

Art Therapy Online: ATOL

The Development and Practice of Art Therapy as “Community Art Counselling” in South Africa

Hayley Berman

Introduction

The objective of writing this paper is to bring to the fore the struggles inherent in the development of art therapy in South Africa. The attempt in writing this was initially to be as inclusive as possible by inviting the collaboration of other registered art therapists, however very few external voices emerged. Thus, this is subjective, inconclusive and ever evolving, but tracks the beginnings of the profession and the current status of the branch of art therapy that I have developed over the years – community art counselling. The voices represented in this paper are those of the community art counsellors who provide a wide spread and valuable contribution to this field, offering sustainable pockets of care.

Rationale and personal context

I am writing this in the capacity of being one of the first registered art therapists in South Africa and the Founding Director of Lefika la Phodiso, and have extended my personal project and passion into a community-based project. In 1993 I formed a Non-Government Organization (NGO) called The Art Therapy Centre (ATC), initially to deal with the effects of violence and trauma associated with the struggle against apartheid. Over the years the focus shifted to managing the effects of the HIV/ AIDS pandemic, with the ramifications of multiple losses, as well as aspects relating to poverty, crime,

violence and trauma. The organization has been re-named Lefika La Phodiso (a Sotho phrase meaning the rock of holding). The primary objective remains capacity building with an emphasis on the community art counselling training, and ongoing supervision and skills development of trained community art counsellors (CACs).

Our mission is to make art therapy accessible within under-resourced communities through capacity building and direct service delivery. Narrowing the gap between professionals and community workers through training in group work contributes towards addressing the deficit of therapeutic services in the country, increasing the ratio of counsellor to child significantly.¹ This model validates and provides further opportunities for making this work accessible to community workers, and thus the broader community through their applied reach. Through collaborative enquiry, reflexive practice and a cultivation of activism, the hope is to develop a robust and replicable model of practice to manage the complexities of trauma, violence and loss within our context.

I will begin by characterizing an aspect of my autobiographical context and describe the transition of intervening within the South African context. I am an art psychotherapist, living in South Africa in the city of Johannesburg. At the age of 17 I was in a serious car accident in which my face was severely burnt and my back broken, causing near paralysis. I underwent many surgical procedures, each one transforming my appearance significantly, every time I had to renegotiate my identity, and find ways of making sense of it. Using art as a tool of transformation to survive the psychological impact of the trauma became an intrinsic part of my biographical journey. I pursued a Fine Art Honours degree (1987-1990), and visually explored my scarred identity in relation to South Africa's distorted and scarred realities. The resonance of my experience with that of others who were traumatized propelled me to work

¹ It is difficult to get accurate statistics regarding the ratio of child to therapist, as "few provinces are able to identify the service locations of mental health staff" and "there is a general lack of data regarding either professional training or continuing professional development after qualification in all provincial Departments of Health" (WHO-AIMS 2007: 6). However in conversation with the Head of Psychological Services in the Department of Education, a ratio of approximately one psychologist to 24,000 children was revealed (Laauwen 2011).

with children and adults in townships, providing opportunities to use art as a way of speaking out against the atrocities of human rights violations perpetrated by the apartheid government. I followed the dream that had been planted as a seed when I was 17, and trained as an art psychotherapist at St Albans College (now The University of Hertfordshire) in the UK in 1991-1992 during which time I was in Kleinian analysis.

For many South Africans, apartheid has left scars and shame untellable and unknowable in its full extent. On a regular basis in my therapy room, I am reminded of how insidious and destructive of individual identity it has been (Kilian 2010:484).

On my return to South Africa after my postgraduate training I wanted to make art therapy accessible to as many people as possible to help facilitate change. My return coincided with Nelson Mandela's election as the President of South Africa in 1994, in the country's first fully democratic elections. These marked the end of more than four decades of institutionalized segregation and discrimination that had been implemented under the National Party's apartheid policy.

From my studies abroad and clinical practice as an art therapist I knew that art therapy offered an alternate language of communication, inhabiting the space between image and text. The powerful way in which the provision of an art therapy space facilitates communication also provides the potential for a community to engage with their capacity to mourn as the space creates an expressive outlet. I believed that this would be vital in our communities, because as part of the process of transformation, we would need to address the wounds that had been inflicted deep in the psyches of all South Africans by four decades of apartheid. It was this understanding that compelled me to find ways of making art therapy interventions and training more accessible to the under-resourced communities in which I was living and working.

Context of the field and theoretical framework

Much of the work of Lefika has been informed by a visceral response to a country in a state of continuous trauma. This political and social context where symbol formation is compromised necessarily informs our theoretical approach.

Continuous trauma, therefore, is better described as an underlying pattern of dissociation that has an enduring maladaptive psychosocial impact on the individual, interpersonal and community (Benjamin and Crawford-Brown 2010).

Understanding the prevalence and levels of trauma in South Africa is important in beginning to address the need to “reduce the burden of trauma in our society” (Kaminer and Eagle 2010:9). A wealth of experience addressing the impact of continuous exposure to violence and loss on a societal and community level has accumulated – but with few worded conceptual and theoretical models or a framework to guide this work.

Psychoanalytic thinking has informed the theoretical understanding and implementation of our model of practice. Our philosophy is that if individuals have an experience of being held, contained and thought about with an extended vocabulary of art materials and other group members, there is room to redress the impact of ‘continuous trauma’. The way that this term has been understood and is being engaged with, is that for most South African’s there is a general sense of ‘unsafety’ that is inescapable. Trauma impacts on symbol formation and forecloses the possibility of enjoying elaborative and productive lives. Stolorow (2007) has described trauma as an experience of unbearable affect, believing that it is not painful feelings themselves, or their intensity, which cause trauma – “Pain is not pathology” (Ibid: 10). Instead he believes

that when severe emotional pain “cannot find a relational home in which it can be held”, it can become unendurable and traumatic (Ibid). Lefika’s aim is to provide a relational home, as reflected in our vision “To provide ‘safe spaces’ in which creativity and containment engender growth and psycho-social transformation” (www.arttherapycentre.co.za).

The integration of Freud’s (1933) valuable contributions including free association, Winnicott’s (1965,1974,1975) use of transitional space and objects and the creation of a ‘potential space’ with a holding ‘good enough mother’, Bion’s (1962,1967,1970) concept of container and contained as well as Bollas’s (1992,2009) work of generative/elaborative objects and terminal and conservative objects inform the elements of intervention that have been found to be useful is the facilitation a safe space where individuals’ personal idiom² has room to be elaborated on. This includes the endeavour to understand more deeply the different functions that ‘art’ objects can perform in representing, evoking, containing, defending and producing one’s ‘personal idiom’ (Bollas 1992). The ‘evocative object world’ that Christopher Bollas refers to has become the metaphor for the nature of ‘art counselling’ where,

for the unconscious there is no difference between a material and a non-material evocative object; both are equally capable of putting the self through a complex inner experience (Bollas, 2009:79).

This counteracts the propensity for foreclosure and dissociation associated to the context in which we live and work. The psychoanalytic framework moves out of the therapy room into communities building replicable and sustainable opportunities to think, feel, create, explore- and thus grow. The aim would be to create less toxic and more generative spaces, thus building an empathic culture of care. Bollas’s naming of the evocative object world, including ‘generative’ and ‘terminal’ objects comes to represent the macrocosmic struggles and objectives of this work of transforming the more terminal spaces

² Christopher Bollas uses the term personal idiom to describe the uniqueness of self, and describes how, ‘objects process us in differing ways, and we often employ them to conjure a discrete experience in order to give expression to and gain particular notions of our idiom’(Bollas 1992: 21).

that deaden experience, into ones that are continually evolving and generating creative opportunities for growth. (Bollas 1992, Scalia 2002)

Fig 1 Anonymous 11yr old (2005)

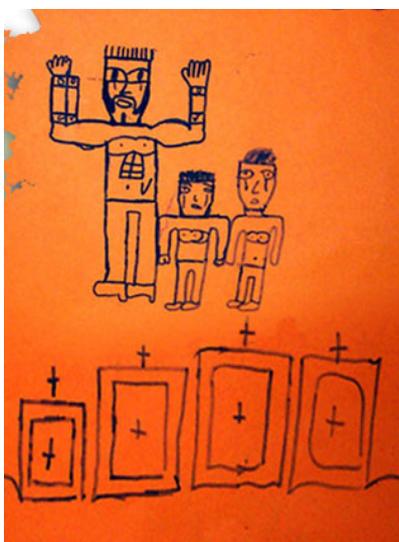


Fig 2 Anonymous 11yr old (2005)



These images created by an AIDS orphan in an art counselling group in an aftercare centre, over a period of six months reveals a shift from the 'terminal object space', a deadness of being to a 'generative object', an alive experience of being . The image of the graves

includes a grave for the child who created the image.

Her solution in managing the unbearable loss and prominence of death among those she loves is to join them in a place of dying. She would then be alongside them and not alone. Over time, she created an image of herself-very much alive and celebrated with objects and elements around her that seem to be living including text of 'I am a star', 'I am beautiful'.

Art Therapy in South Africa

The use of art therapy in South Africa has previously been described by several British and South African practitioners. Kalmanowitz (an ex-South African) and Lloyd (British art therapist), came to South Africa in 1996 to conduct a pilot project in which they explored the feasibility of providing art therapy experiences for survivors of the struggle in KwaZulu Natal – part of a larger project providing art therapy in post-conflict areas across the world.

Through offering experiential workshops – a learning model which aimed to demystify the process and enable real, human exchange - they aimed to establish an ongoing, workable, collaborative provision of art therapy. The workshops provided participants with an overview of art therapy, however their book *The Portable Studio* (1997) stresses the importance of “well known principles of training” in order to practice art therapy (p.90) - a need for the establishment of a robust professional training. In discussing their work, they question if the manner in which art therapy is taught and practised in the UK should be transplanted piecemeal to a South African context, by questioning some of the assumptions made by the *British Association of Art Therapists'* (BAAT) code of professional practice; they queried the minimum requirements for adequate art therapy experiences, noting their own use of a portable studio and the use of more flexible boundaries when working in post-conflict areas. The art therapy model they used was a form of “emotional-social and psychologically-oriented group intervention” (p.72).

Solomon (2005), a South African artist and mediator, who had emigrated from North Yorkshire published an article in *Inscape* and delineated two broad approaches to art therapy in South Africa. Firstly the Western psychodynamic model used by British-trained art therapists and secondly the use of art within healing practices used by, what she called, indigenous “barefoot” African art therapists (p.3). She questioned the validity of bringing psychodynamic approaches to therapeutic work in South Africa and wondered if this recreated a colonial approach - a western empiricist tradition imposed on a culture that may be better understood using narrative and social constructionist approaches that would value the traditional use of art and creativity for healing.

It is worth noting that community art counsellors (CAC) mentioned in the article, such as Maggie Mokoena, reported finding the term ‘barefoot’ art therapist derogatory and patronising. This term has not been taken up by locally-trained CAC’s or other professionals using art to supplement their therapeutic approach. Mokoena was a student on the Foundation Course and

Advanced Training in Art Therapy at Lefika, and will be referred to later in the article.

In my long lonely journey of art therapy, art, creativity and culture working with children, I always wondered if the architects and instructors of apartheid ideology knew the effects, the damage they caused us as a nation. We are all the casualties, and have been very badly affected psychologically by it (Mokoena, personal communication, June 1997).

Becoming a profession

In 1993³ a small group of overseas trained art therapists mobilized to form an organisation called The Art Therapy Association of South Africa (ATASA). This was a loosely formed organisation and included an interest group of artists who had not formally trained yet used art within special needs contexts. While a constitution was formulated, we were not registered and informally operated from my studio at home. One Cape Town based art therapist, practiced privately and was prosecuted for not being registered with the Health Professions Council of South Africa (HPCSA). I was threatened with a fine or imprisonment for not being registered.

A struggle ensued to find a way to register a new profession in the country, and eventually in 1995, art therapists were placed under the occupational therapy board as 'single –medium therapists'. They proposed to examine us based on their criteria. Many occupational therapists were threatened as they felt that art therapy was their domain. The examiners for many years were occupational therapists, until there were enough art therapists available to develop appropriate examination criteria. Art therapists all internationally trained are examined and need to gather experience of the South African context before qualifying to register. Only recently have they changed the registration category from 'single-medium therapists' to 'arts therapists', including drama, dance and music therapists. This configuration of arts

³ Solomon erroneously stated in her article (2005) that it was started in 1994.

therapists joined to form one professional association called the South African National Arts Therapists Organisation (SANATO).

The Art Therapy Centre/Lefika La Phodiso (The rock of holding)

In the face of these challenges, I decided in 1993 to start the Art Therapy Centre. The centre emerged out of a polarized society, still under apartheid rule, in which discrimination and intolerance were rife. The work I wished to carry out under the auspices of this centre embodied a long held belief of mine that the very language of oppression needed to be challenged in South Africa, so that a visual and relational language of democracy could begin to be introduced.

After the elections in 1994 I offered art therapy groups in Katilehong⁴ with child soldiers who were ex-combatants; and in 1995 with care-workers and educators. Both projects were affiliated to the Reconstruction and Development programme. The aim was to introduce a new model of teaching and learning. Democratic modes of engagement were still an anomaly in the country at this time and my task without even knowing it was,

support - or create -safe spaces for debate, deep dialogue and critical reflection about what is harmful and what promotes well-being. A collective intervention needs to enhance community ownership and collective responsibility for the problem. To do this, it is imperative to mobilize and enhance local, indigenous, culturally appropriate community resources (Weingarten, 2010).

The group with educators and care-workers, evolved over three years from a therapy group, to a work discussion group and then a training group. This way of working became a model for future groups, culminating in the development of the community art counseling programme.

⁴ Katilehong was the township most affected by the violence between the ANC and the Inkatha Freedom party pre- and post the first democratic election in 1994.

Lefika La Phodiso has and continues to respond to the cyclical nature of political violence in the 1980's and 1990's, 'the expansiveness of the Mandela era... rainbow optimism, 1994-1999' (Gevisser 2008: 699), the period of denial and disillusionment of the Mbeki era 1997-2008, and current divisions and a resurgence of political violence with Zuma as President . All the while, the current of HIV/AIDS, social deprivation, discrimination and violence has remained consistent throughout.

The development of art therapy reflects a model of practice emerging from a post conflict situation. The model attempts to build individual and group capacity to internalize something good-enough that can withstand the frailty, disillusionment and failures of the human condition- particularly within the South African context. Working collaboratively with communities, the overarching mission is to reach as many members of communities as possible who impact on the emotional and physical well being of children's lives. Disseminating skills to build capacity, sustainability and resources became the *raison-d'être* for pursuing a training programme. The development of an organisation evolved out of a collective of 'trained' community workers who acquired the skills and experience which could be transferred to other groups of children and adults. This necessarily extended to the exploration and development of a critical engagement with the discipline of art therapy as having emerged from a Eurocentric model opening the space to allow it to organically evolve into a model applicable and useful to the South African context. The evolution resulted in a training programme culminating in a new category of professional, a 'community art counsellor'.

Foundation Course in Art Therapy (1997-2004)

Following requests for further training, I set up the first foundation course in art therapy in 1997. I modelled the programme on the art therapy experience that I had, when training in England in 1991/2. I was influenced by many of my teachers (Sarah Deco, Deborah Sussman, Peter Wey, Charlotte Amazon and Janek Dubowski), who had touched me with their generosity of spirit. They had shown me how to hold a group, based on their own extensive experience

of art therapy and psychoanalysis (Sussman in *Rustin et al* 1997; Deco in Skaife & Huet 1998).

The Foundation Course equipped community workers to acquire much needed therapeutic skills, within a space which provided psychoanalytic holding, creative image making, theoretical input and applied experiential work under intensive supervision. We were able to train and prepare an active work force, ready to respond where necessary. In an attempt to promote social transformation, the training programme was designed to offer an alternative to the more elite training of psychotherapists and art therapists. I believed that the more individuals that we were able to equip with group art counselling skills (the skill of providing a safe space with boundaries, empathy, art materials and a holding supervisory structure), the more individuals there would be in our communities who could embody and transfer those capacities, creating a more empathic nation.

The foundation course was collaborative and inclusive and many art therapists from South Africa and abroad gave and continue to give, substantial input on the training modules. We were also supported by psychotherapists and group analysts from the Institute of Psychoanalytic Psychotherapy, the Tavistock Clinic in London, and The University of Western England.

The broad philosophical and theoretical framework of the training is held within a psychoanalytic paradigm. However, the analytic 6-8 person group is replaced by a working group of between 18- 25 individuals. The students learn how to facilitate large groups, by being members of a large training group. Creative ways of working in a facilitative and therapeutic way, rather than a didactic way with a large group are explored during the training.

Large group work has many advantages, not least of which is the creation of widely accessible therapeutic services. They offer the potential for experiencing reparative relationships, and provide an economical solution for

government and other donor organisations that can begin to address the immense need that is present in the country.

Through modelling a holding space with two facilitators as the symbolic 'good enough' parental couple students learn to replicate that function over time (Winnicott 1974). The hope is that empathy and concern for the other would increase- amidst the visitations and permutations of horror, love, loss and failure. Threats to democratic and productive relational engagement are continuous in the form of both intra-psychic and external autocratic and hierarchical power structures.

The course was organic in nature and responded to and mirrored the psychological, political and societal transitions. For most individuals in the initial group it was the first time that they worked closely with people from different racial and socio-economic backgrounds. They came together with a common passion for healing a wounded South Africa through the arts and engaged in meaningful relationships using images and words. The training was experiential, and focused on introducing a new language of communicating, with the self and with the other. This new language included art materials, objects, feelings, free association, and a language of naming difficulties, having them understood and reflected within a facilitating environment.

Maggie Mokoena, a pioneer in the field, was one of my first students on the foundation course and went on to train further, almost completing the advanced training. She was highly politicized and I found her to be one of my greatest teachers and mentors. Mokoena died in 2004 from a congenital heart condition. Her journey represented some of the unconscious and conscious residue from the apartheid past that



Fig 3 Portrait of Maggie Mokoena (2003)

presented itself symbolically in the training space.

My father was an ANC member. He was taken in the early 70's. My mother was threatened with house arrest. Six months later he was transferred to a prison in the Orange Free State. He was then banished out of South Africa to Lesotho where he died in 1982 from 'TB'. It is good to decode all the bad memories. The course is a real opportunity to disclose the darkest secrets (Mokoena, personal communication, April 2003).

Accreditation

The objective was to gain accreditation and receive recognition for the two year advanced art therapy training, as a core group of registered 'art therapists' with the Health Professions Council of South Africa. I developed a curriculum, based on student input, together with the content of the masters in music therapy training document that I assisted Dr. Mercedes Pavlicevic formulate before it was accepted within the University of Pretoria. The art therapy curriculum was provisionally accepted by the HPCSA, but only on the condition the course would be offered within the context of a tertiary education structure. This was a tautological bind, as most of the students did not have undergraduate degrees due to the past educational inequalities, and would therefore not be allowed entry to the university structure. Furthermore, students were not even given the option of sitting the exam designed for foreign trained art therapists.

Threatening letters from HPCSA suggested I should refrain from offering any further training to students until the course had been registered. I knew if I abided by those conditions, the meagre therapeutic resources that existed in the country would remain unchallenged. I wanted to train and equip as many people as possible, who were already involved in community work, in the suburbs, in the townships, in schools, in hospitals and within non-government mental health care organisations.

Carving out a new form

Instead of continually fighting a bureaucratic and hierarchical system, I chose to creatively carve another route for art therapy in South Africa. An alternative accreditation process was explored, namely The South African Education and Training Authority (SETA). The SETA's emerged out of the post-apartheid system as a mid-level training alternative that provided skills and job opportunities for previously disadvantaged individuals. We pursued this option of applying for accreditation as 'community art counsellors' with the 'Health and Welfare SETA', with great expense of hiring consultants and past students to write up the curricula in the required format. We made seven submissions, all of which were lost in the system. This struggle over many years held the illusion of success without any positive outcome. Part of the unsuccessful attempts was the difficulty of finding a professional home, as art therapy has overlaps between the arts, social development and education and could not be neatly boxed into one existing category. This struggle further illuminated the continuum between being drawn into terminal object spaces and needing to emerge and keep finding potential within a more generative paradigm. This endeavour also resembles Bion's notion of the frustration of struggle and survival being integral to the development of ego strength. (Bion 1970).

Parallel attempts were made within The University of the Witwatersrand and the University of Johannesburg to introduce a Masters programme in art therapy. It was important that both trainings were advocated for, bearing in mind the need to build the profession as well as importantly building therapeutic capacity. The Masters programme would potentially be available to eight students with an appropriate Fine Arts or Psychology honours degree. Offering both possibilities of the community art counselling training for community workers where an undergraduate degree was not a prerequisite and a Masters programme felt appropriate in addressing South African context of need. This was not attainable, and the conversations with the HPCSA and Universities continue. Not enough emphasis has been placed on

assessing the situational context and responding to the broader social and relational aspects of accessibility, representation and best practice within community engagement.

As pilot multicultural art psychotherapists we are beginning to make an impact in the new transformation. If we can get good financial support so that we are able to do research and train some more people, getting recognition for our training, we can impact in health matters of the mind and healing in our country. Our greatest challenge is introducing art therapy to children in prisons, staff and children in welfare organizations, in schools for children with disabilities and in mainstream education. It is a must that we have educators with a sound understanding, good skills and those that are trained professionally (Mokoena, personal communication, January 2003).

Advanced Art Therapy Training (2004-2006)

The advanced training in art therapy evolved when a core group of students who had completed the Foundation Course, committed to taking their training further in order to develop their work in under-resourced communities. The course was funded by the National Arts Council, with the objective of paving the way for a new body of locally trained professionals. The training had an appropriate and relevant curriculum, which was developed collaboratively to ensure that the multiple voices and different perspectives in our communities could be heard. Each student was assigned an external supervisor (mostly psychotherapists), was part of a small analytic art therapy group, worked on a clinical placement, and had access to studio practice and ongoing theoretical input by local and visiting art therapists and psychoanalytic psychotherapists.

Maggie Mokoena was part of this group, and her story reflects the struggles and achievements of those on the training. This group were already working at a grassroots level and holding the seeds of a community-based model.

Over time this evolved into a developmentally-needed group and the work laid the foundation for my understanding of what community of practice can mean:

Community is not fixed but moving, not essential or singular but multiple, never finished as a process, always deferred, not to be judged in general but only in its specific effects.”(Brent 2009:8)

Community Art Counselling Training

In 2004, at Maggie Mokoena’s funeral I met several people she had impacted on and with whom she had been working. They pleaded with me to train them so that her work in Soweto would continue. Representatives at the funeral from the Department of Arts and Culture (DAC) promised not to let her work die and pledged their support for the continuation of the art therapy training. They have been a significant force behind the development of this work, and committed to a period of two years from 2005- 2006, and again from 2009-2011 where an additional 40 community art counsellors were trained.

The training was renamed from the Foundation Course in Art Therapy and the Advanced Art Therapy Training to Community Art Counselling. This change of name was significant in relinquishing the hope of community workers being able to register as art therapists, and yet still validating their important therapeutic contribution. It was an attempt to create a new professional group, skilled in art therapy group work with a commitment to building art therapy resources within under-resourced communities. An active group of community art counsellors and students are currently working within a psychodynamic framework, running art therapy groups (analytically informed) within a variety of contexts to be elaborated on.



Fig 4 Map of Gauteng delineating the red and green areas where art counselling is taking place.

The selection of students was based on both their geographical context as well as their location within a particular area of need and links with both schools and organisations with substantial support to implement art counselling. The students included educators, lay counsellors from NGO's working with HIV/AIDS, abuse, chronic illness, orphans and vulnerable children (OVC's). The key objective was for students to ultimately carry out direct service delivery in their vernacular, thus offering a valuable community contribution. The course content remained consistent with the previous courses, with an added emphasis on basic and intermediate counselling, psychoanalytic theory and input around issues that are prevalent within the South African context including; the psycho social implications of HIV/AIDS, child abuse, and trauma. Community -based internships have the objective of developing sustainable group work in each area.

All the learning was experiential, and as part of enhancing community engagement, students participated in a mapping workshop where they visually identified and placed key elements related to their project or community. Through the mapping process, students located geographically and personally, areas of overlap and established the locations of local resources when needing to refer. Lefika La Phodiso was in the centre, as the place they can return to, and move away from.



Fig 5 Community mapping with students (2010)

Supervision is both offered internally within their schools and organisations as well as ongoing clinical supervision offered by registered art therapists and psychotherapists from the Institute of Psychoanalytic Psychotherapy (affiliated to the Tavistock Clinic in London).⁵

⁵ Within the Tavistock Clinic, a group have formed called the Siyaphulaphula Foundation, who are psychotherapists invested in the development of psychoanalytic thinking and training in community settings in South Africa. They support the work primarily through visiting the project and providing supervision and at times financially supporting applied work.



Fig 6 Community art counselling student group(2010)

With the generous continued funding from the Department of Arts and Culture, the community art counselling course has continued with training in advanced community art counselling skills - as applied to projects concerning wider psychosocial issues. It also focuses on social entrepreneurial skills. This is in order to ensure that students will be able to sustain their current groups, source new groups, apply for funding to create sustainability, write proposals, reports and have networking skills to expand art counselling capacity and outreach. This is aimed at enabling students/community art counsellors to create their own sustainable employment opportunities. The course includes skills in participatory action research and developing evidence based practice.

In further skilling these individuals, we create a capable work force that can facilitate inclusive growth while simultaneously further equipping them to feel confident to facilitate or co-facilitate groups. The model of training and practice determines an effective and efficient development oriented public service with empowered citizenship. Lefika La Phodiso is available to partner with projects and assist with submissions of proposals as a Section 21, registered non- government organisation. Furthermore, internship opportunities are available for international students to work alongside community art counsellors in their places of work, offering rich diversity and mutual learning experiences.

Conclusion

As illuminated at the beginning of this paper, the focus has not centred upon the important work being done by individual art therapists in South Africa. I have however, showcased the work of Lefika la Phodiso as the only South African art therapy training organisation in the country. Albeit outside formal accreditation and registration structures, many trained South African art therapists have offered valuable input on the training programmes, as have visiting psychotherapists and group analysts. The hope is to develop more recognition and support with the ultimate aim of community art counsellors being employable in the way that art therapists are in other countries.

Waller (1991) notes that over time conflicts may arise within a profession, that can lead to the development of new missions which, alongside socio-political changes, could cause a profession to shift direction and develop in unexpected ways. The complex interaction between established mental health provision or statutory frameworks designed to protect the public and the limited resources available to meet ever-growing mental health needs in a population with high incidences of deprivation, domestic violence, trauma and abuse led me to develop community art counselling as a alternate form.

Mokgadi Rakabe, a senior community art counsellor, created an image as part of the participatory action research. It reflected her experience of training and in the process, captured the path that many of our students have followed as well as expressing the survival and resilience of the practice of art therapy in South Africa.

Rakabe has been involved with Lefika for 15 years, during which time she has worked at *Sibonile School for the Blind*, as an educator. Over the years she has been able to establish a position alongside her work as educator, as a community art counsellor; working with visually impaired children and their parents.

Her image communicates some of the difficulties that she has experienced on her journey, noting the struggles she had when the authorities would not allow her to attend the training, through to the present day, where she is able to

implement all that she has learnt. Through her work as a community art counsellor, the children at her school were able to tell her “how it felt to lose their sight and the pain of being marginalised”. Reflecting on the journey she has travelled in her training, she noted that

I was always late for the training and had to catch the last train home, anxious and constantly at risk in the dark. Despite all the obstacles, I am sitting on top of the rock ‘Lefika’, and no one is going to stop me. I have kept focus on the work with the children, maybe now I can take the space of claiming the whole rock (Rakabe, personal communication, 2011).



Fig 7 Mokgadi Rakabe's collage, "in 15 years?...."

The image that she had created spoke for the whole group of trainees, who looked up to her and said ; “You are a hero for our children and for us!” Community art counsellors are now able to replicate the capacity for holding and containment to create pockets of care and safe spaces in which children, adolescents and adults can use art-making and creative process to express their experiences and witness that expression. In so doing, they enable our nation to “dream itself into being” (Ogden 2005).

References

- Benjamin, L. and Crawford-Brown, S. (2010). The Psychological Impact of Continuous Traumatic Stress: Limitations of Existing Diagnostic Frameworks. Symposium on Continuous Traumatic Stress.
- Bion, W.R. (1962). A Theory of Thinking. *International Journal of Psychoanalysis*: 178-184.
- Bion, W.R. (1967). *Second Thoughts*. London: Karnac.
- Bion, W.(1970) *Attention and Interpretation*. London: Tavistock Publication
- Bollas, C. (1992) *Being a Character*. London: Routledge
- Bollas, C. (2009) *The Evocative Object World*. London: Routledge
- Brent, J. (2009) *Searching for community. Representation, power and action on an urban estate*. Bristol: The Policy Press
- Deco, S. In: Skaife, S. and Huet, V. (eds). (1998). *Art Psychotherapy Groups: Between Pictures and Words*. New York: Routledge
- Freud, S. (1933). *New Introductory Lectures on Psychoanalysis*. London: Penguin.
- Gevisser, M. (2007) *Thabo Mbeki. The Dream Deferred*. Johannesburg: Jonathan Ball Publishers.
- Kaminer,D. and Eagle,G. (2010) *Traumatic Stress in South Africa*. Johannesburg: Wits University Press
- Kalmanowitz, D. and Lloyd, B. (1997). *The Portable Studio*. London: Health Education Authority.
- Kilian, D. (2010). 'Contextual Twinship: Race in My Post-apartheid Therapy Room.' *International Journal of Psychoanalytic Self Psychology*, 5(4):483-487.
- Laauwen,H. (2011) *In conversation*. Johannesburg: Lefika La Phodiso
- Mokoena, M. (1997, 2003). *Unpublished essays*.
- Ogden,T. (2005) *This Art of Psychoanalysis*. London: Routledge
- Scalia, J. (ed.) (2002) *The Vitality of Objects*. London and New York: Continuum

Solomon, G. (2005) Development of art therapy in South Africa: Dominant narratives and marginalized stories, *International Journal of Art Therapy: Inscape*, 10: 1, 3 – 13

Stolorow, R.D. (2007). *Trauma and Human Existence: Autobiographical, Psychoanalytic, and Philosophical Reflections*. New York: The Analytic Press.
Sussmen, D. In: Rustin, M., Rhode, M., Dubinsky, A. & Dubinsky, H. (eds) (1997) *Psychotic States in Children (Tavistock Clinic Series)*. London: Duckworth

Waller, D. (1991) *Becoming a Profession*. London: Routledge

Weingarten, K. (2010) *Collective Approaches to Communal Healing in Situations of Continuous Violence*. Presentation at the Symposium "Continuous Traumatic Stress in South Africa: Developing a Collaborative Research Agenda. March 2010, Cape Town

WHO-AIMS (2007). *WHO-AIMS Report on Mental Health System in South Africa*, WHO and Department of Psychiatry and Mental Health. Cape Town: University of Cape Town.

Winnicott, D.W. (1965). *The Maturation Processes and the Facilitating Environment*. London: Hogarth Press.

Winnicott, D.W. (1974). *Playing and Reality*. London: Pelican.

Winnicott, D.W. (1975). *Through Paediatrics to Psycho-Analysis*. London: The Hogarth Press.