



ARTS PRACTICES FOR INCLUSION 2022-23

Introduction

The Arts Practices for Inclusion course is a year-long certificate course which aims at developing intersubjectivity in relationships between mainstream and special needs and vulnerable populations, allowing each to experience the other through the arts. Participants are trained in the practice of the arts, and their application with marginalized populations. As part of their projects, each participant has the opportunity to work for one inclusion project, where they engage their learnings with a group of people belonging to a vulnerable population. As part of the project, the growth of each beneficiary from this project is tracked in the Emotional, Social and Inclusion Domains through the API Research.

API works with the idea that the arts have the potential to explore and express human experience and that art is universal, transcending barriers of languages, ethnicities, beliefs and differences. It is a course that enables participants to look at the practice of multi-art forms to bring about social inclusion. Not only do participants learn how the arts can evoke and express social and emotional communication, they also create and implement social inclusion models.

The 'A' in API is an experiential component enabling participants to experience first-hand the potential of arts. Along with self-experience of the arts through visual arts, drama, stories, songs, rhythm, play and movement, the participants train in facilitating therapeutic and learning spaces for special needs and mainstream populations.

'P' stands for the practices component which gives direction to the voyage of self-discovery as well as deeper engagement with one's purpose. The practices that emerge allow expression, compassion, empathy, reflection, joy and meaning to understand our own self before embarking on the journey of scaffolding another, by focusing on self-care practice in daily life.

'I' is the deliberate attempt and participation in the process of inclusion. In applying the arts to create inclusive spaces, participants are to question what inclusion means to them, to mainstream and special needs communities before designing and implementing social inclusion projects.

Cognitive neurosciences, theories of human development and Indian psychology form the theoretical backdrop of learning in API. Grounded in a secular framework drawing from diverse Indian philosophical and spiritual schools including Sufism, Buddhism, Mystic Hinduism, and Shamanic traditions, API aims at building the capacity and well-being of both the practitioners as well as the beneficiaries.

The participants of the course had to complete a minimum of 63 API sessions with their beneficiary population on which the research was conducted. These sessions were conducted either in a face-to-face



or online format, given the pandemic situation and resulting lockdowns. Relaxations were given in the number of sessions facilitated depending on individuals circumstances due to Covid related issues.

Domains Covered under API

A. Emotional

Emotional wellbeing is about many different facets of one's engagement with emotions and relationships. It has been explained using the Attachment Theory given by Bowlby and Ainsworth, where they talk about attachment formation as infants being the foundation of an emotionally healthy adult. Further, the neuroscience of emotions speaks of the development of the healthy 'triune' brain, where the interplay of the limbic system, neocortex and the basal ganglia control the total experience of emotions.

Certain broad categories of emotional wellbeing have been arrived at, which cater as domains within the framework of the API research.

i. Emotional Awareness: It is about the awareness about how one is feeling and why they are feeling that way, including labeling and reasoning of emotions.

ii. Emotional Expressiveness: It denotes how emotionally expressive a person seems to be in terms of using gestural or verbal cues to convey their emotional experience to others.

iii. Emotional Regulation: It is about how able a person is to regulate emotions, and can behave in socially appropriate ways while experiencing extreme emotions.

iv. Emotional Sensitivity: It gauges how sensitive a person is to the emotions of others, including how they are able to reason and label others' emotions and show them empathy where required.

The arts have the potential to capture and express human experience which includes the potential to evoke, express, and become aware of that experience. Stories, improvisations, and drama can evoke emotional responses and enable the expression of those responses through characters, scenes, scripts and situations. Play is a good example of expressing emotions because while playing games, persons are involved in many emotional states including competition, exhilaration, excitement, surprise, happiness, elation and others. Music has a special quality to move people to tears or cause them to dance in ecstasy. Similarly, visual art has the potential to make the artist aware of the place from where the art and the emotions arose; thus, provoking emotional awareness.



B. Social

This domain is concerned with group dynamics, or the dynamics of origins, development, structure and communication of groups. These dynamics affect the way individuals and groups interact with each other to a great extent. The stages of group development include forming (coming together of people), storming (emergence of conflict within a group), norming (development of a group structure), performing (goal-directed behaviours), and adjourning (pausing or ending the group's process). There are several domains which can be evaluated to understand the level of social well-being of the participants.

i. Group Membership and Cohesion: It is the understanding of being a part of the group and participation and cooperation in group tasks.

ii. Trust towards Group and Group Members: It denotes sharing of an emotional connection with other group members.

iii. Group Conflicts and Resolution: It is an active participation in working towards resolution of group conflicts.

iv. Cultural Differences in the group: It denotes having a sensitivity towards different cultural experiences of other members of the group.

Facilitating group sessions through arts practices gives a common platform for exploration of individual and group needs through artistic mediums. Group creations and constellations of visual arts provide a canvas where each member can contribute to the creation of an installation or artwork. The processes of decision making, conflict, initiative and teamwork all come into play while creating such installations or artworks together. Inclusive play invites all members, irrespective of their differences, to participate in playful activities which promote social and emotional wellbeing. Other practices such as drama, movement and music can be usefully applied in group settings to bring about social wellbeing.

C. Inclusion

Inclusion is a state or way of being in a group or community. As inclusion is sought within groups and communities, there are various forces and dynamics that make a person, group or community feel included in other groups or communities. Feeling included is an aspect of personal feelings and emotions as well as sensitivity towards the feelings and emotions of others. According to Davey and Gordon (2017), social inclusion is the unconditional opportunity [bound by legal and moral limits] for participation in key activities' while 'social exclusion is the enforced [socially constructed normative conditions] for [non-] participation in 'key activities'.

There are several indicators of well-being within this domain, listed below.



- i. Response to Self: The ability to be sensitive to oneself and one's contribution to the group.
- ii. Membership: This denotes an identification of group membership and participation in group tasks.
- iii. Influence of self and others in the group: The ability to take initiative and collaborate with all group members.
- iv. Reinforcement: This denotes one's ability to value and accept others' wants and needs, and utilize group resources to meet them.
- v. Shared Emotional Experience: This is the ability to meaningfully engage with the group members individually and as a whole.

Population types

1. 32 children and adults with physical and mental disabilities, including those with cerebral palsy, motor disabilities, intellectual disabilities, mental retardation, autism spectrum disorder, down syndrome, etc., in the age range of 16-40 years.
2. A group of 13 people who because of their class, caste, gender, socioemotional conditions, are or may be at the risk of social exclusion, including children and adults from slum areas, people undergoing rehabilitation for drug and alcohol abuse, etc., in the age range of 8-56 years.

Literature Review:

There is enough literature available on art therapy and its usage, applications and shortcomings with diverse populations. While art therapy differs from the arts practices for inclusion teachings, it does share the fundamental medium of work-art forms. Thus, it becomes important to explore and understand the available research in the field of art therapy.

In their book 'Using Art Therapy with Diverse Populations: Crossing Cultures and Abilities, Prasad, Howie and Kriste (2013) write "Art is around us, and integrated into the many parts of our lives, including our homes, our places of worship, our shops and our landscapes. We paint, write, dance and give voice to make sense of our world and what is going on within it."

Arts for healing were first used by clinicians in the 1860s, when psychiatrists experimented with introducing the arts into "insane" asylums. Freud's theories became the base for what we consider art therapy. "His theories of repression, projection, the unconscious and symbolism in dreams identified the importance of visual images to understanding mental illness" (Brooke, 2006). Carl Jung and his theories of archetypes, symbolism, universal imagery and the collective unconscious also lent themselves to the way we understand art therapy today.



Today, art therapy aims to transform lives, and aims to heal individuals and groups. It also aims to promote social change and provide a way for people to cope with the chaos of their minds and of the world around them. (Prasad et al, 2013). Expressive arts therapies use multi art modalities like visual art, writing, music, drama, dance, etc., to help a diverse group of people to express themselves in ways that conventional therapies do not, and are hence often categorized under 'alternative therapies'.

The arts have always been powerful and essential practices for humans to engage in, for health and wellbeing (The Foundation for Art and Healing, 2011). The arts promote positive mental health and wellbeing (Ewing, 2010; Heenan, 2006; De Botton & Armstrong, 2013; McNiff, 2009; Secker, et al., 2018). Karkou (2010) suggested that in Britain, the attention of arts educators has shifted from valuing children's psychological well-being (and what was known as the "emotional curriculum") to a primary concern of developing artistic outcomes and it is this more emotional art curriculum that could be nurtured as a space for s to address mental health.

The two ways in which art is utilized within the therapeutic context are- art in therapy and art as therapy. The former refers to using art forms to gain psychological insights in the process of therapy, and the latter refers to the therapeutic quality of the process of art-making.

In recent years, art therapy tools and techniques are being applied and used with a variety of client or beneficiary populations. These techniques are often developed and then used in multi-cultural and cross-cultural contexts for both clinical and research needs. Within the Indian context, there is little available literature on how art therapy has been beneficial with client populations.

Art therapy training could help art teachers when dealing with Council's (2016) points, that many parents, teachers, and caregivers imagine that children are protected from the emotional impact of problems in the family, traumatic events, over stimulating content in the media, and dysfunction in the community. Children take in a tremendous amount of emotional information, and they may not have the words to express what they know and how they feel. She added, 'Integrating art therapy into unconventional settings such as schools, communities, and hospitals, in addition to psychiatric treatment programs, creates opportunities to help young people express their feelings and reflect on their experiences'

A study by Koo and Thomas (2019) showed that art therapy was beneficial and effective in progress and positive changes related to the cognitive, social and motor skills of children with autism spectrum disorder. A study by Shirsalkar (2012) also spoke of how there are possible benefits of art therapy with street children, but only after the basic needs of the population are met first. In 2011, a study by Chilcote also found art therapy to be an effective cross cultural intervention for young survivors of the tsunami. In their book on Art Therapy in a Hospice in Northern India, Cooke, Ebbitt and Raab (2019) also speak of the need to address the issues around cultural perspective and sensitivity surrounding the use of art therapy in palliative care in India. The advantages of participation in the arts for children which have



been reported include improved learning and behaviour, better relationships with parents, peers and adults, improved psychological wellbeing and improved communication skills (Kinder et al, 2000; Kendall et al, 2003). A study by Hertampf and Warja (2017) also showed that arts-based interventions may be effective for improving psychological outcomes for women with breast or gynecological cancers. The use of Creative Art Therapy was also shown to be an effective instrument in improving the mood of children receiving chemotherapy (Madden et al, 2010).

When it comes to arts practices for inclusion, these practices seem to be a relatively new in the world of academia, and sparse literature can be found that ties multi-art modalities and social inclusion for beneficiaries. There is no such literature available on public forums for research conducted within India in this field. Delineated below is some prominent research that brings together the arts and inclusion. However, many of these continue to speak about arts-based projects to promote inclusion, rather than using arts modalities as practices to build inclusion.

A study in 2015 conducted by Chappell and Chappell spoke of how critical arts-based pedagogical approaches can build classroom communities and social inclusion as they allow for collaborative and creative problem solving. Another study by Mulligan et al (2008) and Richards (2006) spoke of how community-based arts projects can lead to tangible improvements in the health and wellbeing of local communities. An article by Kinder and Harland (2004) speaks of how arts education has a role to play in the effective increase of social justice within the young population, and how while practices are in place, there is a need for further research and evidence into the connection between these two fields. The Art Council of England, in its 2003 manifesto stated “being involved with the arts can have a lasting and transforming effect on many aspects of people’s lives. This is true not just for individuals , but also for neighbourhoods , communities , regions and entire generations, whose sense of identity and purpose can be changed through art.”

Simovska (2018) suggested an inclusive approach to understanding wellbeing for the “...whole-school environment and the totality of children’s experience at the school”. She called for “...opportunities for participants to critically reflect on what wellbeing means to them, to navigate through and negotiate within the communities in which they live, play and learn, with a view to realising, challenging and enacting their potentials, ambiguities and desires – and to do all this in a constant dialogue with others, in the context of plurality and difference.” (Simovska , 2018). Arts practices can be an effective way of bringing about this inclusive approach, as suggested by Hannigan et al (2019).

While literature in the field of arts practices for inclusion is sparse, research done on art therapy and inclusion provides enough basis for the need for future research in this area.

Methodology:

Hypothesis-



There would be a statistically significant difference in the scores that beneficiaries attain in the social, emotional and inclusion domains, after 63 sessions in the format of the API course teachings of arts-based interventions. This would be true for more than 50% of the groups with whom the API sessions were conducted.

Tools-

Basic demographic information for the beneficiaries was collected at the beginning of the research process. Documentation and preservation of these records was confidential and maintained by the API participant for each beneficiary. The questionnaires were available to be filled either in a written format or a Google form.

The research questionnaires focussed on evaluating the level of the beneficiary pre- and post-therapeutic interventions on social, emotional and inclusion domains. The questionnaires were named Psychosocial Index Tool and Inclusion Index Tool. Participants of the API course were responsible to fill this questionnaire while commencing their work with each beneficiary and after a year of work completed with the same beneficiary in order to assess considerable change (63 arts-based sessions).

The questionnaires also contained a 'comments' section to validate the rating data with qualitative or real-life examples. The data from the comments was not collated directly into the research but served as a way of validating the ratings given on each item of the questionnaire.

Method of data collection-

Data was collected using the aforementioned tools, by the participants of the API course from all their respective beneficiaries. This data was collected once before the arts-based intervention sessions begin, and once towards the end of the sessions. For the purpose of the study, consent forms were signed by the beneficiaries (or guardians, wherever the beneficiary is not of legal age) to participate in the research, as well as by the participant, signing over rights to the data to SF.

The first set of data was collected and submitted to SF by the participant for each of the beneficiaries within the span of the first 4-6 sessions held with them. Participants used this time to gather enough real-life examples to validate their ratings, wherever possible.

The second set of data was collected and submitted to SF during the last 4-6 sessions conducted with the beneficiaries. Both supervisors and participants used this time to collect examples to validate their ratings, wherever possible.

Method of data analysis

Cumulative as well as Sectional scores were calculated for all the questionnaires. The average score of each group on the Inclusion Index Tool was calculated to see the group's wellbeing in the Inclusion domain. Data from the tools was analyzed using a statistical t-test analysis done on SPSS. The aim was to compare and contrast the pre and post test scores of the beneficiaries, considering if there is a statistically significant difference in scores before and after the administration of arts based interventions.

Separate reports were made for each beneficiary group of participants, as well as based on population types of the beneficiaries. The results section speaks about the raw scores as well as the statistical analysis of each population type.

Results:

Group	Number of Beneficiaries	% change in scores on Emotional Wellbeing	T-value on Emotional Wellbeing	% change in scores on Social Wellbeing	T-value on Social Wellbeing	% change in scores on Inclusion Wellbeing	T-value on Inclusion Wellbeing
Group 1	3	59.23%	11.000	52.66%	3.536	23.01%	7.318
Group 2	5	25.53%	-13.508	21.6%	-13.271	23.76%	-12.527
Group 3	3	17.35%	-3.211	10.33%	-2.149	14.62%	-10.192
Group 4	3	84.99%	-4.94	48.72%	-9.00	27.74%	-9.19
Group 5	7	52.63%	-24.801	47.9%	-24.38	40.88%	-18.159
Group 6	3	62%	-7.08	48.11%	-3.10	18.58%	-1.31
Group 7	3	27.69%	0.3294	11.42%	1.192	17.61%	2.557
Group 8	5	46%	-6.04	52.18%	-9.91	45.30%	-9.59

Table 1: Percentage Change and t-values for each group of beneficiaries of the API participants

As can be seen from the results below, and from Table 1, there is a drastic difference between scores pre and post testing. The percentage change in scores has been very high for the emotional domain in the group of persons with disabilities of 61.72% before and after the API sessions were conducted with them. The t value is -9.446, with a p value of <0.0001, showing that this increase is statistically significant. This indicates that through the API sessions, the practitioners were able to build on the emotional awareness and vocabulary of the beneficiaries, and gave them the tools and means to express their emotions. Regulation of emotions in the correct manner also increased through the API sessions, and the beneficiaries became more sensitive towards the emotional needs that other members of their subgroups.

*95% Confidence
Interval of the
Difference*

Significance



		Mean	Std. Error Of Difference	Lower	Upper	t	df	Two-sided p value
Pair 1	Pretest-Posttest	-37.50	3.97	-45.60	-29.40	-9.446	31	>0.0001

Figure 1: t test results for each group of beneficiaries of the API participants in the emotional domain

Through our t-test results, we can see that there was a significant increase of 55.59% in the scores of the beneficiaries on the social domain indicators. The group as a whole moved towards formation of a group identity, cooperation and bonding through an emotional connection, being sensitive to each other's cultural differences, and being able to resolve conflicts when they arose. The t value was -9.71, with a p value of <0.0001, showing that this was not merely an increase in numbers, but also was statistically significant.

		Mean	Std. Error Of Difference	Lower	Upper	t	df	95% Confidence Interval of the Difference	Significance Two-sided p value
Pair 1	Pretest-Posttest	-38.78	3.991	-46.92	-30.64	-9.71	31		>0.0001

Figure 2: t test results for each group of beneficiaries of the API participants in the social domain

The t test results indicate to us that the group was able to move steadily but firmly towards being more inclusive across almost all subgroups by 45.13%. The t value was -11.13 and a p value of <0.0001, showing that it was a very statistically significant result. This showed that there was inclusion within the group. The group members may individually be quite aware of their own role and contribution to the group as a whole. Beneficiaries seemed to identify with a group identity and use it to participate in group tasks, and understood the concept of teamwork and collaborated with each other when required or prompted. They also have meaningfully engaged with each other on an emotional level and value each others' needs and wants. Group members have recognized each other on some level as being part of the group, and may recount experiences and memories with the group.



		Mean	Std. Error Of Difference	Lower	Upper	t	df	Two-sided p value
Pair 1	Pretest-Posttest	-50.59	4.543	-59.86	-41.33	-11.13	31	>0.0001

Figure 3: t test results for each group of beneficiaries of the API participants in the inclusion domain

Conclusion:

Arts Practices for Inclusion sessions were conducted with beneficiaries with physical and mental disabilities by 8 API students and 34 beneficiaries, who worked on the emotional, social and inclusion well being of their beneficiary group through the use of multiart methodologies like music, drama, play, movement and visual art. It was a diverse range of people who (i) because of their class, caste, gender, socioemotional conditions, are or may be at the risk of social exclusion, including children and adults from slum areas, people undergoing rehabilitation for drug and alcohol abuse, etc. and (ii) had physical and mental disabilities including including children and adults with cerebral palsy, motor disabilities, intellectual disabilities, mental retardation, autism spectrum disorder, down syndrome, etc.

Through the API sessions, the facilitators worked on various indicators within the Emotional, Social and Inclusion domain. Through the API sessions, the practitioners were able to build on the emotional awareness and vocabulary of the beneficiaries, and gave them the tools and means to express their emotions. Regulation of emotions in the correct manner also increased through the API sessions, and the beneficiaries became more sensitive towards the emotional needs that other members of their subgroups. The group as a whole moved towards formation of a group identity, cooperation and bonding through an emotional connection, being sensitive to each other's cultural differences, and being able to resolve conflicts when they arose. The group members individually became more aware of their own role and contribution to the group as a whole. Beneficiaries seemed to identify with a group identity and use it to participate in group tasks, and understood the concept of teamwork and collaborated with each other when required or prompted. They also meaningfully engage with each other on an emotional level and value each others' needs and wants. Group members recognized each other on some level as being part of the group, and may recount experiences and memories with the group.

The hypothesis was: 'There would be a statistically significant difference in the scores that beneficiaries attain in the social, emotional and inclusion domains, after 63 sessions in the format of the API course teachings of arts-based interventions. This would be true for more than 50% of the groups with whom the API sessions were conducted.'

This hypothesis was proven to be true through the research and data collection and analysis. The hypothesis was tested for each of the beneficiary subgroups, and then for the entire group.



Arts Practices
for Inclusion

This data and research goes on to show that multi-art forms can be used to improve the wellbeing in these three domains for persons with mental and physical disabilities, persons at risk, etc. There is much scope in the methodology to work with this population, including taking it to different spaces and populations to create and build inclusion within society.