

**UNIVERSITY OF EDUCATION, WINNEBA**

**THE ARTS AS THERAPEUTIC INTERVENTIONS: EXPERIENCES OF  
COUNSELLORS IN GHANA**



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**THE ARTS AS THERAPEUTIC INTERVENTIONS:  
EXPERIENCES OF COUNSELLORS IN GHANA**

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## DECLARATION

### Student's Declaration

I, Samuel Ofori Danquah, declare that this thesis, except for quotations and references contained in published works that have all been duly acknowledged, is entirely my own original work and it has not been submitted in part or whole for another degree elsewhere.

**Signature:** .....

**Date:**.....

### Supervisor's Declaration

I hereby declare that the preparation and presentation of this work was supervised in accordance with guidelines for supervision of thesis as laid down by the University of Education, Winneba.

Prof. Samuel Manasseh Yirenkyi - **Principal Supervisor**

Signature.....

Date.....

Dr. Hannah Emma Acquaye - **Co-Supervisor**

Signature.....

Date.....

## **DEDICATION**

### **Dedicated to:**

Rev and Mrs. Danquah (Lovely Parents)

Comfort Ahenkora Nuamah (Sweet Aunty)

Samuel-Joel Kweku Nhyira Ofori Danquah (Son)

Taranta Abiba Afua Dakura (Daughter)

Charles Amoabeng, Dr. Baffour Danquah, Nathaniel Ayiku, Adwoa Pomaah  
Danquah, David Danquah, Joshua Nuamah, David Nuamah (Siblings) and all who  
have believed in me.



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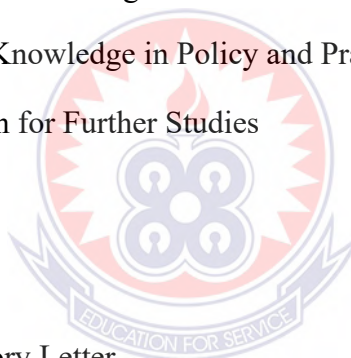
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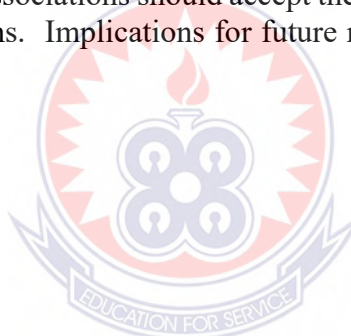


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## ABSTRACT

The “Arts” or art forms as therapeutic intervention has been documented in professional journals as being as effective as talk therapy in reducing stress related symptoms. The advantage the “Arts” has over talk therapy is that the former can allow clients feel without talking, thereby leading to healing. To explore the experiences of counselling psychologists in using art forms (music, photography, dance, and drama) as therapy, 12 counsellors were purposively sampled. Gestalt therapy served as the theoretical foundation of the study. From a qualitative approach, the study employed hermeneutic phenomenology as the research design. Thematic analyses from interviews indicated that creative arts therapies are helpful in reducing depression and trauma-related symptoms such as dissociation, anxiety, nightmares, and sleep problems. Other positive outcomes recorded were that creative arts therapies increased emotional control, improved interpersonal relationships, improved body image and assertiveness. However, the study revealed some challenges about the use of arts as therapy. These are: lack of professional training in the various forms of art for therapy, infrastructural deficit, and client perceptions of the forms of arts. The study recommended that continuous professional development sessions for practising counsellors to help improve the use of art forms in therapy, and also, psychological associations should accept the practice and promote it to ease client negative perceptions. Implications for future research have been explored in the study.



## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Overview**

This chapter gives a summary of therapeutic interventions used by counsellors. It again looks at the theoretical framework, and captures the statement of the problem by providing evidence of the research gap. Also, the chapter presents the purpose of the study, research questions and objectives, significance, and the delimitation for the study.

#### **1.1 Background to the Study**

Counselling psychology as a discipline is concerned with helping people resolve problems which constitute obstacles to their development and progress. Counselling psychologists do not only deal with problems classified as mental illness or psychological disorder (Fiorillo & Gorwood, 2020), rather, they deal with situational problems which when solved, improved, and enhance functioning efficiency of individuals in a particular life endeavour such as psychological, emotional, social, economic, cultural, and spiritual needs. Counselling psychologists may be concerned with problems of their clients. When counsellors assist clients to resolve these problems, there will be improvement in the functioning of the individuals affected.

Counsellors, psychotherapists, and other mental health providers dedicate their professional lives to treating individuals often experiencing severe emotional pain. The aspects of human problems that are capable of eliciting deep emotional feeling such as depression, fear, anger, and anxiety is also capable of retarding intellectual functioning. In effect, counselling psychologists who are professionally equipped to

handle individuals' emotional problems could play significant role towards improving their intellectual functioning. In this regard, counselling practitioners should offer not only counselling services but also interventions that meet the psychological, emotional, social, economic, cultural, and spiritual needs of the ever-changing and dynamic academic community (Joshi et al., 2021; McGoldrick & Hardy, 2019).

One of these interventions that can be employed by a counsellor to assist people cope with emotional conditions such as stress is art therapy (Malchiodi, 2020; Ottemiller & Awais, 2016). Art has the ability to circumvent people's natural inclinations and use words to either obfuscate the truth or to shield themselves.

Art therapy is a hybrid discipline based on the fields of art and psychology. In other words, it is an amalgam or fusion of art and psychology. It merges psychological concepts and theory with art making (Akhtar & Twemlow, 2020; Gössling, 2022). This means that it draws on the fields and tools of art and psychology. Thus, it is a form of psychotherapy that uses art media as its primary mode of communication. By description, art as therapy in psychology is the use of artistic methods to treat psychological disorders and enhance mental health. In the perspective of Vick (2003), it is a psycho-educational therapeutic intervention that focuses on art media as the primary expressive and communicative channels. It draws on the characteristics from each of these fields to evolve a unique new entity.

Art therapy can be defined as a form of therapy in which creating images and objects play a key role in developing the therapeutic relationship (Edwards, 2014). According to the American Art Therapy Association (AATA, 2020), art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied

psychological theory, and human experience within a psychotherapeutic relationship (AATA, 2020). Some researchers (Rhondali et al., 2013; Woodgate et al., 2021) intimate that art therapy is a form of psychotherapy that uses the expressive qualities of visual mark making within the context of a therapeutic relationship to effect personal change with the aim of increasing well-being. Art therapists are clinicians trained in art and therapy that serve diverse communities in different settings—from medical institutions and wellness centres, to schools and independent practices (Moon & Nolan, 2019). They are credentialed mental health care professionals including physicians, psychologists, nurses, mental health counsellors, marriage and family therapists, rehabilitation counsellors, social workers and teachers who care deeply about the communities they support, helping to advance people’s mental, emotional, and physical well-being (Rubin, 2011). Together, they determine and implement a client’s therapeutic goals and objectives. Other art therapists work independently and maintain private practices with children, adolescents, adults, groups and/or families (Carlier et al., 2020). Art therapists employ arts in a special way that allows the expression of meaning, value and principles in a way that could be meaningful emotionally. This work influences and guides individuals’ behaviour toward a certain direction and presents issues as principles and values. The aim of art therapists is to develop identity and personality that elicit sense of achievement in children through egocentric innovative tools (Nader & Moosa, 2012).

The primary concern of counsellors who utilize art therapy is not to make an aesthetic or diagnostic assessment of the client’s image (Deshmukh et al., 2018; Hu et al., 2021). Rather, art therapy practitioners seek to enable clients change and grow on a personal level through the use of artistic materials or expressions in a safe and convenient environment (Lazar et al., 2018). Connectedly, an integrative mental health and

human services profession enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psycho-therapeutic relationship (Lambert et al., 2017).

Like other forms of psychotherapy and counselling, art therapy and its creative process has been known to help individuals gain self-understanding, boost personal growth, guide emotional amends, self-heal, and enhance life. Art-therapy or art psychoanalytical involves attention to mental needs of patients such as need to freedom, self-expression, and relaxation. In art therapy, the art work, activity or process acts as a communication tool to express thoughts and emotions (Eum & Yim, 2015). The art materials allow a person to communicate, face, understand, cope, and process the difficult situations in their lives. Art therapy provides an expressive outlet to release thoughts and emotions (Malchiodi, 2020). When words fail, art can form a bridge, allowing the art therapist to better understand what the client is trying to share. Art therapy is a therapeutic intervention for people who experience mental, behavioural, and physical problems. It is used to improve cognitive and sensorimotor functions, foster self-esteem, and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce, and resolve conflicts and distress, and advance societal and ecological change (AATA, 2020). Art therapy is used to help clients express what they cannot say aloud. It is used to help individuals, families, or even in a group setting as an alternative form of therapy. Art therapy has many applications and can be used with many populations such as children, adolescents, adults, and the elderly. Art therapy helps different age groups express themselves through art, create meaning, and resolve individual's conflicts. It can also work with individual daily life to increase self-awareness, express emotions, and enhance sense of well-being.



Art therapy is an activity as well as a process. Art therapy is a form of expressive therapy that uses the creative process of making art to improve children's physical, mental, and emotional well-being (Cohen et al., 2017). It is a nonverbal therapy constructed from thoughts and feelings. The creative process involved in expressing artistically can help children to resolve issues as well as develop and manage their behaviours and feelings, and improve self-esteem and awareness (Cohen et al., 2017).

Art therapy is based on the idea that the creative process of art making facilitates recovery and is a form of non-verbal communication of thoughts and feelings (Malchiodi, 2020). The art therapists working within a psychoanalytic framework focuses on client's unseen dynamics, unconscious motivations, inner conflicts, and past experiences, as revealed in artworks (Moon, 2017). A major tool employed by art therapists is art work and/or art activity which is a powerful instrument for psychoanalytic analysis of personality.

Art is a form of spiritual expression. It can take many forms, meanings and have a multitude of emotional, mental, physical, and spiritual effects on its creator as well as its audience (Drljaca, 2020). Art is an expression of not only the outward appearance but the inward person (Bakhtin, 2021). Art making takes various creative forms including visual arts, storytelling, dance, drama, and music making that help in the expression of thoughts, feelings, emotions, and experiences (Geue, 2017). Making art helps to project, express and transfer unconscious feelings as nonverbal symbolic communication (Sun, 2022; Wadeson, 2016). In art therapy, one does not need to have artistic ability or special talent.

Art therapy fosters self-awareness leading to an increase in perceived self-efficacy and a decrease in anxious and depressed symptoms (Vaartio-Rajalin et al., 2021). It offers

the opportunity for non-verbal expression and communication thoughts and feelings. The overall aim of its practitioners is to enable a client to change and grow on a personal level through the use of art materials in a safe and facilitating environment (Deshmunk et al., 2018; Zubala et al., 2021). Art therapy can help individuals to cope with stress (Braus & Morton, 2020; Regev & Cohen-Yatziv, 2018).

Malchiodi (2014) established that art therapy techniques provide additional means of communication and creative expression that can be used in counselling to help clients communicate, overcome stress, and explore different aspects of their personalities. Glucklich (2020) explained further that works of art may be to communicate ideas, such as in political, spiritual, cultural, social, economic, or philosophical motivation to create a sense of beauty, to explore the nature of experience, for pleasure, or to generate strong emotions. Within that thinking, it can be said that art can be used as a means to express the imagination in non-grammatic ways that are not tied to the formality of spoken or written language.

Art therapy involves a tripartite relationship (Bat-Or & Zilch-Mano, 2019). This means that it is a three-way process between the client, the therapist and the image or artefact. The relationship between the therapist and the client is paramount, but art therapy differs from other psychological therapies in that it involves the client, the therapist and the image or artefact (Whitaker et al., 2022; Scarce, 2019). In art therapy sessions, the therapeutic process is more important than the final product allowing everyone the ability to express themselves creatively (AATA, 2020). Art therapy is based on the fact that a client focuses on a feeling or an event and create an image to represents that feeling or event. The client then gives meaning to the image, has concrete evidence of what he or she is actually feeling, and can process those feelings.

In art therapy, the client is provided with an opportunity to have a visual and tactile encounter with the art making process while engaging in nonverbal communication (Konopka, 2014). The client can then choose to share his or her artwork by communicating verbally his or her feelings and experiences. The American Art Therapy Association characterizes art therapy as an approach to mental health that utilizes the process of creating art to improve mental, physical, and emotional wellness. Unlike traditional therapies, art therapy is a reflective intervention due to its non-threatening nature and the reduced focus on one-on-one detailed conversations or communication which provides an outlet for cognitive and emotional expression (AATA, 2020).

Art therapy fosters self-awareness leading to an increase in perceived self-efficacy and a decrease in anxious and depressed symptoms (Lindsey et al., 2018). It offers the opportunity for non-verbal expression and communication thoughts and feelings. The overall aim of its practitioners is to enable a client to change and grow on a personal level through the use of art materials in a safe and facilitating environment (Deshmukh et al, 2018). Art therapy can help individuals cope with stress.

Art therapy approach is a multifaceted approach that assists in verbalizing what cannot be said by clients. It is a form of communication that allows therapists and clients to talk without using more words. The art acts as a communication tool that can lead to further discussion based on the subject created and the process the artist went through. In the words of Zarzeczny (2018), arts offer a way to hold, express and release emotions, deepen and expand personal understanding, and sustain life. As a therapeutic technique, art is rooted in the idea that creative expression can foster healing and mental well-being (Buchalter, 2011). Art, either the process of creating it or viewing

others' artworks, is used to help people explore their emotions, develop self-awareness, cope with stress, boost self-esteem, and work on social skills.

There is a continued interest in the utilization of art therapy as a tool in the healing process. With eclectic theoretical orientations and various combinations of materials, art therapists have gained insight into an individual's tendencies and desires which are not easy to gain insight into from verbal expression (Harms, 1975). For instance, some researchers (Kim et al., 2018) cited that helping professionals such as counsellors, social workers, nurses, doctors, teachers, and the clergy use can creative arts in art therapy for people who have been diagnosed of varieties of mental and physical illnesses such as depression and stress disorders.

Among these helping professions, the services of counsellors in higher education institution worldwide are indispensable (Kapur, 2018). This is because counselling is seen as an essential service to ensure a healthy campus climate that promotes teaching, research, and holistic academic work (Lewallen et al., 2015). It is worth noting that academic work demands in higher educational institutions put so much pressure on both students and lecturers (Macfarlane, 2013). For this reason, guidance and counselling services should form an integral part of education since they enable counsellors to assist students to achieve their full potential (Stephenson, 2013). Having art therapy available to university students in Ghana is desirable in helping them cope with pressure, tension, stress, and related negative health outcomes.

Art therapy uses the psychoanalytic approach that allows the patient or client to express him/herself as freely as possible (Odell-Miller, 2018). Currently, art therapy thrives on psychoanalytic and affective approaches: cognitive, person-centred, or Rogerian, behaviour, narrative, Gestalt, Adlerian, and family approaches. Some forms

of art therapy exist. These include creative writing, music therapy, photography/drawing therapy, drama therapy, and dance therapy (Deshmukh et al., 2018; Hu et al., 2021). However, Hu et al. (2021) maintains that among these forms, music therapy drawing/painting (photography) therapy, drama therapy and dance therapy have gained professional recognition in psychotherapy. In this regard, this research is premised on a theoretical approach and supported by three related theories to provide an understanding of the experiences of counsellors who use art therapy, by focusing on the strategies, effectiveness and implementation of music therapy, drawing/painting (photography) therapy, dance therapy, and drama therapy with individuals and many different groups.

In brief, the current researcher, who is a counsellor and an artist, underscores the role counsellors play in addressing the emotional, psychological, and social challenges encountered by Ghanaian tertiary education students as they strive to survive in the academic environment. More importantly, counsellors can use art therapy (music, photography, dance, and drama) to effectively complement counselling services to provide an internal impetus which will enhance the communication skills, emotional intelligence, and coping strategies for these students to reduce stress levels and its associated negative health conditions to improve and reduce morbidity, absenteeism, attrition, increase retention and academic achievement. Counsellors at this level of education provide services to individuals who are trained to give back to the society (Attia, 2021). Hence when counsellors employ art therapy as intervention to enable these student cope with emotional, psychological, and social challenges, the students are better placed to impact society positively.

Art therapy involves two parties (Hinz, 2019); the counsellor who applies the therapy, and the client who is at the receiving end. However, this study focuses on the

counsellors who apply art forms as therapy. This is because if the counsellor is able to apply art therapy effectively, then it is presumed that the therapy will have the desired effect on the client (Heckwolf et al., 2014). It is against this background that the present study focuses the perspective of the counsellors who use art forms (music, photography, dance and drama) as therapeutic interventions.

## **1.2 Statement of the Problem**

Counselling sessions, sometimes referred to psychotherapeutic sessions or therapeutic interventions were mostly done face to face prior to COVID-19 and the subsequent use of digital resources (Boldrini et al. 2020; Di Carlo et al., 2021). Corroborating this, Barkham et al. (2017) maintains that therapies are effective and efficient, but it is hard to figure out what makes them effective. Therapeutic interventions are effective in reducing depressive symptoms, anxiety, or suicidal ideation (Denis & Hendrick, 2019). Counsellors employ a wide array of helping strategies such as systematic desensitisation, cognitive restructuring, relaxation, and differential reinforcement (Newman et al., 2020). However, the conventional counselling strategies are not without limitations. These limitations include the tendency that the session will lead to boredom (Coaston, 2017). In an attempt to deflect the counsellor's attention away from acquiring relevant information, the client may ramble on about matters unrelated to his reason for being in counselling (Chapman, 2012; Dryden & Neenan, 2020). Also, clients may withhold language that they believe the counsellor may find objectionable (Bond, 2015). Clients may not disclose all their concerns because they are hesitant to provide information that they believe the counsellor would criticise (Blanchard & Farber, 2020). Additionally, clients may feel disturbed and not typically feel validated in their own life (Levitt et al., 2016). The information collected during

the session may not accurately represent the client's condition, but rather what the counsellor wishes to know (Lambert & Shimokawa, 2016).

As a result of some of these limitations in traditional talk therapies, art therapy has become topical in the counselling profession (Wadeson, 2016). Art therapy is a well-established counselling strategy and therapeutic intervention used by professionals such as counsellors and social workers, in helping clients to freely express their emotions (Naor & Mayselless, 2021). Even though art has been found to be effective in providing therapeutic healing, most of the research in counseling-related journals focus on clients either from Euro-American ancestry or clients who live in advanced countries. To address this population gap (Miles, 2017), this study set out to explore the experiences of counsellors who use these arts as forms of therapeutic intervention, to understand their perception of the efficacy of these interventions.

Anecdotal evidence suggests however, that there are some art forms embedded in existing therapies such as Cognitive Behavioural Therapy, Behavioural Therapy (BT), Psychoanalysis etc, which are largely used by practitioners in Ghana (Pyne et al., 2013). Several researchers (Aguilar, 2019; Bessone, 2019; Chong, 2015; Chopra, 2020; Freeman, 2014; Ghadim & Daugherty, 2021; Levine, 2019; Millard & Carr, 2021; Preston, 2019; Stepney, 2022; Tønnesvang et al., 2010; Treadon, 2021; Walters, 2020) cited the use and patronage of art therapy in the developed and developing countries of Europe, Asia, and America. These studies have provided evidence of its efficacy in enhancing emotional, spiritual, cognitive and physical well-being (Malchiodi, 2020). Many theories have been reported to work well in combination with the arts. To address this theoretical gap (Miles, 2017), this study set out to use Fritz Perls' Gestalt therapy as a lens to understand how this therapeutic model can help understand counsellors' experiences in using the arts as a therapeutic intervention.



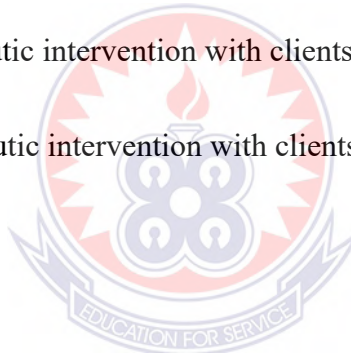
### **1.3 Purpose of the Study**

The purpose of the study was to explore the experiences of counsellors in selected public universities, in the use of theories, interventions, and strategies of music, photography, dance and drama as therapy in working with clients.

### **1.4 Research Objectives**

The study sought to explore the experiences of counsellors in the use of:

1. Music as therapeutic intervention with clients.
2. Photography as therapeutic intervention with clients.
3. Dance as therapeutic intervention with clients.
4. Drama as therapeutic intervention with clients.



### **1.5 Research Questions**

The study is guided by the following research questions:

1. What are the experiences of counsellors in the use of music as therapeutic intervention in working with clients?
2. What are the experiences of counsellors in the use of photography as therapeutic intervention in working with clients?
3. What are the experiences of counsellors in the use of dance as therapeutic intervention in working with clients?



4. What are the experiences of counsellors in the use of drama as therapeutic intervention in working with clients?

### **1.6 Significance of the Study**

This research is justified on the grounds that it would provide empirical evidence to guide theory, policy and practice with regards to the use of art therapy as a counselling strategy or approach in Ghana. In theory, the findings of the study would fill the knowledge gap on the topic under exploration. Therefore, the findings of this study would add up to existing literature for any researcher interested in this area of study. For researchers who wish to carry out further research on this topic, this study will serve as a guide, basis, and a source of reference.

The outcome of the study would inform counsellors and other helping professionals to formally adopt the use of art as a form of therapy. In so doing, counselling practitioners and academic counsellors would be motivated and capacitated to update their skills in art therapy.

Policy wise, the findings of this research would inform policy makers on counselling education in Ghana to design curriculum frameworks that introduce courses in art therapy in training counsellors. It highlights the gaps that need to be addressed so that higher education managers can develop systems, training, policy, and structures to formally legitimise the use of art therapy as a counselling approach. It is assumed that, by understanding the counsellors' experience of art therapy, it will enhance the theoretical orientation and implementation of art therapy to provide a better quality of service from a counsellor

### **1.7 Delimitations of the Study**

The delimitations of the study allow the researcher to narrow the scope of the study by establishing the parameters of the participants and the location of the study (Braun et al., 2021). Delimitations describe the conditions that a researcher intentionally imposes to limit the scope of a study (Closa, 2021; Creswell & Creswell, 2018). It is how the study will be narrowed in scope. It has to do with the scope of the research.

Geographically, the scope of the study was delimited to three (3) public universities in Ghana: University of Education, Winneba, University of Development Studies, Tamale, and Kwame Nkrumah University of Science and Technology, Kumasi even though the scope of the problem demanded a country-wide investigation in both public and private institutions. In terms of population coverage, the study included only selected counsellors.

The use of Arts in therapy by counsellors in the study is delimited to music, photography, dance and drama. This is because these four forms of arts are widely used in counselling in Ghana (Sharma, 2017).

### **1.8 Limitations of the Study**

The limitation of a study relates to the possible intent and procedural weaknesses of the study (Morse, 2015). The first limitation of this study was that some of the participants were not available during the data collection period. Plans were put in place by the researcher who met respondents at their convenient time to participate in the data collection process. Although this delayed data collection, it did not affect completion of the research on schedule and validity of the results. This study is limited

because the sample consisted of only selected counsellors; its findings cannot be generalized to the whole population of counsellors in Ghana.

The use of interviews for this qualitative research did not allow for the generalization and comparability of the findings, but the findings serve and can be used for contextual understanding of the study. In other words, the qualitative findings from the study are not generalizable because purposive sampling was used as a nonprobability method to sample a handful of people for first-hand information. With non-probability sampling, the researcher could not conclude confidently that selected individuals who participated in the study were truly representative of the larger population (Berndt, 2020; Etikan & Babtope, 2019; Merriam & Tisdell, 2016).

Third, there was the challenge of unwillingness on the part of some of the participants to provide information based on their uncertainty of the use of the information they will provide. However, they were assured of their confidentiality. They were also briefed on the purpose of the research and that the results were to be used for research only. In this regard, they willingly provided the information. Also, there was difficulty in data collection. The researcher had to meet and obtain information from the participants by observing social distancing and restriction because of COVID-19. All the COVID-19 safety protocols were observed and this facilitated data collection.

### **1.9 Definition of Terms**

**Art therapy:** A form of therapy in which creating images, music, dance, and drama perform a key role in enhancing a therapeutic relationship.

**Art:** The expression or applications of human creative skill or imagination typically in a visual form such as painting sculpture, producing works to be appreciated primarily for their beauty or emotional power.

**Artwork:** A visual, auditory, or tactile form of creative expression that is created by an artist or an individual with the intention of evoking an aesthetic or emotional response. Artworks include paintings, drawings, performances, literatures, music, films, photographs, sculptures, installations.

**Forms of Art Therapy/ Art as Therapy:** A therapeutic approach that encourages the expression of emotions through artistic activities such as painting, drawing, or sculpture, based on the belief that the creative process involved in the making of art is healing and life-enhancing.

**Therapy:** Treatment intended to relieve or heal a disorder: the treatment of mental or psychological disorders by psychological means.

**Trauma:** An emotional response to a terrible event like an accident, rape, or natural disaster.

**Well-being:** One's level of psychological happiness/health, encompassing life satisfaction, and feelings of accomplishment.

### **1.10 Abbreviations and Acronyms**

**AATA:** American Art Therapy Association

**APA:** American Psychological Association

**ATCB:** Art Therapy Credentials Board

**BT:** Behavioural Therapy

**CAT:** Creative Art Therapy

**CBT:** Cognitive-behavioural Therapy

**DMT:** Dance / Movement Therapy

**EMDR:** Eye-Movement Desensitization and Reprocessing therapy

**ERP:** Event-related potential

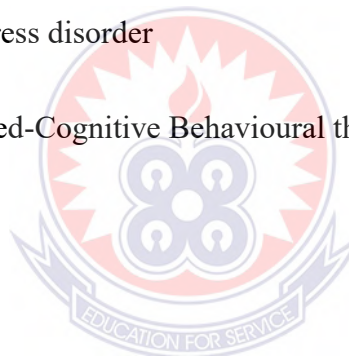
**GAD:** Generalized Anxiety Disorder

**MT:** Music Therapy

**PT:** Photography Therapy

**PTSD:** Post-traumatic stress disorder

**TF-CBT:** Trauma Focused-Cognitive Behavioural therapy



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Overview**

Literature is a study of primary source results. A literature review describes the systematic processes of searching for scholarly works (Booth et al., 2021), critical review of scholarly works and discussion of published information (Hart, 2018). Typically, a literature review has an operational structure incorporating description and thesis synthesis. The literature review essentially explains the whole process of the analysis, including acting as a guide for analysing research data and explaining research findings (Hart, 2018). Data pieces for this review were gathered from journals, abstracts, internet, books, and works on creative art therapy. In this chapter, therefore, previous research works are critically reviewed, analysed and synthesised to provide a broader context of knowledge sharing. The literature was reviewed under the following sub-themes:

1. Conceptual Review

- Concept of Art therapy

- Understanding Art therapy

- Origin of the Art therapy

- The Usefulness of Art therapy

2. Theoretical Review

3. Empirical Review

- Music therapy

- Photography as Therapy

- Dance/Movement therapy

## Drama Therapy

### 4. Summary of literature review

#### **2.1 Conceptual Review**

##### ***2.1.1 The concept of Art Therapy***

In the views of researchers (Malchiodi, 2020; Vaartio-Rajalin et al., 2021), art therapy is a form of psychotherapy that uses the expressive qualities of visual mark making within the context of a therapeutic relationship to effect personal change with the aim of increasing well-being. In art therapy, the art work, activity or process acts as a communication tool to express thoughts and emotions. The art materials allow a person to communicate, face, understand, cope, and process the difficult situations in their lives. Art therapy provides an expressive outlet to release thoughts and emotions (Malchiodi, 2020). When words fail, art can form a bridge, allowing the art therapist to better understand what the child is trying to share.

Art therapy is a therapeutic intervention for people who experience mental, behavioural, and physical problems. It is used to improve cognitive and sensorimotor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change (AATA, 2020). Art therapy is used to help clients express what they cannot say aloud (Estrella, 2022; Mecholsky & Garlock, 2022; Misluk-Gervase, 2020; Partridge, 2022). It is used to help individuals, families, or even in a group setting as an alternative form of therapy. Art therapy has many applications and can be used with many populations such as children, adolescents, adults and the elderly. Art therapy helps different age groups express themselves

through art, create meaning, and resolve individual's conflicts. It can also work with individual daily life to increase self-awareness, express emotions, and enhance a sense of well-being.

Art therapy is an activity and a process (Zamelyuk, 2021). Art therapy is a form of expressive therapy that uses the creative process of making art to improve children's physical, mental, and emotional well-being (Cohen et al., 2017). It is a nonverbal therapy constructed from thoughts and feelings. The creative process involved in artistic expressions can help children to resolve issues as well as develop and manage their behaviours and feelings, and improve self-esteem and awareness (Cohen et al., 2017).

Art therapy as a creative process, a vehicle for self-exploration and personal growth with the goal of working toward self-congruence, aims to develop identity and personality as well as elicit sense of achievement through egocentric innovative tools (Carr, 2014; Pollock, 2020). Its goal, according to Van Lith (2015), is to utilise the creative process to help people explore self-expression and, in doing so, find new ways to gain personal insight and develop new coping skills. Through externalisation, individuals are able to portray and reconstruct self and to challenge the discourses which define self-experience (Hewson, 2015). Those who have difficulty expressing themselves through words can benefit from the art therapy process helping to identify feelings they may not be able to express verbally (Hass-Cohen et al., 2014). This process can tap into childhood memories and can help mould a connection that can be a powerful healing process (Kuban, 2015).



### ***2.1.2 Understanding Art Therapy***

Art is a distinctive and valuable way of examining inner lives (Kupfer, 2015), knowing oneself or “the unknown self” and others [clients] (Gerber, 2016), awakening consciousness (Franklin, 2017), expressing and sublimating unconscious feelings and thoughts as preverbal, non-verbal symbolic communication (Ding, 2022; Levens, 2018; Nguyen, 2014). It is a means to discover both the self and the world and to establish a relation between the self, the world, and "therapy" as procedures designed to assist favourable changes in personality or in living that will outlast the session itself (Elgen, 2018; Ulman, 2016). Therefore, art therapy supports the belief that all individuals can express themselves and that the product is less important than the therapeutic process involved (Nolan, 2019).

Art represents an expression of unconscious processes and by converting these inner processes of painful experiences into art, healing takes place (Bat-Or & Garti, 2019). Art therapy often starts non-verbally as the client begins the artmaking process while being observed by the art therapist. The imagery produced by the client is then used as the topic of discussion between therapist and client to work through whatever issue arises. According to the AATA (2020), art therapists are not just one-dimensional therapists.

In the opinion of Malchiodi (2020), art therapy is viewed as “symbolic communication of unconscious material in a direct, uncensored, and concrete form that would aid in the resolution of the transference” (p.9). The artwork acts as a connection to release the unconscious thoughts that the client might not be fully aware of while creating the artwork. As a technique, it aids clients’ identity discovery and self-knowledge (Dilawari & Tripathi, 2014; McNiff, 2017; Rankanen, 2016). This suggests that clients can create an image or artwork that represents a feeling or event. Thus, the artwork

created acts as a communication tool that can be further discussed with the client or speak for itself, based on how the client's process was and what the image created shows.

It is a form of spiritual expression which can take many forms, meanings and have a multitude of emotional, mental, physical and spiritual effects on its creator as well as its audience. It washes from the soul the dust as noted by Horovitz (2017) and Ketch et al. (2015). Artwork is used to: develop empathy through replication of the client's imagery, clarify feelings, explore the preconscious and unconscious, differentiate affection, and explore the relationship (Kistasamy, 2016; Scarce, 2019). Through art, people can express their thoughts, intellect, feelings and emotions, which are difficult to articulate. In other words, art gives a voice to the unconscious.

The arts have been used as forms of communication and expression (AATA, 2020) to express thoughts and emotions, to reflect on life contextually, to enjoy life, to connect with others, to communicate and understand, and to view things in a different way (Callaghan et al., 2017; Malchiodi, 2020). Art therapy is a tool for nonverbal processing in therapeutic sessions with clients to give meaning and understanding to fluid emotional experiences. The visual stimuli in a created work of art are often a depiction of feelings and emotions, thoughts, and experiences (Betts & Groth-Marnat, 2014; Brinck, 2018; Campbell et al., 2016; Dilawari & Tripathi, 2014; Pelowski et al., 2018; Reavey & Johnson, 2017, Secker et al., 2017).

People express, through art, their pain, suffering, anger, and joy, along with virtually every other feeling shared by humans, and artists who may have had mood disorders actively self-soothed with their creative practices (Botello, 2015). This means that art therapy is a form of communication that allows for therapist and clients to talk without

using words. In other words, the art acts as a communication tool that can lead to further discussion based on the subject created and the process the artist goes through.

Art therapy is a form of expressive therapy that uses the creative process of making art to improve the physical, mental, and emotional well-being of people. It is a bilateral process that taps into the subconscious and uses verbal dialogue to help the client explore what they have expressed in the art (Chapin, 2014). It is a treatment method based on the communication between the therapist and the client; art therapy is the engine to verify the authenticity (Moon, 2017; Nolan, 2019; Reed et al., 2020). It is a problem-solving method during sessions with clients (Berberian, 2019; Haeyen & Hinz, 2020; Kaimal et al., 2020; Lobban & Murphy, 2017) by helping them to get healing, cope with situations and maintaining holistic well-being. The clients can visualise their problems through art-making and then conclude solving the problem (Dilawari & Tripathi, 2014; Lobban & Murphy, 2017; Maujean et al., 2014; Springham, 2016; Wilson, 2012).

According to the American Art Therapy Association (AATA, 2020), art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship (AATA, 2020, Spooner, 2016). This definition clearly defines the benefits that art therapy possesses, its ability to aid mental well-being while boosting social experiences, community cohesion, and self-awareness.

Art therapy as a tool utilises traditional processes of counselling and psychotherapy integrated with creative processes of artistic expression (AATA, 2020). It is based on the idea that the creative process of art-making is a healing process and life-enhancing,

and is a form of nonverbal communication of thoughts and feelings. Like other forms of psychotherapy and counselling, it is used to encourage personal growth, increase self-understanding, and assist in emotional reparation employed amongst a wide variety of settings with children, adults, families, and groups (Malchiodi, 2020).

As a creative process, it uses art media and the resulting artwork to explore feelings, reconcile emotional conflicts, foster self-awareness, manage behaviours and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem (AATA, 2020; Edwards, 2014; Hass-Cohen & Findlay, 2015; Van Lith., 2015). The art therapy approach highlights a mind-body practice that can help organize, integrate and enhance the complexity of intrapersonal and interpersonal interactions.

Art therapy is the artistic representations of unconscious and inner experiences. It uses various artistic forms-movement, drawing, painting, sculpting, music, writing, ceramics, arts and crafts, photography, knitting and improvisation toward the end of growth, healing and self-discovery. Pictures, metaphors, and symbols can help in the expression of these experiences (Geue, 2017). In other words, it is a tool that combines the mediums of art (paint, collage, clay, etcetera) with a psychological approach to assist an individual in expressing his/her thoughts, feelings, beliefs, problems, world views and to improve or restore an individual's functioning and his or her sense of personal physical, social and emotional well-being (AATA, 2020).

Researchers (Bosman et al., 2021; Geue, 2017) also viewed art therapy as a type of psycho-oncological intervention. According to Malchiodi (2022), it is a form of psychotherapy that uses the expressive qualities of visual mark-making within the context of a therapeutic relationship to effect personal change to increase well-being

and psychological functioning. It involves a creative approach to gaining awareness, problem-solving, revealing unconscious material, catharsis, working through conflicts, and integration. In brief, art therapy is an intervention that uses art and the creative process to help a person gain or restore mental health.

Art therapy is a form of psychotherapy that uses art media as its primary mode of communication. It is the use of art materials in a way that raises unconscious content, expresses feelings, and discovers competencies through self-exploration in the presence of the therapist in art therapy (Carr et al., 2021; Hass-Cohen & Findlay, 2015). In art therapy, creating images and objects plays a key role in developing a therapeutic relationship. Like other forms of psychotherapy and counselling, art therapy and its creative process has been known to help individuals gain self-understanding, boost personal growth, guide emotional amends, self-heal, and enhance life. It is a multimodal approach integrating mind, body, emotions and inner spiritual resources (Corey, 2017; Howie, 2017; Moon, 2017).

Art therapy is based on the idea that the creative process of art-making facilitates preparation and recovery and is a form of nonverbal communication of thoughts and feelings (Malchiodi, 2022). It describes art expression as a visual language through which people can express thoughts and feelings that they cannot put into words. In other words, it uses art media and the creative process to access both the verbal and nonverbal parts of the brain. This means that it is the use of art materials and media to help individuals express emotions or memories that they may not be able to verbalise or even understand. Art therapy brings people to the unconscious so that they can express their previously unknown aspects and bring new information and awareness.

Junge (2016) described art therapy as “an interdisciplinary mix of visual arts and psychology”. This signifies that art therapy involves creative, artistic, and psychological processes, methods, and tools. It combines the skilled knowledge of the psychological process with the creative and artistic process to promote emotional healing. In other words, art-making or the creative and artistic process is embedded in the psychological process. Two of the most important components that make art therapy an interdisciplinary profession is the combination of arts and art education, and the use of the mental health discipline of psychoanalysis (Junge, 2016; Moon, 2017).

Art therapy, also known as, expressive arts therapy or creative arts therapy, is a modality for healing that encourages recovery through a different lens of therapeutic practice. It is a form of therapy or treatment that uses art, creating images and objects in developing the therapeutic relationship (Edwards, 2014), to integrate the brain (Perryman et al., 2019). In other words, it is an approach that centres around art, where individuals can both have verbal and nonverbal outlets, be creative, reconcile emotional conflicts, as well as promote self-awareness and personal growth. As a therapeutic approach, it encourages the expression of emotions through artistic activities such as painting, drawing, or sculpture, etcetera based on the belief that the creative process involved in the making of art is healing and life-enhancing.

There are two primary schools of thought about art therapy. These are processed art therapy and product art therapy (Dilawari & Tripathi, 2014; Kaimal, 2019a) In process art therapy, creating art is the therapeutic focal point, and the art therapist who uses process art therapy is mostly concerned with the client’s journey into artmaking instead of the final creation (Teoli, 2020, 2021; Zubala et al., 2021).

In product art therapy, the final creation is most important, and the art therapist who uses product art therapy may focus more on what the client has made and what they have to say about their final artwork (Power et al., 2021). In product art therapy, the therapist integrates both process and product art therapy into their therapeutic work (Penzes et al., 2016). Fine art is more often linked to process art while crafting focuses more on product art (Kaimal et al., 2017).

An art therapist chooses art materials and mediums as a tool for art therapy (Bat-Or & Garti, 2019). Sometimes the art materials used are the same materials used by the client (Rosen et al., 2016). The tools of art therapy are used to help individuals connect to their innermost thoughts and experiences of the world around them and how they relate to it (AATA, 2020). This implies that art therapy uses the creative form of self-expression that allows a person to uncover inner thoughts and feelings that may otherwise remain behind a veil of many unprocessed emotions such as uncertainty, self-doubt, social disconnectedness, and regret. It serves as a non-verbal key that, with the support of the psychotherapeutic process, can help effect healing and growth. It is a nonverbal therapy constructed from thoughts and feelings.

The Art Therapy Credentials Board (ATCB) describe art therapy as a visual connection to art that activates memories utilising different kinds of art materials (ATCB, 2018). It is using art mediums for creative therapeutic engagement. It includes both the process of creating art, as well as the art product, leading to verbal discussion after the art is created (ATCB, 2018; Lobban & Murphy, 2017).

The goal of art therapy is healing through the process of making art (with less discussion and more of an emphasis on creating an artistic product, where the goal is to uncover and provide insight on the individual) where the art is used as a transference



of negative feelings with less emphasis on the product of the art and more interviewing the art (Fish, 2019; Gam et al., 2016; Glassburn et al., 2019; Havsteen-Franklin & Altamirano, 2015; Nash, 2020; Rubin, 2016; Teoli, 2020), thoughts and emotions (Bat-Or & Garti, 2019; Fish, 2019).

Art therapy is cultivated through the relationship between the therapist and the client which is quite like traditional forms of therapy. The final product of artwork is not what is of interest, it is the creating experience and the growth of self-awareness, emotional exploration, and transformation that comes from the art-making process that has the prime benefit (Branley, 2019; Hoffmann et al., 2020).

Bednash (2016) stated that the three main criteria that differentiate art therapy from verbal therapies are: the use of art media as a means of expression and communication, the multileveled meaning present in visual expressions, and the therapeutic effects of the creative process. The art therapy field has been divided into two main approaches: clinical art therapy and studio art therapy (Moon, 2017). The studio approach, according to Moon (2020), relies mainly on the premise that making art is therapeutic, and that making art is healing and can be beneficial in exploring one's emotions and life struggles. Van Lith (2015) identified essential components of art therapy education as the methods and skills of counselling and psychotherapy, and the application of the creative arts with different therapy theories.

According to Lobban and Murphy (2017), art therapy introduces the verbal brain to the nonverbal brain by combining nonverbal images and verbal narrative in a safe space. Art therapy provides the client with expressed nonverbal information, allowing extraneous material to fall into a familiar narrative form. Through drawing, painting,



sculpting, music, dancing, poetry and more, we can convey our experiences in expressive ways where words sometimes fail.

Gerber (2016, p. 87) viewed art in therapy as “a psychological portrait of a person’s life painted in a language of hieroglyphics”. Art therapy provides an expressive outlet to release emotions associated with life transitions (Malchiodi, 2022). It is an effective means to communicate and creatively express negative feelings associated with major life changes (O’Neill & Moss, 2015). Individuals being treated with art therapy use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behaviour and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem (AATA, 2020).

Arts therapy is an umbrella term for a diverse assortment of sub-speciality experiential therapies that cross a wide variety of artistic disciplines. There are four major sub-specialities of arts-based therapies: music therapy (MT), photography therapy (PT), dance/movement therapy (DMT), and drama therapy (DT). Music therapy primarily utilises music as a therapeutic tool. Music is used most often in the treatment of eating disorders as a tool for self-discovery or as a method for relaxation (Maykel & Bray, 2020; Romo et al, 2018). Some examples include using background music to facilitate breathing, positive imagery, or meditation. Alternatively, music may be played during mealtime to alleviate anxiety. Examples of using music as a tool for self-discovery include listening or singing along with a song and then examining and discussing the lyrics, eventually using the insight discovered through the lyrics to apply to oneself. For instance, an art therapist could facilitate a discussion on the theme of loving oneself unconditionally or the desire to survive a battle with depression. A wide variety of songs may be used with this therapy and selection is typically based on the individual

characteristics of a person or a group (Odell-Miller, 2021; Stegemann et al., 2019). Cavazos (2012) illustrated this technique by showing a “recovery rap” that clients had written and performed about overcoming their eating disorders and reclaiming their lives. He also emphasised the use of lyrics as a tool for personal insight and change (Dvorak, 2017). The next paragraph discusses dance/movement therapy.

The body is a central battleground for mental disorders, making dance/movement therapy a promising adjunctive treatment. This therapy is often misunderstood because of its name. This specialized form of therapy is not simply limited to dance and movement. Most dance movement therapists base their therapeutic art on the idea that the body and mind are unconsciously (or consciously) connected and strive to impact the mind through some type of direct work with the body. In other words, positive effects on the body may often result in positive changes within the mind. Dance movement therapy is defined in a broader sense by Keegan et al. (2019) as a process that furthers the emotional, cognitive, social, and physical integration of the individual. Creative-arts therapy fundamentally utilizes drama, role-playing, drawing, painting, and sculpture, other fine and visual arts, etcetera as therapeutic tools. Arguably, it is the most widely employed of the three forms of arts therapies. Methods widely varied across papers, although a common theme of symbolism as a tool for insight appeared throughout. Additionally, each author stressed the importance of the creative arts as an alternative means of expression and exploration of feelings. Creative-arts therapy techniques vary from therapist to therapist and depend on the client’s behaviours, symptoms, or cognitions. Creative art therapy has many uses and each intervention has a special purpose. It is believed that through drawings, subjects objectified unconscious difficulties by sketching the inner image of the primary process (Do Nascimento, 2019; Gilroy & Lee, 2019; Sampurno et al., 2020).

In creative art therapy, for instance, therapists may use magazine photo, collage, and visual journals. Therapists often use magazine photo images as a projective technique to simply get an individual to tell a story in response to visual stimuli. The use of collage provides a much more detailed basis for the projective use of images, including what can be learned from an individual's reactions to print and other visual images (Malchiodi, 2020). Visual journals are essential “art diaries”. They often contain both images [usually drawings] and words. Like an actual diary, their contents may be rough drafts that may later become finished artworks meant to document day-to-day experiences, activities, and emotions that are often autobiographical (Sampurno et al., 2020). Although they are defined as an art form, visual journals have been used for centuries as records of ideas and imagination. Some indications drawing in a visual journal, even for a few minutes a day, has some health benefits, too (Masika et al., 2021). In this study, the researcher integrates all three types of art therapy and names it “integrative art therapy” as the fourth type of art therapy.

Integrative art therapy combines the expressive and creative arts as a therapeutic approach where various arts are purposively used in combination for the treatment of clients. It integrates the three primary types of art therapies: music therapy, dance/movement therapy and creative therapy. It involves using different forms of art such as drawing, painting, music, dance and acting to help participants promote self-exploration and to foster self-growth. Some researchers (Bastemur et al., 2016; Huhtinen-Hilden, 2014) agreed that the various art therapies can be easily integrated into other therapeutic modalities to enhance desired results within the counselling setting. This will allow individuals to better express or communicate their emotions and thought through different art media, and find their connections between the body and mind. This study will examine integrative therapy by integrating theories that

relate to art therapy and offer an argument for the inclusion of integrative art therapy within art therapy-based treatments.

### ***2.1.3 Origin of Art Therapy***

The four leading founders of art therapy are Margaret Naumburg, Edith Kramer, Hanna Kwiatkowska and Elinor Ulman (Feldwisch, 2022; McCurdy et al., 2019). Art therapy was pioneered by Margaret Naumberg and Edith Kramer. Naumburg is known as the “mother of art therapy”. In the opinion of Nash (2020), the process of art therapy is based on thoughts and feelings derived from the unconscious, and images, not words, reflect the deepest expression. To her, “making the unconscious conscious” is the main therapeutic goal (Malchiodi, 2020). She emphasised that art psychotherapy focuses primarily on products from drawings, paintings, and other art expressions because they help communicate issues, emotions, and conflict. Edith Kramer believed that art therapy is the process of art that helped heal the patient, instead of the final art piece (Ganzon et al., 2020; Lee, 2020). The foundation of the art therapy field relies on the premise that preverbal, unconscious, or unknown aspects of the self are sublimated and/or projected onto a work of art to manage anxiety, pain, loss, and trauma (Franch et al., 2022).

### ***2.1.4 The Usefulness of Art Therapy***

The goal of art therapy is for healing (Chiang et al., 2019; Kuban, 2015; Malchiodi, 2020; Perryman et al., 2019; Spooner et al., 2019; Wengrower & Bendel-Rozow, 2021) and spiritual wellbeing (Bosman et al., 2021; Ho et al., 2019; Moss, 2019). Art therapy is applicable in trauma treatment (Braus & Morton, 2020; Cohen et al., 2017; Malchiodi, 2020), and enhances self-esteem (Moon, 2017).

Some examples of symptoms that may be present in an individual caused by trauma include insomnia, agitation, rage, feeling disconnected from the world, feeling depressed, eating problems, unusual fears, impatience, always doing strange or risky things, having a hard time concentrating, wanting to hurt themselves, being unable to trust anyone, feeling unsafe, and using substances (Palmieri & Valentine, 2021).

There is evidence supporting the efficacy of art therapy in the management of stress, physiological symptoms, and mental health disorders (Bauer et al., 2017; Beerse et al., 2020; Clapp et al., 2019; Cohen-Yatziv & Regev, 2019; Kalmanowitz & Ho, 2016; Naff, 2014; Newland & Bettencourt, 2020; Ottemiller & Awais, 2016; Papagiannaki & Shinebourne, 2016; Penzes et al., 2016; Razali, 2021; Regev & Cohen-Yatziv, 2018; Saavedra et al., 2017; Secker et al., 2017), burnout (Gam et al., 2016; Ho al., 2019; Hyatt, 2020; Huet & Holttum, 2016; Malhotra & Kaimal, 2021; Ifrach & Miller, 2016; Naff, 2014), acute or chronic trauma (Malchiodi, 2020; Schouten et al., 2019), other types of trauma resulting from domestic violence, school violence and homicide, sexual abuse, medical trauma, and war situations (Chong, 2015; Davis, 2018; Howie, 2017; Ivzhenko et al., 2022).

Art therapy is an effective treatment for those with posttraumatic stress disorder [PTSD] (Lobban & Murphy, 2017; Schouten et al., 2019); teenagers sexually abused and have difficulty expressing emotions (Joseph & Bance, 2020; McKinnon, 2019); or those with dementia (Emblad & Mukaetova-Ladinska, 2021; Hu et al., 2021), eating disorders (Lock & Le Grange, 2019), and many different disorders (Bryant, 2019).

Art therapy is a valuable tool to help victims of trauma to express complex experiences that words cannot effectively express (Hebi et al., 2022) and stress alleviation (Moosa et al., 2017). Kalmanowitz (2016) also noted that art therapy provides access to

nonverbal material when working with victims of trauma. Art therapy is effective with vulnerable populations where language barriers may interfere with the process of talk therapy (Bruce & Hackett, 2021). Numerous clinicians have cited the various benefits of creative arts therapies for the treatment of trauma (Metzl, 2016, 2020; Skeffington & Browne, 2014; Hass-Cohen et al., 2014). Corsetti (2021) advocated for addressing the emotional, cognitive, and affective memory of trauma through nonverbal modalities, specifically with art therapy. Ronald (2019) finds that art expression has helped individuals recall, re-enact, and integrate traumatic experiences.

Art therapy is effective for people with psychosocial, developmental, and cognitive problems or issues to help express their regression, anger, anxiety, and other feelings. Art therapy may help people express negative emotions or moods (Belver et al., 2017; Bennington et al., 2016; Camic et al., 2016; Carsley et al., 2015; Diliberto-Macaluso & Stubblefield, 2015; Drake & Hodge, 2015; Eaton & Tieber, 2017; Fish, 2019; Forkosh & Drake, 2017; Gibson, 2018; Glassburn et al., 2019; Havsteen-Franklin & Altamirano, 2015; Kaimal et al., 2016; Kaimal & Ray, 2017; King et al., 2019; Lobban & Murphy, 2017; Miller & Giffin, 2019; Northcott & Frein, 2017; Sandmire et al., 2016; Schouten et al., 2019; Smolarski et al., 2015) by art, guiding people to find the answers to their own lives (Moon, 2017). It is an effective method to reduce anxiety (Altay et al., 2017) and can be used to prevent anxiety disorders (Kostyunina & Drozdikova-Zaripova, 2016). Chiang et al. (2019) in their research which used participants at an inpatient psychiatric facility found art therapy to be a helpful intervention for anxiety comorbid with various other psychological disorders. There are various coping techniques through psycho-social support programs (Lee et al., 2017).

It is the most effective way to help individuals deal with their unpleasant emotional and psychological experiences (Malchiodi, 2022; Oishi & Westgate, 2021). Art therapy is used to improve cognitive and sensory-motor functions, foster self-esteem, and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce, and resolve conflicts and distress, and advance societal and ecological change” (AATA, 2017). The therapeutic benefits of art therapy include stress reduction (Diliberto-Macaluso & Stubblefield, 2015; Eaton & Tieber, 2017; Fink & Drake, 2016; Forkosh & Drake, 2017; Kaimal & Ray, 2017; Kaimal et al., 2016; Schouten et al., 2019; Steinhardt, 2017), pain reduction, boundary strengthening, improved self-esteem, meaning-making, and improved well-being (Brown, 2019; Fancourt & Finn, 2019; Mourey, 2021). It is often used as a model of rehabilitation for those who are recovering from other physical illnesses (Malchiodi, 2020). Art therapy is also effective in the treatment of dementia and cancer patients (Iguina & Kashan, 2022; Liu et al., 2022; Mitra et al., 2022). It can “provide an avenue for the nonverbal expression of thoughts and feelings by opening pathways into undamaged areas of the brain,” (Sauer et al., 2016, p.187). In other words, making art naturally stimulates our brains in ways that are positive and enjoyable to our bodies. Art therapy helps us to adapt better to our surroundings by regulating stress or anxiety and it might even reduce blood pressure (Broderick & Blewitt, 2015).

Art therapy is associated with a sense of empowerment (Bosgraaf et al., 2020; Potash et al., 2020). It uses the expressive qualities of art-making to improve well-being (Bennington et al., 2016; Chatterjee & Camic, 2015; Forkosh & Drake, 2017; Fish, 2019; Holt, 2019; Jue, 2017; Kim et al., 2018; Kocjan & Avsec, 2017; Suh et al., 2017; Tse et al., 2020; Wanzer et al., 2018), psychological functioning (Shafir et al., 2020), higher concentration (Chiang et al., 2019), and higher problem solving (Shukla et al.,



2022; Fine et al., 2019). Art making has been utilised in treating patients with cancer to help them work with feelings of anger, fear, and emotional repression or disorders (Diliberto-Macaluso & Stubblefield, 2015; Forkosh & Drake, 2017; Rose, 2019).

Art therapy supports changes in behaviour, personality development, and coping strategies. This can activate the patient's inner resources (Geue, 2017). Art therapy serves to unlock unconscious memories and feelings as well as induce a state of calmness (Chong, 2015; Lobban, 2014; Lobban & Murphy, 2017; Palmer et al., 2017).

Quinlan et al. (2016) found that art therapy may help reconstruct children's meaning and identity by enabling them to retell the story, address grief and loss, and rebuild social connections. It is an effective therapeutic approach to help children recover from psychological symptoms (Ugurlu et al., 2016), post-traumatic stress and depression symptoms (Ugurlu et al., 2016), enhancing problem-solving skills and having fun (Malhotra & Gussak, 2020). Art therapy is a treatment intervention for lowering depression and decreasing stress (Lee & Peng, 2017). It is an effective intervention for all forms of childhood disorders (Schore, 2014).

Art therapy has been used to enhance problem solving and self-awareness, improve mood and locus of control, and testify in a capital criminal proceeding (Griffin, 2019).

Art therapy has been a valuable approach in treating children in psychiatric hospital settings (Shafir et al., 2020) and those being treated for cancer (Samra et al., 2020).

Art Therapy has also been utilised with adolescents who have insecure attachments (Yoon et al, 2020), are living in foster care (Napoli, 2019), have been labelled as deviants or delinquents (Donovan, 2022), and are being treated in school settings (Gibbels et al., 2019). Some art therapists treat entire families (Braus & Morton, 2020), adults in the hospice setting (Collette et al., 2021) or elders with dementia (Lee et al.,



2019; Masika et al., 2020). Art therapy is extremely effective and beneficial when working with the geriatric population and, those that are suffering from dementia or Alzheimer's disease (Camic et al., 2014; Chapin-Stephenson, 2014; Malchiodi, 2020; Sauer et al., 2016).

It is a useful therapy for ageing and geriatric or elderly care (Kim, 2013; Maheshwari et al., 2014; Malchiodi, 2020; Sauer et al., 2016). Art therapy can also assist the geriatric population by helping them to think more abstractly and less concretely, enhance their communication skills, diminish their negative behaviours and ruminations, experience a reduction of feelings surrounding guilt, and gain satisfaction in goal setting and achieving those goals (Chapin-Stephenson, 2014).

The art therapist guides the client through the art therapy process. Art therapy interventions can include creating a scribble drawing or an interactive scribble in which the client and the art therapist take turns drawing and connecting lines.

Art therapy can contribute to the process of recovery by re-establishing a sense of trust and security, reconstructing one's trauma story, and "reconnecting survivors to the creative flow of life" (Dunlea, 2019; Zampieri, 2020). Varela and Melvin (2022) conducted an existential art therapy intervention to increase self-efficacy, self-esteem, internal locus of control, mobility, and positive cognitions in participants with Panic Disorders (PD) (Monson, 2022), schizophrenia (Razali, 2021), anxiety, eating disorders [anorexia nervosa] (Brown, 2019), and attention deficit hyperactivity disorder [ADHD] (Min, 2021). Art therapy is an effective treatment protocol for many different disorders (Chiang et al., 2019).

Art therapy is an excellent coping strategy for people who experience depression and/or anxiety (D'Amico & Lalonde, 2017), and it also helps by stimulating the patients

cognitively (Camic et al., 2014; Chapin-Stephenson, 2014; Malchiodi, 2020; Sauer et al., 2016). These researchers explained that it is effective in treating people by (a) assisting with diagnosis and evaluation of cognitive status; (b) providing a vehicle for reminiscing; (d) enabling sensory exploration and stimulation; and (e) providing a self-reflective activity that results in a tangible product (the artwork itself). Malchiodi (2020) explained further that “through art-making clients are invited to reframe how they feel, respond to an event or experience, and work on emotional and behavioural change” (p. 18). Thus, art therapy can help people to better understand themselves through their emotions and social aspects in their lives.

Art therapy is a good treatment for elderly patients experiencing dementia or Alzheimer’s disease (Camic et al., 2014; Sauer et al., 2016). Dubey et al. (2020) stated that many older adults need psychological care due to anxiety and stress, fear of ageing, loss, change in status and lifestyle, the economic crisis, and concerns about the safety of our unpredictable world.

Art therapy is an appropriate technique that offers new ways of self-reflection and self-care (Dilawari & Tripathi, 2014; Fish, 2019; Hyatt, 2020; Jue, 2017; Kaimal et al., 2017; Kaimal & Ray, 2017; Miller & Giffin, 2019; Robb & Miller, 2017; Saavedra et al., 2017; Scarce, 2019; Secker et al., 2017), coping and reducing stigma (Papagiannaki & Shinebourne, 2016), reduce anxious feelings and increases self-confidence (Bakker & vanWoerkom, 2017; Chen et al., 2019; Doyle, 2017; Fink & Drake, 2016; Forkosh & Drake, 2017; Olcar et al., 2019; Soulliard et al., 2019; Stavrou et al., 2015), reduce stress and anxiety levels, raise self-esteem, gain new socialisation skills, and strengthen areas of emotional well-being (Fancourt & Finn, 2019).

Art therapy is useful for coping skills (Braus & Morton, 2020; Kaimal & Ray, 2017) and self-regulation. It is a way to cope with life's stressors, pains, and limitations. Some clients may use art therapy to cope or calm themselves, which makes it especially valuable for the therapist to honour and build on that strength (Burgoyne & Cohn, 2020). Other times a therapist may choose to use art as a tool for relaxation, or self-soothing within the session (Hebi et al., 2022). Art therapy is often used with hospitalized children to help them cope with the stressors of their illness and the stresses of medical treatments (Malhotra & Kaimal, 2021). Art therapy is used as a therapeutic tool regularly with groups of children who have experienced loss or natural disaster (Gilroy & Lee, 2019).

Art therapy is a tool for self-exploration, insight and communicating internal states. Being able to express their internal world in a creative and perhaps nonverbal way provides clients with the opportunity to explore their sense of self and increase self-awareness (Lederman, 2022; Feize & Faver, 2019). Art therapy helps to explore their emotional reactions in that process (Fish, 2019; Malchiodi, 2020). The process of self-exploration brings up or forth the client's internal states to the surface with art, and using the self-exploration process to communicate emotions or experiences that may be difficult to verbalize (Eish-Baltaoglu, 2020; Schorr, 2021).

Communication of emotions is important to the therapeutic process and yet can be difficult to achieve with certain populations, like children, men in prison, and people who may be overwhelmed by emotions if they verbalize them (Laws, 2019; Young et al., 2022). Art can provide a safe medium to both verbalize feelings and to contain them. Art experiences can also assist in forming alliances with therapists, and increasing engagement in the process with reluctant clients (Snyder, 2021).

The arts comfort and delight people of all ages. Some of those reasons include the desire to express thoughts and emotions, to reflect on life contextually, to enjoy themselves, to connect with others, to communicate and understand, and to view things in a different way (Gibson & Ewing, 2020). They express their pain, suffering, anger, and joy, along with virtually every other feeling shared by humans, and artists who may have had mood disorders actively self-soothed with their creative practices (Malchiodi, 2020; Noonan, 2022). Art therapy is used to improve cognitive and sensorimotor functions, foster self-esteem, and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce, and resolve conflicts and distress, and advance societal and ecological change. Art therapy helps clients focus on their inner changes and gain a sense of security and trust from the process, help clients change their attitudes towards life, work from the physical, psychological, and emotional aspects and establish a system of self-awareness (AATA, 2020; Moon, 2017).

Art therapy helps people resolve conflict(s), reduce stress and anxiety (Zamelyuk, 2021), manage grief, increase self-esteem and wellbeing, and work through maladjusted behaviours, attitudes, or conditions (American Art Therapy Association, 2020; Fancourt & Finn, 2019; Nangeroni, 2018). It is a tool to reflect complicated feelings and emotions about a social justice issue such as racism (Leclerc & Drapeau, 2018), oppression (Kalmanowitz & Ho, 2016; Karcher, 2017), or poverty (Dunkerly-Bean et al., 2017; Hyatt, 2020).

## **2.2 Theoretical Review**

The table below describes some theories that have been used in combination with various art forms as therapeutic interventions.

*Table 2.1: Usage of art therapy and their results in other countries*

<b>Country</b>	<b>Subjects</b>	<b>Results</b>
Israel	Cancer patients with depression and anxiety	In the intervention group, the median Hospital Anxiety and Depression Scale score for depression was 9 at the beginning and 7 after the fourth appointment
United States of America	Depression	The results reflected a significant decrease in depressive symptoms in those inmates who participated in the program
Germany	Cancer patients with psychological distress	Anxiety scores decreased in a pre–post comparison.
United Kingdom	Patients with anxiety, depression, or stress	There was a significant improvement in well-being
United Kingdom	Postpartum depression	The responses of the questionnaires were more positive after the intervention, and 8 of the 10 mothers showed an improvement in postpartum depression and in the relationship with their children.
France	Cancer patients with depression and anxiety	There was a significant reduction in all of the symptoms: pain, anxiety, evil, fatigue, sadness, and depression
Germany	Acute psychotic episodes with depression	Patients in the ART group showed significant improvement in levels of emotional awareness.

*Source: Hu et al. (2021, p.4)**(Continued)*

**Table 1 Continued**

<b>Country</b>	<b>Subjects</b>	<b>Results</b>
Brazil	Depression	Art therapy as an adjunctive treatment for MDD in the elderly can improve depressive and anxiety symptoms.
Iran	Anxiety	Nurses should collaborate with medical teams to routinely use non-pharmacological methods such as the painting and the interactive games to alleviate preoperative anxiety in children
United Kingdom	Dementia	Art therapy is beneficial and appropriate interventions for older people with dementia
New Zealand	Autism	There is an important relationship between generativity and imagination.
Canada	Autism	There are changes in the type of cognitive processes involved in imagination and children with autism employ a unique cognitive strategy in imaginative drawing
Iran	Autism	Autistic children showed more adaptive behaviours and emotions.
United Kingdom	Schizophrenia	Art therapy produced a statistically significant positive effect on negative symptoms
Serbian	Schizophrenia	The patient's drawings show clinical improvement from the reduction of depressive themes and an increase in the frequency of human figure drawings and self-confidence

Source: Hu et al. (2021, p.4)

(Continued)

**Table 1 Continued**

<b>Country</b>	<b>Subjects</b>	<b>Results</b>
China	Schizophrenia	Group art therapy can improve self-efficacy and social function, reducing social and life function problems, and promote the recovery of individuals diagnosed with schizophrenia.
Denmark	Schizophrenia	The positive effect of art therapy is mainly due to a strengthening of the Schizophrenia' minimal sense of self.
Brazil	Alzheimer's disease	The selection of drawing or modelling showed significant association with severity of cognitive deficit
Croatia	Alzheimer's disease	Art therapy was shown to be an excellent add-on non-pharmacological intervention, beneficial for reducing stress-related behaviours
Japan	Alzheimer's disease	Significant improvement in the quality of life was observed in the art therapy

*Source: Hu et al. (2021, p.4)*

### ***2.2.1 Gestalt Art Therapy***

This research is premised on Gestalt theoretical approach to provide an understanding on counsellors' experiences of the effectiveness and implementation of art therapy with individuals and many different groups. It is influenced by Gestalt therapy propositions relating to counsellors' use of art forms as therapeutic interventions. My interest in adopting the Gestalt theory is influenced by the fact that Gestalt art therapy refers to the whole or configuration which is greater than its sum of parts.

The word "gestalt" means "whole". Gestalt therapy is an experimental approach that emerges in reaction to psychoanalysis. Other names given to it include concentration therapy, integrative therapy, and existential therapy (Brownell, 2016; Hlavek & Feldwisch, 2022; O'Leary, 2021). It was developed by Fritz Perls (1893-1970) as a psychotherapeutic approach with present-moment experiences, existential meaning, interpersonal relationships, and holistic integration (Copley & Carney, 2020). There is no separation of mind and body in Gestalt therapy, but instead, a whole organism—a disturbance in any given component of biopsychosocial and spiritual functioning hinders the whole (Brownell, 2016, 2018). Therefore, unexpressed emotion, disowned aspects of self, and/or fusion to cognition, among other maladaptive psychological functioning, constrict authentic contact with the field (for example, environment)—what many Gestalt therapists refer to as the life-force of an individual (Brownell, 2018). It is a humanistic approach and an integrative, process-experiential modality to psychotherapy geared toward ameliorating an individual's intrapersonal and interpersonal contact with self, others, community, environment, and spirituality (Brownell, 2015, 2016, 2018; Gold & Stricker, 2020; Prosnick & Woldt, 2014).

Gestalt therapy is integrative, strength-based, growth-oriented modus to psychotherapy postulating psychological illness and health are inseparably related



with a human organisms' contact—getting in touch—or interruption of contact with self, others, the environment, and the spiritual field (Prosnick & Woldt, 2014). It is a distinctive and potent form of process experiential therapy focused on what-and-how (instead of why) an organism does in the here-and-now (instead of the there-and-then) with discernible awareness of I-and-Thou (instead of *I and-it*) dialogue (Brownell, 2018).

The Gestalt theory posits that the more we work at becoming who or what we are not, the more we remain the same. A basic assumption of Gestalt therapy is that individuals can self-regulate when they are aware of what is happening in and around them. Therapy provides the setting and opportunity for that awareness to be supported and restored. If the therapist can stay with the client's present experience and trust in the process, the client will move toward increased awareness, contact, and integration (Brown, 2019).

According to Gestalt therapy theory, people are innately striving for growth and actualization (Brownell, 2018). Discouragement manifests, however, when one abdicates features of his or her self and thus becomes more of an image succumbing to social and societal expectation rather than a person living with polarities (Brownell, 2018). Gestalt therapy aims to increase awareness allowing for re-identification with the parts of the self that are alienated and disowned (Corey, 2017). The primary focus is on creative adjustment and the facilitation of ongoing growth, maturation, self-support—but not hyper-individualistic self-sufficiency as often misconstrued—and ecological interdependence with environmental support throughout ones' life cycle (Prosnick & Woldt, 2014). This implies that it focuses on growth, wellness, and wholeness.

This approach aims to encourage and insist on responsibility, honest, direct and authentic communication between the client/person and therapist. The goal of Gestalt therapy is to empower people to transform their lives, meet their needs, and embrace ecological interdependence via the phenomenological process of awareness, that is, *aware-ness* (Kayyali, 2018). Gestalt therapies encourage active participation and enactment by the individual, believing that through sensory-motor activation, there is a recognition and clarification of problems (Malchiodi, 2020). In other words, it is to encourage active participation and enactment by the individual in dealing with a problem. In art therapy, one does not need to have artistic ability or special talent. Gestalt's art therapy concept believes that the expression of art is therapeutic because it allows people to know themselves as a whole in a short time. Succinctly, this approach focuses on the here and now principle.

Gestalt therapy rests on the principle that everything is relational, influx, interrelated, and in process. Gestalt therapists pay attention to and explore what is occurring at the boundary between the person and the environment. Gestalt therapy gives special attention to existence as individuals experience it and affirm the human capacity for growth and healing through interpersonal contact and insight (Peterson & Gough, 2019).

Gestalt therapy theory views awareness as automatically paving the way for organismic self-regulation and change (Corey, 2017). Personal responsibility (for example, response-ability) and self-determination are important concepts in Gestalt therapy meant to guide a human organism in transcending impasses associated with self-fragmentation, rejection, alienation, compartmentalization, abdication, and denial; this does not deviate from how existentialists view avoidance and self-deception as

precursors to psychopathology and/or existential crisis (González-Hidalgo et al., 2022).

Gestalt therapists view contact with others as integral to developing awareness; awareness and contacts are viewed as healing and curative (Prosnick & Woldt, 2014). Gestalt therapy improves contactful interaction through the elaboration of authentic dialogue embodying awareness and spontaneity between therapist and client (Prosnick & Woldt, 2014). This ground of heightened contact via dialogical work in Gestalt therapy espouses awareness with a paradoxical approach to change in which the therapist is an “agent of change” instead of a “change agent” (Prosnick & Woldt, 2014).

Gestalt therapy is lively and promotes direct experiencing rather than the abstractness of talking about situations. Essentially, it encourages awareness of differences and similarities while Gestalt contact resistances or interruptions to contact are explored in the immediate here-and-now present therapeutic encounter and relationship (Brownell, 2016; Prosnick & Woldt, 2014). It seeks a balance between frustration (for example, firm and direct) and support (for example, warm and kind) to prevent rescuing and infantilizing a client, embracing cognitive processes as an integral treatment component (Brownell, 2016, 2018). It is not only effective psychotherapy but also a viable life orientation with particular modus of seeing and knowing the world through the phenomenological method of awareness (Prosnick & Woldt, 2014; Rodriguez, 2017).

In addition to the Gestalt therapy theory, expounded in the theoretical framework section of this study, there are three related theories which provide an understanding of counsellors' experiences of the effectiveness and implementation of art therapy in Ghana. These theories are Cognitive Behavioural Art Therapy, Psychoanalytic Art Therapy, and Person-Centred Therapy.

### ***2.2.2 Cognitive Behavioural Art Therapy***

Cognitive Behavioural Art Therapy explores the intersection of art therapy practices and principles within cognitive-behavioural therapy (CBT). It is rooted in behavioural and cognitive theoretical models based on scientific evidence. The CBT was formulated in the 1950s and 1960s by Aaron Beck (Beck, 2011), and grounded in the cognitive model (Beck & Haigh, 2014). The cognitive model posits that emotions and behaviour are influenced by automatic thoughts, assumptions, interpretations, and beliefs about self, others, and the world. Dysfunctional thinking, therefore, leads to increased emotional distress and maladaptive behaviour. The core theory of CBT is based on the concept that dysfunctional thinking influences mood and behaviour, and therefore, it is the basis of all psychological disturbances (Beck, 2011). A central tenet of CBT is the idea that our emotional, behavioural, and physiological reactions to environmental events are often determined largely by our thoughts and interpretations about those events rather than the events themselves.

The CBT works by changing people's attitudes and their behaviour by focusing on the thoughts, images, beliefs, and attitudes that are held [a person's cognitive processes]. So, it involves cognitive reconstructing and problem-solving therapies (Martin et al., 2016; Rubin, 2010). The CBT aims at converting negative, distorted, and exaggerated thoughts from the depressed feelings into positive thoughts. One of the characteristics of CBT is the use of psychological knowledge and empirically tackling the client's

problems. Within this context, the CBT uses cognitive techniques to help people: 1) recognize their idiosyncratic automatic thoughts and negative assumptions; 2) question their thoughts and assumptions for accuracy and utility; 3) identify inaccuracies, exaggerations, or errors (cognitive distortions); and, 4) challenge and reframe their faulty thinking (Beck & Haigh, 2014). In CBT, “cognitive behavioural art therapists use art processes and techniques to help clients recognize false, destructive, and unhelpful beliefs and thoughts that negatively influence their behaviour and feelings” (Rubin, 2016, p.41).

CBT aims at modifying beliefs and thoughts to improve one’s emotions and behaviour. In other words, it helps clients identify and change automatic thoughts that may be distorted. In this regard, cognitive art therapy aims to help the client recognize and reassess his patterns of negative thoughts and replace them with positive thoughts that more closely reflect reality (Schimelpfening, 2012). The broad goals of CBT include building a set of skills that enable an individual to be aware of thoughts and emotions; identifying how situations, thoughts, and behaviour influence emotions; and improving feelings and overall functioning by changing dysfunctional thoughts and behaviour (Hoffmann et al., 2020). This means that the goal of CBT is to change patterns of thinking or behaviour that are behind people’s difficulties, and so change the way they feel. In other words, its goal is to replace patients’ maladaptive coping skills, cognitions, behaviour, and emotions with more adaptive coping mechanisms (Ehde et al., 2014; Sun-Edelstein & Mauskop, 2012). This is an indication that the focus of CBT is to reframe and correct distorted thoughts and behaviours.

CBT is a problem focussed, highly structured and standardized approach. It is a short-term and cost-effective treatment (often between 6 and 20 sessions or between 8 and 15 sessions) that focuses on teaching clients’ specific skills (Archer et al., 2018).

Congruently, Westbrook et al. (2011) corroborated that it is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem solving. In their view, the here and now principle of CBT is that the initial focus is on the present-day issues and what is maintaining the problem, rather than being concerned with the processes that led to the problem initially developing (Westbrook et al., 2011). In congruence with other researchers (Goldberg, 2014; Beck, 2011), the CBT is present-oriented, time-limited, and solution-focused. This incorporates core beliefs and dysfunctional assumptions along with early life experiences (Kuyken et al., 2011). A therapist adheres to an agenda throughout the sessions. The CBT is present-centred, problem-focused, collaborative, and active, as it involves helping clients to learn and apply specific skills through in-session practice and frequent homework (Beck, 2011). According to Beck (2011), there are ten basic principles of CBT treatment:

1. Cognitive behaviour therapy is based on an ever-evolving formulation of patients' problems and an individual conceptualization of each patient in cognitive terms" (p. 7). According to this principle, therapists view their clients from a timeline perspective, where they consider and identify their client's current thinking and associated problematic behaviour, as well as precipitating factors and developmental events that may have led to the client's current presentation.
2. Cognitive behaviour therapy requires a sound therapeutic alliance" (p.7). Therapists who practice CBT point out and break down beliefs that clients have held to be true for great lengths of time, which requires the client to have a good deal of trust in their therapist. This principle encourages the use of "basic ingredients" for counseling to be successful: "warmth, empathy, caring, genuine regard, and competence" (p. 7).

3. Cognitive behaviour therapy emphasizes collaboration and active participation” (p. 8). Therapy is viewed as teamwork and requires the client to do their part between sessions to be successful. Homework is assigned between sessions and over time, the nature of the work becomes so collaborative that the client is encouraged to develop their own assignments.
4. Cognitive behaviour therapy is goal-oriented and problem-focused” (p.8). The therapist works with the client to develop reasonable goals so that both can know what the client is expecting out of treatment. Goals may be based in behavioural terms and the therapist is able to assist the client with seeing how emotional issues may be getting in the way of resolving certain problematic behaviour.
5. Cognitive behaviour therapy initially emphasizes the present” (p.8). It is important to CBT practitioners to address the immediate needs of the client, and therefore, clinicians will focus their time and energy on the present. According to Beck, the therapist should shift focus to the past in two specific circumstances: first, if the client has a strong desire to explore their past experiences and delaying this would jeopardize the therapeutic alliance, and second, if the client’s dysfunctional thinking is so engrained that a greater understanding of early childhood experiences is deemed necessary.
6. Cognitive behaviour therapy is educative, aims to teach the patient to be her own therapist, and emphasizes relapse prevention” (p. 9). As part of this principle, the therapist is expected to discuss the details of the client’s disorder so the course of treatment is made clear. The therapist also teaches the client how to evaluate and address their thoughts and beliefs on their own so that the client can successfully move forward when treatment has ended.



7. Cognitive behaviour therapy aims to be time-limited” (p. 9). The ideal course of CBT treatment will be between six and 14 sessions, plus a set of “booster” sessions post-treatment; however, CBT practitioners are flexible to the idea that some clients may require significantly longer courses of treatment.
8. Cognitive behaviour therapy sessions are structured” (p. 9). The session structure is broken down into an introductory portion, which includes a brief check-in, review of the prior week, and setting an agenda for the session; a middle portion, which includes a review of homework, discussion agenda items, developing new homework assignments, and a summarization of the session; and a final portion, which includes feedback.
9. Cognitive behaviour therapy teaches patients to identify, evaluate, and respond to their dysfunctional thoughts and beliefs” (p. 10). The therapist works with the client in a process called collaborative empiricism by performing behavioural experiments that may challenge the client’s thinking and beliefs to practice their skills in the real world. This helps the client to be able to regulate their thoughts and reactions independently.
10. Cognitive behaviour therapy uses a variety of techniques to change thinking, mood, and behaviour” (p. 10). Aside from the other techniques that have already been mentioned, CBT also relies on teaching problem-solving techniques and encourages the application of other therapeutic modalities for the purpose of resolving the goals of the client. A final important aspect of CBT treatment is the focus on emphasizing the positive. It is important for the therapist to find ways to insert positive praise that may negate their automatic thoughts (Beck, 2011).

These principles are further summarized into six by Beck (2011) that CBT is:

1. collaboration between therapist and client;



2. goal-oriented;
3. present-focused;
4. educative therapeutic work;
5. guided discovery of dysfunctional thoughts and beliefs;
6. using a variety of techniques to change thinking, mood, and behaviour (pp. 1-5).

The CBT hypothesizes that “people’s emotions, behaviour, and physiology are influenced by their perception of events” (Beck, 2011, p. 30). It acknowledges that every individual will perceive situations differently and will thereby have a variety of emotional and behavioural responses (Beck, 2011). The key methods of CBT include both behavioural and cognitive strategies. Thus, CBT combines both the major aspects of cognitive and behavioural approaches (Corey, 2017, 2022). Taking a critical analysis of this statement, it becomes clear that CBT combines the two approaches by focusing on the bi-directional (client-therapist) relationship between an individual’s thoughts, feelings, and behaviour. Additionally, this approach includes specific behavioural strategies such as exposure techniques (Cohen et al., 2017; Corey, 2017).

Behavioural methods aim to reduce maladaptive behaviour and promote adaptive ones by systematically applying principles drawn from social learning theory (for example, modifying antecedents and consequences). Some examples of behavioural interventions include relaxation training, behavioural rehearsal for social skills, exposure methods to reduce anxiety and avoidance, problem-solving, and behavioural activation for depression.

Cognitive restructuring is also one of the cognitive strategies. It is defined as “structured, goal-directed, and collaborative intervention strategies that focus on the exploration, evaluation and substitution of the maladaptive thoughts, appraisals, and

beliefs that maintain psychological disturbance” (Clark, 2014, p. 2). It is an integral component of CBT. The cognitive behavioural method of therapy is based on the theory that when peoples’ thoughts, which are based on beliefs about themselves, others, and the world, are dysfunctional, it causes psychological disturbance. CBT is a type of treatment that shows clients how their thinking affects their beliefs, and in turn, their beliefs lead to reactions, feelings, and behaviour. The goal of therapy is to interrupt and challenge faulty thinking and identify more rational/reasonable alternative thoughts.

The CBT framework relates to art therapy and offers an argument for the inclusion of CBT within art therapy-based treatments. It is used to help treat a wide range of issues in a person’s life. The CBT has several treatment goals (adapting behaviour), principles (cognition affects behaviour), and processes (change automatic thoughts or one’s relationship to his or her thoughts utilizing behavioural experiments, and emotions/behaviour will change). Thus, the foundation of CBT approaches remains solid (Beck & Haigh, 2014; Cristea et al., 2015; Mennin et al., 2013).

The CBT is effective at reducing psychological harm (Wethington et al., 2008), in the treatment of bulimia nervosa (Accurso et al., 2015; Scaini et al., 2016; Warwick et al., 2017), trauma and PTSD (Bryant et al., 2017; Kirsch et al., 2018), substance or drug abuse (Clarke et al., 2013; Corey, 2017; Rubin, 2010), social anxiety (Dryman et al., 2017), perinatal mood and anxiety disorders (Sarid et al., 2017; Gormez et al., 2017), alcoholism (Corey, 2022; Rubin, 2011), insomnia (Corey, 2017; Rubin, 2011), eating disorders (Corey, 2022; Rubin, 2011), depression (Binnie, 2015; Sun-Edelstein & Mauskop, 2012), mental or psychiatric disorders or problems and medical problems with a psychiatric component (Beck, 2011; Binnie, 2015; Brown, 2019; Ehde et al., 2014; Sun-Edelstein & Mauskop, 2012), negative tendencies and phobias (Corey,

2017; Rubin, 2011), anger management (Ehlers et al., 2010), positive self-talk (Ehlers et al., 2010), cognitive restructuring (Ehlers et al., 2010), and active problem-solving (Ehlers et al., 2010).

Wright et al. (2017) believed that the primary strategies for managing depression are: (a) behavioural activation (promoting increases in productive and enjoyable activities) or (b) cognitive restructuring [modifying negative and self-defeating automatic thought patterns]. The CBT teaches people specific life skills through identifying distorted thinking, modifying beliefs, relating to others in different ways, and changing behaviour (Ehde et al., 2014; Goldberg, 2014; Sun-Edelstein & Mauskop, 2012). It is the most effective type of counselling for people with post-traumatic stress disorder [PTSD] which is a risk factor for suicidal thoughts (Trockel et al., 2015), and is effective in reducing suicide attempts (Zastrow et al., 2019).

### ***2.2.3 Psychoanalytic (Freudian) Art Therapy***

Freudian art therapy emanates from the psychoanalytic theory developed by Sigmund Freud in the late nineteenth century (Henzell, 2019; Walters, 2020). This theory deals with imagery, history, and creativity (Townsend, 2019). The theory focuses on the reconstruction of the past and the interpretation of the past to the present. It can also be described as a theory and therapeutic method based on the ideas that mental life functions on both conscious and unconscious levels (Jodry & Reid, 2020).

Freudian art therapy sees creativity through art-making as a way of recreating realities by correcting inherent disorder a commonly experienced situations in our environments. Freud (1940) defined art activities as a powerful instrument for psychoanalytic analysis of personality. He described the aim of art-therapy as making the situation for selection and change of behaviours and believes that this creates

opportunities for re-experiencing conflicts to resolve, analyse or answer. In the opinion of Freud, art therapy aims to develop identity and personality and elicit a sense of achievement through egocentric innovative tools. Art therapy or art psychoanalytical involves attention to the mental needs of patients such as the need for freedom, self-expression, and relaxation. It does not consider art details, however; it judges art production not because of its artistic approach, but for its psychoanalytical and treatment role (Freud, 1940).

The Freudian view of human nature is deterministic. Instincts are central to the Freudian approach. According to Freud, human behaviour is determined by irrational forces, unconscious motivations, and biological and instinctual drives as these evolve through key psychosexual stages in the first 6 years of life. In Freudian therapy, Junge (2015) viewed art-making as a means of expressing the sacred and mysterious element in the 'individuation' process. This implies that art-making is a means of expressing oneself. The premise of Freudian therapy is to understand that humans are largely unaware of the mental processes that determine their thoughts, feelings, and behaviours, and that psychological suffering can be alleviated by making those processes known to the individual (Schore, 2018). Thus, it is believed that art can bring forward the unconscious mental process and the individual can begin to process those feelings.

According to Freud (1940), the real pleasure afforded by a creative work comes from the discharge of tensions. From this it can be concluded that the act of creativity is one in which discomfort and displeasure are suspended and an idealised fantasy-equivalent is introduced in its place. The true genius of creativity exists in the ability of the creative artist to suspend these images of displeasure and extend the fantasy world into a work of art, which exemplifies a reality that affords pleasure and satisfaction.

Through the rearrangement of infantile and adult fantasies, the creative individual builds a reality he/she feels comfortable inhabiting. Even though this reality exists as an answer to psychic tension, it also exhibits the artist's ability to reformulate the phenomena and create a fantasy reality that overcompensates for a loss of childhood notions of play.

Freud's psychoanalytic system is a model of personality development and an approach to psychotherapy. Psychoanalytic or Freudian art therapy aims to treat mental disorders by investigating the interaction of conscious and unconscious elements in the mind and bringing repressed fears and conflicts into the conscious mind (Gilbert & Kirby, 2019). In other words, the aim of psychoanalytic therapy, therefore, is to make the unconscious motives conscious, for only then can an individual exercise choice. A "cure" is based on uncovering the meaning of symptoms, the causes of behaviour and the repressed materials that interfere with healthy functioning. It is to be noted, however, that intellectual insight alone does not resolve the symptom. It is a useful model in the treatment of people who suffer from psychosomatic disorders, anxiety, fear of dying and other phobias.

The analytic art therapist is guided in behaviour by what a person feels will help the patient to improve. In psychoanalytic art therapy, the emphasis is on freeing the personality to grow, and to be able to live, love, and play more creatively. Psychoanalytic art therapists agree on the importance of the patient's internal world, especially its representation in what Sigmund Freud called "transference". From the psychoanalytic or Freudian perspective, art therapists generally view the impulse to make art as an expression of id energy (Moon, 2017). Accordingly, they help clients discover the root cause of problems through unconscious artistic activities and spontaneous associations. Then, the transference relationship between the art therapist

and the client helps the client understand the unconscious behaviour with the art process, the art product, and the conversation content.

#### ***2.2.4 Person-centred (Rogerian) Art Therapy***

A person-centred approach to art therapy otherwise known as client-centred therapy was pioneered by Carl Rogers from 1902–1987 (Barker et al., 2019; Fozooni, 2020; Tudor, 2022). It is based on concepts from humanistic psychology. Rogers assumed that the best vantage point for understanding how people behave is from their internal frame of reference. This same view is shared by Levitt et al. (2022) who averred that Rogers' theory centres on the client as the agent for self-change.

This therapy is rooted in the client's capacity for awareness and self-directed change in attitudes and behaviour. Further analysing Rogers' theory, one can deduce that the person-centred (Rogerian) art therapy is an approach of using the arts and their products to foster awareness, encourage emotional growth and enhance relationships with others through access to imagination, including arts as therapy, art psychotherapy and the use of arts for traditional healing and emphasising the interrelatedness of the arts in therapy.

Mirroring the views of Malchiodi (2020), Rogers' theory holds that the therapist's function is to be present and accessible to clients and to focus on their immediate experience. They opined that first, the therapist must be willing to be real in the relationship with clients (Haley, 2014). By being congruent, accepting, and empathic, the therapist is a catalyst for change. Instead of viewing clients in preconceived diagnostic categories, the therapist meets them on a moment-to-moment experiential basis and enters their world. Through the therapist's attitude of genuine caring, respect,

acceptance, support, and understanding, clients can loosen their defences and rigid perceptions and move to a higher level of personal functioning.

Further reflecting on Rogers' theory, researchers (Englander, 2020; Jolley, 2019) held the deep conviction that human beings are essentially trustworthy. By implication, the person-centred approach rejects the role of the therapist as the authority who knows best and of the passive client who merely follows the dictates of the therapist. Instead, the person-centred therapist focuses on the constructive side of human nature, on what is right with the person, and on the assets the individual brings to therapy. The emphasis is on how clients act in their world with others, how they can move forward in constructive directions, and how they can successfully encounter obstacles (both from within themselves and outside of themselves) that are blocking their growth.

An art therapist assists clients to understand the meaning and purpose of their lives and develop their creative potential (Corey, 2017). Its focus is on the person, not on the person presenting the problem. In this approach, clients are assisted to reflect on their experience. It is humanistic, non-judgmental listening and acceptance if clients are to change. Within this approach, the purpose of the therapist is to create a growth-promoting atmosphere to solve problems in which the client can reach the full potential and trusts that the person has the internal capacity to become well. By this claim, the approach emphasises the need for a counsellor to create a permissive and nondirective climate. In this case, a non-directive counsellor avoids sharing a great deal about himself/herself with clients and instead focuses mainly on reflecting and clarifying the clients' verbal and nonverbal communications to help clients become aware of and gain insight into their feelings. Before clients can work toward that goal, they must first get behind the masks they wear, which they develop through the process of socialisation.



Rogers (1961) described people who are becoming increasingly actualized as having (1) an openness to experience; (2) a trust in themselves; (3) an internal source of evaluation; and (4) a willingness to continue growing. Encouraging these characteristics is the basic goal of person-centred therapy. The cornerstone of person-centred theory is the view that clients in a relationship with a facilitating therapist can define and clarify their own goals.

The philosophy of person-centred therapy is grounded on the assumption that it is clients who heal themselves, who create their self-growth, and who are the primary agents of change. Therefore, the basic assumptions of the person-centred approach are that people are essentially trustworthy, that they have a vast potential for understanding themselves and resolving their problems without direct intervention on the therapist's part, and that they are capable of self-directed growth if they are involved in a specific kind of therapeutic relationship. Rogers emphasised the attitudes and personal characteristics of the therapist and the quality of the client-therapist relationship as the prime determinants of the outcome of the therapeutic process. This belief in the client's capacity for self-healing is in contrast with many theories that view the therapist's techniques as the most powerful agents that lead to change (Ort et al., 2022).

Rogers did not believe therapy aimed to solve problems. He argued that the underlying aim of therapy is to provide a climate conducive to helping the individual become a fully functioning person. Thus, the person-centred approach aims toward the clients achieving a greater degree of independence and integration, assisting clients to gain independence, increase awareness of emotions, help individuals access and process emotions (Corey, 2017). It focuses on the healing aspects of the creative process and involves the integration of all the arts (Malchiodi, 2020; Purcell, 2020). In other words, its focus is on clarification of feelings to a focus on the client's frame of reference



developed. Nondirective therapy is associated with increased understanding, greater self-exploration, and improved self-concepts. One of the main ways in which person-centred therapy has evolved is diversity, innovation, and individualization in practice (Ryan, 2022). It is geared towards an understanding attitude, enabling clients to understand the meaning and purpose of their lives and develop their creative potential (Corey, 2017).

The person-centred approach may be used in combination with creative expression, creative and visual arts which symbolises deep and sometimes inaccessible feelings and emotional states (Omylinska-Thurston et al., 2021). Expressive arts therapy uses various artistic forms—movement, drawing, painting, sculpting, music, writing, and improvisation—toward the end of growth, healing, and self-discovery. This is a multimodal approach integrating mind, body, emotions, and inner spiritual resources. The expressive arts may lead a client into the unconscious, thereby enabling him/her to express previously unknown facets of ourselves and bring to light new information and awareness. Counsellors trained in person-centred expressive arts offer their clients the opportunity to create movement, visual art, journal writing, sound, and music to express their feelings and gain insight from these activities.

Person-centred therapy is applicable in the treatment of a wide range of client problems including anxiety disorders, alcoholism, psychosomatic problems, agoraphobia, interpersonal difficulties, depression, cancer, and personality disorders (Fernandez et al., 2015). The person-centred approach is especially applicable in crisis intervention such as unwanted pregnancy, an illness, a disastrous event, or the loss of a loved one. The person-centred approach emphasises the unique role of the group counsellor as a facilitator rather than a leader. The person-centred approach has also been applied to

world peace in the reduction of interracial tensions and the effort to achieve world peace (Wolter-Gustafson, 2016).

### **2.3 Empirical Review**

The creative art therapies differ from other therapies by their experiential and nonverbal character (Edwards, 2014; Lusebrink & Hinz, 2021; Samaritter, 2018). Characteristic for art therapy is the methodical use of art means as drawing, painting, collage, and sculpting to shape and express feelings, thoughts, and memories (Edwards, 2014). Art therapy is distinguished from other forms of treatment by active performing and experiencing with art materials, by the visual and concrete character of the process as well as by the result of art making. In clinical practice, art therapy is mostly applied in combination with trauma-focused psychotherapy such as EMDR, TF-CGT, Brief Eclectic Psychotherapy, and Narrative Exposure Therapy (Schouten et al., 2015).

Art therapy is also applied in multidisciplinary trauma-focused day treatment (Jones et al., 2019; Maltz et al., 2020) or inpatient clinical treatment (Fish, 2019). Recent studies (Hippolyte, 2020; Macaulay, 2020; Wenzel et al., 2020) suggest that the more non-verbal treatment sessions (art therapy, music therapy, and psychomotor therapy) are applied, within the day-treatment programs and next to trauma-focused psychotherapy, the better are the results in decrease of psychopathology. Arts therapy is an umbrella term for a diverse assortment of sub-specialty experiential therapies that cross a wide variety of artistic disciplines. There are four major sub-specialties of arts-based therapies: dance/movement therapy (DMT), music therapy (MT), photography therapy and drama therapy (Romo et al., 2018).

### ***2.3.1 Music Therapy (MT)***

Music therapy is an intervention used in many psychiatric facilities. Studies have shown that music and music therapy are successful in suppressing the symptoms of psychosis (Beresin, 2022; Nelson, 2019) and increasing mood, insight, and relaxation in psychiatric prisoner patients (Lu et al., 2021). Music therapy interventions have also been effective in treating psychiatric deficit areas such as self-esteem, self-expression, coping skills, anger management, and mood disorders (Moula et al., 2020). Concerning experience and attitudes about music therapy, Rosado (2019) found psychiatric patients valued music therapy treatment less than other professionals at the psychiatric hospital. Silverman (2019) evaluated psychiatric patients' experience of music therapy and other psychoeducational programming using 73 participants. Participants consistently rated music therapy as more effective than other programming in addressing specific psychiatric deficit areas. Additionally, 57% of participants noted that music therapy was their favourite class/therapy. (Silverman, 2019).

Research focusing on experiences of music therapy by other professionals has been limited. Marques et al. (2020) conducted an extensive survey of professionals working in psychiatric hospitals concerning their attitudes and experience regarding music therapy. While psychiatrists viewed music therapy as less than essential, psychologists, nurses, and social workers expressed a more positive impression. Psychiatrists identified primary benefits of music therapy as improving social skills, providing enjoyment, and developing self-expression skills. Music therapy goals perceived to be more within the domain of psychologists and social workers, such as cognition and traditional therapy, were viewed less favourably by those groups. Psychiatrists valued more highly qualities of music therapy that most closely resembled therapeutic recreation, such as leisure skill development and socialization

goals. Nurses generally tended to view music therapy positively except for goals related to improved cognition.

How music as an art therapy is perceived by others can play a significant role in shaping decisions regarding therapeutic intervention. Marquez-Garcia et al. (2021) assessed the experiences of parents of children with autism spectrum disorders regarding the effectiveness of family-based music therapy groups. Noteworthy findings included positive comments regarding the ability of the music therapy intervention to facilitate group cohesion and to enhance interaction between the children and their families. Other benefits of the family-based experience posited by Marquez-Garcia et al. (2021) included being able to participate in the activity as a family unit, having an opportunity to interact with families in similar circumstances, and providing a chance to relate to typically developing siblings. Finally, the music therapy experience allowed family members to view positive aspects of their children, enhance awareness of their limitations, increase appreciation of their unique learning styles, and more clearly understand their relationships with them.

Music therapy primarily utilizes music as a therapeutic tool. Music is used most often in the treatment of eating disorders as a tool for self-discovery or as a method for relaxation (Clement, 2021; Santiago, 2022). Some examples include using background music to facilitate breathing, positive imagery, or meditation. Alternatively, Bibb et al. (2019) opined that music may be played during mealtime to alleviate anxiety. Examples of using music as a tool for self-discovery include listening or singing along with a song and then examining and discussing the lyrics, eventually using the insight discovered through the lyrics and apply to oneself. For instance, an arts therapist could facilitate a discussion on the theme of loving oneself unconditionally or the desire to survive a battle with depression (Kaimal, 2019b).

A wide variety of songs may be used with this therapy and selection is typically based on the individual characteristics of a person or a group (Stegemann et al., 2019). One residential program employs a unique form of cognitive-behavioural music therapy (Trimmer, 2020). Under this model, music therapy is used to address “behavioural and cognitive issues in a non-threatening and supportive manner while challenging long-held cognitive distortions and destructive behavioural patterns” (Szulanski, 2016). Szulanski (2016) illustrated this technique by showing a “recovery rap” that clients had written and performed about overcoming their eating disorders and reclaiming their lives. Berger et al. (2020) also emphasized the use of lyrics as a tool for personal insight and change.

Quiroga (2015) explored the experience of music therapists during moments of effectiveness by contrasting them with moments of ineffectiveness. Quiroga (2015) found that the indicators of moments of effectiveness/ineffectiveness were related to (a) the client, (b) the therapist, (c) the music, (d) the methods used, and (e) the therapeutic process. When experiencing difficulties—that is, moments of inefficacy—music therapists felt vulnerable, afraid, incompetent and with no control. Therapists felt their clients were not responsive and doubts about the methods used or the suitability of music therapy arose. Furthermore, therapists felt that in these moments they performed poor quality music. By considering ineffective moments in his study, Quiroga (2015) provided important findings regarding difficult moments through the music therapists’ lived experience. The essence of those moments, however, was still unexplored.

The significance and utility of music for entities humanity has been of concern to academics for several years and has influenced how music therapists appreciate the relevance and role of music within their practice (Baker, 2013). Two perspectives have

influenced music therapy theory and practice, and the evolution of therapeutic uses of music; the emotivists who understand music as eliciting emotional responses in the listener (expressionists) and cognitivists (referentialists) who argue that music represents an emotion without the listener experiencing that emotion (Steele, 2016). Aigen (2015) shows that music is used to regulate moods and emotions, and Baker (2015) indicates that music assists people to cope with life by tuning out. Music can stimulate aesthetic enjoyment (Hodges, 2016), where music is experienced and evaluated as being on the continuum of beauty, and experience of pleasure or displeasure (Eerola et al., 2018).

The power of music is significant when shared between people. Music plays a role in bringing people together for a shared musical experience where they become part of something that is bigger than them (Castle et al., 2022). Baker (2015), Castle et al. (2022), and Sharman and Dingle (2015) suggest that the music contributes to the expression of emotions and affects mood. It can intensify the positive feelings or the negative feelings expressed in the lyrics (Dingle et al., 2015; Ruth & Schramm, 2021). Moss et al. (2018) discovered that group choir experiences of homeless men led to emotional, social, and cognitive benefits. Emotion plays an important and undeniable role in the formation of personality and cognition. At the same time, music can influence our emotions in some way. Music therapy helps college students release bad emotions, purify the mind, and improve interpersonal relationships in a good experience, and create a campus cultural atmosphere of knot, friendship, and mutual help. Therefore, music therapy can be used to stabilize students' emotions, make their values, world outlook, and outlook on life development in a positive direction, and help students better face setbacks in life and meet new challenges with enthusiasm.

Goldman (2018) proposed that music functions as a form of communication, a medium by which people 'can share emotions, intensions, and meanings' (Hargreaves et al., 2015). Ting-Toomey & Dorjee (2018) established that music serves to explore, express, and heighten identity while also communicating people's personal values and beliefs to the world. Kreuz (2020) suggests that when compared with language, music is imprecise, ambiguous, with the listeners unable to be confident of correctly interpreting the intended meaning or message. However, Johnston (2016) argues that music has an advantage over language with this inherent ambiguity because when performed in or to groups, everyone can interpret its significance individually without risking the collective group experience.

People use various ways to convey their emotional state: language, written words, facial and body expressions, dactylogy, etc. Among other sensory systems, auditory signals, voice, for example, are also major approaches to communicating emotion (Huang et al., 2022). Music tights with our brain and our auditory system, emphasizing the importance of the right hemisphere in our brain (Altenmüller & Schlaug, 2015). The right hemisphere is activated when listening to music in emotional related experience (Amiri et al., 2019). Listening to music and voice evoke the activity in the limbic system, which is the core structure of emotional processing (Koelsch, 2015). The emotions conveyed from voices may include positive (happiness, excitement) and negative emotion (Depression, anger). Many recent studies have shown that music therapy helps arouse humans' positive emotions, leading to psychological well-being. Koelsch (2015) suggested that music therapy has beneficial effects on the psychological and physiological health of individuals. Furthermore, in a case study about a patient with epilepsy, music induced the event-related potential (ERP) to change in the brain, leading to pleasure; also, the ERP results emphasized the



implication in the emotional judgment of pleasant music (Fan et al., 2019). Thus, music therapy may help to bring positive emotion.

Music therapy is demonstrated to be a beneficial intervention for people who have enduring mental illness. Music therapy invites and encourages participation from people of lower functioning levels and employs a non-verbal medium with which people have prior positive associations and, in most cases, have lifelong experience of using music for self-expression and pleasure (Vaillancourt et al., 2018). Music itself can help college students cultivate their temperament, constantly improve their personality, and bring people a happy mood. Lamont (2017) suggests that music provides possibilities for people to try out new ways of being different personalities and identities. It is a guiding way to guide individuals to fully release their feelings and help them express the most fundamental, depressed, and contradictory emotions in their hearts.

In the development of mental health education, music therapy is introduced. Under the alternation of rhythm and melody, people's emotional experience is mobilized and psychological barriers and problems are relieved. Therefore, the application of music therapy in college students' mental health education plays a positive role in strengthening students' emotional experience. In the role of school education, music therapy is suitable for the educational situation of the school. It plays an important role in preventing and treating students' physical and mental diseases, adjusting bad emotions, cultivating students' healthy emotions and cooperative spirit, and promoting students' self-expression, development, and innovation.

Echard (2019) found out that adolescent patients find music therapy appealing, given their use of music in daily life. Recent research by Brault (2019) suggests that using



music therapy with hospitalized youth offers them a safe way to internalize a healthy self-image alongside their patient identity. An increase in the percentage of adolescent patients is associated with offering music therapy. This demonstrates how treatment centres may be accommodating their adolescent population with a treatment model that better serves their needs.

Music therapies may pose lots of challenges related to client behaviour, countertransference, resistance and working with clients in pain (Prasko et al. 2020; Wilkerson et al., 2015). An exposure to clients in pain may cause the therapist to be affected by her client's anxiety and pain, to the point that therapist begin to feel anxious, helpless, and impotent in not being able to alleviate the pain of her client. The therapist can overcome this challenge, by focusing on the music, while the focus remains on her client thereby attending to both the client and therapist himself (De Shazer et al., 2021).

When someone is overstimulated by music, this may mean that the volume is too loud or the bass thump that can be felt in your chest is too overwhelming (Horden, 2017). This type of overstimulation can cause feelings of discomfort, agitation, and neurological stress. During therapy, resistance is said to take place when clients leave no space for the therapist to establish contact and not seeming to acknowledge his presence. Therapists then have feelings of rejection about their inability to reach a moment of "synchronicity" (Gravestock, 2022). The client's resistance to establish contact was a difficult situation that eventually subsided later in the process.

In a group therapy, some clients demonstrated musical resistance to contact painful issues by playing in a powerful and disrupting manner that made the others stop playing (O'Connor, 2015; Perry, 2014). In the discussion afterwards, the resistant

clients mentioned having had fun during the improvisation, while the non-resistant mentioned sad feelings and feeling scared of the resistant's music. The resistant clients further showed their resistance by interrupting on several occasions and giggling and laughing about other member's reflections (Kennedy et al., 2020).

Music is second only to smell in its ability to incite unwanted memories (Malchiodi, 2020; Moon, 2017). This can be traced back to an evolutionary connection to process sound quickly as a survival method. While memory triggering can sometimes create moments of lucidity in patients suffering from dementia, this can be harmful to patients suffering from PTSD who do not want to relive certain memories. While in some cases music may help ease anxiety disorders, in others, it may cause or increase anxiety. The wrong music can cause distress and heightened anxiety in Alzheimer's patients (Nasir et al., 2021). The lyrics can have a huge impact on the mental state of the client the therapist is treating. Certain lyrics can represent a negative mindset and can overall increase in a person's sadness overtime. This is especially daunting in patients suffering from depression.

### ***2.3.2 Photography***

Expressive arts are beneficial to bereave client (Schmittmann et al., 2022). To investigate art therapists' experiences of the role of the art medium in the treatment of bereaved clients, Bat-Or and Garti (2019) argue that actual process of art making enabled clients to express the meaningful effects of their loss or related issues. However, client perceived the art medium in Art Therapy as a space in which the grief work occurs. The art medium facilitated or triggered remembrance of the deceased; and, the art medium enabled oscillations between destruction and reconstruction of narratives. Lips (2021) perceived expressive art therapy to being more beneficial than verbal communication. The art medium may be thus particularly beneficial in

processing “disenfranchised grief” (Bat-Or & Garti, 2019), that is, losses that might be unacknowledged and invalidated by society. In cases where the individual does not acknowledge his/her grief, the art medium may also enable the expression of such nonverbal and non-symbolized experiences. Thompson and Neimeyer (2014) postulated that both individuals and society endeavour to transform grief into growth and development using expressive arts. Bereaved clients perceive the art medium as facilitating the client’s remembrance and giving testimony while they perceive the artwork as a shared space where client and art therapist create a new narrative (Robinson, 2022).

Expressive writing creates bridges between thought and feeling, reason and intuition, idea, and action” (Healey, 2019). Maloney et al. (2020) argued that the desire to express oneself through writing is as natural and universal as the need to connect and to be understood. Maloney et al. (2020) further mentioned that not honouring that need can be as detrimental to our well-being as suppressing our emotions. Corey (2022) investigates the theoretical connections to similar therapeutic orientations such as narrative therapy; applications such as writing the trauma narrative; how interoceptive awareness aids in accessing implicit memory. Findings indicate that expressive arts therapies reveal many natural entry points for bringing the language of the body – sensory awareness – into cognition to support the expressive writing process.

Research indicates that phototherapy can help the counsellor and client in all stages of counselling, including building rapport and trust (Loewenthal, et al., 2020; Warrington et al., 2020). Photography has been shown to serve as an alternative form of communication, lower anxiety surrounding communication and elicit higher rates of verbal communication (Guy & Rogers, 2022; McDuffie, 2021). Phototherapy has also been used in assessment of psychopathology, proper diagnosis, and the formulation of

counselling goals. The counsellor can explore the client's cultural influences, meanings, and spirituality by reviewing the content and discussing its importance for the client (Schmidt et al., 2019). In essence, the images can be used as windows into representations of the unconscious (Choi, 2021). The images can also reveal specific thought perceptions and distortions that would be important to target in therapy (Hosseini & Padhy, 2022).

In terms of treatment strategies, research indicates that explorations of self and self-confrontation can be employed through self-portraits, telling narratives through pictures and explorations of self through symbols (Hogan, 2022; Vohr, 2020). Photography has also been used to understand and explore both positive and negative relationships (Alvariza et al., 2020; Loewenthal, 2019).

Photographs have been used to help the client examine and analyse memories and experiences (Filiari et al., 2021). The photographs then help to explore alternative behavioural responses by exploring coping skills and solutions (Baden et al., 2019). At the same time as building awareness and sensitivity to emotional issues, clients have also significantly improved their communication and coping skills (Akrim & Adhani, 2021; Zolyomi et al., 2019). Phototherapy can also assist with proper termination with the client. Previous research shows that investigating the development of the photos through the counseling sessions can indicate and document the process of change (Ginicola et al., 2012). Phototherapy has also been significantly associated with feelings of empowerment, achievement, and creativity, which will help the client leave with positive feelings, concrete coping skills and a visual representation of their time in therapy (Carr, 2014; Saita & Tramontano, 2018). In addition, therapists report that phototherapy has significance for them as an effective enjoyable, and powerful tool as a healer (Kennedy, 2023).

Within therapy, photographs can be seen as a route to the unconscious, with the meanings clients attach to the photograph, assumed to be the result of the client's projections, being what may have been previously repressed. Repression is taken to be an unconscious exclusion of memories, impulses, desires, and thoughts that are too difficult or unacceptable to deal with in consciousness. In turn, photographs may be seen as a device, through which the clients repressed projections can be realized within the therapy. Weiser (2018) in turn, speaks of 'photoprojective' methods whereby clients project meaning onto photographs and as a result, the technique is not located in the photograph, but between the interface of photo and the viewer. As a result, the photograph may act as a tool facilitating the client to speak of what may be unconscious to them and helping client to come to be aware of their way of interpreting the word.

Williamson et al. (2021) argued that if the patient has low self-esteem, they might get the idea that they are not talented or equipped enough to try art therapy. Some individuals, often adults, may be hesitant to engage in an expressive modality in therapy because they believe they are not "creative" or cannot produce something that is "artistic." Therapists initiating expressive activities as interventions may encounter resistance to participation by clients who perceive themselves as unable to use imagination, who are anxious about self-expression, or who are resistant to active participation (Kim, 2022; Malchiodi, 2020).

Gautam et al. (2020) argued that sessions must still follow a schedule because other patients need counselling services too. So, whether the therapist deciphers or finds an interesting information, sessions are limited, even if it is a slow process. These limited sessions might also be pressuring or frustrating to the patients if they feel like they have not finished their art for the day (Hass-Cohen & Findlay, 2015). That is also why

proper planning with counselling modes must be facilitated right. Since art therapy is a gradual healing process where sessions follow schedules, these sessions may make patients frustrated if their art is not finished before the end. These time constraints, according to Jacobsen and Nørup (2020), pressurize individuals to speed up their artwork which may not provide the true reflection of their emotional state.

For therapists who have not had extensive training in expressive therapies, there may be a tendency to want to interpret what their clients do in each modality. This is particularly true of client-created drawings and other art expressions; practitioners may be tempted to project their own conclusions about content, sometimes missing their clients' intended meanings (Backos, 2022). Additionally, Harris (2019) postulated that therapists without experience may use expressive modalities in a mechanical fashion and use activities and techniques routinely rather than thinking about what would be best for clients given their histories, presenting problems and potentials, and goals. Because expressive therapies can include directed activities, it is easy for some therapists to fall into the habit of simply choosing an expressive activity or directive from a book or workshop. As with any form of therapy, Reed et al. (2020) affirmed the importance of listening to and respecting what the client is communicating as well as creating an intervention that is best suited to the individual's needs and objectives.

### ***2.3.3 Dance/Movement Therapy (DMT)***

The body is a central battleground for mental disorders, making DMT a promising adjunctive treatment. DMT is often misunderstood because of its name; this specialized form of therapy is not simply limited to dance and movement. Most dance movement therapists base their therapeutic art on the idea that the body and mind are unconsciously (or consciously) connected and strive to impact the mind through some type of direct work with the body. In other words, positive effects on the body may

often result in positive changes within the mind. Dance movement therapy is defined in a broader sense by Fisher (2019) as a process that furthers the emotional, cognitive, social, and physical integration of the individual. Most methods incorporated some form of psychotherapy with DMT. Intended for use with inpatient and outpatient clients, the DMT technique was developed as a treatment for emotionally stunted patients who were not yet inherently insightful or verbal and included relaxation besides centering, mirroring another's movement, facing a mirror, creating drawings that reflect the experiences of the movement session, and videotaping of one's body and movement, following self-critiquing and reflection (Miller & Griffin, 2019).

Another technique tied to psychoanalytic theory is the one developed by Blanch Evan (Evan, 1991) who is known among dance-movement therapists as a pioneer in the field of dance therapy. Dunphy et al. (2014) suggests a DMT model in which a positive change results from the exploration of one's body. Specifically, a client is asked to look in a mirror and draw a picture of him or herself. He or she is then walked through series of activities, such as creating an actual body tracing and comparing it to his or her self-portrait, which encourages clients to challenge distorted beliefs they may have about their body. By examining and experiencing different aspects of actual versus perceived body images, it is purported that the client can reach a more realistic experience.

Reed et al. (2020) found varying degrees of support that art therapy can improve behaviour functioning, increase self-esteem, inspire engagement with others, and significantly decrease anxiety and depression. It can as well reflect a child's development, object constancy, and the ordering of his or her internal world (Chilvers et al., 2021; Ciuhan & Iliescu, 2020; Fields, 2021). Wallace (2015) also found that art therapy was beneficial to a child with autism in that it helped him develop a sense of



self. This sense of self is a “cornerstone of relating” (Giampaolo, 2013) and is imperative to developing meaningful relationships. Art therapy is effective and clinically proven intervention for autism (D’Amico & Lalonde, 2017; Mirabella, 2015; Schwager, 2021) and can be a useful intervention for strengthening the parent-child relationship in children with autism.

Dance is its own language that provides a way for people to express who they are (Tortora, 2019). According to Nguyen (2014), dance therapy can provide positive impacts for dancers during life adjustment issues. Nguyen (2014) identified lack of confidence, the desire to fit in, conflicts with parents, and poor decision making as challenges that may occur. However, participating in dance therapy may strengthen an individual's perception of their bodies, act as an outlet for energy release, increase the understanding of emotions, and provide a safe space for communication and connection (Nguyen, 2014). Dance therapy keep the youth off the streets and away from negative influences; along with fostering positive adjustment and be able to handle the challenges of everyday life (Zichi, 2015).

According to Harpazi et al. (2020), adolescent clients treated within the school system agreed to art therapy because it got them out of class and let them have fun instead. These adolescent clients realized after a period of art therapy that they were engaged in a personal and emotional process which allowed them to express their feelings without the fear of judgment. Having a therapeutic hour during a stressful school day was considered to give these students an opportunity to relax, and the art therapy room was perceived as a shelter (Harpazi et al., 2020). Finding of the study revealed that the presence of the art therapist at school made adolescent feel safer and helped them deal with day-to-day problems. In addition, when the therapist was perceived as a



supportive figure, the whole school experience tended to be perceived as supportive or enabling greater acceptance (Harpazi et al., 2020).

A study conducted by Beaulac et al. (2011) explored the impacts of hip-hop dance on the well-being of disadvantaged youth in Canada. The study focused on the implementation of a hip-hop dance class in a community centre to promote well-being, openness to explore movement, and positive relationship building. Beaulac et al. (2011) concluded that children who participate in dance classes and therapies can develop self-confidence and increase self-image over time. The successful use of hip hop as an intervention for emotional well-being and social growth in an underprivileged neighbourhood supports the theory that all forms of dance can be therapeutic.

DMT provides an alternative therapy, which is beneficial when adolescents may not want to talk or even know how to talk about issues impacting them. Corteville (2009) examined the use of dance/movement therapy in a suburban high school. The study was conducted to help adolescent females deal with developing positive self-esteem, body image, and communication skills. Corteville (2009) backs up the research by including information on the history of DMT and its implications with relational issues, such as fostering openness, developing coping mechanisms to help individuals learn how to express feelings, and allow individuals to learn to be present and honest with themselves. The results showed that each girl individually had a better understanding of how to communicate with others, they learned to open up about issues that were bothering them and gained skills for self- motivation.

The use of DMT provides adolescents the chance to learn non-verbal communication skills that are beneficial when they found it hard to verbally communicate. This action

allows members to gain awareness of the needs of others and to learn how to communicate first on a body level and then on a verbal level (Beardall, 2017). Individuals can practice social skills through movement which allows them to learn to take turns, acknowledge the needs of others, practice self-control, and learn to delay gratification (Chaiklin & Wengrower, 2017).

Dance Movement Therapy can function as an outlet for unconscious memories to come forward. With movement, people can let go of their cognitive defences and attune to their bodies sensations and needs (Beardall, 2017). Beardall (2017, p.476) stated that “our earliest memories are stored in our bodies and we attune and connect through our bodies”. When the mind and body are reunified as a working whole, individuals can regain body awareness, gain understanding about bodily responses to environmental triggers, and learn to understand the meanings behind their behaviours (Sharp, 2020). Individuals become more whole as the attention is on both the outer physical state and the inner emotional state. They start at their own level of need and over time progress to an extension of self as they work with others (Xie et al., 2019). Through the guidance of the therapist, individuals can seek self-discovery (Baskerville, 2019; Leek, 2019). Like the way dance teachers nurture and support the dancer, the therapist creates a “safe container” for the growth of the client.

Dance movement therapists can guide individuals through experiences using movement narratives (Chaiklin & Wengrower, 2017). Storytelling, movement, and drama games can facilitate creativity, enable exploration of feelings, and encourage children and adolescents to take up space, thus, fostering leadership skills and reducing fear and feelings of inadequacy. According to Harrington (2020), the creation of dance choreography out of psychological material for performance, transforms movement from simple performance to that of psychodynamic meaning.

The dance goes beyond the “norm” to be about the external representation and metaphor of the nonverbal. By inference, the transformation of the material occurs when the choreographer can develop awareness and meaning of the unconscious for others to see, move through, and experience the conscious state. The product that is created generates emotions that are connected to the dancer. It is no longer simply moving but experiencing (Jusslin, 2022). The leader, therapist, or teacher has a more focused approach to the group, in that the goal is about support of the inner being and encouragement through both verbal and nonverbal affirmations and feedback. The end concept is centred around the individual making sense and meaning of the movements rather than having the correct steps or skills (Zichi, 2015)

Although using dance and movement therapy in a high school setting has its benefits of allowing students an alternative way of expressing their feelings, there may also be some limitations faced with this technique as well. Unlike other forms of play therapy (sand trays, puppetry, dollhouse, and drawing), dance therapy requires an unoccupied room or a large opened space (Ray, 2022). This could be an obstacle for the school counsellor and students if every room in the current school is occupied. If an administrator does not approve a room for the school counsellor, this could possibly be problematic.

Another limitation as it relates to dance therapy as mentioned by Strassel et al., (2018) could be the struggle with students opening to this different and possibly unfamiliar style of therapy. Some students may find it a challenge to relate to dance therapy, being that this is a non-traditional therapeutic technique. This technique may be difficult for students to relate to with physical disabilities (May et al., 2021). Dance and movement therapy requires one to express themselves physically and emotionally through body

movement, physical disabilities may hinder a student's performance within the session (Strassel et al., 2018).

In group sessions, confidentiality may be a problem in dance therapy (Gysbers, & Henderson, 2016). Students may begin expressing themselves through dance and verbally explain what certain moves mean to them, or what they may currently or have experienced in the past. Understanding what is discussed or presented in the group could possibly be leaked out of the room, and that may be a limitation (Juvonen et al., 2014). Knowing that information is not confidential within a group could possibly cause students to limit their self-disclosure in sessions (Koch et al., 2017).

Kerr (2015) mentions the goal of an art class to be coming up with finished artwork for display. Conversely, dance therapy's purpose is to encourage an individual to communicate his imagination, feeling, or experience through movement (Chapman, 2014). This might be intimidating for introverts who have difficulties opening up before people they barely know. Thus, even simple observations might overwhelm some patients in the beginning (Geue, 2017).

Some populations find it hard to connect the importance of artwork to their problems, whether on a physical or psychological concern. Most of those who do not see the importance are adults or those from earlier generations (Dilawari & Tripathi, 2014). Since this field is new and is still in development alongside further studies on mental health, it explains why most sceptics are from the earlier generations. Also, most people still see art as a hobby or a talent rather than something that could be therapeutic (Millard et al., 2021; Sicco, 2022). As a result of their ignorance, patients or their support system might decline art therapy to be part of the treatment plan (Dilawari & Tripathi, 2014).

#### ***2.3.4 The Use of Drama for Therapeutic Interventions***

Drama therapy is primarily conducted in groups, but can be used in individual, couples, or family counselling. It can be found in a wide variety of settings with many kinds of clients (Wu et al., 2020). Any kind of therapy group that uses talk therapy can use drama therapy. For some groups, the action methods of drama therapy are more effective. Drama therapy ignores the excuses and denial, by getting right to the behaviour (James et al., 2020). Raballo et al. (2021) argue that nonverbal clients or children who are not good candidates for verbal therapy can often participate successfully in drama because they can show how they feel, though cannot verbalize. It is practiced in clinical settings, residential settings, correctional facilities, educational situations, corporations and businesses, community action settings, and social and recreational centres (Davis et al., 2022).

Drama therapy is one of the creative arts therapies which is considered suitable for children because of the underlying play (Berghs et al., 2022). Although drama therapy is practiced widely with adults and elders (Lievova, 2015), it is of special benefit to children and adolescents, whose means of expression is often more playful and imaginative and less verbal than that of their older counterparts (Nouri, 2015). Many psychosocial problems in children and adolescents are not recognized and treated in time (Koning et al., 2019). The most common treatment for children and adolescents with psychosocial problems are cognitive behaviour therapy (Ali-Saleh Darawshy et al., 2020). However, some studies suggest that cognitive-behavioural therapy is less appropriate for young children and adolescents who have difficulty expressing themselves verbally (Hillman et al., 2020; Hogue et al., 2020). Activating strategies, such as role-playing, are emphasized as effective elements in treatment for these children and adolescents. Role play is seen as important for modelling behaviour, to

expose fears, and as an opportunity to develop coping skills (Lawrence et al., 2017). Activating strategies, and role play are important elements in drama therapy to treat psychosocial problems in children and adolescents.

Drama therapy has its roots in theatre techniques and religion (Langley & Langley, 2018). The theatre techniques facilitate personal growth and promote mental health (Chiang et al., 2019; Sajnani, 2021). Wirth et al. (2020) found that drama can enhance children's ability to express themselves freely in social interactions and improves their performance in the environment. Other research results showed that drama therapy enhances their social skills and facilitate environmental communication of individuals (Hosseini et al., 2019; Mayor & Frydman, 2021; Pester et al. 2019). Canevska and Akgun (2022) described drama therapy to be much more than simple acting. Like music therapy, art therapy, and dance and movement therapy, the drama therapy uses the arts to reach deeper into the child's personality (Agarwal & Meany-Walen, 2019). A drama therapist guides people through a series of intentional activities that allow them to act out scenes of the life they would like to live. Participants may notice that drama therapy directly affects and causes changes in their behaviour, emotional state, personal growth, and adaptation abilities (Prout et al., 2019). Some children with special educational needs may benefit from this approach, but not all children need drama therapy. Supervised work in drama therapy is what makes it therapeutic (Cochran et al., 2022).

Given that drama therapy is a form of social art, active involvement in dramatic activities can lead to positive social outcomes such as belonging to a group. Individuals gain optimal sense of achievement and focus in their activities, resulting in increased self-esteem (D'Amico & Lalonde, 2017). Drama therapy for children with special needs enhances comfort levels. Drama therapy provides an opportunity not only to

learn to speak in a larger group, but also to improve life-enhancing skills. Engaging in theatre in such a creative and dynamic learning platform and environment enhances life and social skills. Participating in new experiences that are unique and fun is a great form of exercise and self-expression that has a positive impact on nearly every area of life (Kaimal et al., 2019). Drama therapy sessions gave children a safe place to identify their feelings as they feel included and made friends with their peers during these sessions. Role-playing games provided the children with a shortcut to learning and practicing their social skills. The predictability and structure of these sessions made participants feel less anxious (Schottelkorb et al., 2020).

Individuals might additionally gain; self-assurance not only in acting but also in relations, progressive self-esteem; inclination of their endeavours (Elaldi & Yerliyurt, 2017); advanced recognition of feelings in others, advanced identity and labelling of personal feelings, new enjoyment in a group in which they can be successful, new abilities for functioning as a part of a group, new abilities for following directions, advanced capacity to engage with peers, and increase self-assurance through success (Canevska & Akgun, 2022). Drama remedy is beneficial in neurotypical students. It is equally applicable to the ones at the Autism Spectrum Disorder. The practice of role-playing motion, acting and body language, and cognizance on learning the way to engross and infer the communications of others makes it remarkably healthy for children with Autism Spectrum Disorders (Canevska & Akgun, 2022).

Moon and Nolan (2019) explored the role of art making amongst students during art therapy supervision and determined that its effectiveness heavily relied on the quality of the supervisory relationship. Providing a safe, therapeutic environment during supervision allowed students to further explore their artwork and better relate it to their



experiences within the field (Moon & Nolan, 2019). Wadeson (2016) believed that creating artwork in response to one's patients is an important element in providing sufficient supervision for students and helping them ventilate feelings and learn to utilize their own artwork as a coping mechanism for stress.

Compared to other specialties, art therapy still needs more convincing people to understand its effectiveness (Hu et al., 2021; Malchiodi, 2022; Maujean et al., 2014). Since it is not yet highly in demand to be part of patients' treatment plans, facilities rarely hire a professional in this specialty. Even if an organization understands and supports the benefits of drama therapy, management cannot keep paying for the therapist's professional fee if they don't have patients to treat (Springham, 2016). Thus, resulting in unprogressively job growth as an art therapist.

For crucial circumstances, a proper workspace is best for creative tasks. The disadvantage to art therapy as argued by Moon (2017) is that a client is unable to experience its benefits if there is no proper workspace where the client can focus without distractions because distractions can decrease the effectiveness of the therapeutic process. Art therapies must be undertaken in an area with privacy (Secker et al., 2017) since the discussion with clients involves one's thoughts, feelings, and other personal questions as part of the therapeutic session. There might be interested people willing to try art therapy but discouraged due to not having a proper workspace and other probable hindrances. Having one's own space as counsellor facilitates productivity (Lobban & Murphy, 2017).

In addition, art therapists are misunderstood or set aside due to lack of information on their specialty (Backos, 2022) which could give an impression of being ignored or not valued as an expert. Ignorance on art therapy is a huge factor, which applies to other



fields of expertise too. Somehow, it is difficult to guide someone who doubts your skills and guidance. Also, the treatment will not work if the method is unapproved by the patient concerned (AATA, 2020). As a result of ignorance, therapists may have emotional challenges about their career choice which is a hindrance to their job as an art therapist (Kometiani, 2019).

## **2.4 Summary of Literature Review**

This chapter reviewed the related literature. Essentially, this study is underpinned by Gestalt art therapy, and supported by cognitive behavioural art therapy, psychoanalytical (Freudian) art therapy, and person-centred (Rogerian) art therapy. The researcher has also propounded integrative art therapy as a model. The literature review also embodied the concept of art therapy, types of art therapy, the usefulness of art therapy, and the various forms of art as therapy (music, dance, drama, and photography) used in Ghana.

The review points out that art is a means to discover both the self and the world and to establish a relation between the two. Art therapy, also known as expressive arts therapy or creative arts therapy, is a form of psychotherapy and counselling which integrate the ideas of art and psychology. Art therapy utilises traditional processes of counselling and psychotherapy integrated with creative processes of artistic expression. It applies psychological theories and human experience within a psychotherapeutic relationship. In other words, it is a form of expressive therapy that uses the creative process of making art to improve the physical, mental, and emotional well-being of people. It is based on the idea that the creative process of art-making is

a healing process and life-enhancing, and is a form of nonverbal communication of thoughts and feelings.

Art therapy is a form of psychotherapy that uses art media as its primary mode of communication. Art therapy is the artistic representations of unconscious and inner experiences. This implies that it is the use of art materials and media to help individuals express emotions or memories that they may not be able to verbalize or even understand. It uses various artistic forms-movement, drawing, painting, sculpting, music, writing, ceramics, arts and crafts, photography, knitting and improvisation toward the end of growth, healing, and self-discovery. It is a tool that combines the mediums of art (paint, collage, clay, etcetera) with a psychological approach to assist an individual in expressing his/her thoughts, feelings, beliefs, problems, world views and to improve or restore an individual's functioning and his or her sense of personal, physical, social, and emotional well-being.

The review indicates that art therapy is an umbrella term for a diverse assortment of sub-speciality experiential therapies that cross a wide variety of artistic disciplines. Accordingly, there are four major sub-specialities of arts-based therapies: music therapy (MT), photography as therapy, dance/movement therapy (DMT), and drama/theatre therapy. In this study, the researcher integrates all four types of art therapy and names it "integrative art therapy. Integrative art therapy combines the expressive and creative arts as a therapeutic approach where various arts are purposively used in combination for the treatment of clients. It involves using different forms of art such as drawing, painting, music, dance, and drama to help participants promote self-exploration and to foster self-growth. The three main criteria that differentiate art therapy from verbal therapies: the use of art media as a means of

expression and communication, the multileveled meaning present in visual expressions, and the therapeutic effects of the creative process.

It unfolds from the review that art therapy allows for words to be translated into pictures and is used as a form of communication to better understand oneself. It is a tool for nonverbal processing in therapeutic sessions with clients to give meaning and understanding to fluid emotional experiences. It is a form of communication that allows for therapist and clients to talk without using words. It becomes clear from the review that the goal of art therapy is for healing. It facilitates reparation and recovery and is a form of nonverbal communication of thoughts and feelings. Therefore, it is an intervention for physical, psychological, and emotional problems.

Art therapy is applicable in the treatment of trauma, mental, psychological, psychiatric, and emotional disorders, panic disorders, stress and burnout, depression, abuse, and violence, eating disorder, negative moods or emotions, anxiety disorders, attention deficit hyperactivity disorder, dementia, pain reduction. It is useful in the rehabilitation for those who are recovering from other physical illnesses, treatment of cancer patients, coping and reducing stigma, improve self-esteem and general well-being.

Art forms as therapy has a long history of development in the United States of America and other western countries. The positive outcomes in these countries are shown in extant literature. Unfortunately, despite its evolution as a form of therapy, the positive results of the use of art forms as therapy are lacking in African countries, particularly in Ghana. Thus, very little or no empirical evidence exists regarding its positive effects in the Ghanaian context. In the reviewed literature, it has been noted that cognitive behavioural art therapy aims at converting negative, distorted, and exaggerated thoughts from depressed feelings into positive thoughts. The key methods of this

therapy include both behavioural and cognitive strategies. It is applicable in the treatment of psychological problems and medical problems with a psychiatric component.

The person-centred (Rogerian) approach to art therapy otherwise known as client-centred therapy is a humanistic approach. From a psychological counselling perspective, it aims at the clients achieving a greater degree of independence and integration, assist clients to gain independence, increase awareness of emotions, help individuals access and process emotions. The approach emphasizes the need for a counsellor to create a permissive and nondirective climate. It focuses on the client as the agent for self-change. It is applicable in the treatment of anxiety disorders, alcoholism, psychosomatic problems, agoraphobia, interpersonal difficulties, depression, cancer, and personality disorders.

It also emerged from the review that Gestalt art therapy also known as concentration therapy, integrative therapy and existential therapy is a psychotherapeutic and humanistic approach that focuses on the here and now principle. This therapy aims to increase awareness allowing for re-identification with the parts of the self that are alienated and disowned. On the other hand, psychoanalytical (Freudian) art therapy is a model of personality development and an approach to psychotherapy. The psychoanalytic or Freudian art therapy aims to treat mental disorders. It focuses on the reconstruction of the past and the interpretation of the past to the present. The next chapter presents the methodology of the study.

## CHAPTER THREE

### METHODOLOGY

#### 3.0 Overview

This chapter highlights the methods used for the study. It discusses the research paradigm, research approach, research design, population, site and sample, and sampling techniques and procedures. It further discussed the data collection instruments, trustworthiness, data collection procedures, data analysis, and ethical considerations.

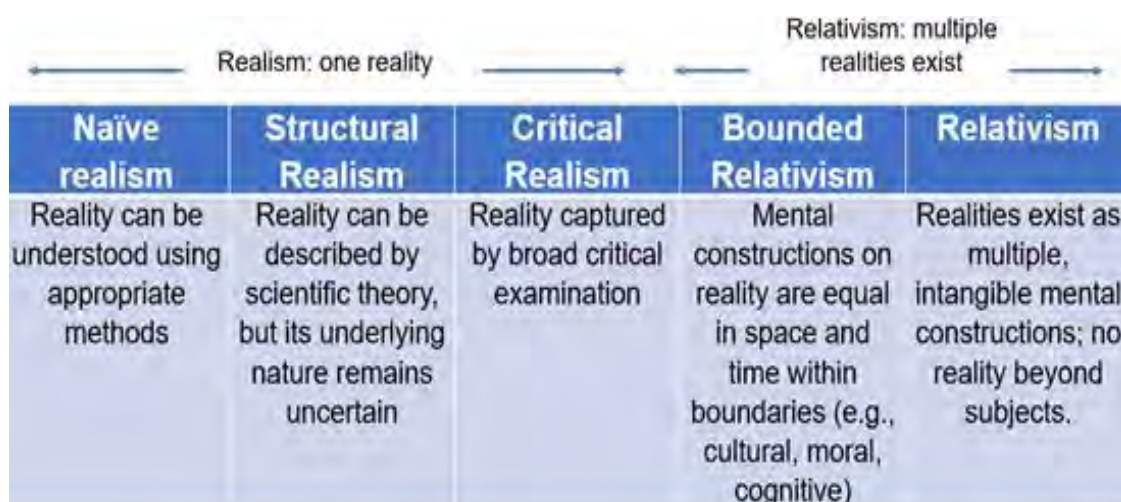
#### 3.1 Research Paradigm

A research philosophy is a paradigm and manner in which data on a phenomenon would be collected, analysed, and presented (Creswell & Creswell, 2018). A paradigm is a way of examining social phenomena from which particular understandings of these phenomena can be gained and explanations attempted (Creswell, 2014). In making methodological choices, researchers are influenced by their philosophical standpoint and their basic assumptions about social reality, the nature of knowledge and human nature (Tamminen & Poucher, 2020). That is, the ontology and epistemology frame of the research or the researcher's frame of reference. Knowledge of ontology and epistemology is important in research because they influence the intentions, goals, and philosophical assumptions of the researcher, which are inextricably linked to how the research is conducted. In adopting client-based theories, I seek to explore the experiences of the counsellors who use art as therapy, through critical analysis of their own perspectives. As such, the methodology is premised in a subjectivist's epistemology and realist ontology of social reality, as a product of individual

consciousness or outcomes of the multiple interactions rather than phenomenon out there and separate from those involved in its construction (Cuthbertson et al., 2020).

### 3.1.1 Ontology

Ontology raises the questions of the assumptions that researchers have about the way the world works (Ataro, 2019; Kuranchie, 2021). It refers to one's view of reality and being, and has to do with whether the social world is regarded as something external to social actors or as something that people are in the process of fashioning (Bryman, 2012; Chirkov, 2020; De Castro, 2019). Thus, it is concerned with claims and assumptions made about the nature of social reality, as to whether objective knowledge exists independent of its social actors or it is constructed through social interactions. Ontology answers the question: "Is social reality external to individuals imposing itself on their consciousness from without – or is it the product of individual consciousness?" (Fitzgerald, 2020). Two extremes of ontologies exist. While realism and relativism are at opposite ends of the spectrum, there are several subtle ontological positions ranging from naive realism to constrained relativism (Figure 3.1).



Realism: one reality			Relativism: multiple realities exist	
Naïve realism	Structural Realism	Critical Realism	Bounded Relativism	Relativism
Reality can be understood using appropriate methods	Reality can be described by scientific theory, but its underlying nature remains uncertain	Reality captured by broad critical examination	Mental constructions on reality are equal in space and time within boundaries (e.g., cultural, moral, cognitive)	Realities exist as multiple, intangible mental constructions; no reality beyond subjects.

Figure 3.1: Ontological perspectives

Moon & Blackman (2014, p.3)

The philosophical assumption of realism is that reality can be grasped using proper procedures (Moon & Blackman, 2014; Patten & Newhart, 2018). Reality is also seen as “objectively given and measurable” or “objective and quantifiable” (Antwi & Hamza, 2015, p. 218). In this respect, the world is instructed towards a principal objective truth (Bunnis & Kelly, 2010). Reality is thought to be constant and governed by universal principles, beside from “static and fixed” (Bunnis & Kelly, 2010, p. 361). The realist ontological positioning is often associated with the quantitative research approach in which the purposes are to predict, control and generalize the findings through surveys, questionnaires, or experimental methods.

In contrast, relativism believes in various realities that may coexist. Relativism holds the belief that “entities exist only in the minds of the persons contemplating them” (Lincoln & Guba, 2013, p. 39). The ultimate truth is thought to be non-existent, and truth is subjective and dynamic (Bunnis & Kelly, 2010). According to Creswell (2014), relativism is concerned with the formation of subjective interpretations and understandings of one's personal experiences with regard to certain themes based on one's social and historical background.

A study seeking to explore the experiences of counsellors who use art as therapy will most likely present multiple perspectives and subjective realities. Different people may experience or even interpret the same life situation in different ways. The individual experiences of participants represent subjective realities which the researcher must make sense of (Koopman, 2015). The experiences may be multiple, varied and reflect subjective interpretations of context specific social and historical experiences (Cuthbertson et al., 2020). Therefore, I approached this study with the view that there is no single interpretive truth (Braahms, 2020) but multiple realities which are contextual and perspective bound (Chiassoni, 2019). I considered that the data might



vary if I ask the same questions to different practitioners in the same institution or to different counsellors in different institutions on different occasions. This research is therefore based on the ontological relativism viewpoint.

### ***3.1.2 Epistemology***

Epistemology is an assumption we make about kind or nature of knowledge, and how we look at and make sense of the world (Ataro, 2019; Willig, 2019). It describes what is true (Bryman, 2015). Thus, it is the process of knowledge acquisition that relates to what is regarded as appropriate knowledge about the social world or phenomena. It is concerned with the origin, nature, methods, and limits of human knowledge and seeks to answer the question of “how we know what we know”. Epistemology answers the questions, “Is knowledge something which can be acquired on the one hand, or, is it something which has to be personally experienced?” (Kivunja & Kuyini, 2017, p.27). Epistemology, according to Moon and Blackman (2014) and Patten and Newhart (2018), extends from objectivism towards constructionism to subjectivism (Table 3.1).

*Table 3.1 Epistemological Perspectives*

<b>OBJECTIVISM</b>	<b>CONSTRUCTIONISM</b>	<b>SUBJECTIVISM</b>
Meaning exists within an object: An objective reality exists in an object independent of the subject	Meaning is created from an interplay between the subject and object: Subject CONSTRUCTS reality of the Object	Meaning exists within the Subject: Subject imposes meaning on an Object.

Source: Moon and Blackman (2014, p.3)

The epistemological position of objectivism holds that meaning resides in an object that is outside of the subject. Meaning, according to constructionism, is formed by the



interaction of the subject and the object. Specifically, the subject creates the object's actuality (phenomenon). Finally, the epistemological viewpoint of subjectivism holds that meaning resides inside the subject and that the subject possesses potential to impose meaning on an object.

For me, reality (counsellors' experiences) is multiple or idiographic, contextual, and subjective - perspective bound (Schultz, 2020) and so, there is no single interpretive truth (Takahashi & Araujo, 2020). As Good (2022) suggests, truth (my construction of experiences of counsellors who use art forms as therapy) will be produced only by virtue of multiple forms of discursive formations that shape the social research process. This research study is founded on the epistemology of subjectivism, which assumes that knowledge is subjective, and understanding the world depends on one's beliefs and actions (Bryman & Bell, 2011). Society is best understood from the standpoint of the participant in action rather than the observer, and the interpretive social theorist attempts to understand the process through which shared multiple realities arise, are sustained, and changed (Erciyes, 2020).

The epistemological perspective of subjectivism is relevant for this study because the researcher sought to explore counsellors' experiences of therapeutic values of art. It sought to explore the experiences of counsellors on the use of art as therapy which suggests a deeper understanding or insight into their experiences and feelings. In terms of this study, the researcher explored the phenomenon to construct empirical evidence. Hence, this study is situated within the qualitative research approach.

### 3.2 Research Approach

It has been acknowledged that a researcher’s choice of approach is greatly dictated by the theoretical and philosophical assumption, that is, the ontology and epistemology which frame the research (Coates, 2021; Kuranchie, 2021). Creswell (2014) views research approach as the plans and procedures that are set to guide a researcher. Creswell and Creswell (2018) add that research approaches are plans and the procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis, and interpretation. It includes broad assumptions to comprehensive ones, such as the way and manner in which data is collected, analysed, and interpreted. The major paradigms lead a researcher to choose for these approaches; quantitative, qualitative, or mixed research (Kuranchie, 2021).

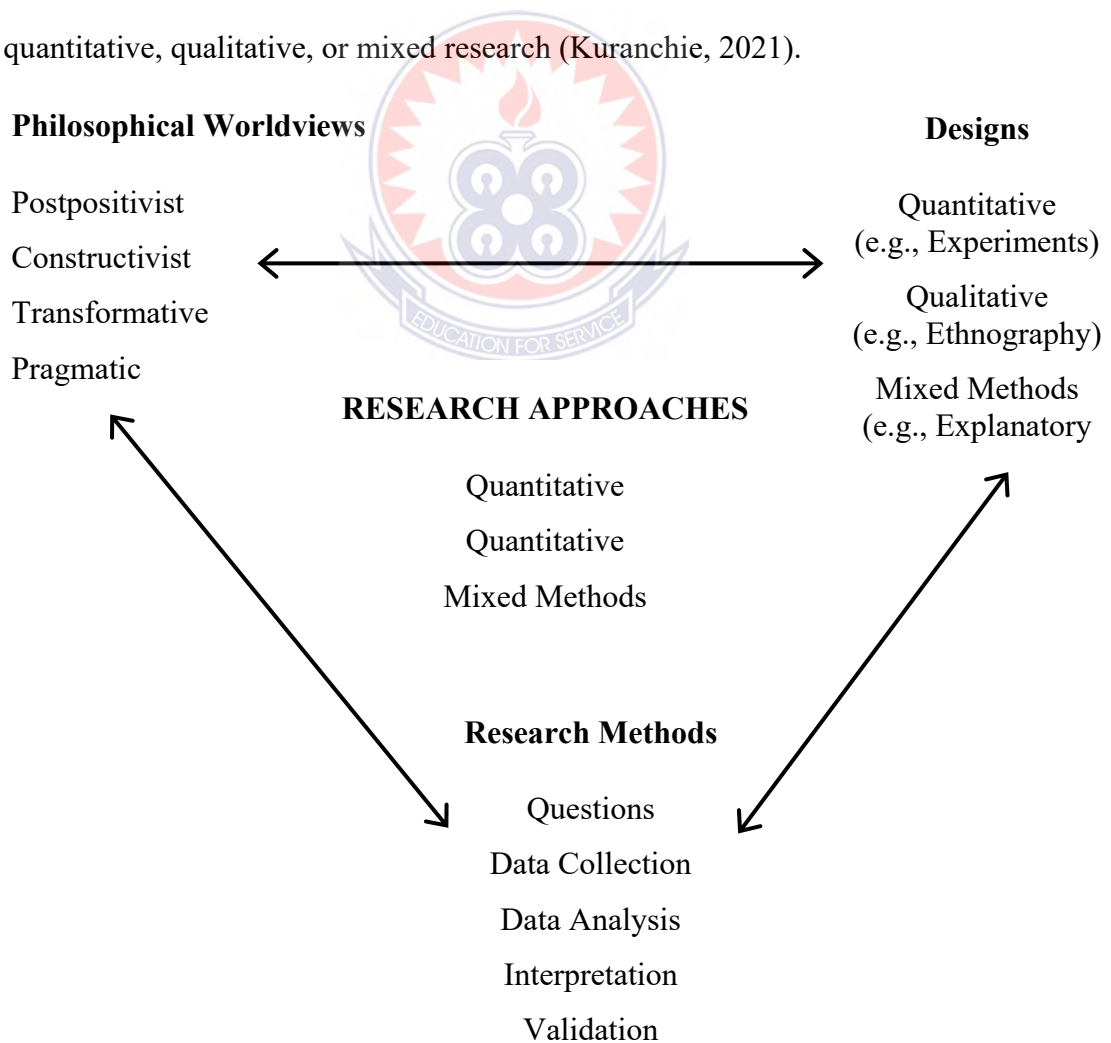


Figure 3.2: Research Approaches (Creswell & Creswell, 2018, p. 43)

This research used the qualitative approach to explore counsellors' experiences of therapeutic values of art in public universities in Ghana. Qualitative research is a means of exploring and understanding the meaning individuals or a group of people ascribe to a social or human problem (Creswell, 2014). Creswell further explained that it involves data constructed in the participants' setting; data analysis that builds from particulars to general themes; and the researcher having to interpret the data. Other researchers (Creswell & Creswell, 2018; Plonsky, 2017) described qualitative research as using an approach that accommodates a wide range of different views. They contended that this research approach seeks to explain and understand social phenomena within their natural setting (Creswell & Creswell, 2018; Plonsky, 2017). They also averred that research designs which fall under qualitative approach rely heavily upon extensive observations and in-depth interviews that result in non-numerical data for analysis. Jacobson and Mustafa (2019), and Cunningham (2023) noted that qualitative research acknowledges that participants know themselves best and can describe, interpret, and discuss their own experiences and environment from their own perspective. Creswell and Creswell (2018) stated that, in qualitative research, the researcher builds a complex, holistic picture, analyses words, reports the detailed views of the participants and conducts the study in a natural setting.

Additionally, qualitative research is the non-numerical examination and interpretation of observations for the purpose of discovering underlying meanings and patterns of relationships. Qualitative research is more often identified with the view that science is life experience and therefore subjectively determined. It usually begins with open-ended observations and analysis, most often looking for patterns and processes that explain 'how' and 'why' questions.

The researcher chose the qualitative research approach as a form of interpretive sociology which uses methods resulting in a narrative, descriptive account of a setting or practice (Lichterman, 2021; Thorne, 2016). It provides an in-depth understanding of counsellor's experiences of the use of art therapy in the University of Education, Winneba, University of Development Studies at Tamale, and Kwame Nkrumah University of Science Technology, Kumasi. The qualitative approach was chosen for this study because it has the ability to employ instruments such as interview, focus group discussion, and observation to collect information about experiences (Longo, 2020; Ma & Ma, 2021), and experiences of counsellors about the use of art therapy is basically the focus of the study. The qualitative approach provides insights into the problem (Gioia, 2021) or phenomenon, thereby making it suitable in answering the research questions.

The choice of qualitative approach stems from the fact that, the purpose of the study is not pre-determined or pre-structured by the structure of the procedures that might limit its scope or operation as in quantitative studies where the research is pre-structured by the hypothesis before the researcher gets to the field.

The qualitative approach was employed because it was able to capture the very words of the participants. In qualitative research, narrative description and constant comparison are usually used in order to understand specific populations or situations being studied. Again, qualitative research is usually seen as a method seeking better understanding of some particular, natural phenomenon.

Qualitative research explores a social or human problem by building a holistic picture, analysing words rather than numbers and providing detailed information on the views of the respondents in their natural settings. The information gathered in qualitative

study reflects the experiences, feelings or judgments of individuals taking part in an investigation of a problem or issue whether as subjects or as observers of the scene.

The qualitative approach was also adopted because of the need for the researcher to maintain close association with both participants and activities within the setting. Also, the researcher was able to capture and report on the exact words of participants. Again, the researcher gained an insight into the views of the field work. The proximity to the field often allows the evaluator to see and document the qualities of social and educational interaction which is often missed by scientific, more positivistic inquiries. Qualitative descriptions can play an important role of suggesting possible relationships, causes, effects, and even dynamic processes in school settings.

Qualitative research method is of particular benefit to the practitioner because qualitative reports are not presented as statistical summations but rather in a more descriptive and narrative style. It enables people who may not have knowledge of sophisticated measurement techniques to turn to qualitative reports in order to examine forms of knowledge that might otherwise be unavailable, thereby gaining new insight concerning their endeavours. Unlike many of the traditional, narrower approaches to the examination of educational experience, the qualitative mode of inquiry is characterized by methodological criticism, a hypothesis-free orientation, and an explicit acceptance of the natural scheme of things.

The qualitative design enabled the researcher to get information from the participants' point of view (Lobe et al., 2020; Roberts, 2020). The approach also gives the participant the opportunity to express their own feelings and experiences and the researcher to observe the participant's covert and overt behaviour. Conlon et al. (2020) contend that studies whose goal is to discover theory rather than verify it belong to the

qualitative design. In qualitative studies, the phenomenon yields data which can be used in developing theory. Notwithstanding its strengths, the qualitative research approach has some limitations.

Because of the subjective nature of qualitative data and its origin in single contexts, it is difficult to apply conventional standard of reliability and validity. Collection, analysis, and interpretation of data may be labour intensive and time consuming. Contexts, situations, events, conditions, and interactions cannot be replicated to any extent nor can generalisations be made with any confidence to a wider context than the one studied. Also, in some situations, because of intimacy of participant observer relationships with the setting, there is no doubt that the researcher's mere presence could have profound reactive effects on the subjects of the study.

### **3.3 Research Design**

According to Creswell and Creswell (2018), a research design is an overall strategy that a researcher chooses to integrate the different components of the study clearly and consistently to ensure that the researcher efficiently addresses the research problem. Opoku et al. (2016) hold the view that research design indicates the overall plan the researcher uses to collect data to answer the research questions, including the specific technique used to analyse data. Research designs are the use of evidence-based procedures, protocol and guidelines that provide tools and framework for conducting research (Majid, 2018). Kuranchie (2021) opines that a research design is a plan that specifies how data relating to a given problem should be collected and analysed. Thus, it is the blueprint upon which research activities are anchored; the method or plan for conducting the research.

Choice of a particular research design depends on the approach adopted and the nature of the research problem. There are various designs within the quantitative, qualitative, and mixed research approaches. Some of which are shown in Table 3.2 below.

*Table 3.2: Research designs*

<b>Quantitative</b>	<b>Qualitative</b>	<b>Mixed methods</b>
Experimental designs	Narrative research	Convergent
Nonexperimental designs, such as surveys	Phenomenology	Explanatory sequential
	Grounded theory	Exploratory sequential
Longitudinal designs	Ethnography	Complex designs with embedded core designs
	Case study	

(Creswell & Creswell, 2018, p.49)

### **3.3.1 Qualitative designs**

Qualitative designs gather narrative data on variables to gain insights into issues of interest (Kuranchie, 2021). They emphasise on small or few problems but investigate into them. Some qualitative designs are narrative, ethnography, phenomenology, historical research, case study, action research, and grounded theory designs.

Narrative research is a design of inquiry from the humanities in which the researcher studies the lives of individuals and asks one or more individuals to provide stories about their lives (Asenahabi, 2019; Cuthbertson et al., 2020; Kumatongo & Muzata, 2021). This information is then often retold or ‘restoried’ by the researcher into a narrative chronology. Often, in the end, the narrative combines views from the participant’s life with those of the researcher’s life in a collaborative narrative (Asenahabi, 2019; Kumatongo & Muzata, 2021).

Grounded theory is a design of inquiry from sociology in which the researcher derives a general, abstract theory of a process, action, or interaction grounded in the views of participants (Creswell & Creswell, 2018). This process involves using multiple stages of data collection and the refinement and interrelationship of categories of information (Charmaz & Thornberg, 2021; Corbin & Strauss, 2015). It is apposite for uncommon scenarios where there has been little or no previous research on which to base theory (Morse & Clark, 2019). In-depth unstructured interviews, unstructured observations, documentary sources and focus group discussions are methods of data collection for grounded theory design. Analytical and interpretive measures are used for analysing and conceptualising data, and report on them.

Ethnography is a design of inquiry coming from anthropology and sociology in which the researcher studies the shared patterns of behaviours, custom, norms, beliefs, rituals language, and actions of an intact cultural group in a natural setting over a prolonged period of time (Creswell & Creswell, 2018; Kuranchie, 2021). Data collection regularly involves observations in addition to interviews. Researchers devote some time to the group by staying with them, become part of the group's live and activities, and collect observational data from the people in their normal location over a prolonged period. They observe, interview, and pay attention to issues and accounts, and may also record and collect relics. In ethnographic studies, life histories, stories, unstructured interviews, diaries, participant observations and document analysis are used to gather data (Kuranchie, 2021). The final account is narrative in nature; rich in portrayal of the setting and cultural themes. However, generalisation is not possible with ethnographic studies as numerical sampling is not utilised in selecting participants.



Case studies are a design of inquiry in various fields, in which the researcher develops an in-depth analysis of a case, often a program, event, activity, process, or one or more individuals (Creswell, 2018). Cleland et al. (2021) and Kekeya (2021) mention that case studies are in-depth study of one or more issues in a real-life context, which reflects the perspectives of the participants involved in the issue. Cases are bounded by time and activity, and researchers collect detailed information using a variety of data collection procedures over a sustained period of time (Schoch, 2020). It allows for use of various sources of data, different types of data and various research methods (Kuranchie, 2021). Interviews, focus group discussions, documentary analyses, and observations are employed to gather data in a case study. However, conclusions of this design are restricted to the participants of the study, and generalisation is not applicable.

Phenomenological research is a design of inquiry coming from philosophy and psychology in which the researcher describes the lived experiences of individuals about a phenomenon as described by participants (Creswell & Creswell, 2018). A phenomenological study is a study that attempts to understand people's experiences, perspectives, and understandings of a particular situation (Creswell, 2014; Merriam & Tisdell, 2016; Neubauer et al., 2019; Willig, 2019). Merriam and Tisdell (2016) explained that phenomenological study tries to answer question to gain a better understanding of the experiences of others. A phenomenological study is one that focuses on descriptions of what people experience and how it is that they experience what they experience (Patton, 2015). It assumes that there is an essence or essences to shared experience.

Patton (2015) indicated that “what various phenomenological approaches share in common is a focus on exploring how human beings make sense of experience and transform the experience into consciousness, both individually and as shared meaning”. This requires methodologically, carefully, and thoroughly capturing and describing how people experience some phenomenon. Traditional phenomenology requires that the researcher separates herself/himself from the phenomenon in order to be able to objectively analyse and understand the experience of the participants.

Phenomenological research relates to understanding participant interpretation of experiences. Researchers who employ a phenomenological design must first spend time interacting and observing participants to gain a better understanding of their language and how they interact as it relates to their life experiences (Cypress, 2018). Phenomenological design was employed for this research. The phenomenological approach therefore assisted the researcher in conducting interviews and conversations to solicit peoples’ experiences, feelings, and sufficient views on counsellor's experiences of the use of art therapy.

### **3.4 Positionality / Reflexivity and Researcher’s Role**

According to Kusi (2012), whereas some researchers conduct their research studies outside their communities or professional organizations, others decide to investigate phenomenon within their own professional setting making them insider researchers. Leavy (2017) suggested that the discussion of insider-outsider in any qualitative study is imperative because a researcher plays a direct role in both data collection and analysis. A researcher is an insider when s/he shares commonalities with the participants, such as gender, race, and/or age, education, job, and others. On the contrary, a researcher can be an outsider when s/he does not share same. Both have

membership have their advantages, and drawbacks. Being an insider increases the possibility of understanding the culture of the group and the ability to communicate naturally. However, a researcher's prior experiences can result in less objective interpretations (Breen & O'Connor, 2007). As an outsider, a researcher can decrease subjectivity because s/he does not share similar backgrounds. Nonetheless, s/he may face greater challenges in gaining acceptance and building rapport with the group under study.

In this study, I assumed the position of an insider. I am an artist, a counsellor, and a practicing therapist. To collect data, it was necessary to develop rapport with the participants in their setting—which is how I built relationships in the field (Leavy, 2017). Some participants became key informants who shared not only their own experiences but also introduced the researcher to other possible participants. With these, my insider position was advantageous to the field.

To deal to issues of possible biases related to the insider position, the researcher employed some techniques. I engaged in writing reflexive memo notes throughout data collection and analysis to document and account for my position within the process. The researcher also ensured neutrality of the study through member checking. After the data collection, I played the audio of the recorded interview with the participants to confirm what they shared with me during the data collection. Also, after the generation of codes and themes, I shared the outcome with the participants for verification. Auditing of the study was done at each level of the study, by my supervisor in order to for their inputs and corrections. The researcher finally employed peer examination to establish credibility of this study.

### 3.5 Population

Population of a study is all the items in the category of things and/or the collection of all individuals who share similar characteristics based on what a researcher is interested in and therefore qualify to be included in the study (Creswell & Creswell, 2018). It is a well-defined collection of people or artefacts considered to have similar attributes in a research population. Similarly, Kuranchie (2021) sees a population as the target group that the researcher is interested in obtaining information. It answers the question “from whom do I gather data for the research?”.

The target population for the study comprised one hundred and fifty (150) counsellors from twenty-three (23) public universities in Ghana. The universities consist of Takoradi Technical University, Ho Technical University, Koforidua Technical University, Cape Coast Technical University, Accra Technical University, University of Environment & Sustainable Development, University of Health and Allied Sciences, University of Professional Studies, University of Mines and Technology, University of Education, Winneba, University of Cape Coast University of Ghana, Legon.: Sunyani Technical University, Kumasi Technical University, University of Energy and Natural Resources at Sunyani, Akenten Appiah Menkah University of Skills Training and Entrepreneurial Development at Kumasi and Ashanti Mampong, Kwame Nkrumah University of Science and Technology, Wa Technical University, Tamale Technical University, Bolgatanga Technical University, University of Development Studies at Tamale, Diedong Dombo University for Business and Integrated Development Studies at Wa, and C.K Tadem University for Technology and Applied Sciences at Navrongo.

### 3.6 Sample and Sampling Techniques and Procedures

A sample is a finite part of a statistical population whose properties are studied to gain representative information about the whole population (Patton, 2015). It is an entire group of people to which a researcher wants a study to apply (Adzahlie-Mensah et al., 2017). Samples are selected because of cost-effectiveness in the use of resources, time, and funding (Creswell & Creswell, 2018). It is recommended that qualitative approaches use non-probability sampling, while quantitative approaches use probability sampling (Creswell, 2014). Non-probability sampling refers to a process whereby samples are chosen purposively, by non-random means (Kuranchie, 2021). Thus, by this technique, not all members of the population have the chance of being chosen to participate in the study. In this study, purposeful sampling was employed to choose the participants.

Purposeful sampling is premised on the assumption that information-rich participants are to be selected to have an in-depth view of the phenomena (Shaheen et al., 2016; 2019). These samples are generally small in size, so their utility and credibility are questioned on the basis of their logic and purpose. Shaheen et al. (2019) opine that purposeful sampling depends on selecting information-rich cases for in-depth study. This involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Creswell and Plano Clark 2011).

Purposeful sampling denotes some strategies for selecting information-rich cases (Patton, 2015). This employed identification of individuals from a quota. By using purposeful sampling, I ensured that all the subgroups in the target population were represented in the study (Kuranchie, 2021). The population was all the counsellors who use art forms as therapy in the 23 public universities in Ghana. The 23 public

universities constituted three (3) strata. These subgroups are the northern zone, middle zone, and the southern zone (Table 4).

*Table 3.3: Public Universities in Ghana*

<b>Strata (Sector)</b>	<b>Public University</b>
Northern Sector	Wa Technical University
	Tamale Technical University
	Bolgatanga Technical University
	University of Development Studies, Tamale
	Diedong Dombo University for Business and Integrated Development Studies, Wa
	C.K Tadem University for Technology and Applied Sciences, Navrongo
Middle Sector	Sunyani Technical University
	Kumasi Technical University
	University of Energy and Natural Resources at Sunyani
	Akenten Appiah Menkah University of Skills Training and Entrepreneurial Development, Kumasi, and Ashanti Mampong
	Kwame Nkrumah University of Science and Technology
Southern Sector	Takoradi Technical University
	Ho Technical University
	Koforidua Technical University
	Cape Coast Technical University
	Accra Technical University
	University of Environment & Sustainable Development
	University of Health and Allied Sciences
	University of Professional Studies
	University of Mines and Technology
	University of Education, Winneba

<b>Strata (Sector)</b>	<b>Public University</b>
	University of Cape Coast
	University of Ghana, Legon

Source: Field data (2022)

The public universities in the Northern zone are: Wa Technical University, Tamale Technical University, Bolgatanga Technical University, University of Development Studies at Tamale, Diedong Dombo University for Business and Integrated Development Studies at Wa, and C.K Tadem University for Technology and Applied Sciences at Navrongo.

The public universities in the Southern zone consist of Takoradi Technical University, Ho Technical University, Koforidua Technical University, Cape Coast Technical University, Accra Technical University, University of Environment & Sustainable Development, University of Health and Allied Sciences, University of Professional Studies, University of Mines and Technology, University of Education, Winneba, University of Cape Coast and University of Ghana, Legon.

The public universities in the Middle zone are: Sunyani Technical University, Kumasi Technical University, University of Energy and Natural Resources at Sunyani, Akyem Appiah Menka University of Skills Training and Entrepreneurial Development at Kumasi and Ashanti Mampong, and Kwame Nkrumah University of Science and Technology.

A university was identified each from these zones for the study. The selected universities are University of Development Studies at Tamale, Kwame Nkrumah University of Science and Technology, Kumasi and University of Education, Winneba. In this case, three established universities were selected as the sample



universities as they have (a) longer and more established institutional practices (b) tend to be larger institutions and they could offer a larger pool of counsellors to be selected for interview and (c) have practicing counsellors and practitioners who use art forms as therapy.

The researcher selected a sample of four (4) counsellors who use art forms as therapy were selected as key participants, using purposive and snowball sampling techniques.

Purposeful sampling was employed because the researcher believes the participants were information rich. Thus, the counsellors possessed the required knowledge on the usage of art forms as therapy in the universities in Ghana. I had contact of a person in each of these two universities (University of Development Studies, Tamale and Kwame Nkrumah University of Science and Technology) who assisted me in reaching my first respondents through whom I subsequently located the other three (3). This was achieved through a conscious interpersonal relationship I developed with the first respondent. This relationship was extended to the other three respondents which enabled me have access, develop my own relationship with each and elicit in-depth responses from them.

In the case of UEW, being a member of staff provided me easy access to the counsellors who use art forms as therapy, whom I had a working relationship with. However, care was taken to ensure that there was minimal bias in selecting the participants. UEW has nine (9) practising counsellors from whom I purposively selected four. Qualitative (narrative) research depends on small samples that are purposively or purposefully selected. The focus of the study was in exploring the experiences of counsellors who use art forms as therapy. The intention was to highlight how and when, counsellors use music, drama, dance, and photography; the



effectiveness, and the challenges counsellors encounter when using these art forms as therapy.

A total of twelve (12) counsellors were sampled for the study. Silverman (2019) corroborated that a sample of 6-15 may be sufficient to enable development of meaningful themes and useful interpretations especially for studies with a high level of homogeneity among the populations. Further, qualitative studies of this nature require small sample size as suggested by researchers (Bekele & Ago, 2022; Boddy, 2016; Daniel, 2019; Hennink & Kaiser, 2022). Kuranchie (2021) maintains that the nature of qualitative studies demands a researcher to sample to the extent of saturation. Saturation is attained when, in qualitative data collection, the researcher stops collecting data because fresh data no longer sparks new insights or reveals new properties (Creswell & Creswell, 2018). I continuously engaged participants for research till no more respondents or new data emerges. Therefore, a suitable number of participants were engaged until optimal data was acquired for the study. The point of saturation was attained when the twelfth (12th) participant was interviewed. Therefore, the sample size for the study was twelve (12).

### **3.7 Data Collection Instruments**

Research Instruments are the devices and mechanisms that are employed in gathering data for a study (Kuranchie, 2021). The type of data to be collected, informed by the research objectives, determine the types of research instruments a researcher has to design, develop, and utilise. This study employed face-to-face interviews and field notes for data collection. Therefore, a semi structured interview guide was used. All these were complemented with field notes.

A semi-structured interview guide was used to collect the qualitative data. It was used to explore counsellors' experiences of art forms as therapy and their effectiveness. The semi-structured interview guide covered the following themes: a) Counsellors' experiences about art forms as therapy, b) Various forms of art therapy employed by counsellors, c) Importance of forms of art therapy used by counsellors, d) Effectiveness of art therapy in counselling.

Interviews are advantageous since detailed questions can be asked; further probing can be done to provide rich data; literacy requirements of participants are not an issue; non-verbal data can be collected through observation; complex and unknown issues can be explored; response rates are usually higher than for self-administered questionnaires.

The use of interview allowed for consequential interaction between the researcher and participants (Adekoya & Guse, 2020), and this enabled the researcher to obtain credible information for interpretation as noted by other researchers (Morse, 2015; Nowell et al., 2017). Some of the disadvantages of interviews are that they can be expensive and time consuming; training of interviewers is necessary to reduce interviewer bias and are administered in a standardized way; they are prone to interviewer bias and interpreter bias (if interpreters are used); sensitive issues may be challenging. Though this instrument has some challenges, its strengths supersede the weaknesses; hence, it will be used for data collection.

In semi-structured interviews, researchers must develop, adapt, and generate questions and follow-up probes appropriate to the central purpose of the study (Dawson, 2019). The semi-structured interview guide was useful for gathering information from the 12 sampled counsellors. A semi-structured interview was a useful instrument for the study

because it gave the researcher opportunity to seek clarification from the respondents. The semi-structured interview was used because it is the best to use when the researcher has not more than one chance to interview someone and when he/she sends several interviewers out into the field to collect data. The semi-structured interview guide also provided a clear set of instructions for interviewers and can provide reliable and comparable qualitative data.

### **3.8 Trustworthiness**

Issues concerning validity and reliability in qualitative research are normally given different terminology which is trustworthiness. For trustworthiness of the interview guide, issues of credibility, transferability, dependability, and confirmability were addressed (Lincoln & Guba, 1985). In the opinion of Kekeya (2021) and Nassaji (2020), trustworthiness of qualitative research is done through developing standards of quality which involves the four criteria outlined above.

#### **3.8.1 Credibility**

To ensure credibility, the researcher followed all processes in conducting qualitative research. Thus, the researcher ensured that the right participants were recruited in order to provide the right information to answer the research questions. To fulfil this criterion, the researcher recruited counsellors who use art forms as therapeutic interventions in Ghana, as participants. In this study, the researcher interacted with the participants over a period of not less than two weeks in order to develop acquaintance with them. This was done through casual visits to the respondents at their offices and also via telephone conversations. This enabled the researcher to develop a relationship with them. In this way, the researcher was able to build trust between himself and each

participant, which made it possible for the respondents to readily open up for discussions on all issues that are covered by the interview schedule for the study. In all, it took the researcher not less than one year to assemble all the data from participants.

In this study, the researcher employed peer examination to establish credibility of this study. A colleague, who is a Doctor of Philosophy student in the Department of Guidance and Counselling was tasked to review and make comments on the initial findings in respect of the raw data. The comments assured the researcher that the findings were the true reflections of what participants expressed. Credibility was also ensured by means of member-checking in which the participants were asked to corroborate findings and make segments of raw data available for other readers who analysed it. Member checking and validation of the transcribed interview affirmed the approval and rigor of the study's findings.

### ***3.8.2 Transferability***

Transferability is how the qualitative researcher demonstrates that the research study's findings are applicable to other contexts (Daniel, 2019; Noble & Smith, 2015). In this case, “other contexts” can mean similar situations, similar populations, and similar phenomena. As a qualitative researcher, I used thick description to show that the research study's findings can be applicable to other contexts, circumstances, and situations. To provide a context for evaluating the transferability of the findings, I used theoretical works that were reviewed by others and developed a thick description of the data.

Transferability was also addressed by providing sufficient information about the participants, the research context, and myself that the reader is able to make an

informed decision about how the results of this study may be relevant to another context. In other words, the transferability of this study was ensured by researcher presenting reports that provides sufficient details to other readers for assessment. In the current study, the findings could be applied to counsellors in other parts of Ghana, Africa and globally if from similar contexts. Thus, the present study may be similar to other studies carried out in Ghana or elsewhere, but the researcher never thought of generalising findings of the study except to provide additional information on the issues in order to deepen readers' understanding and knowledge of experiences of counsellors who use art forms as therapy in Ghana.

### ***3.8.3 Dependability***

Dependability refers to the consistency of the research data (Lincoln & Guba, 1985). Dependability was ensured through auditing of the research process, documenting all the data generated and assessing the method of data analysis.

Auditing of the research process was done by my supervisors. At each level of the study, I submitted it to them for their inputs and corrections. I also submitted my interview guide to them prior to the data collection. After themes generation, the themes, codes, and the coding regimes (in Chapter Four) were also audited by my supervisors. All the procedures involved in the data collection and the data analysis are copiously documented in this research report.

Peer review also facilitated the achievement of dependability. Three colleague lecturers reviewed the work. Two lecturers who are also counsellors, and another colleague who is a clinician reviewed the data collected by juxtaposing them against the codes and themes generated. Thus, their inputs aided the study to achieve dependability.

Also, the researcher achieved dependability by ensuring that questions asked during the interview and observation sessions were straightforward and clear which in turn generated the needed data. Again, to draw valid conclusions, I safeguarded against my personal biases and subjectivity during data collection, peer examination and unbiased explanation of the data collected and research process and findings helped in achieving this objective.

Information obtained from the literature review helped to develop questions that elicited responses to answer the research questions that were formulated to direct this study. This ensured appropriateness of the questions that the respondents were asked. Besides, the interview format helped to develop categories and themes used in the findings.

To deal with the issue of bias in the study, the researcher sought clarification for answers that were not clearly stated during the interview. In this way, all unclear data were resolved. Care was taken about the duration of the interview to avoid early closure and at the same time to prevent the provision of unreliable data following boredom on the part of respondents as a result of prolonged interview session.

#### ***3.8.4 Confirmability***

Confirmability in qualitative research indicates the degree of neutrality of the research findings. To establish confirmability, qualitative researchers can provide an audit trail, which highlights every step of data analysis that was made in order to provide a rationale for the decisions made (Nowell et al., 2017).

I ensured neutrality in the study by scrutinising the data from the respondents. Considering the fact that this study was qualitative method research, it became easy for me to obtain subjective results. This helped me to establish that the study's findings

accurately portray participants' responses. I ensured neutrality of the study through member checking. After the data collection, I played the audio of the recorded interview with the participants to confirm what they shared with me during the data collection. Also, after the generation of codes and themes, I shared the outcome with the participants for verification.

In order to avoid the effects of investigator bias, steps should be taken to collect data from a variety of sources and, if possible, by researchers with different perspectives. When these steps are not possible, the researcher should rely on "practicing reflexivity", which Guba described as revealing the researcher's own assumptions to his audience (Guba, 1981, p.87). The researcher ensured this by documenting personal reactions and beliefs about the data.

### **3.9 Data Collection Procedures**

Qualitative data were collected through interviews and observations. The researcher obtained an introductory letter from the Department of Counselling Psychology, University of Education, Winneba to facilitate the process of data collection. The introductory letter was used by the researcher to seek permit from Registrars, Deans and Heads of Departments of the sampled universities before embarking on data collection.

The interview was personally conducted on the selected counsellors. The interview took the form of face-to-face interaction with the participants. In conducting the interviews, measures were taken to ensure that the settings for the interviews helped in promoting confidentiality by way of ensuring that the respondents were not overheard. English language was used as a medium for the interviews. Also, interviews

were conducted until data saturation was obtained. During the interviews, the researcher used probing questions to get more detail on the experiences of respondents. Interviews were audio taped after permission had been granted. This ensured a more accurate picture of the questions and answers. This aided the credibility of the instrument. In the same way, the recorded interviews helped to focus much on the interviewee's non-verbal utterances, attitudes and even body language instead of pausing to take notes. Further, important information (field notes) was written as backup in case the recorder develops a fault.

### ***3.9.1 Interview Process***

Prior to the interviews, all the interviewees were contacted and provided with information about the study and the interview. I met all the respondents individually in a space of their convenience or in their offices to conduct one-on-one interviews with all the twelve (12) participants. Each interview session lasted for about an hour and twenty minutes.

The one-on-one interviews allowed counsellors to open up to me on things they might not have said openly. I sought permission from the interviewees and recorded the interviews and to take notes as well. Each interview session lasted for a minimum of 45mins and a maximum of one hour twenty minutes. These were in-depth interviews which put emphasis on the richness of information from selected counsellors (Preston et al., 2020). I commenced each interview with an ice breaker to get the respondents relaxed and settled in. My commitments to the demands of reflexivity which entails making explicit the power differentials (Dodgson, 2019) means that there was not a simple case of my position dominating the research process and the construction of the final textual product. The participants were far more powerful experienced people. It was relief anytime they agreed to be interviewed. Although they respected me, I



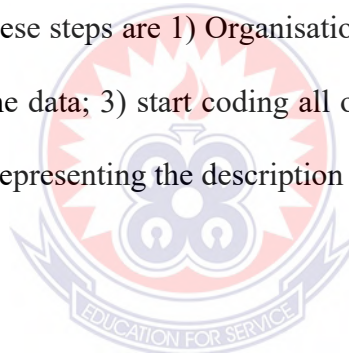
sometimes felt nervous at some moments of the interview, feeling like my questions might be considered simplistic. I wondered what the reactions might be if my question was understood to be below expectation. However, I was thrilled about how I was received and guided by each participant throughout each interview session. I considered that much of the positive reception I received was grounded in the fact that we were having ‘therapist to therapist’ interaction. The interview questions were open-ended so as not to suggest certain kinds of answer/s to respondents (Adzahlie-Mensah et al., 2017). Interviews were then transcribed and cross-checked with the interviewees ‘to seek clarifications and confirmations as a “true reflection” of the interview.

### **3.10 Data Analysis**

According to Patton (2015), “learning to use, study and understand documents and files” as part of the research process is paramount in the “repertoire of skills needed for qualitative inquiry” (p.295). The data collected in this study were mainly soft data from interviews and the research diary. These were all analysed in different ways and for different purposes. As Whitaker and Atkinson (2019) explained, in analysing narratives, care must be taken not to merely report what the study shows but also to construct accounts of what one encounters in the interview, text and interaction. The analysis of the narratives in this study was done through interpretation involving continual reflection about the data (Linneberg & Korsgaard, 2019). Perrotta (2019) emphasised that narrative analysis systematically interprets how people construct meaning around events and of themselves. As such, my kind of analysis and interpretation of the narratives was done from the perspective of the participants - paying particular attention to the context, use of language and gestures.

Data analysis included preparing the data for analysis, conducting different analyses, moving deeper and deeper into understanding the data, representing the data, and making interpretation of the larger meaning of the data (Kiger & Varpio, 2020). The qualitative (interview and observation) data was analysed using thematic and content analysis procedure. Thematic analysis is the process of identifying patterns or themes within qualitative data (Braun & Clarke, 2021a; Byrne, 2022; Creswell & Creswell, 2018; Lochmiller, 2021).

The goal of thematic analysis is to identify themes, thus, patterns in the data that are important or interesting, and use these themes to address the research or say something about an issue. Creswell and Creswell (2018) recommend a five-step approach to Data Analysis (Figure 3.3). These steps are 1) Organisation and preparation of the data for analysis; 2) reading all the data; 3) start coding all of the data; 4) generating themes and descriptions; and 5) representing the description and themes.



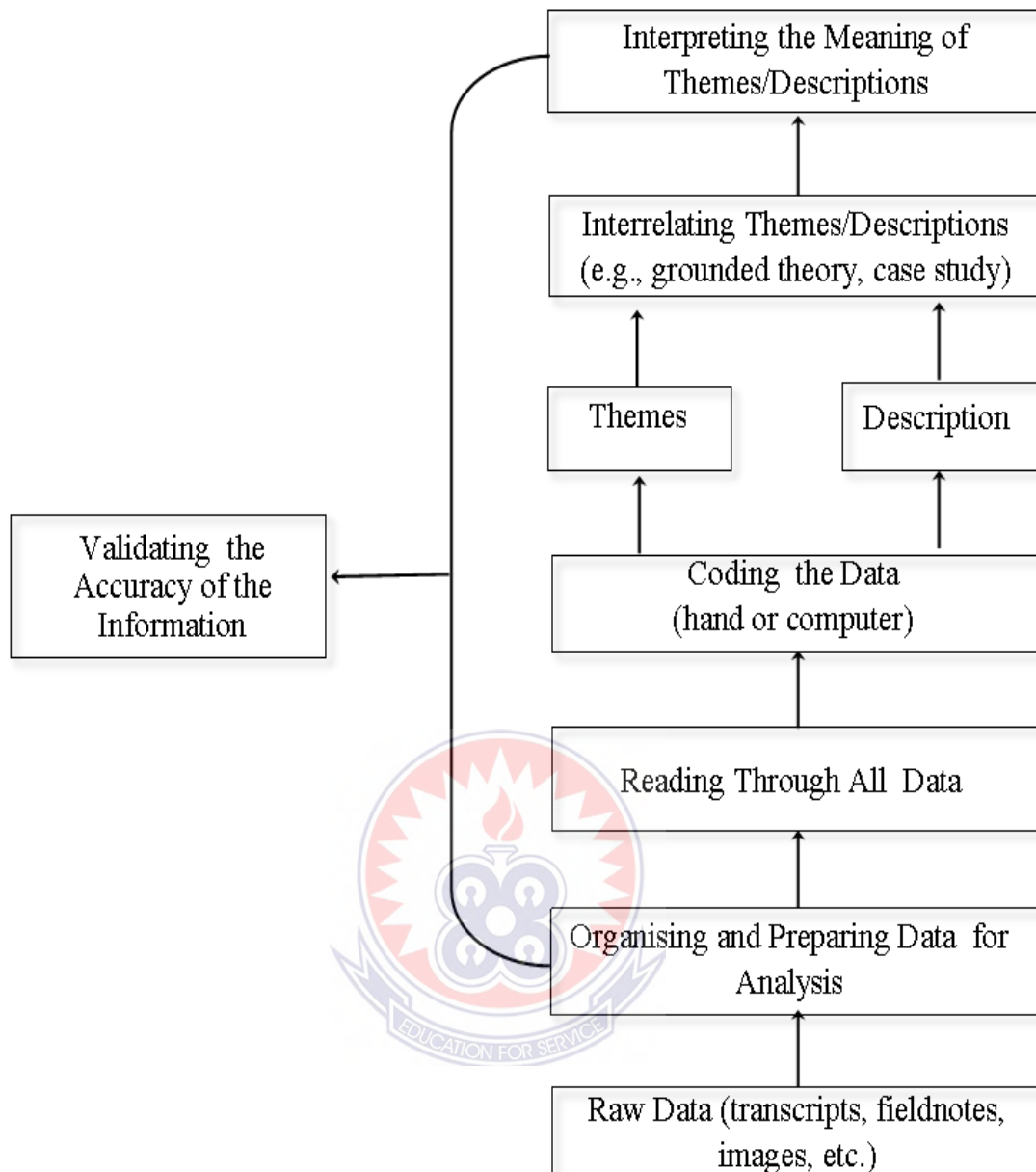


Figure 3.3: *Qualitative data analysis model* (Creswell & Creswell, 2018, p.269)

Key substantive themes that cut across all the narratives have been presented and discussed based on the research questions. I also drew on the central elements of critical discourse analysis as delineated by Braun and Clarke (2021b). Embodied in such analysis is making meaning of accounts and experiences in relation to the theoretical propositions underlying this research (Cohen et al., 2011). The analysis also accounted for personal discourses within the institution, and an acknowledgement of

my responsibilities as a researcher (Charmaz, 2019), including half-involvements and half-detachments as an outsider and insider researcher. In addition to the interviews conducted, key official documents regulating institutional practices, norms and mobility were also reviewed.

1. Organisation and preparation of the data involves tying up field notes, transcribing interviews, and sorting all visual data, and arranging the data into various types depending on the sources of the data (Ningi, 2022). All the interviews were transcribed, at this stage. Irrelevant information was separated from relevant information in the interview notes.
2. After the transcription, the data was read. This was done to enable the researcher to familiarise himself with the data. “What general ideas are participants saying? What is the tone of the ideas? What is the impression of the overall depth, credibility, and use of the information?” (Creswell & Creswell, 2018). These questions were answered at this stage.
3. Coding the data was the next step. Coding is the process of “organizing the data by bracketing chunks (or text or image segments) and writing a word representing a category in the margins” (Erlina, 2021). Here, the researcher took all the transcribed text data, segmented the sentences (or paragraphs) categories, and labelled those categories with a term based in the actual language of the participant. The researcher employed hierarchy coding frame for the coding, where the codes were categorised into levels. The top-level consisted of broad themes derived from the research questions. Both open and axial coding were utilised, which enabled the researcher to “let the data speak for itself”, During the open coding phase, individual participant responses were coded for emergent key words. In the second phase (axial coding) repetitions

of codes were searched for and drawn together. Codes were merged where substantial overlap was identified, and coded aspects were analysed for sub-themes. This process led to the development of twelve (mid-level) codes that were drawn and refined from the transcript, and these twelve codes were then revisited upon the transcript to highlight relevant areas of data. The third level of the coding saw the generation of (nineteen) third level codes.

4. Descriptions and themes were generated next. Description involves a comprehensive rendering of information about people, places, or events in a setting (Creswell & Creswell, 2018). These are the themes that served as major findings in qualitative studies, and were used as headings in the data presentation and analysis section of this study. Here, a hybrid coding regime was used. Thus, the researcher started with pre-established themes (counsellors use of photography, music, dance, and drama as therapeutic interventions). These four themes served the top-level codes that were generated for the study. This was followed by twelve mid-level themes and nineteen third-level themes.
5. Finally, the descriptions and themes were presented in the qualitative narrative. The narrative was done by conveying the findings of the analysis. This discussion mentions the detailed discussion of the themes (with subthemes, specific illustrations, and quotations).

In analysing the data, I read and re-read the data from the various participants. I tried to develop themes using a coding regime guide. In so doing, I developed a template that I used to group the data. I used the research questions to develop the main themes around which the analysis clustered. In the analysis chapter, I began with a presentation of the backgrounds of each participant so that the data is situated within

an understanding of their personal histories. This is followed by the patterns that emerged from the experiences of the participants.

The analyses of the stories were guided by Foucault's conceptualization of power as intrinsic to discourse. The ways that the respondents described their experiences drew on discourses which for Foucault indicate how people's subjectivities are regulated and defined. In this way my analysis revealed the ways that members become unequally positioned as "power is employed and exercised" (Foucault, 1980) through discourse in use of art forms as therapy in Ghana. The analyses congealed around various themes along the research questions. It involved a thick description of their experiences of counsellors so as to provide rich contextual data about the use of art forms as therapy. Counsellors experiences and perspectives on the use of music, drama, dance, and photography was also highlighted and discussed.

Experiences of counsellors and practitioners in the use of the art forms as therapy provided explanation on the how and when music, drama, dance, and photography are used as therapeutic interventions. Again, the discussion highlighted the effectiveness of the use of these four forms of therapy when they are employed during counselling sessions. Finally, I discussed challenges that counsellors who use music, drama, dance, and photography as therapy face during the usage of these therapies.

### **3.11 Ethical Considerations**

I conducted this research with the awareness that research involving human subjects is often obstructive, representing an intrusion into the life world of the participants (Creswell, 2012; Patten & Newhart, 2018). As such, the set of ethical guidelines and procedures for respecting and engaging with participants as 'equal' partners was

observed. In this vein, I spent time to familiarize myself with tutorials to enhance my capacity in conducting interviews.

Researchers need to protect their research participants, develop a trust with them, promote the integrity of research, guard against misconduct and impropriety that might reflect on their organizations or institutions, and cope with new, challenging problems (Israel & Hay, 2006). Ethics in educational research are those issues that are related to how the educational researchers conduct themselves or their practical and the consequences of these on the people who participate in their research (Head, 2020; Kusi, 2012). In this study, ethical issues of informed consent, respect for autonomy, and confidentiality were appropriately dealt with (American Counselling Association, 2014; Pietilä et al., 2020).

Informed consent is a device for certifying that people comprehend what it means to partake in a specific research study so they can agree in a cognisant, careful way whether they want to participate. I sought ethical clearance from the Department of Counselling Psychology of the University of Education, Winneba. Again, permission was sought from the Registrars, Deans and Heads of Departments of the selected universities before going out to the counsellors to collect data. I made known for the purposes of informed consent, the objectives of the study to potential participants.

In adhering to autonomy of participants, I told participants that taking part was voluntary. This ensured that maximum co-operation prevailed and information given was rich. In the research or interview process, participants were free to withdraw from the study whenever they wished. There were no physical, social, or psychological risks. Due to the length of the interviews, the interviews were conducted at conducive

and quiet places to reduce the rate of fatigue and discomfort that participants might have suffered.

Confidentiality is where the details of the participants for the study are concealed or protected. To protect the confidentiality and anonymity of all my sources of information, it was important that I concealed the names, and any other identifiable information. That was to protect the participants from harm, prevent professional risks or punitive action (Patton, 2015). Participants were assured of confidentiality and the use of pseudonyms to protect their identity (Goodwin et al., 2020). Therefore, confidentiality in terms of the information they shared about themselves was protected. This was done by using pseudonyms for the participants' all through assuming they revealed discrete information that could possibly pose a professional risk. For instance, the researcher coded their names with letters and numbers such as: CPSY1 means Participant 1. Also, all data collected were analysed, stored personally, and discussed only with the study supervisors. As a way of preventing plagiarism, works of people (scholars and researchers) which were used to buttress analysis of and in the literature review, were duly acknowledged in-text and listed in the reference section.



## CHAPTER FOUR

### FINDINGS AND DISCUSSIONS

#### 4.0 Overview

This part of the study presents data from the participants. In all, the participants for the study were twelve (12) counsellors. Participants were given pseudonyms to shield their identities regarding the responses they offered for the study. Pseudonyms were coded as CPSY and numbered from 1 to 12. The qualitative data collected from the respondents were manually transcribed by the researcher. The transcribed data were transferred into qualitative data analysis software by name MAXQDA software version 2020. MAXQDA software version 2020 which helped in identifying the needed codes that came out from the transcription and the codes were arranged according to the various qualitative questions formulated for the study. The study sought to answer the following research questions:

1. What are the experiences of counsellors in the use of music as therapeutic intervention in working with clients?
2. What are the experiences of counsellors in the use of photography as therapeutic intervention in working with clients?
3. What are the experiences of counsellors in the use of dance as therapeutic intervention in working with clients?
4. What are the experiences of counsellors in the use of drama as therapeutic intervention in working with clients?

The data presented are the views of the 12 counsellors used for the study. The data is presented in verbatim statements of the participants which, in most cases, captured the

encapsulated views of the participants. The following are the themes and subthemes, as well as their appropriate finding that emanated from the interviews conducted.

## **PRESENTATION OF FINDINGS**

### **4.1 Counsellors Use of Music as Therapeutic Interventions**

The first research question sought to provide insight into experiences of counsellors in the use of music as therapeutic intervention in working with clients. Responses of the participants from the Section C(i) of the interview guide provided answers to this research question. The following themes and subthemes emanated from the interview session.

#### ***4.1.1 Experience of Counsellors***

Participants indicated using music as an alternative or complement to therapies instead of regarding it entirely as a form of therapy. It is mostly employed when counsellors decide to be eclectic or may have exhausted their theoretical options. However, counsellors' ability to make a perfect choice based on the genre of music remains a challenge at the initial stage. Participants further indicated that anxious and depressed clients relate best with loud inspirational music whereas insomniacs prefer solemn music.

This is what CPSY 7 said

*I use art therapy as eclectic, because I'm not a fully trained art therapist. I normally use it in addition to other forms of therapy that I know to help my clients, and depending on the clients, I go in for either music or pictures to help my client. (CPSY 7).*

With CPSY4, this is what was said

*Usually, with what I do, I don't do it as a full therapy. Like the way we have cognitive behavioural therapy, or reality therapy, or behavioural therapy, whatever it is. And I use art as a form of eclectic approach: a combination with the other pre-established or well-known therapies. So, for example, he takes CBT. You know, CBT, has to do with cognitive and behavioural therapy combined. So usually the cognitive side, there's also a behavioural side, where you teach your clients certain skills, or help them change their maladaptive behaviour. And one of the things that we usually do is what we call the relaxation therapy. And we use music, which is a form of art in therapy (CPSY 4).*

With CPSY3, this is what was said

*Well, for what I know it is not a borrowed intervention, usually for a relaxation training to be very effective it has to do with music, yes solemn music because I remember even from our training, usually you would have to use music just that sometimes the setting in which we work do not allow us to you know eerh! actively use and explore that because you are in a therapy room maybe in a hospital setting, interim setting and you know you don't use the room alone or the people who are in (CPSY 3).*

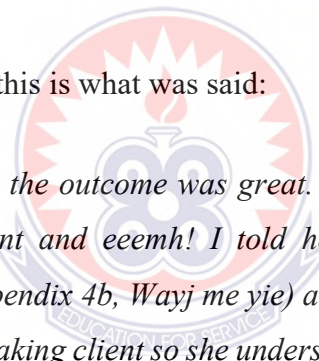
Counsellors knowledge and appreciation of music and its use during intervention is widely expressed by participants 7, 4 and 3. As expressed by participant 3, it helps explore the internal frame of clients within interim or permanent settings during counselling processes.

## ***4.1.2 Advantages of Music as Therapy***

### **4.1.2.1 Expression and Adjustment of Emotions**

Music as therapy allows for the expression and adjustment of emotions. Music contributes to the expression of emotions and affects mood. It can intensify the positive feelings or the negative feelings expressed in the lyrics. Music therapy helps college students release bad emotions, purify the mind, and improve interpersonal relationships in a good experience, and create a campus cultural atmosphere of knot, friendship, and mutual help. Therefore, music therapy can be used to stabilize students' emotions, make their values, world outlook, and outlook on life development in a positive direction, and help students better face setbacks in life and meet new challenges with enthusiasm.

With participant CPSY12, this is what was said:



*Oh, the outcome was great. It was an assignment given to the client and eeemh! I told her to just listen to the song (ref Appendix 4b, Wayj me yie) and take time, well she was an Akan speaking client so she understood the words in the song so I told her to listen to the song and jot down some words that resonate with her and it was, it was great, it was great, yea (CPSY 12).*

With participant CPSY 11, this was gathered

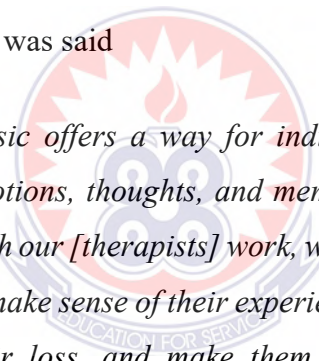
*Whenever I introduce music as part of our therapy sessions, if it relates to a client's condition, I realize they are so much absorbed into it that some burst into tears, others too change their facial expressions and mood (CPSY 11)*

Participants 12 and 11 indicates the strong influence of music to help readjust the expression of emotions which affects moods of clients during sessions.

#### 4.1.2.2 A Form of Communication and Self-expression

The lyrics of a song express various opinions and emotions. The use of music during therapy enables clients with mood disorders and suppressed emotions express themselves. The artistic nature of the therapy session creates an avenue for interrupted and genuine expression from clients with little to no efforts from the counsellor. Most often, clients who are exposed to art therapies appreciate the artistic element and relate with them well. It also provides a platform for clients with communication challenges to interact with other individuals. Moments when clients are to compose songs or lyrics (improvisation), they are able to express themselves unconsciously since verbalizing the challenge or emotion is sometimes difficult.

With CPSY10, this is what was said



*Music offers a way for individuals to express their feelings, emotions, thoughts, and memories in ways that words cannot. With our [therapists] work, we can help traumatized individuals to make sense of their experiences, communicate their grief and their loss, and make them active participants in their own process of healing. (CPSY 10)*

With CPSY5, this is what was said

*By utilizing music as a mean of intervention, it helps the client express themselves without becoming overwhelmed. Accessing those memories is one of the consequences of therapy but art is an easy way to access them because it is non-threatening, it is fun and creates a “separateness” from the client and their experiences. Therefore, clients find it easy to communicate their traumas and life experiences without being overwhelmed. (CPSY 5)*

Also, Participant CPSY12 had this to say:

*Basically, you start asking all the questions you need but at certain times you realize you need to let the person open up especially with the youth that I deal with, art can be that avenue where they can express themselves and what they express speak louder than the words they will ever wish to say, kids will rather like to keep things to themselves and not saying things to get into trouble. Art is the best way they express themselves. Yea, I quiet remember I used one music titled “OBRA” by Nana Ampadu (Ref Appendix 4a), which talks about life issues in general so there was this client who was in despair so I played that song and we used the words in the song for discussion and at the end she felt ok, yea it just happened (CPSY 12).*

Clients have genuinely expressed with little to no efforts from the counsellors, based on the lyrics of selected music, the effects of the song on their internal frame. This has a given positive inclinations to the self-expression of many clients.

#### 4.1.2.3. Prevention and Treatment of Physical and Mental Diseases

Music helps migraine and chronic headache sufferers reduce the intensity, frequency, and duration of the headaches. Music improves one's mood by reducing stress and lowering anxiety levels, which can help counteract or prevent depression. The use of music for therapeutic purposes uplifts the mood of people suffering from depression. When it comes to depression, it is better to listen to an inspiring and exhilarating music, which decreases depressive moods rather than sad solemn songs which could make you feel worse. Music makes exercise feel more like recreation and less like work. Furthermore, music enhances athletic performance.

With participant CPSY1, this is what was said:

*Very, very eemh! Therapeutic, in fact, you know I've, I've used it most often with client who have anxiety and who have challenges sleeping and so one of the things you do is to teach them, what you as a therapist is to teach them the relaxation because you are not going to be with them all the time to help them do it so you teach them and then they go back and then they do it. And most of the time in a very cool quiet serene therapeutic environment if you do relaxation for someone ten (10), like five (5) to ten (10) minutes you see they will be fallen asleep (CPSY1).*

With participant CPSY10, he had this to say:

*The symptoms that I generally see consist of the same symptoms that another therapist sees as well. I have clients with an array of disorders and symptoms like depression, anxiety, post-traumatic stress disorder, anger, behavioural problems, and those who have a history of abuse (CPSY 10).*

Stress, anxiety, and depressive moods culminates in individuals ability to becoming active. Music improves one's mood by reducing stress and lowering anxiety levels, which can help counteract or prevent depression. This happens as one adequately enjoys a piece of music then later sets self-free by actively engaging in dancing as well.

#### 4.1.2.4 Relaxation and Healing Effects

It was further stressed that art as a therapy can be applied in relaxation therapies should a counsellor engage a counselee through cognitive behavioural therapy (CBT), where the counsellor could play a low tone music for the client in the process of therapy. The findings show that counsellors had positive perception about art as a therapy.



With participant CPSY12, this is his perception about art as a therapy:

*Please, I love art because it relaxes the body. It's about using art forms or art works to facilitate healing process with your client. Not really that because it a whole field on its own and you need to be specialized, have some formal training before you can use as any other technique or any other treatment model you should have a training in it so you will be able to use it. I feel art can play a role in helping counsellors. We should add it to the list of therapies we have and move a little bit away from the psychotherapy that we have been using as the main thing all this while, in other words we need a platform so we can use it as a form of healing. (CPSY 12)*

With participant CPSY7, this was her experience about art as a therapy:

*Yes, I have eem! For me, I think art is not only eem! Having aesthetic values, it has hidden values and eerh! In Psychology that is what we do, we heal people not of physical wounds etcetera but psychologically we heal them of trauma, views a lot of things that affect their psychological wellbeing so I believe eem! Art comes with what... hidden values or therapeutic values and so it's not only aesthetic ones so I have quite some experiences with using eerh! Certain art forms as part of my therapy. Oh yes! I have heard about it that some counsellors use art in assisting their client to develop new behaviours, yes, I have heard about it (CPSY 7).*

The use of cognitive restructuring in relaxation therapy, provides a good atmosphere for music to help sooth clients so they are relaxed. This helps the counsellors now to explore clients challenges. The relaxed clients are mostly satisfied because they mostly come restless.



### ***4.1.3 Challenges of Using Music as Therapy***

#### **4.1.3.1 Countertransference**

The imperfect nature of man despite training and education is bound to make bare at certain points. Some clients' confrontational behaviour is likely to cause countertransference although a counsellor is expected to be empathetic yet have control over his emotions regardless of how tough it might seem. However, these countertransference feelings make counsellors feel incompetent and doubtful.

Participant CPSY 11, had this to say:

*Our clients, and even ourselves, go through many changes in our life time. These changes can put a lot of pressure, anger, and confusion on us, but it's important to reflect on the changes and how they affect our perception of ourselves. Sometimes, seeing that you are not making any progress can frustrate you. The frustration gets heightened when you have exhausted all options yet I have to remain professional but my clients' emotions cannot be handled because they are burnt on giving their best (CPSY 11).*

With participant CPSY2, he had this to say:

*In my experience, art therapy usually "works". Usually, it is the therapist that doesn't know how to use/apply the interventions or information if there is a challenge. The only occasions that art hasn't been successful for me as a therapist is if the client refuses to participate. (CPSY 2)*

Participants 11 and 2, agrees that there's also a part of the process that sometimes leads to none response. This leads the counsellor to become frustrated as all options may seem not to effective work. Some of these challenges has come as a result of poor application of music as an interventional strategy.

#### 4.1.3.2 Resistance

This deals with how clients difficult work environments for counsellors in the use of music in therapy.

*In my experience, art therapy usually “works”. Usually, it is the therapist that doesn’t know how to use/apply the interventions or information if there is a challenge. The only occasions that art hasn’t been successful for me as a therapist is if the client refuses to participate (CPSY 12)*

With participant CPSY8, she had this to say:

*Hmmm.... Music has been a great tool for me during therapy but it can turn out negative when my reason for using it brings to remembrance an unfortunate incidence the client may have experienced. So instead of the client fully listening, the person turns or shy away from the music. In my experience, a client had to yell at me simply because of the choice of music although it could have been of great help. It happened that the line of music triggered negative emotions (CPSY 8)*

Participants pointed out that clients in pain usually resist musically related matters. Clients normally engage in distractive and unexpected behaviours at the expense of other people’s comfort. They either regulate the volumes of the music or continuously opt for diverse genres hence wasting the therapy period. Participants CPSY 12 and CPSY 8.

#### 4.1.3.3 Unconducive Environment

Poorly set facilities made the use of music as therapy in intervention unconducive. With participant CPSY1, this is what she said:

*Sometimes, the setting in which we work do not allow us to... you know eerh! actively use and explore that because you are in a therapy room maybe in a hospital setting, interim setting and you know you don't use the room alone or there are people in the same floor with you and so even if you are playing music there is so much noise to distract you but then we use it, it's not an afterthought so it actually embedded in the relaxation training. Yea!!! Yes, I think it is appropriate, eerh! It will also be depending on the kind of challenges that client will be going through so if the challenge of the client demands some form of perspective of art that can be used to assist the individual, then I think art therapy can be of essence to the therapy (CPSY 1)*

Participant CPSY 9 had this to say

*Music therapy is not always about using songs for reflection. It could be a piece involving rhythms from an instrument of two in soothing manner that can help deal with the situation. This has to do with timing as well. For example, in treating an insomniac, if the client should visit you early in the morning where you have lots of clients to attend to but there is no music, getting an instrumentalist or a music therapist to strike some chords on the piano may do the magic but the facility has no available room meant for that. It is just the counsellors' office. Even if the counsellor is able to get a recording of such music, the client cannot sleep in his office (CPSY 9)*

Participants identified lack of appropriate environments, inadequate facilities, and requisite artefacts as a disadvantage in practicing music therapy. For effective practice of music as an art therapy, counsellors need a well-equipped and soothing environment that allows them move away from the consulting room for such therapies. The results of the study revealed that studios settings should be incorporated in therapeutic centres. Participants CPSY1 and CPSY9.

#### ***4.1.4 Discussion on How Music is Used as Therapeutic Intervention***

The study revealed that the use of art therapy is an eclectic approach to aiding client who visits or seeks counselling when a single approach is ineffective, which is in congruence with Rosen (2017)'s position that arts therapy is a diverse assortment of sub-specialty experiential therapies that cross a wide variety of artistic disciplines. The findings publicize the use of art therapy by other professionals affirming claims by Kaimal (2019a) that art therapy is also applied in multidisciplinary trauma-focused day treatment. The lyrics of a song enhances interaction between and among individuals in circumstances where they might not be able to vocalize their opinions. Alluding to claims made by Corey (2017), Howie (2017) and Moon (2017), music is a means for communication when individuals are overwhelmed by their circumstances. Using music allows a third part to disambiguate a speech and acquire actual meaning for free flow of communication. When interactions flow freely, assumptions and further interpretations are abjured (Viega, 2013).

Croom (2015), Sharman and Dingle (2015), and Swaminathan and Schellenberg (2015) suggest that the music contributes to the expression of emotions and affects mood. Music therapy helps college students release bad emotions, purify the mind, and improve interpersonal relationships in a good experience, and create a campus cultural atmosphere of knot, friendship, and mutual help. Therefore, music therapy can be used to stabilize students' emotions, make their values, world outlook, and outlook on life development in a positive direction, and help students better face setbacks in life and meet new challenges with enthusiasm.

Another benefit revealed by the findings of the study is the facilitation of self-expression in as much as it enhances communication. The artistic nature of the therapy session creates an avenue for interrupted and genuine expression from clients with little or no

efforts from the counsellor. The inclusion of music elements during therapy and counselling sessions relieves clients of strict adherence and compliance to counselling environment which promotes self-expression, an agreement to findings by Ting-Toomey and Dorjee (2018) that music serves to explore, express, and heighten identity. Most often, clients who are exposed to music during therapies appreciate the artistic element and relate with them well. The lyrics of a song enhances interaction between and among individuals in circumstances where they might not be able to vocalize their opinions, alluding to Hargreaves et al. (2015) suggestion that music helps people to communicate personal values and beliefs to the world. Using music allows a third part to disambiguate a speech and acquire actual meaning for free flow of communication, confirming Johnston (2016) stance that music has an advantage over language with this inherent ambiguity because when performed in or to groups, each individual can interpret its significance individually without risking the collective group experience.

It was further stressed that music as a therapy can be applied in relaxation therapies should a counsellor engage a counsellee through cognitive behavioural therapy (CBT), where the counsellor could play a low tone music for the client in the process of therapy. When associated with suggestions of Harpazi et al. (2020), it was inferred that having a therapeutic hour during a stressful school day was considered to provide students an opportunity to relax, an increasing insight and mood states which in the end serves the needs of the client. Stress has both physiological and psychological effects on humans. The use of music during stressful periods helps manifest a decline in symptoms of stress. It can be used in lessening anxiety and a coping strategy for some mental disorders. This is in line with Koelsch (2015) claims that music therapy has beneficial effects on the psychological and physiological health of individuals. It can be used for the purposes of entertainment.

However, it must be noted that not all clients may possess the dexterity to use the lyrics positively. The usage of lyrics may cause some clients to be reflective on issues while others may begin a process of grief. It is imperative to allow them go through their grief as a process of recovery or healing. Art therapy helps therapist to explore the emotional reactions of their clients in that process. The process of exploration brings forth the client's internal states to the surface with art, and using the self-exploration process to communicate emotions or experiences that may be difficult to verbalize as mentioned by Kim et al. (2018).

#### **4.2 Counsellors Use of Photographs as Therapeutic Interventions**

The second research question sought to provide insight into experiences of counsellors in the use of photographs as therapeutic intervention in working with clients. Responses of the participants from the Section C(ii) of the interview guide provided answers to this research question. The themes and subthemes emanated from the interview session are presented and discussed below.

##### ***4.2.1 Experiences of Counsellors***

Respondents pointed out that drawings, paintings, and photography also help clients in appreciating nature, remaining optimistic and exploring hidden abilities they may possess. As clients engage in drawing or painting abilities, there are able to express suppressed emotions which communicate their state. Respondents stated that pictures or photographs enhance storytelling which enables the counsellor 'tap into the unconscious 'of the clients. Within the unconscious lies motives, pain and other negative emotions which may be unhealthy and an intent to be forgotten. While the clients use paintings and photography for healing or recuperating purposes, counsellors

use it to unravel repressed information that helps in connecting dots to make a meaning of inaccurate scenarios or information.

With participant CPSY 12, this was offered:

*I would be all for it, I would be all for it, yea. I will go for photography. Yeah, photography captures moments and tells stories beyond the ordinary so I will go, I will go for photography. So, it depends on the nature of the person to explore because photography is all about the person's ability to explore new things, capture moments and if somebody is not willing to go out there, the person can have the cameras, all the thing you can give the person, the exposure to use that to explore the environment but he or she will still not find value in that so still, it depends on the individual and what works for them and that is why you take interview, you try to understand who the person is even before you formulate whatever therapy is important so it's not only about asking what the person eem! Happens to the person whatever problem it is they are dealing with but however, the person has been coping with whatever challenges they have how they have been dealing with it. And if you find any, you know traces of art in there then you can strengthen those in your therapy or whatever it is that you find waiting to help the person (CPSY 12)*

Participant CPSY7 had this to share:

*If you have the opportunity to learn it as a therapist in addition to your other treatment models you should not let it go because everything around us is art and we take inspirations from these even the paintings in our room, how we arrange our desks, how we do things even in classroom, how you choose your colours on the slides that you prepare have some element of therapy but*



*because we have not explored that normally we just use it for using sake without paying any particular attention (CPSY 7).*

Photography enables clients to express their emotions, appreciate nature, stay positive, and discover new skills. Using photography, counsellors are able to access their clients' conscious and unconscious thoughts and feelings which may be hidden or forgotten; information which counsellors use to understand their clients better.

#### ***4.2.2 Advantages of Using Photography as Therapy***

##### **4.2.2.1 Alternative Form of Communication**

Drawings made by clients tend to express repressed thoughts and feelings. A number of photographs, paintings or drawings make it possible for clients to freely air their views after moments of silence or denial. Photography or imagery lowers anxiety surrounding communication and elicit higher rates of verbal communication. An anxious client uses photography as a means of verbalizing his feeling or emotions.

With CPSY 1, this is what was said;

*In contrast to verbal treatment, art therapy enables patients to process problems in a non-threatening manner and at a deeper level. Throughout this process, the client is free to use all of their senses, including sight, touch, hearing, scent, and speech. The likelihood that the information provided by the client will be accurate and that they will remember the information contained during the session is increased as a result (CPSY 1)*

With CPSY 5, this is what was said

*Having to meet clients with suicidal ideation and feelings of dejection, it is difficult for them to open up yet they really want to have a convo so you realize they make little or no verbal communication. I normally leave them awhile and give them a*

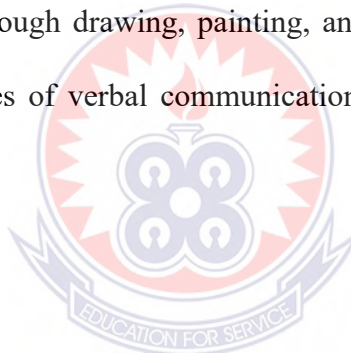


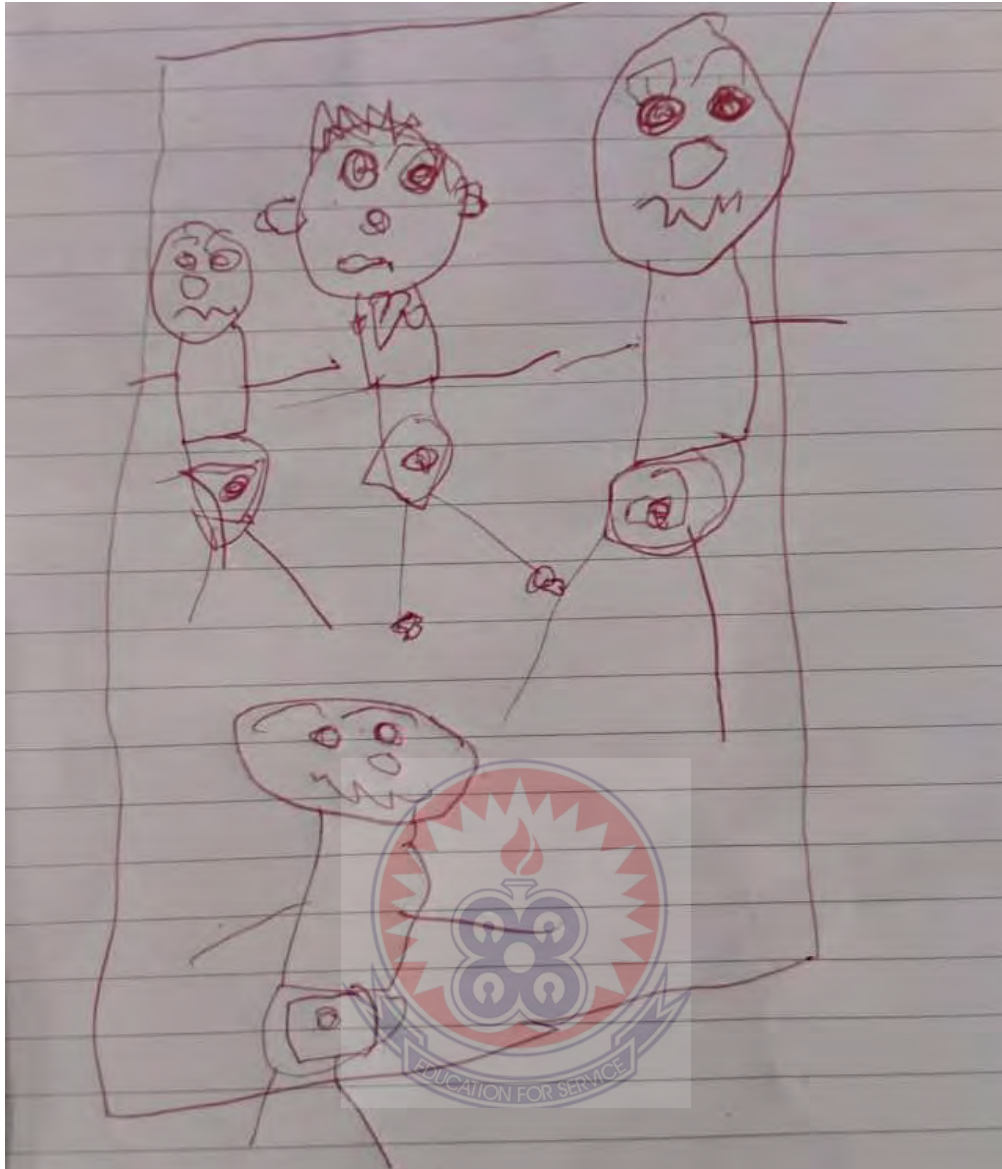
*sheet to do whatever they please with it. Without specific instructions, the outcome is mostly a drawing with an inscription. They tend to communicate via various emoticons. (CPSY 5).*

CPSY 9 has this to say

*Some times when it comes to children, they may sometimes not have the right vocabulary to appropriately express how they feel or things that they are going through. so sometime you can do what we call the "draw a person tests", where the person draws the family (Figure 4.1) or the any of the environments the person finds him or herself. (CPSY 9).*

Photography helps clients who have difficulty expressing their thoughts and feelings verbally. Counsellors through drawing, painting, and photographs can help to lower anxiety and increase rates of verbal communication, especially for clients who feel anxious or hesitant.





***Figure 4.1: A clients' drawing depicting "family"***

Source: Field data, 2022

#### 4.2.2.2. Examine and Analyse Memories and Experiences

Deducing from the codes, it was found that art as a therapy was valued by the participants. A number of counsellors were of the view that art is beneficial in counselling. They expressed the view that the different forms of art can have a healing effect on clients. The use of photography drawings and paintings which may aid an

imagination and envisaging an experience provides clients with the opportunity to see the beauty of life, while the focussing on and bringing out emotions they may have subsumed. The combination of the various pieces of arts from either relevant or irrelevant items to produce meaningful artefacts offers clients a therapeutic sense of rejuvenation.

Participant CPSY 4 stated that

*I think art is very beneficial in therapy because it also aids what we do aside the normal talking therapy that people know about. And you know, art comes in various forms. So, I think it has therapeutic value. There's a saying that music is food for the soul, even that statement alone, attests to the fact that there is value in the various forms of arts. And so, I believe that we can also incorporate drawings also to help our patients. It's of great value to us as clinicians (CPSY 4).*

With participant CPSY 2, this is what he said

*Art as therapy is very, very practical, and self-explanatory when you incorporate it in counselling in the sense that with the little knowledge of art I know, I believe it has value. For instance, the use of pictures, drawings, artistic materials etc. can speak volumes to the situation of the client. So, I value art therapy so much (CPSY 2).*

With participant CPSY 7, this was her perception about art as a therapy:

*Yes, I have eem! For me I think art is not only eem! Having aesthetic values, it has hidden values and eerh! In Psychology that is what we do, we heal people not of physical wounds etcetera but psychologically we heal them of trauma, views a lot of things that affect their psychological wellbeing so I believe eem! Art comes with what... hidden values or therapeutic values and so it's not only aesthetic ones so I have*

*quite some experiences with using certain art forms as part of my therapy. Oh yes! I have heard about it that some counsellors use art in assisting their client to develop new behaviours, yes, I have heard about it (CPSY 7).*

Clients and counsellors appreciate the value of photography for healing and expressing emotions. Photography helps clients to see the beauty of life and feel rejuvenated.

#### ***4.2.3 Challenges of Using Photographs as Therapy***

Using photography as a therapy is helpful for many clients, but some are not willing to try it. Clients feel they are not good at drawing and painting, or what others may think of their work. They therefore prefer to talk or be quiet about it. Counsellors also indicated the need for incorporating local elements into photography as a therapy.

With CPSY 12, this was what he said:

*Whenever you ask a client to draw, sketch images or make paintings, they either tell you they do not know how to draw or have nothing to draw. For those who manage to draw too, they mostly assume it's not nice because they have been forced to draw. The great thing is that my focus is not on the perfection of the image but the brain or reason behind such sketches. Moreover, the clarity of the image and the ability to deduce right information to some extent makes it easier for accurate predictions. (CPSY 12).*

CPSY 11 uttered the following

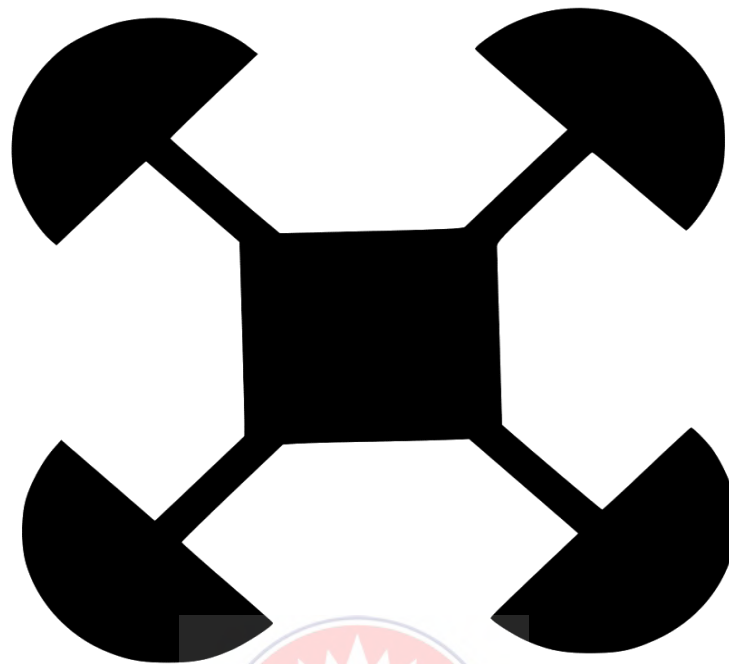
*I usually present moody clients especially those dissociating from reality with quite a number of images just to tickle thoughts. I remember a client once denied his ability to freely give meanings into the image because he is not good at guessing since he thought, he was expected to make an accurate (CPSY 11).*

To participant CPSY 9, there was need for incorporating traditional forms of communication, totems, signs, and symbols, in the therapeutic process. She stated that

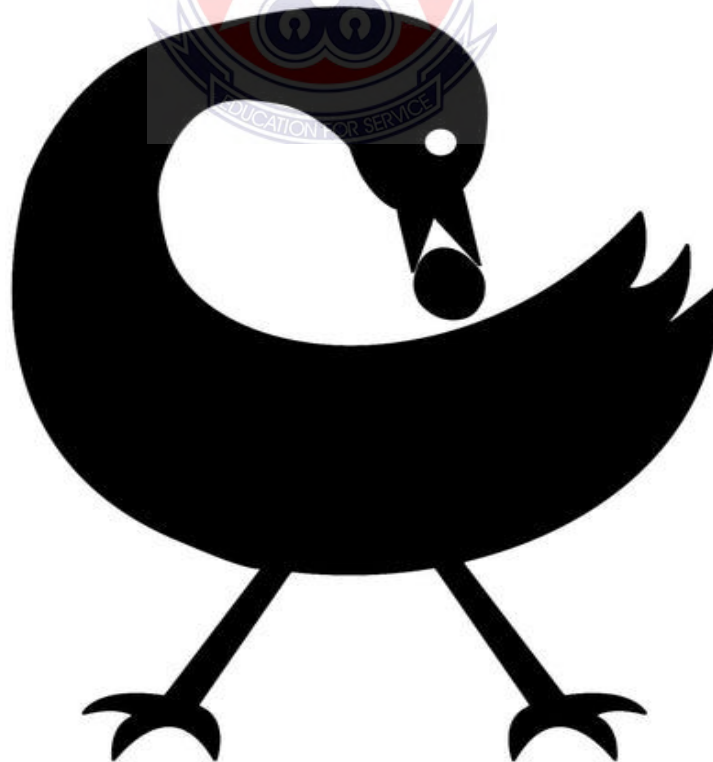
*I think it is time for people to go into other ways apart from our traditional ways of understanding behaviour. And how these are similar or different from the traditional ones that we know. And how that these theories can inform our ways of treating people. So, if for instance, we are talking about art forms, and traditionally, what are some of the art forms that we use to express situations around us. For example, in Akan culture, we have the adinkra signs and symbols (see Figures 4.2 - 4.11). And so even in therapy, how do we incorporate these? we can use the traditional ways of knowing or traditional ways of teaching some form of wisdom? And so how do we incorporate these? It is not always about negative thoughts. It is not always about cognitive stuff; it is not always about the specific thinking. But also, our traditional ways of knowing are traditional theories, culture beliefs and things. And how these can be embedded in the therapy that we use (CPSY 9).*

Some individuals, often adults, may be hesitant to engage in an expressive modality in therapy because they believe they are not “creative” or cannot produce something that is “artistic.” Therapists initiating expressive activities as interventions may encounter resistance to participation by clients who perceive themselves as unable to use

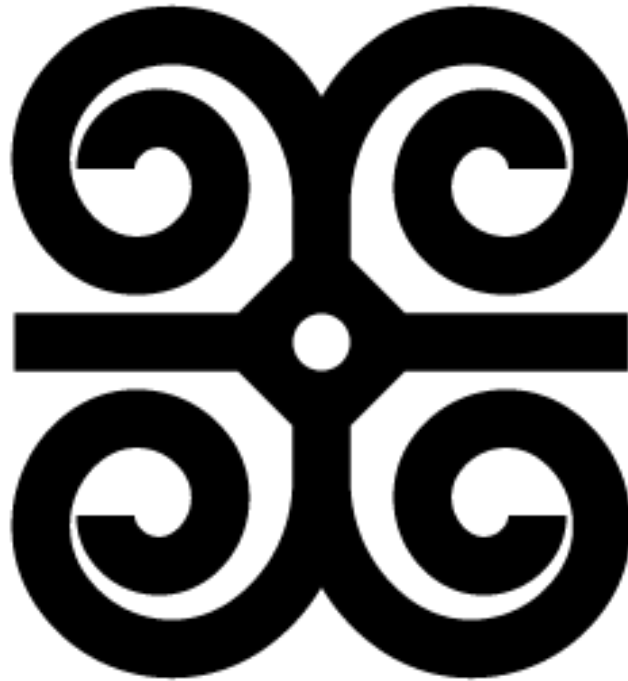
imagination, who are anxious about self-expression, or who are resistant to active participation.



*Figure 4.2: Akoma ntoaso – hearts linked by understanding and agreement*  
(Adinkra Symbols and Meanings, n.d)

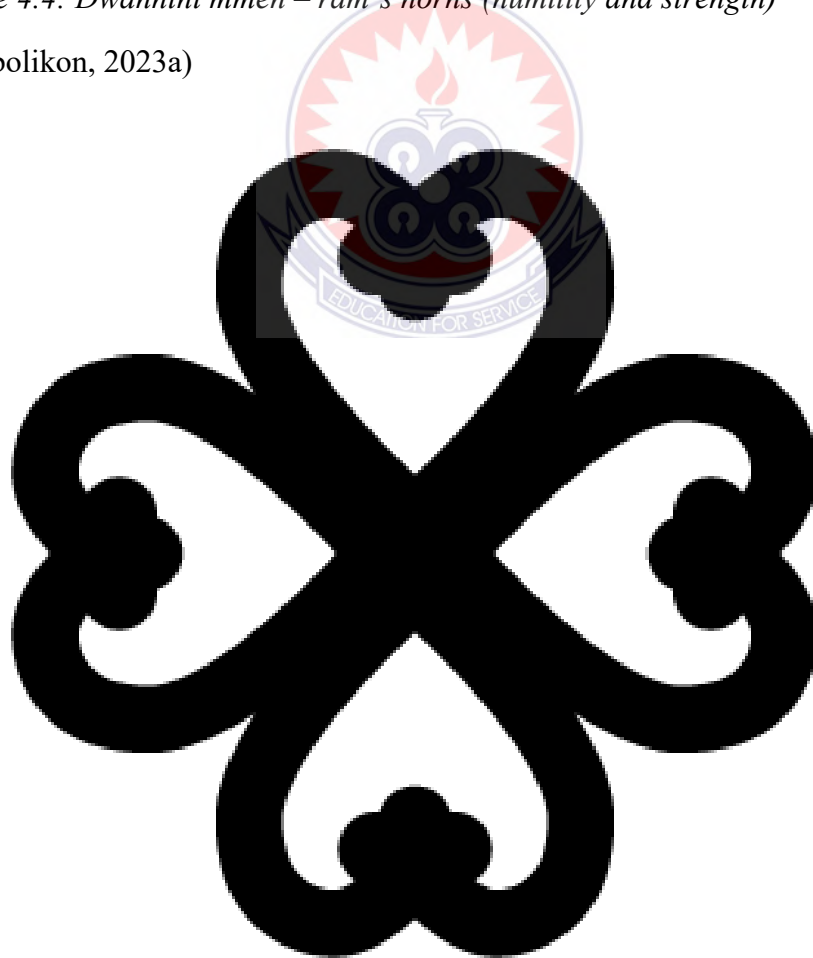


*Figure 4.3: Sankofa – the past is important for the future*  
(Tribalgh, 2022)



*Figure 4.4: Dwannini mmen – ram’s horns (humility and strength)*

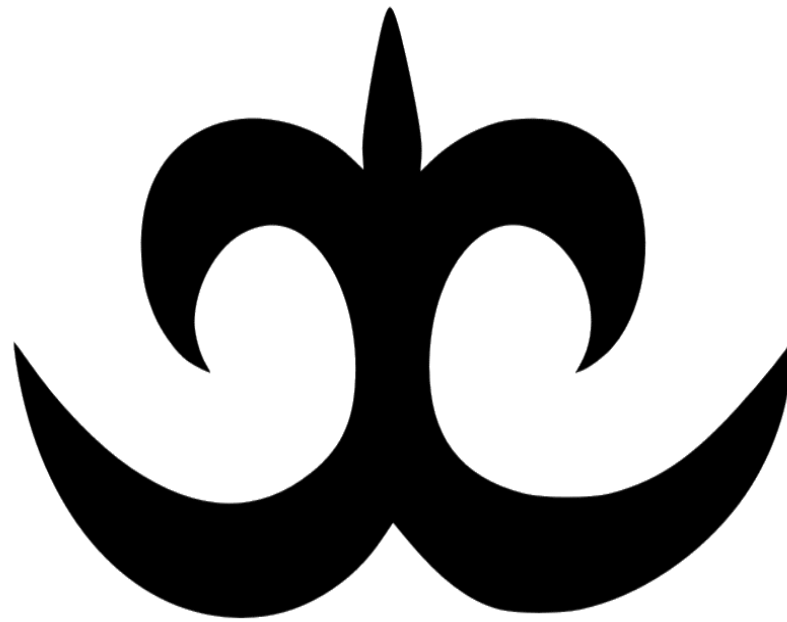
(Symbolikon, 2023a)



*Figure 4.5: Nyamedua – Tree of God (presence and protection)*

(Symbolikon, 2023b)



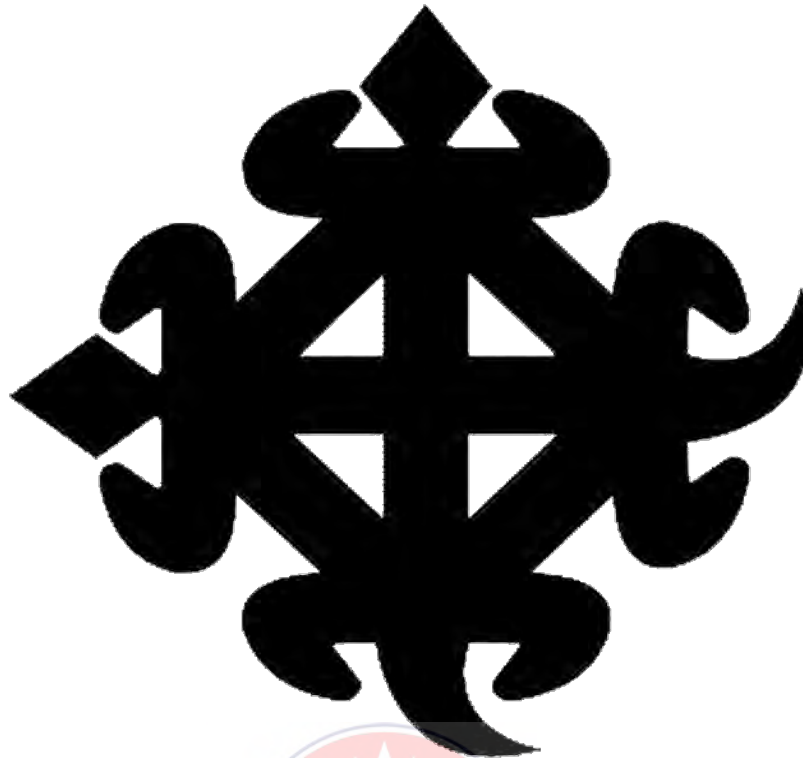


*Figure 4.6: Akokcbaatan nan tia ne ba a enkum no – Nurturing and discipline*  
(Kasahorow, 2017)



*Figure 4.7: Fihankra – security and safety*  
(Symbolikon, 2023c)





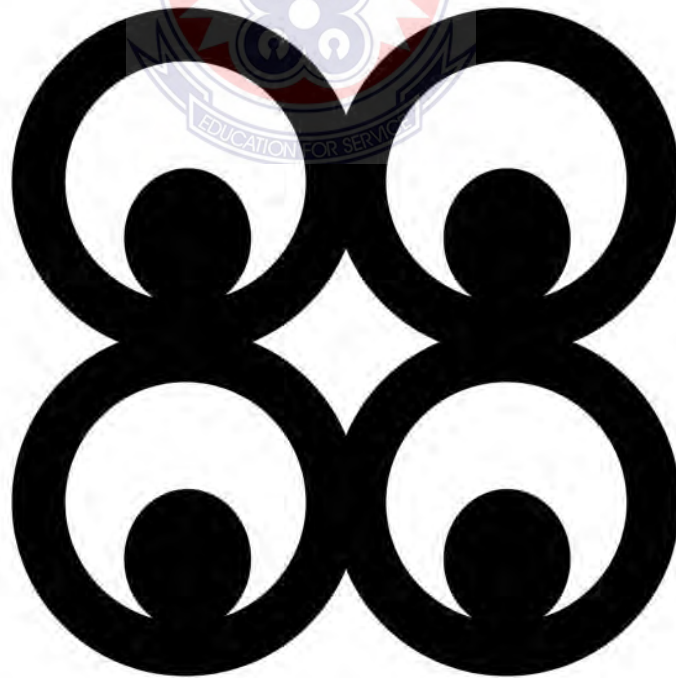
*Figure 4.8: Afuntunfunafun Denkyenfunafun (Siamese crocodiles) – democracy and unity*  
(Symbolikon, 2023d)



*Figure 4.9: Nea onnim no sua a ohu – perseverance, service and hard work to acquire knowledge*  
(Symbolikon, 2023e)



*Figure 4.10: Gye Nyame – supremacy of God*  
(Symbolikon, 2023f)



*Figure 4.11: Ntesie / Mate masie – wisdom, knowledge and prudence*  
(Symbolikon, 2023)

#### ***4.2.4 Discussions on Use of Photography as a therapy***

The use of art as a therapy is valued by the participants. Findings revealed that the use of photography drawings and paintings which may aid an imagination and envisaging an experience provides clients with the opportunity to the beauty of life while they focus on and unveil subsumed emotions. In alliance with Betts and Groth-Marnat (2014), Campbell et al. (2016), Dilawari and Tripathi (2014) and Secker et al. (2017) postulations, feelings and emotions, thoughts, and experiences are depicted via the visual stimuli in a created work of art. Art therapy is a tool for nonverbal processing in therapeutic sessions with clients to give meaning and understanding to fluid emotional experiences. Counsellors and therapists are able to deduce meanings from non-vocal expressions through photography and provide their clients with the needed assistance. Clients who may have challenges verbalizing their experiences due to the emotion associated with a piece of information mostly make use of creative arts (photographs, drawings, sculptures, or paintings) in their communication. Supporting this argument, Akrim and Adhani (2021), Guy and Rogers (2022), and Zolyomi et al. (2019) identify photography as an alternative form of communication for sensitive emotional issues, thereby a decline in anxiety.

Photography may be said to be an expressive way of telling stories via the use of collage. On the contrary, these stories may unravel repressed emotions which may be a contributing factor to the clients' challenge; a step away from the success of the therapy. These subsumed or repressed emotions if unidentified make it difficult to deal with the client. The results validate findings from Choi (2021) and Hosseini and Padhy (2022) that images can be used as windows into representations of the unconscious and can also reveal specific thought perceptions and distortions that would be important to target in therapy. Progressively, the unconscious motives, thoughts, perceptions, and

distortions are identified to have emanated from an individual's experiences and memories, therefore, a need for examination and analysis after which there is an introduction to coping skills. Affirming the finding elucidated, Baden et al. (2019), Filieri et al. (2021) and Robinson (2022) mentioned photographs in assisting the revelation of hidden emotions which directs therapeutic process and make suggestion for coping skills. Photographs and visual images or painting works serve as records of ideas and imagination as well as a way of exploring feelings and experiences over time while it lessens anxieties supporting findings by Eaton and Tieber (2017) who established that reading and drawing as an art remain therapeutic while it lessens anxieties after examining the effect of group art therapy on the anxieties of children.

The results also pointed out client's feelings of inadequacy as another challenge to the successful implementation or usage of photographic elements or materials during therapy. Clients who are unappreciative of creative arts found it difficult to cooperate with counsellors during counselling sessions. Relating to literature, this finding is in tandem with that of Wood et al. (2011) who states that therapists initiating expressive activities as interventions may encounter resistance to participation by clients. Their attitudes were mostly informed by their feelings of inadequacy hence a lack of interest to partake in creative activities since they perceive themselves as unable to use imagination and anxious about self-expression. Some individuals, often adults, may be hesitant to engage in an expressive modality in therapy because they believe they are not "creative" or cannot produce something that is "artistic" whereas counsellors may demonstrate ineptitude in interpreting expressive arts like drawings and paintings thereby projecting their own conclusions about content which causes them to sometimes miss their clients' intended meanings as argued by Backos (2022), yet congruent with Williamson et al. (2021) positing that if a patient has low self-esteem,

they might get the idea that they are not talented or equipped enough to try art therapy. The inadequacy lied with the therapist as well. The findings of this research work affirm that of Backos (2022) which state that, with client-created drawings and other art expressions, practitioners may be tempted to project their own conclusions about content, sometimes missing their clients' intended meanings.

### **4.3 Counsellors Use of Dance as Therapeutic Intervention**

The third research question sought to provide insight into experiences of counsellors in the use of Dance as therapeutic intervention in working with clients. Responses of the participants from the Section C(iii) of the interview guide provided answers to this research question. The following themes and subthemes emanated from the interview session.

#### **4.3.1 Experiences of Counsellors**

This theme is about the experiences of counsellors in using dance as therapy with clients. Dance as therapy helps clients feel more connected and happier, and motivated to join social activities and enjoy life. It also helps to reduce stress and depression.

With participant CPSY 5, she had this to say:

*Yeah, they are also good forms of therapy particularly dance in a situation let take depression, severe depression where the person you know has eerh! is so dull cannot move and is always withdrawn you use that to what, livening the person but it's also good for elderly I know those who counsel elderly people. Gyniatrics counseling, they use dance therapy (CPSY 5).*

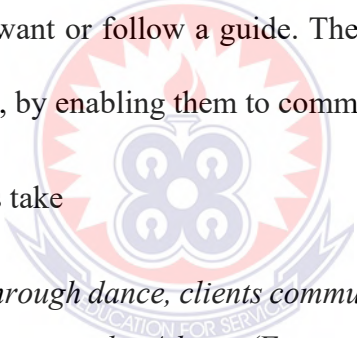
Dance therapy may be individualized or in a group. It may take the form of choreography. A dance session encourages rapport building and communication skills between members. Dance therapy does not seek perfection nor the beauty of an action but rather the ability to introduce fun-filled movements that may reduce tension and feelings of depression. Depressed individuals mostly do not take delight in social activities hence motivating the involuntary client to participate in a dance therapy is effective in reducing depressive symptoms.

### ***4.3.2 Advantages of Using Dance as Therapeutic Interventions***

#### ***4.3.2.1 Improves Non-verbal Communication***

Dance therapy uses music and movement to help clients with their emotions. Clients can dance however they want or follow a guide. The participants indicated that helps the clients body and mind, by enabling them to communicate without words.

With CPSY1, this was his take



*Through dance, clients communicate with their movements. For instance, the Adowa (Figure 4.12), Kete (Figure 4.13, Figure 4.14), Bamaya (Figure 4.15), Agbadza (Figure 4.16) and Kpalogo that they engage in involves non-verbal communication. So, if I employ dance as therapy for my clients, it helps them to communicate their feelings (CPSY 1)*

Similarly, CPSY 12 stated that

*An easy intervention is to have the client externalize what they are feeling, their thoughts, or perceptions by dancing them out. Therefore, they can process and make decisions about how they want to cope with the situation; which may be to do more art work (CPSY 12)*

Movements as part of dance therapies do not occur in a vacuum; it is done alongside a rhythm or music. Clients have the opportunity to freely dance and/or engage in guided dance sessions (either one-on-one or in a group/choreography). Guided dance sessions do not focus on the movements only but the meaning attached to a movement, its timing, and the location for such. Clients undergoing dance and movement therapies do not benefit from the physical fitness and exercising of muscles but rather improve their non-verbal communication skills.







*Figure 4.12: Adowa dance*  
(Dagrine, 2019).





*Figure 4.13: Kete dance\_1*

(Lizkwae, 2019)



*Figure 4.14: Kete Dance\_2*

(Brightt, 2021)





*Figure 4.15: Bamaya dance*

(Playing for Change Foundation, n.d)



*Figure 4.16: Agbadza dance*

(Alorwu, 2017)

#### 4.3.2.2 Improves Self-esteem

Dance therapy paves way for clients to open up about issues that are bothering them. Mostly, this therapy is applied to individuals who have a negative perception about their physique. CPSY 8 stated that

*Dancing increases self-confidence and self-esteem by providing an expressive outlet and the opportunity to learn something new and fun! Whether it is through clients toning their body, mastering a new move, or just building up the courage to ask a new person to dance, dancing provides many avenues for boosting self-confidence (CPSY 8).*

Dance therapy assists individuals to regain body awareness as they appreciate their bodies and put it to meaningful dance move. There is an incline in the self-esteem of such clients.

#### 4.3.2.3 An Outlet for Unconscious Memories

When the mind and body are reunified as a working whole, the individual gains understanding about bodily responses to environmental triggers, and learn to understand the meanings behind their behaviours. Individuals become whole as the attention is on both the outer physical state and the inner emotional state. They start at their own level of need and over time progress to an extension of self as they work with others (Xie et al., 2019). Through the guidance of the therapist, individuals are able to seek self-discovery (Ingram, 2013). Similar to the way dance teachers nurture and support the dancer, the therapist creates a “safe container” for the growth of the client.

With CPSY4, this is what he had to say:

*Art can help clients expand their own coping skills by giving them a means of expression or an outlet. Clients can use art as*

*a part of their decision-making process in determining whether to cope negatively or positively. An easy intervention is to have the client externalizes what they are feeling, their thoughts, or perceptions by dancing them out. Therefore, they are able to process and make decisions about how they want to cope with the situation; which may be to do more art work (CPSY 4).*

Dance therapy enables counsellors to assist clients discover themselves in a safe and supportive environment. helps clients to reconnect their minds and body, and to understand their emotions and behaviours better.

### **4.3.3 Challenges of Using Dance as a Therapeutic Intervention**

#### 4.3.3.1 Infrastructural Deficits

Respondents identified lack of appropriate environments, inadequate facilities, and space as a shortfall in practicing dance art therapy. For effective practice of dance therapies, counsellors need an enabling environment that allows them move away from the consulting room for such therapies.

With participant CPSY1, this was what she said:

*Sometimes the setting in which we work do not allow us to... you know eerh! actively use and explore that because you are in a therapy room maybe in a hospital setting, interim setting and you know you don't use the room alone or there are people in the same floor or room with you and so even if a session is ongoing, it become a nuisance to other colleagues (CPSY 1)*

With participant CPSY5, this was what she said:

*The difficulty is mostly seen when dealing with problem children and group therapies. the office is not spacious enough to accommodate all the clients for group session. Some clients who*

*may be aware of what is going on may think their time is being wasted hence the dance session should be postponed (CPSY 5).*

It revealed that dance therapy requires an unoccupied room or a large opened space. A conventional therapeutic setting makes no provision for dance sessions but rather encourages clients to engage in dance sessions on their own.

#### 4.3.3.2 Inappropriate for the Physically Challenged

Therapy is embracing individuals of all nature. Some dance studios are not accessible or inclusive for people with disabilities. Physically challenged clients may have difficulty with balance, coordination, or flexibility and experience pain, fatigue, or reduced range of motion.

With participant CPSY 7, this is what was said:

*Dancing is enjoyed by everybody. Even when the person doesn't know how to dance, he enjoys watching others dance but it is difficult to engage individuals who are without limbs or have impaired limbs in a therapy. It becomes challenging to both clients and counsellor since the empathic nature of the counsellor makes it difficult to overlook the shortcoming (CPSY 7)*

With participant CPSY 4, this is what was said

*One discomforting moments, I think will occur, is having a client without limbs and asking him to perform certain movement. The danger is that a counsellor or therapist may be tempted to avoid such modality just to please the client although modifications can be made to suit clients' predicament (CPSY 4).*

Since therapy via dance or movement involves the usage of the limbs, it places the physically challenged at a disadvantage hence their inability to participate in



movements but rather observe others in active participation. However, this brings to the memory of physically challenged clients and their pleasant experiences.

#### 4.3.3.3 Lack of Confidentiality

Group dance therapies which allow for an increase in the understanding of emotions, and provide a safe space for communication may not see this goal materialize since some clients may seek utmost privacy about their issues rather than being shared with others. When clients feel safe and secured to disclose personal information, participation during therapy reaches its peak.

CPSY 12 stated that:

*Many patients enter treatment with significant levels of anxiety about being judged, being in danger, or being misunderstood. In order to help them feel completely safe, in control, and able to depart from the past, it is crucial to develop that professional relationship as soon as possible. The ability to think creatively will suffer without developing a rapport. Yet, since the work does not involve verbal interchange, it is less intimidating, and it allows for humour during the session, art can aid in the development of connection (CPSY 12).*

With CPSY 6, he had this to say

*A client once had to question my reputation on the count of privacy and confidentiality. He asked, what is the assurance that you will not use me as an example to others? Because even if you don't mention my name, my issue might be out there. After assuring the client, he went on to express worry about another person who may be in the dance class but can't keep secrets to himself. I had to side with her because as a counsellor I cannot monitor nor regulate some patient activities outside the counselling centre (CPSY 6).*

Dance as therapy involves exposing one's body and emotions to others, which makes some clients feel vulnerable or uncomfortable.

#### ***4.3.4 Discussion on Use of Dance as Therapy***

The usage of dance movements during therapy resulted in heightened moods and feelings of liberation. Dance movement therapies improve one's cognitive functions as they reported a decline in feelings of anxiety and tension. Anxiety when experienced may have an impact on other aspects of an individual's life. It is therefore imperative to agree with avowal by Gussak (2017) which mentioned the effectiveness of art therapy in improving mood, socialization, problem-solving abilities, and locus of control in either alone or in a group. Participants indicated that the use of dance art as a therapy helped in the process of recovery from psychological problems like anxiety. The findings aligned with the studies by Snyder et al. (2021) which suggested that art therapy can help healthcare professionals reduce levels of stress, anxiety, and burnout connected to their work.

Some people may have low self-esteem due to how they regard their physique and the quest for perfection. This is mostly common among adolescents whose bodies are undergoing the transitioning phase of life or fat young adults who are engrossed about idealization. The acclaimed imperfection of their bodies deters such individuals from associating and engaging in productive activities with their peers leading to isolation. Dance therapy allows for the exploration of an individual's body and keep them cognizant of the best ways of utilizing the various parts of the body. For example, a slender individual may perform well when engaged in dance moves such as salsa or barley. On the contrary, a weightier individual remains a perfect fit for indigenous dances such as borbobor, kete and adowa. Connecting with Dunphy et al.'s (2014) suggestion that DMT model is a perfect therapy for individuals with perceived negative



body image, it can be opined that DMT results in a positive change from the exploration of one's body. The finding that involvement in dance therapy acts as a way to let off steam, deepens knowledge of thoughts, and creates a secure environment for relationship and conversation is congruent to findings by Reed et al. (2020), which indicate how varying degrees of support of art therapy can improve behaviour functioning, increase self-esteem, inspire engagement with others, and significantly decrease anxiety and depression.

Various movements have diverse meaning depending on the setting it was presented. Individuals are thought to communicate via DMT. This is mostly applied in group sessions when two or more clients are expected to perform a dance together. Since the movements are sequenced and may be dependent on one part or the other, clients are expected to communicate without vocals. In the expression of non-verbal cues, clients improve their non-verbal communication skills which serves as a plus for daily living. An individual is said to have achieved this skill to mastery when his focus during the therapy lies not on exhibiting perfect dance skill but rather his ability to accomplish a task in relation to the therapeutic objective. This is a confirmation to Zichi's (2015) argument that the end concept is centred around the individual making sense and meaning of the movements rather than having the correct steps or skills.

Dance movement have meanings and connotations attached to it. Clients scheduled for dance therapy are not engaged solely in the practical sessions but it is coupled with some theoretical perspective as a form of enlightenment. Expectations are that clients should possess the ability to interpret his dance moves and that of others. The interpretation given although not accurate leads to self-awareness, therefore shunning certain defence mechanisms yet adjusting to societal norms and personal values. This is akin an avowal of Baskerville (2019), Beardall (2017) and Leek (2019) that through the guidance of the

therapist, individuals can seek self-discovery thereby letting go of their cognitive defences and attune to their bodies sensations and needs. In the process of self-discovery, hidden and partially forgotten information, experience, perception and ideas while lie with the subconscious of the individual is brought to light. Individuals get acclimatized to reality as they make rational decisions.

Respondents identified lack of appropriate environments, inadequate facilities, and requisite artefacts as a shortfall in practicing art therapy. For effective practice of art therapies, counsellors need an enabling environment that allows them move away from the consulting room for such therapies. Revelations from this study corroborated with arguments of Moon (2017) and Secker et al. (2017) emphasizing a decrease in the effectiveness of the therapeutic process since clients may not experience its benefits if there is no proper workspace where the client can focus without distractions. Secker et al. (2017) pointed out that art therapies must be undertaken in an area possessing the requisite artefacts and materials with privacy since the discussion with clients involves one's thoughts, feelings, and other personal questions as part of the therapeutic session. The results of the study revealed that laboratories, art galleries, site viewing and theme serve as recreations which can be incorporated into therapeutic or counselling centres to enable clients have a complete access without distractions during sessions.

Dance therapy requires a spacious environment for effective practice. In alliance to Ray's (2022) postulation that dance therapy requires an unoccupied room or a large opened space: this premise ought to be free from distractions. There must be a schedule to guide and regulate use of the premise in order to minimize schedule conflict. An existing and available dance therapy premise in schools reduces continuous postponement of therapy sessions because an administrator does not approve a room for the school counsel or. The therapy room should not be confined to dance space but must

include space and seat for observation by other clients who may need the observation as part of the therapeutic process hence provision for individuals with special needs such as autistic individuals and physically challenged. Owing to movement and dancing, there is the need for cognitive and psychosocial expression in psychotherapy: physical limitations may impair an achievement during the session. The findings corroborate with May et al. (2021) and Strassel et al. (2018) who posited that dance therapy as a technique may be difficult for students with physical disabilities to relate to. It is worth noting that moments of observations may arouse feelings of despair even though they appreciate the acts of other individuals who are without any form of disability.

At group dance therapies, clients are expected to air their challenges although counselling thrives on confidentiality yet individuals are not assured of their issues remaining within the confines of therapeutic centre. This view upholds that of Gysbers and Henderson (2016) that confidentiality may be a problem in dance therapy. Since clients are guided and taught how to ascribe meanings to movement, clients begin to explain what certain moves mean to them, or what they may have encountered currently or in the past. Nonetheless, possibilities of information not remaining within the confines of therapy room causes clients to withhold information during therapy sessions. The findings are in tandem with Juuvonen et al. (2014) besides Koch et al. (2017) who asserted that understanding what is discussed or presented in the group could possibly be leaked out thereby causing students to limit their disclosure in sessions.

In alignment with Stephenson's (2013) position that most people still regard dance as a hobby or a talent rather than something that could be therapeutic, some other clients especially those who were not open to experience regarded it as a waste of time. As a

result of their ignorance, patients or their support system might decline art therapy to be part of the treatment plan (Dilawari & Tripathi, 2014). Clients regarded counsellors who infused art therapies into counselling sessions as trifling confirming that not a lot of people see the relevance of art therapy as a profession (Maujean et al., 2014)

#### 4.4 How Counsellors Use of Drama as Therapeutic Interventions



*Figure 4.17 Potholes play by Nii Commey*

(Akyeampong, 2019)

The final research question sought to provide insight into experiences of counsellors in the use of dance as therapeutic intervention in working with clients. Responses of the participants from the Section C(iv) of the interview guide provided answers to this research question. The themes and subthemes emanated from the interview session are presented and discussed below.

#### **4.4.1 Experiences of Counsellors**

Counsellors through drama as therapy enable clients to act out stories and scenarios; thereby helping the client to be healed. The form of drama therapy mostly used is comic fictions, and recorded stage plays. CPSY 5 for instance noted that:

*Children are more open to the art experience. Teen is often more receptive than adults. I often need to establish trust and rapport with adults before introducing art therapy, unless they come to me specifically for that reason. Drama therapy is frequently a safe way to bond and begin therapy with children, but can be the opposite with adults. I mostly use comic fictions, puppetry, and recorded stage plays such as Potholes (see Appendix 4d) I often refer to an intervention as an “activity” rather than as “art therapy” intervention. (CPSY 5).*

Majority of adult clients do not ascribe to it since they regard the counsellor’s method as inconsequential to their distress. Most counsellors realized its appropriateness for adolescents and children.

#### **4.4.2 Advantages of Using Drama as Therapy**

##### **4.4.2.1 Correctional Behaviours**

Dramatic play allows youngsters to express themselves (nonverbally), attain control of their ideas and emotional states, and fully comprehend somebody else. Drama therapy employs a variety of methods, such as role-playing, narration, puppet play, and theatrical game consoles. These are intended to create a space for children to play in an imaginary universe.

CPSY3 stated that

*Often children don't communicate their feelings and thoughts through only words. They have another language – that of play*  
(CPSY 3)

Although, play occurs in a dramatic ("as if") reality, actions, opinions, and sentiments can all be real. As a result, there is both a separation and a correlation between drama and everyday living. Drama therapy is used to promote understanding of one's own behaviour and others'.

#### 4.4.2.2 Promotes Group Participation

Utilizing drama therapy is often able to improve clients' interpersonal relationship skills through active participation in things like solving a problem, achieving catharsis, understanding the meaning of personality resonant images, exploring, and transcending unhealthy personal patterns of behaviour and interpersonal interaction. It also helps clients develop greater self-esteem through drama exercises that let them express themselves in a safe and validating environment and by giving them an alternative way of communicating and expressing their fears and other difficult emotions.

#### ***4.4.3 Challenges of Using Drama as Therapy***

##### 4.4.3.1 Ignorance and Therapist being Misunderstood

The relevance of therapy is acknowledged by a vast population yet a handful remains knowledgeable about the various forms therapy take. This occurrence usually creates a misunderstanding between the parties involved, hence, reluctance on the part of the counsellor especially if drama is the most appropriate means of handling a situation. CPSY 12 for instance stated that

*Sometimes my clients misunderstand the role drama plays in their relaxation. They think that they enjoy drama at home or at*



*the cinema, and so if they want to see a counsellor for solution, it should be anything but drama. (CPSY 12)*

Some clients are unaware of the benefits of drama as therapy. They therefore do not consider it as a viable option for their situations. They undermine the credibility and reputation of drama as therapy.

#### 4.4.3.2 Lack of Training

Some counsellors do not have adequate training or qualifications to practice drama as therapy. They may lack the necessary skills, knowledge, or experiences to use drama techniques appropriately and safely with clients.

With participant CPSY2, this was given:

*No formal training, but with my art background and counseling background fused together I'm using art as a therapy but I would love to have a perfection in art therapy (CPSY 2).*

Participant CPSY3 had this to share:

*I would always advocate that therapist should undergo training because if you don't have the needed or necessary skill to use it you might end up worsening the plight of the client so if there is any opportunity then you should undergo training before you can use it. Aside, eeemh! It should also be a component for counsellors who will also want to use art in their work so if they are exposed to art therapy in their various course of study, I think some will also will be... interest to specialize in art therapy that is what I will (CPSY 3).*

Even though being artistic may be a talent, it is a skill that can be learned. Respondents indicated that apart from recommending movies, using drama as a therapy during



counselling sessions has not been smooth and without challenges. Counsellors must undergo training or take professional courses to acquire necessary skills for the effectiveness of therapy.

#### ***4.4.4 Discussion on Use of Drama as Therapy***

Drama as part of art therapy constitute role play, comic actions or theatrics which is enjoyed by all. Nevertheless, findings of this study corroborated with the claims of Lievova (2015) and Nouri (2015) that although drama therapy is practiced widely with adults and elders, it is of distinctive advantage to children and adolescents because Berghs et al., (2022) find their modes of expression as frequently less vocal, more whimsical, and creative than those of their older peers. Through performances either drama or role play can be used in art therapy. As Fozooni (2020) mentioned, CAT makes use of drama, role-playing, drawing, painting, and sculpture as therapeutic tools of which drama and/ or role playing may cause humour. This is mostly beneficial to the anxious or depressed clients. A depressed client may express humour when exposed to some expressive writings which may constitute a poetry or comic expressions. Individuals who may be depressed or express cognitive distortions have trouble expressing positive emotions.

Revelations from participants of the study indicated that older individuals usually allow their challenges overwhelm them, hence, their inability to express gladness or joy. The use of humour or comic fictions allows them a bit of relief through performances that are hilarious. These findings corresponded to declarations by Kim (2013), stating that art therapies led to an improvement on various aspects of the emotional state and have a beneficial effect on older individuals who are coping with a variety of challenges in their lives. The chosen art is to be determined within the

context of the participant's life and the issues at hand. However, Lepper and Greene (2015), and Hughes (2021)) suggested that the use of role play or drama is also provocative despite its rewarding effect.

While focusing on how efficacious drama therapy can be to children, the study revealed that consistent role plays opportune clients to overcome social phobia as they take on the art of public speaking while warding off timidity. Children after focusing and successfully completing their tasks have feelings of accomplishment which D'Amico and Lalonde (2017) mentioned to boost the self-esteem of these children. Such children after a while will not seek complete approval for taking on tasks but have confidence in their abilities. Subsequently, children who have a high self-esteem are relentless in group activities. Confirming Canevska and Akgun's (2022) position, self-esteemed individuals gain progressive recognition of feelings in others, unconventional uniqueness, new abilities for following directions, advanced capacity to engage with peers, and increase self-assurance through success. The success of clients who undergo dance therapy include internalizing appropriate and inappropriate behaviour to deal with their maladjusted behaviours which Schottelkorb et al. (2020) mention to be developed through learning and practicing their social skills.

Moreover, findings of the study pointed out that non-vocal clients who require drama therapy may resort to the use of cinemas rather than acting out a behaviour since the drama on the scenes present themselves amusing as it presents the right behaviour to the client. This aligns with claims of James et al. (2020), as well as Raballo et al. (2021), that drama therapy pays no attention to the justifications and renunciation but rather getting right to the behaviour.

In addition, art therapists are misunderstood or set aside due to lack of information on their specialty (Backos, 2022) which could give an impression to an art therapist the feeling of being ignored or not valued in their specialty. Ignorance on art therapy is a huge factor, which applies to other fields of expertise too. Somehow, it is difficult to guide someone who doubts your skills and guidance. Also, the treatment will not work if the method is unapproved by the patient concerned (AATA, 2020). As a result of ignorance, therapists may have emotional challenges about their career choice which is a hindrance to their job as an art therapist (Kometiani, 2019).

#### **4.5 Summary of Discussions**

Music is regarded as soothing piece that has the ability to deal with uneasiness, depression, and pain. Based on the relationship with the client, counsellors mostly determine the kind of music to select. Clients are at certain times expected to make improvisations and enjoy the piece of music made. The use of music aids counsellors to grab clients' attention and distracts them from stimuli that may lead to negative experiences. It is also involved in the analysis of musical syntax and musical meaning as clients are encouraged to reflect on personal issues that relate to the music, or, associations that the music brings up. In addition, clients are able to connect and make sober reflections when the lyrics of the music is in a language they understand and provides room for clarity of expression. However, the use of music for therapeutic interventions may rather cause a retrogression since some lyrics may trigger negative emotions or experiences. This turns out to hinder the therapeutic process as some clients may regard the period of listening to music as irrelevant or a waste of time. Some

drawbacks of the music therapy include resistance, countertransference, uncondusive environment, and resuscitation of repressed emotion.

Clients may resist music therapy due to overstimulation which may produce unpleasant sound or may be as a result of dislike and disapproval of the genre of music. The success of music therapy is hindered when there is little space meant for solo time and reflection. The therapeutic environment becomes unsupportive if distractions and noise exist within the setting. Although the therapist's mandate is to ensure an adjustment or adaptive behaviour, he may be susceptible to transferring certain unconscious emotions unto his clients. This is likely to happen when therapists shy away from attending to their own issues and challenges. A wide variety of songs may be used with this therapy and selection of these songs are primarily and typically based on the individual characteristics of a person or a group. The type of music chosen and its lyrics has a direct connotation and psychological effect on the client. However, it must be noted that not all clients may possess the dexterity to use the lyrics positively. The usage of lyrics may cause some clients to be reflective on issues while others may begin a process of grief. It is imperative to allow them go through their grief as a process of recovery or healing.

The use of photography for therapeutic interventions transcends beyond the use of pictures but constitutes the use of imagination, a tool for painting and drawing. Photography serves as an alternative form of communication while assisting clients examine and analyse their memories and experiences. In essence, the images can be used as windows into representations of the unconscious. Images also divulge particular perceptions and distortions that have relevance to the therapeutic process. Most often, individuals recommended to partake in painting, drawing or collage activities feel inadequate due to a personal lack of interest in artistic expressions. In addition, some

counsellors do not subscribe to photography due to their ineptitude in providing accurate meanings to pictures or drawings, hence their inability to tap into the unconscious of their clients.

In spite of movements being regarded as a norm, dance movements remain commendable for individuals with low self-esteem. The introduction of dance therapy appears jovial and out of league to adults. However, group dance therapy ensures maximum participation as clients release stress, alter depressive moods, and improve upon their non-verbal communication skills. Dance therapy is either guided or unguided. Unguided dance sessions allow for unrestricted expressions to alleviate mood disturbances through which unconscious memories are made bare. Nonetheless, guided dance sessions accompanied by rhythms and music enables clients and therapist to interact non-verbally. A major limitation to dance therapy is the unavailability of a specialist and inadequate infrastructure or space, a deterrent to clients' participation and inclination. Dance therapy requires an extra space away from the traditional therapy centre. Moreover, the dance therapy sees no fruition when it involves the physically challenged. Individuals with such special needs may only benefit from dance therapy via observation and not participation. Dance therapy however, does not encourage disclosure in its entirety because majority of adolescents may feel unsafe if their issues or challenges are made known to others or cited as example.

The use of drama is underestimated by quite a number of adults as they opined that it needs not be carried out or guided by a therapist for its usage whereas other adults are more concerned about the age appropriateness associated with the use of drama therapy. Since drama encourages individuals to act out certain behavioural tendencies they intend to discard or possess, individuals master the art of self-expression and the art of public speaking. Through the drama, individuals are able to recognize feelings of others

and improve their communication skills. Inadequate infrastructure and timing are the drawbacks of using the drama therapy. Since the counsellor may have other clients to attend to, the objective for a therapeutic session may not be achieved whereas there may be a need for a separate facility for such practices which may require another specialist. Nonetheless, stage plays or comic movies could be a substitute when dealing with emotional disturbances.



## CHAPTER FIVE

### SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.0 Overview

This chapter presents the findings, conclusions, and recommendations of the study. The summary of the findings corresponds to the research questions, which were designed to explore counselling psychologists' experiences in the use of art forms (music, dance, photography, and drama) as therapies in handling clients' issues.

#### 5.1 Summary of the Study

The primary purpose of this study was to explore counsellors' experiences in the use of art forms as therapy in handling student's issues in selected public universities in Ghana. The study sought to examine counselling psychologists' experience about various forms of art as therapy, evaluate the benefits counselling psychologists derive from employing the various forms of art as therapy and the challenges associated with the use of arts as therapy. The objectives of the study were to explore the experiences of counsellors in the use of:

1. Music as therapeutic intervention with clients.
2. Photography as therapeutic intervention with clients.
3. Dance as therapeutic intervention with clients.
4. Drama as therapeutic intervention with clients.

Consequently, the study was guided by the following research questions:

1. What are the experiences of counsellors in the use of music as therapeutic intervention in working with clients.



2. What are the experiences of counsellors in the use of photography as therapeutic intervention in working with clients.
3. What are the experiences of counsellors in the use of dance as therapeutic intervention in working with clients.
4. What are the experiences of counsellors in the use of drama as therapeutic intervention in working with clients.

The philosophical approach underpinning this study is interpretivism (subjectivism) which assumes that knowledge is subjective, and understanding the world depends on one's beliefs and actions hence this study was situated within the qualitative research approach. Phenomenological design was employed for this research. The universities were purposively sampled for the study with twelve (12) counsellors purposefully selected as participants of the study. Interviews were granted to solicit information from participants whereas the responses underwent thematic analysis.

## **5.2 Summary of Findings**

1. The study revealed that counsellors used music therapy as a complement to other therapeutic measures, thus being eclectic. The study highlighted some advantages of music therapy to include the expression and adjustment of emotions, a form of communication, making room for self-expression while promoting the psychological wellbeing of the individual as well as relaxation and healing effects. Nevertheless, resistance, countertransference and unconducive environment were mentioned as impediments to the successful implementation of music therapy.
2. The study indicated that paintings, drawings, collages, and flashes of photographs were used in practicing art therapy via photography but counsellors' experiences revealed that majority of their clients preferred already

existing pictures or images. Photography as an art therapy facilitated non-verbal means of communicating while it is used for the acquisition of information through storytelling. Photography serves as an alternative form of communication as it helps clients examine and analyse memories and experiences. Feelings of inadequacy on the side of both clients and counsellor was pointed out as a limitation.

3. Findings indicated that dance therapy does not emphasize perfection of movements, instead focuses on the attainment of other relevant skill attached to it. For absolute participation in dance therapies, motivating the involuntary client is essential since the therapy sessions may be individualized or group sessions. In addition, an improvement in self-esteem and non-verbal communication skills besides being an outlet for unconscious memories were pointed out as benefits derived from using dance therapy. Moreover, lack of confidentiality, infrastructural deficits, and unsuitability for the physically challenged were the limitations identified in the use of dance therapy.
4. The study shows that drama therapy is underestimated by some adults who believe it need not be guided by a therapist, while others question the age-appropriateness. Drama helps people recognize others' feelings and improves communication skills. Drawbacks include inadequate timing and infrastructure - sessions may be rushed or lack proper facilities. The counsellors again cited limited availability of needed specialized facilities as an impediment to the meeting of therapeutic goals. However, stage plays or movies can sometimes substitute when addressing emotional issues.

### 5.3 Conclusions

This study explored the experiences of counsellors who use music, photography, dance, and drama as therapy in Ghana; and presents the various arguments that counsellors employed music, photography, dance, and drama, as the various forms of art during therapeutic interventions. The use of art therapy remains proficient in the decrease of psychopathology. Making a piece of art work expresses memories stored at both conscious and unconscious levels. It allows for non-verbal images to gain verbal descriptions and a temporal order restored. It supported the eclectic nature of counselling as it enhanced efficacy of the counselling process as compared to the conventional theoretical approaches.

This study highlights that when working with clients, counsellors do not record how they use music, drama, dance, and photography as therapeutic treatments. These art forms are perceived as eclectic in nature and as such there may not be the need to document them in the case notes. Failure to document the use of art therapies in case notes to serve as reference for other counselling psychologist is largely attributed to the ineptitude on the part of counsellors, therapists, and clinicians.

Evidence from the analysis done shows that inculcating artistic expressions as part of counselling requires training and expertise practice. Even though a counsellor may use artistic elements and expression as a way of being eclectic, an artist or art therapist cannot play the role of the counsellor. To realize accomplishment of counselling and therapeutic goals, counsellors need to hone their skills and abilities in using the various arts considering the nature and severity of issues or challenges presented as well as the age of clientele. Client's ignorance about artistic expressions used for therapeutic purposes demand sensitization.

## 5.4 Recommendations

This study makes the following recommendations:

### 1. Music

Counsellors should use music therapy as a complementary tool along with other therapeutic approaches, rather than the sole intervention. This eclectic approach can enhance overall treatment effectiveness. Counsellors need training on how to facilitate music therapy properly and overcome potential roadblocks like resistance or countertransference. Creating a suitable therapeutic environment is also key.

### 2. Photography

Counsellors should have a diverse catalogue of images and pictures to accommodate different client preferences and needs. Allowing clients to bring their own meaningful images can also make the therapy more impactful. Counsellors require training on using photography in therapy to aid storytelling, memory examination, and alternative communication for clients. Building skills to address potential feelings of inadequacy during the process is important.

### 3. Dance

Motivating reluctant clients to participate through encouragement and highlighting benefits is key. Making accommodations for physical limitations is also recommended where possible. Confidentiality protocols must be firmly in place. Securing suitable spaces conducive for individual or group therapy is advised to facilitate effectiveness.

### 4. Drama

Psychoeducation on the valid therapeutic uses of drama for both mental health issues and communication/self-expression is recommended, as some adults may underestimate its applications. Ensuring proper facilities and reasonable time allocation for dramatic

enactments in therapy is vital. This may require having a drama therapy specialist conduct relevant sessions. Incorporating therapeutic analogs like movies to circumvent logistical barriers can make drama therapy accessible when traditional staging is not feasible.

The key overarching recommendation is that while these creative arts therapies show promise, counsellors need training in their appropriate implementation for maximizing client benefits.

### **5.5 Implication for Counselling**

The findings indicate that creative arts therapies such as music, art, dance, drama, and photography therapy can be effective complements to other counseling approaches. Counsellors should consider incorporating these modalities into treatment plans when appropriate for the client. Key advantages highlighted include facilitating emotional expression and adjustment, nonverbal communication, unconscious processing, increased self-esteem and confidence, and relaxation.

However, the findings also reveal challenges in utilizing these approaches effectively such as client resistance, issues with confidentiality or environment limitations, counsellor self-efficacy, and accessibility for physical disabilities. Counsellors should thoughtfully assess if creative arts approaches are suitable and consider limitations. They may benefit from additional training to competently facilitate these modalities. Referring clients to creative arts therapists may also be prudent in some cases. Overall, creative arts therapies show promise in enhancing counseling, but require skill and wisdom to employ appropriately.

## **5.6 Contribution to Knowledge in Policy and Practice**

The findings provide valuable insights that can inform counseling policies and best practices regarding creative arts therapies. Specifically, the results indicate such approaches deserve more attention and integration into counseling strategies. Counsellor education programs and professional competency standards could be updated to include more training on facilitating music, art, dance, drama and photographic arts in therapy.

Additionally, clinics and community centres should evaluate their capacities for offering these modalities and make appropriate facility adjustments and resource allocation. Funding directed toward counseling services may require reallocation to enable procurement of requisite creative arts materials and adaptive equipment as needed. Broader awareness campaigns highlighting evidence around creative arts therapies can further drive supportive policies and destigmatize access. Implementing such policy and practice changes will enable counsellors to harness the promising advantages of incorporating creative arts into their work safely, ethically, and effectively to improve client outcomes.

## **5.7 Recommendation for Further Studies**

Based on the findings of this study, it is suggested that further studies:

1. Examine the effectiveness of music therapy in treating specific mental health conditions (e.g., depression, anxiety, PTSD) in Ghana, either on its own or in conjunction with other therapies.
2. Investigate best practices for motivating involuntary clients to participate in and benefit from dance/movement therapy by identifying techniques to optimize engagement in Ghana.

3. Study the use of drama therapy specifically for enhancing self-expression and communication skills in both clinical and non-clinical settings in Ghana.
4. Evaluate efficacy of films/media to evoke therapeutic dramatic/cathartic effects outside of formal drama therapy sessions by comparing outcomes to counsellor-led in-session dramatization.





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## APPENDICES

### Appendix 1: Introductory Letter



16<sup>th</sup> October, 2020

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

LETTER OF INTRODUCTION: MR. SAMUEL OFORI DANQUAH

I write to introduce to you MR. SAMUEL OFORI DANQUAH a graduate student in the Department of Counselling Psychology of the University of Education, Winneba.

Mr. Danquah is reading for a Doctor of Philosophy Degree in Guidance and Counselling and as part of the requirements of the programme, he is undertaking a research titled: **ART FORMS AS THERAPEUTIC INTERVENTION: EXPERIENCES OF COUNSELLORS WHO USE ART AS THERAPY IN GHANA.**

He needs to conduct interviews to enable him gather information for this research and he has chosen to do so in your institution.

I would be grateful if he is given permission to undertake this important exercise.

Thank you.

Yours sincerely,

A handwritten signature in black ink, appearing to be "Peter Eshun".

DR. PETER ESHUN  
AG. HEAD OF DEPARTMENT



**Appendix 2: Interview Guide**

**UNIVERSITY OF EDUCATION, WINNEBA**

**FACULTY OF EDUCATIONAL STUDIES**

**DEPARTMENT OF PSYCHOLOGY AND EDUCATION**

Dear Participant,

I am Samuel Ofori Danquah, a PhD candidate at the University of Education, Winneba (UEW). I am undertaking research on Art forms as therapeutic intervention: Counsellors experiences in Ghana. This study is part of partial fulfilment of my graduate research work. As part of the study, I will be grateful if you could share with me some of your experiences of using art forms (particularly Music, Dance, Drama, and Photography) during counselling sessions with your clients.

Please note that your participation in this study is voluntary, and you are free to withdraw from it at any point in time. Kindly indicate your signature and date of participation.

.....

.....

**Signature**

**Date**

### **Section A: Demographic Characteristics**

1. Please tell me about yourself.
2. For how long have you been in active service as a counsellor?
3. Are you a registered practicing counsellor?

### **Section B: Experiences of counsellors in the use of art forms as therapeutic interventions**

3. What are your perceptions about art forms as therapy?
4. What forms of music, photography, dance, and drama do you employ as therapy?
5. What is the importance of the forms of art therapy used in counselling?
6. Effective is the use of art therapy in counselling?

### **Section C: Using music, photography, dance, & drama as therapy**

#### **i. Music**

7. What are your experiences with music as therapy when counselling your clients?
  - a. What are the responses of clients to music as therapy?
  - b. How effective is the usage of music as therapy during your session with clients?
  - c. What challenges do you encounter when using music as therapy?

#### **ii. Photography**

8. How do you use photography as therapy during your counselling sessions?
  - a. What forms of photography (drawings, motion or still pictures, symbols, etc) do you use?
  - b. How effective is the usage of photography as therapy during your session with clients?
  - c. What challenges do you encounter when using music as therapy?

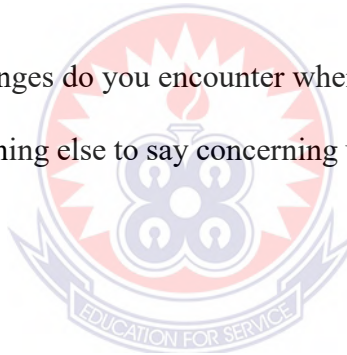


**iii. Dance**

9. How do you use dance as therapy during counselling?
  - a. How do you use dance as therapy?
  - b. How effective is the usage of dance as therapy during your session with clients?
  - c. What challenges do you encounter when dance music as therapy?

**iv. Drama**

10. How do you use drama as therapy during counselling?
  - a. How do you use drama as therapy?
  - b. How effective is the usage of drama as therapy during your session with clients?
  - c. What challenges do you encounter when drama as therapy?
11. Do you have anything else to say concerning use of these art forms as therapy??



### Appendix 3: Interview Responses (Transcripts) from Participants

#### Interview 1

Interviewer: Ok, good afternoon

Interviewee: Good afternoon

Interviewer: I'm grateful we've met for this section, eem! This afternoon I am here to elicit views on the theme art as therapy, the counsellor's perspective or the therapist perspectives on the use of art as a therapy for my PhD work and so eem! I will want you to let me have a brief idea of eem! your practice. Are you licensed? Are you yet to be licensed, a little bit about your practice?

Interviewee: Ok, so eem! I am yet to be licensed but then I have my... I have my MPhil, I am currently in interning to get my license, I'm done with six (6) month I'm left with six month to go yea, so I'm practicing just that I'm not licensed so I'm doing that under supervision.

Interviewer: Ok, mmh! So basically you are a therapist?

Interviewee: Yea

Interviewer: eem! The discussion is that sometimes others would want to look at art in its other form as only expressive, as only for esthetics eem! The value is esthetic but then as therapist eem! You understand art as a therapy also exist or various art forms of therapy as interventions also exist so I would to find out from you if you have had such experiences?

Interviewee: yes, I have eem! For me I think art is not only eem! Having esthetic values it has hidden values and eerh! Psychology that is what we do, we heal people not of physical wounds etcetera but psychologically

we heal them of trauma, views a lot of things that affect their psychological wellbeing so I believe eem! Art comes with what... hidden values or therapeutic values and so it's not only esthetic ones so I have quite some experience with using eerh! Certain art forms as part of my therapy.

Interviewer: Ok, so if that be the case eem! Specifically eem! Was it eem! part of the interventions you use or you use it wholesome as a therapeutic tool?

Interviewee: Ok, most of it or all of it has been using it as part of a therapeutic tool not art therapy as a form or as a distinct form of therapy on its own so possibly if you are using eerh! CBT a cognitive behaviour therapy at a behavioural session you are going to do a relaxation training etcetera and in the relaxation training it comes with what, a solemn music so usually its part of the... the therapies that I use not as a distinct therapy on its own yea.

Interviewer: So, if I should ask from the onset of the process the therapeutic processing do you envisage bringing in your soothing music or it came as a matter of eem! eem! eem! eem! borrowed intervention?

Interviewee: well for what I know it is not a borrowed intervention, usually for a relaxation training to be very effective it has to do with music, yes solemn music because I remember even from our training usually you would have to use music just that sometimes the setting in which we work do not allow for us to you know eerh! actively use and explore that because you are in a therapy room maybe in a hospital setting, interim setting and you know you don't use the room alone or there

people who are in the same floor with you and so even if you are playing music there is so much noise to distract you but then we use it, it's not an afterthought so it actually embedded in the relaxation training. Yea

Interviewer: so do prefer using for example, very relaxing music or local music?

Interviewee: the nature of our local music... in fact I will say I use most of the time these foreign solemn music one that do not come with lyrics just the instrument playing yes because sometimes the sounds are eemh! I feel the sounds are not solemn enough and could even cause distractions so even the instrument only playing if it's the guitar, it's only the guitar very solemn if it's the keyboard it's only the keyboard very solemn the recorded the prerecorded music that we use, so mostly its foreign not our local genre of music where you have high life I'm just trying to badge in how high life well I'm trying to say in context of relaxation because whiles you are using that it has to be solemn but whiles you giving the person homework to go and do what we call pleasurable activities things that the person does to have some esthetic eem! eem! benefit or to enjoy as their leisure or anything you can describe what the person likes so if its hip hop encourage the person to listen to it if it is choral music fine if it is high life music fine but for the purpose of relaxation I use more of the foreign music yea.

Interviewer: but we have classical, Adowa pieces, we have classical borbobor pieces that is not too loud and too eerm! Robust?

Interviewee: well, well the issues is I have not tried that before. And one thing about using music eemh! Using music as an art in therapy also has to

do with the ability of the person to also appreciate that kind or genre of music and so where you know the person doesn't appreciate it it wouldn't really work for the person so it also has to do with if the person is into that, so before you use any form of music you would need to ask the person oh! What kind of music do you like? They will say oh! I like classical and then you make sure to go with only the person that handles most etcetera. Maybe if the person says he or she likes local eem! Traditional eem! music then what you are saying go tactically.

Interviewer: so, probably sometimes our traditional forms also inform the settings that are used, you go and play it and it reminds the person of the dead uncle.

Interviewee: it's good, it triggers, it triggers something yea

Interviewer: im ok, so would you at any point want to use the other forms of art for example, dances-movement and then possibly picture?

Interviewee: yea they are also good forms of therapy particularly dance in a situation let take depression, severe depression where the person you know has eerh! is so dale cannot move and is always redrawn you use that to what, livening the person but eemh! its also good for elderly I know those who counsel elderly people eerh! Gyniatrics counseling they use dance therapy, however my issue also has to do with the person interest in that particular art because if trying to let the person appreciate a painting or a portrait and the person is not into that form of art and the person will not enjoy but then if the person oh! I enjoyed watching (...) etcetera, you can say let go to the beach

and observe the serene it also art, you can say ok let appreciate this this painting people some people like you know viewing paintings but some people might not. Somebody might prefer painting some people might prefer natural art you know one that which is in the person's environment so you go to a land scape you know with different lands forms and mountainous areas the desert, the greens all these are art but art in nature not the ones that are painted and then somebody can say they want to enjoy dance so dance in fact it comes with what, music and it like you are using two forms combined so you are using that to let the person appreciate or find interest in the kind of art that you are going to use because if the interest is not there then it might not have so much therapeutic effect like you want it to be.

Interviewer: so I still want to push the same about the interest. How about photography? Like our young's likes to do takes selfie at any time for example, if you are using photography can it have an influence?

Interviewee: so it depends on the nature of the person to explore because photography is all about the person's ability to explore new things find out new serene, capture moments and if somebody is not willing to go out there the person can have the cameras all the thing you can give the person the exposure to see that to explore the environment but he or she will still not find value in that so still it depends on the individual and what works for them and that is why you intake interview you try to understand who the person is even before you formulate whatever therapy is important so it's not only about asking what the person eem! Happens to the person whatever problem it is



they are dealing with but however the person has been coping with whatever challenges they have how they have been dealing with it. And if you find any you know traces of art in there then you can strengthen those in your therapy or whatever it is that you find waiting to help the person.

**Interviewer:** so last but not least, if I should find out in any of your sessions let me say those you use the soothing courses (...) as music to soothe the client who are depressed eemh! How were the outcomes?

**Interviewee:** very, very eemh! Therapeutic, in fact, you know I've, I've used it most often with client who have anxiety and who have challenges sleeping and so one of the things you do is to teach them, what you as a therapist is to teach them the relaxation because you are not going to be with them all the time to help them do it so you teach them and then they go back and then they do it. And most of the time in a very cool quiet serene therapeutic environment if you do relaxation for someone ten (10), like five (5) to ten (10) minutes you see they will be fallen asleep so sometime when you see them going you allow them to you know sleep for a while till may be about five (5) to ten (10), but because there are some other clients waiting for you so you don't allow them to if you have separate rooms you just I allow them to and then they wake and they are so relieved and sometimes they even ask you what happened, what did you do to me and that is where you also tell them you've just help them to what, calm their nerves, their impulses and so it has that relaxing effects on them just that people are not able to master it so quickly to be able to do it on their

own because I've a number of clients saying that ok when I come to the clinic and you do it for me I'm able to sleep within the shortest possible time but personally when I go back home and I try to do it, it take so long for me to sleep or sometimes I'm not even able to sleep at all so yes I , it does work. Particularly for patients with what insomnia and anxiety, yea and if you are doing systematic sensitization for people who have certain foamiest of certain objects then breathing it, it, with the music it's very soothing.

Interviewer: so last but not the least, eemh! I will also like to find out if you will any day be interested in attending any training or workshop on art therapy?

Interviewee: definitely, definitely because I belief that every human being enjoys at least one form of art an if not photography, if not painting, if not nature, even music or dance at least one person because the most common one I observe in people is music because you ask them what they enjoy doing in leisure time or what you like do that give you pleasure and that takes you, your mind or your thinking from all that is troubling you and some tell you when they sing hymns, some tell you when they go to church listen to people sing, some say if they listen to it on radio it comes in different forms but it all bows down to still the same music so if there is to be a training that will teach how to use these different forms of art and not only music I will be open to it because I know eemh! It works and personally music is one of the means that even I try to put myself together if I have any sought of distress.

Interviewer: aarh! I'm very grateful for your time (...) thank you very much  
madam.

Interviewee: you are well come.



## Interview 2

- Interviewer: ok, eermh! Good evening
- Interviewee: good evening
- Interviewer: yes, eemh! You well come to the interview session for my PHD thesis on the topic counsellors perceptions on the therapeutic values of art. Eemh! First and foremost I want to thank you for availing yourself and giving me the opportunity to come to you via the phone. Eermh! First and foremost I would want to find out if you have any idea about art as therapy.
- Interviewee: oh yes! I have heard about it that some counsellors use art in assisting their client to develop new behaviors, yes I have heard about it.
- Interviewer: ok, and eemh! May I know your experiences eemh! Are you a therapist yourself?
- Interviewee: yes I'm a therapist
- Interviewer: ok, a licensed therapist?
- Interviewee: yes please
- Interviewer: ok, eemh! So would you say it is convenient or it is ethically appropriate to introduce art session or any of the art forms during therapy?
- Interviewee: yes I think it is appropriate, eermh! It will also be depending on the kind of challenging that client will be going through so if the challenge of the client demands some form of perspective of art that can be used to assist the individual then I think art therapy can be of essence to the therapy.

Interviewer: oh ok, so in this case would you also say or agree that art as therapy can be used in it on or on it on at therapy or it should rather be added or become assistive in therapeutic session?

Interviewee: I think art can be a therapy on it on, I know it is a branch in applied psychology where people eemh! Study art and use it during session so it can be on its own or and it can also be assistive yea.

Interviewer: ok thank you, further to this eemh! I would want to also find out if per any chance or means in session or out of session you have presented any art piece or piece of music or creative writing to a clients to elicit any response from them.

Interviewee: eemh! I have not use it before because for you to know how it works you should know what it is, how you can use it and how you can use it well and I have not gone through a training to be able to use art in my therapeutic session.

Interviewer: but have you suggested to a client to listen to music before or possibly read a book material so that that client nerves, anxiety any forms of condition could come down or reside?

Interviewee: yes I have done that most occasion when it comes to anxiety even in suicide situation I normally want to ask the client the type of music that they listen to it also gives me a perspective as to how the client thinks and which kind of music in their sad mood they will want to listen to admire so I have made some recommendations before.

Interviewer: oh ok, but have you recommended they listen to a particular song before?

Interviewee: eeemh! Yes I think I have eerh! Recommended one (.....)  
this eeem! Local music obra, obra ne w'ara bo, yea. The words in that  
music piece is very educative and is very touching and it help clients  
who eeemh! Are having challenges facing life so that how I used it,  
that how I recommended that song for the person.

Interviewer: wow! Please what was the outcome?

Interviewee: oh the outcome was great. It was an assignment given to the client and  
eeemh! I told her to just listen to the song and take time, well she was  
an Akan speaking client so she understood the words in the song so I  
told her to listen to the song and jot down some words that are resonate  
with her so and it was, it was great, it was great, yea.

Interviewer: ok, so you believe that it is worth considering using any of the art  
forms in therapy?

Interviewee: yes it is

Interviewer: mmmh! Ok so as a therapist would you mind telling other therapist  
about the use of art in therapies?

Interviewee: yes, I would be able to speak well on it when actually I have gone  
through I mean proper training and know how it is use because if you  
don't know how it is used you may apply it wrongly and worsen the  
plight of the client so going through a proper training in art therapy I  
think it would be a great essence to the therapist and it will aid his or  
her work so yes.

Interviewer: ok. ok and last but not the least, I would also want to find out like you  
kept on saying would you be interested if you are offered an



opportunity to attend any workshop or training session geared towards art therapy?

Interviewee: I would be all for it, I would be all for it yea.

Interviewer: mmmh! Ok, and then quick one to that would you also want to say that eem! Apart from music that you have gone into would you also like consider any of the art forms giving the opportunity after training, your perception about the other art forms like picture making writing pieces of materials or novels and painting for example or photography?

Interviewee: I will go for photography

Interviewer: ok, ok, any special reason?

Interviewee: yea, photography capture moments and tells stories beyond the ordinary so I will go, I will go for photography.

Interviewer: ok alright eemh! Any other eemh! Interesting (.....) you would want to add concerning the use of art a therapy before we come to an end to this interview session?

Interviewee: I would always advocate that therapist should undergo training because if you don't have the needed or necessary skill to use it you might end up worsening the plight of the client so if there is any opportunity then you should undergo training before you can use it. Aside, eemh! It should also be component for counsellors who will also want to use art in their work so if they are expose to art therapy in their various course of study I think some will also will be (.....) interest to specialize in art therapy that is what I will (.....)

Interviewer: ok, I am very very grateful for the opportunity ones again. Thank you  
for your time.

Interviewee: welcome

Interviewer: bye

Interviewee: thank you Sir.



### Interview 3

- Interviewer: ok, good evening
- Interviewee: good evening my brother
- Interviewer: yes eemh! Thanks so much for availing yourself for eemh! My research eehm! Interview
- Interviewee: it a pleasure speaking with you as well
- Interviewer: thank very much, eemh! This evening eemh! My PhD research is eemh! Into art therapy basically eemh! Researcher is looking at counsellor's perceptions, perspectives and then their own understandings and then whether they have had opportunities to use art as therapy whether in session or out session or (.....) to so If you are ready we can just start it and then (.....) concern.
- Interviewee: oh let go on I'm ever ready
- Interviewer: Thanks so much, ok eemh! So I'm finding out if you are a registered therapist?
- Interviewee: yes of course
- Interviewer: ok, so you've had the opportunity to be in a practicum sessions?
- Interviewee: yes of course
- Interviewer: and then actual session as well?
- Interviewee: yes please
- Interviewer: ok eemh! As a follow up can you eemh! Be specific on therapy that you have used before not art therapy but any of the counseling therapies that you have used before?
- Interviewee: often I used CBT (cognitive behaviour therapy) because I always want to tap into the cognition of the individual and then that of the influence

of the environmental agent on the person's behaviour. Understanding the person from this point of view will let you come out with a probable solutions that you may offer the person to choose from so you guide the person have his or her problem (.....)

Interviewer: wow, that's, that's quite interesting, so in CBT what has been some of the opportunities it has avail to the client that you have come into contact with?

Interviewee: in fact I must say and admit CBT is one of the best therapies every psychologist in terms of counseling psychology wish to use because it present to you the counsellor, it's present to you the therapist the opportunities to evaluate issues from different angles and this different angles are the individuals mechanisms and the environment the individual is nurtured, it is possible any misbehaviour or any maladaptive occurred it can be as a result of the interactions between what the person possess and what the environment present on the person so when individual finds him or herself in a situation where he's overwhelm by situations whichever way any of this angles can let the person have a situation that will need solving so you tackling an situation form this point of views will let you have the opportunities to understand the person and put the person in perspective so that you can compensate from any of the angles to get the person eerh! Problem solved (.....) so I see it to be one of the advantageous, and one of the best, and one of the most applicable therapist that every counsellor would want to use as aids.

Interviewer: ok so eeemh! (.....) I would like to find out if in sessions you've the opportunity to any assistive therapy as art before?

Interviewee: would you be a bit clear we have different types of art?

Interviewer: yes so any of them, I want any of them, any of the art forms yes on music, photography, yes any of them that you as a practicing therapist have used before?

Interviewee: in fact I've never used art I think it would be a good addition if a proper training is done on it because been humorous is an aspect of art but many at times we don't know, there might be an instance where by a client might walk into your lab present a situation to you and you may see the mood of the person the person may not be in the right frame of mind but your ability to calm a bit humorous will let the person lough out or bring out some joy in the person but (.....) or don't concentrate on it, I think art is good, I have never used it apart from being humorous to let the person feel at ease before we start any session, but I think it can be a good addition that we can explore

Interviewer: ok, ok so eeemh! basically your understanding of art as therapy?

Interviewee: my understanding of art as therapy is in terms of trying to create a scenarios so that the individuals will feel at ease being jovial with the person in other to eeem! Bring out a positive feeling out of the person by letting the person do something that is very joyous to him and you as a counsellor or a therapist that is my view of it.

Interviewer: ok so if I should ask have you had any opportunity to suggest, for example, any music for a client to listen to before?

Interviewee: many at times, many at times but usually it depends on the case you have at hand yea, we have different types of music and you cannot just bump into one individual or a client cannot just walk into your place and you recommend or let the person go for this particular thing, you ask base on the situation the person present and you then advice any time you have this particular thought I think you can go in for this music which are a bit suiting once they are played you can get your mind relax and will be able to reflect on issues and take a decision out of that. It not everyone its individual basis, even if you are to apply this you cannot best tell whether al clients will be in need of a particular music or all music. And the situation they might present some might not even need noise, some music can be noisy others too can be a bit eeemh! How do I even eeemh! Put it, can be a bit antagonist with their situations so wouldn't want anything but just tangle with whatever that they are thinking about but their focus will be on whatever they are thinking mmhmm! Unless maybe that particular music but I don't know and I can't best tell if music is backed by research to be use as basis for someone to use to solve a problem that he she present to a counsellor.

Interviewer: ok, so can you or would you also believe that art can be a full session on its own, art therapy?

Interviewee: I, I'm, I'm, I'm trying to believe it in as much as it is one of the social scientist areas that we use under normal circumstances to get people out of depression, stress it's possible that we can include aspect of it

in counseling sessions or therapy sessions so that we can get the best out of whatever therapy we engage ourselves in.

Interviewer: ok, ok, alright, so if I would ask again, eeemh! Would you on any day recommend any colleague to use art as therapy or as assistive tool in therapy?

Interviewee: I think it's not a bad idea, it all bowls down to what you intend doing and the value you attach to that particular art related thing that you think you can add to any eerh! Therapy work you intend engage yourself in. I will recommend provided it has an advantage, provided it can help the process or remediation or remedy of problem from someone and there is no way I will not recommend it, there is no way I wouldn't recommend it I will make sure it is done appropriately once I've seen a link of someone being taken out of that particular problem using that particular aspect of art I will recommend it

Interviewer: so if I would ask again if you are given the opportunity to attend any training on art as therapy its therapeutic values etcetera would you want to avail yourself

Interviewee: of course, provided I have the time because knowledge doesn't reside in any single persons mind and too much of knowledge doesn't make you someone who someone who say your mind is full but it rather broaden your knowledge horizon, it rather helps you to be able to tackle issues from different angles, it helps you to appreciate things from different aspect of life so that you will be able to know the best way to go. So in any point in time given the opportunity and time and resources I will avail myself for such an opportunity.



Interviewer: alright, so last but not least, if you went to your home town or your home town village and someone had died and a piece of music is played consistently that you realise people were crying but when the music stop they all stop crying how will you interpret that?

Interviewee: music, music on its own has its own connotations. There are music that will evoke negative emotions and when negative emotions occurs unpleasant once the feeling are there, remember emotions are not predictable if there is something like a stimuli music is a stimuli that promote the emotions there is no way the person wouldn't react so if I think or I dare to see this particular music tries to evoke negative emotions among people I will just say or advice they should because the more people gets emotional the more others are equally learning to become emotional base on other people's emotions so I can't choose to say they can learn by curiously seeing someone being emotional weeping because of a particular track because the person might remembered of a past step in life and when you inquire the persons say maybe will also have a link with that particular thing maybe will also start to feel emotional and it may end up making the (.....) a generational thing on you or a transmittable thing on you which wouldn't be best, which wouldn't be best but it all depends on whatever music is played anyway.

Interviewer: so on your own experiences what would you want to say about art as therapy and then therapeutic values of art as we end this interviews.

Interviewee: thank you very much my brother, I think if I'm to give any advice on art therapy up because under normal circumstances we as humans

whether you are a clientele to someone or not we all in one way or the other try to engage ourselves in issue related to art during our weekends we go to clubs, other come to dance is all aspect of art and that one is even able to let us reduce our stress, our depression, our negative feelings because we are able to lough out some stress that we have piled up and given the opportunity to propose anything in terms of this I will think or I will even suggest if there is the need, If there are the resources, if there are expect in the area aspect of art should be added or should be included into some specific therapy. I think am not lost, I'm not lost given the opportunity I will always advice that anything that is innovative, anything that can help you come out with something new and use in your work place it should be encouraged and this particular thing that you are talking about you have the opportunity to preach the gospel to practicing therapist and the authorities or stakeholders to devices ways and means to get the best out of that and include in many aspect of peoples life's I think it will go a long way to help us.

- Interviewer: I'm very grateful Sir,
- Interviewee: thank you, thank you my brother
- Interviewer: thanks for the encouragement too
- Interviewee: ok have a good night
- Interviewer: good night

#### Interview 4

Interviewer: Good evening madam

Interviewee: Good evening

Interviewer: I am happy you have accepted to be part of my research by contributing your knowledge and skill in terms of interview and to help me develop data for my discussions and findings

Interviewee: you are welcome

Interviewer: thank you madam, I am most grateful. I am working on the topic art as therapy, counsellor's perception and I will be very grateful if you allow me to give a brief on the subject of the discussion. Normally we have the traditional forms of therapy which we use but this work seeks to elicit the therapeutic interventions which has come out of art in terms of regular practice as an eclectic approach so as a main stream approach in handling counseling situations.

The researcher seeks to find out if indeed in Ghana here and most especially in public universities or higher education institutions whether professional counsellors or those who practice counseling use art to support their practice or to support their client assistance services? So that is why I am here with you to talk about.

Interviewee: I am here for you

Interviewer: for interview purpose are you a female or male?

Interviewee: I am a proper female

Interviewer: age wise within 30 to 40 years

- Interviewee: I am 40 years
- Interviewer: I would want to find out if you are registered as a licensed counsellor?
- Interviewee: yes I am a licensed and an accredited online counsellor
- Interviewer: are you accreditation by the Ghana Psychological Council?
- Interviewee: I am accredited by the American Psychological Council
- Interviewer: on that score, in a week how many client do you receive?
- Interviewee: almost every day I receive client so possibly 5 a week, so in a month about 20 clients.
- Interviewer: what are some of the usual problems they come with?
- Interviewee: normally it about family issues, financial issues, relationship issues (romantic and normal friendship), academic issues.
- Interviewer: so your setting are in educational environment precisely a public university?
- Interviewee: yes
- Interviewer: do you have an idea or training in the use of creative art as a therapy?
- Interviewee: please I don't have any training in creative art but I love art because it relaxes the body
- Interviewer: which type do you like?
- Interviewee: I like the performing like watching movies and listening to music
- Interviewer: in which genre do you like them?
- Interviewee: gospel music and that which talks about life
- Interviewer: have you tried using any of the songs you talked about by introducing them to your clients?

Interviewee: yes I have, to people who do certain thing they are not supposed to do but do it because there is nobody around them.

Interviewer: have you made any follow up on these people to find out what the music you recommended did for them?

Interviewee: oh! Some tells you I tried it, it helps and normally others will say we went out and watched a movie and other thing they are all creative art. It normally done to stressed out.

Interviewer: do you have a specific encounter with a client you may want to share using any of the art?

Interviewee: no I don't have any encounter but if any, what I mostly do is to ask the client what he or she does and feels positive. You are having a number of solutions so tell me so far which one has helped and which one has not help. Because in counseling the counsellor is not supposed to advice or take decision for the client so I ask what has work and what has not work and I courage the client to continue with what has helped. The example she gives is much vital but could not get the words right

Interviewer: do you do this deliberately or it is as and when by introducing them in your sessions with client?

Interviewee: is not really deliberate, for me I will also want to look for the good things, the right channel to help so I ask what the client has done, what is helping and what is not and encourage them to focus on what is helping more.

Interviewer: do you have any of your colleagues who uses art as a therapy in his or her interventions?

- Interviewee: no, but one friend who uses it.
- Interviewer: would you like picking a formal training in art therapy?
- Interviewee: I wouldn't mind if you will train me I will be fine
- Interviewer: we will try to organize workshops in recent times to help our practitioners inculcate art as therapy in their practice.
- Interviewee: yea because I believe that even with that and also with play there is a link between them.
- Interviewer: what will you like to add to this interview, what art therapy can do for us?
- Interviewee: I think we shouldn't put ourselves in a strict jacket, we should open up to avenue, I have had experiences or encounters where student do art therapy in counseling and I feel they are trying to restrict us to one particular thing we know and somebody is trying to bring in something new, why don't we read more about it and know what it is but rather we downplay what they are doing and make things too difficult for them. So for me we should enlighten ourselves instead of be-littling and also downplaying what our student come up with.
- Interviewer: we are very grateful and I will say God bless you, thank you so much for the time.
- Interviewee: thank you, thank you for having me.

## Interview 5

Interviewer: good evening and welcome

Interviewee: thank you

Interviewer: this interview is about my PhD thesis, it's primarily about art as therapy and counsellors perceptions and it seeks to understand how art as therapy finds itself in the space of therapeutic processes, interventions and any other that you've help an individual gain functionality for purpose and so this afternoon I am here to elicit your perceptions and concerns as to how you use art, whether you have used it before or you intend using it and if you have what has being some of the challenges, the outcomes whether it was interesting, whether it could help or it did not achieve the desired outcomes.

Interviewer: so are you male or female?

Interviewee: I am a male

Interviewer: are you married or single?

Interviewee: I am married

Interviewer: do you practices in the clinical setting?

Interviewee: yes

Interviewer: is it registered

Interviewee: yes registered



- Interviewer: within 30 to 40 do you find yourself in that age bracket
- Interviewee: yes
- Interviewer: how long have you being practicing as a counsellor?
- Interviewee: I have been practicing for the past 5 years now
- Interviewer: are you registered?
- Interviewee: yes registered with Ghana Psychological Council
- Interviewer: do you have any associate organization you are belonging to?
- Interviewee: yea, with Ghana Psychology Association
- Interviewer: how many client do you encounter in your practice in a day, a week or a month?
- Interviewee: I do practice and also teach so within a week I am able to see about three clients so approximately in a month receive 12 clients
- Interviewer: what are some of the issues these client bring?
- Interviewee: student base issues running around, difficulty in studying, poor grades and some relationship issues
- Interviewer: in which year did you have your license as a practitioner?
- Interviewee: that's 2018
- Interviewer: your opinion about creative art as therapy generally?
- Interviewee: it's about using art forms or art works to facilitate healing process with your client
- Interviewer: do you have an experience yourself in session?

Interviewee: not really because it a whole field on its own and you need to be specialized, have some formal training before you can use as any other technique or any other treatment model you should have a training in it so you will be able to use it.

Interviewer: can you see it as a borrowed eclectic conjunction that can be associated with the formal counseling therapies?

Interviewee: yes, I may have use it one way or the other without knowingly or paying attention to it that is, going purely art as therapy. I have some pictures in my counseling's chamber some words of encouragement and other things

Interviewer: have you had the opportunity of using this forms of art in session with client for example in relationship issues?

Interviewee: yea, I quiet remember I used one music titled "OBRA" by Nana Ampadu which talks about life issues in general so there was this client who was in despair so I played that song and we used the words in the song for discussion and at the end she felt ok.

Interviewer: was it planned or it just happened?

Interviewee: yea it just happened

Interviewer: do you think in future you need to plan or it's to be used as and when?

Interviewee: yes it needs to be planned since it's a field on its own and one need to be taught on how to properly use it so if I have the opportunity to learn I will not let it go

- Interviewer: did you see the intervention you used (music) as very helpful?
- Interviewee: yea it was very helpful because personally I love that song and I've been using it even at times when I meet students for the first time I play it for them we listen to it and pick one or two words from it to encourage them.
- Interviewer: earlier in this interview you were clear that you have not had any formal training on art as therapy so will you avail yourself if there is a formal training?
- Interviewee: if there is the opportunity yes
- Interviewer: at what level will you expect this to come a CPD approach or a formalized training?
- Interviewee: a formalized training will be ok because for the CPD most of the times some of these things are compressed and you don't have enough details as to the formal course as you have gone through from the structured one from one course to the other.
- Interviewer: how would you recommend art to anybody who feels it should be used in formal therapy?
- Interviewee: if you have the opportunity to learn it as a therapist in addition to your other treatment models you should not let it go because everything around us is art and we take inspirations from these even the paintings in our room, how we arrange our desks, how we do things even in the classroom how you choose your colors on the slides that you prepare have some element of therapy but

because we have not explore that normally we just use it for using sake without paying any particular attention

Interviewer: what will be your last words in terms of recommendations or suggestion?

Interviewee: I will say art therapy should be included in the course structure for psychologist whether clinical, counseling, social and all the applied psychology or it programs, art should also be included so it would take cared of people who are art inclined

Interviewer: thank you very much for your time, I'm grateful

Interviewee: thank you for having me



## Interview 6

Interviewer: good afternoon

Interviewee: good afternoon

Interviewer: this interview is about my research which is art as a therapy, the work intern to satisfy why art should be a critical item when it comes to counseling and interventions in counseling. In our part of the world counseling is done now professionally but then we've not being able to give it a touch of art as a key in intervention development so I'm here to find your views on the therapeutics and values that art play in the counseling process.

So first, are you a practicing counsellor?

Interviewee: yes

Interviewer: how often do you meet clients in practice?

Interviewee: it basically on the student's level so as and when student appreciate so you do with them.

Interviewer: so let say twice a month, four times a month, ones a week, twice a week?

Interviewee: twice a week

Interviewer: are you licensed as a counseling psychologist?

Interviewee: yes I've registered with the Ghana Psychological Counseling

Interviewer: what is your basic perspective when it comes to art in it usage in therapy?

Interviewee: I feel art can play a role in helping counsellors. We should add it to the list of therapies we have and move a little bit away from the psychotherapy that we has been using as the main thing all

this while, in other words we need a platform so we can use it as a form of healing.

Interviewer: will you share any experience you have in normal psychotherapy where you get to a point and you fall on art eclectic?

Interviewee: basically, you start asking all the questions you need but at times you realize you need to let the person open up especially with the youth that I deal with art can be that avenue where they can express themselves and what they express speak louder than the words they will ever wish to say, kids will rather like to keep things to themselves and not saying things to get into trouble. Art is the best way they express themselves.

Interviewer: which of the art forms comes too easily in therapy? Any of the categories will do.

Interviewee: graphics (picture making, painting, drawing, collaging), textiles (crocheting, weaving, coloring, design making etc.)

Interviewer: which of them do you use in therapy?

Interviewee: pupils are allow to choose the one they can better express themselves in, it about me, it about them, so what you believe work for you is what I will work with.

Interviewer: have you experience any of the choice they were given and how was the experience like?

Interviewee: I give them the range and they choose from it

Interviewer: if a student go for textiles how do you go about it?

Interviewee: I have a website that I work with them, so I give it to the student, look through and they choose from the pictures and they start the practice itself so I don't normally have to do it for them or guide them, the student express themselves the way they see it and the expression you give to it depending on the colors, height you choose is a better interpretation of what the person want to use to express him or herself at that given moment.

Interviewer: what has been the outcome, the result?

Interviewee: they finish and they are like wow, I never thought I could do art, they realize art is quiet easy, they get to know that it about self-expression and not necessarily about accuracy and perfection. That is what brings them to love what they do, they do it and later they are at peace with themselves on what they have done as an expression of themselves.

Interviewer: if someone says I would like to draw, I want some patterns in some fabrics, I want to have a stand maybe the context in which the design is placed and how it affects the person's functionalities, how will I be able to measure from beginning to end how these have had an influence on clients?

Interviewee: it about the persons own evaluation as in later on we sit down and have a critique on the work so self-appreciation, because I can appreciate it in a way that I feel befit the product but in self-expression about what and why I used a texture as against a smooth or I used green as against blue and all that is the



appreciation they gave to it or may be a story I made them write about it that makes you understand what went on in the persons mind. Example, someone who is traumatized the person may not go for smooth textured thing they will go for something which is more rough and all these play a role in interpretation.

Interviewer: have you being able to follow up on these student client to assess an intake on ways they disengage, do they come back and find out why you use art and not the traditional psychotherapeutic approach that we know counsellors should have?

Interviewee: in my following up on them, I ask them what they do to engage themselves to express themselves when they don't want to talk about issues. Sometimes I send those links that has to do with art crafts that they can engage in at a given moment.

Interviewer: have you had formal training in using art as a therapy?

Interviewee: no formal training, but with my art background and counseling background fused together I'm using art as a therapy

Interviewer: would you like to go for training?

Interviewee: I would love to have a perfection in art therapy

Interviewer: would you like any of the art forms recommended?

Interviewee: yes and I will say picture making which is the simplest one for grown-ups, it all about cutting and pasting of pictures in a form of talking about their issue

Interviewer: what will be your interpretation for a client using a rough texture textile in the initial and subsequently switch to a smooth texture textile

Interviewee: I will believe healing has taken place because things are much calmer for the person, the person is at peace hence expression has move from rough and ragged to the smooth and cool textured nature of any given form.

Interviewer: how many years have you being practicing counseling?

Interviewee: roughly from 2010, but then I haven't registered.

Interviewer: any other contribution you would love to share?

Interviewee: I would like to say that we should give art a chance, though in our part of the world we may see art to be nothing but in the other way round art means a lot to a lot of people. People write songs, poems and others but we should also look at from the expression as people create that is example, craft (molding, weaving, crocheting, sculpturing) so we need to allow people to express themselves the way they can in session and this can help in embracing art therapy in the counseling profession.

Interviewer: I appreciate your time and the opportunity you have given me.

Interviewee: you're welcome.



## Interview 7

Interviewer: Ok, good afternoon

Interviewee: Good afternoon

Interviewer: I'm grateful we've met for this section, eem! This afternoon I am here to elicit views on the theme art as therapy, the counsellor's perspective or the therapist perspectives on the use of art as a therapy for my PhD work and so eem! I will want you to let me have a brief idea of eem! your practice. Are you licensed? Are you yet to be licensed, a little bit about your practice?

Interviewee: Ok, so eem! I am yet to be licensed but then I have my... I have my MPhil, I am currently in interning to get my license, I'm done with six (6) month I'm left with six month to go yea, so I'm practicing just that I'm not licensed so I'm doing that under supervision.

Interviewer: Ok, mmh! So basically you are a therapist?

Interviewee: Yea

Interviewer: eem! The discussion is that sometimes others would want to look at art in its other form as only expressive, as only for esthetics eem! The value is esthetic but then as therapist eem! You understand art as a therapy also exist or various art forms of therapy as interventions also exist so I would to find out from you if you have had such experiences?

Interviewee: yes, I have eem! For me I think art is not only eem! Having esthetic values it has hidden values and eerh! Psychology that is what we do, we heal people not of physical wounds etcetera but psychologically we heal them of trauma, views a lot of things that affect their psychological wellbeing so I believe eem! Art comes with what... hidden values or therapeutic values and so it's not only esthetic ones so I have quite some experience with using eerh! Certain art forms as part of my therapy.

Interviewer: Ok, so if that be the case eem! Specifically eem! Was it eem! part of the interventions you use or you use it wholesome as a therapeutic tool?

Interviewee: Ok, most of it or all of it has been using it as part of a therapeutic tool not art therapy as a form or as a distinct form of therapy on its own so possibly if you are using eerh! CBT a cognitive behaviour therapy at a behavioural session you are going to do a relaxation training etcetera and in the relaxation training it comes with what, a solemn music so usually its part of the... the therapies that I use not as a distinct therapy on its own yea.

Interviewer: So if I should ask from the onset of the process the therapeutic processing do you envisage bringing in your soothing music or it came as a matter of eem! eem! eem! eem! borrowed intervention?

Interviewee: well for what I know it is not a borrowed intervention, usually for a relaxation training to be very effective it has to do with

music, yes solemn music because I remember even from our training usually you would have to use music just that sometimes the setting in which we work do not allow for us to you know eerh! actively use and explore that because you are in a therapy room maybe in a hospital setting, interim setting and you know you don't use the room alone or there people who are in the same floor with you and so even if you are playing music there is so much noise to distract you but then we use it, it's not an afterthought so it actually embedded in the relaxation training. Yea

Interviewer: so do prefer using for example, very relaxing music or local music?

Interviewee: the nature of our local music... in fact I will say I use most of the time these foreign solemn music one that do not come with lyrics just the instrument playing yes because sometimes the sounds are eemh! I feel the sounds are not solemn enough and could even cause distractions so even the instrument only playing if it's the guitar, it's only the guitar very solemn if it's the keyboard it's only the keyboard very solemn the recorded the prerecorded music that we use, so mostly its foreign not our local genre of music where you have high life I'm just trying to badge in how high life well I'm trying to say in context of relaxation because whiles you are using that it has to be solemn but whiles you giving the person homework to go and do what we call pleasurable activities things that the person does to have

some esthetic eem! eem! benefit or to enjoy as their leisure or anything you can describe what the person likes so if its hip hop encourage the person to listen to it if it is choral music fine if it is high life music fine but for the purpose of relaxation I use more of the foreign music yea.

Interviewer: but we have classical, Adowa pieces, we have classical bobo pieces that is not too loud and too eerm! Robust?

Interviewee: well, well the issues is I have not tried that before. And one thing about using music eemh! Using music as an art in therapy also has to do with the ability of the person to also appreciate that kind or genre of music and so where you know the person doesn't appreciate it its wouldn't really work for the person so it also has to do with if the person is into that, so before you use any form of music you would need to ask the person oh! What kind of music do you like? They will say oh! I like classicals and then you make sure to go with only the person that handles most etcetera. Maybe if the person says he or she likes local eem! Traditional eem! music then what you are saying go tactically.

Interviewer: so, probably sometimes our traditional forms also inform the settings that are used, you go and play it and its reminds the person of the dead uncle.

Interviewee: it's good, it triggers, its triggers something yea



Interviewer: I am ok, so would you at any point want to use the other forms of art for example, dances-movement and then possibly picture?

Interviewee: yea they are also good forms of therapy particularly dance. In a situation, lets take depression, severe depression where the person you know has eerh! is so dale cannot move and is always redrawn you use that to what, livening the person but eemh! its also good for elderly I know those who counsel elderly people eerh! Gyniatrics counseling they use dance therapy, however my issue also has to do with the person interest in that particular art because if trying to let the person appreciate a painting or a portrait and the person is not into that form of art and the person will not enjoy but then if the person oh! I enjoyed watching (...) etcetera, you can say let go to the beach and observe the serene it also art, you can say ok let appreciate this this painting people some people like you know viewing paintings but some people might not. Somebody might prefer painting some people might prefer natural art you know one that which is in the person's environment so you go to a land scape you know with different lands forms and mountainous areas the desert, the greens all these are art but art in nature not the ones that are painted and then somebody can say they want to enjoy dance so dance in fact it comes with what, music and it like you are using two forms combined so you are using that to let the person appreciate or find interest in the kind of art that you are

going to use because if the interest is not there then it might not have so much therapeutic effect like you want it to be.

Interviewer: so I still want to push the same about the interest. How about photography? Like our young's likes to do takes selfie at any time for example, if you are using photography can it have an influence?

Interviewee: so it depends on the nature of the person to explore because photography is all about the person's ability to explore new things find out new serine, capture moments and if somebody is not willing to go out there the person can have the cameras all the thing you can give the person the exposure to sue that to explore the environment but he or she will still not find value in that so still it depends on the individual and what works for them and that is why you intake interview you try to understand who the person is even before you formulate whatever therapy is important so it's not only about asking what the person eem! Happens to the person whatever problem it is they are dealing with but however the person has being coping with whatever challenges they have how they have being dealing with it. And if you find any you know traces of art in there then you can strengthen those in your therapy or whatever it is that you find waiting to help the person.

Interviewer: so last but not least, if I should find out in any of your sessions let me say those you sue the soothing courses (...) as music to

sooth the client who are depressed eemh! How were the outcomes?

Interviewee: very, very eemh! Therapeutic, in fact, you know I've, I've used it most often with client who have anxiety and who have challenges sleeping and so one of the things you do is to teach them, what you as a therapist is to teach them the relaxation because you are not going to be with them all the time to help them do it so you teach them and then they go back and then they do it. And most of the time in a very cool quiet serene therapeutic environment if you do relaxation for someone ten (10), like five (5) to ten (10) minutes you see they will be fallen asleep so sometime when you see them going you allow them to you know sleep for a while till may be about five (5) to ten (10), but because there are some other clients waiting for you so you don't allow them to if you have separate rooms you just I allow them to and then they wake and they are so relieved and sometimes they even ask you what happened, what did you do to me and that is where you also tell them you've just help them to what, calm their nerves, their impulses and so it has that relaxing effects on them just that people are not able to master it so quickly to be able to do it on their own because I've a number of clients saying that ok when I come to the clinic and you do it for me I'm able to sleep within the shortest possible time but personally when I go back home and I try to do it, it take so long for me to sleep or sometimes I'm not even able to

sleep at all so yes I , it does work. Particularly for patients with what insomnia and anxiety, yea and if you are doing systematic sensitization for people who have certain foamiest of certain objects then breathing it, it, with the music it's very soothing.

Interviewer: so last but not the least, eemh! I will also like to find out if you will any day be interested in attending any training or workshop on art therapy?

Interviewee: definitely, definitely because I belief that every human being enjoys at least one form of art an if not photography, if not painting, if not nature, even music or dance at least one person because the most common one I observe in people is music because you ask them what they enjoy doing in leisure time or what you like do that give you pleasure and that takes you, your mind or your thinking from all that is troubling you and some tell you when they sing hymns, some tell you when they go to church listen to people sing, some say if they listen to it on radio it comes in different forms but it all bows down to still the same music so if there is to be a training that will teach how to use these different forms of art and not only music I will be open to it because I know eemh! It works and personally music is one of the means that even I try to put myself together if I have any sought of distress.

Interviewer: aarrh! I think I'm very grateful for your time (....) thank you very much madam.

Interviewee:           you are well come.



## Interview 8

Interviewer: Good morning.

Interviewee: Good morning

Interviewer: My name is Samuel Danquah. Today, I am at your office to conduct an interview concerning my research thesis. please tell me a brief about yourself without your name, what you do, and who you are.

Interviewee: Okay so I am a counselling psychologist and also working as a lecturer in one of the universities in Ghana. My field of specialization has to do with career counselling. And that is my area of specialization.

Interviewer: So, what are some of the problems as a career counsellor, you have encountered, when you are diagnosing or restoring clients?

Interviewee: the major challenge that I have been encountering from my clients has to do with knowing themselves properly, in terms of their personality, traits and how these personality traits will help them in selecting the right career options. So, a lot of times, I have to sit with my clients and help them to understand why they have to know themselves before even thinking about their profession that they want to enter into.

Interviewer: So, for example, if the client refuses to talk much about his or her problems, when they come to you, how do you engage them?

Interviewee: At times it is very difficult when a client is in front of you and they decide not to talk. at times you feel to question yourself "what are the things that you're doing, or not doing right that is not urging to be forthcoming. So normally I will want to explain to them that they are

not the first person who has been here and there are other individuals who have come to the facility and they have gone through the process and so, they being able to open up to me will help me to understand them and help them to resolve their issues.

Interviewer: So further to this question, do you have any idea about art therapy when it comes to therapeutic practices?

Interviewee: I quiet remember that with the synopsis, one of our lecturers made mention of it when I was reading my master's programme. talking about how being a counselling psychologist, there are individuals who also specialise in art as a means to help clients resolve their problem. so that is where I heard it from?

Interviewer: So, what is your take about art therapy?

Interviewee: they are just like any other speciality in counselling. i think art also has a place in counselling because they will normally rely on other form of artistic artifacts to help them deal with the issue just as as a career counselling specialist, i will also rely on other forms of instruments and questionnaire to help me know my clients better, they will prefer to use other artistic artifacts to help know their clients.

Interviewer: So, what will be the relevance if art is inculcated into the educational programs of counsellors?

Interviewee: looking at the diverse nature of our course, although you may be a career counsellor or a clinical counsellor, or any other speciality, your understanding in other forms of specialities will also help, because in our part of the world, a client is not coming solely because you are a career counsellor, but he is coming because he had the first impression



that you are a counsellor. So as a counsellor you will be able to help solve his or her problem. so having knowledge in art therapy - at least if it is a course in our curriculum - I did not have the opportunity but those in the program now, if it can be a component of so that they have an idea and they can incorporate it even if you are in the career counselling specialist, how you can incorporate art to also help your clients in developing their career interests.

Interviewer: Do you envisage some challenges if it were to be incorporated into our curriculum?

Interviewee: I think there will be no challenge per se, but as for now, those who have specialised in art therapy as practitioners may be few. so that will be a little hinderance, but we van rely on other forms of learning to help our clients but if we have enough of them in the system to be able to teach the course and teach it well, and how we can apply the various concepts and techniques in it, i think we are good to go.

Interviewer: So, what is you take on counselling education in Ghana?

Interviewee: Currently, I think we have made some strides. Now people are willing to see counsellors to help them resolved their problems rather than going to their pastors or religious leaders. and with the coming in of the regulatory body, that is the Ghana Psychology Council to regulate the works of other mental health professionals, I think we are making strives, and the future is very bright where now people who call themselves counsellors, but have not had any professional training will be catered for by the law.

Interviewer: So, given the opportunity, would you consider an integration of art therapy into counselling programmes, to encourage its diagnostics and restoration programmes?

Interviewee: Why not? There are other means through which you can understand your clients. and if you have an art therapy background, you can also use that one to understand and appreciate your clients and help them resolve the problem, because the goal of every counsellor is to help our clients to resolve their problems. So, if there are any legal means through which we can adopt or borrow from other fields to help us resolve our client's problems, I think it should not be a challenge for us.

Interviewer: In which better way can art therapy be integrated into the education of counsellors at the tertiary levels in Ghana?

Interviewee: I will suggest it should be part of the course manual. we should get people who have the expertise to be able to teach the course and it should be part of the program right from undergraduate so that people during the master's level can also specialize. So, if it is formally integrated into our course structure, I think it would not be a bad idea. For now, even if I have the opportunity to learn it, I will go for it because it will add up to my practice as a career counsellor

Interviewer: I am very grateful for the time taken to grant this interview. when the data is transcribed, i will make available a copy to you so you can check if it accurately represents your thoughts and responses. Thank you very much sir

## Interview 9

Interviewer: Good evening

Interviewee: Good evening

Interviewer: I am grateful having you for this interview. The interview as I did indicate earlier is on my research degree and I need to make some follow up findings for my previous interviews with you and so I am happy to allow the space into your privacy this evening if it is permissible to have this interview with you.

Interviewee: Yes

Interviewer: So, if I may ask can you tell me a little about yourself? Generally? Professionally.

Interviewee: Okay, I am a clinical psychologist. I have a clinical background so I am a clinical psychologist.

Interviewer: May I know if you have any academic background in terms of teaching psychology?

Interviewee: Yes, I am actually a lecturer and I teach psychology. That is what I do full-time. And I do the counselling and consultation on part-time basis.

Interviewer: So, when you handle psychological cases, what are some of the key diagnostic tools that you have used in helping restore clients?

Interviewer: Okay with diagnostic tools, the main one is your intake interview. Anytime you have will have to interview to find out what their issues are. and aside your interviews, you use psychological tests, and then you do your diagnostics based on the BDSM criteria.

Interviewer: So, if you had a client who refuses to talk, what type of diagnostic tools are you looking at?

Interviewee: Okay, so when clients refuse to talk, it could be as a result of different issues. Sometimes it could be that the experiences or things that they have gone through at home are particularly... I have had patients who have gone through traumatic experiences; having been abused, raped, molested, physical abuse, or they have gone through very horrific experiences at the hand of someone. So sometimes it is very difficult for those people who actually talk and narrate what happened and how it has affected them psychologically. So, for those people you would want to give projective tests instead of...so objective tests are those that are entered into, to which the person will respond and then you will see what is wrong with the person. But projective tests allowed for the person to project things within the unconscious or their minds onto whatever you might use being picture or stimulus that is being presented to them. So, for those ones, you can use the projective test. Some times when it comes to children, they may sometimes not have the right vocabulary to appropriately express how they feel or things that they are going through. so sometime you can do what we call the "draw a person tests", where the person draws the family or the any of the environments the person finds him or herself. So, if there are any challenges, you will see it in the kind of drawing the child presents.

Interviewer: So, as a therapeutic practitioner, how much do you know about art therapy or creative therapy?

Interviewee: Okay, for us, what we do is psychotherapy, which is talk therapy. But in the process of doing talk therapy, we incorporate some forms of art into it. So, we do not do art therapy as a full therapy on its own, but we incorporate some forms in our therapy. For example, I know that in dealing with people with some anxiety, we employ relaxation, and some of these things are done alongside a very solemn music. And so that is one of the art forms that I can talk about as art therapy. Aside from the music, we could also use play therapy. Play therapy we use particularly in helping children who have some difficulties psychologically, and so play will come in various forms maybe asking the children to draw, asking the children to sing, play games, etc. And it is also a form of art. So, these are a few that I can say that we incorporate in our interventions. Sometimes the person too to imagine, use their imaginations to picture a serene environment and how that translates into how they feel at a point in time. But I would want to add that the ability of someone to even use these art forms effectively for it to produce that therapeutic effect is also dependent on whether the person appreciates the art forms. So, where the person does not appreciate it, it becomes difficult. But where the person appreciates it, it becomes sometimes very easy to use for whatever issues there are.

Interviewer: So, mean you are only able to introduce forms of art into the therapy based on the assessment and the interest of the client.

Interviewee: Yes, sometimes if the person is into that, you could capitalize on it to do your intervention. Sometimes too while the person is not into it,

you could introduce the person into it to see how they accept it or manage with it. If you see that even with the introduction of that there are still no improvement, then you will know that maybe the person does not need that art form. So, the appreciation if the art form also plays a major role on how well it will have an effect or improve in their symptoms.

Interviewer: Okay. In a broad spectrum, how would you consider art therapy itself?

Interviewee: I will say art therapy will involve therapy that is solely concerned with using art forms in enhancing psychological healing. So, it will mean you are not going to do more of the psychological aspect like the cognitive instruction, the behavioural techniques, and so on. But we are going to focus largely on the different art forms for instance using music as a form of therapy. Or using drawings or painting as the sole therapy.

Interviewer: Thank you with that one. I would also want to find out. What would be your position if art therapy was integrated at the training levels, say from degree upwards for counsellors and clinical practitioners.

Interviewee: Oh, you know, it will be ideal. You know when we are doing therapy in my training for example, i remember some of the ones we did were the traditional, cognitive therapy, gestalt therapy, behavioural therapy etc. all the therapies that we can think of- humanistic therapy and so on. But a topic that is solely focused on art. And so, if we could have that, it would also add very significant cues to our practice, because now anybody who would want to use these art forms would have to go and learn and read about them.

- Interviewer: So, do you foresee any constrains if it were to be incorporated?
- Interviewee: Constrains, yes. Because traditionally, this has not been part of the what has been used all these years. The fact that people might not really appreciate this form of therapy. Yes. Also, it comes with an issue of training. There are people who have to have the professional know-how on how to train other in the art therapy. The resource persons who are going to help train people for this type of therapy.
- Interviewer: So, if they do not appreciate, would it influence the state of art therapy, education, or inculcating art therapy into Education in Ghana? Because I believe by now you would agree with me that most people are drifting from talk - face to face talk therapies - into other forms of creative therapeutic interventions.
- Interviewee: These are the two challenges we are going to have; getting the clinician to appreciate the essence as one of the challenges and the other challenge also with getting personnel, professors or lecturers, or trainers who have the know-how in art therapy to be able to teach and train upcoming ones. Because art therapy is something that is emerging. It is not part of the traditional forms of therapy that have been introduced in counselling psychology.
- Interviewer: So, in your view, what is the current state of counselling education in Ghana?
- Interviewee: I think counselling education is good. We have institutions training counsellors. However, the issue is that most of the education in the country is centred on westernised therapeutic ideas, theories etc. I think it is time for people to go into other ways apart from our



traditional ways of understanding behaviour. And how these are similar or different from the traditional ones that we know. And how that these theories can inform our ways of treating people. So, if for instance, we are talking about art forms, and traditionally, what are some of the art forms that we use to express situations around us. For example, in Akan culture, we have the adinkra signs and symbols. And so even in therapy, how do we incorporate these? we can use the traditional ways of knowing or traditional ways of teaching some form of wisdom? And so how do we incorporate these? It is not always about negative thoughts. It is not always about cognitive stuff; it is not always about the specific thinking. But also, our traditional ways of knowing are traditional theories, culture beliefs and things. And how these can be embedded in the therapy that we use. So that they be accepted because if somebody and this includes also the spirituality that I mentioned, because if somebody comes to you and thinks you are the question is because somebody is doing them, how then are you able to convince the person that it is not actually somebody who has been doing them, but it is because their thinking so. Because they have been trained all their lives to believe that everything that happens in our physical, is connected to the spiritual. Once something bad begins to happen, then it means that there is something wrong there that has to be corrected. So yeah, I think it is time for us to change our focus on the pure words and theories of knowing and understanding to our indigenous ways of understanding behaviour.

Interviewer: Right, my final but not least out of the questions is in which better way could art therapy be integrated into counselling training at the tertiary levels in Ghana.

Interviewee: Okay. So, one of the things is to introduce students to whatever in the training of psychologists. So, for example, when we are dealing with theories of behaviour, we talk about cognitive theories, personality theories, further and so forth. We could also introduce some theories, for instance of arts, or artistic impressions, and how they also influence behaviour. So, they are not only learning theories that we use, they are not only learning about theories of thinking, but they are also learning theories that relate perceiving things that are in our environment. So that, by the time they get to the master's level when they are trying to understand it better, it is now being integrated as a form of therapy, it might not appear or sound as something that is too strange. Because they might have had the theories from the undergraduate years. Because that is how the training is like. The undergraduate years usually explore the idea about the scope of the psychology, the theories, the schools that have influenced it, and then at the master's level, you master these theories and how you are going to apply it in your therapy. So, the integration into the psychological training when we begin from the undergraduate level with a few theories and then at the master's level it will be integrated into the main therapy. It might not appear as something odd, or something strange. now we should not only focus on training those who are coming. There are a number of counsellors and psychologist who are

already practicing. So how do we appreciate the usage, and use it. And so, we have something we call CPD (continuous development program). We could have experts who come and teach clinicians how to use some of these art forms as therapy. So basically, that is it.

Interviewer: I am very grateful for the time taken to grant this interview.



### Interview 11

Interviewer: Good afternoon, sir.

Interviewee: Good afternoon.

Interviewer: Thank you for having time and space to accommodate me in your office. it is about my PhD thesis which I am interviewing you on. Please kindly tell me a little about yourself without your name.

Interviewee: I am a counsellor by profession. I schooled at the University of Education, Winneba. Both at the undergraduate and the MPhil level. Currently, I am a senior lecturer at the department of counselling psychology. I teach all counselling courses.

Interviewer: Thanks so much. So, what are your impressions about art therapy?

Interviewee: For me, my understanding of art therapy is using art in a therapeutic session. So, I think even the art of drawing speaks. because when you ask an artist about what he has drawn, you may not understand. So, they understand wat they have done. but in therapeutic session, it is a different thing. but for me art even though adults will look at art from aesthetic point of view, children look at it from a different point of view. So, for art therapy, I will say yes, it must be practiced, but we must tailor it to children. Because that is where we will get exactly what they are.

Interviewer: So, what are the forms of arts that you know that counsellors use?

Interviewee: Sometimes, use they use drawings, either pictorial or the scene (the natural setting) so that the person interacting with the environment will now see what he has seen. normally, majority of counsellors use it in the pictorial form. Sometimes, if you go to some counsellors'

office, you have a lot of pictures depicting different artistic backgrounds; sometimes as a therapy to calm down the clients. You allow them to interact with the different pictures in the room. Sometimes you can leave the client alone in the room and then get out. Before you come, by interaction with the pictures, some of them will have some influence on him or her. So, basically, for me, I know the counsellors use the pictorial form for their counselling sessions.

Interviewer: I want to also find out do counsellors find the forms of art in therapy as valuable?

Interviewee: Personally, yes. Because as a professional teacher, I was teaching at a point when a lady teacher just went to a classroom gave drawing sheets to children, just to draw what they have experienced from the house in the morning before coming to school. And she gave them crayons. So, everybody scribbled. There was one child who used red to paint the whole of the A4 sheet. And when the teacher asks, why did you do this? He said my father brought a game to house and that is the blood of the game. So, to that child, even though looking at it as an adult, it may mean nothing to that. But that child has meaning to what he does. So, it has a lot of values in art therapy but it is not pronounced in Ghana. This is because we think that art is only about the beauty of the thing, but it goes beyond the beauty. It has stories to tell.

Interviewer: So, do you do believe or think art therapy has the chances of improving on counselling practices nowadays? As counsellors use during intervention?

Interviewee: Yes. Even though it is not pronounced in counselling programs, when we factor it into it, it will help. because drama dramatic student somebody and that depression, anxiety some form of art can help as you detect what actually that person is about. for example, if the person has something about mental, and is able to tell me that oh, this is colour green, it means is something is developing. So, counsellors really need art as part of the therapeutic techniques or whatever. But what do we do in Ghana, we need to make it as a course or as a compulsory course for counsellors. So that they can use it especially if you read about strategies in counselling children, it is not about talking because the child may not speak the way an adult would do. So, these things you can use to the art therapy to elicit responses from the children.

Interviewer: So, at what point would you introduce art therapy as a practicing counsellor? is it before assessment or after assessment?

Interviewee: It all depends on the client. If you are counselling a child, the child may not be able to give you exactly what is happening to him or her emotionally. But if you have a way of using art, there a may be a colour that the child pick, or even scream. what does it mean? it signals that the child fears that colour. So why are you screaming immediately I showed you this colour? The child will tell you something. So, the inner expression of the sign you will get it.

Interviewer: So, would you say that art therapy can be used both at the beginning and in the middle of the counselling?

Interviewee: At any stage of the counselling depending on the counsellors' objective or what he wants from the client.

Interviewer: So how about training? Have you personally received training or do you think training of counsellors is very important at this stage?

Interviewee: Yes. Because we have a lot of challenges in the Ghanaian society today, especially with counselling. People think that counselling is for those who have problems. And others also think that "old age has wisdom". And in Ghana what is missing more is counselling of children. We always say counselling, but counselling strives on accurate information. Now if a child is not able to give you that accurate information, you will counsel the child wrongly. So, what do you do? There should be another way of helping that child to give you what he feels or what he has in mind without even saying it because he may not construct the words correctly. So, the meaning may not come out of it. But if you use any form of, say art and if you are able to express himself, you will get what is worrying the child and you will do it. So, for me that there should be some courses in art therapy for counsellors these days. Because we need to help them very young. Sometimes it is difficult for someone who has decided for himself that is why we have difficult clients. But guided if a child is counselled from the beginning, he will live up to expectation. So, art is very important. Yes.

Interviewer: I will want to find out also, for those who are already practitioners or practitioners. Would you recommend a manual was developed for them? Because as you are saying, those who are about to become



counsellors should have it as a course in their training, what about those who are practicing, should there also be a manual for them?

Interviewee: That is why we have in-service training. So, at any given point in time curriculum can be reviewed or alternatives can come in, and then it can change. So, there is the need for some form of therapy courses to be undertaken. Yes, a manual can be developed so that their skills can be upgraded as far as accuracy is concerned. It is missing in Ghanaian counselling courses. Which to me, is not good. I studied counselling but we did not do art therapy. But after reading books, especially when you get to counselling children, you cannot do away with art.

Interviewer: So, it means that your opportunities have come from self-tutoring.

Interviewee: Yes.

Interviewer: You have tutored yourself for children. Finally, are you willing to avail yourself for training should there be the opportunity?

Interviewee: With learning, is not static, it is dynamic. So, at any given point in time man should avail himself for new skills. We need you to develop so if the opportunity comes why not. But what I am saying is that there should be policy can be designed as part of counselling programs for our students and for upgrading of skills

Interviewer: Thank you very much Sir. I will want to seek if you have any other suggestion.

Interviewee: Yes, for counselling, to strive, we need to get out there, find out a lot of things that will help us, for instance culturally, socially, etc. what we need to do is that, the arts, can you get culture-based arts to counsel our children? Because if you use the westernized arts, the

understanding of the African child for that matter Ghanaian child will be difficult. So, if you want art therapy, let us fashion it through our Ghanaian culture, artifacts, the emblems, those things, so that we should use our local-based culture, arts, fabrics or whatever so that the child will get to understand it better than importing those things from the west.

Interviewer: Once a again, I am grateful sir. I would transcribe it and give you a copy to look at it to check if it is a representation of what you intended to communicate.



## Interview 12

- Interviewer: Good evening
- Interviewee: Good evening
- Interviewer: My name is Samuel Ofori Danquah, a PhD candidate. I am calling this evening per our discussions to interview you on my PhD thesis which is on the topic art as a therapy; counsellors' perceptions on its use in Ghana. I would be glad if you would share with me your practical experiences. But before that, can you briefly tell me about yourself.
- Interviewee: So, I am a counsellor by profession, I teach, and I do administrative work also. That is all. that is basically who I am.
- Interviewer: In that regard, are you able to meet clients for counselling experiences?
- Interviewee: Yes, I do.
- Interviewer: How long do you meet or how often you meet these clients? As in the duration per session, and how often they come in
- Interviewee: Duration per session will be roughly thirty to forty-five minutes.
- Interviewer: How often are they coming per week or in a day?
- Interviewee: Okay, so I think it depends on the season of the academic calendar that you will get people trooping in or you just be free at a given point. So, let us say getting to exams, we get much people and then early in the semester when people are confused about what to opt for and all those things? in between that, we are free.
- Interviewer: So, if I am getting from what you just said, you normally handle students in an academic environment.

Interviewee: Yes

Interviewer: Okay, please, can you assist me also understand how you treat clients or students who refuse to talk in sessions during interventions.

Interviewee: So, for those who refuse to talk, I basically push it back to them that they are coming for counselling should not be in vain. So, until they unravel whatever they have in store, we cannot deal with any problem at all. Basically, that is what I kind of push it back to them. And it hits them that Yeah, they will have to open up so we can talk

Interviewer: So, you do not introduce them to any other forms of interventions that may make them probably present themselves without actually talking

Interviewee: Okay, then that will be with the youth at church basically.

Interviewer: Okay, how about that?

Interviewee: So, for them, interventions such as any self-expressive intervention such as the art therapy is most likely to be used for such people because they open up freely in expressing themselves through the drawings, the writing of poems, and all that.

Interviewer: Can you assist me about your knowledge and perceptions about art therapy as you just mentioned?

Interviewee: So, art therapy as the name suggests, we use it as a therapeutic means to help anybody else have any emotional, social, physical, all other facets of life. It is self-expressive therapy which helps you to identify or relate whatever the person displays, as in whatever the person produces through the person's inner being, inner thoughts, and whatever he or she might be going through.

Interviewer: So further to this, I would want to know how you have seen it work. And then you have may have seen other colleagues who use it in sessions or in practice.

Interviewee: So, with a group of senior staff, I tried applying to see if adults respond the same way as kids respond to it. And initially, it was a bit frightful for most of them because they as usual will say, I cannot draw, I do not do arts, I cannot paint, and all that. But with the creative forms, which has to do with crafts making, I saw that effective and I realized that when I use craft making, the adults were able to kind of flow with it. And over a period of eight weeks, two sessions each week, I realized they started adapting to the desire to want to express themselves by making something. Because at the end of the day, they realize it was playful. as compared to what they thought it was; as in a strict, ruled or accuracy checking sort of production. So with the free flow expression of productivity from whatever craft they were making, at the end of the day, they said it was an eye opener for them. Even though they had something of inhibition from the beginning, they are coming every now and then and they are trying the word is trying to produce something and being able to accomplish it. It did not bring some sort of tensions as they thought, but they rather relaxed because at the end of the day, they feel fulfilled, that they have been able to achieve something. And yes, according to them, it was away from their everyday routine which was a bit stressful. So yes, they went out of their domain and somehow with the self-expression and

creativity they were able reduce their stress levels over the period; eight-week period.

Interviewer: So, as a counsellor, do you see these forms as of value in practice?

Interviewee: To be truthful, I would say we must adapt to it, embrace it fully, and see how we can integrate it into our system in a sense that, over the years has always been psychotherapy; dealing with the mind. And with that, you know, you have to do, a lot of excuse me to say, drilling, talking, investigative means, with all the probing and stuff. And that does not come easily. like we said from the beginning, it is not everybody who opens up, and you have to use some ways and get them speak. But with this, as they express themselves, you can ask simple questions like why did you choose this colour, why did you do this? And as they express themselves, it points to some form of meaning. When it comes to the psychology behind colours, the psychology behind words for those who use the poems. The psychology behind the music, which genre you are choosing, and opting for, and all those things. And aside the autism students, or peoples who can embrace this better, we all need that self expression to help us go down to the roots instead of draining the person's mental faculties alone, to bring meaning to what is happening. Which is sometimes we all know, might not come.

Interviewer: So, as a follow up, at what points in sessions, are you comfortable introducing creative therapists or art therapy? Is it for example, assessments, problem presenting or before any of these ones?

Interviewee: When it comes to the younger ones, you can do it before assessment. As in when a child comes and he is not ready to express, especially when they are not sure who you are they do not open up, so you can't even assess them in the first place. So, you let them self-express and then you kind of draw close to them, expressing like likeness for what they have done and what it means and trying to make meaning into something socially or in the family, then they can express themselves and kind of unravelling things to you. With adults you might have to first assess before you know which ones to apply. Especially for those who would have inhibition in terms of how to express it in artistic means. if you get to know something, then you know that okay, the poetic means might be better for somebody as against the packs or the drawings, painting, or any of the art forms.

Interviewer: So, have you had any formal training or you did self-training?

Interviewer: So, with the background in art and a counselling background, I opted to kind of investigate further how I could integrate these two fields and that is how come I wanted to use an art form in counselling sessions. And that is what brought this up. And I have had a lot of self-training in the sense that you listen a lot, you read a lot, you kind of listen out there to what people are doing, what it means and how it helps them. Then yes, you can apply one or two things here. A short internship is not necessarily training under this.

Interviewer: So, would you in our assessment of the use of creative therapy recommend there was a manual for therapist who are not artistically trained to use in sessions?



Interviewee: I would very much love the Ghana Psychological Council at this point to embrace it as one of the therapies that can help. Even though we do not necessarily have a rooted art group that can embraced this, and I am not sure the medicals will also embrace it even though they apply some out there; not here in Ghana, I believe the Ghana Psychological Council can embrace it, so that you can use other means other than the psychotherapy that we are stuck with. And we have to find a way to embrace this new skill. It is out there so we have to also try and bring it down here to help people have the easy way of self-expression.

Interviewer: I needed to have confirmed this, I believe you are a licensed psychologist. And then, last, but not least, also, would you take yourself through training if you are given an opportunity?

Interviewee: Very much so. I would love to have the full-scale training on this one. Because even with the little here and there, internship, self-training, the enthusiasm that started the whole thing, I believe that background will also give a thumbs up to the whole thing.

Interviewer: So, before we conclude on this, in your own words, will you want to say a comment or two about the art therapy in Ghana.

Interviewee: Okay, so it is about time we embrace new things to help us go about the same things we have been doing all this while. In a sense that, until we rediscover ourselves using other means, we will not be helping our clients because it is not a one size fits all way of solving matters. We need to explore and this is one way of self-exploration as a counsellor and then also for the clients that we have. We give them the liberty to

as it were, self-express. Not just in talking, but in every art form that is possible.

Interviewer: I am so grateful for the time, expressions and then the comments are well noted. It will be transcribed and a copy made available for your perusal to see if it represents really what you meant. So, I should say thank you once more for your time and have a good night.

Interviewee: You are welcome.

Interviewer: Bye

Interviewee: Bye



## Appendix 4: Lyrics of music employed by counsellors

### Appendix 4a: Cbra (Ampadu, 1970)

Cbra aaaaa cbra  
Cbra jne wa ara oo  
Cbra aaaaa cbra  
Cbra jne wo ara oo  
Cbra yi onipa ne cbra yi  
Yjbc no sjn  
Akokc rehwehwj baabi atoc no  
Agyesj cno ara oo ahaaaha cno ara oo aaaa  
Cbra jne woara oooo  
Meyj abofra no a yjtc ma me diee no  
Na me ho pre me sj  
Mjyj panyin ntjm ooo  
Na mea ma di me ho so  
Ma di meho so abrabc yi mu  
Sjjna panyinnie wcho yi,  
Jyj adej bi a jyj ya sjj  
Cbra aaaaa jne woara oo  
Cbra aaaaa cbra  
Cbra jne wa ara oo  
Cbra aaaaa cbra  
Cbra jne wo ara oo



Appendix 4b: Waye Me Yie (Piesie, 2022)

Anuanom hwj, tete no  
Nea mēdi ne nea mēhye bi ho nti  
Abrabɔ yi mu animguasee aa m'agye  
Sj mehwe dea Awurade aye me nne yi aa  
Sj me ka aa nka wongyindi da

Kane no baabi aa aa na meti paa  
Enkrefoc nkyjn tena ateetee  
Nkotodwe aa mebui ne mu anisuo aa mate  
Sj miidi m'abrabɔ yi mu adanee akyere wo aa  
Meka aa anka w'ongyindi oo

Bebiaa m'abeduru yi yj Awurade Adom oo  
Kane no jdin aa na wodi nim me no wɔnfrɛ me saa biom  
Osoro Nyankopɔn asesa me din oo  
W'ayj me yie oo

Bebiaa m'abeduru yi etɔ daa eye wɔn sɛ enyj me aa mpo  
Ahokyere nti m'ataade aa ehye me nyinaa  
Na mede ataade foforo biao atetemu  
W'adom me ahye me ataade foforo bi  
W'aye me yie oo

**Chorus**

Sjnka enye Awurade aa  
Ɔso mensa na okyere me kwan aa  
Me aa m'abusua mu nye yi  
Awurade aye me yie oo

Senka enye Awurade aa  
Ɔso yjnsa na Ohyira yjn aa  
Yjn aa y'abusua mu nye yi  
Awurade aye yen yie oo

W'aye me yie oo

W'aye me yie oo

Nti ahia wo aa enwu aate

Ɔbeye wo yie oo

W'ayj me yie oo

W'ayj me yie oo

Nti ehia wo aa jnwu aate

Bra, Ɔbjyj wo yie oo

Emmerj aa na asorckye bubomu

Ehum retu, mede nkotodwe me tijjmu fri

M'ahuhia mu se Adom wura boa me oo (boa me)

Mpremprem Nyankopɔn ei, wo ba me wɔ w'anim oo, mehia wo mmoa oo ei

Abera aa na ohia buburo gu m'anim ase no

Mede mpaebɔ den me tiemu denden

Ayebeda Nyame ei sj mefre wo aa eyaa braa oo

braa oo braa oo braa oo braa oo braa oo braa oo braa oo mehia wo mmoa oo

The God of Enoch

He heard my desperate cry

He lifted me Oh He lifted me

And He set me free

Chorus

Sjnka enye Awurade aa

Ɔsɔ mensa na okyerɛ me kwan aa

Me aa m'abusua mu nye yi

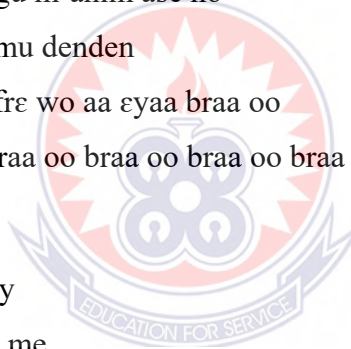
Awurade aye me yie oo

Senka enye Awurade aa

Ɔsɔ yjnasa na Ohyira yjn aa

Yjn aa y'abusua mu nye yi

Awurade aye yen yie oo



W'aye me yie oo  
W'aye me yie oo  
Nti ahia wo aa enwu aate  
Dbeye wo yie oo

W'ayj me yie oo  
W'ayj me yie oo  
Nti ehia wo aa jnwu aate  
Bra, Dbjyj wo yie oo

Senka enye Awurade aa  
Dsɔ mensa na okyere me kwan aa  
Me aa m'abusua mu nye yi  
Awurade aye me yie oo

Senka enye Awurade aa  
Dsɔ yensa na Ohyira yen aa  
Yen aa y'abusua mu nye yi  
Awurade aye yen yie oo



## Appendix 5 MAXQDA 2020 Coding

### October current 2 (24/10/2021)

Ok, so eem! I am yet to be licensed but then I have my... I have my MPhil, I am currently in interning to get my license, I'm done with six (6) month I'm left with six month to go yea, so I'm practicing just that I'm not licensed so I'm doing that under supervision.

Code: ● are you qualified and licensed practicing counselor Weight score: 0

Use of Art as a Therapy Transcriptions, Pos. 6

yes, I have eem! For me I think art is not only eem! Having esthetic values it has hidden values and eerh! Psychology that is what we do, we heal people not of physical wounds etcetera but psychologically we heal them of trauma, views a lot of things that affect their psychological wellbeing so I believe eem! Art comes with what... hidden values or therapeutic values and so it's not only esthetic ones so I have quite some experience with using eerh! Certain art forms as part of my therapy.

Code: ● perceptions about the forms of art as therapy Weight score: 0

Use of Art as a Therapy Transcriptions, Pos. 10

Ok, most of it or all of it has been using it as part of a therapeutic tool not art therapy as a form or as a distinct form of therapy on its own so possibly if you are using eerh! CBT a cognitive behaviour therapy at a behavioural session you are going to do a relaxation training etcetera and in the relaxation training it comes with what, a solemn music so usually its part of the... the therapies that I use not as a distinct therapy on its own yea.

Code: ● how the forms of art in art therapy is used and art what point Weight score: 0

Use of Art as a Therapy Transcriptions, Pos. 12

well for what I know it is not a borrowed intervention, usually for a relaxation training to be very effective it has to do with music, yes solemn music because I remember even from our training usually you would have to use music just that sometimes the setting in which we work do not allow for us to you know eerh! actively use and explore that because you are in a therapy room maybe in a hospital setting, interim setting and you know you don't use the room alone or there people who are in the same floor with you and so even if you are playing music there is so much noise to distract you but then we use it, it's not an afterthought so it actually embedded in the relaxation training. Yea

Code: ● perceptions about the forms of art as therapy > how is the forms of art in art therapy employed by counselors Weight score: 0

Use of Art as a Therapy Transcriptions, Pos. 14



Yes I think it is appropriate, eermh! It will also be depending on the kind of challenging that client will be going through so if the challenge of the client demands some form of perspective of art that can be used to assist the individual then I think art therapy can be of essence to the therapy.

Code: ● how the forms of art in art therapy is used and art what point Weight score: 0

Use of Art as a Therapy Transcriptions, Pos. 42

I think art can be a therapy on it on, I know it is a branch in applied psychology where people eemh! Study art and use it during session so it can be on its own or and it can also be assistive yea.

Code: ● the values counselors find in the form of art in art therap > how forms of art in art therapy used to improve counseling Weight score: 0

Use of Art as a Therapy Transcriptions, Pos. 44

eemh! I have not use it before because for you to know how it works you should know what it is, how you can use it and how you can use it well and I have not gone through a training to be able to use art in my therapeutic session.

Code: ● the values counselors find in the form of art in art therap > how forms of art in art therapy used to improve counseling Weight score: 0

Use of Art as a Therapy Transcriptions, Pos. 46

yes I have done that most occasion when it comes to anxiety even in suicide situation I normally want to ask the client the type of music that they listen to it also gives me a perspective as to how the client thinks and which kind of music in their sad mood they will want to listen to admire so I have made some recommendations before.

Code: ● how the forms of art in art therapy is used and art what point Weight score: 0

Use of Art as a Therapy Transcriptions, Pos. 48

eeemh! Yes I think I have eerh! Recommended one (.....) this eem! Local music obra, obra ne w'ara bo, yea. The words in that music piece is very educative and is very touching and it help clients who eeemh! Are having challenges facing life so that how I used it, that how I recommended that song for the person.

Code: ● how the forms of art in art therapy is used and art what point Weight score: 0

Use of Art as a Therapy Transcriptions, Pos. 50

oh the outcome was great. It was an assignment given to the client and eeemh! I told her to just listen to the song and take time, well she was an Akan speaking client so she understood the words in the song so I told her to listen to the song and jot down some words that are resonate with her so and it was, it was great, it was great, yea.

Code: ● how is the forms of art in art therapy employed by counselors > the values counselors find in the form of art in art therapy Weight score: 0

Use of Art as a Therapy Transcriptions, Pos. 52