

Making Fires: Rethinking the possibilities of Creative Arts Therapy practice in South Africa

Kirsten Meyer

Victoria University, Melbourne, Australia

Abstract

With loss and trauma abundantly present in contemporary South Africa, arts based psychosocial interventions for children affected by trauma are increasing. However, exactly what the creative arts therapies have to offer in the context of South Africa's contemporary social realities and shifting identities is not immediately obvious. How to attain this social justice agenda whilst maintaining professional integrity and preserving the knowledge and skill base of the creative arts therapies in an African context is the focus of this paper. As an illustrative example, a group based model (the Firemaker Program), aimed at skilling care workers to use creative arts skills in their work in psychosocial support of vulnerable children is examined. It is argued that this program provides a model demonstrating that the creative arts therapies can adapt creatively and collaborate across disciplines and practices to pursue a social justice agenda.

Key Words: South Africa, psychosocial, arts therapy, social justice, professional development, reflexive praxis

INTRODUCTION

In recent years, faced with the need for larger scale interventions, many arts therapists have begun collaborative work with community artists and organisations in order to support the development of community health and wellbeing (Kaplan 2007; McNiff 2011, 2014; White 2006). Central to debates about what arts therapists have to offer this mutable world is the potential to move beyond individual therapy into a more collective space to facilitate social justice and change through arts practices (Jones 2012; Landy 2010; McNiff 2011; Sajnani & Kaplan 2012). In this article I critically reflect on an arts therapy based program that I was involved in setting up in South Africa in the early 2000s. I am a white South African currently living in Australia. I am a dramatherapist by training. I carry with me a history of privilege and an uncomfortable past in a country built on racial inequities. I trained in the UK in the late 90s and came back to South Africa wanting to 'give back' and be a part of developing a new democracy. While taking part in the HPCSA Board examination in order to register as an arts therapist I met an art therapist and together we founded Zakheni Arts Therapy Foundation. We later developed the Firemaker Program, with a play therapist, which is the focus of this paper. Now situated/dislocated in a new place, Melbourne, Australia, as a PhD candidate, I look back into arts therapy practice and ask how we might practice from a place of political attuning that is both transformative and ethical. I do not claim to be an innocent neutral author nor player in the history of South Africa - it is my history. I have colluded and opposed; and I am both complicit and subversive. I equally do not claim the work of Firemaker to be 'making' a difference to others, thus leaving me feel more comfortable about my past. Rather I wish to explore it is an attempt to think, dialogue and engage with present day South Africa and its uncomfortable complex social, cultural, and political dynamics. In reflecting I am fully aware of the way in which reflexivity can centre my voice, a white voice. However, at the same time, I am interested in exploring the Firemaker because my move to Australia has meant social and cultural dislocation which has been discomfoting in many ways. Yet, the discomfort has brought into focus some tensions and challenges about my taken for granted roles and identities as well as opened possibilities for rethinking identities and roles, especially in relation to arts practice in the context of social transformation.

I will examine the Firemaker Project as an example of how a changing society is challenging western trained arts therapists to address contextual social realities by collaborating across specific disciplines and practices, and simultaneously wrestling with the inherent professional and ideological dilemmas generated by the community implementation

of an essentially therapeutic model. Social justice refers to social action that is responsive to ‘those who have been silenced and marginalised, and in the service of more equitable forms of social transformation’ (Stevens, Duncan & Hook 2013: 8) but also refers to the responsibility of practitioners/arts therapists to confront their own positions of power, race and privilege (Sajnani 2012) through reflexive practice that encourages discomfort. Practicing uncomfortable reflexivity (Pillow 2003) is about engaging with power relationships, challenging the way we see ourselves and others.

The Firemaker Project is a training program for care workers who run psychosocial support groups for children, by attempting to address the complex emotional impact of adverse social circumstances such as poverty, violence and HIV. It aims to give care workers practical insight and equips them with simple, creative tools to enhance their work with children. Before discussing Firemaker and its specific context, some broader consideration of the contemporary role played by the arts therapies internationally is required. A specific issue in this regard is how arts therapy contributions may be enlisted to serve the wider needs of groups and communities, rather than solely individuals.

ARTS THERAPIES CHANGING IDENTITIES

The past decade has seen an increase and renewed global interest in the practice of applied arts in multiple contexts in response to the challenges of globalisation, ongoing social, economic, racial inequalities, human rights abuses and conflict (Jones 2012; McNiff 2011; Prior 2010; Sajnani & Kaplan 2012). The international professionalization of the arts therapies over the past 60 years encompasses multiple tensions around and between identities, professions and practices about who has legitimate ‘rights’ to engage with arts and healing (Jones 2012; Lees 2010; McNiff 2014; Prior 2010). These tensions also highlight the significance of ethics and practice, especially in contexts where power, privilege, race and exploitation are present (Jennings 2009; Sajnani 2012).

The current global renewed interest in arts practices and healing and how the relationship between arts and health can extend beyond healthcare to more general public health and wellbeing (McNiff 2014; Stuckey & Nobel 2010; White 2006) has seen community-based arts programs at the centre (Camic 2008). While not addressing issues raised by the international professionalization of the arts therapies, I wish to flag the fact that this has brought about certain ways of working and thinking that can contribute to either more divisive or inclusive ways of working in the arts therapies, promoting or undermining the impetus for arts practice and arts therapies as vehicles of social justice (McNiff 2014). While

the therapeutic model has obvious significance, we must be careful of potentially undermining community arts-programs and other applied arts methods (Mcniff 2014; Sonn 2012). The current growing body of creative arts therapies literature questions how these traditionally 'western therapeutic practices addressing the psychological and intrapsychic wounds of individuals' (Hocoy in Kaplan 2007: 21) might offer a more social justice agenda by understanding and addressing how the social, economic and political contexts within which we work influence us and our clients (Jennings 2009; Johnson & Emunah 2009; Kaplan 2007; Sajnani 2012; Sajnani & Kaplan 2012).

Jones (2012) reminds us that dramatherapy (my orientation) emerged where a gap existed and that it is a hybrid, built from existing forms of applied practice and within changing socio-cultural-political contexts. Dramatherapy is rooted in the values and practice of Augusto Boal (Emunah 1994; Jones 1996; Landy 1994), and a 'significant value he brought to theatre activism was that individual change is linked to social change, and that internal distress can be understood as a reflection of one's social and political context' (Sajnani 2012 :188). In a way the profession has come full circle and currently there are new gaps and new challenges for the future identity of arts therapists. This coming full circle raises the question for me: What do creative arts therapists have to offer communities in need of social justice that extend beyond the individual clinical aspects of health care? Arts therapists are trained in psychotherapeutic principles (the importance of the relationship formed between therapist and client and that change happens through process over time), arts methods, and the use of these to achieve psychological change. They are also trained in reflexive praxis and encouraged to understand the impact that socio-political factors have on the therapeutic (Jones 2010; Landy 2006). Sajnani (2012) asserts that arts therapists have the skills and the knowledge to challenge wider ideologies and social practices, thus making them socially responsible and aligned with critical theorists, who challenge various injustices and work to design social redress programs. It also means arts therapists are well positioned to provide a resource for communities regarding how programs are implemented and supported in an ethical manner.

I turn now to the context of South Africa and begin by outlining contemporary arts therapy practice the role it is playing before focusing on the current South African context.

ARTS THERAPIES IN SOUTH AFRICA

The arts therapies, while recognised since 1990 at state level through registration with the Health Professions Council of South Africa, are relatively new in the South African context. Currently there are only two government recognized training programs:

- 1) MA in music therapy and
- 2) MA in dramatherapy (currently in its first year of implementation)

Apart from music, all state registered art, drama and dance therapists trained outside of South Africa, mainly in the UK and USA. Given the arts therapies constitute an ‘imported’ paradigm, and that South Africans are wary of neo-colonial ideological impositions, arts therapists need to recognise the problems intrinsic to their professional and personal identity, power and privilege (Kingwill 2014; Makanya 2014). We are called to address the professional role the arts therapist plays in this emerging context so as not to reproduce patterns of neo-liberalism and colonising ideologies (Duncan & Bowman 2009; Sonn 2005). If we don’t, it has implications for the practice and development of the profession, and risks entrenching a pattern whereby racial and class privilege dictate access to resources and in-country education.

As well as most arts therapists training in a privileged Western paradigm (Makanya 2014), most are white and access to arts therapy for the broad population is extremely limited. Access to education and training opportunities at Masters level in the arts therapies are also limited given the ongoing consequences of the unjust and unequal educational system entrenched by Apartheid. Power and privilege thus prevail in terms of where these practitioners’ work and who benefits from their services.

This has significant implications for developing the profession in the South African context and working towards redressing the past, if we do not begin to acknowledge and integrate the centuries’ old Indigenous African knowledge systems on health and community (Makanya 2014) that South Africans already possess. Thus the challenge is to find ways of making the practice and training more culturally accessible for all South Africans and at different levels. Having said this, there are currently arts therapists engaging with practice and training challenges at Wits University, Johannesburg (see www.dramaforlife.co.za) and at government level through the Health Professions Council of SA. It is to the context in which Firemaker was conceptualised that I now turn.

BACKGROUND CONTEXT

South Africa, with its pre and post-colonial and racialised history, has emerged as a dynamic but troubled young democracy. It has multiple and widespread challenges, including social, racial, gender and economic inequities, violence, poverty, unemployment and high levels of HIV/AIDS.

Indicators of social and community disruption, loss and trauma are abundantly present (Cluver 2011; Garcia 2008; Jewkes et al. 2010; Liang, Flisher & Lombard 2007) and as a result countless children have been left to fend for themselves or in the care of inadequately resourced welfare organizations (Killian & Durheim 2008; Seedat et al. 2004). Within this context there has been the emergence of a non-professional workforce within local communities to supplement the formal social structures (Linsk et al. 2010; Swanzen 2011). These paraprofessionals are usually referred to as care workers. It is for this group of people that Firemaker was originally conceptualised.

Many organizations in South Africa are currently training care workers in methods of ‘psychosocial’ care (Linsk et al. 2010; Mueller, Allie, Jonas, Brown & Sher 2010). ‘Psychosocial’ is a broad concept that is used in many different contexts, with seemingly varied definitions. Essentially it refers to the relationship between psychological (internal) and social (external) factors (Henley 2010; Killian et al. 2008). Psychosocial programs in South Africa are typically structured to enhance children’s psychological and social wellbeing and to help them express difficult feelings, process grief, build self-esteem and emotional-social resilience, develop positive nurturing relationships and reclaim their history and identity (Higson-Smith 2006; REPPSI 2014; Rutter 1999).

There is a growing interest in the use of the arts in psychosocial support of vulnerable children in South Africa for example: the Tree of Life Project and Hero’s Journey (REPPSI 2014). Arts based interventions with children affected by trauma are widely recognized for their resilience building capacities (Coholic et al. 2009; Landy 2010; Malchiodi 2008). In my experience current South African training in the use of arts for psychosocial support is mostly formulaic, focusing on the implementation of specific techniques in routinized ways. Care workers undertake the training and then implement techniques without attention to the underlying processes, interpersonal dynamics, or specific limiting contexts. With government and funding organisations pressurising organisations to rapidly train more individuals to cover more communities, the quality of the training tends to suffer and reduces the likelihood of interventions that could realistically address the deeper social issues of internalised oppression and dominance. While there is a need to transmit arts therapy skills to community

members affected by psychosocial adversity, there is also the question of the arts being used as 'therapy' by unqualified practitioners (Kalmanowitz & Potash 2010). Developing contributions that are ethical and can be transmitted to ordinary community members is of paramount importance in social contexts where qualified mental health professionals are in short supply. The arts therapies, in their application of therapeutic principles using the arts as a method, can significantly contribute to the design and implementation of psychosocial programs in the South African context.

I turn now to the Firemaker program. As mentioned, I was involved in conceptualising Firemaker in 2003 (along with an art therapist and a play therapist) and was integral to developing it into its current form. I also facilitated the program to many diverse groups of care workers over five years.

THE FIREMAKER PROGRAM

Firemaker was initiated in 2003, after a Conference on HIV and AIDS, at which care workers expressed the need for professional development and creative techniques and skills to use in their psychosocial support work. The Program was developed by the Zakheni Arts Therapy Foundation, a not-for-profit, non-government organization and is run by qualified and nationally registered arts therapists (art, drama and music) who also monitor and supervise the work of the care workers in order to support the development of their creative work with children.

Participant Care workers

Each Firemaker Program consists of closed groups of carefully selected care workers (approximately 15 in each) within various child service organizations who undertake to do the training. All care workers are involved in psychosocial support work of children and the Firemaker is intended to build on the skills and knowledge they already have. Some organizations are situated in urban areas and others rurally, with varying degrees of access to a range of resources and support. Most are NGOs and do not have the resources to fund professional development training. Up to date all Firemaker training programs that have been run, have been funded externally by a number of different national and international donors. In many cases where possible, partnering organizations have offered some form of reciprocity in the form of a training venue or refreshments.

Nearly all participant care workers are adult women and speak a number of languages of which English is at least their 5th or 2nd. Formal educational differences exist amongst care

workers with some not having completed school and others achieving professional and /or non-professional qualifications (an ongoing consequence of the unjust and unequal educational system entrenched by Apartheid). Significantly most care workers live in the same community as the children they work with, and are personally affected by similar adversities.

Arts Therapist Facilitators

Each set of workshops are facilitated by two government registered arts therapists who supervise and mentor care workers in the weeks between the workshops.

Facilitators are required to write reports on group process and care workers engagement with the activities and give feedback to Zakheni around any significant learning, issues or concerns about what worked or did not work. Facilitators' also take part in formal supervision sessions called 'reflective practice' in their facilitation pairs as well as in a larger group with the wider pool of trainers. These are usually run by an outside allied health professional.

The Program Outline

Zakheni Arts Therapy Foundation works in partnership with various child service organizations who undertake to do the Firemaker training. The program consists of a series of four three-day intensive block workshops spread over eight months. It is a unique interdisciplinary program underpinned by arts therapy theory and methods (notably art, drama and play therapies) to skill care workers to use the arts to build resilience in vulnerable children. Typically, the first day of each workshop intensive consists of play activities. The second and third days lead into drama, music and art activities. Each workshop builds on and deepens techniques from the previous one. Once participants have completed the program, it is intended that they will be able to build relationships with children based on trust; work with an understanding of 'safety' and 'resilience' with children; enable children to creatively express feelings around the issues affecting their lives and recognise the importance of self-care.

The structure of the Firemaker has evolved and changed over the years into its current form as presented in Table 1.

Table 1. Firemaker Program: Aims, Activities and Guiding Concepts

	Workshop1: (3 days) Wellbeing	Workshop 2: (3 days) Introduction to the Firemaker method	Workshop 3: (3 days) Consolidation of Firemaker method	Workshop 4: (3 days) Application of Firemaker method
Aims:	<ul style="list-style-type: none"> -To equip Care Workers with knowledge and awareness of the emotional impact of child and youth care work. -To develop self- insight and awareness through experiential processes. -To equip Care Workers with practical tools in self-care. -To recognize when to self- refer for professional mental health support and identify a resource list of organizations that offer counselling. -To create an awareness of organizational dynamics and the impact of this on individual staff members and on health care practice. 	<ul style="list-style-type: none"> -To establish working contract and create safe working space -To introduce play techniques, developmental stages of play, listening and safety -To introduce FM model of resilience 	<ul style="list-style-type: none"> -To consolidate methods from intro workshops -To build on tools and techniques from Intro workshop -To explore application of FM within work contexts -To introduce basic facilitation skills to implement activities 	<ul style="list-style-type: none"> -To deepen and refresh FM techniques -To look at using techniques responsibly -To offer psychosocial programming support and facilitation planning -To put systems in place so that FM becomes part of the organisation
Guiding concepts:	<ul style="list-style-type: none"> -Self-care and the impact of work on mental health 	<ul style="list-style-type: none"> -Psychosocial development linked to play -Model of resilience 	<ul style="list-style-type: none"> -Containment -Session planning -Group work and facilitation skills 	<ul style="list-style-type: none"> -Group work and facilitation skills
Main activities:	<ul style="list-style-type: none"> -Group contract -Working with clay around self in workplace -Making mandalas -Making a life journey 	<ul style="list-style-type: none"> -Making a safe space -Puppet making -Working with stories 	<ul style="list-style-type: none"> -Working with objects -improvisation and drama games -Creating a story and acting it out -Creating musical instruments -Body sculpts 	<ul style="list-style-type: none"> -Role play -Care workers 'facilitate' an activity -Psychosocial programming -Supervised practice

Firemaker workshop plans

The most recent addition to the Firemaker has been the Wellbeing workshop. Through practice and ongoing program monitoring and evaluation, it became imperative to include a 'space' for the care workers to process their feelings around their work as well as time to reflect on the importance of self-care, before focusing on learning new skills. To follow I reflect as an insider' (Savin-Baden & Howell Major 2013) and draw on my experience and knowledge of the program to illustrate some of the underlying methodology.

PROGRAM METHODOLOGY

Fire metaphor (creating safe spaces)

Firemaker evokes the tradition whereby communities would gather around fires to share stories and connect with one another. It also resonates with the statement that the 'pilot light of health exists within all of us' (Emunah 1994: 6), representing the fire of hope, health and

creativity. By attempting to provide a safe space for both personal healing and collective transformation, the 'fire' needs to be kindled and rekindled, nurtured and sustained. Each day of each workshop begins in a circle with a symbolic fire in the centre, highlighting the importance of and the setting up of a safe space in which to work. A safe/contained space is vital for a process to emerge in which trust can be developed between facilitator and participants, so that expression and communication of feelings can be encouraged. This is established in Firemaker through the metaphor of fire, in which there is a ritualised lighting and extinguishing, symbolising beginning and end. Participants sit around the imaginary fire and reflect and think about feelings, hopes and fears. The fire metaphor also serves as acknowledgement of, and continuity with, previous generations who have gathered to narrate their experiences around similar fires. Often the ritualised beginning/ending will be accompanied by song and dance, spontaneously happening in group, and sometimes with prayer (Christianity in South Africa is widespread). The fire also represents the use of arts practice in ways that are emotionally and psychologically safe.

Interdisciplinary

Firemaker recognises the strength in cross-collaboration and multiple perspectives. It provides care workers with experiences in multiple arts forms: art, drama, movement and music. It borrows from models developed in education (Dahlman 2007; Kolb et al. 2001), health (Ungar 2011) and the arts (Eminah 1994; Jones 1996; Landy 1994) and represents an arts program that integrates arts as learning and arts as therapy but is innovative in its reassembly of these models' useful aspects. Many activities have been adapted to incorporate local cultural practice and meaning, through consultation with care workers in communities.

Process and Play

The Firemaker is different to other current psychosocial training programs in that it does not provide a formulaic directive approach to working with children who are emotionally vulnerable. Rather, it engages the care workers in experiential creative processes with ample reflection time and space. So the care worker takes part in the arts activities/processes that they might later use in groups they run with children. Experiential learning (Rainbow et al. 2012) gives participants embodied knowing of what it feels like to do an activity, as well as creating space for care workers to understand their own difficulties and emotional responses to the work. In all the arts activities the focus is on the process of engaging in the art form, not the end product. This allows individual variation for expression on as well as accommodating preferences for working in a particular form. Firemaker recognises that

nothing is fixed and that the program, like the participants and the social-political context surrounding it, are evolving and changing all the time.

The arts are seen as extensions of play, existing on a continuum. Each workshop begins with play activities and engaging care workers in spontaneous creative play, freeing them up to do more complex drama and art activities. The structure and content of Firemaker is built upon a developmental play model (Cattanach 1994; Slade 1995). Within this framework, play is central and considered to be the means through which human attachment and development happens. Firemaker acknowledges and recognises the significant body of knowledge and research into the use of play and the creative arts with children who have been traumatized (Malchiodi 2008; Landy 2010). Within the arts therapies, creativity and the ability to play are seen as significant to a person's (child and adult) overall psycho-social wellbeing. Firemaker engages and encourages care workers' to play in order to both feel and understand the importance of play.

Reflective practice

In each workshop and in the post workshop supervision sessions care workers are encouraged to think about themselves in relation their work, understand contexts, psychosocial support, trauma recovery and what the arts can and cannot do. They are encouraged to know their therapeutic limitations and that of the art forms, and refer children on to more skilled professionals if necessary. They are also encouraged to recognise the importance of their own well-being and self-care.

Facilitators also attend reflective practice supervision sessions to help critically engage with issues of facilitation, as well those of class, privilege, race and prevailing social inequities between their lives and those they work with. Creating spaces for critical reflexivity brings together opportunity for personal understanding, reflection and healing with social justice and transformation built into it as the ultimate goal (Kaplan & Sajani 2012).

Supplementary manual

Care workers receive a manual of activities with supplementary theory, providing understanding of the purpose and intention of techniques, and when to use them. The workshops are supplemented with relevant theories of psychosocial development (Henley 2010; Killian et al. 2008) and developmental play theory (Cattanach 1994; Slade1995). Zakheni has a rigorous monitoring and evaluation system in place that involves a detailed application process to take part in the workshops as well as participants and facilitators filling out evaluation forms at the end of each set of the four workshops. All participants receive a certificate of attendance at the end of the program.

The South African Institute for Traumatic Stress conducted a formal independent evaluation (formative and summative) of the pilot program (Higson-Smith, Mulder & Zondi 2006) and while highlighting areas that could be developed, the report concluded: ‘Zakheni’s vision challenges all South African mental health and welfare professionals to look critically at their work, and to search for more effective, culturally embedded ways of building psychosocial care in our country. The Firemaker project is meeting a real need of South African communities and the care workers that serve them. The Zakheni Arts Therapy Foundation should continue to find ways to make such skills available to care workers in South African communities’ (Higson-Smith et al. 2006: 1).

FIREMAKER: CONSTRUCTING A SOCIALLY RESPONSIVE ARTS THERAPY PRACTICE

Firemaker trains care workers to use the applied arts mindfully in their work, so that they may be able to respond to the psychosocial needs of those they work with. How might this program be considered to address social justice issues? Reflecting as an insider’ (Savin-Baden & Howell Major 2013) and drawing on my experience and knowledge of the ongoing efforts of the program to construct a socially responsive and arts therapy practice, I consider how the Firemaker might be both transformative and ethical by attuning to the psychological, social, political and cultural contexts through dialogical ethics.

Transformative Practice

Firemaker is a response to widespread social realities and inequities resulting from a particular history. It recognises that the post-colonial and apartheid historical and political context; which privileged race, class and access to education, has also played a role in restricting access to welfare resources.

At the core of psychosocial group work is the relationship formed between the child, other children and the care worker. Given the significance of this relationship and the adaptive function of the child-caregiver bond (Slade 2005), it is the care worker’s psychological wellbeing and capacity to respond to the children’s needs that is imperative in psychosocial work (Coulsen 2009). Often overlooked in this work is the fact that many of the care workers live in the same community as the children they work with, and are personally affected by the same adversities. Intergenerational trauma is aggravated when a ‘society never acknowledges the extent of the suffering and the violence of the marginalised’ (Watkins & Shulman 2008: 237). While post-apartheid South Africa is attempting to acknowledge this, the legacy of silence, suffering and violence remains in society, communities and professions.

This context adds to the inherent stresses of care work, which inevitably is psychologically and emotionally burdensome (Coulsen 2009; Orner 2006).

Firemaker recognises the significance and importance of the space for care workers ‘those who have been silenced and marginalised’ (Stevens, Duncan & Hook 2013: 8) to share stories of their lived realities. For many care workers it is the first time they are able to voice their experiences in this way, and to have the opportunity of being listened to and heard.

Firemaker acknowledges the therapeutic importance of this as well as its role in broader social and political transformation. In so doing, Firemaker acknowledges and directly addresses the care worker’s life experiences as equally significant as the child’s within the social, political and cultural context’s past and present.

Psychosocial research is frequently criticized by authors who argue that the term fails to include the wider political context, and thus fails to address less visible issues of privilege, oppression and social inequity in our own lives and in the lives of our clients (Sajjani 2012; Stevens, Duncan & Hook 2013). The role of therapist is redefined as facilitator by running the program on site within targeted communities, in a manner that impacts child, worker and organisation and can be sustained after the workshop program is completed. By creating partnerships and providing a space that is both therapeutic and educational, the potential for both public and private healing and social transformation becomes more possible. Sajjani addresses the importance of

enlarging the therapeutic space to include community specific locations, usefully blurring the boundaries between public and private by calling for accountability, situating the encounter between client and therapist in sustainable partnerships and participatory practices, and in reformulating the purpose of therapy as facilitating an individual and/or group’s capacities to identify, analyse and address, the internalised, relational and systemic dynamics which limit the full arc of their desires (2010: 194).

Dialogical Ethics

It is important to note that Firemaker was developed on request from care workers. Zakheni Arts Therapy Foundation works in alliance with community organisations. By taking part in Firemaker (through voluntary informed consent) organisations, care workers and

facilitators are invited to enter a long term ‘sustainable process of critical dialogue’ (Watkins & Shulman 2008: 263) about themselves, their work and their experiences of Firemaker. Collaboration and critical dialogue is central to ethical practice (Sonn 2009) and care workers are recognised as core members of the community within which they live and work, establishing an ongoing relationship based on their needs and that of the organisation. Ongoing supervision and mentoring reinforces this principle as do reflective practice supervision sessions for facilitators. The program content is dynamic and is adapted according to needs of particular communities.

DISCUSSION

In this paper I have attempted to outline how the Firemaker Program and its core processes have emerged within a specific social context to address specific needs of communities struggling with the tensions and challenges facing South African society. The arts therapists involved had to adapt and think beyond the traditional therapeutic boundaries of focussing on individuals, in order to provide support that is relevant, culturally sensitive, appropriate and safe. This has also meant challenging traditional practice identities and distinctions, and moving out of comfort zones. The expanded conception of arts-based therapy that informs Firemaker reflects Landy’s conviction that

the field needs to, right now, hold up a mirror to itself and take a hard look. It needs to start asking critical questions without fear of taking a stand and demanding answers. It needs to look at where it has come from and where it needs to go. Dramatherapy needs to open its doors and its windows and begin to speak to its neighbours in other creative arts therapies, in counselling, in social work, in psychology in medicine, in theatre, in human rights and in social action (2006: 140).

Despite Firemaker illustrating how the arts therapies can become more socially justice orientated in South Africa, there are implications and ongoing questions. The first question is around what is real transformation and at what level and how can it be recognised and encouraged?

Despite thinking Firemaker is addressing social change and justice; such claims may be negated if the trainers’ lived realities are vastly different from those of the care workers and children they work with. With such different lived realities, what does this mean for real

social transformation for the care workers in the training? A potential danger is that these differences between facilitators and participants may inadvertently recreate racialised realities and inequities. How do we address this in a way that does more than merely recognising and acknowledging the reproduction of privilege? This implies the recognition that psychosocial work is not merely about internal and external, and that the context within which this work happens is significant and relational (Stevens, Duncan & Hook 2013). We also can't ignore the dependence of programs like this on external funding: a wider political issue and one that too reproduces patterns of colonialism. It is these areas that are imperative in our work if we are to truly work for social transformation and justice.

A second question is around how to share the skills of facilitating Firemaker? How might organisations and communities take full ownership of the program and continue to train care workers and “find a way of using knowledge that South Africans already possess in order for them to have ownership in their own development and healing”? (Makanya 2014: 305). What would the implications be of this for care workers, Zakheni Arts Therapy Foundation and the arts therapies profession?

A third significant question is around funding. How does an NGO continue to offer programs that address deeper psychosocial issues and take time, simultaneously trying to comply with donor organisations criteria that do not take these issues into account? Is it sustainable in the long term to rely so heavily on external donor money?

A fourth question is around children's experiences of Firemaker. We need to find participatory ways of including the children who are the ultimate beneficiaries of Firemaker. Current monitoring and evaluation processes do not include feedback from the children in the organisations. Their voices and views into what is included in the program as well as their thoughts and feelings on engaging in the arts activities can only ultimately grow the program.

And finally we have to ask where the research is (Eaton et al. 2007; Jones 2012)? Further research demonstrating the effectiveness of community focused arts therapy-based programs that enhance child care workers' capacity to respond to and thus impact on the psychosocial well-being of children is needed to build understanding and knowledge of arts learning as practice.

CONCLUSION

Sitting in a circle around a fire means we are all witnesses to, and participants in, a social process that causes discomfort and demands both engagement and reflection. If we as arts therapists are 'all in it', and if we want to work for social justice, then we need to be

aware of what it means to engage with the social, political and cultural spheres, both in the ways we practice and how we think about our practice. Critical reflexivity and the ability to interrogate foundational assumptions about our practice might be our most valuable tool as we seek other ways of knowing and doing, embracing the unknown and the discomfort and finding ways of lighting an effective long-burning fire.

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Contributor Details

Kirsten is a registered dramatherapist with the Health Professions Council of South Africa and ANZATA (Australia, New Zealand Arts Therapists Association). She is currently a PhD candidate at Victoria University, Melbourne. In 2001 she co-founded the Zakheni Arts Therapy Foundation in South Africa and has worked extensively in diverse contexts as therapist, facilitator and educator.

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Contact:

Kirsten Meyer

College of Arts

Victoria University

PO Box 14428

Melbourne, Victoria 8001

Australia

E-mail: kirsten.meyer@live.vu.edu.au or kirstm030@gmail.com