



ARTS PRACTICES FOR INCLUSION 2023-24

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. The methods and practices in Arts Practices for Inclusion (API) aim to create inclusive spaces and communities by facilitating a sense of community, but also preserving individual agency and choice in how one wishes to exercise that sense of community – by choosing to include or exclude oneself freely and without undue pressure or influence.

Arts practices are recognised and well-established approaches towards human development, psychosocial wellbeing and good mental health – all three of which are aspects of inclusion. The arts motivate creativity, imaginative engagement and possibilities of such engagement with self and others. Such engagement is development oriented and compelling research demonstrates the benefits of art for psychosocial wellbeing and better mental health. API in learning spaces has shown a statistically significant increase in socio-emotional well-being, and an increase in opportunities for inclusion across different special needs, vulnerable groups, and learning settings (Snehadhara Foundation 2022, 2023).

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 practice 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.

During the course, students are trained in the practice of the arts, and their application with marginalised populations. As part of their projects, each student 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 is tracked in the Emotional, Social and Inclusion Domains through the API Research.



For the purpose of the research and stemming from the course teachings, questionnaires which assess the level of these three domains of wellbeing were created. These are filled by the API students for each of their beneficiaries at the commencement of their work with them, and after the end of the project to understand the shifts and developments that have happened within these domains.

Below are the details of how the API course teachings have had a cumulative benefit to the beneficiary group from diverse populations. In totality, 19 participants worked with this population as their beneficiary group. Their progress was tracked both individually and as smaller pilot groups. The age range of the beneficiaries was from 4 to 60 years, and they belonged to both urban and rural locations of Bangalore, Mangalore, Gangavathi, Coimbatore, Pune, Noida and Chandigarh. The beneficiaries belonged to the population categories of persons with disabilities, persons at risk and adults with medical and mental health issues.

Literature Review

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). In his work, Carl Jung emphasised archetypes, symbolism, universal imagery, and the collective unconscious, which have significantly influenced modern concepts of art therapy. Reflecting the evolution within the broader field of psychology, art therapy transitioned from Freudian and Jungian paradigms to humanistic and psychoeducational approaches. This shift redefined art therapy as a holistic and expressive process.

Today, art therapy aims to transform lives and 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 categorised 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). Evidence from multiple studies across a variety of settings establishes that the arts promote positive mental health and wellbeing (Heenan, 2006; McNiff & Barlow, 2009; Botton & Armstrong, 2013; Secker, Heydinry, Kent, & Keay, 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 us to address mental health.

The two ways in which art is utilised 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'

In 2011, Chilcote's research recognized art therapy as an effective cross-cultural intervention for young survivors of the tsunami. Subsequently, Shirsalkar's study in 2012 suggested potential benefits of art therapy for street children, highlighting the importance of addressing their basic needs first. Studies among refugees, migrants and asylum-seekers and the impact of arts-based interventions show a positive trend but run into methodological and other issues (Moreira, A. I. A. & Jakobi, A. L. 2021). 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 gynaecological 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).

In 2019, Koo and Thomas demonstrated the positive impact of art therapy on the cognitive, social, and motor skills of children with autism spectrum disorder. Cooke, Ebbitt, and Raab in 2019 emphasised the necessity of a culturally sensitive approach to practise, addressing cultural considerations in art therapy interventions (Shirsalkar, 2012; Koo & Thomas, 2019; Cooke, Ebbitt, & Raab, 2019). 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). Arts-based interventions have also been found to play a role in symptom alleviation among older adults receiving medical care, improved global



cognition, learning and memory among those with mild cognitive impairment, increased communication, skill and strength building as well as personal growth (Fong, Z. H. et al. 2021; Vaartio-Rajalin, H., Santamäki-Fischer, R., Jokisalo, P., & Fagerström, L. 2021).

Emerging research and review of data from previous Arts Practices for Inclusion (API) participants and their work with various beneficiaries indicate improvements in socio-emotional and inclusion wellbeing for beneficiaries from vulnerable groups including persons with disabilities and at-risk persons. API principles and practice of its methodology have also lent themselves to a development of a model for fostering inclusion between groups (Bhat, Gupta, Govindarajan & Jain, 2023; Bhat, Govindarajan & Gupta, 2024). In order to further consolidate and systematise API as an evidence-based practice, incorporate systematic review into its learning framework, this report looks as the result of direct beneficiary work from 2023-24.

Methodology:

Hypothesis:

There would be a statistically significant difference in the scores in the social, emotional and inclusion domains of the beneficiaries undergoing intervention of arts practices for inclusion, after 45 sessions in the format of the API course teachings.

Tools-

Basic demographic information for the participants would be collected at the beginning of the research process. The direct beneficiaries of the API sessions carried out by the students would be considered as the beneficiaries. Documentation and preservation of these records will be confidential and maintained by the student for each beneficiary. The questionnaires would be available to be filled either in a written format or a Google form.

The research questionnaires will focus on evaluating the level of the beneficiary on social, emotional and inclusion domains pre- and post-therapeutic interventions. The questionnaires are named Socio-Emotional Domain Tool and Inclusion Domain Tool. Students of the API course will be responsible to fill this questionnaire in the first phase of their work with each beneficiary and with the same beneficiary after sufficient work is completed in order to assess considerable change (in this case, 45 API sessions).

The questionnaires would contain a 'comments' section to validate the rating data with qualitative, real-life or anecdotal examples. This section would be optional to fill to understand the data in a better way.

Method of data collection-

Data will be collected using the aforementioned tools by the students of the API course from all their respective beneficiaries. This data would be collected once in the first phase of the API sessions and once



towards the end of the sessions. For the purpose of the study, consent forms would be signed by the participants (or guardians, wherever the beneficiary is not of legal age) to participate in the research, as well as by the student, signing over rights of the data to SF.

The tools would be available to be filled manually in printed forms (subsequently scanned and stored on the Cloud) or to be filled online through Google Forms. Both these formats would be provided by Snehadhara Foundation to the students of the API course. (Google Forms would be the preferred method of data collection keeping in mind logistics of analysis.)

The first set of data would be collected and submitted to SF by the student for each of the participants within the span of the first 6 weeks of sessions and establishment of rapport. Students use this time to gather enough real-life examples to validate their ratings, wherever possible.

The second set of data would be collected and submitted to SF after the last sessions conducted with the participants, within 2 weeks. Students would use this time to collect examples to validate their ratings, wherever possible.

Method of data analysis

The cumulative as well as sectional scores will be calculated for all the questionnaires. The average score of each group on the Inclusion Domain Tool would also be calculated to see the group's wellbeing in the Inclusion domain. Data from the tools to be analysed through means of statistical analysis. The aim is to compare and contrast the pre and post test scores of the participants, considering if there is a statistically significant difference in scores before and after the administration of arts based interventions.

Results

Group Name	Number of Beneficiaries	% change in scores on Psychological Well-being	T-value on Psychological Well-being	% change in scores on Social Well-being	T-value on Social Well-being	% change in scores on Inclusion Well-being	T-value on Inclusion Well-being
Group 1	6	20.64%	5.842	13.11%	3.076	12.07%	2.974
Group 2	5	-6.93%	-1.777	2.59%	0.393	-0.58%	-0.114
Group 3	4	93.75%	3.867	82.45%	8.181	89.78%	5.279
Group 4	6	27.51%	3.516	33.73%	3.875	30.05%	10.795
Group 5	7	7.46%	0.336	-2.703%	-0.268	13.62%	1.496



Group 6	10	26.16%	4.93	31.975%	3.993	-6.27%	0.299
Group 7	6	21.6%	2.634	27.5%	2.926	22.35%	3.371
Group 8	5	6.39%	1.381	6.53%	12.649	1.44%	2.236
Group 9	5	42.85%	5.620	57.64%	14.414	20%	1.731
Group 10	3	5.12%	0.269	11.39%	0.593	-7.4%	-0.457
Group 11	6	79.19%	7.878	41.08%	5.152	21.82%	1.568
Group 12	6	24.87%	8.295	22%	4.292	10.78%	2.42
Group 13	6	19.08%	3.139	13.33%	3.299	8.77%	5.355
Group 14	5	-9.7%	1.359	-19.4%	2.039	10.48%	2.557
Group 15	7	12.01%	2.010	29.35%	3.805	11.53%	4.425
Group 16	3	0.75%	0.059	30.4%	2.321	22.55%	3.779
Group 17	6	27.55%	4.924	8.35%	1.560	7.59%	1.552
Group 18	5	40.90%	3.995	36%	2.752	44.96%	11.186
Group 19	6	-5.8%	-1.093	0.23%	0.065	-2.58%	-1.367

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

Table 1 above shows the percentage change in scores and the t-value from the paired sample t-test for the 3 domains for all the groups of beneficiaries who received the API intervention from the API students. From the table above, it is noted that nearly all groups experienced positive changes and higher levels of well-being on at least two or all 3 domains. A few exceptions are some groups that experienced reduced scores in the post-testing condition on one of the three domains. A majority of the



group listed above had statistically significant results with a few having a percentage increase in score but not having statistically significant results. 5 groups had statistically significant correlation between pre and post-tests across all 3 domains. 8 groups had statistically significant correlation between pre and post-tests on at least 1 or 2 domains with the other not being significant in the analysis. 6 groups did not have statistically significant results or had borderline scores from the pre and post-test analysis. Group 3 recorded the highest percentage change in score on the emotional, social and inclusion domain.

Discussion

Emotional Wellbeing

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 labelling 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.



				95% Confidence Interval of Difference				
				Lower	Upper			
		Mean (Average of Differences)	Std. Error of Difference			t-value	df	Significance Two-sided p value
Pair 1	Pretest - Posttest	7.19	1.01	5.185	9.194	7.117	103	1.766e-10

Table 2: Paired samples t-test results for Emotional domain scores of all the beneficiaries

Table 2 above lists the results of the paired samples t-test of all the beneficiaries from the 19 groups put together. Results indicated that there is a statistically significant medium difference between Before ($M = 43.6, SD = 14.2$) and After ($M = 50.8, SD = 11.8$), with $t\text{-value} = 7.1$ and $p < .001$. The percentage change in scores are among the highest for the emotional domain as seen in Table 1 for groups 3, 11 and 18. The scores on the emotional domain largely increase across beneficiaries suggesting that the beneficiaries developed developmentally appropriate levels of emotional expressiveness and understanding and were able to build capacities for empathy and emotion regulation. Highest percentage change in scores were recorded on the emotional domain by one of the groups.

Social Wellbeing

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.

				95% Confidence Interval of Difference				
		Mean (Average of Differences)	Std. Error of Difference	Lower	Upper	t-value	df	Significance Two-sided p value
Pair 1	Pretest - Posttest	9.557	1.292	6.995	12.120	7.397	103	3.866e-11

Table 3: Paired samples t-test results for Social domain scores of all the beneficiaries

Table 3 above lists the results of the paired samples t-test for scores on the social domain of all the beneficiaries from the 19 groups put together. Results of the paired-t test indicated that there is a statistically significant medium difference between Before (M = 51.3 ,SD = 16.5) and After (M = 60.8 ,SD = 14) with t-value = 7.4, $p < 0.001$. The percentage change in scores are among the highest on the social domain for the groups 3, 6, 9, 11 and 18. The scores on the social domain closely follow the emotional domain as among the domains having the highest change overall. This indicates an increased level of social interaction through group membership, participation, and engagements establishing trust, cooperation and collaboration. The beneficiaries developed competencies to form and perform as groups and establish meaningful group engagements.



Wellbeing in the Inclusion Domain

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 utilise 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.

				95% Confidence Interval of Difference				
		Mean (Average of Differences)	Std. Error of Difference	Lower	Upper	t-value	df	Significance Two-sided p value
Pair 1	Pretest - Posttest	8.625	1.305	6.0366	11.2134	6.608	103	1.747e-9

Table 4: Paired samples t-test results for Inclusion domain scores of all the beneficiaries

Table 4 above lists the results of the paired samples t-test for scores on the inclusion domain of all the beneficiaries from the 19 groups put together. Results indicated that there is a statistically significant



medium difference between Before ($M = 64.3$, $SD = 16$) and After ($M = 72.9$, $SD = 13.7$) with t -value = 6.6 and $p < 0.001$. The percentage change in scores are among the highest on the inclusion domain for the groups 3, 4, 7 and 18. While some groups experienced a decrease in total scores, most of the groups experienced higher levels of wellbeing on the inclusion domain after the API sessions. This suggests that the beneficiaries became aware of their role in a group, their own needs and contributions and identified with the group identity. They would have exercised their freedom of choice in group engagements and developed the capacity to form emotional connections through shared experiences.

Conclusion

Arts Practices for Inclusion sessions were conducted with 107 beneficiaries by 19 API students who worked on the emotional, social and inclusion well being of their beneficiary group through the use of multi art forms 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., (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. and (iii) had medical and mental health issues including dementia, Alzheimer's, addiction, Schizophrenia, Personality Disorders, etc. The group largely developed a shared identity, bonding emotionally and cooperating effectively while building the capacity to respect cultural differences and resolve conflicts. Individually, members became more aware of their roles and contributions, utilising the group identity to participate in tasks and collaborate when necessary. They engaged meaningfully with each other, valuing each other's needs and recognizing their membership within the group through shared experiences.

The hypothesis as mentioned earlier was that there would be a statistically significant difference in the scores in the social, emotional and inclusion domains of the beneficiaries undergoing intervention of arts practices for inclusion, after 45 sessions in the format of the API course teachings. This alternative hypothesis is thus accepted based on the data and results of the statistical analysis. The hypothesis was tested for each of the beneficiary subgroups, and for the entire group.

This 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, adults with medical and mental health issues etc. There is much scope in the methodology to work with various vulnerable populations, including taking it to different spaces and populations to create and build inclusion for a compassionate and empathetic society.