



ARTS AS A SAFE SPACE:

AN ARTS BASED THERAPY INTERVENTION WITH CHILDREN AT RISK IN
A NGO RUN GOVERNMENT SCHOOL IN PUNE



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Disclaimer: Bapu Trust's engagement with this report is only with the teaching of Arts Based Therapy to the students of the course. In these reports, the practitioners bring their own perspectives, understanding, language and frameworks about mental health and well being. The views expressed in the report are of the author, not of the Bapu Trust. This is a brief, edited version of the full report, to increase accessibility and to present key findings of the students' work.

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Preface to the report

The Bapu Trust for Research on Mind and Discourse runs a year long course, titled, "BT-ABT - Psychosocial wellbeing in Development using ABT". ABT is the evidence-based use of art forms, integrated in a way to offer choices for people with mental health problems and psychosocial disabilities, to accomplish their own individualized mental health goals within a safe, recovery-oriented, therapeutic relationship.

In our experience, ABT serves as an alternative augmentative communication method for supporting *all* persons with disabilities, including children and elderly. In keeping with the overall scope of works of the Bapu Trust, the BT-ABT course provides the framework and skillsets for working in the mental health sector, with a disability inclusive development perspective, inspired by the Convention on the Rights of Persons with Disabilities (CRPD).

WCCL Foundation (World Centre for Creative Learning Foundation) invented Arts Based Therapy in its present form; and has over last 12 years, trained over 250+ students, to enable work in a number of disability and development areas. These include de-addiction, children and women at risk, persons, especially children, with disabilities, mental health, cancer care, dementia, Parkinson's, etc. ABT founding figures include Ms. Asha Pillai Balsara, Mr. Zubin Balsara, Mr. Aanand Chabukswar and Ms. Deborah Daniels. (Visit <https://wcclf.org> for more information.) In this time, WCCLF' students studied the day to day

effectiveness of ABT in diverse settings among a diversity of people with needs. Bapu Trust is among WCCLF students now hosting the course, in the format prescribed by WCCLF with their permission to teach.

The ABT "View" (ethics and value base of the Subtle Energy Guide) and integrated artistic skill sets that are taught in the course, are congruent with the vision and practices of disability inclusive development. The ABT framework is interdisciplinary, including basic counselling, body psycho-therapies, trauma-informed counselling, Indian psychology, philosophy, research base on arts-based therapies, cognitive sciences and social justice theories. ABT is a safe way of approaching deep-rooted habitual behaviours, building insight, empathy, compassion and connection among individuals and families. Support interventions using ABT can be broken down into specific actions, based on therapeutic goals, so that support can be customized to the client's express needs. ABT addresses low and high support needs of persons with mental health issues and psychosocial disabilities and indeed persons with disabilities in general. ABT helps a person to mobilize social capital and support systems.

ABT as a creative modality fulfils to the maximum, the purpose and vision for which Bapu Trust was created: "healing environments will be creative, non-hazardous, non-violent and playful; and will respect the dignity and autonomy of the person."

The ABT Evidence Base Initiative of the Bapu Trust

The Arts Based Therapy course is an intensive year long course, with 400 hours of theory, creative labs, assignments, and projects. The student learns to juggle multiple artistic mediums, purposively, to be able to assess the needs of their client group, and to titrate interventions that will address those specific needs. The ABT course offers tools for assessment, which are specific to the use of arts and healing, as espoused by the course. Typically a single support session would have a matrix of arts. For example, a session could start with an opening ritual of breathing practice, followed by a memory game(s). This could be followed by a rhythm session, ending with visual art activity. An artistic 'grid' helps the student to match the session plan with the client needs. A pre- and post- test tool, observation sheets and various kinds of projective tools complete the ABT tool box.

At the very foundation of ABT practise, is its "View"- the Subtle Energy Guide, developed by the WCCLF, drawn from Indian traditions of Mind training, particularly Mahayana Buddhism. The SEG, as it is called, gives the value base and a worldview for the students, to have a purposiveness in what they deliver, and to connect to something larger than themselves. The SEG is interwoven into every artistic practice and skill set, and when a student is 'stuck' in the matrix, it is the SEG that comes in handy.

The evidence base for "art therapy", especially in western contexts, has existed for some decades. Art therapy often uses one art form, for example, visual art therapy or music therapy, or dance movement therapy. The therapist usually "specializes" in one art medium. Often times, the art expression is dissected in cognitive / behavioural terms. The theoretical framework for the analysis is derived from western psychology, particularly those developed in the late 19th, early 20th centuries, during and after the War period.

However, the heady mix of Indian mind traditions, ritual healing, and integrated arts based therapeutic modalities, along with, its precision of practice with client groups, unfortunately, has remained unknown or invisible. These have a history of over 2500 years and counting. We humbly make an effort to bring to the reading publics, and to healers worldwide, our student reports, as an emerging evidence base for Arts Based Therapy.

We deeply acknowledge the transforming framework of Arts Based Therapy, as given to the world by WCCLF. We thank Vulkan Technologies, True North, Mariwala Health Initiative and the International Disability Alliance for financially supporting different segments of the BT-ABT teaching initiative.

**Bhargavi V Davar and Kavita Saju Nair
Pune**

Acknowledgement

I am humbly grateful for the commitment and belief which the children in the target group gave in the entire intervention. Their resilience and acceptance for life inspired me to look at life anew every single day, just like they did.

I feel fortunate to have had an equally committed and well-meaning support from the school principal, Ms. Mrinmayi Huprikar, the grade level teachers and the social work staff of the school to accomplish the completion of this intervention.

A special mention for Mr. Suhas Bhalerao from the administration support who stayed with the group throughout each and every session as an observer as well as to ensure safety of the participants.

I would also like to thank the other staff at LAPMEMS (Late Anantrao Pawar Memorial English Medium School) and other members of the Akanksha family who were instrumental in getting permissions and other logistics approved for the project.

I am very grateful for the guidance and belief my project guide, Mrs. Kavita Saju and my mentor Pratima Salunkhe showed in me and my work without which, I would not have been able to take this project to a successful closure.

I am blessed with the loving presence of my children whose spontaneity and zest for life never allows my spirit to wither.

Section 1: Abstract

A lot has been mentioned about the ever growing impact of urban slums on the overall quality of life led by those residing in it. Children of families at the unfavorable end of the spectrum may experience a number of challenges including interpersonal violence, family turmoil and environmental hazards that increase risk of injury. They engage in more health compromising behaviour, report lower subjective well-being and exhibit more social-skill deficits and emotional and behavioural problems such as fear of stigmatization and marginalization. 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 also can refer to the ability to become a positive member of society by avoiding a life of crime.

The following research attempts at establishing the effects of using Arts Based intervention with a small representation of such a population. The intervention is a humble attempt made towards facilitating the process of self-discovery and healing for the identified children at risk.

It was conducted with a group of participants belonging to a slum in Pune and attended an NGO operated government school. The group comprised of a total of 12 participants who were

shortlisted by the school counselor in conjunction with the class teachers for presenting problems ranging from poor impulse control, anger outbursts, inability to cope with academics, inability to work in groups and inhibition to express themselves in the face of conflicts and bullying. All of these were clubbed under the therapeutic domains of mindfulness, group interaction and self-expression for the purpose of intervention goals. An integrated framework of movement, drama, visual art, games and dance was employed with the underlying principles of the subtle energy guide. This was done for a total of 31 hours for the group intervention and 7.5 hours for individual intervention offered to two of the 12 participants (in addition to the group support they received).

The research results showed a steep improvement in the expression scores of the group followed by mindfulness and group interaction ones. The study suggested Arts Based Therapy (ABT) as an effective modality to not only address the presenting problems posed by the target group but also to bring about lasting results in the overall wellness and state of mind of the participants.

Section 2: Introduction

2.1 The larger problem

Based on literature, we could broadly consider the following factors in order to understand children at risk in the community / slum context:

1. Poor availability of nutritional food during crucial periods of growth, leading to stunted physical and mental growth.
2. Risk to physical well-being due to unhealthy environments.
3. Neglect from parents.
4. Victims of and witness to violence in general and particularly domestic.
5. At risk of being exposed to sexual content or acts which are not age appropriate.
6. Lack of space to play and express.

While these risk factors prevail, children at risk do have a right to feel safe and nurtured. This can facilitate the process of building a strong self-esteem and further help them build a good life for themselves.

While there is a lot of work happening in the nutrition and education domains by different government and NGO initiatives which provide the necessary support, there are not many efforts made towards meeting the mental health needs of children from slum communities. They struggle for a true expression of self and finding their own self (true inner potential), while they invest most of their energies in coping with the different risk factors.

Unhealthy / failed coping with a poor support system could lead to formation of a very weak and shaky self-esteem.

The thought behind the project was to create an opportunity and a safe space through skillful and accessible means of ABT for one such group of identified children at risk. This was done in order to facilitate healthy coping mechanisms and emotional growth and to bring them closer to their own potentialities and recognize who they really are.

The research was conducted with a Municipal school in the PCMC (Pimpri Chinchwad Municipal Corporation) area of Pune, India. It was operated by The Akanksha Foundation. The school was situated in the Bopodi community. The participants who engaged in the ABT sessions were 10 to 11 year old students from the 5th and 6th grade of the same school.

Many of the participants had witnessed and were subjected to domestic violence at some point in time and some were a part of a broken family resulting out of substance abuse or marital differences. All the participants were reported to be displaying inappropriate ways of expressing self, some through aggression while the others by not expressing at all. Thus, indicating a strong need for attention / withdrawal which could be stemming out of a low sense of self. All participants were reported to be having learning gaps (reading, writing levels were two to three grades lower than the one they were currently studying in as per their academic records).

The risk factors, specific to this intervention group, could be considered as follows:

1. Learning Gaps.
2. Witness or subjected to domestic violence on one or more instances since early childhood (at 6 months of age and above).
3. Inappropriate expression of self, leading to extreme responses, either completely passive or acting out aggressively in the classroom. Behaviour patterns which may not serve them well in the future.
4. Trauma caused due to neglect, attachment problems or any other accident.
5. Undernourishment and low birth weight, limiting their capacity to learn and progress.

2.2 Creative arts therapies

Modern medicine and psychotherapy approaches focus on the ailment and problem in a person, thus dividing them into parts. Whereas both traditional and contemporary forms of arts have always and continue to look at the person as a whole and their problem as just one aspect of their existence. They, in fact, help the person to access ruminated memories from their unconscious mind and bring them into awareness in the most non-threatening manner, thus facilitating healing. For example, visual art deepens the sensation awareness in a person allowing them to dive into colours and abstract images to bring out healing in the form. Drama therapy allows one to experience the sensations at the bodily, emotional and psychological levels all at once. It also permits the client to recreate their own story which leads to healing. Music therapy assists in cortical arousal and bringing in harmony which allows healing.

Arts Based Therapy (ABT) is recognized as a successful alternative medium to promote psychological well-being in children. It is usually a very effective way of working with children who may be going through a difficult time. Creative arts allow children the opportunity to grow and develop self-awareness through self-expression. This has been shown to reduce stress and accelerate psychological and physical healing.

ABT is evidence-based use of art forms to accomplish individualized goals within a therapeutic relationship. ABT derives theoretical base from a systematic training in Subtle Energy Guide (SEG). The practice of ABT is based on use of multi arts modality to address the therapeutic goals. Within this framework interventions are designed as per the specific needs of each client. In the context of the current study, creative arts therapy or arts based therapy comprises of various mediums such as visual arts, music, drama, story telling and dance.

SEG (Subtle Energy Guide)

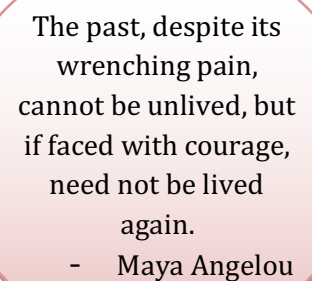
In order to practice ABT, an eligible person has to complete the Arts-Based Therapy Certificate Course by WCCL Foundation. The subject is formally called Subtle Energy Guide (SEG). Of the 375 hours, Approximately 90 Hours (equivalent to 6 international Credits) are devoted to the SEG in the ABT Certificate Course.

‘The SEG guide provides the ABT Practitioner with a ‘view’ and a framework to design interventions as per the unique needs of each client.’ Without SEG perspective, art activity may fall into one of the categories given below:

1. Arts-in-therapy. e.g. primarily doing a psychotherapy session, but using a little bit of crayons and pre-recorded music.
2. Art-education, music-education etc. Using art forms to “teach” clients how to sing, dance, act.
3. Arts-on-Clients. In this case, a certain indescribable and immeasurable power is ascribed to the performing art or artist. The client is a passive recipient of the meritorious results from the performance. (Daniel et al.,2013)

2.3 Hypothesis

The findings from the initial data collection phase suggested multiple needs requiring intervention for the selected population. Some of them may not be directly influenced, viz improving their nutritional capacity, separating them from an environment of domestic abuse and neglect, as it may not be within the immediate influence of the intervention.



The past, despite its
wrenching pain,
cannot be un-lived, but
if faced with courage,
need not be lived
again.
- Maya Angelou

However, multiple studies and reports have suggested a positive impact of any creative / expressive arts work and success in addressing and even reversing the grip of such trauma on a child/ person.

The following needs if worked upon directly through the ABT intervention would address the immediate needs of the population, thus reducing their stress and reinstating their belief in self. It may indirectly influence most other needs presented by the population eventually:

1. Improvement of attention span, impulsivity (frequency and impulsivity) - mindfulness.
2. Enhancement of Self Esteem - making one more aware and thus assertive for their own basic needs.
3. Develop the ability for healthy expression of self thus facilitating better interpersonal and group working skills.

Hence, these were considered as the most commonly occurring therapeutic goals for the group.

Section 3: Methodology

3.1 Eligibility criteria for intervention group

Twelve children in the age group of 10 to 12 years were randomly selected by the school for the intervention. Teachers were briefed about ABT and the probable benefits it would bring to the identified children. They decided to select children who struggled to express themselves appropriately in class and also had attention difficulties.

1. All the participants belonged to lower socioeconomic section of the society and lived in the slums of Bopodi, Pune.
2. All the participants understood Hindi, Marathi and English language and were attending school for a maximum of 8 years to a minimum of 1 year.
3. They were in between the ages of 10 to 11 years.
4. They were currently studying in Grade 5th and Grade 6th (3 and 7 numbers) respectively.
5. There were 6 boys and 7 girls in the group.
6. All were identified to have learning gaps with a minimum of two grade levels below their current grades.
7. Majority of the participants had experienced and witnessed some kind of violence and neglect within / from the inner domestic circle.
8. All of them were reported to have an attention span way below their age appropriate norms.
6. All of the participants were identified for inappropriate expression of self, leading to extreme responses, either completely passive or acting out aggressively in the classroom.
7. All participants were undernourished as per the current health norms.

3.2 Logistics

The ABT sessions, as part of the intervention, were conducted between January 2, 2019 to March 30, 2019. They were held twice a week (Monday and Wednesday) for a minimum duration of 60 minutes and a maximum duration of 90 minutes. The timeslot for the same was between 2:00 pm to 3:30 pm.

3.3 Data sources and data collection protocols

Separate meetings were conducted for the selection of the target group:

The pre and posttest data for the quantitative tools was acquired from the respective class teacher and student (for self-reporting scale) through one on one meeting. The source (teacher / student) was the constant (same teacher was contacted for pre and post scores).

A. With the social worker and principal (signing authorities):

1. Explaining the rationale and expected benefits it would bring to the target population.
2. The resource requirements and needs like space, observer and basic materials like chairs etc. were discussed and agreed upon.
3. Timelines were agreed upon, both intervention and session duration and frequency.
4. Consent procedures were presented and approvals taken for the same.
5. Target group of Grade 5th and 6th students (equal number of boys and girls) was identified by the school for the intervention and teachers were then asked to shortlist.
6. The social worker would convene a meeting along with the practitioner of the respective parents before the commencement of the sessions to explain about the intervention, confidentiality clauses, duration and commitment needed from their end. A detailed consent form printed in the vernacular language was printed and given for review to the parents / guardians.

B. With the class teachers:

1. The rationale and intent of the ABT intervention was shared.
2. The overall needs of the students at large were discussed.
3. The need to have a balance of high, medium and low need students in the group was discussed for the sake of safety and the long term continuity of the intervention.
4. After listening to the overall philosophy and methods of the intervention, the teachers came to a conclusion to include children with a difficulty to express themselves in a socially appropriate manner, i.e. some who do not talk, express and interact at all and those who quickly get into fights and cannot complete a given task at hand especially in a group environment.

C. Joint meeting with the social worker and both class teachers in order to finalize the participants:

1. Further details of the students were taken, viz Learning levels, nourishment data (if any of them fall under the malnourished category).
2. Detailed behaviour observations, academic and health history was taken.
3. Other needs and requirements were discussed, i.e. how would the children make up for the missed half an hour work, twice a week, what would be the protocol for informing the practitioner in case there would be any change in the children's schedule due to exams or holidays.
4. Days and time were calendared with all the stakeholders to avoid any communication lapses.
5. The frequency and methods of data collection, viz WCCLF Forms, teacher interview, etc. were discussed and agreed upon (both pre and posttest).

Post Sessions:

One on one parent interviews were scheduled with the help of the social worker over a period of two weeks to gather feedback about the changes noticed in the respective child. A detailed birth and infant history along with other significant details and changes were discussed in these meetings.

One on one child interviews were scheduled as well, post exams to administer the posttest self-reporting tool and the child feedback about the changes they saw in themselves.

Home visits were made to the homes of children who could not come to school for the same.

3.4 Methodology

The following tools and methods were employed (pre and post intervention) to assess research needs and results of using ABT with the participants.

1. Rating Scale
Children at Risk developed by World Centre for Creative Learning foundation, Pune. For identifying a child's cognitive ability, mindfulness and body awareness, communications and group interaction. The checklist covered the following domains: body, sensory, mindfulness, cognitive domain, expression, communication and group interaction.
2. Rosenberg Self Esteem Scale
This 10-item scale assesses an individual's feelings of self-worth when the individual compares himself or herself to other people. The scale is an attempt to achieve a one-dimensional measure of global self-esteem. It was designed to represent a continuum of self-worth, with statements that are endorsed by individuals with low self-esteem to statements that are endorsed only by persons with high self-esteem. The scale can also be modified to measure state self-esteem by asking the respondents to reflect on their current feelings.

3. Mandala

At the core of the Mandala is the person's belief system, which colours and mediates between the four areas. The assumption is that people would usually seek therapy when the balance between the aspects is disrupted. This could happen, for instance, if vulnerability takes over the person's whole structure, one or more functions are distorted, or the belief system is in crisis.

4. Teacher Feedback – Orally in one on one meeting
5. Self-Reporting by the child - Orally in one on one meeting
6. Feedback from immediate caregiver - Orally in one on one meeting

3.5 Ethical Considerations

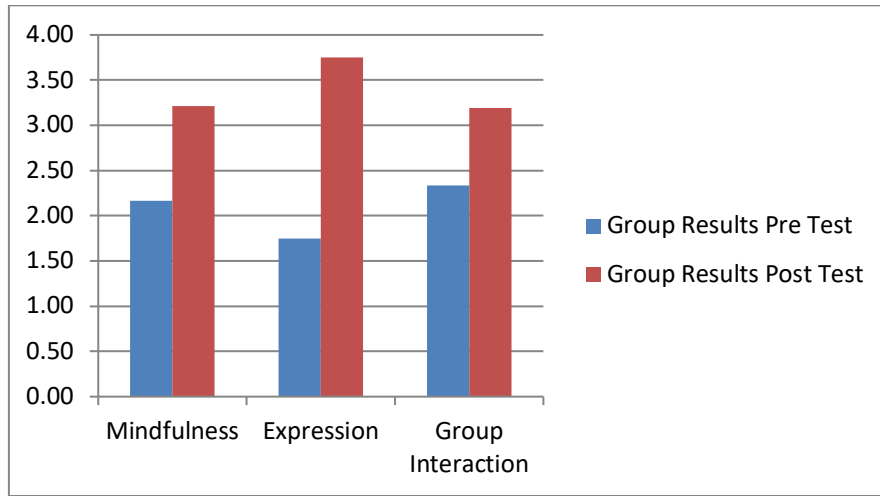
1. The research was undertaken within the ethical and legal framework of institutions engaged with research.
2. A written consent was sought from school authorities informing them of the purpose of research through necessary submission of documents and written literature about the purpose of the study and other confidentiality terms for the school and the respective participants.
3. A duly signed written consent form, stating the scope, timeline and nature of the intervention along with confidentiality terms were obtained from each participant.
4. Participation and continuation in the research intervention was fully voluntary and participants were allowed to quit at any point in time as they deemed fit. However, no participants exited the sessions.
5. A similar consent form in vernacular language was obtained from the parent / guardian of the children stating confidentiality, usage of video clippings and pictures of their wards only for the purpose of the study.

Section 4: Results (Outcomes)

4.1 Results Summary

The spontaneity and noncompetitive spirit of the ABT sessions allowed the group to achieve the individual and group goals with minimal inhibitions. This can be retrieved from the comparisons of pre and posttest scores on both the quantitative and qualitative tools, for the identified domains (goals):

Figure 1: Comparison of group results (pre and posttest scores)

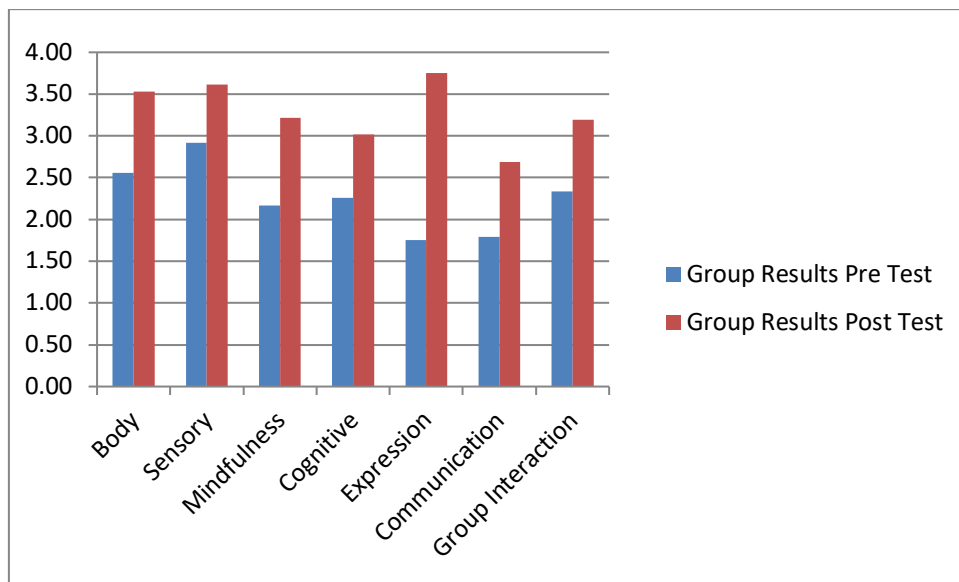


On a scale of 1 to 5, 1 being the least and 5 being the maximum. (The same for all the following figures)

An improvement in all the identified domains (most commonly occurring therapeutic goals) could be seen. A **steep improvement** was noted in the **expression domain**, which was supported with the qualitative data. This co-related with the findings of the individual posttest Mandalas as well. A more clearer representation of the self through detailing in quadrants, usage of more solid colors, defined boundaries and enlarged circles. *(presented in the detailed results section for each student)*

Group Results on the WCCLF – Rating Scale for Children at Risk

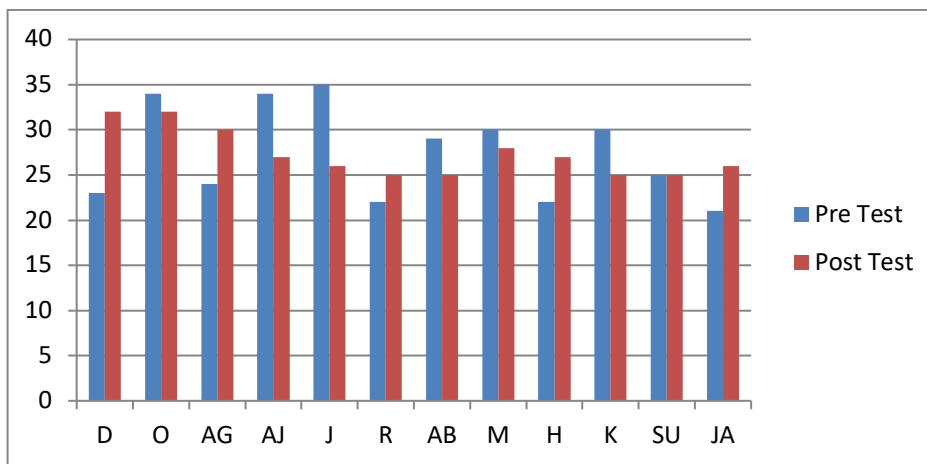
Figure 2: Group results on WCCLF rating scale for children at risk (pre and posttest scores)



This suggested an improvement of the group on domains other than the identified ones for instance body, communication, cognitive and sensory domains. This co-related with the qualitative feedback received from their class teacher who was a constant variable in pre and posttests.

Group Results on the Rosenberg Self Esteem Scale:-

Figure 3: Group results on Rosenberg self-esteem scale (pre and posttest scores)



On a scale of 40: This representation suggested a dip in the scores for 6 out of 12 participants. It could be argued that post intervention, the participants developed a clearer and precise understanding of the self, leading to a more modest representation of the self in the self-reporting test. This also co-related with shrinking of cores in the Mandala assessments for most of them who had negative scoring on the Rosenberg Scale. For example, Jai, Amar and Arti had also been identified in a higher need for prolonged support, owing to their histories of domestic violence and sexual violence respectively. The negative results could also be inferred due to language and processing barrier of the respective students who were more than one level below their current age appropriate grade. For the others showing an improved score, it could be concluded a normal progression in the identified traits of the self.

The Mandala Tool:

Overall analysis suggested improved versions in the posttest for 80% of the population and no shift in the remaining 20%. No deterioration of any kind was noticed across the posttest figures and the bottom 20% suggested minor changes in the borders, division of quadrants and coloring quality. A brief interpretation of the occurred change from pre to posttest for each participant was presented in the detailed results section.

Other data sources:

The parent and teacher interviews contradicted in some places. This could be due to increased assertiveness levels of the participants which the family may not be prepared for in contrast to

the teachers who were aware of the specific needs of the children being worked upon (as observed by the practitioner through the nature and trends of complaints made during the interview).

Majority of the qualitative feedback was supported by the observations made by the practitioner in the last few sessions in addition to the teacher feedback about the posttest observations. For example Arti, Deepika and Rima who could not react to any unjust act of bullying or hitting were seen hitting and shouting back in like situations. Hira, Meena and Arti's motivation levels to participate and complete class work had gone up. Thus, the stated hypothesis could be considered met.

Groups journey through 26 sessions

Initially, the group enjoyed Visual Art (VA here on) and other attention (sound and breath) exercises which allowed them to calm down to a large extent. H and D would continuously speak meaningless murmurs without waiting to listen to instructions or participate in the activities. However, after the 10th session, this need receded and even though they could not participate with full attention, they were able to keep their calm. Towards the last few sessions, they could participate in the lead and follow drum circles and follow / lead with minimal deviations.

Since the group preferred their individual spaces to work on, VA was their most preferred choice in the initial sessions. The slow and steady shift towards enactments and embodiments of the created VA figures helped the group to move a level ahead of their inhibitions and fear of being laughed at.

They responded well to and openly accepted an imaginary character “*tuti fruti*” through story circles and started improvising scenarios where they projected all their fears and anger. They slowly built upon resilience through protection gadgets and other props in the following sessions. The stop go variations used since the beginning helped mobilize their untapped energies and attention abilities. In one session, *Tuti Fruti* reached a mountain top and could not climb down before it was dark, so they stayed closely together and faced (his) their fear of dark, unknown, animals and other dangers. In the following sessions, they made a super car, magical wand, magical masks, magical watch and a magical cap which served as their protection metaphors till the last session.

Two participants had to temporarily exit the group for (individual work) in the 10th session. By the 16th session, the group had settled down and was taking less time in between transitions. A lot of empathy towards the temporary exits were expressed and requests to bring back the group members were made. This was a shift from avoiding and fearing them. This indicated more group cohesion and building of empathy and inhibitions (understanding of another's pain). In the 10th session, music circles were introduced. However, at this stage, they were running with less distractions and sustained beats. This was in addition to introduction of more attention games and further aided the calmness and attention span of the participants in the following sessions.

Creation of individual altars in the 9th session and a group altar in the 11th session further infused protection as a metaphor and it then became a practice before every session. They had made a smiling stone figure as a central powerhouse and many tiny clay ritual objects, which they would set up and then use flowers and incense to pay gratitude towards them.

Eventual sessions were around the key concepts of gratitude and compassion and children had started offering unsaid messages for loved ones and self through chit offerings to the altar. Post this, there were lesser occasions of violence and teasing in the group.

The daily practice of sound meditation greatly contributed to the reduction of anger and impulses for most participants as reported in the self-reporting interview.

4.2 Results Detailed

A) Background and Creation

Participant One: Om

A child's primary identified needs were that of safety and finding an anchor within self. The therapeutic goals for him appeared in the mindfulness, expression and communication domains as drawn from diverse data collection methods.

Initially, he engaged in all the sessions and could stay away from causing harm to others with gentle reminders. However, his high inability to respect safety boundaries of other group members was observed and reported by the observer after the initial 8 sessions. Following this, he was moved into individual sessions for more specific support before he could be integrated back into the group. (Detailed report of the same attached in the annexure)

My intention for Om, before every session, was for him to allow his hurts to surface and heal through the various sensory experiences planned in the sessions. We worked with suffering (self grasping) and compassion as key concepts for the child and developing patience and pliancy of mind through the various mindfulness practices. As a practitioner, I kept revisiting my motivation of creating love and safety for him which kept us going. He particularly enjoyed tactile engagements rather than drama embodiments. With consistent encouragement, he did join me in the embodiment exercises.

He also created very meaning driven stories and mostly had a lot of killing and defeating of characters in them. His belief in God as a supreme power protecting him and others came up across sessions. In his individual sessions, he was able to work through lot of anger and the powerlessness in addition to the consistent mindfulness practice which he did without any resistance.

Table 1: Om's creations and it's interpretations

<table border="1"> <thead> <tr> <th>Domain</th> <th>Pre</th> <th>Post</th> </tr> </thead> <tbody> <tr> <td>Body</td> <td>3.5</td> <td>3.8</td> </tr> <tr> <td>Sensory</td> <td>3.8</td> <td>4.0</td> </tr> <tr> <td>Mindfulness</td> <td>2.5</td> <td>3.5</td> </tr> <tr> <td>Cognitive</td> <td>3.5</td> <td>4.0</td> </tr> <tr> <td>Expression</td> <td>3.0</td> <td>5.0</td> </tr> <tr> <td>Communication</td> <td>3.0</td> <td>3.5</td> </tr> <tr> <td>Group Interaction</td> <td>3.5</td> <td>3.8</td> </tr> </tbody> </table>	Domain	Pre	Post	Body	3.5	3.8	Sensory	3.8	4.0	Mindfulness	2.5	3.5	Cognitive	3.5	4.0	Expression	3.0	5.0	Communication	3.0	3.5	Group Interaction	3.5	3.8	<p>There was an improvement across all domains and a significant one in the identified needs domain for the child.</p> <p>He had shown the highest improvement in the expression followed by the mindfulness domain. This reflected in the behaviours displayed by him in the last two sessions after his integration back into the group.</p>
Domain	Pre	Post																							
Body	3.5	3.8																							
Sensory	3.8	4.0																							
Mindfulness	2.5	3.5																							
Cognitive	3.5	4.0																							
Expression	3.0	5.0																							
Communication	3.0	3.5																							
Group Interaction	3.5	3.8																							
<p style="text-align: center;">Pre Test</p>	<p style="text-align: center;">Posttest</p>																								
<ol style="list-style-type: none"> 1. A hard attempt was made to bring symmetry to the Mandala Quadrants. This may suggest an awareness and thus high need for a balance in life. 2. The size of the core is almost magnified dramatically which may suggest immense self-grasping. The intentional division of the core suggests a disturbance and an attempt / need to understand the different scattered aspects of the self. 3. His narrative about the core suggests his strong belief in his inner strength and abilities forms his core. 4. The edges of the core continue to be blurred which emphasizes on a continued need of intervention for the understanding of boundaries for the child. 5. The distance between the other quadrants and the core is not seen in the posttest figure, however continues to prevail in the aspiration quadrant which suggests a fear of the past in relation to the aspiration. However, to be a football player remained constant which also suggests focus on the future and his own abilities. The smaller space allocated to the quadrants in comparison to the core suggests a high need to find himself before knowing other aspects of his personhood. 																									
<p>The scores on the Rosenberg self-esteem questionnaire suggested a 5 % dip the child notices in his understanding of the self in the post intervention score. It may suggest a clearer understanding of the self from an exaggerated one.</p>																									

Thus, both his posttest scores and the teacher feedback along with the Mandala changes suggested a change in mindfulness and creative expression through artistic skills domain.

Participant Two: Amar

Amar was referred for poor understanding of physical boundaries (proximity and tone during interpersonal exchanges were too loud and intimidating), low attention span and poor impulse control. A history of belting by the father in the 1st and 2nd grade was reported by the school counselor. The test results suggested a rather low self-esteem. Mindfulness, communication and group interaction were the identified therapeutic goals for him.

A high need to influence and dominate the group members and all of the above behaviours were observed in the initial sessions. He enthusiastically participated in all the modalities and formed deep engagements during VA and tactile exercises. After the initial hesitation, he engaged in drama and movements sculpt and brought in rich improvisations and metaphors during stories and sculptures.

Table 2: Amar's creations and it's interpretations

<table border="1"> <thead> <tr> <th>Domain</th> <th>Pre</th> <th>Post</th> </tr> </thead> <tbody> <tr> <td>Body</td> <td>4.0</td> <td>4.5</td> </tr> <tr> <td>Sensory</td> <td>4.0</td> <td>4.0</td> </tr> <tr> <td>Mindfulness</td> <td>1.5</td> <td>2.0</td> </tr> <tr> <td>Cognitive</td> <td>3.0</td> <td>4.0</td> </tr> <tr> <td>Expression</td> <td>3.0</td> <td>3.5</td> </tr> <tr> <td>Communicat...</td> <td>2.5</td> <td>3.0</td> </tr> <tr> <td>Group...</td> <td>2.0</td> <td>2.8</td> </tr> </tbody> </table>	Domain	Pre	Post	Body	4.0	4.5	Sensory	4.0	4.0	Mindfulness	1.5	2.0	Cognitive	3.0	4.0	Expression	3.0	3.5	Communicat...	2.5	3.0	Group...	2.0	2.8	<p>An improvement across domains was seen.</p> <p>The child had made the most improvement in the mindfulness domain followed by the cognitive domain.</p>
Domain	Pre	Post																							
Body	4.0	4.5																							
Sensory	4.0	4.0																							
Mindfulness	1.5	2.0																							
Cognitive	3.0	4.0																							
Expression	3.0	3.5																							
Communicat...	2.5	3.0																							
Group...	2.0	2.8																							
<p>The scores on the Rosenberg self-esteem questionnaire suggested a 17.5 % dip in the child's understanding of changes in self post intervention. It may suggest a clearer understanding of the self from an exaggerated one.</p>																									

The results on the Mandala tool could not be drawn as a posttest could not be administered to the child. He chose to voluntarily opt out from the 19th session to the 25th session. The scores on the Rosenberg scale indicated a drop in scores from 34 to 27 which may suggest a clearer understanding of the self from an exaggerated one.

Amar would find it difficult to do the meditation however over a period of time was able to sustain for one minute.

Feedback from his primary caregiver and class teacher suggested a reduction in the intensity of his anger and less distraction while on a task. The parent particularly pointed that the frequency of back answering had gone down and he had stopped avoiding contact with family. He was interacting more often with them in the last one month.

A particular observation was made in session no. 10 where the child was seen complimenting a classmate. Initially, he used to refuse to stand near this classmate during the play. This broke a major power dynamics for the girl child and the overall strength of girls in the group who were threatened by his presence in the beginning.

Participant Three: Deepika

This child's needs for affection and survival were well supported for by both parents, who were well involved in her upbringing. Although there was no history of abuse, she had suffered a life threatening poison attack at the age of 1.5 years. There was a slight deformity in one of her foot which was later corrected. She was referred for being excessively quiet and submissive (would get bullied and hit by classmates without retaliating) and avoiding group work.

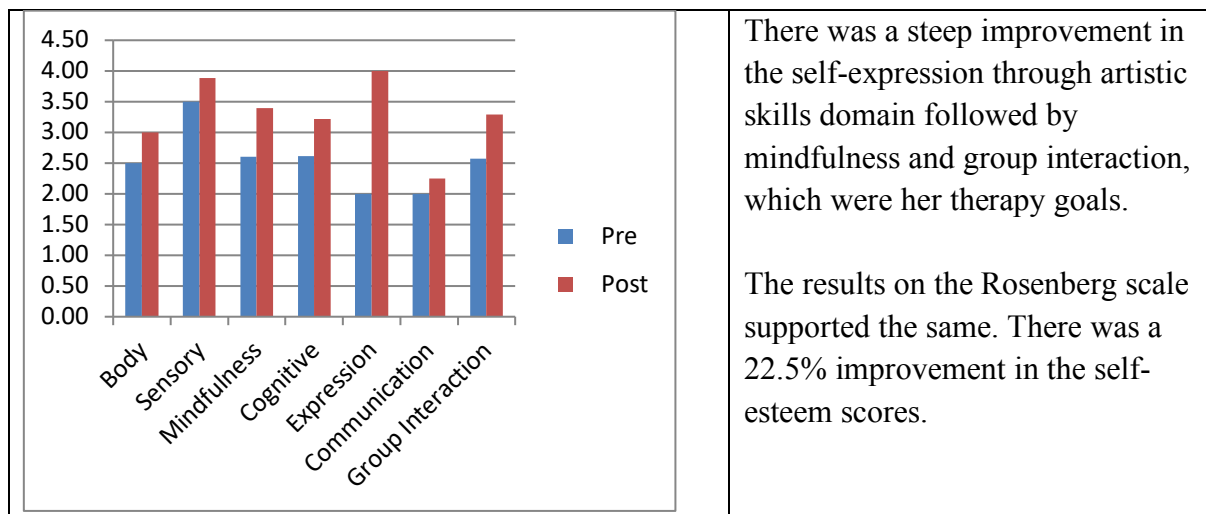
Thus, dealing with fears and finding her voice were the immediate identified needs which translated into expression, communication and mindfulness as the key domains to be worked upon.

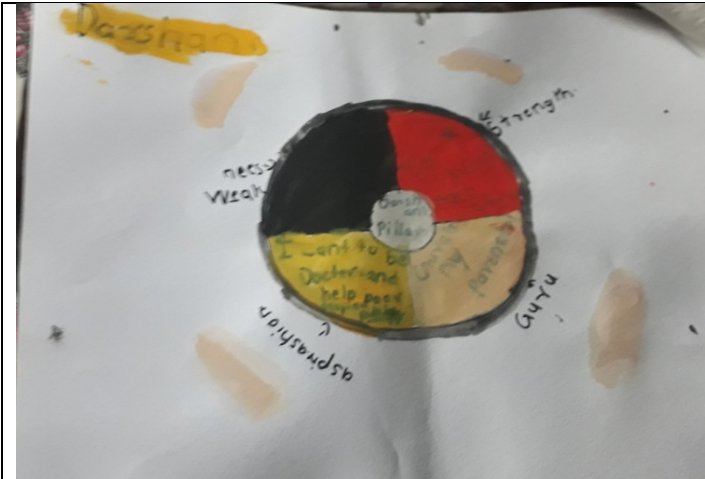
In the initial sessions, she could not stop talking out of turn and waiting for instructions. She would mostly be distracted and detached from the group and efforts had to be made to bring back her attention. She participated in all the activities but preferred and enjoyed VA and stories. The difficulty to focus and remember more than three instructions / sequences at a time made it tough for her to participate in the music circles and body percussions.

Frequently, she would tire out sooner in the games and movement sessions with very less energy to invest.

A girl (herself) appeared as a metaphor in most of the initial VA or tactile exercises. She took great interest in creating tiny miniatures of prayer symbols and objects (*diya, agarbatti* stand, etc.) during altar process.

Table 3: Deepika's creations and it's interpretations





ABT gave me daring!!

A pretest could not be done with her as she was absent on that day. Posttest suggested the following:

Child's narrative:

Weakness: Fear and laziness, when I am alone or in dark, I feel fearful
 Strength: By helping others, when I can save someone (red is my favourite color).

Aspiration: Want to be doctor and help poor or teacher who will help kids go ahead in life, I want to be kind and not hurt others.

Inspiration: My parents or anything that represents them gives me inspiration

Core: Helpful, sensitive and a happy person

The explicit mention of being fearful and the size of the core suggest a need for more work with creating safety metaphors for the child.

As per the narrative the fear of peers is not present and has shifted to the more instinctual fear of the unknown.

The scores on the Rosenberg self-esteem questionnaire suggested a 22.5% improvement the child noticed in herself post intervention.

The qualitative feedback received from the parents and teachers suggested a noticeable improvement in her attention. This was also observed in the last few ABT sessions where she could retain more information during drums and percussion circles. It was also reported that the child would hit and shout back when she was attacked by any classmate.

Participant Four: Arti

The child was referred for being withdrawn and disconnected in both learning settings and social settings. The school reported that the child was sexually violated when she was 9 years old. The teachers mentioned that she never stood up against bullying or hitting in class. She was often bullied by her younger sisters as well.

Hence, my intent for her was to help see a possibility of ‘her new image’ that was less fearful. I kept revisiting the motivation to reduce the pain and trauma for her. Thus, the goals chosen for her were expression, communication and body.

Table 4: Aarti’s creations and it’s interpretations

<table border="1"> <caption>Data from Line Graph</caption> <thead> <tr> <th>Domain</th> <th>Pre Score</th> <th>Post Score</th> </tr> </thead> <tbody> <tr> <td>Body</td> <td>2.2</td> <td>3.3</td> </tr> <tr> <td>Sensory</td> <td>2.4</td> <td>2.9</td> </tr> <tr> <td>Mindfulness</td> <td>2.2</td> <td>3.2</td> </tr> <tr> <td>Cognitive</td> <td>1.9</td> <td>2.4</td> </tr> <tr> <td>Expression</td> <td>1.0</td> <td>3.0</td> </tr> <tr> <td>Communication</td> <td>1.5</td> <td>2.0</td> </tr> <tr> <td>Group Interaction</td> <td>2.0</td> <td>3.0</td> </tr> </tbody> </table>	Domain	Pre Score	Post Score	Body	2.2	3.3	Sensory	2.4	2.9	Mindfulness	2.2	3.2	Cognitive	1.9	2.4	Expression	1.0	3.0	Communication	1.5	2.0	Group Interaction	2.0	3.0	<p>Although some pre test scores indicated a higher need in those domains, the decision to work on these goals was taken purely on the basis of intuition and child’s immediate pressing needs.</p> <p>There was a significant improvement across all targeted domains, expression and mindfulness being the most significant ones.</p>
Domain	Pre Score	Post Score																							
Body	2.2	3.3																							
Sensory	2.4	2.9																							
Mindfulness	2.2	3.2																							
Cognitive	1.9	2.4																							
Expression	1.0	3.0																							
Communication	1.5	2.0																							
Group Interaction	2.0	3.0																							
<p style="text-align: center;">Pre Test</p>	<p style="text-align: center;">Posttest</p>																								
<p>The posttest Mandala supported the other findings. The specific and spacious boundary around the Mandala suggested a strong sense of boundary around the self. This challenged the pretest figure which had blurred boundaries.</p> <p>Child’s narration suggested a shift in the inspiration quadrant from her therapist (who she could confide into) in the pretest to a trusted and older friend in her community. It clearly showed the willingness and ability to give new relationships a chance at trusting and widening her circle of trust.</p> <p>The pretest Mandala suggested fear of different entities across quadrants and presence of <i>Allah</i> (God) both in inspiration and aspiration quadrant. The posttest figure showed more clarity about the details in each quadrant with fear (overall and of her space being invaded by sisters) prevalent only in the weakness quadrant.</p>																									

Though the size of the core had shrunk in comparison to pretest, there was more clarity about what she felt.

'I am kind and respectful'

***Main abhi vapas marti
hoon didi sirf ladki log ko
aur ladke log ko chilati
hoon!***

**(Tr. Sister, I just hit the girls
directly now and shout at the
boys.)**

The scores on the Rosenberg self-esteem questionnaire suggested a 10 % dip in the child's understanding of changes in self post intervention. It may suggest a clearer understanding of the self from an exaggerated one.

Arti fought a lot of hesitation in the first 10 sessions but always participated.

She engaged most in VA and her efforts and expression in movement and sculpts built up over a period. Towards the end, she was voluntarily engaging in drama and movement expressions and was attempting to improvise as well.

The feedback from mother and teacher suggested a more assertive Aarti who shouted and hit back, incase her peers or sisters hit or teased her.

Participant Five: Rima

The child had good family support and there was no history of neglect. Birth and milestones were normal. She suffered epilepsy at 6 months of age and had medication support for the same until 5 years of age. She was referred for being excessively quiet and submissive. She would often get bullied and hit by classmates without retaliating and was unwilling to participate in group work.

The needs identified for her were in the expression, communication and group interaction domains. She was not regular in the initial sessions however it improved gradually. She took great interest in VA expression and drums sessions. She built a slow and steady appetite for expressions through stories, puppetry, prop enactments and moving sculpts. She needed encouragement for this form of expression till the last session but she fully engaged once she was in the act. Her ability to follow number of beats and different combinations in body percussions also went up from 2 to 5 beats and a maximum of 2 variations from zero before.

Table 5: Rima's creations and its interpretations

<table border="1"> <thead> <tr> <th>Domain</th> <th>Pre</th> <th>Post</th> </tr> </thead> <tbody> <tr> <td>Body</td> <td>2.2</td> <td>3.6</td> </tr> <tr> <td>Sensory</td> <td>3.2</td> <td>3.8</td> </tr> <tr> <td>Mindfulness</td> <td>2.9</td> <td>3.7</td> </tr> <tr> <td>Cognitive</td> <td>2.5</td> <td>3.2</td> </tr> <tr> <td>Expression</td> <td>1.0</td> <td>3.9</td> </tr> <tr> <td>Communication</td> <td>1.4</td> <td>2.4</td> </tr> <tr> <td>Group Interaction</td> <td>2.8</td> <td>3.2</td> </tr> </tbody> </table>	Domain	Pre	Post	Body	2.2	3.6	Sensory	3.2	3.8	Mindfulness	2.9	3.7	Cognitive	2.5	3.2	Expression	1.0	3.9	Communication	1.4	2.4	Group Interaction	2.8	3.2	<p>There was a steep improvement in expression and communication domain followed by body.</p> <p>There was very little movement in the group interaction domain.</p>
Domain	Pre	Post																							
Body	2.2	3.6																							
Sensory	3.2	3.8																							
Mindfulness	2.9	3.7																							
Cognitive	2.5	3.2																							
Expression	1.0	3.9																							
Communication	1.4	2.4																							
Group Interaction	2.8	3.2																							
<p style="text-align: center;">Pre Test</p>	<p style="text-align: center;">Posttest</p>																								
<p>The posttest Mandala denoted more balance with carefully divided quadrants and well-rounded and definite shape of circles. Her narration suggested more clarity about the objects and people within each quadrant. The core had shrunk in comparison to the pretest figure which may be indicative of more self-awareness.</p>																									
<p>The scores on the Rosenberg self-esteem questionnaire suggested a 7.5% improvement in the child's understanding of changes in self post intervention</p>																									

Posttest, the parent's feedback suggested the child being less fearful in social interactions.

'She used to hesitate to come out amidst new people especially men. That hesitation is not there any longer and she moves around more freely now. She speaks up more frequently about her needs.' According to her teacher, the response from helpless crying to talking and hitting back when teased by classmates was a welcoming shift. She also displayed more interest and ownership in completing her work and understanding concepts (indicative by asking questions, which she did not do initially). In the self-report interaction, the child highlighted that she felt

happy about being able to ask questions to clarify her doubts. She also expressed she felt less scared to interact with extended family at home.

Participant Six: Hira

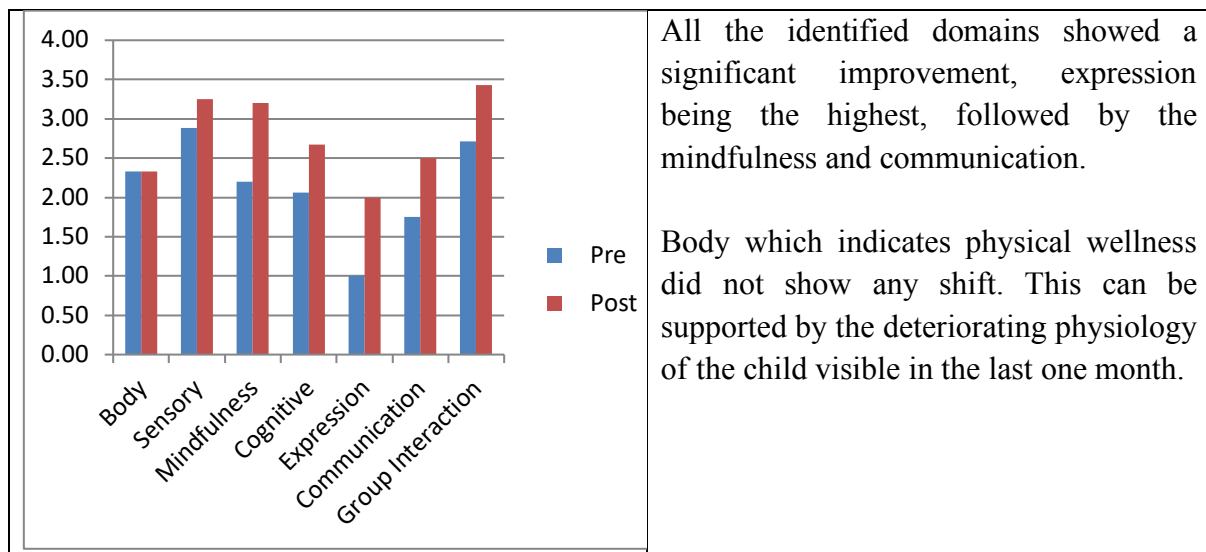
Hira lived in a joint family. The school reported a history of neglect and poor personal hygiene and the child being in severely malnourished category of students. He was referred for behaviour of poor impulse control, getting into fights, poor attention on task and not being engaged in any class work. Birth and general history suggested normal achievements and no abnormalities or accidents in the first five years of life.

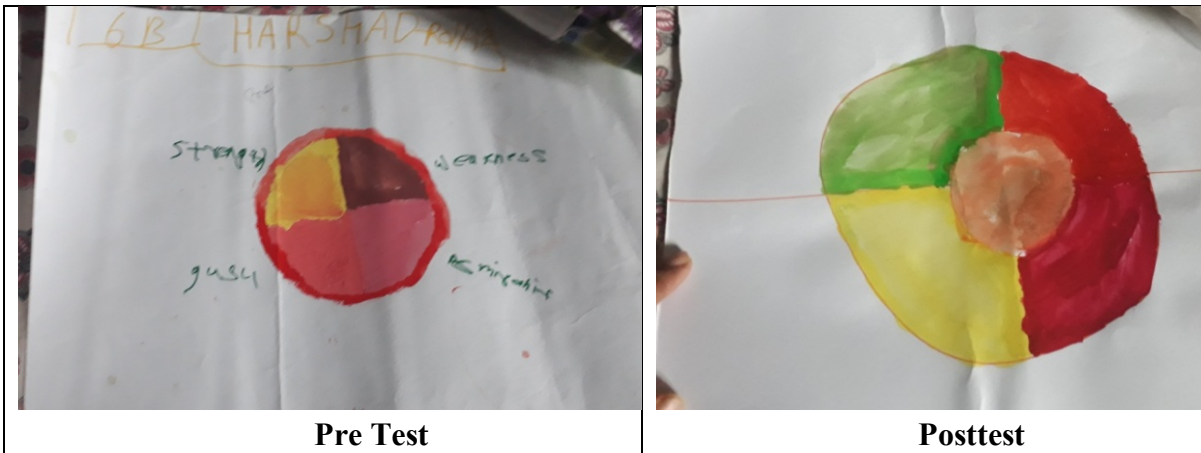
In the first 7 to 8 sessions, the child displayed very poor interest and attention span. He would be constantly talking and murmuring and thus was unable to follow any instructions. This was also noticed in his inability to repeat number of beats variations during music circles. Thus, the needs for this child fell under expression, communication and mindfulness domain.

He was consistent in performing mindfulness practices across sessions and engaged deeply in all the VA sessions. He would particularly withdraw from the sessions during games (due to low stamina) and drama and story sessions (due to his hesitation to express in front of peers.) This was observed till the last session.

However, he would imitate or do as he was told to while embodying group sculpts. He lacked ownership and interest to initiate any expression from his end but would participate in most sessions unless he was physically tired or unwell.

Table 6: Hira’s creations and it’s interpretations





There was a major shift from the pretest. The appearance of core in the posttest Mandala suggested a shift in self-awareness of the child. The change in the nature of the boundary from being hazy to more defined, suggested an improvement in the understanding of boundaries. This was also reported by teachers and was observed in the last few sessions as well. The enlarged size of the circles may be indicative of the understanding of many new aspects about the self. The two halves of the post figure are strikingly opposite of each other in the colour scheme. The green and yellow half, suggested natural colour scheme, may be indicative of some peace and acceptance with the self. No detailing even for the indicating the sections may suggest fear of acknowledging the new found self.

The scores on the Rosenberg self esteem questionnaire suggests a 12.5% improvement the child notices in him post intervention.

Posttest feedback of parents and teachers suggested an overall improvement in personal hygiene, reduction in intensity of anger, more time given to tasks, completion of task at hand and self-regulating attention without the need of reminders (as needed previously).

In the self-report interview, the child shared that he felt less angry, had made new friends and felt an overall enthusiasm to try everything (as against the initial low feeling).

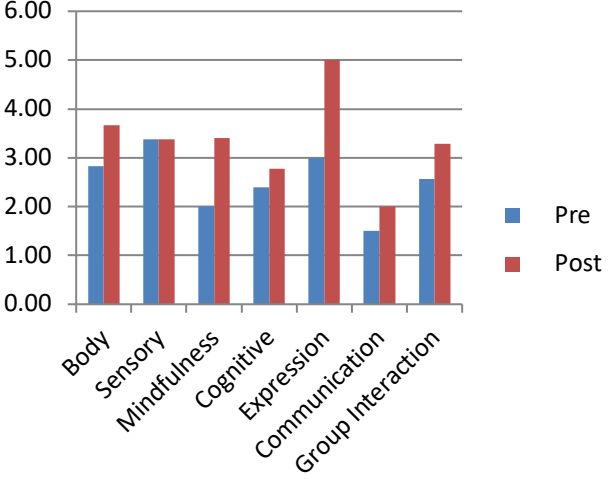


Participant Seven: Meena

Meena’s birth history suggested difficulties at time of birth due to low birth weight. However, no deviations were noted in the milestones. There was a history of neglect by the family. The school reported the child was sexually violated at the age of nine years. Teachers reported that she never stood up against bullying or hitting in the class and had a low school attendance.

The domains identified for her were communication, mindfulness and cognition.

Meena would often take a lot of interest in VA followed by drama and movement. She found deep engagement in the altar making process. My intent for her was to help her see a possibility of a new image (of her) which would be less fearful. Thus, the motivation I kept revisiting for her, was to reduce the pain and trauma caused.

Table 7: Meena's creations and its interpretations

 <table border="1"> <thead> <tr> <th>Domain</th> <th>Pre</th> <th>Post</th> </tr> </thead> <tbody> <tr> <td>Body</td> <td>2.8</td> <td>3.6</td> </tr> <tr> <td>Sensory</td> <td>3.3</td> <td>3.3</td> </tr> <tr> <td>Mindfulness</td> <td>2.0</td> <td>3.4</td> </tr> <tr> <td>Cognitive</td> <td>2.4</td> <td>2.7</td> </tr> <tr> <td>Expression</td> <td>3.0</td> <td>5.0</td> </tr> <tr> <td>Communication</td> <td>1.5</td> <td>2.0</td> </tr> <tr> <td>Group Interaction</td> <td>2.5</td> <td>3.3</td> </tr> </tbody> </table>	Domain	Pre	Post	Body	2.8	3.6	Sensory	3.3	3.3	Mindfulness	2.0	3.4	Cognitive	2.4	2.7	Expression	3.0	5.0	Communication	1.5	2.0	Group Interaction	2.5	3.3	<p>There was an improvement in all the domains except the sensory domain.</p> <p>There was a significant improvement in the expression domain followed by mindfulness and body.</p>
Domain	Pre	Post																							
Body	2.8	3.6																							
Sensory	3.3	3.3																							
Mindfulness	2.0	3.4																							
Cognitive	2.4	2.7																							
Expression	3.0	5.0																							
Communication	1.5	2.0																							
Group Interaction	2.5	3.3																							
 <p style="text-align: center;">Pre Test</p>	 <p style="text-align: center;">Posttest</p>																								
<p>The scores on the Rosenberg self-esteem questionnaire suggested a 5 % dip the child notices in herself post intervention. It may suggest a clearer understanding of the self from an exaggerated one.</p>																									

As per the parent's feedback, the frequency of questions around the abuse episode had reduced to a minimal. She was less scared now and went out more often to make new friends and play.

Teacher's feedback suggested she had moved from being a passive to an active learner (from refusal to write, to completing the copy writing in class). There was an improvement in motivation in social interactions (moved from being only with her sister to making new friends). She had started standing up for herself in class and did not allow others to hit and tease her. Previously, she used to sit quietly at her desk and did not react at all to multiple bullying instances (peers hitting her with chinks, hands, or words etc.).

The child shared that she felt safer after the altar making session and felt less scared now. She also shared names of some new friends she had made.

Participant Eight: Alka

History taking suggested no deviations in the birth process and milestones. However, the child had met with two serious accidents before five years of age. It also suggested involvement of both parents in her upbringing. She was also responsible for looking after her younger brother after school for five hours, in absence of both her parents.

She was referred for her unwillingness and inability to stand up for herself in the face of bullying and hitting in the class. Her needs fell under mindfulness, communication, expression and group interaction domains.

Alka displayed very high energy and enthusiasm across all sessions and was always excited to try new things. She found meaningful engagement during VA and tactile exercises and would equally enjoy games exercises. She moved from imitating to leading with a tune during drum circles. The same was observed during stories and moving sculpts.

Table 8: Alka's creations and it's interpretations

<table border="1"> <thead> <tr> <th>Domain</th> <th>Pre</th> <th>Post</th> </tr> </thead> <tbody> <tr> <td>Body</td> <td>4.2</td> <td>4.5</td> </tr> <tr> <td>Sensory</td> <td>3.8</td> <td>4.3</td> </tr> <tr> <td>Mindfulness</td> <td>2.0</td> <td>3.4</td> </tr> <tr> <td>Cognitive</td> <td>3.0</td> <td>3.4</td> </tr> <tr> <td>Expression</td> <td>3.0</td> <td>4.0</td> </tr> <tr> <td>Communication</td> <td>2.7</td> <td>3.7</td> </tr> <tr> <td>Group Interaction</td> <td>3.0</td> <td>4.1</td> </tr> </tbody> </table>	Domain	Pre	Post	Body	4.2	4.5	Sensory	3.8	4.3	Mindfulness	2.0	3.4	Cognitive	3.0	3.4	Expression	3.0	4.0	Communication	2.7	3.7	Group Interaction	3.0	4.1	<p>The child showed a significant improvement in all the identified domains and an upward shift in all other domains as well.</p> <p>She showed the highest improvement in mindfulness domain which was supported by other quantitative data.</p>
Domain	Pre	Post																							
Body	4.2	4.5																							
Sensory	3.8	4.3																							
Mindfulness	2.0	3.4																							
Cognitive	3.0	3.4																							
Expression	3.0	4.0																							
Communication	2.7	3.7																							
Group Interaction	3.0	4.1																							
<p>Pre test</p>	<p>Posttest</p>																								
<p>The Mandala tool suggested a shift. The core had shrunk but was populated with an intense red colour, which may suggest more awareness of the self which was dormant initially. This correlated with WCCLF test scores and session observations about the child taking more initiatives and leadership during sessions. Upon being attacked, she was also seen hitting</p>																									

back. This was supported by the shift in Mandala narration. Pretest, most quadrants were denoting some kind of fear (of classmates, mostly). A shift was seen to a more clear identification of people and perspectives in the posttest. She found her strength in unity and friendships, laughter as against the need to have power to retaliate, weakness was her awareness about academic shortfalls, aspiration was to be able to inspire with her work and God as her inspiration). The symmetry within quadrants, a well-rounded circle and the colouring around the Mandala may suggest a feeling of completeness within the self.

Child's self-reporting in the Rosenberg self-esteem scale denoted a 15% improvement in the way she felt about herself, which correlated with the rest of the data.

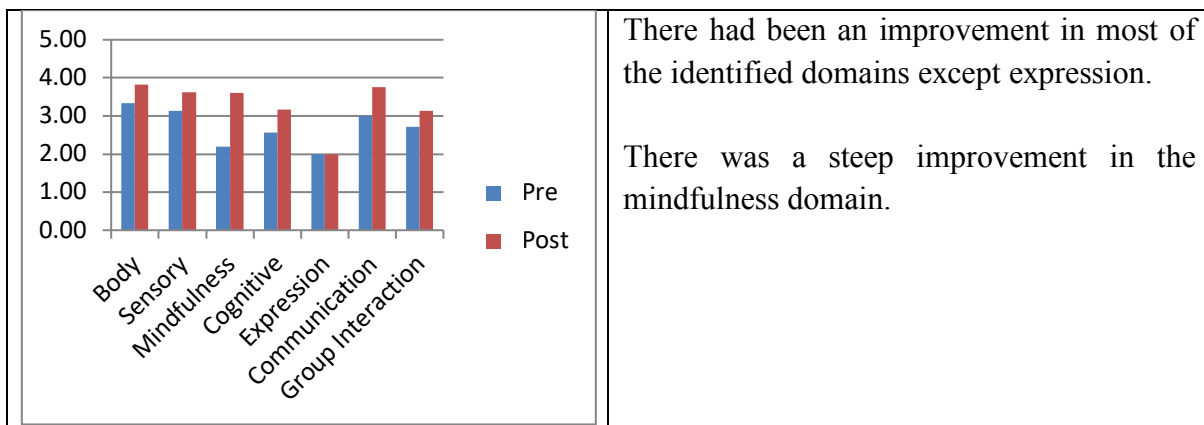
The parent's feedback suggested an increase in retaliation. She was more often and assertively expressing her opinion. For example, she said statements like 'I do not want to clean the house' or 'I do not want to take care of my brother'. This matched with the child's self-reporting where she expressed anger about the mother wanting her (the child) to take responsibilities. She also reported about feeling less angry about her younger brother and acting out of protection towards him.

Participant Nine: Jai

Jai's birth history suggested anomaly however the milestones did not. The child had not experienced any major accidents or an injury in the first five years of life. He had witnessed domestic violence and separation of parents at the age of three years. The child reported fear of expression in front of his mother. He was referred by the school for being withdrawn and unwilling to stand up for self or participate in group work. His needs fell under expression, mindfulness and group interaction domains.

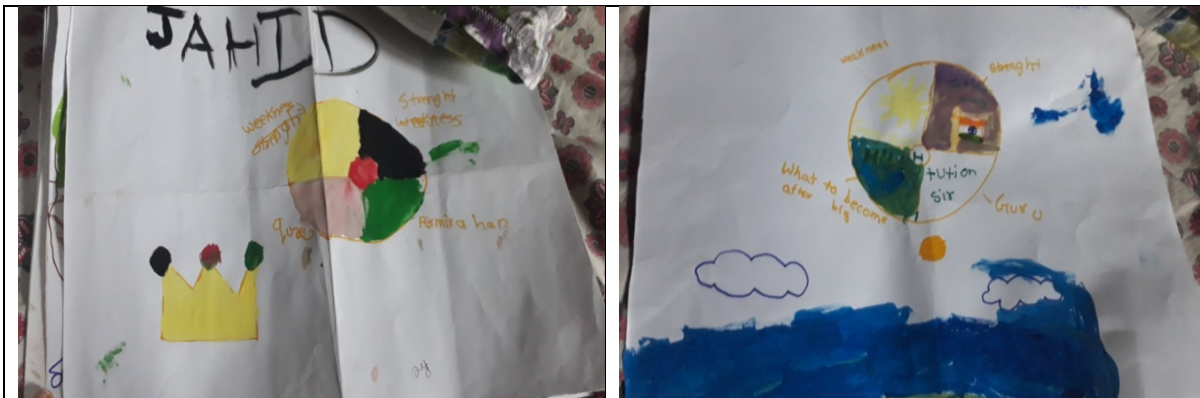
For 70% of the sessions, Jai was noticed to be abruptly withdrawing from the group. He would keep finding crevices and little spaces in the room where he could go and hide under or behind. He would not come out unless I gave him encouragement and my hand. He would engage more in VA, tactile and drumming exercises. In the first few sessions, playing more than three beats was difficult for him. He overcame this in the last eight sessions. He found all mindfulness exercises to be difficult. However, he would make an attempt to do the same.

Table 9: Jai's creations and it's interpretations



There had been an improvement in most of the identified domains except expression.

There was a steep improvement in the mindfulness domain.



Pre Test

Posttest

The size of the Mandala as well as the proportion of the two circles had not changed much, suggesting no major shift in the construct of the self. The change in colours suggested a shift. The weakness quadrant was white which may suggest neutrality while the sun populating in the quadrant may symbolize presence of a nurturing figure. The strength quadrant had a lighter shade and detailing with the Indian Flag. This suggested that the child could now hope to access his strengths and had been able to establish a correlation between his aspirations and his own strengths. Plotting of a specific person in the Guru quadrant may suggest anchoring into an inspiring source.

The self-reporting scores on the Rosenberg Self-esteem scale suggested the child's perception of his self-esteem had dipped, which correlated with shrinking of core in the Mandala. This may be supported with the argument that the child was more clearer about the self as against an unclear or exaggerated sense of self in the pretest results.

Parental feedback suggested reduction in frequency of anger outbursts and a willingness to listen before dismissing other's requests or views in the family. However, Jai still continued staying indoors and did not play with other children.

Teacher feedback suggested willingness to participate in extracurricular activities and being silently present in group during group work. They also suggested expression of anger when attacked by other children. Attention on task at hand had improved (finished copy writing on time).

Participant Ten: Sunil

Sunil's birth history did not suggest any anomalies during birth and in achieving milestones as well.

He was referred by the school primarily to address his poor impulse control, anger outbursts and social maladjustment difficulties. Initially, he engaged in all the sessions and with gentle reminders, could stay away from causing harm to others. However, his high inability to respect safety boundaries of other group members was observed and reported by the observer after the initial eight sessions. He was then moved into individual sessions for more specific support before he could be integrated back into the group.

His identified needs thus were in the mindfulness, communication, expression and group interaction domains. He found deep engagement in VA and music. He was very hesitant and shy during movement and sculpts.

Table 10: Sunil's creations and it's interpretations

<table border="1"> <thead> <tr> <th>Domain</th> <th>Pre</th> <th>Post</th> </tr> </thead> <tbody> <tr> <td>Body</td> <td>3.5</td> <td>3.8</td> </tr> <tr> <td>Sensory</td> <td>3.8</td> <td>4.1</td> </tr> <tr> <td>Mindfulness</td> <td>2.8</td> <td>3.4</td> </tr> <tr> <td>Cognitive</td> <td>3.2</td> <td>3.6</td> </tr> <tr> <td>Expression</td> <td>2.0</td> <td>5.0</td> </tr> <tr> <td>Communication</td> <td>1.8</td> <td>3.2</td> </tr> <tr> <td>Group Interaction</td> <td>2.5</td> <td>2.8</td> </tr> </tbody> </table>	Domain	Pre	Post	Body	3.5	3.8	Sensory	3.8	4.1	Mindfulness	2.8	3.4	Cognitive	3.2	3.6	Expression	2.0	5.0	Communication	1.8	3.2	Group Interaction	2.5	2.8	<p>The results suggested an improvement in all posttest scores and a significant rise in the expression and communication domain, in particular.</p> <p>This correlated with the qualitative data shared by teachers and the practitioner's observations in the group sessions post the individual sessions.</p>
Domain	Pre	Post																							
Body	3.5	3.8																							
Sensory	3.8	4.1																							
Mindfulness	2.8	3.4																							
Cognitive	3.2	3.6																							
Expression	2.0	5.0																							
Communication	1.8	3.2																							
Group Interaction	2.5	2.8																							
<p>Pre Test</p>	<p>Posttest</p>																								
<p>The enlarged circles may suggest improvement in self-awareness. The equally distributed quadrants suggests a sense of balance. The symbolic representation at the core suggests a clarity and beginning in understanding of the self and core values. The narration of the Mandala indicated an overall crystal clarity the child had about all the 5 sections.</p>																									
<p>The self reporting scores on the Rosenberg Self-esteem scale suggested no change in the child's perception of his esteem.</p>																									

Teacher's feedback suggested his inhibition to work in groups or class presentations had gone down considerably. Similar was the case with the frequency of his anger outbursts. It also highlighted child's attempt at talking and understanding situations before reacting harshly.

Parent's feedback did not suggest any particular shift.

Participant Eleven: Kamala

Kamala was well supported by her family. Birth history did not suggest any anomalies during birth and in achieving milestones. There was also no major health or accidental hazard caused in the first five years of life reported. Her father had met with an accident a year ago and it led to a lot of unexpected changes in the family’s trajectory. She was referred for poor attention span, difficulties in forming social relationships and lacking assertiveness to stand up against bullying. Thus, her needs came under the mindfulness, expression, communication and group interaction domains.

Kamala engaged the most in VA and tactile activities and slowly built an appetite for sculpts and stories as she worked her way through inhibitions. Games were a safe haven for her as she could keep hesitation away during play and displayed some strong negotiation abilities during the same. On a few occasions, she would retract from the group if things did not go her way but eventually learnt her way around the same. Towards the last few sessions, she was seen exerting her opinions strongly to the group and some participants.

Table 11: Kamala’s creations and it’s interpretations

<table border="1"> <caption>WCCLF Scores Data</caption> <thead> <tr> <th>Domain</th> <th>Pre</th> <th>Post</th> </tr> </thead> <tbody> <tr> <td>Body</td> <td>2.5</td> <td>3.3</td> </tr> <tr> <td>Sensory</td> <td>2.8</td> <td>3.0</td> </tr> <tr> <td>Mindfulness</td> <td>2.4</td> <td>2.6</td> </tr> <tr> <td>Cognitive</td> <td>1.7</td> <td>2.1</td> </tr> <tr> <td>Expression</td> <td>2.0</td> <td>4.0</td> </tr> <tr> <td>Communication</td> <td>1.8</td> <td>2.0</td> </tr> <tr> <td>Group Interaction</td> <td>1.8</td> <td>2.4</td> </tr> </tbody> </table>	Domain	Pre	Post	Body	2.5	3.3	Sensory	2.8	3.0	Mindfulness	2.4	2.6	Cognitive	1.7	2.1	Expression	2.0	4.0	Communication	1.8	2.0	Group Interaction	1.8	2.4	<p>The WCCLF scores indicated an improvement across all identified and other domains as well.</p> <p>There was a steep improvement in expression domain followed by body domain.</p>
Domain	Pre	Post																							
Body	2.5	3.3																							
Sensory	2.8	3.0																							
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Group Interaction	1.8	2.4																							
<p>Pre Test</p>	<p>Posttest</p>																								
<p>The enlarged circles in posttest figure may indicate an increased understanding of the self. The core continued to have detailing but had a form and specifics now, which may indicate</p>																									

a clearer understanding of the self. There was a story in which she was the centre and the house and her siblings were around her. The boundaries had relaxed and that may indicate her ability to be open to new experiences and relationships now. The narration of all quadrants, if mapped to the figures in the core, may suggest that the child now associated a rooted grounding with her family.

The scores on the Rosenberg self-esteem questionnaire suggested a 17.5 % dip that the child noticed in his post intervention score. It may suggest a clearer understanding of the self from an exaggerated one.

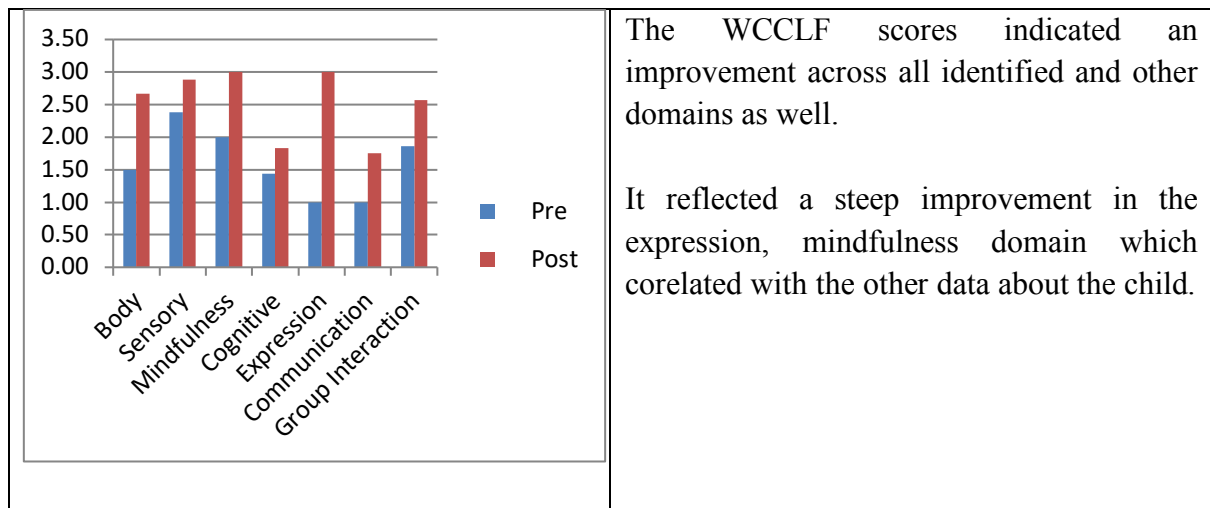
The posttest parent’s feedback suggested dip in avoidant complaints of eye and stomach pain. There was also a display of more ownership in her school work and house responsibilities. They also reflected on their child’s better impulse control, waiting before responding in angry situations and had calmed down. It was noticed that she was less distracted during her studies.

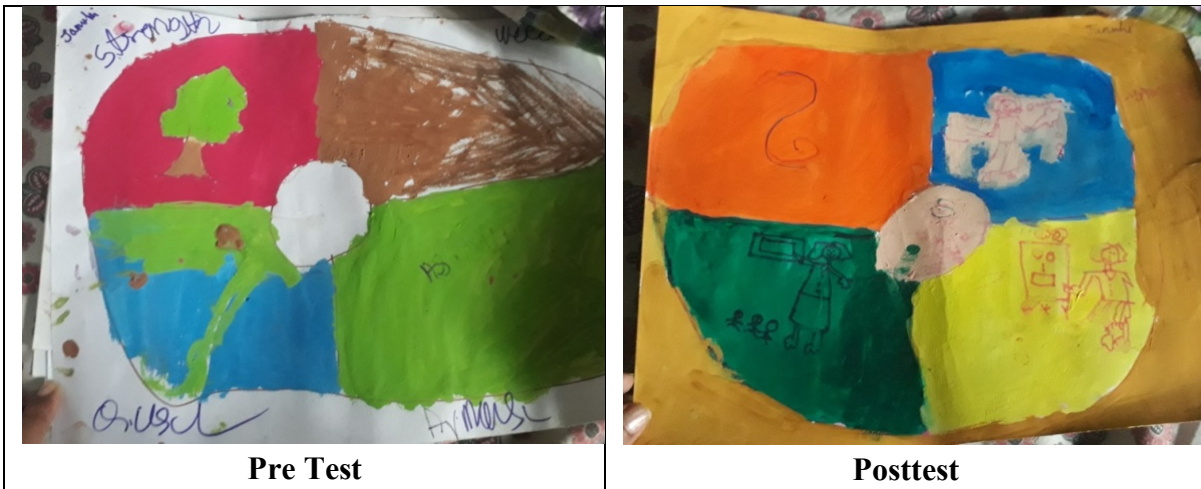
Teacher’s feedback suggested her being more independent in solving her interpersonal difficulties, less distraction and off the task behaviours than before. She displayed aggressive retaliation when bullied but was seen making new friends as well.

Participant Twelve: Jasmine

Birth history did not suggest any anomalies during birth and in achieving milestones. There was no exposure to major health or accidental hazard in the first five years of life. However, she had an older sibling who was suffering with a mental ailment which was not known to the school. This led to parental neglect towards the needs of this child. She had been referred for being excessively quiet and making no attempts to interact with anybody in class. Her identified needs fell under the expression, communication and group interaction.

Table 12: Jasmine’s creations and it’s interpretations





There was no major shift in the alignment of the quadrants and the shapes of the circles which may suggest very little shift in overall understanding of the self. However, the colour fills appear more solid and defined inferring an improved understanding of different aspects of the self for now. The core was now coloured which may indicate an attempt and an initiation into accessing core belief systems. This was also evident from other data collection sources. The narration of the Mandala suggests a shift from not knowing to knowing each quadrant representation (?). The inability to cope with her studies is reflected in the weakness quadrant. The appearance of an idol in the Guru space may suggest her new formed connection with God as mentioned by her.

Child's self-reporting in the Rosenberg self-esteem scale denoted a 12.5% improvement in the way she felt about herself, which correlated with the rest of the data.

Teacher's feedback indicated child's reduced fear in approaching them and peers for query resolution. She scored better marks (12) in her examination than her previous performances (she had been consistently scoring one or two marks over the last two years). The need to express and quality of expression in narrative sections of the answer paper were observed.

Parents shared that she smiled more and was involved in the house now.

Child's self-report suggested a sense of enthusiasm and eagerness to try across studies, games and attempts to make friends.

4.3 Individual case reports (one on one sessions for student support)

Case report 1: Kati Patang

Om was one of the 12 children who were referred by the school for therapy work. He displayed higher needs in comparison to the other students through his presenting problems.

In the initial sessions, the following were my observations about Om:

‘Since the very first session, he was noticed to be maintaining a powerful presence of his own. His peers and other children went along with what he said, either out of love for him or fear of him harming them. He would begin with the activity but was soon distracted and bored and would start instigating some child either by teasing or hitting.’

‘Occasionally, when he would almost be tempted to hurt other participants playfully, he would still respond to my loving requests. But he was unable to hold back his impulses for long as though they were not entirely in his control. He was respectful in his conduct with me and the other adults in the school and often liked getting guidance and direction from me.’

‘In spite of his struggles, he never felt like quitting sessions and activities. It felt like as he was trying to assess the openness and safety in the space. He would take interest in the activities but was often shy when it actually came to expressing himself through voice or movement. He enjoyed VA and clay manipulative the most (tactile need was higher).’

‘He seemed to me like a *kati patang* (Tr. a kite that has been cut), a kite that has been cut off from its source but is still afloat. He would fly wherever the wind took him and yet was looking for a destination or may be the connection back to its source.’

‘After eight sessions, when safety of other participants was tampered with and when he playfully destroyed their safety altars, we mutually agreed on exiting the group session space for a while. We decided to go into an individual, safer therapy space which we both could use to explore and further work on the difficulties he was experiencing.’

After meeting his class teacher and social worker, data about his birth, early childhood and pressing challenges in the last few years was gathered.

Following were the key highlights:

Birth and Milestones: Full term pregnancy, C-section (caesarean) due to position of the baby. All milestones achieved as per norms, no significant accidents or illnesses in the first five years of life. Om’s mother was going through separation with her partner during his gestation and birth. She had reported symptoms of stress and disengagement with the pregnancy. He was cared for and raised by his maternal grandmother and uncle after two months of birth as his mother had moved away to start a new life in a new marriage. She kept reappearing in the child’s life on many occasions and even attempted keeping him with her in the new family. She could not sustain the same and dropped him back with his primary caregivers.

Teachers reported that Om had very poor impulse control and could harm another child in a risky manner. He had a high need for attention. He got into aggressive outbursts at least once a week. These were high in intensity and required an adult to separate him from the situation and help calm him down. He could not participate in cooperative play or group work as he ended up picking fights.

On the surface, following appeared as the immediate needs to be addressed for Om:

1. Poor impulse control.
2. Anger outbursts.
3. Social adjustment and acceptance difficulties.
4. Poor attention / focus on task at hand (10 minutes in a 35 minutes class).
5. High need for attention from adults.

In a usual therapy setting, I would use this as a base to set my therapy goals for the child. However, reflecting deeper from the SEG framework, the child's need would not be correcting all of the above, but would be first acknowledging the various causes and conditions that have led him here. Also, allowing him to process the void and pain caused due to the attachment difficulties.

In light of the SEG principles, Om's goals looked as below:

1. Creating safety metaphors to contradict the unsafe and unstable conditions in his life.
2. Creating opportunities for offering love, kindness, forgiveness to the child and from the child in sessions as an antidote for the anger and self-absorbed suffering he was in.
3. Developing compassion as a key concept.
4. Developing virtuous habits of mind calming through practice of *shamata* (calm abiding), random acts of kindness and engaging with nature.

We can state a **hypothesis** of the child having poor emotional and self-regulation stemming out of the attachment difficulties in early period of life. This could have manifested in behavioural and cognitive symptoms. Additionally, he was only one level below his expected grade level as per school data and as also reflected in WCCLF pretest scores.

An Arts Based Therapy intervention was done for the child for a total of 15 hours (10 hours of group intervention and 5 hours of individual work). Arts based therapy (ABT) is defined as the clinical and evidence based use of art forms i.e. music, drama, visual arts, to accomplish individualized goals within a therapeutic relationship. ABT is a term that was coined by World Centre for Creative Learning Foundation (WCCLF) to represent the use of multiple art forms and their combinations in therapy. ABT uses different media: painting, singing, drumming, dance, playing, storytelling and drama in creating a therapeutic relationship between the child and the therapist. The ABT practitioner vows to and engages in daily meditation and mind training practices which not only equip them with skillful means to approach the client's suffering but also keeps their motivation to be of service to other intact. This eastern approach allows the practitioner to engage in constant refinement and purification of their mind and energy. It expands the mind to have a more accurate view of the self and the client's difficulties further allowing them to be compassionate and patient with the healing process.

Following the process of assessment, the below tools were administered pre and post intervention to measure the changes.

Rating Scale for Children at Risk developed by WCCLF (Pune): This was used for identifying a child's cognitive ability, mindfulness and body awareness, communications and group

interaction. The checklist covered the following domains: body, sensory, mindfulness, cognitive domain, expression, communication and group interaction.



Rosenberg Self Esteem Scale: This 10-item scale assessed an individual's feelings of self-worth when the individual compared themselves to other people. The scale was an attempt to achieve a one-dimensional measure of global self-esteem. It was designed to represent a continuum of self-worth, with statements that were endorsed by individuals with low self-esteem to statements that were endorsed only by persons with high self-esteem. The scale could also be modified to measure state self-esteem by asking the respondents to reflect on their current feelings.

Mandala creation. Additionally, teacher feedback, self-reporting by the child and feedback from immediate caregiver were also taken into consideration.

The following **Therapeutic Goals** were worked upon with him in the 10 group sessions and 5 individual sessions:

- Mindfulness and Attention
- Group Interaction
- Self-Awareness – Self Discovery

Table 13: Om 's creations and interpretations

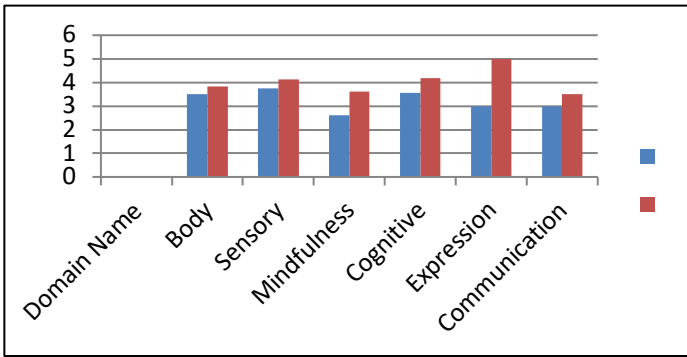
Pre- Test Mandala	Posttest Mandala
	
<p style="text-align: center;">Interpretations</p> <p>The smaller size of the core in comparison to the rest of the Mandala suggested a rather small self-esteem.</p> <p>The fleshy pink colour of the core suggested fear of finding the true self and difficulty in holding onto one set of values.</p>	<p style="text-align: center;">Interpretations</p> <p>A hard attempt had been made to bring symmetry to the Mandala quadrants as opposed to the pretest Mandala. This suggested an awareness and thus high need for a balance in life.</p>

<p>The core also had a thin line of distance from most quadrants other than <i>Guru</i> (which happened to be himself as per his narration). This indicated high belief in self. However, there was an inability to connect with other aspects of the whole life so he drew strength to go about life from his own core which was not very clear as yet.</p> <p>There was disproportion in the arrangement of all the four quadrants thus reinforcing the need of an intervention for the realignment.</p> <p>Detailing in the aspiration quadrant suggested a clear focus on the future and probably the only clarity the child possessed at the moment.</p> <p>There were no defined boundaries to either of the two circles which denoted unclarity about boundaries. This matched with the feedback given by the school and family (regarding poor inhibitions).</p> <p>The starking red colour in the strength section suggested lot of energy and motivation drawn from some strong emotion (either anger or high need for love and affection).</p> <p>The light grey in the aspiration quadrant suggested unsurety about what the goal could be.</p> <p>The bluish black color in the inspiration (<i>Guru</i>) column suggested hopelessness and conviction of no guidance available for him.</p>	<p>The size of the core is almost magnified dramatically which suggested immense self-grasping.</p> <p>The intentional division of the core suggested a disturbance and an attempt / need to understand the different, scattered aspects of the self.</p> <p>The child shared that the core colour is a mixture of all the other quadrant colours of the Mandala and their qualities put together make up his core. This suggested a shift in awareness of the connections between the different aspects of his personhood. We could also infer a need to center and draw strengths from other quadrants to build a strong core and bring more surety of the self.</p> <p>His narrative about the core suggested his strong belief on his inner strength and abilities formed his core.</p> <p>The edges of the core continued to be blurred which emphasized on a continued need of intervention for the understanding of boundaries for the child.</p> <p>The blood solid red colour in the aspiration quadrant suggested a shift from unsurety to a dire desire to chase his dream.</p> <p>The distance between the other quadrants and the core was not seen in the posttest figure. However, it continued to prevail in the aspiration quadrant which suggested a fear of the past in relation to the aspiration.</p> <p>To be a football player remained constant which also suggested focus on the future and his own abilities.</p> <p>The child shared that he considered his shouting and anger expression to be his weakness. The shift from a yellow to a blue color for weakness suggested more clarity about the concept of weakness.</p> <p>In the narrative, his strength continued to be the power he believes to carry around him. Although the shift from a stark red to an auspicious orange suggested a drop in the intensity of the need expressed in the pretest figure.</p>
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Narration for the *Guru* (inspiration) suggested the spirit of Indian soldiers who protect us which inspired him to keep going. The careful division and even distribution within the quadrant also suggested addition of three distinct entities which now inspired him and which he was yet to understand consciously.

The smaller space allocated to the quadrants in comparison to the core suggested a high need to find himself before knowing other aspects of his personhood.

WCCLF Rating Scale Results



The results suggested an improvement in all the posttest scores and showed a significant rise in the expression and mindfulness domain (in particular between the pre and posttest scores).

Rosenberg Self Esteem Scale: The Rosenberg scores could not be calculated as the child was not present to give self-reporting for the posttest results.

Teacher Feedback

1. Frequency of being off the seat in classroom had gone down.
2. Difficulties in group work continued.
3. The need to retaliate in interpersonal interactions had gone down.
4. The child had now started giving into peer pressure and bullying of other children in the class as against the need to overpower them previously.
5. Frequency of anger outbursts haf gone down to once in two weeks. This corelated with the increase in mindfulness and expression scores for the child.

Parent Feedback

Intensity of anger outbursts had slightly receded.
 However the frequency had not reduced. The family found his behaviour to be more rebellious and adamant.

The improved scores in the mindfulness and expression domains corelated with the enhanced self-awareness data from the Mandala tool. The minimal shift in the group interaction domain corelated with the teacher feedback of *difficulties in group work continued*. It also matched with the other posttest observations by teachers (as mentioned in the above table).

The guardians feedback did not match with the school feedback and was in fact opposite of the same. It could also be inferred that a shift in the child’s journey of knowing and asserting the self (which was missing initially) may have resulted in the family taking time to accept it. It

could also be inferred that the child’s journey towards social adjustment was more prominent in the school setting against the home setting. Maybe because school is a place where peers are considered more important influential factors (given the onset of adolescence) rather than a home setting which could be more rigid and difficult for him to break into at this point in this journey.

Om was reintegrated with the group in the last two sessions. The following differences in behaviour were observed and reflected upon by the observer and the practitioner.





- When bored or distracted, the child chose to quietly retire to a corner or leave the room with the facilitator’s permission as against the initial need to disrupt other participant’s process.
- There were more verbal warnings and reminders to the group members than direct use of violence (hitting and threatening) which were more prevalent before.
- The impulse to perform any task first and out of turn during group work had significantly reduced in frequency. He was noticed waiting patiently for his turn to participate in the relay races.

Hence, it can be concluded that a change was seen largely in self-awareness and mindfulness domains. This was consistently appearing across three different assessment methods. Both the qualitative and quantitative data had a high correlation.

We can thus validate the hypothesis that ABT does integrate the unconscious experiences stored in the right brain to bring about healing in the affect centers thus bringing about calmness and acceptance for the individual. Thus, transforming the impulsive behaviours into more patient and focused ones. Teacher’s feedback also indicated a cultivation and display of inhibitions in social settings.

Table 14: Om’s sessions

Session One: Art expression	
	

Individual Session no 2:	Individual session 3:
	
<p>The child refused to create the characters out of VA instead chose blocks to create one supreme character- The Robot who was the most powerful of all and could never die.</p>	<p>Seelction of props, emerging metaphor was extreme anger and destruction.</p>
Individual Session 4:	Individual Session 5:
	
<p>The child drew many metaphors like river, nest, elephant from the straw painting and embodied a powerplay where the powerful one helps and God (cross) protects all.</p>	<p>Creating of protection of safety altar . Created <i>Om</i> with clay in front of the altar and decorated the same with flowers.</p>

The child brought a lot of unresolved power struggles to the individual sessions and oscillated between destruction and the need to be the one who protects and nurtures those weaker than him. He acknowledged the need to protect self while he did not have any idea about how others would need the same. This continued into the group sessions where less threatening means of communication were employed. This suggested a shift in the affect regulation and self-awareness.

Case report 2: Lotus

Sunil was one of the 12 children who were referred by the school primarily to address his poor impulse control, anger outbursts and social maladjustment difficulties.

In initial sessions, the following were my observations about Sunil:

He participated in activities but would end up disturbing other group members either by hitting or pulling. He would often display disrespectful behaviour towards the girls in the group by calling them names. The group members would be taken by surprise as they would be absolutely unprepared for the sudden disturbing behaviours by him. After eight sessions, when safety of other participants was tampered with and when he playfully destroyed their safety altars, we mutually agreed on exiting the group session space for a while. We decided to go into an individual, safer therapy space which we both could use to explore and further work on the difficulties he was experiencing. After meeting his class teacher and parent, data about his birth, early childhood and pressing challenges in the last few years was gathered.

Following were the key highlights:

Birth and milestones: Full term pregnancy, normal process of delivery, all milestones achieved as per norms, no significant accidents or illnesses in the first 5 years of life..The child had witnessed regular domestic violence on the mother and older brother by the father. At times, he had also been subjected to the same violence. Teachers reported that Sunil was unable to withhold his impulses in triggering situations. He was usually shy to participate in group work and resorted to hitting peers without allowing much reaction time to them. He got into aggressive outbursts at least once a week which were high in intensity and required an adult to separate him from the situation and help calm him down.

The following appeared as the immediate needs to be addressed for Sunil:

- Poor impulse control.
- Anger outbursts.
- Social adjustment and acceptance difficulties.

In a usual therapy setting, I would have used this as a base to set my therapy goals for the child. However, reflecting deeper from the SEG framework, the child's need would not be correcting all of the above, but would be first acknowledging the various causes and conditions that have led him here and allowing him to process the void and pain caused due to the attachment difficulties.

In the light of the SEG principles, Sunil's goals would be looked as below:

- Creating opportunities to experience peace and love as antidotes to his life experiences.
- Developing compassion as a key concept.
- Developing virtuous habits of mind calming through practice of shamata (calm abiding) and other mindfulness techniques.

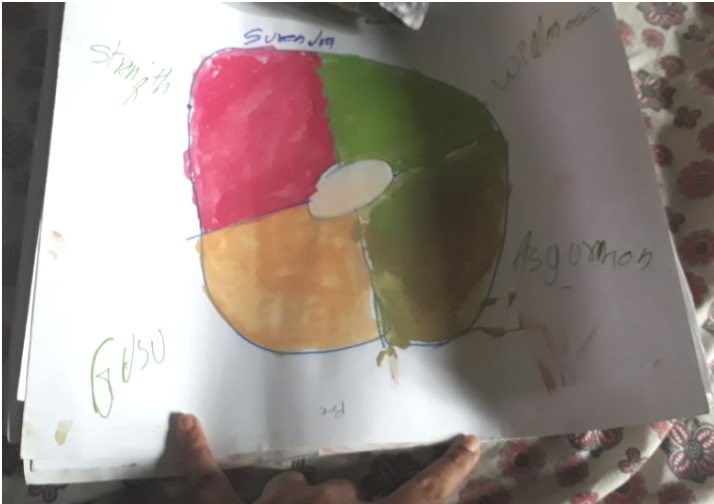
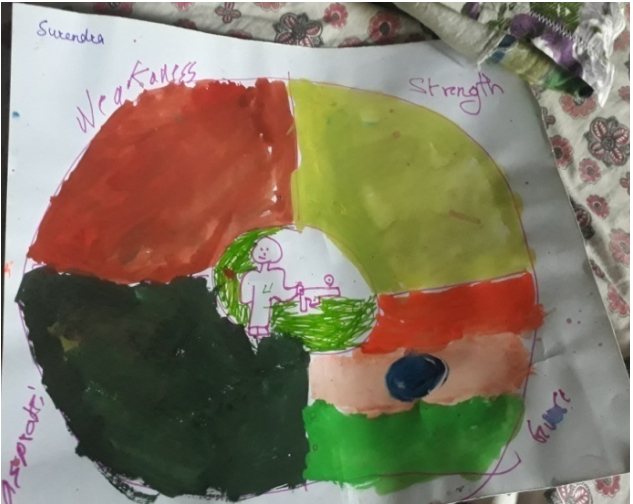
Hence, we can state a **hypothesis** of the child having poor emotional and self-regulation stemming out of the insecurities in early period of life. This could have manifested in the behavioural and social symptoms that he may be displaying. He was only one level below his expected grade level as per the school data and this was also reflected in the WCCLF pretest scores.

An Arts Based Therapy (ABT) intervention was done for the child for a total of 15 hours (10 hours of group intervention and 5 hours of individual work).

The following assessment tools were administered pre and post the intervention to measure the changes: Rating Scale for Children at Risk developed by WCCLF (Pune), Rosenberg self-esteem scale, Mandala, teacher feedback, self-reporting by the child and feedback from immediate caregiver.

The following **therapeutic goals** were worked upon with him in the 10 group sessions and 5 individual sessions: Mindfulness, Group Interaction and self-awareness – self-discovery.

Table 15: Sunil's creations and interpretations

Pre- Test Mandala	Posttest Mandala
	
<p>The smaller size of the core in comparison to the rest of the Mandala suggested a rather small self-esteem.</p> <p>There was no other symbolic representation in the core which suggested less clarity and understanding about the self.</p> <p>The fairly equitable distribution of the quadrants suggested a balance thought process.</p> <p>Child shared that the need to destroy good things (like plucking leaves etc.) was his weakness which was projected in the green colour.</p> <p>He also shared that he drew strength from hitting and bullying others hence the red colour in strength.</p>	<p>There was a change in the size and both the circles suggested a change in self-awareness.</p> <p>All the four quadrants continued to appear in the similar equitable distribution which suggested a maintained sense of balance.</p> <p>The symbolic representation at the core suggested a clarity and beginning in understanding of the self and core values.</p> <p>As per his narration, his determination (I can do anything I want and put my heart to) was central to his core.</p> <p>Similarly, clear and definite representation of a symbol in the Guru (aspiration) quadrant suggested</p>

The yellow colour symbolized nature for him from which he drew his inspiration. This correlated with the data he brought into the individual sessions, which could also denote his belief in the endless possibilities life had to offer.

The military green colour was his dream to be in the Indian Army.

clarity and an understanding of the things / people which inspired him (either consciously or unconsciously).

As per his narration, the Indian Flag invoked a sense of pride and sacrifice in him which inspired him to achieve his dreams.

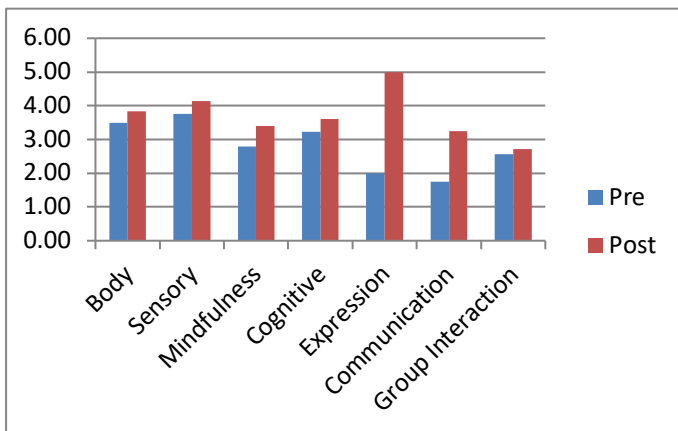
His dream continued to be the same and was symbolized with a darker shade of the same colour (military green).

Red in the weakness suggested presence of anger and his narration supported the same. "My anger is my weakness". However, the quadrant had shifted from being destructive to feeling angry as per the child's narration and the same correlated with the teacher's feedback.

A blended yellow ochre in the strength section suggested a shift from the threatening blood red colour which symbolized his need to exert power through violence in the pretest. It suggested a calmer direction and destination he was aiming at.

The narration supported the same. He drew strength from nature now.

WCCLF Rating Scale Results:



The results suggested an improvement in all the posttest scores and showed a significant rise in the expression and communication domain (particularly between the pre and posttest scores).

This correlated with the qualitative data shared by the teachers and the practitioner's observations in the group sessions post the individual sessions.

Rosenberg self-esteem scale: There were no changes noted in the posttest administration of the Rosenberg self-esteem scale .

Teacher Feedback:

1. He was now able to discern between fair and unfair or right and wrong happening around him. He also brought this to the teacher's notice as against reacting impulsively to all that was happening around him.
2. Was conversing more openly with peers and teachers unlike the usual shyness he used to have.

3. Fear in public / group work and presentations had gone down. He could constructively take responsibilities during the same instead of the usual fights and instigations he used to indulge in previously.
4. Intensity of displaying his anger had gone down though frequency remained the same. Initially, he used to only hit to resolve differences, but now chose to speak first before lashing out on peers.

Parent Feedback: Could not be taken due to unavailability of the parent.


The improved scores in the communication and expression domains correlated with the enhanced self-awareness data from the Mandala tool. They also correlated with the teachers feedback on reduction in interpersonal difficulties, both in individual as well as group work.





The following difference in behaviour were observed and reflected upon by the observer and the practitioner (after his integration into group sessions):

1. When triggered, the child still continued to come across as attacking on the other participants. However, he was not noticed doing the same without any reason, unlike the previous observations.
2. Was more assertive in expressing what he did not like and thus would not participate in. (For example, drumming with the whole group)

Thus, it can be concluded that there had been a change seen in Self Awareness and communication domains which was consistently appearing across 3 different assessment methods. There was high correlation between both qualitative and quantitative data. We can thus validate the hypothesis that Arts based Therapy integrates the unconscious experiences stored in the right brain, to bring about healing in the affect centers. Hence, bringing calmness and acceptance for the individual. This also helps in transforming the impulsive behaviours into more patient and focused ones. Teacher’s feedback also indicated a cultivation and display of respect in social settings.

Table 16: Sunil's sessions

Session One: Exploring different percussion instruments


Individual Session no 2:	Individual session 3:
	
<p>Giving form to different nature metaphors created with music in the session.</p>	<p>Drawing energy from nature through musical metaphors and then giving form through Visual art – Connections!</p>
Individual Session 4:	Individual Session 5:
	
<p><i>I am important too!</i></p>	<p>Confusions from the unconscious surfacing and need for a calm flow reinforced more clearly in the art work.</p>

Through constant attempts at connecting with nature and its different elements, the child chose to experience calmness throughout all the five individual sessions. He projected his need for continuity and predictability through the musical metaphors moving from morning to night. The need to settle and get along peers was dealt with in the finger painting exercise.

Section 5: Discussion

5.1 Limitations

The quantitative tools used for the study may have had limitations of language and motivation of the rater.

The qualitative tool of Mandala may have been very subjective and involved bias of the practitioner based on other data gathered for the participant.

The absenteeism of the children due to poor health conditions may have impacted the individual as well as the overall group progress.

5.2 Learnings

The research observations and results can be used to conclude that Arts based therapy allows *children at risk of trauma, neglect, malnourishment and abuse* to look beyond their presenting problems (behavioural manifestations of their compromised needs) by deeply engaging in different tactile, sensory and expression mediums like sensory and memory games, visual art, drama exercises and games, music circles and mindfulness techniques. These reduce the intensity of anger, impulsivity and further improve attention and patience. It improves affect regulation and builds empathy thus enhancing the social skills in the child, allowing him to further build interpersonal skills necessary for success in later years of life.

Visual Art mediums proved to be the most engaging and calming for the participants who were reported to have poor self-regulation and impulse control (speech and being seated appropriate to their age). Drama, stories and embodiment help the inhibitions and the unconscious masks (defenses) to fall off, thus making the participant more aware of his true self and reality in the most non-threatening way. Music permeates not only through the auditory senses but helps bring one in the here and now, thus bringing forth a possibility to cultivate a virtuous habit of mindfulness. It is instrumental in allowing a cathartic outlet to the pent up distress and anxious thoughts further causing a calming effect across the nervous system, almost like a meditative effect. It also contributes to the improvement in attention and retention as most participants displayed in retaining the beats and no of instructions in the last few sessions. Creating and playing with music in a group allows a feeling of community and co-healing.

The sustained habits and simple yet powerful rituals imbibed through the ABT intervention help the child / person validate the occurred change and a belief to pursue the experienced wellness at a personal level long after the intervention is over.

5.3 Future

This research contributes to the very few research documents in Arts based Therapy / Creative Arts Therapy in the Indian setting and thus can be used by future researchers to build upon the work with this population.

It can also be used as a theoretical framework by schools to create practices to address the needs of this population on a larger scale. This can be done by introducing certain mindfulness practices, sensory engaging practices and playfully integrating key concepts and virtuous habits from a very young age.

Hira, Om, Sunil and Jai would need a continued support post intervention in the following academic year by the school counselor. Their needs were more immediate and chronic. While some of them may have been addressed in this intervention, for them to benefit in the long run, it may be pertinent.

References

Daniel, D., Balsara, Z., Balsara, A. P., Chabukswar, A., Kulkarni, S., & Gohil, P. (2013). *Best Practices in ABT: An Action Research Study with Adults in a Deaddiction Centre, Children with Special Needs and Children at Risk*. WCCL Foundation. <http://wcclf.org/wp-content/uploads/2020/01/BEST-PRACTICES-IN-ABT-REPORT.pdf>

Appendix

SRS plan (sample)

Session No	Time (pm)	Duration (mins)	No of Participants present	Metaphor	Communion	Creation
1	3:00 to 4:00	60	6		Breathing Games followed by exercise	Stop walk combinations Playing the beach ball across the circle revealing names and favourite food
2	3:15 to 4:15	120	7	Symbols	Stand in a circle to perform bitty bum percussion followed by one min standing still Create random lines, signs and shapes with finger tracing in the air	Intro to symbols through story Create your own symbol/s on paper with sketchpens and crayons Intro to watercolours and other art manipulatives
3	2:00 to 4:00	60	12	Colours	Body Percussion - Bitty bitty bum bum	Created Mandalas from available materials (paints, crayons, etc)
4	3:00 to 4:00	60	10	Safety	The group will stand in a circle to pass funny sounds in the circle, then notes which will be built further with breath till the group reaches a point of exhaustion and followed by one min standing still	Reverse Variation & Freezing to be sculptures Creating own safety circle and sharing what threatens that safety (warm up to form safety norms) Improvising through run run there is danger of "alligators, fire, etc)
5	2:30 to 3:30	60	11	Breath	Build variations and speed as per group appetite Make a vigorous body movement/shaking and then pause to feel the breath	Breath techniques Stop Go - new variants introduced Norms - chinese whispers with loud reinforcement in the end



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