and let them be? And you’re always thinking how I need to react and what I need to do now and you always think what will be good for him not what is good for me but what is good for the client, my reaction... what would be good for him.”

The relationship with another, collaboration. During the interview process Carly would speak passionately about her clients at Itsoseng and how she was amazed at the impact that they had on her during her sessions with them. This process allowed Carly to be reflective. Carly approached her clients with the respect listed above and allowed for decision making to happen together in the relationship.

“My one client she decided she didn’t want to work with the art it was too much for her so we talk... I was really looking forward to working with her... I really enjoyed working with her... it was always good... I believe [the art] it is something natural and they collaborate. Most of the time I think I was mostly, ummm, like blowing away, you know like really exciting about what they’re making and to see the way they’re working I think just the way, just watching them it’s amazing and unbelievable... even with the adults it was really interesting to see them working and exploring themselves also express but exploring themselves how they can deal with what they have now, with the material they’re choosing, the drawing they choose to do it was really an amazing experience. You have the transference and the counter transference... it worked a lot over there, it’s another way to explore yourself as well, you know to pay attention to yourself.”

Carly's approach to her clients also allowed for the elimination of a power dynamic between herself as the expert and her client by encouraging her clients to teach her about themselves and how they wish to approach the art materials allowing for further collaboration and trust:

"I say to them, you just need to give the pace and explore and I will explore with you and you can teach me...each person has his own approach to life, to touch and to sense."

The relationship with art. Carly indicated upon her reflection with her engagement with art, that her confidence and experience towards working with art materials can influence her own expectations of the client's engagement with the art materials. She noticed that when she did bring in natural elements as materials there was hesitancy in using them resulting in less exploration.

"I need to have lots of things around me in order to feel creativity... at Itsoseng clinic... I just needed to see lots of things so I will feel creativity... and also the patient may also feel creative... I think though in Itsoseng clinic, my experience was that mmm... that the patient want to use, ummm, like standard materials, there was like nature, like I collected all this nature things, there were like leaves and things and they didn't really know what to do with it they didn't understand the concept of it. Here in Isreal its more open minded I think you can have anything you want as a material. But over there its very strict or something like that I don't know."

The role of Carly's relationship with the art during her time at Itsoseng moved from it encompassing her own personal expression to encouragement, confidence and independence in her approach of art therapy. This was realised through her observation of how the clients at the Itsoseng clinic engaged with the art materials and the difference it made in a session when compared with a purely talk therapy session:

"Ummmmm, yeah I think the art is really important in this kind of situation and I think, I didn't work in art so much for myself but I saw the patient how they react to the art materials, and how they react to the sessions, and this helped me a lot more to feel more confidence and more independence... I really saw how it makes a difference. It just makes me realise how the art is so significant and meaningful and have its own role in it, like it's

something completely different than a talking session... It was also an experience to understand how the art can contribute to the experience.... how you can harness it in order to make the experience better for you."

The relationship with the self. Carly's experience enabled her to start thinking about herself and her "place as a therapist" and "what kind of therapist I am". Her experience led to increased confidence and independence:

"The experience really helped me... to develop or to establish a little bit the therapist I want to be, or I am and also to explore... new things... let's see what we can get out of it. Because it's a country we don't know it's a culture we don't know, we can get anything out of it and I think this experience really helped for me to have more confidence in myself as a therapist, yeah... and independence also, because I had to decide for myself how my session is going to be, what I am going to do, what the relationship I am going to have...and how I am going to do it... it was an amazing opportunity"

Throughout Carly's description of her experiences in this superordinate theme of the relationship it seems that at almost every point Carly used the opportunity to be self-reflective.

Theme 3: Expression. The idea of art as expression came through strongly in Carly's transcripts and it appears that art is almost a language for her that takes the place of a conversation. Although she is willing to engage with conversation if this is what her clients need, her own preference for the visual engagement with art materials instead seems to be important. This is due to the expression of emotion and the role the art plays in speaking.

Emotion. For Carly, engagement with art is seen as a manner in which to express herself when it is difficult to put words to her feelings:

"It's mostly an expression, a way to express myself, I usually work on really big scales... it's just a way to express myself very intensively. I don't really like to talk about myself and about my feelings, maybe because it is hard for me to organise it into and put it into words or something like that, for me art is just a way to express and to feel and to say what I have to say in art materials... to make art is really expressive and my whole body is captured with it."

Carly openly used her hands to gesture how large a scale she works with when she feels she needs to express herself and her emotions. She also highlighted the intensity of the expression that is achieved when working in this way.

Carly experiences difficulty expressing herself in words and finds the expressive element of art useful as a visual language. Using art also seems to take away an unease that she sometimes feels with her clients when neither of them know what to say.

“Oh, for me it [art creation] was perfect... this is why I did it, I’m not really good, I can talk, but it’s not really interesting for me and I believe the art materials can speak much better than me, and in the first session they don’t really know what to say and what not to say and how to react and what to do and it’s lots of uncomfortable and inconvenient situation, you don’t know what’s going on so I think the art is a way to pass the inconvenient situation.”

Speaking. Carly also indicated that when there was a language barrier between herself and her clients, art played an important role in revealing the context of her clients and their historical story with how they were presenting in the sessions:

“Art helped when language was a barrier... you can reveal lots of amazing things and context between the art and the history and the story... it’s something completely different than a talking session or something like that... through the art you can reveal much more things than you can do as a speech therapy... some of them didn’t even know how to speak English, the communication was even harder, then the art was much more, it played a more significant role for the session instead of talking and guessing.”

Carly noted that her client’s expression with the art materials relieved some of the pressure when there was difficulty with language:

“...use it and their own way to express themselves so it was maybe easier for them to express themselves instead of just talking because of the language.”

Theme 4: Movement. The superordinate theme of movement was reiterated numerous times throughout Carly’s transcript through various indications of change and

differences noted before and after the sessions. Carly reflected on how art may take one to a deeper holistic experience in a session but that there is also a space for teaching to take place.

Change. Carly indicated that change was apparent with most of her clients that she had contact with and as a result she noticed change in herself. She would see the shifts that her clients made with art and was often able to use the art in session to allow for a concrete representation of the change that was happening:

“art play so much important role in all the sessions, so it was amazing to see it, the impact that it’s so strong and how it helped the patient to feel more secure and to feel more strong, and how you say it, ummm, yeah like self-confidence, you know, they felt more like they’re not all over the place there is some structure they can build one time at a time and u can actually see it in the drawing from one session... once they start to express you can see the relief... they’re relieved. They can breathe or they can be less intense, or you know, yeah it was really good for them...”

Describing a specific client’s progress in session Carly recalls:

“I believe we did an amazing way together, and it was also like, you can see on her the difference, with her the beginning and after and the difference and also she came with her boyfriend and we did couples therapy together and it was amazing. Really really amazing... I saw her twice a week but it was intensively enough to have this continuousness it was really good... she saw also the differences and how to reflect I think and to take from what happened in the session and how it affects her own life and... what she can do. In the beginning she was working with the art materials and drawing, how it’s also reflect to her life and making a difference over there and to reflect it differently and to be more conscious about her choices and things like that.”

A deeper level. For Carly her experience of using art herself as well as using art in session with clients allows for an exploration into a deeper level of understanding of her client for herself and her clients. She understands art as a holistic experience and as a result emphasises the importance of this on memory and a holistic engagement with the process. She also adds that the use of art involves the body and the senses which is what allows for a deeper level of engagement.

“...its very very, ummm sensory, you know, you work lots with the senses to understand about yourself and the patient, and I believe the art therapist, the main job is to guide the patient and to explore together, not to tell them you need to do this and this, if I frustrate him a little...then he can work at a deeper level. We would take the therapy one step ahead and won't stay only on the basic like its comfortable its ok, it's easy. Through the art you can reveal much more things than you can do as a speech therapy, this is how I believe, and you can touch much more places because art is, you can feel it, you use your senses, you can feel it, you can touch it, you can smell it, you can hear it in music, and you can see it, so you use lots of your senses, so it's, I believe it help you for more of an, it is like, more like a complete experience, not complete, more holistic, holistic experience, so even if you don't know, to explain it with words of what you experience, your body experience it, and your body felt it and smelt it and saw it so it remained in your body. In this level, I think it depends on the person but in this experience your body remembers it, I believe it is a deeper experience...”

At this point in the interview Carly showed excitement and passion for art therapy and the impact that this experience can have. Carly further highlights the intensity of witnessing a concrete representation of what is happening for the client and the therapist in a therapy session. Being witness to this was proof for Carly that the intensity of art and the progress made with it in the sessions was a useful experience. There appears to be a richness attached to Carly's experience.

“It's amazing, you can talk about things and once you can see it it's much more intense and much more real... you can see what they have done and when you have it, when you have few sessions and few drawings you can see what happened in between, you can see the developments doing, all the art works, and we opened it together and put it on the floor and they could see also what they had done, and what happened and what was the progress and if there things that are similar and if there was a theme that was coming back over and over again, or if there was something else, or the material that he's using, you have so many things just by seeing the art works and, and when you see it it's, it's going even deeper, you know, because you feel it in few levels not only in your mind. Also in your heart, in your body. To make it a little bit more holistic I believe... I think it mostly gave me a chance to see how the art therapy is, how much, that it's so strong and so intense and so true and you know like ummm, its uh... no, like its prove it, prove herself that it's what it is...”

Teaching. Within the art therapy sessions Carly highlighted that there is a psychoeducation element to the art therapy sessions. This psychoeducation takes on a concrete nature through using the art materials to explain certain applications to the client's life as well as to the practical use of art materials.

“... to teach them to work with the material itself, with watercolour, you need to work very specifically, you cannot do a lot of paint you cannot put lots of water, or you can but then you will see what will happen. Through the art materials you can understand a lot of the person and it's kind of cognitive teaching, you can teach him through the art materials how to behave, or what to give attention to. So if you put a lot of water this water colour it will not work or the paper will tear apart. You can ask or see how in the ordinary day, um if it's also the same way, you put too much something, but its tearing apart... it's also important to close the session and teach them how to use the material and how we can save it and how we can, where we need to put it and where it will remain until next time.”

Lack of exploration. Carly reflected on how the initial engagement with the process was experienced as resistant or hesitant which in turn made it difficult for her. This resistance was exacerbated by the limitations she experienced when using art materials, as she had indicated previously that she needs to see many art materials around her and work on bigger scales. Carly also attributed this lack of exploration to culture but observed the release when the clients eventually did feel safe to express:

“It took them a while to feel secure to express... because there was not really exploring you know, they did only what they know they can do with the materials, even if it was soft pastels, or oil pastels, it was really, really, like they didn't try to use... it was... really basic. No exploration. I believe this could be cultural, I can see in Isreal, the children, the people are much ruder, they're taking their own... what they want. In Itsoseng clinic they ask me before if they can have something, and it take them a while to see what they want and what material every time. It was very organised and the minute they saw they can be more open... less organised, it brought lots of other things because they could be themselves for a minute... from what I saw... it doesn't matter what happened, even if your mother died, you can't express your feelings or fears or whatever. Everything is really strict and for the

exploration it not really exist over there, but also the materials, the exploration, what I could offer them from the materials was also limited so it's two way."

Carly indicated again that it was possible that the limited art materials led to limited engagement. It is also a possibility that due to Carly's need for a large variety and number of art materials that her frustration with the limited art materials translated into the sessions and impacted on her experience.

"... I think something in the materials were a little bit too specific... like, limited or downsized, the variety, its limited, therefore the art will be a little bit limited, it's kind of depends what you give to the patient and what he create with it."

Theme 5: The wider system. Carly made numerous references to culture and the differences between her experience of South African culture and her experience of Israeli culture and how this related back to how her clients engaged with art materials. She showed sensitivity to culture and an awareness of differences between working in South Africa and working in Israel.

Culture. Culture seemed to play an important role in Carly's experiences of working with art as this impacted on the engagement from the client with the art materials and art therapy.

"...it depends which population you work with... paint... like... water colours, and oil pastels, uh pencils, uh crayons, you know this basics stuff, also magazines, they really enjoy to work with it. So if I had boxes, which I had a lot (laughs), boxes or cans or wool uh wool strings, you know, or fabrics and all this kind of stuff they didn't understand what to do with it, ummm maybe I don't know. They didn't approach it..."

This may have also been impacted by the impression that Carly had of coming to South Africa due to her exposure to traditional tribal art and how these preconceptions and expectations of engagement with art were not met:

"... before I came I was sure it will be much more rich, you know, the art part, I have this fantasy of working with clay, you know, because it's really like earthful and the population, not population but, culture, all the art is really tribal, but when I came (laughing)

it was not like this at all. When I got there it had nothing to do with it, my fantasy and the reality was completely different, it was nothing about it and for me it was a little bit hard to see, I felt like, I felt sorry for them not to know their own roots, and I found it all over in Africa, after South Africa I travelled... to a few countries in Africa and I felt like something was missing, almost like they don't have the connection they used to have maybe... it's like they need to be modern, they need to hold back everything they maybe knew, and now the only thing that are modern and right and all the other thing it's not good enough, it's like and then they feel embarrassed. It is also a cultural thing to be open minded on how you work with the material"

Carly highlights the importance of cultural sensitivity and how openness to the experience enabled her to realise that this sensitivity required flexibility on her part despite the theory she had learnt.

"I think it's really important for a therapist as well to be open for others and other cultures and countries, and everything and just to be open and experience and then you can decide if it is nice for you or not but just to experience it... we just came to a different culture that we didn't know about and it was a really good experience and I think it's also made us realise that even with all of our backgrounds, you know and from the study and the university, you must adjust. You must adjust yourself and all the theory that you learned to the reality that you're at. You can't force your theory on the reality, it's not working like that."

Carly's reflections on the reasons for her clients engaging in various ways with the art materials highlighted an insight into cultural awareness and differences. She reflects on their willingness to engage with the art materials despite initial resistance:

"With adults it's a little bit more complicated we worked only with the black community, maybe with white people it will be different I don't know. But in the black community, it was different because they felt like they were children again and it was a little bit embarrassing for them to have this kind of things... I think, but maybe there was kind of a trust or they didn't know how to say no so they just did what I told them to do, so this is also a culture thing, you don't say no to anything they just say yes ok and do something."

Carly also reflects on the differences that she noted within South Africa:

“It’s really interesting to see the cultural differences between the countries. It’s completely different between the black community and the white community. It’s something else. Mostly interesting to explore and to experience this kind of stuff.”

Upon reflection regarding the relevance of art therapy in a country like South Africa Carly states:

“There is definitely a much more place to bring the art therapy there, I don’t know about South Africa, only Itsoeng, and its working beautifully I think, and it’s, there’s much more to develop over there. With the arts. All kind of arts... I think it’s good. There’s lots to develop and to explore and to work with.”

Carly’s Summary

The experience for Carly meant that through the establishment of trust and safety and the therapist’s own awareness of assumptions and cultural sensitivity, common ground was found within the relationship. Her own preferences regarding art materials and expectations of her clients were thought about and acknowledged.

Carly found that the experience was of mutual benefit and enabled “*amazing*” work to be done as it allowed for exploration and understanding from both sides of the therapeutic relationship. It also brought a realisation that culture has an influence on how the art materials are engaged with and the expectations (or lack thereof) of art therapy in a South African community clinic context. Different cultures require awareness, flexibility, adjustment and sensitivity.

In her personal experience, increased confidence, engagement and independence for her was brought about and this allowed for a richness to develop. This experience meant that sometimes Carly took on a teacher role and realised that there may be questions that clients from different cultures have regarding the connections between real life and the art they create in sessions. This experience highlighted for Carly that she showed respect for her clients by not forcing any engagement and trying to meet her clients where they were at.

Art became a language for Carly, and helped her when there were no words, or when there was a language barrier. It also assisted with the discovery of context for a client. It also helped overcome initial embarrassment and hesitation and facilitated movement towards progress of increased confidence in the approach that was used.

Personal Reflections

Carly's excitement about her experience at the Itsoseng clinic when using art based interventions was contagious, and I felt myself becoming excited about this research and engaging with the data. Carly's interview, although over Skype, left me with a sense of purpose as the researcher. Carly's insights regarding her cultural sensitivity were enlightening for myself as a white South African psychology student. I was aware that I was South African and she was Israeli and that various circumstances that were new for her were things that I had taken for granted living in South Africa.

Her illumination of the cultural influences on the engagement of art materials and the lack of questioning of her by her clients forced me to think about my own role in the therapeutic relationship when working with clients that have a different culture to my own. I had not previously considered that one's culture could result in hesitancy to engage with certain art materials and left me thinking about what this means for me and my engagement as a therapist that may choose to use art materials in therapy sessions.

Member Checks

As stated in Chapter 3 of this paper, member checks were conducted in order to enhance the credibility of the research by clarifying the meanings with the participants during the interview process as well as once the data had been analysed (Creswell, 2013). The participants were contacted for follow up interviews telephonically and by email in order to involve them in the data analysis process to ensure their subjective experiences and meanings attached to these experiences were not lost. Both participants were satisfied with the data

collection and analysis and there were no requests to change any of the meanings that had emerged from the data.

Carly was grateful to see the transcript of her interview and commented that she felt I had understood what she was trying to say very well, because at times she felt that it was not coming across clearly. Lerato indicated that her experiences were articulated as she had expressed them in the interview and as I had recorded them. Again, she responded with gratitude that she was given the opportunity to speak about her experiences.

Personal reflections. I felt a sense of nervousness before conducting the member checks with the participants as my concern was around possible misunderstanding of their meanings or what they had been trying to convey in the interview. I was aware that I had conducted the literature review on this topic and noticed that the interview and data started to resemble similar themes. Due to the purpose of my data analysis process being describing and interpreting the participants' experiences in order to have an in-depth understanding of these experiences this was very important to me as the researcher. When the participants expressed that they were satisfied with the data analysis I felt a sense of relief at having understood their experiences. This also served to spur me on to ensure that I continued to be aware of their meanings and descriptions and experiences throughout the rest of the transcript and that this was conveyed clearly.

Audit trail. An audit trail was introduced in order to enhance dependability of this study by recording the processes and decisions made during the research process. The purpose of this is to allow other researchers to be able to closely repeat the study (Carcary, 2009, & Shenton, 2004). This audit trail also assisted in maintaining alignment with the initial aims of the study, which were to ensure that the participants' lived experiences were explored in-depth, in keeping with the expectations of an IPA study. A list of research decisions recorded in the audit trail follow:

- Research decision: Once ethical approval was obtained, reading through the initial research proposal assisted in guiding the plan for the next steps in the research process.
- Research decision: Contacting the art therapist by email to set up a Skype interview due to the therapist no longer being in the country.
- Research decision: The second client participant was unreachable and this led to a decision of having one client, as opposed to the initial two clients. The important decision was to stay as close to the research proposal as possible, despite suggestions of incorporating children and groups.
- Research decision: Transcription was completed by the researcher in order to start immersing herself in the data as suggested by IPA.
- Research decision: in line with IPA the researcher started with one transcript first. It was then decided not to use this transcript as a guide to look for similar themes in the next transcript as suggested by Smith et al., (1999), due to the participants being on either side of the therapeutic relationship, awareness of differences of experiences first, before finding common themes was important.
- Research decision: The data analysis process was overwhelming and in-depth, which led to the realisation that a system was needed to make sense of the themes. Tables and colours were used to indicate the clustering of themes in the transcripts.
- Research decision: Literature was consulted on the most effective way to write up an IPA study, however due to there being no specific set guidelines for this it was decided to use the participant's experiences as a guide. The choice to have a specific chapter where the participant's words were used verbatim and then to have a separate chapter with a discussion was due to the focus of this

study being on the in-depth understanding of the participant's experiences. Allowing the participant's to first describe their experiences and then clarify and interpret meanings fit the format of the process of IPA.

- Research decision: Not including excerpts of the participant's transcripts in the final discussion chapter, but rather summaries, assisted with a necessary shift in the researcher's mind to collaboration and co-creation of meaning through interpretation as consistent with IPA. The consideration of the transcript being repetitive and not being mindful of page limits was also a consideration.

Chapter 5

Discussions in Perspective

This chapter discusses the findings of the previous chapter in relation to relevant literature on art therapy. The researcher attempts to explore what this could mean for further research on art therapy in South Africa, however due to the limited literature on the use of art therapy in South Africa most of the literature that is discussed is related to international findings. During the discussion of literature in Chapter 2, certain aspects that were highlighted were also apparent in the findings of this study and these will be discussed. The themes that were not highlighted in the literature review but that emerged during data analysis, will also be discussed. In Chapter 4, excerpts of the participants' transcripts were used to highlight their individual in-depth experiences, in their own voices. For the purposes of this discussion, those findings are summarised under each theme and will not be repeated verbatim. Throughout the data analysis process of the interview transcripts, the superordinate themes of: Initial resistance; The relationship; Expression; Movement and The wider system emerged.

Initial Resistance

The first superordinate theme of initial resistance in art therapy sessions seems to be present in art therapy literature. Kaimal, Mensinger, Drass, and Dieterich-Hartwell (2017) explain that engaging with art in initial therapy sessions may illicit fear and anxiety due to the unfamiliar situation clients find themselves in. Manicom and Boronska, (2003) indicate that the art materials can appear intimidating at first.

Both therapist and client participants noted the difficulty with the initial engagement of the art materials in the beginning stages of therapy. There was a hesitancy to engage on behalf of the client and hesitancy to introduce engagement with the materials on behalf of the therapist.

However, the initial resistance seemed to stem from more than just an unfamiliar situation as mentioned by Kaimal et al., (2017) above. It encompassed an experience of patronising where the clients felt as if they were being treated like children. This experience led to further embarrassment for the therapist and further resistance from the client. Raffaelli and Hartzell (2016) discuss unfamiliarity with the art materials causing a feeling of anxiety and inhibition in new clients, along with fear of being treated like a child, and fear of their artwork not being aesthetically pleasing.

Carly highlighted that her clients were worried about their drawing skills and noticed that they were not familiar with the idea of art therapy which seemed to add to the resistance. Carly's awareness of the "*intimidating*" and "*threatening*" appearance of the art materials with her adult clients led to a slower introduction of the art materials in order to accommodate this sense of intimidation.

This is consistent with using more controlled art materials (pencils and collage as opposed to clay and watercolour paint) as found by Raffaelli and Hartzell (2016). Kaimal et al., (2017) when discussing initial art therapy sessions mention that, in order to bring about therapeutic change and growth, it is important to have a trained therapist present to assist with resistance by moving towards this difficulty as opposed to avoiding it.

The Relationship

From the data analysis of the transcripts, Carly seemed to rely on the therapeutic relationship to transition the difficult space of resistance discussed above, and Lerato also indicated that it was partly the therapeutic relationship that assisted in her engagement with the process.

In Chapter 2 of this transcript the "three voices" within the therapeutic relationship were highlighted by authors Dalley, Rifkind, and Terry (1993, p.11). They highlight the sense of connection that is established through the art therapist, client and artwork. In working towards and ultimately through the difficulty of the initial resistance, a connection between

therapist and client is fostered. Kilian (2007) states that the art is a concrete visual representation of this dynamic between the client and therapist, and can act as an enduring representation of the experience.

Trust, safety and respect. The subordinate theme of trust, safety and respect that fell into the superordinate theme of the relationship was apparent for both participants. Kaimal et al., (2017) discuss the impact of the relationship when comparing simply colouring pre-drawn images and open studio participation facilitated by an art therapist. The results of their research indicated that the relationship with the art therapist is what is essential for therapeutic change. King (2016) also emphasises the importance of the therapeutic relationship and how any theory that is applicable to the client and the client's story is only effective when applied in a therapeutic relationship that is safe for the client and one where the client feels they can trust in its consistency.

This seemed to have been Carly's experience as she indicated that once the pivotal element of trust is established in the relationship, it is easier to work. She also noted that this was fairly easy to establish with her clients at the Itsoseng clinic. This trust was also coupled with a sense of respect for clients. This respect and safety for Lerato came in the form of the therapist caring for her and her trust in confidentiality regarding her preference for speaking the way she wanted to with someone who did not live in her community and therefore would not tell others what was discussed in the sessions.

Collaboration, the relationship with another. The theme of working together within the therapeutic relationship was shared by both participants. Through the establishment of trust, safety and respect discussed above, the relationships seem to have formed collaboratively. Gilroy (2006) suggests that art therapists and clients work together as "co-creators of art and meaning" (p.95). This was also highlighted in the literature in Chapter 2 by Carpendale (2008) and Whitaker (2017). Carly seemed to illustrate this for her clients by introducing the art materials slowly, reassuring them and encouraging them to teach her about

their experiences. Siano and Weiss (2014) give emphasis to this aspect of the client's experience being accurate for them, regardless of how it may seem to the therapist. Lerato described mutual gain for herself and her therapist indicating a collaborative relationship.

Carpendale (2008) discusses the use of phenomenology within an art therapy relationship and how the therapist can employ principles not unlike those discussed in Chapter 3 of this transcript. She highlights the importance of the collaboration between art therapist and client when discussing the artworks and meanings and how they are able to develop through the relationship. Kilian (2007) also emphasises the importance of the therapeutic relationship through which the healing aspect of art can take place. Hass-Cohen (2016) mentions the importance of the artwork as it can help facilitate the process of collaboration and trust.

The relationship with the art. Regarding the subordinate theme of the relationship with the art, there appear to be various facets to this relationship for the client and therapist participants. Lusebrink (2004) describes the relationship with art making as continuing from an external sensory stimulation process or from an internal expression of emotion and thoughts that then prompt sensory and motor activity.

Siano and Weiss (2014) describe the use of art materials as allowing for the individual's personal expression of his or her life story and it also emphasises the individual's choice which allows for the formation of possible new alternatives to their life story. Lerato seemed to see the art as a means of facilitation for her into being able to *learn things* and speak about herself and discover herself. Luck (2008) in her South African research with bereaved parents explores the use of the art object as an extension of the self and how the self can be explored and examined at a safe distance through the artwork created. Findings by Fitzpatrick (2002) further illustrate this point, as well as Malchiodi (2003).

The experience for Carly's relationship with the art moved from a personal level of engagement regarding her own expression, to encouragement, confidence and independence

in her approach of art therapy as she observed her clients engaging with the art. This again highlights the collaborative nature of the therapeutic relationship.

The art's versatility for Lerato also appeared to facilitate a conversation between her and her therapist, particularly when there was a difference in language. Both participants indicated that the art played this role when language was inaccessible. The art also seemed to be used in the therapeutic relationship to provide feedback and guidance which Lerato experienced as *caring and helpful*, again indicating the sense of trust, safety and respect in the therapeutic relationship.

Gower (2006) highlights the use of art as an effective tool when there is a language barrier or when non-verbal communication is required and this is further articulated in Luck's (2008) study with her South African parents in an art therapy group. She states that the artwork became a form of communication within the group setting.

The relationship with the self. For both participants, part of their experience was an examining of their relationship with their sense of self, which Malchiodi (2003) states is often enriched through the use of art in therapy. Lerato used her sessions to explore herself and how she understood herself and her experiences. This seemed to be the experience of Luck's (2008) participants who were able to reconstruct a sense of self. Lusebrink (2004) explains that engaging the senses in art therapy, as well as the processing of symbolic images, can result in a sense of growth and understanding of one's self as well as others. Kilian (2007) also highlights that when clients engage with making art they also develop a sense of competence and this creates a stronger sense of self.

In Lee's (2017) study on art therapy students working in a culture and country that was different from their own, the students showed professional as well as personal growth. This growth was facilitated according to Lee (2017) through reflection on themselves from an educational as well as a therapeutic stance. This seems to echo Carly's experience of personal

and professional growth as she highlighted increased confidence in herself as well as her work as an art therapist.

The therapeutic relationship between art therapist and client surpassed initial resistance to the use of art materials, through the respectful and collaborative relationship and the establishment of trust and safety. This allowed for a better understanding of one's self through the visual representations produced.

Expression

The creative process as highlighted by Lusebrink (2004, 2010) encompasses expression with art materials from a framework called the Expressive Therapies Continuum (ETC). This process suggests that individuals can experience art creation on a "Kinaesthetic/Sensory, Perceptual/Affective or Cognitive/Symbolic" level or a combination of these (Lusebrink, Mārtinsone, & Džilna-Šilova, 2013, p. 77). Lusebrink et al., (2013) also take note of various art materials used in art therapy sessions and discuss that some materials illicit certain responses at certain levels. Lusebrink et al., (2013) in their explanation of art therapy and the brain above, highlight the elements that seem to have emerged for the participants in the superordinate theme of Expression. In both transcripts that were analysed there was a definite element of expression that seemed to take on different forms, as highlighted in the subordinate themes.

Emotion. The expression of emotion is often an idea that is associated with art therapy. The stimulation of emotions through the engagement of art is something that is noted through the activation of the amygdala in the brain via sensory information that is perceived (Lusebrink 2004). Emotions also play an important role in memories as Fuster (2003) states that emotional memories are easier to recall. Creating an emotional experience within the art therapy sessions could then allow for easier recall of the experience at a later stage.

Lerato indicated that she came for therapy in order to change the ways in which she was feeling, reflecting intense anger and stress that she wished to change and later succeeded

in doing so. Luck (2008) emphasises how art making acts as a medium to express and explore angry feelings and then creatively address these feelings in a manner that is healing for the participant. This is often facilitated through the artwork which, although thought of as an extension of the self, appears in a visual representation which can then be approached at some distance from the self and therefore appears less threatening (Fitzpatrick, 2002, & Malchiodi, 2003).

The art seems to be used as a vehicle for emotion for both participants whether it is to express the emotion or hold the emotion or to act as a distraction from the emotion as is consistent with Hilbuch, Snir, Regev and Orkibi (2016) who found that the art object acts as a “container” for that which cannot be verbally expressed in therapy (p. 25). For Carly, expression of emotion is something that she uses art as a medium for, as she finds it difficult to speak about her emotions. She also uses the art in her therapy sessions when a feeling of anxiety or unease around not knowing what to say in a therapy session is felt.

Emotions can also have an influence on various cognitive aspects such as processing of information and memory. Emotions may also impact visual representations and in speaking about these images they become accessible for conscious observation (Lusebrink, 2004). Carpendale (2008) highlights the creative process in art therapy as an “intense lived experience” (p. 4). This experience is further extended through reflection and discussion about the artwork created (Lusebrink, 2004). This idea of the lived experience is similar to what this research was trying to achieve through the use of interpretive phenomenological analysis. It is through the description of the experience and the collaboration through discussion that meaning is co-created.

Speaking. The presence of emotions or an affective level for the client in art therapy is highlighted as one of the levels at which art engagement can take place (Lusebrink, et al., 2013). These authors also emphasise a cognitive or symbolic level where problem solving, insight and self-discovery occur. Lerato’s preference for speaking was highlighted in her

transcript, which Fuster (2003) and Lusebrink (2004) emphasise as an important aspect of art therapy. By naming what was created, cognitive engagement is increased. Lerato described her experiences of speaking as easier when compared with art creation.

Carly uses art as a form of expression for herself and to take the place of language in a conversation. However, Carly did not hesitate to engage in conversation if that is what her clients needed. This clash of preferences in therapist and client indicates that Carly stayed with her client despite her own discomfort with speaking. Through the idea of speaking, when therapist and client spoke differing languages, Carly relied on the art to give her information about her clients.

Kilian (2007) and Lee (2017) state that art can act as a means of communication when there is no applicable language for client and therapist to communicate in. This is often the reality in South Africa particularly within a multicultural community clinic setting as emphasised in the literature in Chapter 2 of this text. Kilian (2007) suggests that art can be used to see into the client's world, and using the artwork to discover what meanings are attached to it for the client is useful in order to understand their experience.

Clearing the mind. Lerato's experience of working with art materials contained an affective element through emotional expression, a cognitive element through speaking and at other times assisted with distraction through a mindful activity. Kalmanowitz and Ho (2016) found that mindful activity through the use of art helped their participants develop coping skills for everyday life. Lerato continues to engage in art as reported in Chapter 4. These authors also recognised that art played a role in assisting with externalisation, enhancing self-awareness and managing stress. As seen above, this was also the experience for Lerato. Lerato's experience of the benefits of engaging with art were emphasised by her realisation of the change within herself.

Movement

Carly's transcript emphasised the therapeutic process of change that she noticed in her clients before and after the sessions. Carly attributes this change to the deeper holistic experience of creating art, however she also recognises that this change is attributable to the teaching element that is highlighted in this superordinate theme. In Lerato's experience, realisations about herself and her emotions were highlighted and she indicated that she noticed a shift in herself through her emotions and behaviour.

Change. Lerato indicated that the art was a way for her to express her anger and diminish feelings of stress. She indicated that she was no longer angry and that her life was better. Kaimal, Ray & Muniz (2016), Kalmanowitz and Ho (2016) and Whitaker (2017) indicate that stress reduction and improved positive affect were outcomes that resulted from engaging with art.

Carly noticed change in her clients and her experience of this change resulted in a change in herself to increased confidence and independence. She would often use the art created in the sessions by her clients to show a concrete representation of the change over numerous sessions. Edwards (2004) and Malchiodi (2003) highlight that the artworks created embody thoughts and feelings of the clients and establish a tangible representation of the therapy sessions for the client.

Learning and teaching. Lusebrink (2004) highlights the cognitive element of art therapy through decision-making in the brain when considering internal imagery. These images within the artwork can be a form of teaching in the therapeutic context (Kilian, 2007). The creation of the artwork facilitated learning and teaching for the participants. The artwork was used for psychoeducation, receiving feedback through the artwork as well as being taught about the art materials. In this way the artwork seems to take on a concrete nature.

At times the clients were encouraged to teach Carly about their experiences and show her what it was like for them to help her understand and learn. She seemed to employ a

sense of phenomenological investigation which Carpendale (2008) highlights as a useful manner in which to approach the client and the client's artwork. This process of describing and interpreting but not forcing an interpretation complements the call for cultural sensitivity and flexibility as well as awareness and utilisation of local knowledge addressed in earlier literature by Malchiodi, (2003) and Eskell-Blokland (2005) in chapter 2.

A deeper level. Carly highlighted the impact that she experiences when using art therapy and attributed a deeper level of exploration to the sensory experience which she termed a "*holistic*" experience. Her experience of witnessing a visual representation of her client's experiences contained an element of intensity that she attempted to convey in her description. She highlighted the use of the body in the art creation and how this impacts on memory and sensory engagement. The creation of art is a sensory-rich experience that seems to create a complex set of reactions within an individual.

Using art media in art therapy can activate various brain structures and paths and strengthen alternate paths (Lusebrink, 2004). This can allow for information about images and symbols that we have experienced, that are attached to various information, emotions and memories, to be processed (Lusebrink, 2004). These symbols and representation of symbols form part of memories that are not always available verbally due to storage of sensorimotor memories in the right hemisphere of the brain (Lusebrink, 2004). These memories and emotions cannot be accessed verbally, however creativity in art and various levels of engagement allow for their integration (Lusebrink, 2004, 2010; Lusebrink et al., 2013). This may have been the shift that Carly noticed in her clients when she compared art therapy sessions with talk therapy sessions.

Lusebrink (2010) emphasises the differences between talk therapies and art therapy by highlighting how the art media can act as a way to express and communicate. As a result, the artwork created and presented visually can have several meanings for the person creating it, and, there is also an aspect of the creative process having therapeutic effects such as

emotional release, expressing what cannot be accessed verbally, healing and self-knowledge (Malchiodi, 2007).

Lack of exploration. Carly indicated that her assumptions regarding the exploration and use of art materials in a South African population were different to what she expected. She expected more engagement and exploration where there was a hesitancy to engage and *strict* interactions with the art materials. It was only once the clients realised that they had the freedom to express that she noticed a sense of relief. Carly also recognised that the art materials were limited and as a result indicates that the lack of exploration may have been influenced by both culture and the availability of the type of art materials. The result of this theme brings a consideration of the next superordinate theme of the wider system.

The Wider System

Both participants transcripts had emergent themes relating to their wider system. Carly's experience showed indications of numerous reflections of herself as well as cultural sensitivity where Lerato seemed to consider herself as a part of her wider system.

Culture. Lee (2017) discusses art therapist participation in a culture that is different from their own. He indicates that those who have respect for the local culture and traditions and who are willing to learn about and engage in the community and explore their strengths and skill sets, are best suited for cross cultural art therapy work. Fitzpatrick (2002) also emphasises the importance of a therapist's awareness and reflections on cultural biases and values and how this can interfere with the therapeutic relationship if left unexamined. Carly's experiences did not seem to be independent of her consideration of the culture she was working with. She attributed many reflections of her experiences to possible cultural differences and assumptions on her part.

Carly showed a sensitivity to culture through her engagement and her client's engagement with art materials. She was also aware of her own assumptions of what kind of art to expect from a South African population and attempted to manage that. Carly's

realisation that the theory that she was using would not always fit with the current reality or culture that she was working with, highlights the importance of cultural sensitivity as well as flexibility.

With Kilian's (2007) research on using art interventions within a South African context he indicates that sensitivity to culture assists in expanding empathy and that understanding cultural differences and allowing for flexibility is way in which understanding of the client's experience can be clarified. Junge (2007) highlights the idea of being sensitive to the client's lived experience as they are not independent of this experience when they are in art therapy sessions. Carpendale (2008) emphasises that, should the art therapist take on a phenomenological stance, being open to new meanings and changing meanings is important.

This sensitivity seems to go a step further as Cliff (2006) describes the importance of the art therapist being aware of socioeconomic and political factors that may influence a client's engagement with art materials. Carly highlighted in her responses that there could be possible differences between various race groups in South Africa, but that her experience was purely with the *black community*. Carly did not seem to shy away from any conversations about race and difference and culture, even when it came to her own culture and country. Hamrick & Byma (2017) discuss the concept of white supremacy and how this is perpetuated in art therapy when the therapist is not aware of their own racial biases, or has difficulty engaging in critical conversations about race. They state that this then hampers the therapist being able to effectively engage with the idea of race with their clients. This in turn can perpetuate oppressive practices. This critical reflection is important for psychology in South Africa in light of our socioeconomic and political factors.

Junge (2007) also cautions against making assumptions about the client's engagement with the art materials as too many art materials may be a trigger for the client, and too few or a specific type of material could also be unhelpful for the client. Junge (2007)

encourages a sensitivity to each client's needs in the moment rather than working from assumptions of the person's age, race or culture.

Lee's (2017) study introduced the surprising use of natural art materials such as leaves and flowers instead of the importing of Western art materials for the population they were working with. However, Carly had difficulty with her clients' disengagement from these materials and their preference for *strict* art materials. Lusebrink et al., (2013) draw attention to "resistive" art media such as pencils and crayons and how these materials activate the more cognitive and perceptual components of the brain as opposed to the affective experiences (p. 82). However, considering the impact of the client's culture on the choice of art materials (Dean, 2016), the preference for using Western art materials could also have been a result of Western influences on society in South Africa. The assumptions that Junge (2007) cautions against could lead one to conclude that the clients were hesitant to engage more with affect due to their choice of art materials or that their culture has more of a Western influence. However, as Kapitan (2015) argues, the central point when considering neutralising ethnocentrism in art therapy is that cultural differences should be engaged with while acutely considering one's own reflections on this.

Talwar (2010) encourages awareness of the power dynamic that can reinforce Western colonialism. Recognising the differences in context of the art therapist and client is of utmost importance regardless of what type of art therapy setting one is in (Talwar, 2010). This cultural awareness and elimination of a power dynamic was demonstrated in Carly's transcripts through her various reflections on her client's culture, her culture, and her reactions to the differences noted as well as her respect, sensitivity and flexibility to the culture.

Talwar (2010) notes that individuals are not devoid of their social contexts and to understand this experience for individuals it is important to connect these individual experiences to their sociocultural interactions. This stands against Western psychological

theory that places emphasis on the individual rather than the individual within context. Whitaker (2017) highlights how art can form connections within society and promote wider connections within society through participation, thereby standing against discrimination and inequality. Lerato's experience seemed to be one that was not limited to her individual therapy sessions and her changed self, as she seemed to think further than her own experience and how the change within herself has changed interaction with others in her system. She seemed to perceive her use of art means of reconnecting with her system by sharing what she had learnt, through concrete measures using art but also through relationship and changed interactions.

South Africa

Most of these research findings correspond with the international findings listed in the relevant literature. These encompass the importance of the therapeutic relationship, relating to the therapist, art and self. The idea of emotional and verbal expression and how this facilitates change, learning and teaching, and engagement at a deeper level is also discussed and corroborated.

These findings indicate that art creation stems from the inner world of the client but is not devoid of the client's culture and influences within their system as highlighted above. Art is also able to be relied upon to give the therapist further context regarding the client despite a language barrier or difficulty with verbal expression. The findings highlight the benefits of the use of art therapy due to the complex interactions that take place through art creation and expression in both the therapist and the client. This could allow for "tailored interventions" to accommodate the variety of culture and contextual sensitivity suggested by Pillay et al., (2013, p. 49). Art then could be a useful addition to psychotherapy in South Africa.

However, the results of this study highlight the possible feelings of resistance that may accompany initial sessions of art therapy and the importance of the relationship in

transcending this resistance. The hesitancy noted above around the initial use of art materials would lead one to conclude that the therapist should develop trust before introducing the art materials, however some researchers suggest that art can be used to develop this trust and reduce the initial unease at the intimacy of the therapeutic relationship in the beginning sessions, as this is what may feel overwhelming for the client (Snir et al., 2016).

This study also highlighted the immense importance of cultural sensitivity and awareness and it is suggested that the way to transcend this initial resistance may be to ask the culture to inform the approach taken. Both participants' experiences encompassed their thoughts and considerations of their wider context and this only emphasises the importance of this consideration in psychological interventions within a multicultural South African context.

Chapter 6.

A Sketch of the Research Limitations, Strengths and Implications

This research aimed to gain an understanding of art as a therapeutic intervention from the experiences of adult clients and their art therapist within a multicultural South African context. Within this context, as stated in Chapters 1 and 2 of this text, there is a need for culturally relevant interventions and a move away from a Western based psychology to a more local knowledge informed practice. This research endeavoured to discover this local knowledge for two participants that were situated in a multicultural community clinic setting on either side of the therapeutic relationship when using art based interventions.

The Research Limitations

Art based interventions have been discussed as transcendent of language and culture which is useful in a South African context with 11 official languages and a diversity of cultures. IPA was employed to obtain an in depth understanding of the participant's experiences and to emphasise this by highlighting their experiences in their own voices. However due to the interpretative nature of this research, it was not without the researcher's own biases and experiences, through active engagement with the literature, participants and their transcripts through a process of data analysis and discussion.

Personal biases and interpretations would have influenced the manner in which the researcher engaged with the data analysis and the themes. Although measures were put in place to combat this, such as a reflexive journal, audit trail and member checks it is important to acknowledge that complete suspension of biases, values and experiences is not possible and the data in this research may not be representative of the complete experience of the participants.

The factors that impacted on the generalisability of the findings in this research are: the small sample size used in this research, although appropriate for IPA, and the exploratory

nature of this study. It is also important to note that the therapist used in this study, although based at the Itsoseng clinic in South Africa, is an Israeli woman and this may therefore impact on the local knowledge the research was seeking. However due to the correlation of themes for the participants this is indicative of similar experiences for the participants and it is noted that the definition of local knowledge in chapter 2 can be applicable to Lerato's as well as Carly's experience in this multicultural setting. The client used in this study is a black Sotho speaking South African female and therefore there are many more South African voices that have not been heard regarding their own experiences of using art based interventions in a multicultural South African context.

Research Strengths

The use of IPA is also seen as a strength in this research due to the in-depth description and meanings attached to this experience for the participants. This enabled the participants to express their views in their voices and allowed for an exploration into their rich descriptions of their experiences to add to the understanding of the process of working with art in a multicultural context.

For the participants their experiences seemed to correspond with recent literature on resistance to initial art therapy sessions and engagement with art materials. It allowed for an illustration of the importance of the therapeutic relationship and how trust, safety and respect allow for a collaborative relationship to develop with the therapist, art and the self. Current literature on the expressive element of art creation and affective element as well as the cognitive element in art therapy was noted in the transcripts and corresponds with current research.

Although an art therapist was used in this study, art based interventions are recognised therapeutic methods that are available to all psychotherapists (Malchiodi, 2003). This research can contribute to the minimal but growing field of research in art therapy, particularly with reference to the multicultural South African context, by allowing for follow-

up studies to be done. It can also allow for current therapists to consider making use of art based interventions due to the non-verbal access that art creation has to memories, as well as the transcendence of language barriers and provision of context of the client.

This research provides a rich description of the participant's experiences and attempted to reduce biased interpretations through an audit trail and member checks as well as the researcher's own reflexivity throughout the process which has been illustrated by the personal reflection sections throughout the transcript.

Both participants were eager to share their experiences, and indicated that they enjoyed being reminded of and reflecting on the experience in a different way. The participants were also satisfied with the data analysis process and the meanings that they had attached to their experiences of using art based interventions in a multicultural community clinic setting.

Recommendations for Further Research

This research highlights the importance of hearing about the participant's experiences in their own voices, and the importance of culturally relevant interventions. The results indicate that their experiences were complex and multifaceted, however also correspond with existing literature. What was emphasised in this study was the importance of culturally sensitive and informed interactions in therapy as well as awareness for the therapist of the impact of their own culture. Research on the importance of creating cultural awareness when working in a South African setting may prove useful in eradicating barriers between cultures in psychology through the training that psychologists receive and the interventions that they use.

Due to the difficulty with engagement with the art materials and certain expectations from the art therapist of what South African clients should engage with, exploration into the decision making behind these materials and what was useful for the clients would assist in informing art therapy practice with South African populations. Should the hesitancy to engage with found objects such as leaves and twigs and preference for using pencils and

crayons emerge for more of the population of South Africa, the availability of art materials in under resourced clinics would be an important consideration.

Due to the benefits of the use of art-based interventions as listed in the previous chapter, additional research on using these interventions in South Africa may be useful, not to replace traditional therapy per se but to add to it and inform relevant practices.

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Appendix I



University of Pretoria

Tel: (012) 842 3515

Department of psychology

itsoseng.clinic@up.ac.za

Mamelodi Campus

Hinterland Street

Mamelodi East

Clinic hours:

Administration/Academic Building

Mon-Thurs: 09h00 – 16h00

Ground Floor

To: adult client

My name is Sheri-Leigh Dalton. I am a student at the University of Pretoria. I am currently enrolled in the masters degree course in counselling psychology. Part of my course requirements is to conduct research within the psychology field. I have decided to research what it is like for clients and art therapists to engage with art as a therapeutic intervention. I have decided to focus this research to the area of Mamelodi, and specifically speak with clients of the Itsoseng clinic where I am aware of the use of art interventions.

I would like to invite you to take part in my research in the role of a participant who has used art in therapy sessions. Taking part in this research will involve attending an interview with me at the Itsoseng clinic. This interview will be approximately 60-90 minutes. The interview will involve you and I engaging in a conversation about what your experience was like. You are welcome to bring with you any art works that you created in your sessions that you feel you would like to share.

All information obtained in this study is treated as confidential. The interviews will be voice recorded and then typed up onto a computer which will be password protected and safely stored in a locked cupboard. Once the research is complete it will be stored in hard copy format in room 11-24 in the Humanities building at the University of Pretoria. Your information including your real name will not be disclosed during the research at any time. The research will be made available for further use.

You, however, do not have to choose to participate. There will be no consequences of this decision. If you do choose to participate you do not have to answer all of my questions and you do not have to attend the entire interview, should you change your mind. You are entitled to receive the results from the study, and a copy will be made available to you should you wish to receive it.

Should you have any further questions regarding this research and the process involved I will be more than willing to answer your questions, you can contact me on 082 557 5474.

Thank you for taking time to read this letter.

Kind Regards,
 Sheri-Leigh Dalton
 MA Counselling Student, University of Pretoria

Dr Linda M E Blokland (Supervisor) 0124204827
 Clinical Psychologist PS0037923
 PhD



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Clinic hours:
Mon-Thurs: 09h00 – 16h00

To: art therapist

My name is Sheri-Leigh Dalton. I am a student at the University of Pretoria. I am currently enrolled in the masters degree course in counselling psychology. Part of my course requirements is to conduct research within the psychology field. I have decided to research what it is like for clients and art therapists to engage with art therapy. I have decided to focus this research to the area of Mamelodi, and specifically speak with an art therapist of the Itsoseng clinic where I am aware of the presence of art therapists.

I would like to invite you to take part in my research in the role of a participant who has used art in therapy sessions. Taking part in this research will involve attending an interview with me at the Itsoseng clinic. Should you no longer be in the country, this interview will be conducted over Skype. This interview will be approximately one to one and a half hours. The interview will involve you and I engaging in a conversation about what your experience was like. You are welcome to bring with you any art works that you created in relation to these sessions that you feel you would like to share.

All information obtained in this study is treated as confidential. The interviews will be voice recorded and then typed up onto a computer which will be password protected and safely stored in a locked cupboard. Once the research is complete it will be stored in hard copy format in room 12-24 in the Humanities building at the University of Pretoria. Your information including your real name will not be disclosed during the research at any time. The research will be made available for further use.

You, however, do not have to choose to participate. There will be no consequences of this decision. If you do choose to participate you do not have to answer all of my questions and you do not have to attend the entire interview, should you change your mind. You are entitled to receive the results from the study, and a copy will be made available to you should you wish to receive it.

Should you have any further questions regarding this research and the process involved I will be more than willing to answer your questions, you can contact me on 082 557 5474.

Thank you for taking time to read this letter.

Kind Regards,

Sheri-Leigh Dalton
MA Counselling Student, University of Pretoria

Dr Linda M E Blokland (Supervisor) 0124204827
Clinical Psychologist PS0037923
PhD

Appendix II



University of Pretoria

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Department of psychology

Mamelodi Campus

itsoseng.clinic@up.ac.za

Hinterland Street

Mamelodi East

Clinic hours:

Administration/Academic Building

Mon-Thurs: 09h00 – 16h00

Ground Floor

Art as a therapeutic intervention in a multicultural South African context: Experiences of adult clients and an art therapist in an under resourced community clinic

The purpose of this study is to determine how clients and an art therapist of the Itsoseng clinic experience using art based interventions.

The procedure for this study will be an interview on a date and time that is convenient for you, in a private therapy room at the Itsoseng clinic in Mamelodi. There will be one interview that will last approximately one and a half hours.

The risks involved in this research are that it may be difficult or scary for you to talk about your experiences, as they could be very personal to you.

The interview could result in fatigue after an hour to an hour and a half interview. Setting aside time in your day to come to Itsoseng would also be necessary.

The benefits of this research would be to give you the opportunity to speak about your experience and to contribute to a growing field of art therapy in South Africa. There will be no financial gain for participating in this study.

Should you decide to participate in this study please note that participation is voluntary and you have the right to withdraw from participating at any time and without any negative consequences to you.

All information obtained in this study is treated as confidential. The interviews will be voice recorded and then typed up onto a computer which will be password protected and safely stored in a locked cupboard. Once the research is complete it will be stored in hard copy format in room 11-24 in the Humanities building at the University of Pretoria. A different name will be used for you during the research. The research will be made available for further use.

If you do choose to participate you do not have to answer all of my questions and you do not have to attend the entire interview, should you change your mind and there will be no negative consequences of this decision. Once the data has gone through the analysis stage you will be contacted in order to discuss the findings to obtain your input on the analysis to ensure your intended meaning was adhered to. You are entitled to receive the results from the study, and a copy will be made available to you should you wish to receive it.

If at any time you become unsettled or require debriefing after the interview, services will be provided for you at the Itsoseng clinic by a trained professional. You will not be placed on the waiting list and this will not cost you any money.

My details as well as the details of my supervisor are below should you require any further information regarding this research.

Kind Regards,

Sheri-Leigh Dalton
MA Counselling Student, University of Pretoria

Dr Linda M E Blokland (Supervisor) 0124204827
Clinical Psychologist PS0037923
PhD

Research consent

I(name and surname) have received information about this research study. It has been explained to me. I want to participate in the research to speak about my experiences to contribute to the field of art therapy.

Name:

Signature:

Date:

Appendix III



University of Pretoria

Department of psychology

Mamelodi Campus

Hinterland Street

Mamelodi East

Administration/Academic Building

Ground Floor

Tel: (012) 842 3515

itsoseng.clinic@up.ac.za

Clinic hours:

Mon-Thurs: 09h00 – 16h00

Interview agenda – Adult clients

(Explore descriptions and meanings of every idea as it is related to the participant, don't take any meaning for granted)

Introduction and ensuring the research participant is comfortable (2, 5 minutes)

Questions:

1. Warm up questions (10 min)

- Can you tell me a little bit about yourself?
- Could you describe to me in your own words what happened in your art therapy sessions?
- Can you talk to me about your experience of working with art materials in creating your art?

2. The general experience (10 min)

- What was it like for you when you first had to use art in your therapy session?
- What stood out for you? What does this mean for you?
- What did you feel when you had to engage with art? (Prompt: Physically? Emotionally? Mentally?)
- What were you thinking when you had to use these materials to create your art?

3. Experiences around being in a session and using art/exploring the artwork (15 min)

- How did you feel before, during and after the sessions?
- How easy or difficult was it to engage with art as an adult? (prompt: what makes you say that; multicultural)

- Would you like to tell me about your artwork? (prompt: what stood out for you; what does that mean for/to you)
- If you had to think of this experience what images come to your mind? What words?
- Do you think using art was relevant to what you were going through? (prompt: multicultural)
- Did the art help you to speak in your sessions? (voice)

4. The context: (5 min)

- What was the experience like for you having art materials and creating/using art in the session with you?
- What was it like for you having a therapist who is not from South Africa? (Prompt: multicultural)
- What do you think other people you know would say about the experience? (prompt: multicultural)
- In what way did this affect your everyday life outside of therapy?

5. The internal experience of the client when working with art (30 min)

- How did you see yourself as a person before and after this experience? (prompt: multicultural)
- Has engaging in this experience changed the way you see yourself as a person? In what way?
- What does art mean to you?
- What motivated you to keep coming for these sessions?
- How often do you think about these sessions? What do you feel?
- Do you see yourself engaging with art outside of the sessions? In what context?

(Smith & Osborn, 2003)

6. Is there any question you were hoping I would have asked you that I haven't? (5 min)

7. Is there anything else that you think is important for me to know about this experience for you? (5 min)

8. Are there any questions that you have for me? (5 min)

→ Wrapping up and terminating the interview (2,5 min)



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Clinic hours:
 Mon-Thurs: 09h00 – 16h00

Interview agenda – Art therapist

(Explore meanings of every idea as it is related to the participant, don't take any meaning for granted)

Introduction and ensuring the research participant is comfortable (2, 5 minutes)

Questions:

1. **Warm up questions (10 min)**

- Can you tell me a little bit about yourself?
- Could you describe to me what happened in the art therapy sessions from your experience?
- Can you talk to me about your experience of working with the art materials and witnessing clients creating art?

2. **The general experience (10 min)**

- What was it like for you when you first had to explain the use of art in your therapy session?
- What stood out for you? What does this mean for you?
- What was it like for you to explain the use of art with your clients?

3. **Experiences around being in a session and using art/exploring the artwork (15 min)**

- How did you feel before, during and after the sessions?
- How easy or difficult was it to engage with the artwork as a psychotherapist? (Prompt: what makes you say that; multicultural)
- What about using the art materials or artwork in the session stood out for you?
- If you had to think of this experience what images come to your mind? What words?
- Do you think using art was relevant in this context?

- Did the art help you to facilitate speaking in the sessions? (voice)

4. The context: (5 min)

- What was the experience like for you having art materials available to allow your clients to create/using art materials in the session with you? (Prompt: multicultural)
- What was the therapeutic relationship like for you? (prompt: multicultural)
- What role do you think art played in this? What does that mean for you?
- What do you think other psychotherapists you know would say about the experience? (prompt: multicultural)

5. The internal experience of the therapist when witnessing client working with art (30 min)

- What do you think was happening inside of you as you were witnessing clients creating art in this setting? (Prompt: thinking, feeling etc)
- How do you see yourself as a psychotherapist?
- Has engaging in this experience changed the way you see yourself as a psychotherapist? (Prompt: In what way; multicultural)
- What does art mean to you?
- What motivated you to keep using art in these sessions?
- Do you see yourself engaging with art outside of the sessions? In what context?

(Smith & Osborn, 2003)

6. Is there any question you were hoping I would have asked you that I haven't? (5 min)

7. Is there anything else that you think is important for me to know about this experience for you? (5 min)

8. Are there any questions that you have for me? (5 min)

→ Wrapping up and terminating the interview (2,5 min)