

Role of Arts based Therapy in enhancing the ability to regulate speech and actions with improved quality attention and physical alertness.

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Abstract : The research studied the role of art based therapy (ABT) in enhancing the ability to regulate speech and actions improve quality attention and physical alertness. The study was conducted on a group of 5 minors (all of them male) with severe drug addiction between the age of 11 to 16 Years. The data for the study was collected using ABT tools, observation formats (Rating scales- filled by other observers) and video recording of sessions. The results show a significant improvement in the assessed domains with an average growth of – for the group. There have been obvious shifts in the clients abilities to express themselves (verbally). The method of the arts has helped the clients share personal stories, improve their body balance and posture with an improved quality of focused attention with sustained action.

From the results, it can be inferred that ABT can be used as an effective intervention strategy to help children at risk with severe substance abuse history to possess and improve their body awareness with regulative speech and action. ABT has also opened up interesting possibilities for mindfulness through drumming and visual arts, which in turn was able to provide them with expressive narration.

IndexTerms - Arts Based Therapy , Attention , Physical Alertness.

I. INTRODUCTION

An at-risk youth is a child who is less likely to transition successfully into adulthood. Success can include academic success and job readiness, as well as the ability to be financially independent. It can also refer to becoming a positive member of the society by avoiding a life of crime. My group of six are children who come from low income families. They are much less likely to transition successfully into adulthood. Youth as such from low income groups are more susceptible to be teen parents, engage in gang activity and delinquent behaviours and are less likely to graduate from a 3-year college than youth from middle-income and high-income families. Poverty is a huge risk factor for children and unfortunately, it is too common. More than 12 million children in India work instead of going to school. Children comprise one-fourth of and are most vulnerable among the migrant population.

Children-at-risk is a broad term for children coming from a variety of backgrounds. Child maltreatment is abuse to children under 18 years of age by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher). World Health Organization (WHO) defines child maltreatment as all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Child maltreatment can be distinguished in to:

Physical abuse, that is intentional use of physical force against a child such as inflicting physical injury by hitting, beating, shaking, biting, scalding, burning, kicking, poisoning and suffocating.

Sexual abuse involves engaging a child in sexual acts. It includes fondling, rape, and exposing a child to other sexual activities.

Emotional and psychological abuse refers to behaviours that harm a child's self-worth or emotional well-being such as name calling, shaming, rejection, withholding love, and threatening.

Neglect is the failure to meet a child's basic needs. These needs include housing, food, clothing, education, and access to medical care.

Child maltreatment is a global problem with serious life-long consequences. International studies reveal that 20% of women and 5–10% of men report being sexually abused as children, while 25–50% of all children

report being physically abused. Additionally, many children are subject to emotional abuse (sometimes referred to as psychological abuse) and to neglect. Every year, there are an estimated 41000 homicide deaths in children below 15 years of age (WHO).

In India due to high population density, poverty, illiteracy, caste system and landlessness, lack of economic opportunities, rural-urban migration, population growth, political instability and weak implementation of legal provisions the issues of child labour and child sexual exploitation are high.

According to the 2011 Census, some 470 million people in the country are aged below eighteen years and constitute 41 percent of India's total population. Problem of child abuse is prevalent in India as in many other countries and there was a need to understand its dimensions and complexities. Study on child abuse: India 2005*, was conducted by Ministry of Women and Child Development, Government of India. In the study group physical abuse was found in 69% of child respondents, sexual abuse in 53% children and emotional abuse in 48% children.

(*child abuse: physical abuse, sexual abuse and emotional abuse and girl child neglect in five different evidence groups-children in a family environment, children in school, children at work, children on the street and children in institutions).

Now that the scale and impact of all forms of violence against children is becoming better known, children must be provided with the effective prevention and protection to which they have an unqualified right.

Understanding the reality of children at risk is difficult and complex. It seems chaotic to constantly live in a dichotomy of love-hate, rich-poor, good-bad, success-failure. But at the same time they live with a different kind of order and develop coping strategies accordingly, be it in on the street or in an institution.

Their experiences in early life have often included intense and/or chronic risk factors in personal and environmental domains that prevented them from pursuing and fulfilling their potential. They are likely to transition successfully into adulthood, 'success' here referring to academic success, job readiness, financial independence and to be a positive member of society by avoiding life of crime.

Literature Review : Arts Based Therapies involve the use of multiple art forms to accomplish individualised therapeutic goals. (Zubin Balsara, 2017) The art forms vary from music and visual arts to movement, games and drama; providing an experiential paradigm for learning. It is a form of expressive therapy. The expressive therapies are defined in this context as the use of art, music, dance/movement, drama, poetry/creative writing, play, and sand-tray within the context of psychotherapy, counselling, rehabilitation, or health care (Malchiodi, 2005). Enabling a deep engagement with self and the environment, Expressive Art Therapies help bring about internal "shift" within the clients, helping them progress towards the desired therapeutic outcomes. While the Therapeutic Goals (TG) guides the practitioners in formulating the objectives, the focus is equally on the "process" or "flow" which helps bring about the healing. While expressive therapies can be considered a unique domain of psychotherapy and counselling, within this domain exists a set of individual approaches namely Music, Creative Dance and Movement, Drama, Visual Arts (or Art Therapy), Poetry or Creative Writing.

The practice of art therapy within the school can run in conjunction with and indeed facilitate the educational process. The regularity and recognition of the smooth functioning of the school day is crucial, and the therapist works as a member of staff alongside the teachers, sharing the same overall objectives. Understanding is essential with mutual professional respect for each others' objectives.

In art therapy the art materials provide a tangible medium through which a child can express him or herself. As children often have difficulty in expressing their feelings verbally, the process of art provides the child with a less problematic, more spontaneous means of communication. This approach differs from art teaching in that the learning skills and the aesthetic quality of the image, are not the primary concern of the art therapist. Another difference from an art lesson is the importance of the boundaries of the session, for the safe containment of the child while in therapy. The time allocated to the child must be held without interruption. This prevents the intrusion of the 'school' for the duration of the session so that the child can concentrate on inner conflicts and personal exploration. It is often the case that it is the internal conflicts that interfere with the educational experience of these children. By working with these conflicts within the art therapy sessions,

with both negative and positive transference, the child can then begin to establish some ability to work within the classroom to

enable better relationships with teacher and peers.

I work with those children from each class who are seen to be having particular emotional difficulties. Behaviour problems are often means through which some children can communicate their distress or unhappiness. The children come to art therapy either individually or in small groups according to the needs of the particular child. My timetable is worked out in close liaison with the teachers and is constantly in review. Working within the constraints of a school system is possible if clear, therapeutic boundaries and goals are maintained. For instance, adherence to the timetable worked out with both children and staff – the children themselves remember from week to week, and seldom have to be reminded, or ask to come outside of their time or interfere with any other child's time. If possible the times that children come to art therapy are worked out so that the end of the sessions coincide with breaks or dinner times. This helps the re-integration into the classroom which might otherwise be problematic as the child needs to find his or her place again back in society.

Hypothesis

The children's main idea of need is their ability to regulate

Speech and action is the mindfulness domain with the ability to regulate balance and posture in the body domain. Their need also requires improved creative expression through artistic skills in the domain of expression.

3. METHODS

This section details the "process" of the ABT Project (from the Pilot-study till the completion of Action Research). The Selection Criteria for the client group, Logistics, Data Sources and datacollection protocols, and the Methods used (session plans, interventions, data analysis methods) have been explained.

3.1 ELIGIBILITY CRITERIA FOR CLIENT GROUP

All selected participants are from the adult group at Hope Kolkata Foundation. They all attend to schools. They are all attending to the full day programmes at the centre. They have been selected on the basis of availability and in need to regulate speech, action, posture and ability to regulate movement and balance.

DEMOGRAPHICS OF THE GROUP	
AGE	Minors (11YRS TO 16YRS)
GENDER	M (5)
BACKGROUND	All are street children from low-income families

3.2 LOGISTICS

SETTING	Ventilated and bright with attached bathroom and another room.
LOCATION	Hope Kolkata Foundation
STARTDATE	17 th September, 2019
END DATE	7 TH January, 2020
SCHEDULE FOR ABT SESSIONS	1 hour session (2.30pm -3.30pm) Tuesday, Wednesday, Saturday

3.3 DATA SOURCES AND DATA COLLECTION PROTOCOLS

Data collection protocols of Observation Formats along with Parent Questionnaires and ABT tools were used. Inputs from the facilitator and parents were analysed at different points in the action research time-line (pre-and post-tests), along with pictures and videos taken at specific intervals during the Action Research Project.

DATA COLLECTION FORMATS

These are rating scales developed for specific Therapeutic Domains and Goals of the clients. These will be administered twice during the action research as pre and post-tests. These would be filled in by the ABT facilitator, another teacher working with the client group or a neutral observer, and mean values will be considered for collating and interpreting results. Parent/Caregiver Questionnaires will be administered twice during the period and studied as pre and post-test comparisons.

NAME OF THE TEST	SPEECH AND EXPRESSION SKILLS
FILLED BY	FACILITATOR, OTHER TEACHERS
FREQUENCY	TWICE
ADMINISTRATION SCHEDULE	THIRD WEEK OF SEPTEMBER AND FIRST WEEK OF JANUARY.

DATA COLLECTION FORMAT	NAME OF THE CHILD	FREQUENCY	DATE OF ADMINISTRATION
Regulation of body	AD,KP,RS,RM,TD	Pre & Post	3 RD week of September & 1 st week of January
Regulation of speech	AD, KP, RS, RM, TD	Pre & Post	3 RD week of September & 1 st week of January
Mindfulness	AD, KP,RS, RM,TD	Pre & Post	3 RD week of September & 1 st week of January
Caregivers questionnaire	AD,KP, RS, RM, TD	Pre & Post	3 RD week of September & 1 st week of January

ABT Assessment tools: (Appendix-B)

- Appendix B.1: Comparisons of drawings and paintings
- Drumming tool
- Video documentation.

ABT ASSESSMENT TOOL	NAME OF THE CHILD	FREQUENCY	DATE OF ADMINISTRATION
Comparisons- Drawings & Paintings	AD,KP,RS, RM,TD	Pre & Post	3 RD week of September & 1 st week of January
Drumming	AD,KP,RS,RM,TD	Pre & Post	3 RD week of September & 1 st week of January
Video documentation	AD,KP,RS,RM,TD	Pre & Post	Every 6 th session

METHODS USED-(SRS Summary format given below)

Over the course of the last 7 months (the pilot-project and the action research phase), the focus of the study has been on using the various art forms to enable the client group to push their boundaries and build confidence as they move towards achieving their individual therapeutic goals within a group setting. The role of the arts as a therapeutic intervention strategy becomes more pronounced as it is a non-threatening means (compared to conventional methods of pedagogy) to achieve milestones hitherto unreached. A Pilot-Project of 15 sessions was conducted during July-August 2017. During this phase, the participants were marked on the Rating Scale for special populations (Children in De-Addiction centre) designed by WCCL. The scores on the various domains were analysed to arrive at individual and group goals for therapeutic intervention. For the group in study, the main areas that emerged were – Mindfulness, Self-Awareness, Group Interaction, and Communication (Expressive and Narrative Capabilities).

The Session Record Sheet (SRS) format was followed to document each session. This served to document the progress of each session and also to serve as a feedback tool (for facilitator) to modify subsequent session plans. (Refer Appendix C – SRS Summary)

The client group chosen for the study was exposed to various art forms (visual arts, body and movement, rhythm, voice, theatre, games and exercises – and various combinations thereof). The group responded well to these sessions which were used to assess their progress in areas of Narrative and Expressive Capability, Group Interaction, Self-Image, Understanding Emotions, and Working Memory.

Visual Arts: A variety of media were used namely, paints, crayons, sketch pens, coloured tissue papers, clay. These were presented to the client group at different intervals during the study period. The group showed a fair amount of interest in almost all visual art sessions. While the dominant styles were lines and blocks in wet medium, the medium of crayons and clay brought about more shapes and forms (with better narrative expression about their creations). **Body and Movement:** The group participated in movement sessions but often needed to be nudged to get up and move. For some of the members with chronic aches and pains initiation was a challenge. Once in the session, they seemed to enjoy it. The movements were stiff except for two of the participants who were always ready to explore and stretch the capabilities of their bodies. These sessions consisted of dance, embodiment, mirroring (in pairs), and movement to music. The movement sessions did add a lot of fun to the group with participants encouraging each other.

Rhythm: The sessions on rhythm consisted of drumming, body percussion, embodiment of pulse being played, and clapping the meter of a song/rhyme. The drumming sessions also served as a platform to explore it as a means of non-verbal expression (e.g. drumming an emotion). While rhythm is innate to most participants, its expression on djembes, frame drums, through body ~ 13 ~ tapping brought interesting observations regarding every individual client. While some were able to successfully drum and sustain the pulse, others were more comfortable embodying it through body movements and/or voice.

Voice: Music, especially melody, was most significant in every session whether it was vocal warm ups during communion or a game (like Antakshari) or a chant or song during closure. Voice sessions typically consisted

of breath work, vocal warm ups, singing, chanting. There was also creation of songs in gibberish, simple lyrics, expressing oneself through a song, singing with different emotional undertones (which assumed a very theatrical character) and was much enjoyed by the group.

Theatre: Sessions on theatre consisted of dressing up (using mirror and props), role plays, creating simple stories and enactment by the group. It also helped to push the participants into trying to express verbally. They enjoyed exploring the variety of props presented. It proved a safe way to work on self-awareness and narrative capability. Games and Exercises: These sessions consisted of group games (using ball, ropes, passing the parcel, bowling etc.) which helped engage the participants as a group. The exercise sessions were made interactive and collaborative where each participant would suggest a movement which would be noted down to create an exercise drill for the session. In addition, this was combined with a song being played to make it into dance aerobics. Games like Limbo Dance and going under a tunnel helped improve agility while adding a lot of fun to the activity. Team games like bowling and dumbcharades helped bring out the sense of team spirit with participants cheering for each other.

DATA ANALYSIS METHODS: The therapeutic goals for the group were worked upon using various artistic skills and scored on the ABT tools (Narrative Capability Development Scale through Drawings and Paintings, Drumming Observation Format) created specifically for the action research and filled by the ABT facilitator.

Additionally, rating scales for “Language and Communication Skills” and “Social-Emotional Skills” were developed and filled by the ABT facilitator, as well as another teacher working with the group and average values considered.

There were Observation Formats (Rating Scales) filled by the parents/caregivers of the individual clients covering areas of language and communication, social-emotional development, activities of daily living and self-awareness.

Video recordings of the sessions were taken periodically.

4.1 RESULT SUMMARY

CLIENT 1: A

- a) A has become less aggressive with a willingness to share.
- b) A has also developed impulse control, stopping when asked to stop playing the instrument during stop cuts and lead and follow.
- c) He has grown a habit to apologise when guilty of causing mischief or fighting.
- d) His arts class made him talk about his previous life in the village with ponds, ducks, trees and roads.
- e) He is engaged more mindfully during visual arts and music sessions, trying and almost successfully following directions from the facilitator.

CLIENT 2: KARTIK

- a) The ring leader of mischief at the beginning of the sessions, calms down the class at the slightest nerve of discord.
- b) He expresses his love for arts and performs on his own in the music sessions.
- c) Gifted with beautiful expression in arts, his drawing and paintings always have a message that has come out through the ABT sessions.
- d) His body is calmer and he has stopped fidgeting.
- e) He divulges sharing and cooperation, verbally expressing that the sessions have done this to him.

CLIENT 3: RAHUL

- a) Rahul has been in a rush to finish the session and then go off to sleep in the middle of the session due to his medication. Around the end of the 35th session. Stays up and participates throughout the session.

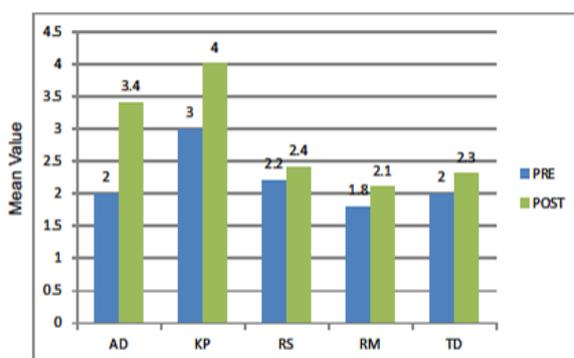
- b) He also had a habit of looking at the wall clock, which too stopped later.
- c) However, his aggression comes out on certain days and he plans on disturbing sessions.
- d) His expressions are usually of one word, which initially were none.
- e) His impulse control has increased, when he almost found to stop when asked to do so.
- f) His body also has become calmer, with less fidgetiness. Aggression still seems to be a problem.

CLIENT 4: RUHLAMIN

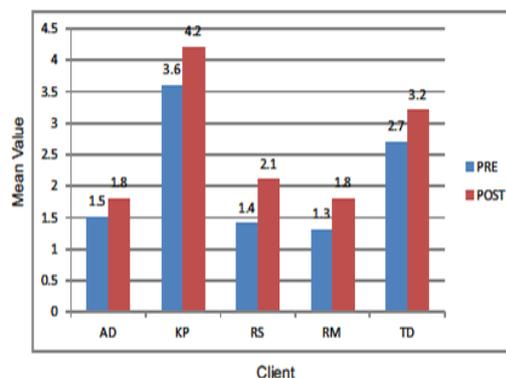
- a) In a habit of leaning on the wall and spreading his legs, he now sits straight with legs crossed during and after 50 sessions.
- b) He has also broken his pattern of drawing only round-shaped moons. He draws lines, makes bows and spade. He was found to colour in horizontal lengths. A session in the park brought this thing to light.
- c) A change from the use of the colour red and green otherwise. Zen painting introduced black and thereafter, he has been using other colours as well.
- d) His speech from none spoken before has now come to one word and a sentence. He shares about pictures in his home and a desire to go to Mecca.
- e) He also empathises with the kids (baechas) and complies to their demands in the sessions, expressing his own as well.
- f) He greets his facilitator and apologises when found guilty of being naughty in class.

CLIENT 5: TOOFAN

- a) His speeches are sharing his dreams and desires for the future.
- b) In the music sessions, his impulse control has increased. He stops and starts when asked to do so.
- c) Initially he used to sit with the legs spread apart. He sits now with his legs crossed and hands on his sides.
- d) His habit of looking at the wall clock waiting for the session to end has stopped. He eagerly waits for the session (once fighting when his mates called him late for the session as he was sleeping).
- e) His honest expression in the Mandala representation of the year about disrespecting his teachers also found expression in his drawing and painting classes.

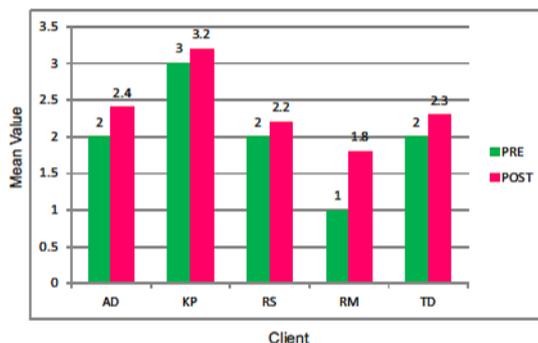


A : Body



B : Mindfulness

Speech



C: Speech

RESULTS DETAILED

All the clients go to school and are in full day programmes in Hope Kolkata Foundation.

Client 1:A

FAMILY BACKGROUND:

A (M,13) came to Hope Foundation Kolkata through a french volunteer whom he calls aunty. He claims to have a brother who also belonged to the organization where "aunty" comes from. No bonding is noticed in the real sense.

ACADEMIC AND REHAB INPUTS:

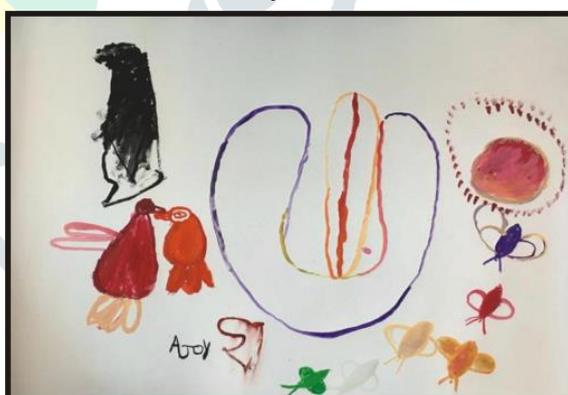
A is aggressive and temperamental. He has had severe substance addiction in his prior life. He is always picking up fight and is physically and verbally very aggressive.

MEDICAL HISTORY

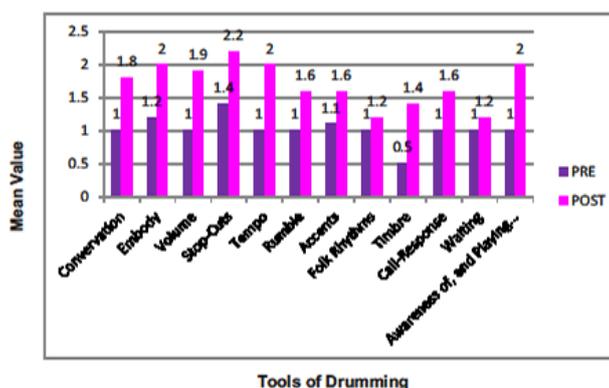
A has MR and is currently undergoing counselling with medication.

CREATION:

A's main area of need is his ability to regulate speech and action in the mindfulness domain & posture and ability to regulate movement and balance in the body domain.



Drumming Observation Format of Client 1 - AD



CLIENT 2:K

FAMILY BACKGROUND:

K (M,13) is a minor coming from a dysfunctional family.Family hardly visits him which is good because going back to them is not advised.

ACADEMIC AND REHAB TEACHERS' INPUTS:

D is very bright boy,giving something in his session along with his Take-aways.He loves to draw and enjoys the music sessions.However,he is very temperamental,picking up fights with few chosen ones in the group. There is, however, a great need to have spotlight on oneself which shows in his narratives.He has difficulty in sustaining attention during language intensive activities.He has distinct leadership qualities and is very intelligent.

MEDICAL BACKGROUND:

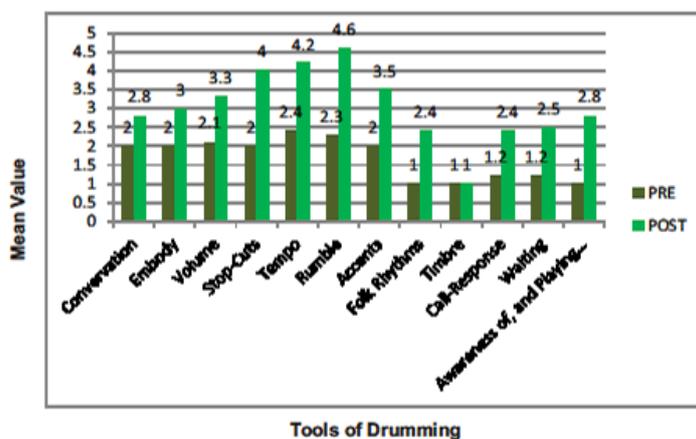
He was heavily induced with substance addiction with a 100% chance of a relapse. He is currently undergoing counselling and is medicated.

CREATION:

K's main area of need is his ability to improve speech and expressions and to improve his posture and ability to regulate movement and balance in the body domain.



Drumming Observation Format of Client 2 - KP



CLIENT 3:RS

FAMILY BACKGROUND:

RS (M,13) has a mother who is special & very sick and is in no condition to take him back.He has two sisters,one of whom has been sold off.No information is available on his father.

ACADEMIC AND REHAB TEACHERS' INPUTS: RS has had a street life coming from a village. He used to sell incense sticks on the streets and inhale dendrite with that money afterwards.He is aggressive and impulsive.

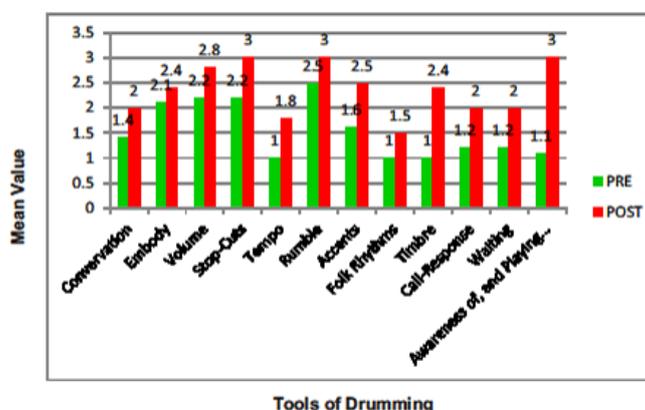
MEDICAL HISTORY:RS has been a severe substance abuser before and is undergoing counselling. He is having psychiatric medication.

CREATION:

RS's main area of need is to improve his speech and actions, regulating posture and sense of balance. It is also important that he improves his group interaction by focussing on him having an appropriate communication (articulating his sensitivity, timing & duration) through speech and action.



Drumming Observation Format of Client 3 - RS



CLIENT 4; RM

FAMILY BACKGROUND:

RM (M,16) has a stepmother and was severely abused and bullied by his father's second wife. His biological mother has passed away. There was no special needs care taken by his family. He was in a habit of not wearing clothes in his early life. He was manipulatively abused to the extent of drinking urine thinking that to be cola. He, at present, refuses to drink anything from a bottle.

ACADEMIC AND REHAB TECHERS' INPUTS:

RM has improved much after coming to Hope Kolkata Foundation. He loves to draw circles and has beautiful narratives explanations for what he has drawn. He wears clothes all the time now and refuses to go back home. His mental challenge has turned to mental sickness. He is self harming and suicidal.

MEDICAL BACKGROUND:

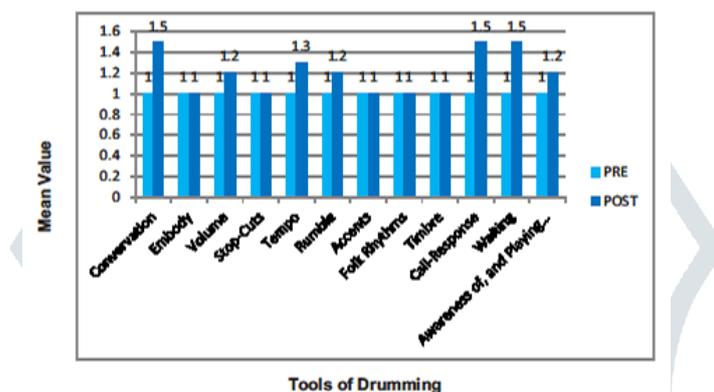
RM is currently undergoing counselling and psychiatric treatment. He is stable at present and is having psychiatric medication.

CREATION:

RM's main area of need is his ability to regulate speech and action in the mindfulness domain & his ability to regulate posture, movement and balance in the body domain.



Drumming Observation Format of Client 4 - RM



CLIENT 5: TD

FAMILY BACKGROUND:

TD (M,15) comes from a dysfunctional lower income family. His family is very non-coordinating. A rag picker in his early life, he has been involved in antisocial activities.

ACADEMIC AND REHAB TEACHERS' INPUTS:

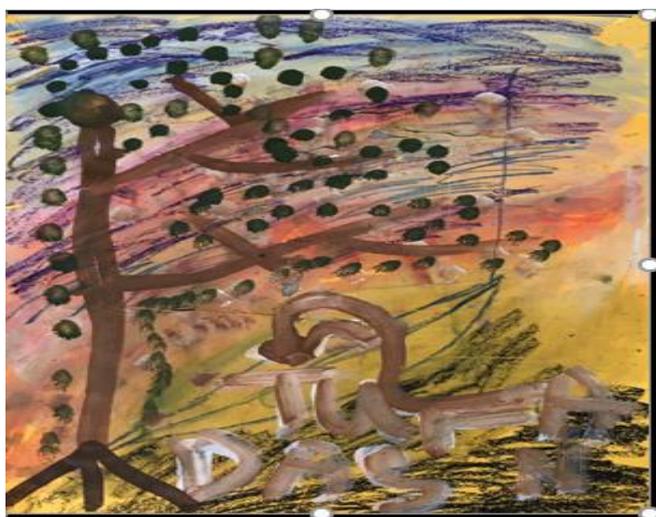
TD goes to school and is has won awards for his drawing skills. He has high level of frustration in him. He has a habit of running away from home and has done the same in the Foundation, twice. He has an IQ of less than 70. He is generally slow and has tactile sensitivity - resists using props and materials during sessions. However, given sufficient time and verbal support, he is able to work with the medium presented to him. He takes time to process verbal information and his responses are often delayed. He is sensitive to loud sounds but enjoys drumming. He enjoys visual arts, rhythm and movement sessions and his responses are quite spontaneous during those times.

MEDICAL BACKGROUND:

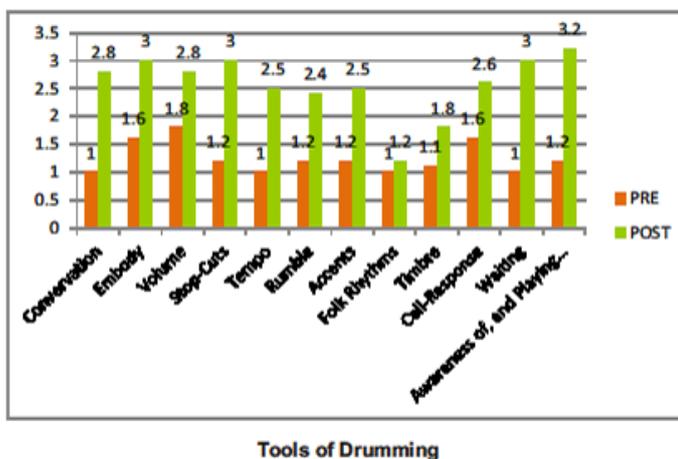
TD has been severely substance addicted and is currently having psychiatric medication.

CREATION:

TD's main area of need is his ability to regulate speech and action in the mindfulness domain & posture and ability to regulate movement and balance in the body domain.

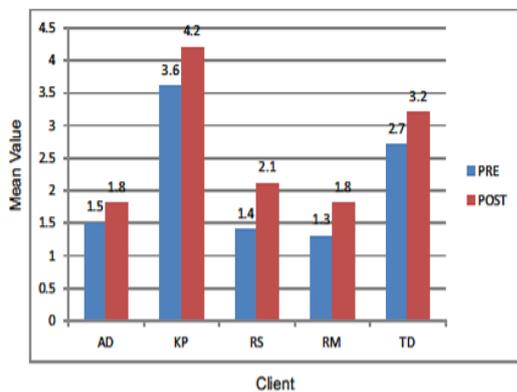


Drumming Observation Format of Client 5 - TD



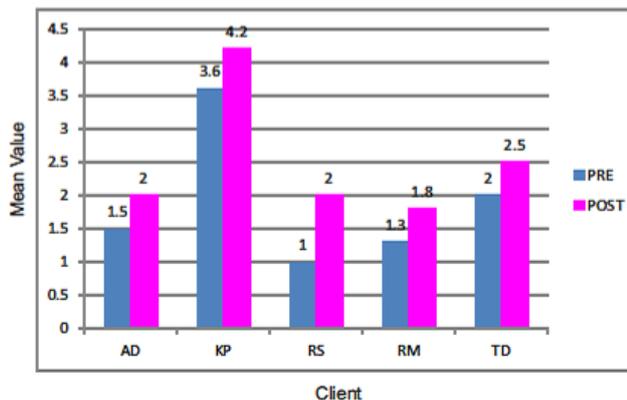
Mindfulness

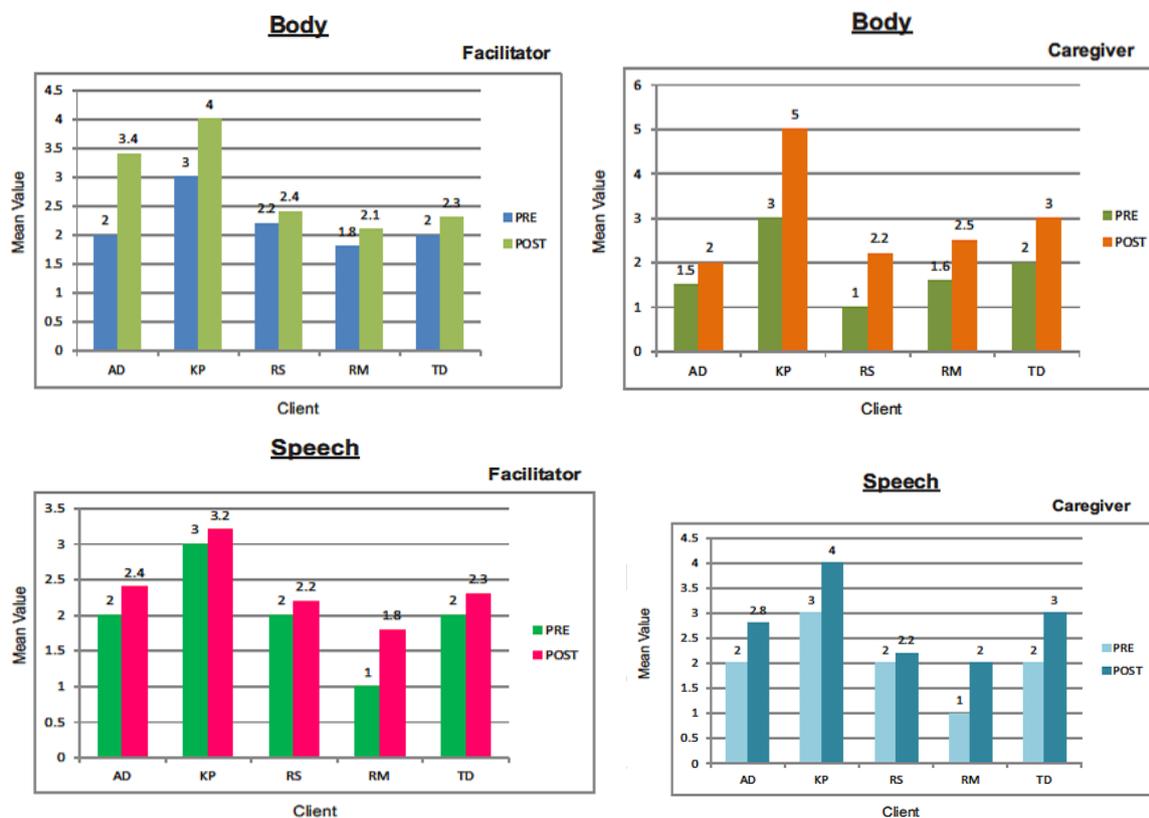
Facilitator



Mindfulness

Caregiver





In following the structure of the ABT course touching upon the domains of Body, Speech and Mindfulness, some other domains (very important learning curve for Children-at-risk) were touched upon. What was found was marked development, sustenance and improvement of the aforementioned domains. An insight and discussion follows in the segment below. Apologies for not in keeping with the content of the course, no graphs are provided to support the development. It is subjectively an observation on part of the facilitator and the caregivers (of the Foundation).

Sustaining attention in a talk/topic/conversation/session for a long time-

One hour in a session of any kind is a big window for Children-at-risk to sustain attention. It however, happens so in the ABT sessions. A marked difference is noticed from the 1st to the 50th session. The reluctant and nonchalant attitude metamorphoses into an apologetic, empathetic and mindful participation, in due course of time. The children look forward to the sessions, participate in the same and converse about how they look forward to it and miss the sessions on days it is not scheduled. **Tolerance for others**-Acknowledging the presence of another and tolerating each others' presence also had lead to the development of the virtue-"Tolerance". Each child welcomes another in his space and tolerates the idiosyncrasies for an hour, not easy for children in this domain.

Team Effort and Work-

A distinct change is noticed through the ABT sessions to help one another, to share (colours,papers,items).All this is done in an effort to create something beautiful together (Round Robin), without spoiling each others' creations.

No social loafing but individual contribution-

The children defy social loafing which in social psychology can be defined as the phenomenon of a person exerting less effort to achieve a goal when he/she works in a group than when working alone and is seen as one of the main reasons groups are sometimes less productive than the combined performance of their members working as individuals.

Praisings and being happy for others-

Celebrating each others' Creations (Clapping,Patting,Verbal reinforcements)also develop in the walk of the ABT sessions, almost organically.... definitely something that cannot be ignored but needs to be acknowledged.

Encouraging others-

The encouragement instruments as reinforcement for further participation in a group activity circa ABT sessions. Performance, therefore, acts reinforcement for the next task appraisal. A wonderful development that happens during all the sessions.

Creation of Togetherness-

Hence, all the forces combined adds to a feeling of togetherness, that WE belong together in the session (a privilege that WE get and others do not). The children in time also include the alien facilitator into their world which they protect with compassion (in moving the bed themselves for the facilitator might get hurt), respect (they touch the feet of the facilitator at the commence of the session) and A sense of belonging (warding off other children during the occurrence of the sessions)-Hence, they become protectors.

Cooperation and sharing of resources-

The children begin to share and adjust during the ABT timeline.

Development of social code of conduct-

The ABT sessions transcend it's time frame and the children are also able to attain tasks related to daily life, social issues and occasions (Celebration of Durga Puja, Diwali, Christmas).

Patience-

ABT session format teach them patience to wait for the session to begin, happen and end. It was not easy sustain meditation during Communion and Closure at the beginning. At the end of the project their mind and body we're ready to accept, sit through and acknowledge what the formats stood for, "Be still"-Patience.

Reducing Impulsivity-

Patience lead to their reduction in impulsivity, not too much but still an observant factor. Each stops to play when StopCuts are done in the drumming sessions. Each stops to draw and give away the drawing after 3/5 minutes in Round Robin.

Seeking Happiness out of the Creation-

Channelling emotions both positive and negative through Art gives them immense joy.

Recognition of body parts and controlling the threshold of anger-

Bodymapping had made the children acknowledge the existence of both body and mind. Converting the emotions (abstract) to body through mapping was an incredible domain of discovery for themselves.

Expression of emotions-

Emotional insights and sensitivity towards individual emotions through Art cannot be represented by any mathematical graph. This seems like a journey of self discovery-

How birds turn to visionaries,

How landscapes turn to reflections of the past lives,

How sadness sees the use of the colour, 'Black'.

Empathy-

Acknowledging the presence of another being in the space of a session means development of empathy. Verbal abuses and distinctions -"Why are you here? You are mad" to "Call him. He does class with me." in progress and is something to be revered to.

Sense of Self-

Feeling complete and one with self happens during the window of the sessions. The white light touches each one and the realisation dawns on them all-This is "ME", This is who "I" am.

DISCUSSION

The Action Research Project has been a deeply moving and enriching experience. However, there are certain limitations of the study.

The heterogeneous nature of the group in terms of abilities and challenges, made it difficult to design sessions equally relevant to all participants. Also, working with participants was difficult as their needs also have to be kept in mind to make the sessions inclusive. The irregular attendance of the clients impacted the general energies of the group as well as their individual results. An important limitation of the study is individual perception. The ABT tools are by nature, quite subjective and the ratings of the facilitator and/or the observers are based on their perceptions. This impacts the objectivity of the results. Another limitation was the inability

to capture some of the best moments and qualitative shifts observed during the sessions in video documentation.

Last, but not the least, the time assigned for the Action Research is very limited. The number of sessions is inadequate to do justice to all art forms. While the clients have shown a positive shift in most of their therapeutic goals.

5.2 LEARNINGS

As a neurotypical we naturally develop language and communication from our environment. But children in the domain of at-risk, some are verbal and some are verbally abusive while others are quiet after undergoing abuses at the hands of the loved ones. While some communicate through spoken language (receptive communication), others can only communicate through expressive language.

When a child is communicating with few words and aggression patiently wait till they finish and pick up what they are trying to communicate. Making a session plan very complex with too many arts forms in one session won't serve any purpose. Keep the plan very simple break the session plans into 2-3 levels and minimize the combining of too many arts forms.

There was no clear communication about the session to the co-facilitator in the group. I would struggle handling the group because of there was no clear instructions on what all was happening during the session. After I received feedback and guidance, I implemented the feedback received and I can clearly see the changes in the session and also with the cofacilitators.

Personally I did not have any clue what is SEG (Subtle Energy Guide) meant. ABT helped me in understand SEG. I have learned little bit about Zen, Ikigai (Positive Psychology) and the SEG principles. In practice it has helped me lot. I understand what happiness and wisdom are and where to look for it. And through meditation I have learned to contemplate on my thought and be still. long way to go still, i believe.

I seemed to have also changed as a person, staying away from trivial frivolity and indulging in the simple process of happiness through meditation and the daily health practices. The smiles and the takeaways from each session has been a beautiful experience. Never did i realise the great joy in giving so little and getting so much in return.

The ABT Action Research Project has been a great learning experience. It is incredible to learn how the arts become therapeutic and permeate every facet of our being. The Subtle Energy Guide (SEG) which forms the bedrock of ABT helps integrate body, mind and spirit and opens a world of possibilities for both the practitioner as well as the client. The findings of the project have been in line with the literature review of expressive art therapies. Using the different art forms, the client group has been able to experience learning as an immersive process. There have been observable and measurable changes in their respective therapeutic domains. In addition, the (qualitative) internal shifts the clients have made, have been very encouraging for the facilitator to witness over the course of the study.

The Visual and Performing Arts (Dance, Theatre) helped foster the group's expressive and narrative capabilities. Their individual artistic abilities notwithstanding, what mattered most was the joy of creation and being one with the process. The artworks brought out a lot of personal narratives, and in the process, strengthened the group spirit. Talking about what they have created, gave the participants a creative release, acceptance and closure. Music (Voice and Rhythm) was the soul of the ABT journey. Almost every session had an element of music. It served to tie the group together. While the Voice/Melody sessions brought in a lot of spontaneity and self-expression, the sessions on Rhythm helped achieve Mindfulness and Group Interaction goals.

Games and Exercises brought in a lot of fun and energy into the group sessions and helped build a sense of camaraderie as the clients cheered and encouraged each other. Though not purely artistic in nature, when combined with melody or rhythm, they helped bring the group together. A lot of suggestions and free flow of ideas and improvisations were witnessed during these sessions. The results have supported the Hypotheses that the arts can help improve the clients' Narrative Capabilities and thereby, achieve a sense of greater self-awareness and social adjustment.

The findings have shown a positive shift, though the degree of correlation could be established if the project were continued as a long term study. The greatest takeaway has been the sense of joy and satisfaction of having enrolled for this kind of project. There is so much to learn from the clients one has worked with. They have accepted and trusted me and taught me to rise to every challenge and never ever give up. They are not afraid to push their limits and step into the infinite.

uld seem more effective as a longitudinal study, where there will be greater scope for improvisations based on multiple art forms. Also, the long term effects of arts based interventions can be studied in greater detail.

5.3 FUTURE

This project has been an enriching experience and I have enjoyed every moment of working with my client group. It has been a great opportunity to learn about different art forms and experience them first hand. It has sparked my interest in arts as a vehicle for teaching and learning beyond the artistic skill itself. The small successes I have experienced with the group have served to spur me on in my quest to explore how we could take these gains further. I would like to continue my association with this group and, through ABT, be a part of their journey towards greater independence. I would also like to work with the families of these clients help understand their concerns for their wards which could become relevant goals for the client group itself. Thus, taking the families into the foray, we could look at a more “well-rounded” approach to development through ABT.

The Action Research Project could be a good starting point for longitudinal studies wherein the goals for the client group could be revisited after a fixed period and understand the difference created by ABT over a long term association. I would also like to work with different populations and age ranges to develop my skills as an ABT practitioner. I would like to learn more about the field of expressive arts therapies, especially theatre and its role in teaching educational concepts, thus making education fun and more inclusive. In the long run, I also envision working in the field of training and capacity building and increasing the reach of ABT, so that more diverse populations can come under its ambit and benefit from it. To work and be of service to every sentient being – that would be the ultimate goal.

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