

ABT to create empathetic, inclusive learning spaces – An Eastern Perspective

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**Arts Based Therapy to Create Empathetic, Inclusive Learning Spaces:
An Eastern Perspective**

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Abstract

The advancement of studies in neuroscience has established the linkages of the practice of art and its positive effects on the brain. It has been established that different neural networks are involved in various forms of arts such as music, visual arts, dance, drama (Ashbury and Rich 2008). In 2008, the Dana Arts and Cognition Consortium reports findings that allow for a deeper understanding of how to define and evaluate the possible causal relationships between arts training and the ability of the brain to learn in other cognitive domains. Arts Based Therapy is the evidence-based use of multi art forms to accomplish individualized goals within a therapeutic relationship. Basis of ABT lies in Indian Psychology and Ethics, Studies of Human Development, Neuroplasticity and Cognitive neurosciences. The scale of therapeutic and learning needs for every special need population, both children and adults, are immense. No single model has proved to be completely effective. A multi-modal approach to therapy is required. Action Research projects at Snehadhara have proved the efficacy of ABT across the special population be it in the motor, sensory, social or cognitive domain.

Although India has long standing traditions of the arts in healing, it has not been systematically and consistently developed into an indigenous practice in the contemporary times. ABT bridges that gap. It brings the much-needed artistic language into therapy, while retaining a firm basis in Indian mind traditions, Eastern Psychology and well-researched scientific understanding of mind and reality. Thus, the uniqueness of ABT lies not just in the artistic atmosphere it creates and the flexibility it offers the client, but also in the emphasis it places on the practitioner's personal practice. All ABT practitioners quoted in this paper have received training in WCCL's Subtle Energy Guide, that draws its source from Gautama Buddha's training of concentration (shamata), insight (vipassana) and mindfulness, as a means to perceive the true nature of reality.

This paper presents an eloquent summary of using ABT with 50 children with disabilities, portrayed through the lens of the professional and personal learnings of 11 ABT practitioners through their action research projects. In the long term, it will contribute to expanding the evidence-base to support use of ABT as a routine intervention for children with disabilities.

Keywords: Arts Based Therapy, action research, special needs, Indian Psychology, evidence-based

Introduction

When we speak of inclusion of children with special needs (CWSN) emphasis is often placed on developmental work and skill training without much focus on the emotional, and creative drives. There is also very little regard for nurturing empathy, openness, presence and attunement - all four qualities that are vital for any practitioner in a therapeutic relationship.

This paper outlines the summary of 11 Arts based therapy (ABT) action research projects in one-on-one and group settings with special needs (Autism, ADHD, Developmental Delay, Down's syndrome and Mental Retardation). Compiling the action research reports showed a progressive trend in the domains identified by the practitioners. Interestingly the Cognition Domain, Social Dynamics domain and Speech domain showed the greatest improvement in each study. The interconnectedness of the domains was also evident and that complemented the intent of working with diverse groups of children who were grouped across age groups based on their abilities. 11 ABT action research projects have been conducted over the past few years in the Direct Care work with the special needs' population associated with Snehadhara. The children who have been a part of these are across disabilities and across age groups. They were divided into long term caregiving, early-intervention, functional academics, pre-vocational and vocational group. They have all been a part of a full day program at the centre which is their only group therapeutic learning space. Based on the therapeutic group domain identified they are divided into groups of 7-8 children with 2-3 adults in a group.

Broadly, the domains that were addressed included: 1) Body - Fine Motor, Gross Motor, Oro-Motor, Physical Agility and Alertness 2) Attention – Levels of Attention - Focussed, Sustained, Divided attention 3) Cognitive - Auditory Speech Discrimination, Spatial Reasoning, Non-verbal Thinking 4) Social Domain- Group interaction, Cooperation, Assertion, Self-control 5) Narrative Capability - Vocalization, Basic vocabulary, Descriptive Speech 6) Expressive Capability – Self Expression through the Arts.

More notably, all 11 ABT practitioners agreed about the benefits that the practice of meditation and contemplation has had on their own personal and professional lives. This highlights one of the

key differences between western schools of thought, which lean towards a diagnosis-centred approach and the eastern perspective, which offers the practitioner a more holistic view.

Review of Literature

Multiple disabilities affect the child with a combination of impairments – intellectual, motor, sensory, communication – all areas of behaviour and existence are affected by these ‘intense problems in mental, emotional or physical abilities’ (Howard 2011). As a group, children with multiple disabilities do not fit within a generic set of concerns. It becomes imperative that in school settings, IEP (Individualized Education Programme) be followed. However, research studies corroborate a fact that ‘assessments for students with severe to profound intellectual and multiple disabilities are rather mixed in results’ (Seigel and Allinder 2005). On one hand, an accurate assessment of needs and therefore focused interventions need to be made, on the other hand, an assessment paradigm should also be available to measure or score the individualized goals attained – those small or significant markers of change and development.

The arts can address multiple levels (domains) affected by disability, and the brain studies support that – ‘There are specific brain networks for different art forms’ and the ‘interest and training in the arts leads to improved general cognition’ (Asbury and Rich 2008). These observations and findings can be interpreted and adapted for Indian children and conditions, and one of the viable modes to address various faculties through multi-modal arts interventions is ABT (WCCL Foundation 2006, Chabukswar & Daniel 2009). The arts rightfully are the community’s own resource, and recent writings on the viable model for India of the Community-Based Rehabilitation advocate ‘use of innovative methods best suited to their context’ for Children with multiple or severe disabilities (Kumar, Roy, Kar 2012).

CWSN tend to communicate at an early intentional or pre-intentional level. They may adopt atypical, idiosyncratic, non-verbal or augmentative (assisted) methods of interacting with the world around them’ (Coupe-O’Kane and Goldbart, 1998) pave the way for multi-modal arts therapies to assume a forefront responsibility in this task. The effective uses of the art forms are

being studied carefully and advocated across the globe by various figures, including neuropsychologists and scientists 'years of neuroimaging have now given us a plausible or putative mechanism by which arts training could now influence cognition, including attention and IQ' (Posner reported at a symposium by Mehta 2009, for original, see Posner 2005)

Across the fields of psychology, education, speech and language evaluations, IQ tests and other standardized tests are usually inadequate for assessing the depth and complexity of a social learning disability. A child's ability to do well on most standardized testing in no way proves or disproves the possibility that he or she may have a significant learning disability related to social thinking.

Educational systems seem to focus more on the cognitive and intellectual paradigm but somewhere fail to address a child's the emotional quotient. This is when we fall back on the arts. Through the creation of spontaneous images or objects, the unconscious surfaces and is made conscious, visually available for the rational mind to look at.

Arts based therapy that encompasses music, drama, play and visual art is a form of expressive therapy. Experiencing art both passively and actively can improve brain function, motor and cognitive performance. Children with special needs have an ability to think visually - "in pictures." That ability can be turned to good use in processing memories, recording images and visual information, and expressing ideas through drawing or other artistic media.

Research Methodology:

The ABT sessions were planned with the use of the various arts media in alignment with the individual therapeutic goals as well as the collective goals of the group. The art forms included music, theatre and drama, play, movement and dance, storytelling. The action research phase of 35 sessions was designed as if it were a single ABT session with the three parts -artistic communion, focussed creation and closure. This meant that the project was in three parts of 12

sessions, following the flow of an ABT session design. The three parts were group dynamics and interactions (artistic communion), therapeutic goal/s (focussed creation) and improvisations (closure). Each of the art forms used aided in both addressing the need of the group better and addressing the skills in the various domains. This is a qualitative study with an eclectic approach. To bring in rigor to the data being collected and analysed, aspects of the data were treated quantitatively as well. ABT Practitioners implementing the research were closely monitored on the data collections protocols and assessment tools. Before the action research project, the 15 pilot sessions served as an evaluation and assessment stage to identify the domains and the goals for each child. The Action research phase was the intervention stage. Besides seeing the movement in each child, the methodology served to evaluate the success or failure of new projects or to improve workplace practices using ABT.

Assessment Design:

1. Practitioners worked with heterogeneous groups largely
2. The data collection protocols of observations formats, standard validated tests and the ABT assessment tools were used.
3. Majority Practitioners relied upon observation checklists. (Practitioners designed observation formats to be filled by peers, mentors, parents, teachers and self)
4. ABT Tools – simulated/artistic activities
5. Drumming was used across all the action research projects as it allowed the practitioners to enter the cognitive world of the non-verbal children with ease.

Intervention Design

The intervention design was mostly governed by ABT Course requirements, average 30 (+) sessions, typically there were: thrice a week session and each session lasting for an hour. It appeared to be more effective to conduct shorter sessions more frequently than longer sessions with more gaps in between. The number of sessions varied based on the therapeutic needs of the clients. The average group size was seven. All sessions followed the structure of a communion,

creation and closure and were designed keeping the ritual risk paradigm in mind. Ritual was often a familiar song, action chant or movement that offered a secure base from which creativity and adventure (risk) were safely explored.

Results:

Across all the projects the EPR based sessions & the drumming sessions were most enjoyed by the children. Improvisations and techniques in the visual arts media served as a great tool to enhance fine motor skills. Voice and stories helped to work on the cognitive ability of the group. The structured play sessions addressed parameters in the social domain with ease.

The key findings across the action research projects are summarised below and the graphical representations indicate the trend across the domains.

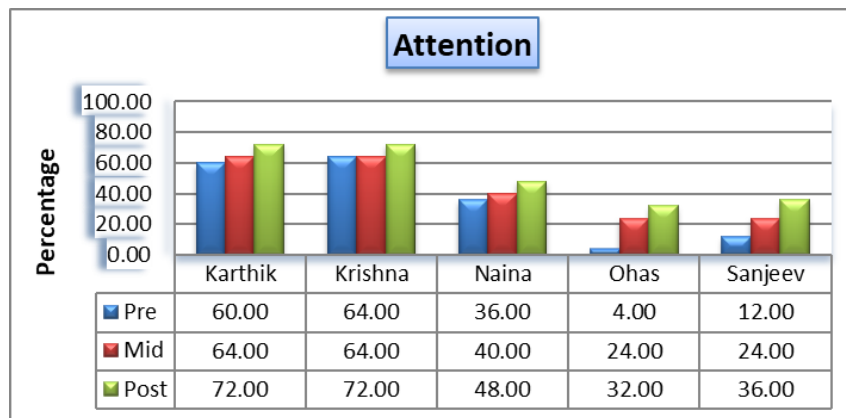
- The results that emerged at the end of the project showed marked improvement in the skills in the chosen domains and showed visible progress in the other domains. The therapeutic goals were met quite well for the entire group. The peers served as appropriate language, social, and behaviour models (Gitanjali Sarangan, 2011, Holistic Learning and Inclusion for children with developmental delays in motor, language and cognition).
- The structure of ABT is inclusive in monitoring the progress of special needs population both verbal and non-verbal. The study looked at fostering a safe environment for children to find ways to communicate and bond with least amount of intervention. (2012, Exploring the potential of social awareness with a special needs group through internal peer interactions and buddy system, Author: Pallavi Chander).
- The ABT interventions showed positive outcomes not only in TGs in focus for this study i.e. Attention and vocalization, but in other domains as well, especially Body, Expression and Cognition. ABT provides for both quantitative and qualitative evaluations. (2014, Exploring Arts Based Therapy for nonverbal children in the Autism Spectrum, Author: Achuta Nadapana).
- The overall results for the whole group indicate the immense change in the Body and attention domain. There are some noticeable changes in the areas of routine Interaction at

home and communication according to the parents. (2015, A study using Arts Based Therapy as a tool for working with children with special needs, Author: Manasa DJ)

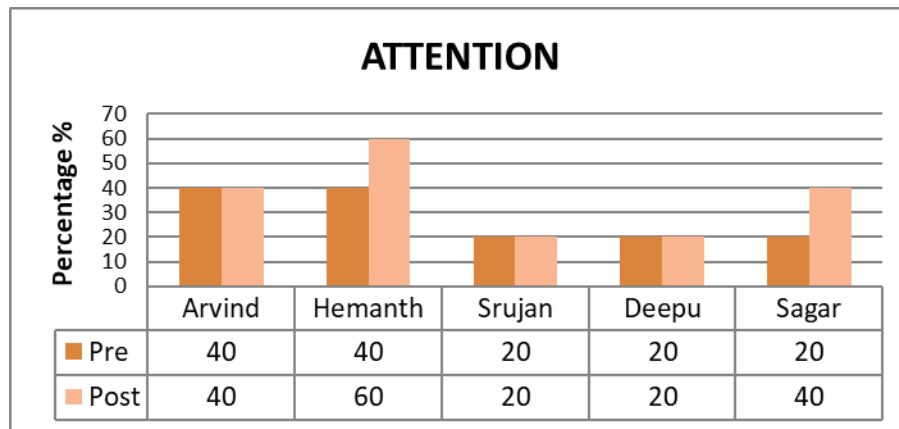
- In the areas of vocalization, word articulation, and social interaction, 85.71% of the population showed progress. In impulse control, 71.43% of the population showed progress. (2017, A Journey guided by the enormous power of the Arts – social interaction, impulse control, and language articulation of the adolescents on ASD and with multiple special needs, Author: Bunty Shrestha).
- It has opened an avenue to explore how movement-based techniques using play and dance have an impact on the vocalizations in speech. (2012, Studying using ABT intervention in the development of Oral motor, gross motor and limbic coordination in children with developmental delays, Author: Salomi Jacob).
- The results showed that there was an increasing shift in articulation and there was an increasing shift in the level of relaxation also, thus proving the hypothesis that “Arts Based Therapy can be used to improve narrative capability, articulation, and enhance social skills in adolescents with autism spectrum disorder thereby decreasing behavioural issues”. (2013, Motivation and Relaxation using ABT to enhance Language Acquisition and Articulation in Adolescents with Autism, Author: K.A. Anagha).
- With reference to methods used during the intervention one of greatest learnings from working with children with ASD has been the use of Music, rhythm and
- rhyme in bringing children together, getting them involved and enhancing communicative vocabulary. All the children in the group became calmer when music was used and even learned the names of all their peers in three months. A rhyme or song served as a tool for communication and the group eventually began to improvise by themselves when expressing themselves. (2014, Creating a buddy model using Arts Based Therapy as a tool in working with children with ASD, Author: Sasha Braganza).
- There have been obvious shifts in the clients’ abilities to express themselves (verbally or nonverbally). The method of the arts has helped the clients share personal stories and find integration and experience a sense of belongingness with the group. (2018, More than words, Author: Vani Joshi).

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- The ABT intervention tools of Drumming and EPR (Embodiment- Projection- Role) helped the children express themselves more creatively. The drumming tools not only improved their drumming skills, but also worked on their therapeutic goals of impulse control, turn taking, narrative and expressive capability. (2018, The path of Creative Arts, Author: Rohini Chidambaran).
- Attention system, impulse control and physical alertness showed the greatest improvement in the heterogenous group of verbal and nonverbal sessions through ABT. (2018, Communicating Compassionately Through Arts, Author: Arun Kumar)

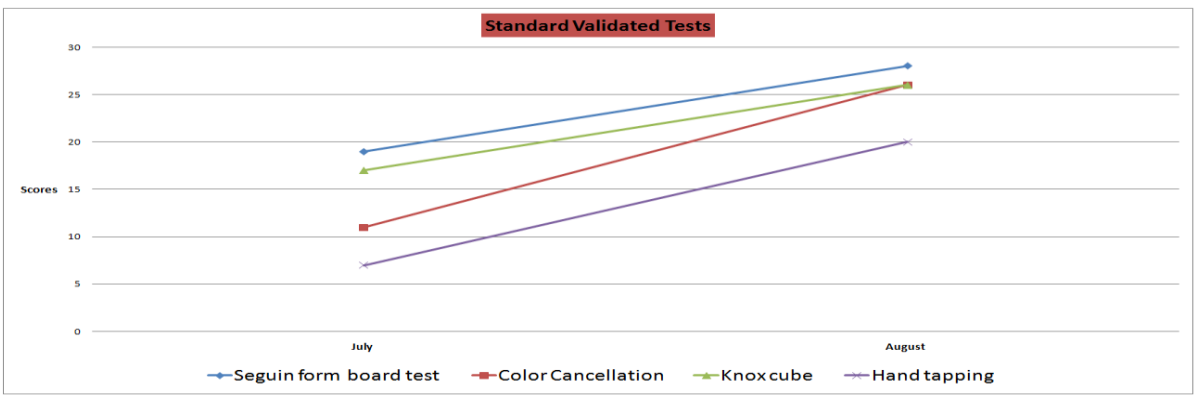
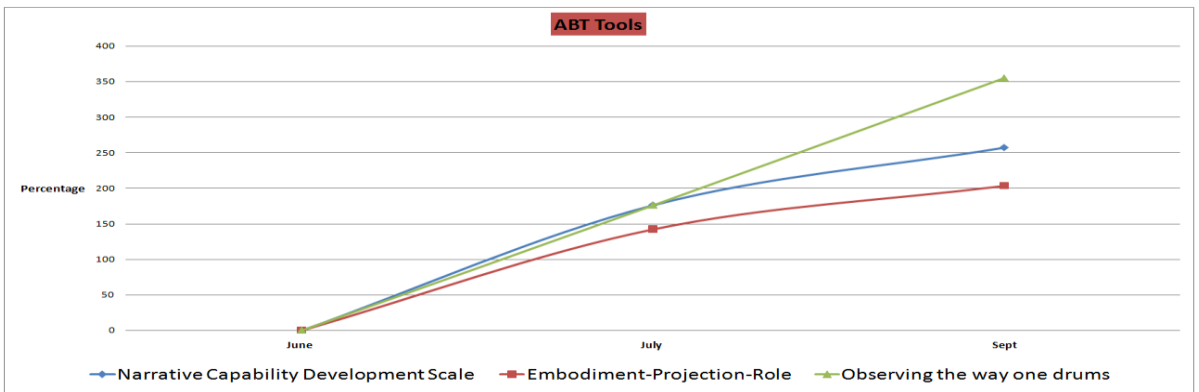
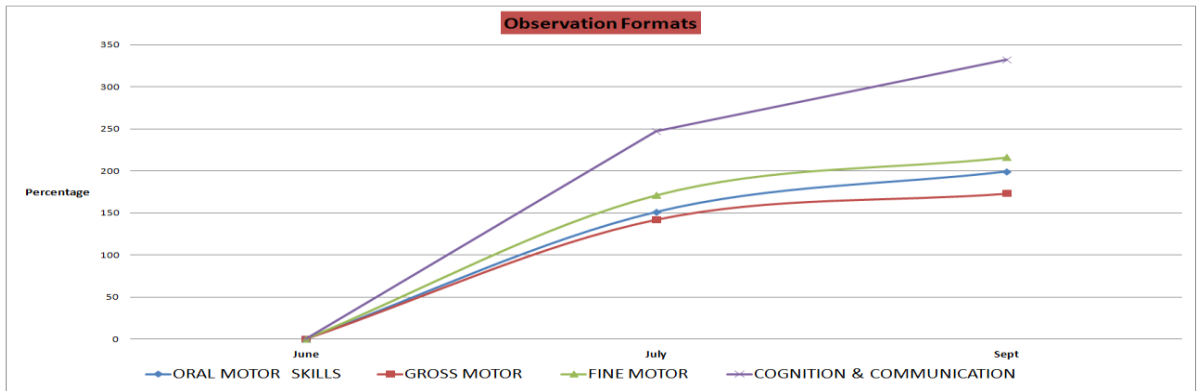


Achuta Nadapana ,2014, *Exploring Arts Based Therapy for nonverbal children in the Autism Spectrum*



Manasa D J 2015, *A study using Arts Based Therapy as a tool for working with children with special needs.*

Results Continued:



Gitanjali Sarangan, 2011, *Holistic Learning & Inclusion for children with developmental delays in motor, language & cognition.*

Discussion:

A large portion of ABT works in the domain of thoughts, emotions, ideas and motivation – the realm of the mind. Hence mindfulness practices, study of secular ethics and introspection or contemplation techniques were classified. These were incorporated in relevant sections as personal practice for ABT Practitioners and as material for sessions with clients. An ABT Practitioner prepares before sessions by establishing a sacred space using visualizations, invocations and contemplation. Mr. Ghosh, a Mentor to WCCL Foundation; calls it ‘Re-Connecting to the Intent’. According to him, ‘The results of our actions are governed by our motivation. It is important to learn how to be present each day, with the same clients, working on similar sounding issues, without getting jaded.’ SEG laid the foundation for the personal mind training practices for the ABT practitioners. Sometimes, a shaking hand needs to be seen as a rumble of movements! or, angry words converted to a mad playful song! Like an experienced martial artist, the ABT practitioner must perceive the interplay of subtle energy between the subject - medium - object. This dynamic process of artistic engagement has spontaneity of its own, much like a conversation between two friends - unplanned and without the burden of expectations. Mr. Ghosh qualifies this level of engagement as being ‘Abstract, but with a defined direction’.

ABT practitioners report that their personal practice comes with a pay it forward momentum - by developing a more attuned and compassionate relationship with themselves, they enhance their potential for a more resonant connection with the others. ABT emphasises the importance of being fully aware of the present moment (presence and attunement), being open to more than one interpretation (tolerance for ambiguity) and being able to acknowledge and empathise with the client’s difficult emotions without fully dissolving in it (empathy). This is achieved by diligent mindfulness-based practices such as Shamata, synonymous with single pointed concentration, which enables one to be fully present without losing oneself in conditioned reactive thoughts. By being more attuned to the environment, the practitioner becomes more open to embracing brokenness and imperfection. They attend to negative stimuli, such as experiences that trigger difficult emotions in a more non-judgmental manner, with full awareness that all emotions are transitory in nature. Consistent personal practice enhances the therapeutic relationship and

contributes to the practitioner's skilfulness, allowing them to be more aware of the many dimensions of thoughts, emotions and feelings and be more self-accepting. The practitioner begins to see transformation, not as changing the client according to one's belief and conditioning, but as learning to see the client's situation as it is and working with it.

Within integrated education the arts when taught by an ABT Practitioner can be a truly integrated experience for all children. ABT is non-competitive and supports diversity. The scope of opportunities for learning and education for children with special needs (CWSN) is widening. To find meaningful ways for them to express, communicate and learn new behaviours calls for holistic practices. Most special schools in India use the arts as fillers or as activities to showcase them as products or performances of the children be it visual art, music, drama, singing or dance. The focus now needs to include and integrate the arts as part of the repertoire of modes used to enhance the abilities of CWSN. This therapy is drawn from Indian context and culture, hence adaptable to our setting. Overall the process of ABT is so dynamic and fluid that every child has an opportunity to play, explore and express at any time. Since there are a variety of triggers through various art forms, change is possible anytime and may last for a few moments. But the rigor of providing them space and the artistic vocabulary should continue till a certain threshold is reached in the therapeutic domains addressed.

With most of the educational systems whether in therapy or inclusive set-up, the structure is very rigid. It does not allow one to explore the emotional parameters. Whereas ABT is more organic in form for learning that allows the facilitator and children to intuitively fill these flexible structures using various art forms. This allows one to redefine therapy for CWSN as learning that is personal, hands on, organic and playful. The structure of ABT worked well not only by providing fluidity to the methods but also served as a detailed and holistic evaluation tool. Peer mentoring and buddy programs for CWSN have shown to benefit the social-cognitive growth of the children. The principle of integrated therapeutics augurs to a possible future where the modern, alternative and complementary health systems in concert make a crucial difference to both the healthcare and education sectors.

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