# The medicine in the circle: A case example of embodied arts-based community practice to address intergenerational trauma in rural South Africa

**Article** *in* Dramatherapy · November 2023

DOI: 10.1177/02630672231214649



**2 authors**, including:

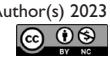
Une Conradie
University of Cape Town
**2** PUBLICATIONS **3** CITATIONS

SEE PROFILE

*Original Article*

The British Association of Dramatherapists

Dramatherapy
2023, Vol. 44(2-3) 119–131



DOI: 10.1177/02630672231214649
journals.sagepub.com/home/drt


# The medicine in the circle: A case example of embodied arts-based community practice to address intergenerational trauma in rural South Africa

**Marlize Swanepoel**
sp(i)eel arts therapies collective, South Africa

**Uné Conradie**
sp(i)eel arts therapies collective, South Africa; University of Cape Town, South Africa

## Abstract

This article shares extracts from an arts-based community model of mental healthcare that works with family and social systems to develop collective resilience and address intergenerational trauma in a culturally informed manner. The practice is situated in an African philosophy of collectivism, where the group is a resource and source of support. It invites arts therapists to engage with psychological practices outside of an individualistic focus with a practical approach to considering the ecosystem which influences health and well-being. Theories such as embodiment and polyvagal theory, community and collective resilience and intergenerational trauma are explored and translated to practise with an example of implementation in a remote farming community in the Western Cape of South Africa. The authors focus on practice elements derived from Dramatherapy and Applied Drama, which highlights embodied practices as they are applied to address intergenerational trauma and develop collective resilience.

## Keywords

Applied drama, collective resilience, community, culturally informed practice, dramatherapy, embodiment, intergenerational trauma, polyvagal theory

## Introduction

This article presents findings from a community-based model of mental healthcare called Families and Collective Futures (Havsteen-Franklin et al., 2021), which was developed

**Corresponding author:**
Une Conradie, Faculty of Humanities, University of Cape Town, University Ave S, Rondebosch, Cape Town, 7701, South Africa.
Email: info@ontdek.org.za

by sp(i)eel arts therapies collective, a non-profit organisation, in collaboration with Brunel University. The team is made up of arts therapists, arts practitioners and arts activists. The model offers a frame for arts-based psychosocial practice in diverse social contexts. This article will discuss the following practice elements as they relate to Dramatherapy and Applied Drama in their aim to develop collective resilience: (1) using an embodied, authentic and mindful stance; (2) creating a safe, consistent environment; (3) actively affirming and validating the participant's experience; (4) collaborating on strength-focused outcomes; (5) exploring roles and group cultures; (6) inviting co-creation through imaginative play; and (7) supporting artistic skills (Havsteen-Franklin et al., 2021).

The article further explores how the notion of collective resilience, as seen from an African perspective, has the potential to challenge harmful social systems and build healthy communities which can ultimately address intergenerational trauma. The latter required robust engagement with the authors' identities as White South African women who speak Afrikaans as their first language and therefore embody the sounds and visual cues of the previous oppressive regime. Race, being the main indicator in the apartheid ideology, continues to play a significant role in how South Africans engage with each other, particularly around issues of power dynamics (London, 1999; Vierya, 2015). In many ways, the authors' engagement with their complex South African identities were the driving force behind the development of this work, as we they not we were seeking a framework beyond their Western education that could serve as a practice to redress, repair and heal. For the authors, this work was also about fostering a sense of belonging and deeper connection within a diverse society where people have been alienated from each other during *apartheid*. This article aims to highlight how embodied arts-based practices can navigate complex identities and offer healing from intergenerational trauma by meeting beyond language in the shared landscape of the arts. The authors further propose that the programme, which developed from a deeply reflective and humble relationship with the African worldview, is relevant to other diverse contexts where practitioners are called to respond with a psychological practice that is culturally informed, holistic in its engagement with nature and spirituality, and centres around the notion that we are all interconnected. Like South African National Research Chair of Violent Histories and Transgenerational Trauma, Professor Pumla Gobodo-Madikizela suggests, 'now is the time for scholars in the West to seek scholarships to learn from Africans the art of returning humanity to humans' (Mmatshilo, 2004: 117).

## Literature overview

### *Embodiment and polyvagal theory*

As early as 1980, Lakoff and Johnson challenged the notion of dualism, or a disembodied mind where the interdependence between mind and body is rejected. This mind–body divide stems from 17th-century philosophy and gained traction in the Western world (McNerney, 2022). The African perspective never endorsed the mind–body division (Makanya, 2014) and emphasises their unity in relationship with the wider cosmos (Mbaegbu, 2016). As cognitive scientists and linguists, Lakoff and Johnson promoted the concept of embodied cognition which proposes that the thinking mind is influenced

and in fact guided by our physical experiences (McNerney, 2022). This idea was expanded by Wilson and Golonka (2013) who hypothesised that embodied cognition does not simply represent another source of information for the mind, but that it sees the body as navigating the world and solving problems in real time. This hypothesis invites us to centralise the role that the body plays on human behaviours (Wilson and Golonka, 2013). When we view a person's responses from a position of embodied cognition, we can understand that while internal mental representations play a role in determining behaviours, a person also draws immediate cues from the body and the environment which determines their actions. Therefore, behaviours can be changed through listening and responding to the body's cues (Wilson and Golonka, 2013).

Psychiatrist and neuroscientist Stephen Porges (2018) developed polyvagal theory as a map of the autonomic nervous system which practitioners can use to support this process of creating embodied awareness. The autonomic nervous system serves as a protector that responds to environmental cues of safety or threat. Polyvagal theory is organised around three principles: autonomic hierarchy, neuroception and co-regulation (Dana, 2020). Autonomic hierarchy refers to the evolution of the three pathways of the autonomic nervous system. The dorsal vagal system is the initial and most ancient response system to threat and effects immobilisation or freeze. The sympathetic system of mobilisation was added and offers the options of fight or flight (Dana, 2020). The newest addition to this hierarchy emerged as the ventral vagal system that brings the ability for connection and social engagement as vital resources for human survival (Porges, 2022). Activating from a sense of safety, 'the ventral vagal experience is one of being a part of the world, connected to self, able to reach out to others, open to change and willing to look at possibilities' (Dana, 2020: 28). Neuroception describes the processes of the autonomic nervous system listening inside, outside and between bodies for cues of safety and cues of threat (Porges, 2022). These cues form habitual patterns of connection or protection that become the stories of the body and shape the way we respond in the present moment. The third organising principle is co-regulation, which refers to the nervous system's ability to connect with others and create a shared sense of safety (Dana, 2020).

## *Intergenerational trauma in the South African context*

Porges states that trauma 'shapes the [nervous] system away from connection and towards protection' (Dana, 2020: 24). According to Porges and Dana (2018), the embodied process of responding to cues in the moment is disrupted by habitual patterns that signal danger, even if the present moment holds no threat. We see this manifested in relationships, for example, where one partner suffered loss or abandonment in the past and continues to experience extreme reactions of rejection or fearing worst-case scenarios when their present partner is absent for periods of time. Although these absences may be completely unambiguous, the traumatised person's habitual patterns of danger signal threat, even if the relationship in the present moment is safe and thriving. Porges and Dana (2018) further explain that the experience of trauma can be understood as a constant disruptor of connection. South Africa's history of apartheid resulted in a 'national psychic trauma' (Prager, 2016: 13) where subsequent generations 'inhabit a past that preceded them' (Gobodo-Madikizela, 2016: 3). This inhabited past can be understood

from a polyvagal theory perspective as habitual patterns of response by the autonomous nervous system, or body stories, that get passed on from generation to generation and shape the 'internal representation of reality' (Prager, 2016: 14). In Greek origin, 'trauma' means 'wound' (Maté, 2022) and, as clinical psychologist Nomfundo Mogapi (2022) says, 'South Africans suffer from the wound of the heart (. . .) and we are a nation that does not tend to our wounds, causing them to bleed onto those who never caused the original injury'. Maté (2022) adds that 'it is our woundedness, or how we cope with it, that dictates much of our behaviour, shapes our social habits, and informs our way of thinking about the world' (p. 16).

According to a study by Adonis (2016) on the prominence of intergenerational trauma among first- and second-generation descendants of victims of gross human rights violations during apartheid, ongoing effects include secondary traumatisation, negative socio-economic impact such as extreme poverty and a sense of powerlessness and helplessness. Ngcaweni and Mashile (2022) conducted a study with South African university students on their views and experiences of inherited trauma and found that those who were born post-apartheid are angered and disillusioned by ongoing inequalities inherited from the past (Ngcaweni, Mashile, 2022). Gobodo-Madikizela (2016) states that 'the most urgent question of the 21st century is how responses to historical trauma and their intergenerational transmission might be interrupted in post-conflict societies'(p. 1).

## *Community and collective resilience*

The Families and Collective Futures model attempts to address the question of how to respond to intergenerational trauma and disrupt its transmission by delivering arts-based community models of mental health care that is situated in collectivism. In the South African context, the word 'community' is laden with connotations from the historical apartheid language and practices. It implicates groups of people classed together by race and socio-economic status. 'Community work' and even 'community psychology' is often thought to refer only to 'underprivileged' people living in townships and rural areas. McAvinchey (2014) offers a more nuanced understanding of the concept of community by distinguishing communities of location, identity and interest. When this article speaks about a community-based model of mental health care, it is sensitive to its social-economical and historical connotations and understands the differentiations within communities, as well as the fact that a brief community of shared interest has formed for the duration of the programme, with its unique characteristics, needs and strengths.

Similarly, resilience is a contentious and debated term in literature (Allmark et al., 2014; Olsson et al., 2015). In 17th-century physics, resilience was identified as a term that described an object's elasticity to absorb and release energy. Two centuries later, the term came to be understood as a metaphor to recover from or overcome adversity in order to return to the 'as you were' endpoint (Allmark et al., 2014: 1472). Allmark et al. (2014) suggest that where individuals or communities are facing ongoing, oppressive and unequal challenges, the 'as you were' endpoint is inadequate. Instead, they advocate for an 'as you should be' endpoint, where social change is considered.

The Families and Collective Futures programme is critical of the notion of bouncing back to an 'as you were' state, particularly in systems where communities continue to

face inequality and oppression. The concept of *collective resilience* is understood as an implicit strength-based approach that speaks to 'assets rather than deficits' (Allmark et al., 2014: 1471) and the tenacity of people. This strength-based approach is also found in polyvagal theory which is not only about what humans inherit from their evolutionary history, but also includes the resources they came into the world with (Porges and Dana, 2018). Furthermore, collective resilience is understood within an African philosophical position where the drive towards an 'as it should be' endpoint is a shared task within the collective. The case vignette will highlight practices where the strengths of the group are surfaced and reflected on as elements of health and healing – the medicine that can be found in the circle.

## Methods

The Families and Collective Futures programme is measured by a monitoring and evaluation strategy that follows an outcomes assessment approach. Data collection tools are designed to be flexible and sensitive to cultural and physical diversity. Ongoing reflection, learning and adaptation are integral parts of the project activities, ensuring that the programme's effects are tracked in real time.

The focus of this article is on the first phase, called 'Meeting and Mapping' of the Families and Collective Futures programme, where facilitators are building trust and rapport with the groups, generating a shared language around mental health and well-being and mapping out risk and protective factors that are unique to the community. The second phase involves the implementation of arts-based psychosocial programmes, such as youth groups, based on the information gathered in the first phase. The final phase is a review of the programmes, reporting on the findings and discussions on the way forward with the community. Therefore, in Phase 1, immediate outcomes were measured, but it cannot yet speak to impact. Immediate outcomes included (1) establishing a stronger sense of self, (2) establishing a sense of a potential safe space, (3) regulating emotions and (4) developing and sustaining healthy relationships. Indicators for these outcomes included (1) the number of participants who attended the workshop, (2) the drop-off percentage, (3) participants who took initiative during the workshop, (4) participants' ability to define what health and wellness would look like to them, (5) participants' ability to notice and express changes in mood and energy and (6) participants' ability to work in groups towards common goals. All participants gave consent for this workshop to be referred in this article.

## Case vignette

This case vignette aims to demonstrate how embodied arts-based methods can be applied to achieve greater awareness of autonomic nervous system responses among participants in order to increase their ability to self-regulate and co-regulate. It is based on a 2-day workshop delivered by a team of two qualified and Health Professions Council of South Africa (HPCSA)-registered drama therapists, an applied drama practitioner, and an arts activist, musician and storyteller to an agricultural community in the Western Cape in South Africa. There were three generations of labourers present in the workshop and a

total of 72 adults and children, ages between 18 months and 81 years old, with a 0.3% drop-off rate for those who had to leave the workshop to attend to farm work.

The broader context of rural South African communities has been described in more detail in the programme's logic model (Havsteen-Franklin et al., 2021). In this initial 'Meeting and Mapping' phase, a creative mapping exercise is facilitated to map out the group's specific needs. This included creating space for self-care within a very demanding work schedule, nurturing interpersonal relationships with a focus on respect and safety, addressing conflict and feeling heard. The flexibility of the model allowed the team to apply elements of practice which could begin to address these themes as they were understood in the context of a dysregulated nervous system and its impact on interpersonal relationships.

### *Using an embodied, authentic and mindful stance*

This practice element refers to the positionality of the practitioner. In the context of community-based work, one of the first principles of the model is that the team is invited onto the land to deliver the programme. Accepting this invitation implies an awareness of the implications of their skin colour, mother tongue and presence in the space. If we consider principles of neuroception, the bodies in the space are holding relational stories from the past that may impact on cues of safety or threat. This is particularly significant for the White, Afrikaans-speaking practitioners who embody the role of the perpetrator in spaces that are allocated for healing. This complex relational dynamic is navigated by beginning the work long before the actual programme is implemented through reflexive practices, such as personal therapy, clinical supervision, team reflective practice meetings and engagement in transformation conversations in the wider South African Arts Therapy community. The practitioners also took on an active, participatory role in the workshops and did not assume the role of expert, but rather of co-creators of spaces where inherent wisdom could surface. Furthermore, humour, play, dance and singing were essential elements of co-regulation and connection that offered access to the ventral vagal system (Ellis and Thayer, 2010).

### *Creating a safe, consistent environment*

In social contexts where physical and emotional safety cannot always be guaranteed, the creation of a safe space is understood in terms of creating a *sense of safety* for the participants. Scrine (2021) suggests that this co-creation of a safe enough space lends itself towards a trauma-informed approach that is sensitive to the system in which it operates. Practice elements of co-creating a safe environment includes ensuring that all participants are informed of what the programme is about and that they attend by choice. A lack of information or compulsory attendance perpetuates harmful patterns of disempowerment. Besides the manner in which the work is introduced, a more traditional therapeutic frame around time, space and confidentiality is also negotiated with the group.

The use of ritual to create safe and consistent dramatherapeutic spaces and to support transitions such as opening and closing a session has been well documented (Emunah, 2019; Mitchell, 1993; Snow, 2022). As an embodied practice, this programme employed

ritual, together with sound, movement and dance, breathing exercises and sensory nature walks, as regulating activities. The programme opened with a vigorous group dance with a mention of Peter Levine's (2010) tremoring theory afterwards. These are all examples of activating the vagus nerve in relation to others in order to co-create a sense of safety and connection.

In addition, an emotionally safe space is invited through the intentional application of familiar indigenous rituals, performed by a knowledgeable practitioner. In this example, a Khoisan musician and arts activist opened and closed the weekend's workshop with a traditional greeting, poem and soundscape, playing traditional instruments and burning *renosterbos* and *hottentot se kooigoed*, indigenous plants that were sourced on the farm and used as medicine plants. It was poignant to witness the elderly members of the community beckoning the practitioner closer and asking to inhale the burning plant. There was a sense of remembering that surfaced, a connection to a liminal space facilitated by a shaman (Casson, 2016; Pendzik, 1988) that offered a moment in time away from everyday stressors, a sacred place of possibility that resonates with Jaaniste's (2024) suggestion that ritual in dramatherapy can create such an opportunity. One participant shared that the ritual brought him a keen desire to reconnect with his roots. Decades of proclaimed White superiority and the influence of missionaries resulted in a loss and shame around indigenous practices. To honour and centre these rites and rituals was an act of redressing the oppression of indigenous rituals and a significant step in addressing intergenerational trauma.

## *Actively affirming and validating the participant's experience*

The relational dynamic still prevalent on South African farms of a White owner and labourers of colour continues to reflect the previous oppressive regime and has a profound impact on the labourers' sense of self-esteem. The social worker and development team involved in this farm shared in a pre-implementation meeting that a core issue for this community was a lost sense of self-esteem and agency. The practitioners employed an indigenous practice of gaining group consensus (Montesanti, 2022) on the frame of the programme and the expectations for each day. This was a verbal process conducted in a circle, and an adaptation of the applied drama and dramatherapy practice of establishing a working alliance (Carmel, 1997). With care, affirmation and validation, the practitioners continuously confirmed that there was no right and wrong in the creative work and that participants' choices were valid. They worked on creating a permissive space where engagement from the participants was met with unconditional acceptance and celebration. Creative tasks were scaffolded to optimise mastery and the team learned over years to use as little writing as possible, since many community members were illiterate. Movement, voice and images were the main methods of creating stories. One participant reflected that the way the practitioners engaged with them helped people to come out of their shells, since '*ons mense neem nie maklik deel nie*' ('*our people do not engage easily*'). Another participant commented that he had not drawn a picture since childhood, and when he was invited to do so, he thought that he could not. He added that when he entered the venue the next morning and saw his image on the wall, it was the proudest he felt in all his life. We understood that a scaffolded approach to introduce arts-based work, the invitation to engage in any way that felt comfortable, and the

modelling of respect, tolerance and kindness were all contributing factors to activating the ventral vagal system to experience safety and connection.

## *Collaborating on strength-focused outcomes*

By focusing on the inherent strengths that exist within a person and their community, a sense of self-esteem and agency can develop. As a result, we can begin to find answers from each other as to how to address trauma in systems that continue to trigger or traumatise. Therefore, in a complex setting such as a South African farm, highlighting the inherent strengths and resources in a community is particularly important when working in systems that perpetuate inequality and injustice as 'the human nervous system evolved not solely to survive in safe environments but also to promote survival in dangerous and life-threatening contexts' (Porges and Dana, 2018: 57).

A core message from this work is that these responses are inherently protective and do not indicate pathology. It stands to challenge often embedded narratives, for example, the young mother who always *skel* (yells) at her children or the boy who daydreams through his lessons. When these responses can be understood as nervous system responses of fight and freeze, labels such as a 'bad mother' or a 'lazy boy' can dissolve. Participants were encouraged to engage with the neuroceptive task of allocating where they may be experiencing these feelings in their bodies, and what that felt like, such as a racing heart or sweaty palms. These invitations developed perception and could begin to bring discernment to reactions based on cues from the body. Knowledge, perception and discernment of embodied responses, as well as regulating practices are accessible and practical ways to de-escalate violence, to disrupt the transmission of intergenerational trauma and to tend to the wounds. This key finding from community-based practice offered a clear and practical way to work in a creative and embodied manner with trauma in family and community systems, but also with individuals.

An exercise called Glimmer Maps was used as a visual reminder of each person's unique abilities to regulate their autonomous nervous system. It is based on the work of Deb Dana (2020), a colleague of Stephen Porges, who speaks about *glimmers* as antidotes to *triggers*. These are things such as mindful breathing or a barefoot walk in nature that activate the ventral vagal system. Each person has their own unique glimmers and participants were invited to create a personal glimmer map as a visual reminder of self-care practices or medicine that could be found within. Participants drew their hands on a piece of paper, and in some cases, parents supported their children in doing so, creating poignant moments of co-regulation through breath and touch and the shared creative task of focussing on existing strengths rather than deficits (Wilson and Golonka, 2013). This activity served as a contributor to healing intergenerational trauma as the focus shifted to inherent strengths, and to give shape to the glimmers of the family system that could serve to heal the wounds of trauma.

## *Exploring roles and group cultures*

This section will describe an adapted storymaking structure that facilitated an exploration of roles, group culture and interpersonal dynamics through the lens of polyvagal

theory. Small groups were invited to create a story based on Lahad's (2013) six-part storymaking method of the Hero's Journey. This structure is a helpful container and offers a sense of safety for people for whom creative expression is a novel experience. Instead of using the myth of the lone hero, participants drew animal characters from their land. In traditional African folklore, animals are often the main characters. A connection with nature plays an important role in the community's culture and spirituality. The invitation to draw animals spoke to collectivism rather than individualism. Collectivism sees the person in relation to others (Chikozo et al., 2015) and an individual's health is closely tied to the health and well-being of the community (Chikozo et al., 2015). These stories were created on large quarter circles of paper and once finished, all four quarters were placed together in the middle of a large circle, and a storytelling process began. A highlight of this exercise was to bear witness to the children sitting at the adults' feet and listening to them telling the story This became a spontaneous story sharing about real-life events on the farm. The elders shared stories from the history of the land as well as events from the community's past. The collective storymaking and sharing became the regulating experience that facilitated another way of being together.

This exercise was followed by a psycho-educational process of using colour as a visual aid to explain elements of polyvagal theory. The practitioners laid out red, blue and green fabrics in the room, which are the colours most used in polyvagal teachings (Dana, 2020) to reflect the trauma response states of flight and fight (red), freeze (blue), and the ventral vagal response of rest and connection (green). However, being cognizant that these colours may hold different meanings for different people, participants were first invited to freely associate emotions with the three colours. These included, for instance, positive emotions such as 'being in love' and 'passion' associated with the colour red. Participants were able to verbalise in their own words emotions which were reflective of the trauma response states, such as 'feeling withdrawn' with blue or 'feeling angry' with red, which the facilitators could then highlight as words relating to physiological trauma responses within the framework of polyvagal theory. Moments from their stories were then embodied to identify triggers. This was a helpful visual and interactive activity to share knowledge of responses that were driven by the autonomic nervous systems, which may have been inherited from families' stories and help create healthier patterns of relating in the present.

## *Inviting co-creation through imaginative play*

Co-creation refers to generating a shared responsibility for the work that is happening (Lubicz-Nawrocka, 2023) in which parties involved meet and interact to create something new (Eckhardt et al., 2021). Co-creation addresses power imbalances and states that everyone has a voice and the means for expression. Co-creation also means that the practitioners do not assume a shared understanding of concepts such as mental health and well-being, but that a process of inquiry is needed to reach consensus. Through creative tasks such as movements and images, the group decided on 'love' and 'joy' as their top two descriptors for health and well-being, followed by a 'connection with others, tolerance, respect, hope, self confidence, freedom, peace, being in nature and singing and dancing'. The process of co-creation led to these ideas of health and well-being emerging

from within the group, rather than the facilitators imposing their understanding of these concepts on the participants.

### *Supporting artistic skills*

The final practice element refers to the vehicle that drove this work. Besides its psychosocial value, the arts were also practised for its own sake. This community indicated both an interest in and experience with the performing arts. They sang to the team as a way of reciprocating our visit and on the last day, the children asked to perform a traditional dance called the *rieldans*, to the joy and encouragement of their families. This was a fitting way to close the weekend with the children being centre stage and encouraged by a circle of supportive adults, speaking to a core vision of the Families and Collective Futures programme to break the cycle of trauma.

## Limitations

This article decided to focus on the practice elements of arts-based embodied work as a contribution towards thinking about intergenerational trauma in diverse communities, with the acknowledgement that there is a limitation in not offering more in-depth reflections on the nuanced dynamics between the authors as practitioners and their interactions and relationships with the participants in this programme. This may be a helpful follow-up to this work. The authors also acknowledge that this piece is written from their perspective and position, and that in itself excludes the diverse range of experiences of the participants and other facilitators.

## Conclusion

This article examined ideas of mental health and well-being as it relates to an African conceptualisation of collectivism. It offered a case vignette that extracted practice elements from drama therapy and applied drama when working with a whole community to access inherent resources and offer a reconnection through the arts to culturally informed practices of healing. The case vignette highlighted the role of community in co-regulation and the importance of working with the whole system in an embodied way to interrupt the transmission of intergenerational trauma. It offers practical ways in which safe spaces can be co-created and embodied exercises introduced to promote neuroception and co-regulation.

While healing from intergenerational trauma and developing collective resilience is the goal of this work, health and healing are to be found in the small moments of creative engagement. As a participant stated, ‘I want to keep this feeling I have, here, in this moment’. This is a reminder that the work of tending to the wounds of the past happens in the present moment, and that being together in a safe enough, affirming and validating space affords us the opportunities to look after ourselves and each other, and find the medicine in the circles we create. This article hopes that practitioners can consider these arts-based embodied practices as elements to apply when working with trauma in both

the individual and their family system, as well as finding them helpful to engage with diverse and complex social environments in a culturally informed manner.

## Acknowledgements

Thank you to each participant who contributed to the creation of this body of knowledge and entrusted us with their stories, and to Drama Therapist Nolan Africa and Arts Activist and Musician Gershan Lombard who brought their heart and soul to this work.

## Declaration of conflicting interests

The author(s) declared the following potential conflicts of interest with respect to the research, authorship and/or publication of this article: Both authors were directors of sp(i)eel at the time of writing this article. The article was written in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## Funding

The author(s) received no financial support for the research, authorship and/or publication of this article.

## ORCID iD


Marlize Swanepoel https://orcid.org/0000-0002-4426-3932

## References

Adonis CK (2016) Exploring the salience of intergenerational trauma among children and grandchildren of victims of apartheid-era gross human rights violations. *Indo-Pacific Journal of Phenomenology* 16(1–2): 163–179.

Allmark P, Bhanbhro S, Chrisp T, et al. (2014) An argument against the focus on community resilience in public health. *BMC Public Health* 14: 62.

Carmel C (1997) Schools & dramatherapy: A closer look at the curriculum. *Dramatherapy* 19(1): 15–21.

Casson J (2016) Shamanism, theatre and dramatherapy. In: Jennings S and Holmwood C (eds) *Routledge International Handbook of Dramatherapy*. New York: Routledge, pp. 125–134.

Chikozo J, Tapuwa RM and Mawere M (2015) Nyaminyami, the Tonga river-god: The place and role of Nyaminyami in the Tonga people's cosmology and conservation practices. In: Awuah-nyamekye S and Mawere M (eds) *Harnessing Cultural Capital for Sustainability: A Pan Africanist Perspective*. Bamenda, Cameroon: Langaa RPCIG, pp. 243–264.

Dana D (2020) *Polyvagal Exercises for Safety and Connection: 50 Client-Centered Practices*. New York: W. W. Norton & Company.

Eckhardt J, Kaletka C, Kruger DH, et al. (2021) Ecosystems of co-creation. *Frontiers in Sociology* 6: 642289.

Ellis RJ and Thayer JF (2010) Music and autonomic nervous system (dys)function. *Music Perception* 27(4): 317–326.

Emunah R (2019) *Acting for Real: Drama Therapy Process, Technique and Performance*. London: Taylor & Francis.

Gobodo-Madikizela P (2016) Breaking intergenerational cycles of repetition. In: Gobodo-madikizela P (ed.) *Breaking Intergenerational Cycles of Repetition*. Berlin: Verlag Barbara Budrich, pp. 1–11.

Havsteen-Franklin D, Swanepoel M, Jones J, et al. (2021) Families and collective futures: Developing a program logic model for arts-based psychosocial practice with South African rural communities. *Frontiers in Psychology* 12: 745809.

Jaaniste J (2024) Liminality and ritual in dramatherapy – The intersubjective space. In: Sweeney E (ed.) *Space, Place and Dramatherapy: International Perspectives*. New York: Routledge, pp. 1–10.

Lahad M (2013) Six part story revisited: The seven levels of assessment drawn from the 6PSM. In: Lahad M, Schacham M and Ayalon O (eds) *The 'Basic Ph' Model of Coping and Resiliency: Theory, Research and Cross-Cultural Application*. London: Jessica Kingsley Publishers, pp. 121–147.

Levine P (2010) *In an Unspoken Voice: How The Body Releases Trauma and Restores Goodness*. Berkeley, CA: North Atlantic Books.

London L (1999) The 'dop' system, alcohol abuse and social control amongst farm workers in South Africa: A public health challenge. *Social Science & Medicine* 48: 1407–1414.

Lubicz-Nawrocka T (2023) Conceptualisations of curriculum co-creation: 'It's not them and us, it's just us'. *Curriculum Perspectives* 43: 25–37.

McAvinchey C (2014) Introduction: Right here, right now. In: Mcavinchey C (ed.) *Performance and Community: Commentary and Case Studies*. London and New York: Bloomsbury Publishing, pp. 1–8.

McNerney S (2022) A brief guide to embodied cognition: Why you are not your brain. *Scientific American*, 4 November. Available at: https://blogs.scientificamerican.com/guest-blog/a-brief-guide-to-embodied-cognition-why-you-are-not-your-brain/ (accessed 24 November 2022).

Makanya S (2014) The missing links: A South African perspective on the theories of health in drama therapy. *The Arts in Psychotherapy* 41(3): 302–306.

Maté G (2022) *The Myth of Normal: Trauma, Illness and Healing in a Toxic Culture*. New York: Ebury Publishing.

Mbaegbu CC (2016) The mind body problem: The hermeneutics of African philosophy. *UNIZIK Journal of Religion and Human Relations* 8(2): 2–18.

Mitchell S (1993) Therapeutic theatre: A para-theatrical model of dramatherapy. In: Jennings S (ed.) *Dramatherapy Theory and Practice 2*. New York: Routledge, pp. 1–17.

Mmatshilo M (2004) *Hearing Visions Seeing Voices*. Johannesburg, South Africa: Jacana Media.

Mogapi N (2020) *Overcoming Trauma and Woundedness. Trialogue Business in Society Conference Keynote Address*. Available at: https://trialogue.co.za/trialogue-business-in-society-virtual-conference-2020-13-14-october/ (accessed 16 November 2023).

Montesanti S, Fitzpatrick K, Fayant B, et al. (2022) Identifying priorities, directions and a vision for indigenous mental health using a collaborative and consensus-based facilitation approach. *BMC Health Services Research* 22: 406.

Ngcaweni W and Mashile T (2022) Intergenerational trauma in South Africa. *Mapungubwe Institute for Strategic Reflection (MISTRA)*, 2 March. Available at: http://sascenarios2030.co.za/wp-content/uploads/2018/02/Wandile_Ngcaweni1.pdf (accessed 25 November 2022).

Olsson L, Jerneck A, Thoren H, et al. (2015) Why resilience is unappealing to social science: Theoretical and empirical investigations of the scientific use of resilience. *Science Advances* 1(4): e1400217.

Pendzik S (1988) Drama therapy as a form of modern shamanism. *Journal of Transpersonal Psychology* 20(1): 81–92.

Porges SW (2022) Polyvagal theory: A science of safety. *Frontiers in Integrative Neuroscience* 16: 871227.

Porges SW and Dana D (2018) *Clinical Applications of the Polyvagal Theory: The Emergence of Polyvagal-Informed Therapies*. New York: W. W. Norton & Company.

Prager J (2016) Disrupting the intergenerational transmission of trauma: Recovering humanity, repairing generations. In: Gobodo-madikizela P (ed.) *Breaking Intergenerational Cycles of Repetition*. Berlin: Verlag Barbara Budrich, pp. 12–16.

Scrine E (2021) The limits of resilience and the need for resistance: Articulating the role of music therapy with young people within a shifting trauma paradigm. *Frontiers in Psychology* 12: 600245.

Snow S (2022) *Ethnodramatherapy: Integrating Research, Therapy, Theatre and Social Activism in One Method*. London: Routledge.

Vierya D (2015) Healing deurmekaar: Theatre, social change and praxes of potential. *South African Theatre Journal* 28(1): 58–67.

Wilson AD and Golonka S (2013) Embodied cognition is not what you think it is. *Frontiers in Psychology* 4: 58.

## Author biographies

Marlize Swanepoel is a registered Drama Therapist residing in Cape Town, South Africa. She is the founding director of sp(i)eel arts therapies collective, a guest lecturer and external examiner for the University of Cape Town and an enthusiastic advocate for the Arts for Health movement in South Africa. She loves being in spaces of learning, unlearning and dancing.

Uné Conradie is an applied arts practitioner and co-director of sp(i)eel arts therapies collective. She is currently completing her Mphil in Medical Humanities and the Arts at the University of Cape Town. Her field of interest is in the interdisciplinary potential of a biopsychosocial approach to historical and structural trauma.