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ARTICLE

"Becoming a shapeshifter": Towards developing best practice guidelines for arts therapies outside of private practice in South Africa

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ABSTRACT

The arts therapies are regulated professions in South Africa. Although the Health Professions Council has produced a *scope of practice* for these professions, there are no *guidelines for best practice*. This is particularly important for practitioners working outside of private practice and in developing countries where the needs are pervasive and practice is extensive. Through six focus group discussions and two in-depth interviews with 20 arts therapists working outside of private practice, we explored how they are working (including the challenges and ethical dilemmas they encounter), how they respond to these challenges and dilemmas, what resources they use, and how they perceive their roles and responsibilities. Through gathering and analysing this data via thematic analysis, we sought to develop guidelines for best practice. We propose and discuss eight best practice guidelines for responsive and responsible arts therapies practice-in-context, discussing their rationale and application. These guidelines may be useful for all practitioners seeking to work in ways that are sensitively responsive to context.

KEYWORDS

arts therapies,
guidelines for best practice,
community,
art therapy,
dance/movement therapy,
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INTRODUCTION

The creative arts have been intuitively used for millennia, arguably to serve an evolutionary function and adaptive purpose (Kaimal, 2019). The *arts therapies* (including art therapy, music therapy, drama therapy, and dance/movement therapy) draw from the benefits inherent in creativity, imagination, non-verbal communication and self-expression (among other mechanisms). These disciplines were formalised in countries such as the United Kingdom and the United States from the 1950s and 60s onwards, professionalising the therapeutic role of the arts in physical, rehabilitative, psychosocial and mental healthcare (Karkou & Sanderson, 2006).

In South Africa, the arts therapies professions are regulated by the Health Professions Council (HPCSA, 2022), with the South African National Arts Therapies Association (SANATA) being the professional association.[1] The HPCSA sets contextually relevant standards for healthcare training and practice and maintains the country's ethical and professional practice standards. Although the HPCSA has produced a *scope of practice* for the profession, there are no *guidelines for best practice*, particularly for practitioners working outside of private practice where the scope is broad, the needs pervasive, and practice is extensive. South Africa is also a highly diverse society (Chaka & Adanlawo, 2023) requiring flexible approaches to practice.

There are formidable healthcare challenges in South Africa that include colliding epidemics that are often comorbid or syndemic: HIV and tuberculosis, chronic illness and mental health, injury and violence, and maternal, neonatal and child health (de Villiers, 2021; Mayosi et al., 2012; Shisana et al., 2024). In this context, these epidemics are significantly driven by social determinants such as poverty, lack of access to quality education, healthcare and social protection, and unemployment (Ataguba et al., 2015; Egede et al., 2024; Jemiluyi & Jeke, 2024; Mbazima et al., 2024), leading to great inequality and requiring a social justice lens to healthcare delivery and intervention (Gopalakrishna, 2022; Meyer, 2014; Swartz, 2022). The national public health sector, staffed by around 30% of the country's doctors, remains the exclusive healthcare provider for more than 40 million uninsured people, constituting around 84% of the national population (Mayosi & Benatar, 2014; Ngobeni et al., 2020).

The prevalence of mental disorders in South Africa is high. In the only extensive epidemiological study of mental health, 16.5% of adults reported a common mental disorder in the past year (Williams et al., 2008). Yet, only 1 in 4 participants had treatment of any kind during this time (Seedat et al., 2008). The prevalence of mental health problems in children and adolescents in sub-Saharan Africa is estimated at 14% (Cortina et al., 2012), and the treatment gap is larger than adults at around 90% (Saade et al., 2023); child and adolescent mental health is severely underserved. Access to mental health services in public healthcare in South Africa is marginal, mainly on account of poor recognition and screening of mental health problems, stigma, and lack of resources, with 0.28 per 100 000 population psychiatrists, 0.32 psychologists and 0.40 social workers (Janse van Rensburg et al., 2022; Lund et al., 2010). In South Africa, arts therapists are lobbying to obtain public healthcare positions, but these are still unavailable to the profession. This is a missed opportunity as there is great potential to utilise the profession with such skills shortage and need.

[1] Their definition of each modality can be found at https://sanata.org/art-therapies/

As a result of the inability of the public healthcare system to meet the needs related to pervasive mental health problems (Coovadia et al., 2009; De Kock & Pillay, 2018), these are typically served outside of public healthcare. Many arts therapists work in private practice, educational settings, non-profit organisations (NPOs), or non-governmental organisations (NGOs). This sector (NPO/NGO) has a rich political history in South Africa and has played a significant role in shaping and transforming service delivery when the state has not, or when health and welfare have been inadequate or inequitable (Choto et al., 2020; Parekh, 1997; Pillay, 2022). Currently, this sector manages a mental healthcare gap in service delivery that is largely donor-funded (Ayinkamiye & Spencer, 2021), a reality that can lead to conflicts of interest (Claeyé & Jackson, 2012) and challenges with sustainability (Harding, 2014). The sector is vibrant and diverse, leading to innovative interventions and creative responses to mental health needs; however, it is also poorly regulated and may benefit from more coordination with state and other services delivering care to the public (Choto et al., 2020; Moshabela et al., 2013).

In low and middle-income countries (LMICs), like South Africa, where the arts therapies professions are relatively new (33 years in South Africa, with 110 practitioners registered with the HPCSA at the time of this study), and where local clinical research is relatively scarce, local practitioners are a vital source of social capital and can help shape best practice guidelines. To capitalise on local knowledge, we invited registered arts therapists to focus group discussions to elaborate on how they navigate their clinical work outside private practice. (In a separate, related paper; dos Santos et al., 2025) we report on findings from a scoping review that examines studies published on this topic.) Our research questions for the current study were as follows:

1. How are arts therapists (ATs) working outside of private practice in South Africa?
    - 1.1 What challenges do they encounter?
    - 1.2 What ethical dilemmas do they face?
    - 1.3 How do they respond to these challenges and dilemmas (and why do they respond to them in these ways)?
    - 1.4 What resources do they use, and how do they use them?
    - 1.5 How do they perceive their role(s)?
    - 1.6 How do they perceive and engage with their responsibilities?
    - 1.7 What do these ATs need to sustain their work?
2. What do we learn from this that can inform guidelines for best practice in these contexts?

METHODS

Research process

We invited arts therapists in South Africa who work outside of private practice to participate in focus groups. (We also conducted two individual interviews with participants who could not attend any of the focus groups.) Through thematic analysis, we generated themes and used these as a foundation to propose guidelines for best practice.

Participants

A list of all registered arts therapists was sought from the HPCSA (hpcsa.co.za), which yielded 110 practitioners. As part of this community of practitioners, we had all these arts therapists' contact information. We purposively selected practitioners who were recently registered and newer to the field (registering within the last five years), as well as those with more experience. We sampled practitioners from all the arts therapies, including art, music, drama, and dance/movement therapists. We tried to sample participants who identify as men for this investigation as there were only four registered; all other practitioners identify as women as far as we were aware. As the community of arts therapists is relatively small in South Africa, we have a good understanding of where practitioners were working, and we invited all those we were aware of who have worked outside of private practice contexts from a range of provinces across the country. Participants were invited via email to participate in a focus group discussion (FGDs) and were given information about the study. We offered various options for times of FGDs and participants chose which one suited them best. Forty-one practitioners were invited to participate, and n=20 signed up (5=art therapists; 9=music therapists; 5=drama therapists; n=1 dance/movement therapists) to participate in six FGDs and two individual interviews.

Positionality

All three researchers are white South Africans who identify as women. We are registered arts therapists (two are music therapists and one is an art therapist) with approximately 20 years of clinical practice experience each. The majority of this clinical work has been based in community practice. We are researchers (two have PhDs and one is currently undertaking a PhD) with over 20 years of experience conducting qualitative research, and we are educators at two South African universities that train arts therapists. In addition, we serve as both research and clinical supervisors to graduate students in arts therapies. We all have multiple roles and serve in various positions within the arts therapy community in South Africa, enabling a degree of insight into the profession. This subjectivity also comes with limitations that need to be critically examined and will be discussed in the section below on reflexivity.

Ethical considerations

All participants gave written informed consent for FGD participation and audio recording on the Zoom platform. Ethical clearance was granted by the University of Pretoria's Faculty of Humanities Research Ethics Committee (HUM014/0823). At the start of each FGD, facilitators reminded participants of their shared commitment to confidentiality and encouraged them to uphold it. This was an important ethical consideration given that many participants were known to each other. Pseudonyms were used, and no identifying information was included. Participants were free to withdraw at any time.

Data collection

Each FGD took approximately 90 minutes. The questions posed in the FGDs mirrored the research questions guiding the study. The FGD guide was piloted with the three researchers. The two researchers who served as facilitators of the FGDs with arts therapists attended the pilot as participants, and the third researcher facilitated the discussion. This pilot FGD was audio recorded, transcribed, and analysed by the pilot facilitator. We discuss this process further below.

Two researchers facilitated three FGDs each. Facilitators tried, where possible, to conduct FGDs with participants who were not known or less well-known to them. While we elected to conduct focus groups so that participants could discuss the issues raised with one another in the group (potentially stimulating additional/deeper insights), one researcher conducted two in-depth interviews with participants who became unavailable for the scheduled FGDs they signed up for. All participants identified as women, and only one was non-white (there is little racial diversity in our sample and generally in the field in South Africa with only n=8 practitioners who were non-white and registered with HPCSA at the time of this study). Data collection occurred from October 2023 to February 2024.

Reflexivity

Before recruiting participants and facilitating FGDs, we engaged in a pilot focus group as researchers. This allowed us to take the questions for a "test drive," but crucially, it facilitated exploring and articulating our experiences, assumptions, motivations and concerns related to arts therapies practice outside of private practice contexts in South Africa before gathering and analysing data from other practitioners. Reflexivity can be greatly enhanced by working in a team (Barry et al., 1999). Whilst researchers often simply write a paragraph reflexively presenting their positioning, experience and motivations, because we fully thematically analysed our views expressed in our focus group, we present these in Table 1.

As we proceeded to recruit participants, conduct the focus groups and organise and interpret participants' insights, we could clearly and transparently hold our own perspectives in mind, critique them, use them when appropriate, and set them aside if they were challenged. We see reflexivity as a process through which researchers acknowledge that they are active role players in meaning-making within their studies (Alvesson & Sköldberg, 2000; Etherington, 2004; Stige et al., 2009). The variant of reflexivity that we subscribed to in this study held the balance between seeking to allow the phenomenon to reveal itself as far as possible whilst acknowledging that we cannot ever fully step outside of our perspectives. We can work to recognise these and present them with transparency. We also note that the constructs we use through our questions, theme development and discussion of findings actively shape meaning as well.

Professional experience

Characteristics of the contexts

- Work outside of private practice typically occurs in informal contexts [Formal contexts=resourced (on all levels) vs Informal=lack of resources; lack of referral systems]
- Perception of the arts therapies is fluid in informal contexts
- There are challenges and opportunities
- Collapsing health care system

Challenges of working in these contexts

- Lack of mental health understanding
- Emotionally taxing
- Difficulties managing boundaries
- The latent trauma within systems can be challenging for professional relationships
- Specific ethical dilemmas in under-resourced settings
- Lack of suitable referrals
- Knowing that even with referral, patients won't receive the care they need
- Unreliable care within health systems
- Basic human rights not being met
- Addressing needs vs staying inside scope of practice
- Sustainability questions related to going over and above for service-user care

Motivation for working in these contexts

- Political motivation; committed to social justice
- Arts are accessible and already a resource
- The arts therapists' personality fits well with the demands of the work

Roles and responsibilities

- Managing, supervising, training
- Advocating for social change
- Advocating for alternative ways of approaching mental health
- Addressing systemic, not just individual, issues
- Working with resources and people who are already there
- Always considering sustainability
- Critically reflecting on one's role
- Building and working within networks

Training and supervision

- Lack of training on how to build networks
- Critical reflexivity training is valuable
- Becoming well-informed so you can go into the work with your eyes wide open

Research

- Unique arts therapies skills and insights contribute to large multidisciplinary studies

Being a supervisor

- Supervisors should have work experience in similar contexts
- Supervisors should have broad knowledge, not only clinical skills (e.g., including how to network; roles in multidisciplinary teams)

Best practice
Defining "best practice guidelines" • Guidelines for "Good enough" practice – potentially more realistic • Best practice = well-informed practice ***Guidelines*** • We should work to stay true to what our professions uniquely offer • Be flexible and adaptable • Expect the unexpected • Use a strengths-based, resource-oriented approach • Recognise social and structural drivers of mental health struggles • The work should be sustainable • Grit is important (and to be aware of when you don't have the necessary grit) • Participants should hold ownership and have agency • We need to have a collaborative stance • Accountability is non-negotiable • You cannot work in isolation; you need a team • Get advice from others who are navigating this collapsing healthcare system • Relevant supervision is essential • Within the systems you work in, use the negotiating power that you do have • Make use of continuing education opportunities • Use relevant theoretical frames and research • Constantly thinking about ethics & how to navigate the complexity of ethical dilemmas in these contexts • Self-care

Table 1: The researchers' positions and insights on the topic under investigation

Data analysis

All FGDs with participants were audio recorded on Zoom and transcribed using MeetGeek (meetgeek.ai) (which has end-to-end encryption; data cannot be accessed by third parties). Transcriptions were checked for accuracy by the researcher who facilitated the FGD. Initial broad codes were collaboratively developed between all the authors based on the review of literature, the topics in the questions in the focus group guide and an initial full reading of all the transcriptions (Creswell, 2014). This is a well-established approach for qualitative analysis (Oliveira, 2023; Richards & Hemphill, 2018), especially in collaborative analysis as was the case in this study. The research team began by analysing the same transcript using this codebook, and codes were further refined through an inductive analytic approach, as our goal was to ensure that meaning was derived from the data rather than assuming preset viewpoints (Miles et al., 2020). The team then met again to discuss and revise the codebook before coding the entire dataset. Transcripts of the six focus groups and two individual interviews were thematically and double-coded by two researchers (i.e., thematic codes were applied to each transcript by each researcher). The research team critiqued the findings to reach an agreement on the findings and optimise insights.

FINDINGS

This section presents our analysis of FGD and interview data (Table 2). Participants shared insights on strategies, resources, and approaches for navigating challenges and sustaining practice outside private practice. A key limitation was inadequate representation of a more diverse sample, particularly around gender and race. This is particularly important in the South African context, where most service users in communities are people of colour and where the views of practitioners of colour would have been significant.

We explore participants' descriptions of context, practice characteristics, and their motivations for working in these often challenging environments. These specific themes were selected for their relevance in defining the scope of arts therapy practice outside of private practice and providing contextual background for the proposed best practice guidelines presented in the discussion section.

Integrating insights from focus group discussions and interviews

Table 2 presents our organisation of the themes and subthemes in response to the research questions.

A South African context of complex needs

Participants' descriptions of the contexts in which they work highlighted the multilayered needs of the majority of people living in South Africa, perpetuated by deeply entrenched systemic drivers of inequality and poverty. In discussing work within an in-patient unit, Emma described how inadequate social service interventions and unsafe community environments exacerbate children's mental health needs:

> [Social workers] only take the worst of the worst [and] kids fall through the cracks. Their mental health has just completely deteriorated because of the environment they have been living in. So that's very difficult…knowing my limits and my scope within a space like that…knowing that, ultimately when they get discharged, they're probably going back into quite a toxic system. So I find that challenging but also really rewarding to see what music therapy can offer kids like that: what a difference it can make.

This context requires assessment at individual and community levels, while considering systemic drivers, with practitioners adapting conventional clinical approaches to remain responsive to multi-level needs.

Professional experience

Characteristics of the contexts

- Complexity of needs:
  - Complex, multi-layered needs of service users (mental health, food, housing, trauma, grief, disability)
  - Widespread intergenerational trauma and grief
  - Limited access to care/support resources
  - Dysfunctional health and care systems exacerbating mental health issues

Characteristics of arts therapy practice

- Service-users:
  - Work with individuals from prenatal to advanced age.
  - Address acute, chronic health, mental health challenges, and socio-economic issues.
  - Includes vulnerable groups and caregivers
- Settings:
  - Disability, education, public health, and social development sectors.
  - Both formal (schools, hospitals, care facilities) and informal settings (NPO, community-based projects)
  - Settings often lack adequate resources
- Scope of arts therapy interventions:
  - Level of intervention ranges from individual, family, organisational to community level.
  - Focus areas include: mental health; educational support; social justice issues; psychoeducation; skills development, training and capacity building; wellness and self-care
  - Format both online and in-person; group and individual arts therapy, with emphasis on group work; support groups; skills development and training workshops; performances
  - Interventions occur across the continuum of care (prevention/health promotion/early detection ⇨ treatment/clinical therapeutic services ⇨ continuing care/recovery/ongoing support)
- Nature of employment:
  - Full-time, part-time, and project-based positions, either paid or pro-bono.
  - Predominantly in non-profit organisations, with limited paid roles in public hospitals.

Roles and responsibilities

- Multiple, varied roles
- Time-consuming organisational duties (e.g., fundraising and networking)
- Shifting roles due to evolving needs
- Advocacy for arts therapy and social justice

Motivation for work

- Systemic/ecological approach resonates
- Work offers diversity, novelty, and independence
- Motivated by idealism and desire to make a difference
- Commitment to social justice
- Suited to pioneering and avant-garde personalities

Challenges of the work

- Service-users' needs often exceed therapists' scope, leading to burnout
- Unpredictable nature of the work is draining; requires more capacity and resourcefulness than arts therapists may possess
- In contexts of overwhelming community needs, therapists' self-care is neglected.
- Identity of therapist (white/privileged/educated) can undermine the work
- Requires ongoing advocacy for arts therapies' role, efficacy
- Unclear role boundaries
- Arts therapy practice is impacted by level of community and organisational buy-in
- Financial-resource competition in under-resourced settings
- Chaos and instability in community context spill into organisational/institutional setting (parallel processes)
- Sustainability depends on unstable funding
- Profession's emerging status subjects practitioners to heightened scrutiny and necessitates the highest ethical standards

Specific ethical dilemmas

- Complicated notions of harm and safety in context of pervasive unmet psychosocial needs
- Inadequate referral systems
- Systemic injustice complicates ethical decisions
- The arts' evocative potential brings unmet mental health needs to the surface in unsupported contexts
- Access to supervision and personal therapy for arts therapists is difficult and expensive.
- Confidentiality and consent issues
- Blurry line between skills-sharing and therapy
- Difficult decisions on resource allocation in high-need contexts

Strategies for navigating challenges

- Ecological thinking, trauma informed, systemic and strengths-based approaches.
- Intentional identification, access, mobilisation and maintenance of resources
- Flexible and adaptive practices
- Cultural sensitivity and humility
- Consider sustainability in all aspects of practice
- Collaborative approach
- Intentionally cultivate a community of practice through collaborative relationships within the broader community
- Responsibility for establishing and maintaining active referral networks lies with the arts therapist
- Organisational sustainability requires skilled leadership, supportive structures, reflexivity, and expanded responsibilities beyond traditional roles
- Mediating funders' expectations with community needs and rights
- Roles and responsibilities in complex contexts requires diverse skills, clear boundaries, and adaptability while navigating unpredictable environments
- Slow, measured practice approach
- Manage own capacity and self-care

Strategies for navigating ethical dilemmas:

- Consider potential harm in resource-limited contexts
- Consider safety through a social justice and resource-oriented lens
- A situated, fluid consideration of safety: "as safe as possible" within unsafe spaces
- Conventional notions of therapeutic boundaries requires reframing
- Boundaries informed by care continuum position
- Educate stakeholders on ethical standards
- Manage expectations, provide debriefing, and establish referral networks when providing skills-sharing/training

Training and supervision

Challenges related to training

- "I don't know how one prepares anybody to really know how to deal with just so much need" (Camila)
- Western-based knowledge may not fit the South African context
- Overseas training may not be adequate for local complexities

Helpful resources and approaches

- Networking, collaborative practice, relationship-building skills
- Diverse internship placement experience
- Diverse trainer profile
- Attitude of ongoing learning
- Eclectic theory integration
- Relevant theories:
  - Systemic and relational theories: systems theory; family constellation theory; group theory; gestalt theory
  - Individual-focused theories: humanistic perspective; positive psychology; psychodynamic theory (attachment; Bion's theory of containment)
  - Sociocultural and critical theories: theories from anthropology and sociology; feminist theory (Black feminist theory; Afro-feminism)
  - Community development theory: Asset-based community development
  - Trauma-focused theories: trauma-informed theory; intergenerational trauma; socio-ecological resilience
  - Applied theoretical approaches: training in psychological first aid

Supervision

- Essential for ethical practice and support
- Often costly and limited access
- Supervisor need experience in working in contexts of complex needs to support adaptive practice and ethical decision-making

Research

- Challenges: Difficult to access published research; lack of confidence and resources (time, funding) for research investment
- Ethical research practice is collaborative, transdisciplinary, inclusive, transparent, considers power dynamics
- Strategies for increased SA-based research:
  - Support from academic institutions and peer groups
  - Funding
  - Collaborative research spaces
  - Research embedded in training and practice to guide advocacy and professional growth

Table 2: Themes and subthemes

Characteristics of arts therapy practice in contexts of complex needs

Arts therapists work across the lifespan with diverse groups including those with health challenges, vulnerable groups (children and youth in social care, refugees, migrants, victims of xenophobia and gender-based violence, women in prison, people facing socio-economic challenges (poverty, housing

and food insecurity), caregivers and professionals in helping roles (educators, first responders, police, social workers).

Arts therapy practices span public sectors (disability, education, health, social protection, and social welfare), operating in formal state-regulated institutions and–more commonly–within regulated NPOs and informal (i.e., unregistered and unregulated) grassroots organisations or community-based projects. Therapists' feelings of overwhelm can be limited by lack of oversight in informal settings, the positioning of arts therapies as an isolated mental health service within a context of complex and multilayered psychosocial needs, and challenges related to practice boundaries.

Work ranges from full-time, part-time, and project-based work, primarily in NPOs and grassroots organisations, with some voluntary or grant-funded positions in state institutions. Resource constraints affect both sectors, limiting funding, access to complementary psychosocial support services, and referral networks.

Under-resourced settings require arts therapists to assume multiple roles and responsibilities, ranging from leadership and strategic to administrative and operational, alongside their therapeutic work. The volatility of these contexts causes roles and responsibilities to constantly shift to remain responsive to the dynamic nature of community needs.

In light of the lack of formal integration of arts therapies in public health care services, participants highlighted their responsibility to advocate for the scope, value and efficacy of arts therapies. Alongside advocacy for arts therapies within existing structures and systems, therapists also play an advocacy role in the social justice issues relevant to the community they work in. Anna described this advocacy role in addition to other responsibilities, some outside her skillset:

> We began women's workshops linked with menstrual health. We've partnered with organisations who fight period poverty…[A]ll the roles as a practitioner and the director, administrator and finance person, which is absolutely the worst role ever for me. And then it's all linked with activism and advocacy all the time as well.

The landscape of arts therapies beyond private practice is expansive, and practices are sustained despite the myriad challenges practitioners, service users, and their communities face. Therapists' commitment to these complex contexts reveals unique motivational drivers that underscore both the potential and challenges of arts therapies.

Arts therapists' motivation for working in contexts of complex needs

The motivations for working in these contexts seem to align with therapists' individual dispositions and theoretical orientations. A systemic perspective resonated with some participants. As Abigail stated, "I don't believe in private practice, I don't believe in this individualistic health model." Similarly, Lily described how her perspective expanded through community development theory.

The opportunity to work in uncharted territory–within settings, institutions and organisations unfamiliar with arts therapies–inspired some participants, who found the diversity and novelty of the work stimulating. The demand for innovation seemed to align with the intrinsic qualities of some participants. who intentionally chose to engage in practices that required them to be innovators:

> In any other context outside South Africa…[they] are so regulated… so careful… so rule-driven. I feel like as South Africans–maybe this will change as well–but while I've been working, it's like no one cares what I do, and it's kind of the cowboy, like the kind of pioneer. You can kind of create the space; you can make the field as it's happening. (Abigail)

Therapists' commitment to social justice was another key motivator, which aligns with socio-ecological arts therapy approaches. However, Abigail also cautioned against an over-idealistic notion of the role of arts therapies in the pursuit of social change, highlighting the importance of reflexivity and continuous engagement with one's personal motivation.

DISCUSSION

Figure 1 presents themes and the proposed best practice guidelines. We start this section by exploring a socio-ecological consideration of health and the continuum of care as an overarching framework for considering arts therapy practice in contexts of complex needs. We then present eight proposed best practice guidelines grounded in participants' data. While quotes from participants are typically included in a findings section and not in the discussion, we have elected to include them here to show how the guidelines extend from the findings and remain grounded in the data.

A socio-ecological consideration of health and the continuum of care

A socio-ecological approach to health and well-being considers the determinants of health from an integrated physical, social and economic perspective at both individual and societal levels. From this perspective, the continuum of care refers to "a seamless and coordinated course of multi-faceted actions…It ensures that actions meet populations 'where they are' on the continuum of health, whether that be to maintain health, reduce vulnerability, reduce harms, or promote recovery" (Stephen & Walzer, 2023, p. 5). This approach considers both upstream factors—the physical, social, and economic determinants of health—as well as downstream elements, such as how the service integrates with and impacts other services to collectively support health and wellbeing for individuals, communities, and society at large. Considering arts therapy practice along the continuum of care has significant implications for practice. Private practice arts therapy services typically focus on treatment/clinical therapeutic services with parameters prescribed by medical insurance companies, dictating service-user access (limited to a prescribed list of mental health diagnoses), the level of intervention (limited mostly to the individual level, while it might include families), the format of sessions (limited to individual or small group work), and the length of treatment (limited to a predetermined number of sessions). Our analysis of the data indicates that

arts therapy work outside of private practice seems to span the entire care continuum, with interventions often focused on prevention/health promotion and continuing care/ongoing support. Participants described wide-ranging practices in terms of level of intervention, focus areas and process formats.

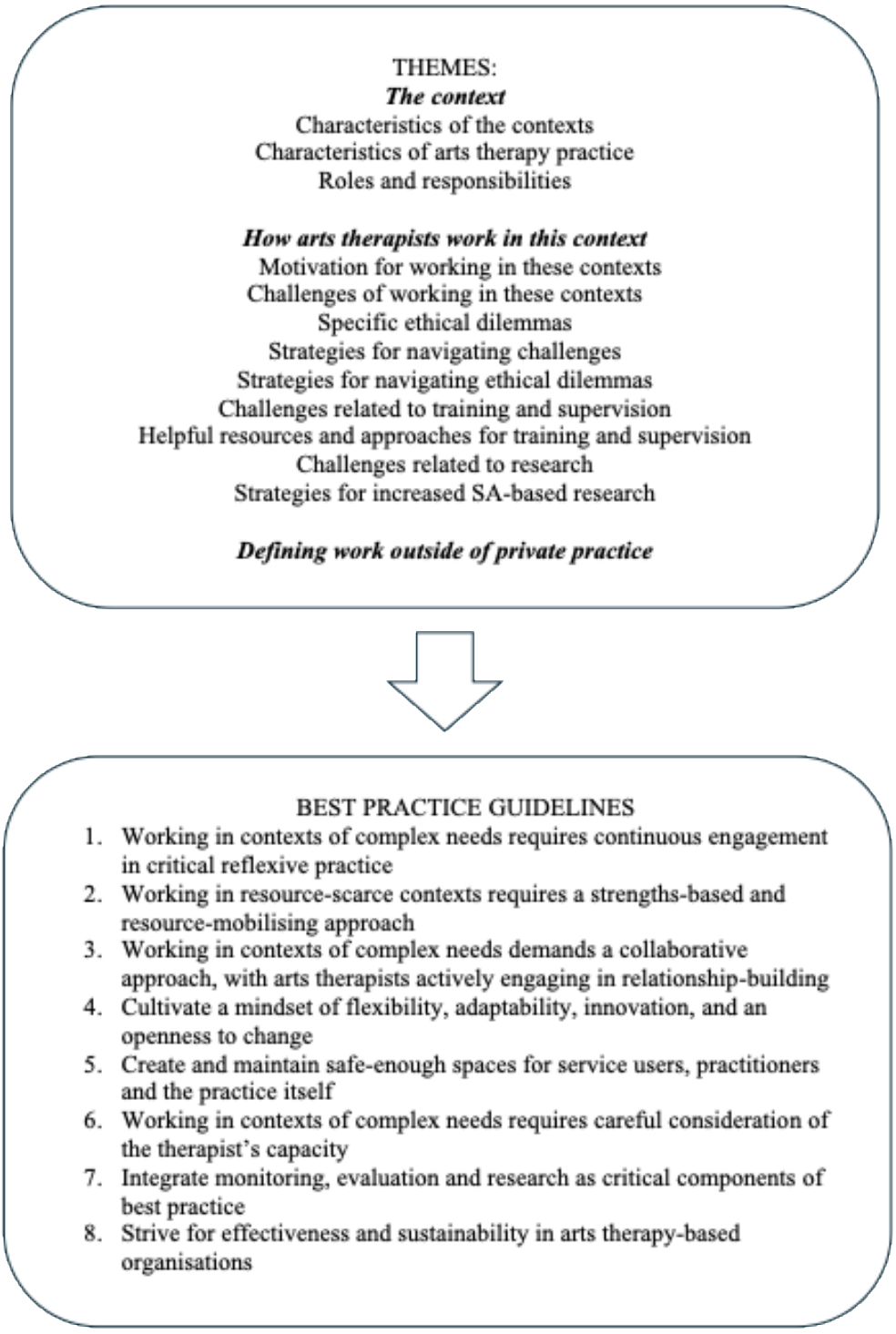

Figure 1: Themes and proposed best practice guidelines

The level of intervention in community-based settings can range from individual, family, organisational to community level. As Grace described, “The work is so contextual. It's not just my…contact with the clients, it's really the context that's my client.” Services extend beyond the conventional format of individual and small group therapy sessions to include support groups, workshops and performances. Similarly, the focus areas of the work move beyond individual mental health outcomes to include educational support, psychoeducation, skills development, training, capacity building, addressing of social justice issues, wellness and self-care. For example, Evelyn described a project in a school where she worked collaboratively with community arts facilitators:

> We'd have our set sessions [with children], but we were so tuned into what was going on in the whole school that when something would happen, [when] it would become a bit of a crisis, somehow we would be involved and we would be offering support. Our community musicians were really spearheading that element as well. We'd work a lot with the teachers, and we'd always be thinking about the teachers, almost more than the kids we were working with.

This socio-ecological framing enables therapists to consider the macro-context while understanding how their micro-interventions can potentially influence other parts of the system. Evelyn described the ability to “zoom in and go into the micro level and like what seeds are you planting? What little gift are you giving in that idea of exchange? And it doesn't have to be big, massive, groundbreaking.” Camila pointed to the connections and interdependence between parts of the socio-ecological system: “When we work with a system, we tweak one part and the system can be impacted.”

While general conceptions of a continuum of care framework emphasise the coordination of services within a health care system (Heine & Hanekom, 2023; Stephen & Walzer, 2023), arts therapies lack formal integration within health and social care systems, meaning that positioning within the care continuum depends more on individual therapist’s approaches than systemic coordination. Nevertheless, the data points to the valuable role arts therapies could play in expanding services across the care continuum if formally integrated into health, education and social care systems.

Best practice guidelines for responsive and responsible arts therapy practice-in-context

The proposed best practice guidelines are informed by analysis of the data (Tables 2). Through engagement with the data, we have questioned the notion of prescriptive "best practice guidelines.” We recognise the complexity of determining "what is best" in these intricate contexts. Underpinned by participants' shared experiences, we position these guidelines as wayfinders for arts therapists. They aim to guide practitioners in serving people responsively and responsibly while protecting and sustaining their own capacity to work within these contexts.

Guideline 1: Working in contexts of complex needs requires continuous engagement in critical reflexive practice

For therapy to be reflexive, the therapist must continuously and intentionally bring into awareness, evaluate, and modify their work through self-inquiry and collaboration (Bruscia, 2014). For example, Abigail asked, "Is there harm being done when you don't do enough?...With the arts…you can't limit what's going to arise. Our very medium is kind of evocative, especially when there is that level of hunger or desperate urgency to actually be heard, to be acknowledged." The unmet needs at a community level demand heightened self-awareness, reflexivity and robust coping mechanisms for the therapist to maintain their effectiveness.

Ella emphasised the need for reflexivity as she discussed arts therapists relocating to South Africa after training in high-income contexts: "What we find most…is the absence of being able to locate oneself here self-reflexively,…to understand the complex ethical landscape of working in mostly trauma-based work in our context." Reflexivity includes awareness of therapists' intersecting identities and positionality within the broader South African context.

Critical reflexive practice requires, firstly, heightened self-awareness. This demands ongoing engagement with one's therapist identity, motivation, and limitations. The following questions can guide ongoing self-reflection: *What motivates me to do this work? Who am I, and am I the right person for this work? What are my limits? How am I keeping myself accountable?*

Secondly, critical reflexive practice requires cultural sensitivity and humility, as well as openness towards the people and place in which the work is situated. A keen sense of curiosity allows continuous engagement with and learning from and about the context. A stance of cultural sensitivity and humility requires that we approach the community for clinical and research investment before implementation. This allows us to gain a deep understanding of the community's needs and priorities, enabling us to shape our practice in alignment with what is considered most valuable. Speaking as an arts therapy researcher, Louise highlights how this enables more equitable engagement:

> A lot of the people that I'm working with do not share my cultural or ethnic background and [I have] to be very careful about benevolence, which is why I'm a pragmatist. I used action research, which is co-design and collaboration, that we are equal partners in this discovery….It fitted much better than me coming in as the expert music therapist telling you what you must do.

Practising in culturally sensitive ways requires an ability for deep listening (Pavlicevic & Impey, 2013) or "listening in all sorts of ways" as Abigail described: "That's kind of our biggest skill that we have as arts therapists, and that's the thing that we need to keep sharpest, and that's what helps us practice best."

Thirdly, arts therapists are required to reflexively navigate organisational dynamics. Abigail reflected on how parallel processes within organisations underscore another factor impacting the therapist's role:

> For example, in an addictions unit, there will be addiction in the system and then a lot of stuff gets acted out in the staff team that is parallel to the client's team. In governmental sectors there will often be things around scarcity. Each institution has its own culture that is based on the clients that they're serving, that is mirroring the clients that they're serving… So you get pulled into the dynamic so that you don't expose the dynamic or so that you don't challenge the dynamic. You often are very conflicted around well, this is what I understood my job to be, but I'm being recruited in all these other ways. That's where the blurring comes.

Understanding and navigating these complex organisational dynamics is crucial for maintaining clear boundaries and effective communication. Reflexive practice and supervision are essential tools for therapists to navigate the complex processes within organisational systems.

Reflexivity allows for the knowledge gained to inform the practice. We need to explore questions such us: *What kind of work is most helpful in this space and what should my role be in this kind of work?* Participants such as Emily emphasised the importance of having to "(lay) the groundwork and the boundaries" before the work starts. In informal spaces unfamiliar with arts therapies, clarity around purpose, scope, and boundaries is crucial for creating fertile possibilities.

Guideline 2: Working in resource-scarce contexts requires a strengths-based and resource-mobilising approach

Work in community-based contexts often involves engaging with marginalised and disenfranchised service user groups with limited and inadequate resources to meet their basic needs. Consequently, people experience a sense of disempowerment, feeling they have little choice or control over improving their circumstances (Campbell & Cornish, 2012). Camila explained how reclaiming a sense of agency becomes an imperative focus of an arts therapies process.

A strengths-based approach prioritises and leverages inherent strengths, skills, and resources of service users and focuses on empowering individuals to actively participate in decision-making processes that affect their lives (Ottemiller & Awais, 2016). Arts therapies create an aesthetic framework grounded in the socio-cultural context, from which a service user can explore and reflect on their experience (Sajnani et al., 2020). Active engagement in the arts enables the inherent capacity for creativity to emerge and for resources to expand. Camilla explained:

> The inherent capacity of human beings to engage in creative acts, whether of body expression or vocal expression or visual expression, is a really important framing because it enables us to approach the people that we're working with, not from seeing them as only damaged and disempowered, but actually as having a resource that we are supporting them to access.

Working in resource-scarce contexts requires identifying and mobilising resources with careful consideration of resource allocation. Resources are not limited to service users' internal strengths, skills and capacities, but include awareness, activation and mobilisation of resources in the service user's environment. Emily described how she identified resources in practical ways:

“There are instruments there but they're mostly broken. So I found out that there's one man at the one institution that can fix things. So I've started handing him things.” Anna described how their arts therapy project used community mapping to identify both the risks and resources in the service users' community. Working within resource-scarce contexts also requires strategic management of available resources.

Decisions regarding resource allocation demand reflexivity, as they pose ethical dilemmas about who benefits from them. Confronting the reality of how unsupportive and under-resourced systems can jeopardise interventions, often at the expense of the most vulnerable, can be profoundly frustrating. Nevertheless, engaging with these questions remains critical, as responsible resource management becomes integral to therapy. Evelyn highlighted how these challenging decisions also relate to the therapist's capacity to sustain their work:

> Of course you have your ideal picture, but that depends on the money, and it's quite a cruel thing almost to have to do, is to choose… You've also got to keep yourself sane because if you are burnt out and if you're in an environment where it's not working, you're not going to be fully present and doing the work the way you know you can.

Guideline 3: Working in contexts of complex needs demands a collaborative approach, with arts therapists actively engaging in relationship-building

Participants described how working in dysfunctional care systems can lead to emotional strain among service users, their communities, care providers, and arts therapists alike. Evelyn noted the feelings of “hopelessness and helplessness”. Chloe reflected by asking, “When is it enough? And I don't know if it ever felt like it was.” This underscored the pervasive sense of despondency that can increase the risk of burnout.

Socio-ecological practice, with a strengths-based and resource-mobilising approach requires intentionally identifying relational resources available in a setting to sustain service users and arts therapists alike. Ebersöhn's (2012) research, based in South African schools in resource-scarce environments, proposed that systems can alleviate the effects of persistent stress by leveraging relationships and existing resources to foster an environment conducive to thriving. Her findings suggest that individuals facing ongoing adversity exhibit a “flock” response, wherein they collaboratively engage in a process of solidarity to access, mobilise, and sustain resources as a counter to continuous risk. Her model of Relationship-Resourced Resilience posits that individuals with access to resourced relationships are better equipped to mitigate risks associated with resource-scarce environments (Ebersöhn, 2019).

Arts therapists need to build collaborative relationships with community stakeholders and care practitioners. Isabella expressed: “An ethical practitioner is one who is in intentional community. So, held, connected, not in isolation.” The purpose of these engagements is to gain insight into the situated needs and challenges of service users and their community, build referral systems, raise awareness, and advocate for the role of arts therapy as a psychosocial or mental health service. Arts therapists can take an active role in seeking out and nurturing resourced relationships (Ebersöhn, 2019) that bring together a range of skills and supports to collectively assist service-

users. Emma reflected upon the importance of understanding and working with reliable professional support: "That helps a lot, especially in the tougher spaces. Knowing who's there to hold and who's there when I'm not there and what they do". A collaborative approach challenges conventional notions of a mental health practitioner or arts therapist as an "expert" and instead promotes equality by valuing the knowledge and contributions of all stakeholders involved (Bolger et al., 2018). Anna pointed to the reciprocity of these collaborative relationships:

> The community of like-minded people don't have to be people that do the same as you, but at least have the same value system or work in the same way. Or can add to you, that you can skill-share, a community of practice.

This extends to holding existing community and government support systems accountable. The arts therapist assumes a social activist role, insisting that stakeholders within these systems fulfil their mandated requirements. At the same time, collaborative relationships and supportive networks serve to keep the therapist accountable.

Clear and effective communication with organisations/institutions is essential. The current emergent phase of arts therapies in South Africa presents unique challenges for practitioners. Often pioneering their roles within organisations, arts therapists face the dual task of defining their services while navigating under-resourced environments that demand multifaceted responsibilities. This can lead to role ambiguity and place undue strain on the therapist. As Ella noted: "There are boundaries that we need to put in place that perhaps you wouldn't have to in other spaces." In settings unfamiliar with arts therapies, practitioners must proactively negotiate and clarify their roles and scope of practice. Emma highlighted the importance of communicating the ways in which the organisation needs to support the practice: "Before I start working, (I) try to communicate as much as possible what I do and what I need from the system in order to be able to do what I do."

Guideline 4: Cultivate a mindset of flexibility, adaptability, innovation, and an openness to change

Complex problems require nuanced, responsive solutions. Importing conventional practices and interventions, often developed in Eurocentric contexts, might not adequately address the needs of service users in South African (and other developing) contexts. The dynamic nature of the context, coupled with the diverse needs of South Africa's heterogeneous population, requires an adaptive and flexible approach. Amelia described how community needs and resources should be considered alongside the skills-set and experience of arts therapists to shape responsive practice:

> Working with what the … community's needs are, where the therapist is at, what the person can offer, who the clients are – taking all the different potentials and needs into consideration … because every institution or community is going to be different.

Ella highlighted the stark contrast between the South African context and the more structured environments experienced by arts therapists trained overseas. She emphasised that the local landscape requires practitioners to adapt to multiple, multidisciplinary spaces while consistently advocating for their profession. Evelyn used the concept of being a "shapeshifter" to describe being

flexible and adapting one's practice to meet needs in different settings. Amelia gave a practical example from a skills training programme with social care providers: "I'd often gone in with a psychodynamic frame thinking I'm going to run my five-day course… And what they actually were needing were life skills and trauma debriefing. So literally like put the manuals down and start from scratch."

Flexibility presents challenges. Evelyn, a recent graduate, described the demands of being a shapeshifter: "The flexibility and openness and ground-up approach can be a bit overwhelming." Several participants noted that being open to change and actively developing innovative, creative practices can feel like "breaking the rules" established by more conventional approaches. Therefore, this practice approach demands keen reflexivity to maintain ethical practice and accountability. Chloe considered supervision to be a space where therapists are held accountable, "to be reminded that it's okay to sort of break some of the rules, and to make new ones."

Guideline 5: Create and maintain safe-enough spaces for service users, practitioners and the practice itself

Volatility and lack of resources add complexity to ethical decision-making. The adversities that service users experience (e.g., poverty, violence, crime) cannot be ignored and directly impact therapeutic practice. Safety considerations are context-dependent. Working in these contexts requires a re-framing of creating and maintaining safe spaces. We find "safe-enough" spaces to be more helpful, as this acknowledges the inherent challenges of environments rife with injustice and inequity. Pursuing the illusion of an entirely "safe space" can be misleading and counterproductive when it fails to account for the real threats present in these settings (Scrine, 2021).

Creating safe-enough spaces requires considering safety through a social justice lens, acknowledging how systemic injustice continually challenges lives. Anna described how social change is considered alongside therapeutic outcomes: "A big shift…needs to happen on all levels for the system to change, while the practice is happening alongside." Through this lens, the concept of safety is intrinsically linked to agency. The focus shifts from solely pursuing individual clinical outcomes towards creating conditions that enable people to actively challenge the systemic injustices affecting them. Agency was linked to a resource-focused approach. Mia suggested that considering safety through a social justice lens keeps the therapist accountable: "If we're thinking about the safety, if we're thinking about the empathy and we're thinking about the agency, that helps us be accountable." Scrine (2021) introduces the idea of "structuring safety" (p. 9) as an ongoing process. It involves practitioners consistently ensuring informed consent, creating opportunities for autonomy, and recognising efforts to counter systemic oppression.

Ensuring safety is driven by ethical practice, including consent and confidentiality. Sophia reflected on how ethical principles guided her practice: "…you've got to tick some of those boxes. You have to have consent. You have to stick to confidentiality." Anna described how their organisation navigated the challenges of obtaining guardian consent for children to attend therapy in a rural community. Standard procedures involving written and signed consent are often impractical due to low literacy levels and linguistic diversity. Consequently, consent processes need reimagining and intentionality. Anna's account highlights the value of collaborating with community-based

practitioners. These local partners can effectively reach, communicate with, and connect to families in ways that therapists, as outsiders, might not.

Anna alluded to the challenges that several participants raised around how demands made by organisations can jeopardise upholding ethical standards. Chloe described how managers wanted to take photographs during therapy sessions to use as fundraising material, and her role included educating stakeholders around confidentiality:

> I fought tooth and nail for that sort of expectation to be revised.… Funders want to see what's going on in the group... and they want to see pictures or… join a group space. It required quite a lot of work around educating funders and marketing people (about) the importance of keeping a safe space.

It is crucial to reconsider conventional notions of therapeutic boundaries as roles expand beyond traditional closed-door therapy settings. This expansion requires reimagining safe practice that acknowledges complexity. Camilla described:

> People are going to see you outside of a session, they are going to engage with you in different ways. So I certainly had to revise my idea of what a boundary is, as opposed to my private clients… And there are a number of ways in which we need to show up. That Westernised idea of keeping myself separate is not conducive to building trust even in the therapeutic relationship.

Considering where the work is positioned along the continuum of care informs the boundaries around the role of the therapist and the scope of the practice. Ella explained the importance of having clarity around scope of the work, especially when it exists beyond the confines of clinical therapy:

> Because my work is more psycho-educational... I need to know the edges of that work quite clearly because I'm not in a clinical space. It's got a very different intention and frame. So understanding… where do you then refer people on? How can you appropriately do that?... Knowing who to point people to for support both in the professional sphere and in the more clinical space.

Guideline 6: Working in contexts of complex needs requires careful consideration of the therapist's capacity

Working in contexts of complex needs with limited resources appears to increase risk of therapist burnout. The motivation to contribute towards positive social change (even at the micro level) may override awareness of potential threats to self-sustainability. These threats include poor remuneration, heavy workload, and being undervalued. Emma shared an example of this as a newly qualified therapist:

> That all led me down a slippery slope… I was getting so much experience and I loved it. But I wasn't being paid enough to pay my rent. So I just take on more work…But that just led to burnout until I wasn't able to work at all.

Arts therapists working outside of private practice contexts need to be intentional about the need to be intentional about engaging in self-care to maintain well-being and professional sustainability. This can include using one's own modality and creativity as a resource.

Financial self-protection is also key. Many practitioners work in non-profit and community organisations, with remuneration below private and public health sector rates. Employment often depends on external funding. Several practitioners seemed to follow the strategy of diversifying their income streams: "I need private practice to sustain me financially in order to do the NGO work" (Camilla).

Therapist sustainability depends on the perceived value of their work within the organisational context. It is crucial for practitioners to have a tangible sense of their intervention's impact. These elements of professional validation and outcome awareness play significant roles in maintaining motivation and resilience in challenging environments: "It's that feeling that what you do has some value, that it has some impact...that you are seen and heard and valued" (Evelyn). The recognition of arts therapy's value is not inherent but requires deliberate 'voice' from the practitioner, involving intentional communication about arts therapy practices and dissemination of evaluation findings.

Arts therapists need to know when to stop. It is imperative to engage in critical reflection regarding practice limitations, and whether the environment adequately supports therapeutic work:

> You need to have enough experiences of success or acknowledgement or recognition to keep going back. Sometimes a space is just not ready or able to hold you or take what you're giving, and then you have to move away from that…You need to know your limits… When the context stops feeling me and inspiring me and keeping me interested and engaged, then it's my time to move on. (Abigail)

Ensuring personal safety is essential. Sophia described how she prioritised her own physical safety in a community characterised by high levels of street violence:

> I learned…when does it feel safe and not safe to go in; which teacher can I contact to find out if it's okay for me to come to school. I did have a really nice teacher at one of the primary schools… who messaged me once to say don't come today, they're shooting in the area.

Guideline 7: Integrate monitoring, evaluation and research as critical components of best practice

Arts therapies in South Africa are still a young profession, and there is value in evaluating practice and ensuring outcomes are disseminated. This not only supports ongoing development of situated evidence-based practice, but also reinforces advocacy efforts to promote arts therapies as a mental health care service. Participants expressed the need for South African-based research to guide the

development of practice and theory. However, lack of funding and academic support, as well as low levels of self-confidence in research abilities and skills were raised as barriers. Elizabeth was direct about these challenges: "You can't afford it. There's no time. Nobody pays you to do research… I've got to do clinical practice because that's what's going to bring an income." Evelyn explained:

> I'm a big believer that we should be researching the work that we do here… I'm engaged with people from all over the world and I see that actually we have so much to say. Our training and our way of working here is spectacular and so innovative…I think the rest of the world can learn so much from us.

Ethical research in arts therapy should prioritise collaboration, inclusivity and transparency (Stige & McFerran, 2016). Elizabeth highlighted the potential of arts therapies research, particularly in low-resource settings, to foster more collaborative and inclusive research methodologies. She underscored the unique capacity of arts-based approaches to engage participants beyond verbal communication:

> Engaging people beyond the verbal…in the South African context and where people also are tired of researchers talking at them…Letting themselves be known in ways that are beyond the verbal is a very powerful space. (Elizabeth)

We can build on collective knowledge. As Abigail explained, "Getting [arts therapists] to record their experience, measuring them against others, having resources so that everybody isn't inventing the wheel every time…not always working from the same base." When practitioners document and share their work with others we are all able to learn from each other and avoid reinventing strategies. Best practice is also evidenced through this. By systematically recording and sharing experiences, the profession can develop a robust knowledge base that supports continuous improvement and innovation. Collaborative research fuels advocacy and professional credibility. As Elizabeth argued,

> Unless we are articulating who and what we are and what we are doing… Our advocacy is deeply affected by the lack of research. It's not just about being in the sphere of arts therapists internationally, it's about holding a position in mental health in this country in relationship to the other players in the sector and having something to stand on. It's absolutely imperative.

Guideline 8: Strive for effectiveness and sustainability in arts therapy-based organisations

A significant portion of community-based arts therapy work occurs within NGOs/NPOs, many established specifically to address the lack of access to arts therapies outside of private practice. The effective functioning of these organisations is crucial to support arts therapy practice and provide quality services.

Effective organisations are characterised by strong organisational structures managed by skilled individuals and led by capable leadership. Chloe emphasised how "Leadership… in these spaces is such a critical and key role." Reflecting on her experience of working in an organisational

context she stated: “There wasn’t enough emphasis put on employing skilled people to create the structure needed for sustainable continuation.”

In guideline 1, we discussed the importance of the practitioner’s reflexivity. However, reflexive practice is also crucial for developing and sustaining effective organisations that remain responsive to service user needs. Camila illustrated how her organisation used her skills to support their focus on developing a culture of reflexivity.

Organisations have a responsibility to support and nurture the capacity of practitioners (care for the carers), enabling them to effectively hold, contain and support the needs of service users. This necessitates a holistic approach to practitioner support, encompassing considerations such as family responsibility, personal safety and mental well-being. Holistic support structures are crucial in maintaining practitioner resilience and effectiveness.

Interventions need to be designed and rolled out comprehensively. While maintaining clear boundaries around service scope, organisations should consider the multilayered needs of those they serve. Anna shared a practical example: “We just built in food in all of our budget line items. It became standard practice...food has to be where the sessions happen.”

Arts therapists can play a role in mediating between funders and community needs, even though this can be challenging Anna described this challenge:

> [Funders’] hearts are big and they really do care, but they've got their own objectives, and the needs of the community is something different. I have to think so much about how to bridge and keep everyone happy and do my work.

This mediation role requires skilful communication and negotiation to balance diverse stakeholder interests while prioritising community needs.

CONCLUSION

As a young and developing profession in South Africa, arts therapy faces unique challenges that necessitate an unwavering commitment to excellence. The limited pool of arts therapists in the country amplifies the impact of individual conduct on the field's collective reputation. This situation demands adherence to high ethical standards, as any instance of professional misconduct could potentially tarnish the entire profession's image. Therefore, it is imperative for each arts therapist to model excellence in their practice, not only for personal and professional growth but also to safeguard and advance the credibility and recognition of the field as a whole. By consistently demonstrating ethical, competent, and innovative practice, arts therapists can collectively strengthen the profession's standing and pave the way for its continued development and acceptance within the broader mental health landscape.

We do not present these eight guidelines as a “rule book.” We offer them as an invitation and a contribution to an ongoing conversation. Our findings are limited in terms of the contexts that the participants have worked in, but they are also richly embedded in and informed by these diverse contexts. We hope this study will stimulate similar research in other countries. We also recommend additional research into approaches and support for clinicians to disseminate practice outcomes

through research and global collaborations within the arts therapies that raise the profile of clinicians in developing contexts.

Arts therapists working outside of private practice contexts in South Africa (and, we imagine, other developing countries) face "wicked problems" (Ritchey, 2013, p. 1) on a daily basis (problems that are complex, not clearly formulated, unique, messy, tricky, unstructured, unstable, connected to other wicked problems, do not keep still, and do not have established solutions). It is insufficient to just study wicked problems in the hope that we can tame them by understanding them. We make progress on wicked problems when we actively get busy working in these contexts, trying interventions, problem-solving on the ground and share our experiences. Useful approaches to wicked problems include welcoming multiple perspectives, focusing on and drawing from relationships and exploring multiple conceivable solutions (Ritchey, 2013). The arts therapists who shared their experiences in the discussions for this study are actively and reflexively engaging in these approaches and their insights and contribution are invaluable.

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Ελληνική περίληψη | Greek abstract

«Γίνοντας ένας μεταμορφωτής»: Προς την ανάπτυξη κατευθυντήριων οδηγιών βέλτιστης πρακτικής για τις θεραπείες μέσω τεχνών εκτός του ιδιωτικού τομέα στη Νότια Αφρική

Sunelle Fouché | Andeline dos Santos | Nataly Woollett

ΠΕΡΙΛΗΨΗ

Οι θεραπείες μέσω τεχνών αποτελούν ρυθμιζόμενα επαγγέλματα στη Νότια Αφρική. Παρόλο που το Συμβούλιο Επαγγελμάτων Υγείας έχει καθορίσει το πεδίο δραστηριότητας αυτών των επαγγελμάτων, δεν υπάρχουν κατευθυντήριες γραμμές βέλτιστης πρακτικής, ιδιαίτερα για τους επαγγελματίες που εργάζονται εκτός του ιδιωτικού τομέα και σε αναπτυσσόμενα περιβάλλοντα όπου το πεδίο δράσης είναι ευρύ, οι ανάγκες διάχυτες και η πρακτική είναι πολυδιάστατη. Μέσω έξι ομαδικών συζητήσεων εστίασης (focus groups) και δύο εις βάθος συνεντεύξεων με 20 θεραπευτές μέσω τεχνών που εργάζονται εκτός του ιδιωτικού τομέα, διερευνήσαμε τον τρόπο με τον οποίο εργάζονται (συμπεριλαμβανομένων των προκλήσεων και των ηθικών διλημμάτων που αντιμετωπίζουν), πώς ανταποκρίνονται σε αυτές τις προκλήσεις, ποιοι πόροι χρησιμοποιούνται, καθώς και πώς αντιλαμβάνονται τους ρόλους και τις ευθύνες τους. Συλλέγοντας και αναλύοντας αυτά τα δεδομένα μέσω θεματικής ανάλυσης, επιδιώξαμε να αναπτύξουμε κατευθυντήριες οδηγίες βέλτιστης πρακτικής για αυτά τα πλαίσια. Προτείνουμε και συζητάμε οκτώ κατευθυντήριες οδηγίες για μια ευαίσθητη και υπεύθυνη πρακτική των θεραπειών μέσω τεχνών στο εκάστοτε πλαίσιο, παρουσιάζοντας τη λογική και τις εφαρμογές τους. Οι οδηγίες αυτές ίσως να φανούν χρήσιμες σε όλους τους επαγγελματίες που επιδιώκουν να εργαστούν με τρόπους που ανταποκρίνονται με ευαισθησία στο εκάστοτε πλαίσιο.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

θεραπείες μέσω τεχνών, κατευθυντήριες οδηγίες βέλτιστης πρακτικής, κοινότητα, εικαστική θεραπεία, χοροθεραπεία, δραματοθεραπεία, μουσικοθεραπεία