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# Assessing the efficacy of artistic natural emotional surgery for health risks management

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## Abstract

*Health risk has received global attention over the years following the socio-economic threats it continuously imposes on people's livelihoods in both developed and developing countries. In Africa and Ghana to be specific, many continue to use Art as a therapy to manage their health risks though, only a little has been documented in terms of its efficacy. Based on interpretivist's philosophy, this study employed a qualitative research approach with a descriptive design to assess the efficacy of artistic natural emotional surgery for health risks management in Ghana. In addition to obtrusive observation, personal interviews, and focus group discussions were conducted for respondents who were respectively selected through convenience (n=50) and homogenous purposive (n=10) sampling techniques. The study revealed that artistic natural emotional surgery phenomena are efficacious in releasing the stress of people after its assessment. It was, however, discovered that the potency of artistic emotional surgery has not received much attention it needed. The study, therefore, recommends that the emotional surgery inventor (R. G. Thompson) should collaborate with artists, art therapists, the Ministry of Health, and healthcare professionals to integrate artistic natural emotional surgery into existing treatment plans for various restorations, and accordingly, sensitise the general public about the potential benefits of artistic natural emotional surgery.*

## Keywords

Art in therapy, art therapy, emotional surgery, efficacy, health risks management.

## 1. Introduction

Health risks have received global attention over the years due to the social and economic threats they continuously impose on the livelihoods of the populace worldwide (Smith et al., 2014), and the need to manage them has become critical, hence, the use of Art therapy. The instinctive power of Art for change had been with mankind since creation through decoration, education, promotion, entertainment, and restoration. Globally, Art has been used as a tool for creating various innovative ideas from cradle to grave (Sarpong, 1974). Foucault (2004) postulated that, in the 17th century, the ancient Egyptians used Art to relieve patients by having them listen to music, and stories, or watch theatre performances. Foucault further discussed that the ancient Egyptian doctors asked their patients to paint images from which they could discover the pathological problems of the patients and/or to better diagnose their psychosis (Foucault, 2004). Lack of academic proof and authentication denied Egyptians to be credited as pioneers in Art therapy, but arguably, they were the first to use art as a diagnostic medium and restoration in which patients communicated without any intermediate discussion (Foucault, 2004).

Art therapy has been accepted as having dual origin in the United Kingdom (UK) and the United States of America (Hill, 1948). A UK-based artist, Adrian Hill, is generally acknowledged to have been the first person to use the term; Art therapy, to describe the therapeutic application of image making. Hill, who had discovered the therapeutic benefits of drawing and painting while recovering from tuberculosis, the value of Art therapy lay in “completely engrossing the mind (as well as the fingers) and in releasing the creative energy of the frequently inhibited patient” (Hill, 1948, pp. 101–102). In the United States, Kramer (1916–2014), an artist, and Naumburg (1890–1983), an educator, were important to the early development of Art therapy as a field of practice. They had migrated from Europe in the early part of the 20th century and had a deep understanding of the benefits of Creative Arts processes in healing. Both were strongly influenced by psychoanalytic theory, but each advanced a pioneering and distinctive conceptual understanding of the nature of Art therapy as an area of practice (Kramer, 1993). Kramer viewed Art in Art therapy as being a means of making the unconscious conscious, whereas Naumburg (1966) emphasised Art as therapy, seeing it as a primary modality rather than as an adjunct to any other form of therapy.

According to Karkou (2010), and Gersch and Gonclaves (2006), the importance of Art therapy in schools, given its focus on a wide range of social, emotional, and mental issues are routinely identified as impacting academic learning. Coulter (2014) observed that enough evidence exists to show that Art therapy can offer academic improvement and can assist with brain plasticity. Reynolds, Nabors, and Quinlan (2000) suggest that there is a small body of quantifiable data to support the claim that art therapy is effective in treating a variety of symptoms, age groups, and disorders.

Art therapy has gained popularity worldwide and is commonly used in various parts of the world, but it may not be as prevalent in Sub-Saharan Africa, including Ghana (Cole, 1990). While the psychological benefits of art therapy are not always easy to measure and document, it has been increasingly recognised as a useful tool for promoting mental health and well-being in many contexts (Cole, 1990). In a study on using conceptual Art forms as a means of therapy for Ghanaian Junior High Schools (JHS), for instance, Fenu (2011) discussed how conceptual Art forms could help JHS students to relax and relieve stress. Despite the numerous works done in Visual Arts and the use of Art therapy (Naumburg, 1950; Antubam, 1963; Sarpong, 1974; Edwards, 2004; Frostig & Essex, 1998), there is a dearth study on the efficacy of using Visual artefacts to administer healing in Ghana and particularly Koforidua, the Eastern regional capital. It is for this reason that this study aims at assessing the efficacy of artistic natural emotional surgery for health risks management at Seventh-Day Adventist (SDA) College of Education, Asokore-Koforidua.

## **2. Review of Related Literature**

### **2.1 Theoretical Framework**

This study was underpinned by Art in Therapy theory, propounded by psychologist Margaret Naumburg in the 1940s (Tobin, 2015). The theory highlights the use of the end product of art for restoration. Thus, it is an essential approach to therapy that incorporates art-making as a therapeutic tool to facilitate healing and personal growth. The Art in Therapy theory is grounded in the principles of sublimation, which proposes that individuals can transform their negative emotions and desires into positive and constructive outcomes. The theory, therefore, emphasises the importance of creative expression in promoting the emotional release, self-discovery, and healing (Kramer, 1987). The Art of Therapy has been used in various clinical settings, including psychotherapy, counseling, and rehabilitation, and its effectiveness is

acknowledged accordingly (Jourard & Landsman, 1980; Barath, 2003 & Morin, 2020). Malchiodi (2012) asserts that Art in therapy can be particularly beneficial for individuals who have difficulty expressing their emotions verbally, such as children, trauma survivors, and others with mental health issues. Anchored on Naumburg's Art in therapy theory, the study explores how art product usage can enhance therapeutic processes and promote personal growth among clients in SDA College of Education, Asokore-Koforidua.

## **2.2 Concept of Art Therapy**

Art has been with mankind since time immemorial and has been used in diverse ways to aid humanity. Art is an outward expression of inner feelings and emotions (Curriculum Research and Development Division, 2003; Uzoagba, 2002; Kramer, 2001; Gilbert, 1998), and as such, most forms of art would have to be characterised as such from creation to this day (Amenuke et al., 1991). This implies that art is the centre of creation and a universal language, which is a way of life for a given people. Although Art refers to something skillfully constructed by artists, Goguen (2000) asserts that the artists themselves have been pushing the boundaries of any such definition, challenging artists' preconceptions, and leaving most philosophers, psychologists, and critics well behind.

Art therapy is a mental health profession in which clients, facilitated by Art therapists, 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 (Kalmanowitz & Ho, 2017; Kapitan, 2012; Malchiodi, 2007; Rubin, 2001; Goguen, 2000). A goal in Art therapy is to improve or restore a client's functioning and his or her sense of personal well-being. Art therapy practice requires knowledge of Visual Arts (drawing, painting, sculpture, and other art forms) and the creative process, as well as of human development, psychological, and counseling theories and techniques (American Art Therapy Association, 2014). The British Association of Art Therapy (2014) described Art therapy as psychotherapy that uses Art media as its primary mode of communication. Art therapists work with clients who may or may not have previous experience or skill in art-making. In other words, clients do not need to be proficient in art to benefit from art therapy. The role of the art therapist is to guide clients in the art-making process and to use the creative process as a means of promoting self-expression, self-awareness, and emotional healing. Therefore, art therapy is not limited to those who have artistic talent or training but rather is accessible to anyone who wishes to explore their emotions

and experiences through art, the Art therapist is not primarily concerned with making an aesthetic or diagnostic assessment of the client's image (Lowenfeld & Brittain, 1964). The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of Art materials in a safe and facilitating environment. The relationship between the therapist and the client is of central importance, but Art therapy differs from other psychological therapies in that it is a three-way process between the client, the therapist, and the image or artefact. Thus, it offers the opportunity for expression and communication and can be particularly helpful to people who struggle to express their thoughts and feelings verbally (Lowenfeld & Brittain, 1964).

Liebmann (1986) observes that Art therapy is the use of elements found in the Arts, individually or in combination, to bring about positive changes in the lives of persons needing psychological help. Moon (2019) proposed that the client, artwork, and art therapist form a tripartite relationship that results in restoration. Edith Kramer emphasised the importance of art creation as a therapeutic tool in and of itself (Moon, 2010). By focusing on sublimation through the creative process and the art output, Kramer applied psychoanalytic notions (Junge, 2010). Kramer's theory of Art as therapy focused on the creative process as the positive release of negative emotions helps increase the mental and emotional health of the individual. Naumburg (1966) discussed that there was little importance attributed to the interpretation of the artwork. This created a distinct difference from Naumburg's theory of Art in therapy where the end product from Art is used for treatment. These two different perspectives of Art in psychiatric hospitals would create a framework for how Art therapy would be used in the progressing years.

The aftermath of Art in therapy activities had been grouped into five according to the reaction of the client. These are common across most psychotherapies: instillation of hope in the client for positive change, emotional arousal, new learning experiences, increased self-efficacy, and opportunity to practice these five elements interact in psychotherapy and create change (Nezu, Nezu, & D'Zurilla, 2012). This may encourage self-acceptance and expectations or hope for change which can stimulate openness to new experiences toward the treatment which may promote healing. The therapeutic relationship also allows the client to practice new behaviour in a socially acceptable environment so that confidence can be gained for real-life situations (Frank & Frank, 1993).

## 2.2 Emotional Surgery

Emotional Surgery is a technique that utilises colour-coded frequencies for a virtual surgical experience, aimed at promoting emotional and mental well-being. This practice does not involve any actual physical surgery but rather, it is a self-induced process intended to assist in the removal of negative or harmful emotions and thoughts from the mind. By using colour-coded frequencies, individuals may be able to access and release emotional blockages, leading to a greater sense of mental clarity and balance. While Emotional Surgery may be viewed as both an art and a science, it is important to note that it is not a replacement for medical or psychological treatment, but rather can be used as a complementary tool for enhancing overall emotional and mental health. According to Kaimal et al. (2019), Emotional Surgery processes involve the use of special paintings and designs by health professionals to assist in the treatment of Post Traumatic Stress disorder (PTSD), Traumatic Brain Injury, and others. "These are highly therapeutic paintings and designs that help promote brain cell coordination" (R. G. Thompson, personal communication, February 03, 2019).

The system of Emotional surgery works because

I have specially coded software called 'PeTStar' version 8.31 with Seven hundred and eighty (780) trillion imbued special light rays consisting of colour codes that have different wavelengths and vibration frequencies and codes which affect your mind, cell, electrical impulse, and body chemicals differently; the system communicates with special cells in your body for good health (R.G. Thompson, personal communication, February 03, 2019).

Thompson (the inventor emotional surgery) compared emotional surgery to the sun. He said that:

If I want to burn a sheet of paper with the sun where the paper stands as a stress, using colours representing the sun, you take the rays of the sun, convert it to a beam of light through a magnifying glass and the paper will be burnt. In like manner, using colours to represent the sun converted and asking the brain to tune the activities of the brain cells to create ideas that are beams and then burn stress, the stress signals burn them by seducing the brain and inducing the neurons, you seduce

the brain by inducing the neurons. The brain cells network with each other, the brain cells which wire together fire together (R. G. Thompson, personal communication, February 03, 2019).

Akosa (2019) emphasises that the concept of emotional surgery recognises surgery as a hugely emotional activity for everybody and uses colours and abstract objects to speak through the eyes to the brain to reassure the mind to accept new body biochemical systems for restoration. It is reminiscent of hypnosis but self-induced and brings all components of the body, organs and all, to a base equilibrium. It is best prior to be given anaesthesia after the anaesthetist has done his/her pre-assessment. Both as a slideshow or video, the patient is introduced to an array of colours and objects in a soothing mix that slowly and gradually brings the body's activities to their resting level. According to Akosa (2018, p.28), "the patient is rid of all anxiety and a minimum anaesthetic dose may be enough to allow surgery to take place successfully". Emotional surgery reduces stress and improves emotions positively.



**Figure 1.** The Power of the Brain

(Source: Robert Grimmond Thompson, 2019).

Figure 1 presents one of the genius digital paintings by Robert Thompson (2019) used for therapy. The work is framed with a black wooden frame. The landscape rendition of green and golden yellow are the dominant colours found in the scene made up of abstract objects. With a critical look at the object at the centre of the scene, one can imaginably see the overlapped figures of stars and the moon. The background of the work is painted dark-brown. The rhythmic flow of the colours gives the effect of peace and harmony in the mind. Grimond utilises the presentation of colours and abstract symbols to stimulate a response in the brain, which can trigger the fight or flight response and lead to



relief in the body. This phenomenon is based on the idea that certain visual cues can influence the body's physiological and emotional responses. Consequently, Grimond's approach aims to use this knowledge to promote healing and well-being. By targeting the brain's response to visual stimuli, Grimond's technique may help individuals to manage stress, anxiety, and other emotional and physical symptoms. It is important to note, however, that this approach should not be viewed as a substitute for medical or psychological treatment, but rather as a complementary tool that can be used in conjunction with other therapies.



**Figure 2.** The Reformer.

Source: (Robert Grimond Thompson's Gallery, 2019).

Figure 2 is another work of Robert Grimond Thompson that he uses to administer healing, which he called *Emotional Surgery*. Thompson's artistic approach involves using geometric shapes and colours to create a visual experience that can positively impact the viewer's state of mind, inducing a sense of calm or balance. This process is similar to hypnosis but is self-induced, and it aims to bring all components of the body, including organs, to a state of equilibrium.

In figure (2), Thompson expertly used the dominant warm colour of red, along with light blue, violet, and green, blended with white, to create a harmonious visual experience. Thompson splashing and dripping techniques in his painting, which contributed to the overall effect. The warm colour of red, in combination with other colours, was applied to a cool background, creating an aesthetically pleasing and visually balanced piece. Thompson's use of geometric shapes



and colours, along with his painting techniques, create a captivating visual experience that can have a positive impact on the viewer's mind and body. Symbolically, the colour will send an energy signal to the brain, which the brain will use to fight against stress. The patient is introduced to this array of colours in a soothing mix that slowly and gradually brings the body's activities to their resting level. The wine colour and golden frame add more beauty to the work. The scene suggests a brighter day because a defragmented brain is full of energy and always brightens up the day.

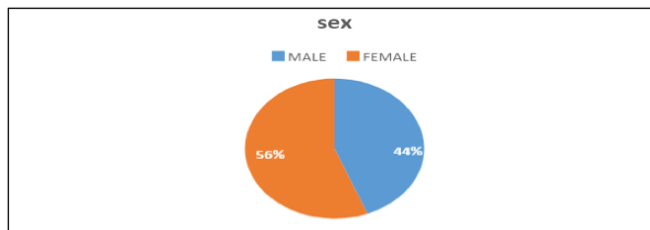
### **3. Methodology**

Based on the interpretivists' philosophy, the researchers employed a qualitative research approach with descriptive design for the study. The interpretivists argue that reality is a multifaceted social construction of values, meanings and lived experiences (Grix, 2004); hence, per the meaning-endowing abilities of the people and the use of sensory observation and experience as thought by the positivist reality is better understood (Bryman, 2004). People's interpretations of situations or how reality is experienced are the basis for the data source in interpretivist research (Grix, 2004; Bryman, 2004). Consequently, due to time and proximity, a convenience sampling technique was employed to select fifty (50) respondents from the participants who had the opportunity to go through the Art emotional surgery process during the SDA Training College alumni homecoming anniversary held in November 2019 at the SDA College of Education, Asokore-Koforidua. The emotional surgery exercise involved the fifty participants watching individually, computer-projected emotional painting motion pictures produced by Robert Grimmond Thompson in a serene room with a white wall background and a calming music. After the emotional surgery screening exercise, the respondents were individually interviewed to assess their experiences. Using obtrusive observational process and with a structured interview guide, the researchers subjected each respondent to an interview that lasted for 10 minutes. In addition to face-to-face interviews conducted for the 50 respondents, nine (9) staff members of SDA Training College, who during the reconnaissance survey were found to be having some experience of Art therapy since they have used it to manage their health complications before, were sampled through purposive (homogenous) sampling technique to participate in a 45-minute focus group discussion based on a semi-structured interview guide. Finally, R.G. Thompson, the inventor of emotional surgery and art therapy practitioner in Ghana was selected as a key informant for the study and accordingly engaged in one-on-one interviews due to his in-depth

knowledge in art therapy emotional surgery. Prior to their participation, all the respondents were made to sign consent forms and also were assured of anonymity and confidentiality of their responses which allowed them to freely express their views for the purpose of the study. The data gathered were first examined for accuracy and completeness, followed by content and thematic analysis, and finally with the use of y Microsoft Excel to present the results in the form of descriptive charts.

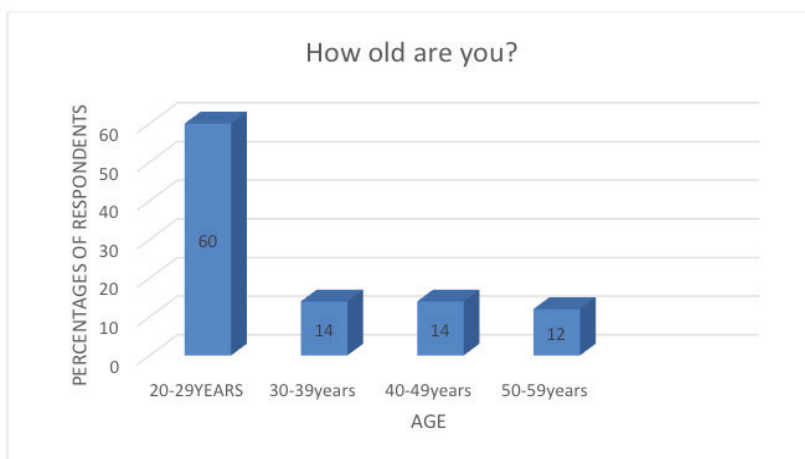
## 4. Result and Analysis

### 4.1 Results



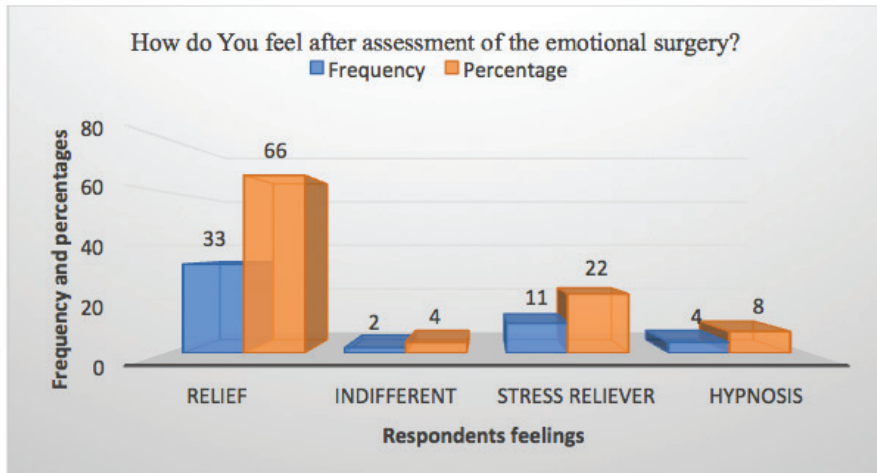
**Figure 3.** Gender Ratio (Source: Field data, 2019).

Figure 3 represents the gender ratio of the respondents. The majority of 28 (56%) of the total respondents were females while 22 (44%) were males. This is an indication that there was a near balance in the gender ratio of the respondents for the study.



**Figure 4.** Age Bracket (Source: Field data, 2019).

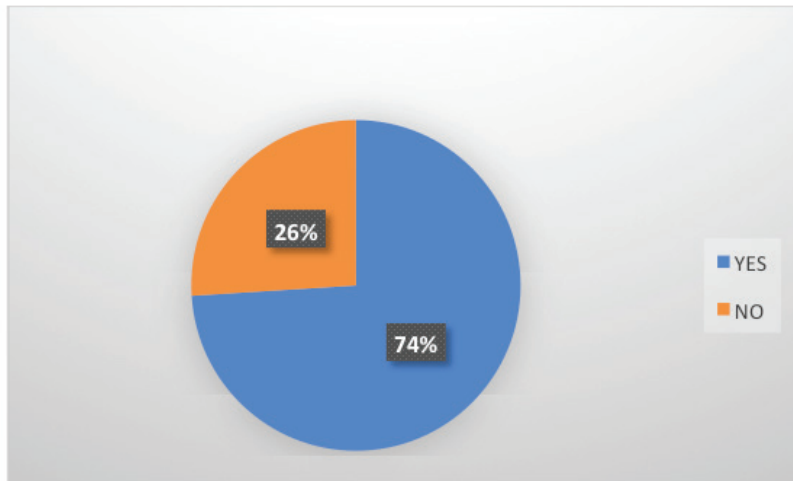
Figure 4 represents the age bracket of the respondents and is expressed in percentages. The majority of 30 respondents representing 60% were in the 20-29 age brackets, whereas only six representing 12% of the total respondents were in the 50-59 age group. With most of the respondents being in the 20-29 age bracket, it indicates that the youth are exuberant in Art therapy as compared to the aged with reference to the study's participants.



**Figure 5:** Feeling Assessment (Source: Field Data, 2019).

Figure 5 also presents the views of participants on how they felt after undergoing the emotional surgery exercise. Out of the fifty (50) respondents, 33 participants representing 66% reported that they felt relieved after the emotional surgery assessment. Two participants representing 4 percent of the respondents felt indifferent, 11 participants representing 22% felt relieved from stress and four participants representing 8 percent out of the total number felt hypnotised. The result from the data is in line with the view of Schore (2003) who noted that certain traumatic events, at any stage of life, could cause disruptions with the integration of implicit and explicit memory. The creative process bilaterally stimulates the brain, which improves cognitive function, activates neural responsiveness and taps into the unconscious or implicit memory. Because Art therapy stimulates the right side of the brain and is a nonverbal treatment, it is often particularly effective in treating individuals who have experienced emotional distress (Zaidel, 2015; Rubin, 2001). Emotional responsiveness is also more closely aligned with right hemispheric functioning and is often difficult to articulate verbally (Kolk, 2014; Lane & Smith, 2021).

The physical act of participating in expressive Art therapy can stimulate the brain's limbic system, which is related to sensory memories of trauma and stressful occurrences in a person's life (Malchiodi, 2003).



**Figure 6:** Respondents' Sentiment (Source: Field data, 2019).

Figure 6 presents the views of the fifty (50) respondents who underwent the emotional surgery exercise on whether they would be comfortable paying to undergo the emotional surgery again or not. It came out that the majority (37 participants) representing 74% of the total respondents said 'Yes' while the remaining 13 representing 26% mentioned 'No' to the question. It can be inferred from the data that most of the respondents appreciated the benefits derived from emotional surgery sessions.

## 4.2 Discussion

### 1. How do people perceive the efficacy of Art emotional surgery?

In personal communication with R.G. Thompson on February 03, 2019, he indicated that:

Stress is the causative factor behind many ailments and diseases, and it is the major headache of the World Health Organization (WHO). There is no medication that can treat stress or better put, no oral medication that can treat stress outright. Stress is a killer because anytime someone experiences stress it releases

cortisol (stress hormones), which causes fight or flight; therefore, more cortisol in the body causes diseases such as diabetes, hypertension, headaches, and the like.

In the study, emotional surgery which is a strategy of using paintings and abstract works to bring the temperature and pressure of humankind to as near baseline or rested levels as possible was found to be very helpful in reducing stress and its complications. This was made known when one respondent commented that “The session helps me to feel relief and re-energetic within. In fact, this emotional surgery has been able to relax my brain and took out the junk; it needs to be recommended for others” (Male respondent during the FGD, November 08, 2019).

One of the respondents also had this to say:

After assessing your artwork together with the music, I became active as if some burden had been taken away from me. I was even feeling sleepy during the process... I forgot my numerous problems and found internal happiness because I can now think straight forward (Female respondent during the FGD, November 08, 2019).

Another respondent vehemently confessed that:

I love the artwork, anytime I chance on an artwork; it gives me inner joy and feeling. Artworks have been my stress reliever over the years... this new innovation from art is welcoming news to me, because I can assess it more often which will help me in my day-to-day activities (Male respondent during the FGD, November 08, 2019).

From the views of the majority of the respondents who went through the emotional survey exercise, it was established that emotional surgery phenomena are efficacious in releasing the stress from people, hypnosis, and making them feel relieved after assessing it. The result is in line with Tinnin's (1990) assertion that a restoration to the normal functioning of the left brain and right brain connection is necessary for a full recovery from emotional distress associated with experiencing traumatic events. Early relational difficulties, particularly traumatic events, and traumatic relationships cause a disruption in the integration of left- and right-brain connections (Divino & Moore, 2010), and

this can predispose an individual who experiences future life challenges and trauma.

## **2. To what extent does Art emotional surgery contribute to the socio-economic livelihood of people?**

“When people are engaged in the art-making process and art products, they are suspended in time and connected to all other humans who are and have expressed themselves creatively” (R.G. Thompson, personal communication, February 03, 2019). Schore (2014) discussed that Art therapy creates opportunities for genuine and creative expressions, self-representations, and access to effective interpersonal states. Thompson, for instance, asserted that:

It is reminiscent of hypnosis but self-induced and brings all components of the body, organs and all, to a base equilibrium. It is best prior to be given anaesthesia after the anaesthetist has done his/her pre-assessment. Both as real painted work, assembled objects, or video, once the client is introduced to an array of colours and objects in a soothing mix that slowly and gradually brings the body’s activities to its resting level. This activity can help improve productivity and bring financial freedom to individuals. Socially, it can help individuals to relate to each other cordially since the activity takes away the stress and brings the system to normality. It can also improve academic performance, because the mind is free to absorb and process any given data into meaningful information (R.C. Thompson, Personal communication, February 03, 2019).

This was also noticed during the focus group discussion when a respondent remarked that “When watching the painting video, all my attention was grabbed by the painting so much that I could not hear anything outside apart from the motion pictures” (Female respondent, FGD, January 05, 2019). Another respondent stated that:

The painting video puts me together; let me be quick to add that, in the process of going through the curative process, it got to a point that it put me to sleep. I really became amazed by the way an ordinary painting in video form can change my mood..... It is just like hypnosis which almost sends me to sleep (Female respondent during FGD, November 08, 2019).

It was also inferred from the interview that 37 (74%) of the interviewees expressed their desire to pay to assess emotional surgery when given the opportunity again. Respondents' readiness to pay to access emotional surgery again exhibits its efficacy and acceptance. That is, artistic emotional surgery can help promote social relationships, improve productivity, boost the immune system (Kalmanowitz & Ho, 2017), and can also assist with brain plasticity (Coulter, 2014). Similarly, Hass-Cohen (2015) concurs that social exchanges in Art therapy and how they are interpreted in the brain have the "potential to activate and mend attachment ruptures, stabilise affect regulation, update biographical memories and contribute to earned attachment" (p.67).

### **3. What are the major constraints of Art emotional surgery?**

An interviewee commented that:

...you know, accepting the new phenomenon of using colours and abstract works of art and paintings to send signals to one's brain to help relieve a person off from stress and its related ailments in our part of the world; therefore, much education, exhibitions, and TV talk shows are needed for widespread and acceptance as a curative process. The minds of individuals are hooked to oral medication treatment and physical surgery such that any other means become somehow difficult to accept" (Male respondent, interview, February 07, 2019).

Another interviewee stated that "functions of Artworks or Art activities have been linked much solely to beautification or its aesthetic purposes, therefore, other dimensions of Artworks have not been projected to the general public, for instance, its therapeutic function" (Male respondent, interview, February 07, 2019).

It is revealed from the study that, Therapeutic aspect of arts has not received much attention it needed. Thus, it can be inferred from their responses that accepting artistic natural emotional surgery for health risk management as a new phenomenon is one constraint that emotional surgery is facing as a restoration measure in Ghana.

## **5. Conclusion and Recommendation**

The purpose of the study was to assess the efficacy of artistic natural emotional surgery for health risk management. After a thorough analysis of the findings



of the study, it can be concluded that emotional surgery, particularly artistic natural emotional surgery, has significant potential as a tool for managing health risks. The high percentage of interviewees expressing a willingness to pay for emotional surgery again suggests its efficacy, but more education and awareness are needed to fully access its benefits. The study established that artistic natural emotional surgery phenomena are efficacious for they serve as stress relievers, hypnotizers, and make clients feel relieved after accessing them. However, the therapeutic aspect of the Arts has not received much attention, and its total acceptance as a new phenomenon for restoration remains a constraint as ascertained by the study.

The study, therefore, recommends that the emotional surgery inventor (R. G. Thompson) should collaborate with artists, art therapists, the Ministry of Health, and healthcare professionals to integrate artistic natural emotional surgery into existing treatment plans for various restorations. This collaboration could help develop new treatment protocols that incorporate art therapy into existing interventions and also aid in training artists and therapists to work with healthcare professionals as a team. Also, the emotional surgery inventor (R. G. Thompson) should liaise with art therapy professionals to sensitise the general public about the potential benefits of artistic natural emotional surgery. This could be done by organising seminars and workshops, social media, and other channels. Since this study is limited to the efficacious nature of art therapy, further research needs to focus on identifying the long-term effects of the therapy on clients.

## References

- Akosa, B. A. (2018, April 18). Undoing stress: The role of emotional surgery. *Daily Graphic*, 28.
- Amenuke, S. K., Dogbe, B. K., Asare, F. D. K., Ayiku, R. K., & Baffoe, A. (1991). *General knowledge in art for senior secondary schools*. Evans Brothers Limited.
- American Association of School Administrators (2014). Asthma: Building capacity among school system leaders to address childhood asthma. <http://www.aasa.org/content.aspx?id=186>
- Antubam, K. (1963). *Ghana's heritage of culture*. Koehler and Amelang.

- Barath, A. (2003). *Cultural art therapy in the treatment of war trauma in children and youth: Projects in the former Yugoslavia*. The psychological impact of war trauma on civilians: An international perspective, 155-170.
- Bryman, A. (2016). *Social research methods*. Oxford university press.
- Cole, H. (1990). *Icons ideals and power in the Art of Africa*. Smithsonian Institution Press.
- Edwards, D. (2004). *Art therapy*. Sage Publications.
- Fenu, T. P. (2011) *Using conceptual art forms as a means of therapy for junior high school students*. Department of Deneral Art Studies.
- Foucault, M. (2004). *Storia della follia nell'eta classica*. Bur.
- Frank, J. D., & Frank, J. B. (1993). *Persuasion and healing: A comparative study of psychotherapy*. JHU Press.
- Goguen, J. A. (2000). What is art?: Editorial introduction. *Journal of Consciousness Studies*, 7(8-9), 7-16.
- Grix, J. (2018). *The foundations of research*. Macmillan International Higher Education.
- Hass-Cohen, N., & Findlay, J. C. (2015). *Art therapy and the neuroscience of relationships, creativity, and resiliency: Skills and practices (norton series on interpersonal neurobiology)*. WW Norton & Company.
- Hill, A. (1948). *Art versus illness*. Allen and Unwin.
- Jourard, S. M., & Landsman, T. (1980). *Healthy personality: An approach from the viewpoint of humanistic psychology (4th Ed.)*. Macmillan
- Kaimal, G., Jones, J. P., Dieterich-Hartwell, R., Acharya, B., & Wang, X. (2019). Evaluation of long-and short-term art therapy interventions in an integrative care setting for military service members with post-traumatic stress and traumatic brain injury. *The Arts in psychotherapy*, 62, 28-36.
- Kalmanowitz, D. L., & Ho, R. T. (2016). Art therapy and mindfulness with survivors of political violence: A qualitative study. *Psychological Trauma: Theory, Research, Practice, and Policy*, 1-7.

- Kapitan, L. (2012). Does art therapy work? Identifying the active ingredients of art therapy efficacy. *Art Therapy, 29*(2), 48-49.
- Kramer, E. (1993). *Art as therapy with children* (2nd ed.). Magnolia Street Publishers.
- Kramer, E. (2001). *Art as therapy: Collected papers*. Jessica Kingsley Publishers.
- Lane, R. D., & Smith, R. (2021). Levels of emotional awareness: Theory and measurement of a socio-emotional skill. *Journal of Intelligence, 9*(3), 42.
- Lowenfeld, V., & Brittain, L. W. (1964). *Creative and mental growth* (4th ed.). The Macmillan Company.
- Malchiodi, C. A. (2012). Art therapy with combat veterans and military personnel In C. A. Malchiodi (Ed.) , *Handbook of art therapy* (2nd ed.) (pp. 320-334). Guilford Press.
- Malchiodi, C. (2007). *Art therapy sourcebook*. McGraw Hill Professional.
- Malchiodi, C. A. (1993). Art Therapy: Journal of the American Art Therapy Association—The First 10 Years. *Art Therapy, 10*(4), 190-191.
- Malchiodi, C. A. (2003). Expressive arts therapy and multimodal approaches. *Handbook of art therapy, 6*, 106-119.
- Moon, B. (2000). *Ethical issues in art therapy*. Charles C Thomas Publisher.
- Moon, B. L. (2016). *Art-based group therapy: Theory and practice*. Charles C Thomas Publisher.
- Moon, B. L., & Nolan, E. G. (2019). *Ethical issues in art therapy*. Charles C Thomas Publisher.
- Moon, B.L. (2019). *Ethical issues in art therapy* (2nd Ed.). Charles C Thomas.
- Moon, B. L. and Nolan, E.G. (2019). *Ethical issues in art therapy*. Charles C Thomas Publisher.
- Morin., A. (2020). *How art therapy is used to help people heal*. Wordpress.
- Naumburg, M. (1966). *Dynamically oriented art therapy: Its principles and practices, illustrated with three case studies*. Grune & Stratton.

- Nezu, A. M., Nezu, C. M., & D'Zurilla, T. (2012). *Problem-solving therapy: A treatment manual*. Springer publishing company.
- Ray, D. C., Perkins, S. R., & Oden, K. (2004). Rosebush fantasy technique with elementary school students. *Professional School Counseling*, 277-282.
- Rubin, D. B. (2001). Using propensity scores to help design observational studies: application to tobacco litigation. *Health Services and Outcomes Research Methodology*, 2(3), 169-188.
- Sarpong, P. (1974). *Ghana in retrospect: Some aspects of Ghanaian culture*. Ghana Publishing Corporation.
- Schore, A. N. (2003). *Affect regulation and the repair of the self (norton series on interpersonal neurobiology)* (Vol. 2). WW Norton & Company.
- Smith, K., Woodward, A., Campbell-Lendrum, D., Chadee, D., Honda, Y., Liu, Q., ... & Butler, C. (2014). Human health: impacts, adaptation, and co-benefits. In *Climate Change 2014: impacts, adaptation, and vulnerability. Part A: global and sectoral aspects. Contribution of Working Group II to the fifth assessment report of the Intergovernmental Panel on Climate Change* (pp. 709-754). Cambridge University Press.
- Tinnin, L. (1990). Biological processes in nonverbal-communication and their role in the making and interpretation of art. *American Journal of Art Therapy*, 29(1), 9-13.
- Tobin, M. (2015). *A Brief History of Art Therapy: From Freud to Naumburg and Kramer*. Antioch University Seattle
- White, C. R., Wallace, J., & Huffman, L. C. (2004). Use of drawings to identify thought impairment among students with emotional and behavioral disorders: An exploratory study. *Art Therapy*, 21(4), 210-218.
- Zaidel, D. W. (2015). *Neuropsychology of art: Neurological, cognitive, and evolutionary perspectives*. Psychology Press.

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