

**Redressing Social Injustice: Transcending and Transforming  
the Borders of Art Therapy Training in South Africa**

**Hayley Berman**

My white privilege pervaded my upbringing in an apartheid South Africa. The majority of the population did not have the right to vote, did not have access to a decent education, and had very little access to tertiary education. I always knew that something was fundamentally wrong. Being subjected to the unequal power relations of the medical sphere after a spate of surgeries during adolescence heightened my sensitivity to the need for inter-subjective, democratic modes of engagement. Making sense of my experiences through image making was critical to my emotional survival and I was determined to enable others to do the same. The luxury of being able to obtain my Master's degree in Art Therapy in the United Kingdom, away from an environment subsumed by discrimination and racism, was liberating and emotionally expansive. Within group training, the theoretical framework of psychodynamic thinking, and my own psychoanalytic journey, I could imagine a future of inclusivity. It was in those moments that a seed was planted "to liberate the life-force in a traumatised South Africa," which became the title of my PhD dissertation (Berman, 2012).

Within the South African context of historically restricted access to tertiary education, based upon divisive racist apartheid structures, many could not hope to attain the undergraduate degree that is prerequisite to pursuing training as an art therapist--let alone go abroad to obtain the graduate degree that is considered entry level to the profession. The redress of undemocratic

structures in society presupposes a new model of practice—in this case, one that challenges the ethics of the implicit exclusivity and elite premise upon which the training of art therapists rests. My intention was to address this schism by creating access to art therapy training programmes—and the profession—through subverting hierarchies with an ethics characterized by reciprocity, transformation, and sustainability.

In 1994, I founded The Art Therapy Centre in Johannesburg, now known as Lefika La Phodiso, Africa's first psychoanalytically informed Community Art Counselling and Training Institute.

### **Lefika La Phodiso**

Lefika La Phodiso (“The Rock of Holding”) is situated on the second floor of the Children’s Memorial Institute in Johannesburg, which is home to more than 30 child-based Non-Government Organizations that provide a multitude of complementary services. Located on the border of Hillbrow, opposite the Constitutional Court, and within walking distance of Wits University, its position exemplifies the richness and complexity of residing on the margins of society, at the periphery of academia, in proximity to the bastion of constitutional rights and social justice. Hillbrow has been rated the worst crime precinct in the province of Gauteng (in which Johannesburg is located), with the highest murder rate, the highest rate of robbery with assault, and the second to highest rate of assault with intent to cause grievous bodily harm (Falanga, 2016).

From the moment one comes up the stairs, art leads him or her into the haven of Lefika. A mural of the Hillbrow skyline, made up of fragments of colorful discarded images created within the Open Studio spaces, welcomes all who enter. I have arrived to find a three year old who had navigated her way alone through the busy and often violent streets of Hillbrow to get to Lefika, a place she knows she'll find a nutritious meal and reliable adults who can contain her. Indeed, the assumption we bring to our work at Lefika is that the children who attend our programmes have a sense of agency and resilience. Like the three-year-old child, they are self-referred and display a resistance to their current circumstances by seeking out and recognizing a creative safe space, with adults who can enhance their sense of self worth. I regard the children's responses as a form of positive protest, an unconscious activism in investing in spaces that build social cohesion, ego strength, and empathic relating. This philosophy mirrors all of Lefika's services and training, which build upon existing resources, strengths, and passions.

**An Ethical Dilemma: What is our ethical responsibility to children who show up for services on their own, in terms of informed consent?**

**What would you do?**

*The writer's response to the ethical dilemma may be found in the Appendix.*

**An Ethical Dilemma: How do we meet the mental health needs of children and adults in a country where resources are scarce and needs are great?**

In the following pages, I describe how I have endeavored to address that dilemma, by creating non-exclusionary training, developing sustainable services, and ensuring ethical practice.

In South Africa, the hard-core psychosocial reality is that there is a deficit of parental figures in a parentless nation with minimal mental health resources and limitless mental health needs.

Lefika's response has been to focus upon building the parental, adult ego function in society by training community workers to provide an internalized model of healthy relationships. Fonagy and Higgitt (2007) comment, “. . .it is the internal working model of attachment relationships that predicts mortality rather than the physical presence of supportive individuals” (p. 19). We see our role as one of enhancing, supplementing, and supporting the parents who are struggling, not replacing them.

### **Training Community Art Counsellors**

In addressing the deficit of mental health resources in South Africa, I have worked collaboratively to build therapeutic capacity within under-resourced communities (Berman, 2011). Over the past 25 years, Lefika has trained over 250 students and reached over 160,000 beneficiaries. Lefika has developed a new professional category, “Community Art Counsellor” (CAC), which has been accredited by the Health and Welfare Sector and Training Authority, and recognized within the South African Arts Therapies profession as an initiative for psychosocial transformation.

Training takes place over an 18-month period within the context of an experiential therapy group in which image making and psychoanalytic thinking are interwoven. The training is tiered in the way the masters degree program in Art Therapy at my alma mater, Hertfordshire University, U.K. is structured: to include experiential, theoretical, and practice-based learning. Students comprise community workers and allied professionals from multi-racial, multi-cultural groups of diverse incomes. Students who can pay for training help to subsidize those who cannot afford to pay. Government and corporate funding also helps to defray expenses.

Criteria for admission includes a history of empathic community engagement, a practice of engaging in one's own image making process, and a capacity for self reflection. Each student has a passion for psychosocial change and a commitment to starting a community project in the area in which he or she lives and works or in an area identified as being in need of a CAC resource. Trainees engage, relate, create, free associate, and participate in eight training modules, each of which includes assessment criteria and procedures. The modules are: Counselling within the South African Context, The Counselling Process, Psychoanalytic Approaches and Theories, Group Work, Trauma, Social Action and Visual Research, Social Entrepreneurship and Creative Leadership, and Bereavement, Loss, and Endings.

Students and CAC graduates must adhere to the codes of ethics of the South African National Arts Therapists Organisation, the South African Psychoanalytic Confederation, the British Association of Art Therapists, and the American Association of Art Therapists. An important element of assuring the ethical practice and implementation of services is that Community Art

Counsellors always work in groups, where possible facilitating in pairs, symbolizing the parental couple, and the work takes place within institutions, community-based organizations, or arts centers that focus upon social cohesion and social justice. This results in the building of therapeutic capacity—personally, institutionally, and geographically—and the creation of sustainable, replicable services in under-resourced areas, including those impacted by violence and trauma. This differs from the scope of practice of registered Art Therapists, who can work individually and privately.

### **Shifting the Psychoanalytic Couch Out of the Consulting Room and into the Community: Holding and Containing**

At Lefika, our hope is that providing consistency in terms of time, space, task (group), (art) materials, and adult support (the CACs) will allow for the establishment of what Winnicott (1965) called a *good enough* internal environment. The process of creating in the presence of *the other* (in group work, *others*) facilitates the opportunity to revisit the early negotiations of self in relation to other. Interactions within the group facilitate the development of an internalized capacity to hold, while the creation and use of images lend another dimension to what it means to hold and be held by relationships and *objects* (Winnicott, 1965). Becoming the *developmentally needed object* sometimes requires the breaching of therapeutic ethical norms, for example, by choosing to feed the children before their group begins. Our ethical responsibility to engage actively in repair and redress does not mean abiding by rigid professional boundaries that preclude humanitarian responses.

Essentially, Community Art Counsellors are trained to provide the transitional space, the holding environment, in which empathic relating and healthy attachment can occur. This expands the “safe spaces” that children are able both to experience in the present and to draw upon as adolescents and adults. In this way, we seek to multiply the function of the *good enough* parent (Winnicott, 1965). The modeling of psychoanalytic concepts such as these becomes internalized and replicated in practice, such as in Open Studio Spaces for children, mural-making projects in schools, trauma debriefing sessions for school children and teachers who have witnessed death, and workshops for students and staff following violent protests (Berman, 2016). Imagine these kinds of experiences--led by psychoanalytically minded adults in studios with an enormous range of evocative objects and materials and consistent boundaries of time and space--in every town, every province, every country.

<INSERT FIGURE .1 HERE>

### **Accreditation**

The Health Professions Council of South Africa provisionally accepted Lefika’s Art Therapy curriculum in 2005; however, only within the context of a tertiary educational structure. This was a tautological bind, as most of the students did not have undergraduate degrees, due to past educational inequality, and would, therefore, not be allowed entry to a university. Alternative

methods of accreditation and recognition were sought. In 1998, the South African government introduced the Sector and Training Authority (SETA) and the Skills Development Act to redress inequality of opportunity as a result of the policy of apartheid:

*Through this Act, the government aimed to address two main priorities, i.e. the need to improve skills and increase productivity in order to compete successfully in the global economy, and the need to reverse apartheid imbalances and to create a more inclusive and cohesive society. (Mthethwa, 2014)*

In 2000, the Lefika Training Programme was amended to comply with the SETA requirements and lodged for accreditation. The foreignness of the content and the challenges of presenting coursework that straddled arts and health sectors resulted in the submission being rejected, lost, and resubmitted over many years at great cost. In 2017, accreditation was granted by the Health and Welfare SETA as an NQF 5 (post Grade 12) qualification within an existing category: the “Certificate in Methods of Counselling,” granting Lefika the status of an accredited training institution. Alumni have the opportunity to fulfill the assessment criteria to gain accreditation through recognition of prior learning.

### **Professional Recognition**

Lefika has paved the way to create a new mid-level registration category for Community Arts Counsellors with a submission made to the Health Professions Council of South Africa. A task

team, comprised of representatives of all the Arts Therapies modalities, has been established. The goal is to expand and adapt the CAC training modules to all the Arts Therapies, thereby creating appropriate, accessible arts-based therapeutic resources in under-resourced areas throughout South Africa. There appears to be both a proactive momentum in the country with regard to recognizing the massive shortage of mental health professionals available to meet the population's mental health needs and a consensus among professionals regarding the importance of empowering people to use art interventions within the community settings where they are needed.

Because of the prohibitive cost of training overseas, there are only a small number of qualified Arts Therapists in South Africa. The only Masters-level programs are in Music Therapy, at the University of Pretoria, and Drama Therapy, at Wits University. The possibility of initiating an Art Therapy program at The University of Johannesburg is being discussed.

### **Addressing Sustainability**

The inclusion of social entrepreneurial and social action training modules ensures the promotion of an active citizenship, empowering students with proposal writing skills and research methods so that they may develop visions and missions that move away from personal gain to “constructing a future through innovation and action” (Ludema & Fry, 2008, p. 295). This also enables students and CACs to create their own sustainable employment opportunities.

In an effort to make this training accessible beyond the immediate vicinity of Johannesburg, Lefika has decentralized its organization through “training the trainers.” The trainers comprise a group of 15 senior Community Art Counsellors with extensive experience and an intensive training process to train future CACs, continuing this work within and outside of Lefika. Some of these trainers have been with Lefika for nearly two decades, as facilitators and employees. Significantly, one of the pioneer CACs has succeeded me as Executive Director of Lefika, In a very tangible way, hierarchies have dissipated and new leadership has emerged.

### **Supervision**

On an organizational level, Lefika is supported by an active Board of Directors, business mentors, and advisors; on a clinical level, support is provided by psychotherapists and psychoanalysts from the South African Psychoanalytic Confederation and the Institute of Psychoanalytic Child Psychotherapy. Ongoing experiential and academic learning opportunities are essential to engaging with the complexities of this work, including addressing a host of defenses, such as projection, as well as the enactment of transference and counter-transference dynamics.

<INSERT FIGURE .2 HERE>

### **Concluding Thoughts**

In attempting to do challenging work, the capacity to contain the uncontainable is imperative, so as to be able to sustain the creation of a safe enough place for reflection. In that space, unprocessed, unconscious material emanating from self and other can be engaged with, in an effort to make sense of it. This work is fraught with paradox, as when things become expansive, they can cease to be containing. There are some things that can't and won't be contained. . .in words or images, in relationships or systems. . . However, the space to keep thinking ethically about the complexities remains. As Bollas (2009) says, it may not all be “beautiful,” but it is all “important.”

Engagement has often struggled with disillusionment as I have endeavored, in my own way, to help make South Africa a more supportive, life-enhancing place in which children can grow up. The process becomes particularly difficult when socio-political structures do not share the same visions and values.

*The ethic here is one of justice, in the sense that everyone is subjected to the same gaze without differentiation; it is also, however, one of love, in that everyone is seen as worth looking at, as ripe for singling out, albeit only for the time that they themselves choose to be there. (Frosh, 2015, p. 162)*

My primary struggle has been that of persuading “the powers that be” of the need for more mental health services in South Africa and of the viability of Community Art Counsellors to

provide some of those services. The process in which I've been engaged has historically been scrutinized by art therapy colleagues who (like I) have had the luxury of training at international institutions and who work primarily in private practice. How could I make this precious, expensive professional identity available to others, when so many art therapists invested such vast amounts of time and money in their own training? Comments included that I was “bastardizing the profession.”

. . .I would argue that we do need to keep talking and we do need to keep finding new ways of enabling more people to talk, and we need to do this because otherwise the divisions within us will overwhelm us. Our world is more pluralistic and it is more hegemonized; to stand a chance of fighting the latter we have to find forms of creative connection across the boundaries of race, class, gender, culture and other differences. (Hoggett, 2006, p. 14).

Was I breaching my ethical responsibility as a newly trained professional? What do you think?

### References

- Berman, H (2011). The development and practice of art therapy as “community art Counseling” in South Africa. *ATOL: Art Therapy Online*, 1(3).
- Berman, H. (2012). *To liberate the life-force in a traumatised South Africa* (Unpublished doctoral dissertation). The University of Western England, Bristol, U.K.

- Berman, H. (2016). *Body of Work*. Working Body of Knowledge Series, Vol. 1. Johannesburg, South Africa: Lefika Publications.
- Bollas, C. (2009). *The infinite question*. London: Routledge.
- Falanga, G. (5 September 2016). Retrieved from: <http://www.security.co.za/news/33356>
- Fonagy, P., & Higgitt, A. (2007). The early social and emotional determinants of inequalities in health. In G. Baruch, P. Fonagy, & D. Robins (Eds.), *Reaching the hard to reach* (pp. 3-34). Chichester, West Sussex, UK: John Wiley & Sons, Ltd.
- Frosh, S. (2015). Endurance psychoanalysis and ethical engagement. *American Imago*. 72(2), 157-175.
- Hoggett, P. (2006). Mourning, failure to mourn, and human agency. Application for Leverhume Foundation Grant.
- Ludema, J. D., & Fry, R. E. (2008). The practice of appreciative inquiry. In H. Bradbury & P. Reason (Eds.), *Sage handbook of action research, participative inquiry, and practice* (pp. 280-296). London: Sage.
- Mthethwa, M. (2014). Retrieved from: [http://www.en.wikipedia.org/wiki/Skills\\_Development\\_Act,\\_1998](http://www.en.wikipedia.org/wiki/Skills_Development_Act,_1998)
- Winnicott, D.W. (1965). *The maturational processes and the facilitating environment*. London: Hogarth Press.

### **Art Activities and Discussion Questions**

Create an image or choose an existing image/object that represents a time when you felt you belonged. Create a parallel image or choose an existing image/object that represents a time when you felt excluded. Share your thoughts about these experiences with someone or journal about them.

Facilitate the creation of a mural within the context in which you are working, involving the beneficiaries in determining what they would like to communicate, to whom, and how.

What are some of the risks and the benefits of inclusivity within the Art Therapy profession?

How can you expand your practice, ethically, to address some of the social and economic injustices in your community?