Research Paper

Effectiveness of Arts based Therapy in Improving Emotional Expression and Self Image of Children Affected by Covid-19 Pandemic

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ABSTRACT

The COVID-19 pandemic changed the face of the world posing a lot of challenges on human species. With its life-threatening and contagious nature people were confined to the four walls of their home. The lockdown imposed by various countries brought life to a standstill. Following safety guidelines and the uncertainty, with a new variant of the virus were some of the sudden changes that affected the physical, mental and emotional wellbeing. Adapting to the new normal were not only adults but also children who had to stay at home, no social interaction with their peermates, online classes and work from home parents. The 5 male participants of this action research project are children aged 8-13YRS affected by the social circumstances of COVID-19 pandemic. The purpose of this study is thus to understand the effectiveness of Arts Based Therapy in improving emotional expression and self-image of children affected by COVID-19 pandemic. The study used a pre-post design wherein the Arts Based Therapy interventions were carried on an individual basis for the pilot and the action phase. Artist skills were used along with WCCLF rating scale, observers checklist and ABT assessment tools such as Body Map and Six piece story making. Psychological test such as Multifactor emotional intelligence (MEIS)-Indian Version by Dr. Vinod Kumar Shanwal to measure Emotional Intelligence and Battle's Self -Esteem Inventory for Children by Anand Kumar was used to measure Self Esteem of the participants. A Mental health scale by Dr. Kamlesh Sharma was also administered to the parents of the participants. It was observed that the participant were receptive to the Arts Based Therapy (ABT) interventions. Overall, findings show a significant improvement in the emotional expression and self-image of the participants.

Keywords: *Effectiveness, Arts based Therapy, Emotional Expression, Self Image of Children, Covid-19 Pandemic*

What is the Covid-19 pandemic?
Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illnesses. The COVID-19 virus spreads primarily through droplets of saliva or discharge from

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the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow). Coronaviruses are a family of viruses that can cause illnesses such as the common cold, severe acute respiratory syndrome (SARS), and Middle East respiratory syndrome (MERS). In 2019, a new coronavirus was identified as the cause of a disease outbreak that originated in China.

The virus is now known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) called coronavirus disease 2019 (COVID-19). In March 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a pandemic.The WHO further reported that the COVID-19 pandemic brought a complex array of challenges that had mental health repercussions for everyone, including children and adolescents. Grief, fear, uncertainty, social isolation, increased screen time due to online classes, and parental fatigue has negatively affected children's mental health. Friendships and family support are strong stabilizing forces for children, but the COVID-19 pandemic has also disrupted them. It has become difficult for parents to calm their children's anxieties because of the uncertainty and stress in their own lives. The occupational or emotional challenges parents face are interfering with their usual ability to address their children's needs and worries. When will the school reopen? When can they go out and play? When can they visit their favorite places? These are some common questions that children may be worrying about. It is not unusual for children to experience negative emotions such as fear, disappointment, sadness, anxiety, anger, loss, etc

In the present study, the population selected are children between the age group of 8-13yrs who are restricted, have to attend online schooling, are confined to a sedentary lifestyle at home because of the prolonged nature of the widespread Covid-19 pandemic.

LITERATURE REVIEW OF CREATIVE ARTS-BASED THERAPIES

Ford (2021), conducted an exploratory study utilising expressive arts therapies to enhance emotional and social literacy skills in children over 15 weeks in a virtual setting. Due to the shift in social interactions from in-person to virtual, children's emotional intelligence might be at risk of decline hence the participants of this study were children between the age of 9-11yrs from the youth mentoring program of an outpatient mental health clinic. The study was carried out to analyse how art therapies improve and facilitate emotional intelligence. The goals that were focused on this study are a) Emotional Self-awareness b) Emotional Self-Control c) Adaptability d) Influence of the self e) Empathy f) Influence of other g) Conflict management and h) Teamwork.

The tools used to measure emotional intelligence in this study are
Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) based on the four branches of the emotional intelligence model of Mayer and Salovey: (A) perceiving emotion; (B) facilitating thought; (C) understanding emotion; and(D) managing emotion and the Trait Emotional Intelligence Questionnaire - Adolescent Short Form (TEIQue-ASF).The results of the study showed that utilisation of expressive arts therapies in emotional intelligence facilitation is positively correlated.

A study was conducted by Sohrabi et.al (2018) wherein the effectiveness of art therapy was examined. The research included participants between the age group of 7-11years old. Art therapy was used as an intervention to reduce anger and increase the self-esteem of the participants who showed aggression. The 30 participants were randomly assigned to the

groups in equal numbers. A control group was also assigned as the interventions were carried out weekly for 10 weeks. The tools used to measure self-esteem and anger before conducting the interventions were the Coopersmith Self Esteem Inventory (1967), Nelson and Finch's (2000) children's inventory of anger respectively. Post-intervention results showed a significant reduction in anger and an increase in the self-esteem of the children as compared to the control group.

Hypotheses
H1: ABT can significantly improve emotional expression (using speech and creative writing techniques) and understanding of destructive emotions of children affected by the social circumstances of the Covid-19 Pandemic.

H2: ABT can significantly improve the self-image i.e., confidence /esteem of children affected by the social circumstances of the Covid-19 pandemic.

Eligibility Criteria for Participants
The selected children are affected by the Covid -19 pandemic restricted in their home environment with little physical and social activities living a sedentary lifestyle attending online schooling. Children who have lost their family members in the Covid -19 pandemic are excluded.

There were 7 participants at the beginning of which two dropped out a new participant joined the study and also dropped again from the study. 5 participants are now part of this study.

AGE	8-13yrs
GENDER	All Male
BACKGROUND	All are from well-to-do middle-class families.
OTHER RELEVANT INFO	All the participants attend online school.

Logistics: The action research will be conducted within one month from the date of commencement i.e., 26th August to 26th September 2021. The sessions will be conducted at the facilitator's residence due to the Covid-19 pandemic keeping all the safety measures and precautions in mind.

Data Sources and Data Collection Protocols
Observers checklist: With the help of a checklist external observer will assess the participants on parameters set by the ABT facilitator.

Mental Health Scale: Mental Health Scale was developed by Kamalesh Sharma (2002). There are 60 items on this scale. Every statement has three alternative responses, namely, "Yes," "indefinite" and 'No." This scale contains positive and negative statements, for negative statements the scores are reversed. The test-retest and split-half reliability coefficients were found .86 and .88 respectively. (This test can be administered to the parents of the children participating in the study).

Standard evaluation test

Multifactor emotional intelligence (MEIS)-Indian Version: It consists of 141 item scales in Hindi language & 31 stimuli designed to measure four branches of emotional intelligence. I. Perceiving emotions, II. Using

Emotions to facilitate through, III. Understanding emotions, IV. Managing emotions. It was developed by Vinod Kumar Shanuwal. It is standardised on 200 children of primary schools (rural & urban, male & female. Age group 8 to 12 years). This scale is an Indian adaptation of the Multifactor Emotional Intelligence Scale (MEIS) developed by Mayer & Salovey (1997), which comprises four sub-factors namely identification, assimilation (using), understanding, and regulation (managing) of emotions.

Self-esteem Inventory for children (SEIC): The Indian adaptation of Battle's self-esteem Inventory for children (SEIC) is developed by Dr. Anand Kumar. SEIC consists of 50 items, which includes dimensions of 4 subscales: General self-esteem (20 items), Social self-esteem (10 items), Academic self-esteem (10 items), and Parental self-esteem (10 items). The items in the instrument are divided into two groups: those which indicate high self-esteem, and those which indicate low self-esteem. The individual checks each item either "yes" or "no". The self-esteem score is the total number of items checked which indicates high self-esteem. The inventory can be administered in both Hindi and English language for the age group of 8-15yrs.

ABT Assessment Tools: Body Map,6PSM.

METHODS USED

The Action Research project was executed in the home environment of the facilitator. The living room was utilised for the conduction of the sessions. It was ensured that the Covid norms are followed and the participants are provided safe environment, privacy during the sessions for free expression. A written consent from the parents and the child was sought for participation in the project for both the pilot and the action phase of the project.The sessions were designed and planned pre hand keeping in mind the therapeutic goals for which amalgamation of varied artistic skills was done.A starting and closing ritual of deep breathing along with forward and backward counting was integrated in the sessions.The Key Concept selected was Empathy which was observed to be lacking in the participants during the pilot phase of the project.The pre-assessment of psychological test was done before stating the ABT sessions and a post assessment also followed after the completion of ABT sessions.The artistic skills used in brief for the skill warmup and the communion are as follows:

- Session 1: Movement +ABT assessment tool ie Body Map
- Session 2: ABT assessment tool ie 6PSM
- Session 3: Games and exercises +Visual Art
- Session 4: Movement (using superhero mask) + Melody(Music)+Visual Art(silhouette of mask on A4 size paper)
- Session 5: Rhythm(Musical Instruments such as Jembe, percussions and found sounds)+Hypothetical Situations or Making Stories.
- Session 6: Visual Art+Stories(making stories or scenarios)
- Session 7: Visual Art(Clay work)
- Session 8: Props(Finger puppets)
- Session 9: Visual Art(Round Robin Round)+Drama

- Session 10: Movement(Dance and embodiment)+ Games and Exercises(Straw and chit game and Jenga Blocks)
- Session 11: Games and Exercises(sticking chits)+ Visual Art(Collage work)
- Session 12:Post Assessment of ABT tool ie: Body Map
- Session 13: Post Assessment of ABT tool i.e. 6 PSM.

Improvisations were done during the session as per the need and comfort of the client. Also space and material was arranged before the sessions. An external observer was also invited for two sessions i.e., the third and the ninth session to provide an objective and unbiased observation for the session. Metaphors were spotted to help the client towards a healing process, ideas for improvement were incorporated, observations were recorded timely supervisions were sought from the project guide for effective implementation of the interventions.

RESULTS (OUTCOMES)

Table 1 Raw scores on Battle's Self-esteem Inventory for Children:

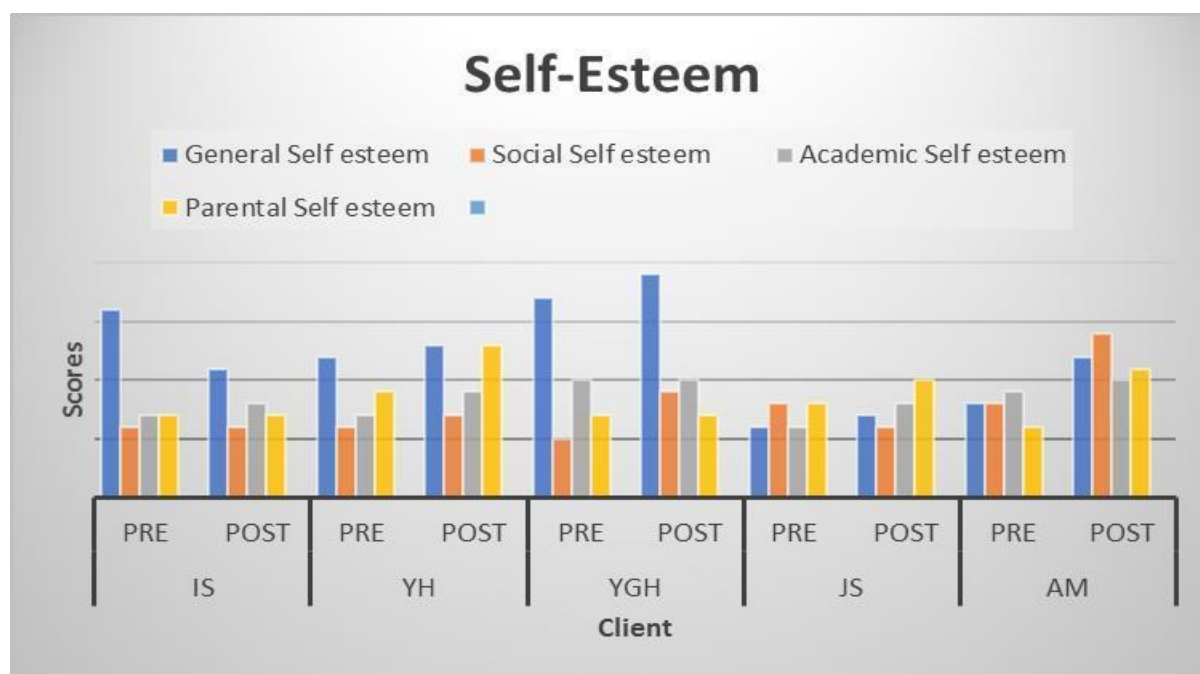|	IS		YH		YGH		JS		AM	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
General Self-esteem	16	11	12	13	17	19	6	7	8	12
Social Self-esteem	6	6	6	7	5	9	8	6	8	14
Academic Self-esteem	7	8	7	9	10	10	6	8	9	10
Parental Self-esteem	7	7	9	13	7	7	8	10	6	11

Figure 1. Bar Diagram showing raw scores of participants on Battle's Self- Esteem inventory for Children.

From Table 1 it can be seen that the general self-esteem of all the participants has improved. This can be because of the changes in how they view themselves post ABT intervention. Also, improvement in other areas of self-esteem i.e., academic social and parental from the difference in the scores depicted in Figure 1.

Table 2 Raw Scores of the participants on Multifactor Emotional Intelligence Scale:

	IS		YH		YGH		JS		AM	
	Pre	**Post**	**Pre**	**Post**	**Pre**	**Post**	**Pre**	**Post**	**Pre**	**Post**
Identification of Emotions	211	220	174	182	160	167	171	188	201	215
Assimilation of Emotions	193	219	200	194	135	148	111	139	185	192
Understanding of emotions.	79	83	63	72	75	72	59	64	66	70
Regulation of Emotions	31	34	36	33	33	37	39	41	34	35

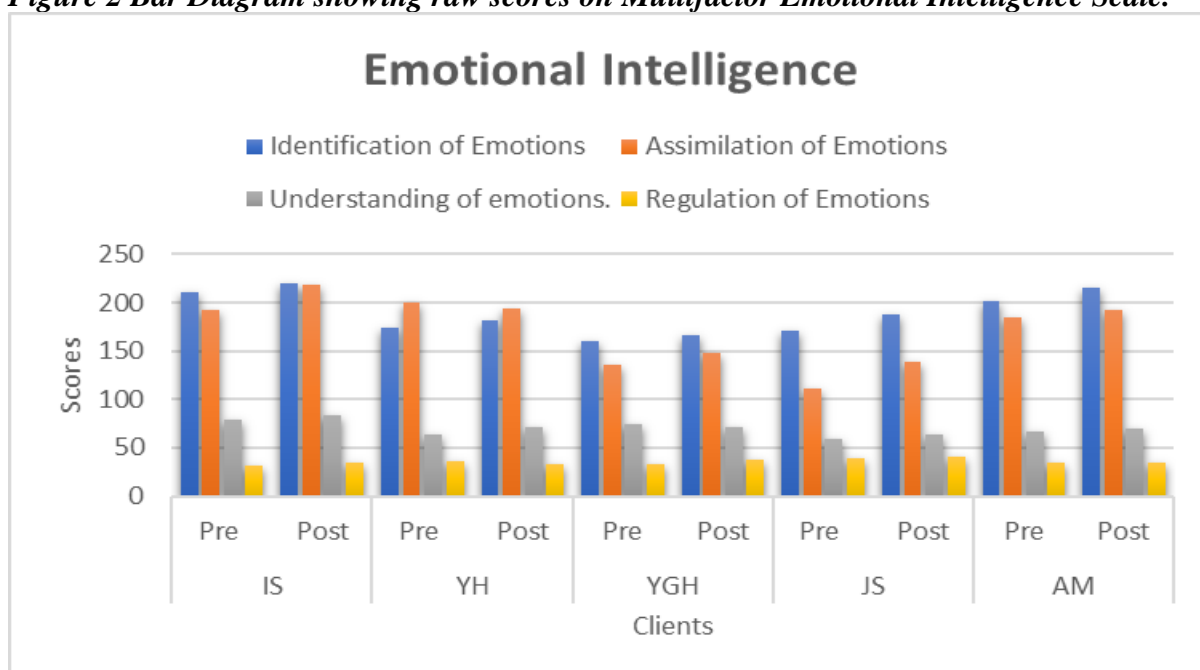*Figure 2 Bar Diagram showing raw scores on Multifactor Emotional Intelligence Scale.*

Table 3 Scores on the therapeutic domains

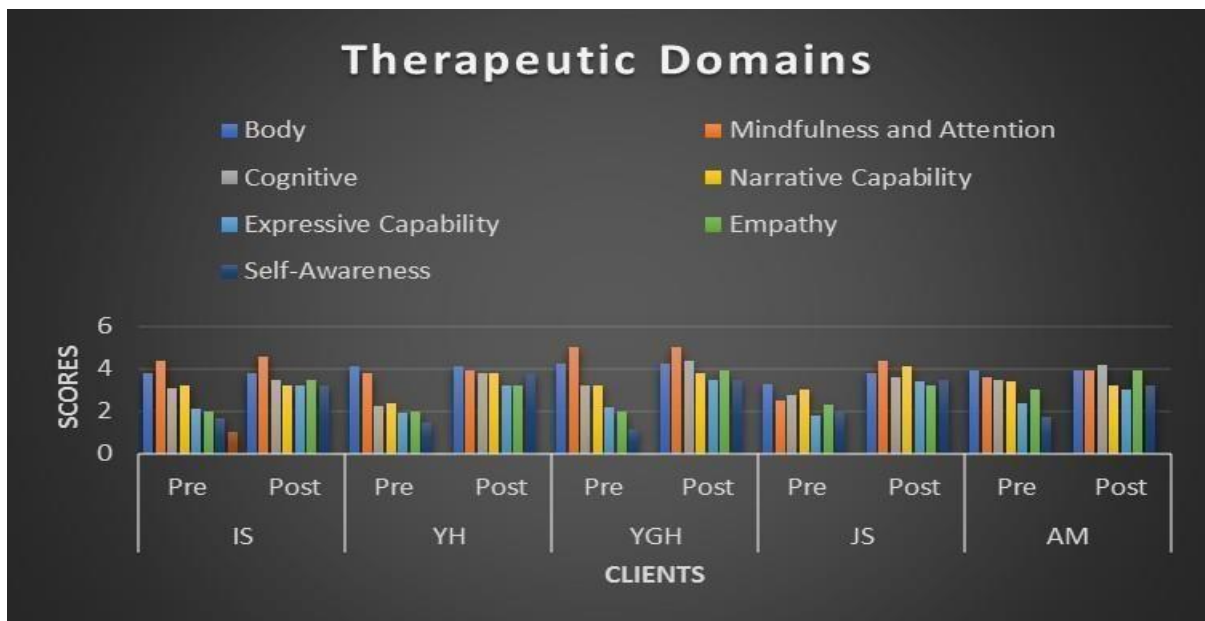|	IS		YH		YGH		JS		AM	
	Pre	**Post**	**Pre**	**Post**	**Pre**	**Post**	**Pre**	**Post**	**Pre**	**Post**
Body	3.82	3.82	4.12	4.12	4.23	4.23	3.3	3.82	3.95	3.95
Mindfulness and Attention	4.4	4.6	3.8	3.95	5	5	2.5	3.6	3.6	3.95
Cognitive	3.11	3.45	2.25	3.8	3.21	4.4	2.74	3.6	3.45	4.2
Narrative Capability	3.2	3.2	2.4	3.8	3.2	3.82	3	4.1	3.4	3.21
Expressive Capability	2.1	3.2	1.9	3.21	2.2	3.45	1.8	3.4	2.4	3
Empathy	2	3.45	2	3.21	2	3.95	2.3	3.2	3	3.95
Self-Awareness	1.64	3.2	1.5	3.8	1.14	3.45	2	3.45	1.71	3.2

Figure 3: Bar Diagram showing average scores on the therapeutic domains.

The ABT interventions had shown changes across all domains especially in the domain of mindfulness and attention. The participants had shown improvement in domains such as expressive capability, empathy and self-awareness which was targeted through the planned interventions.

Table 4 Scores on Observers Checklist

	IS		YH		YGH		JS		AM	
	Pre	**Post**	**Pre**	**Post**	**Pre**	**Post**	**Pre**	**Post**	**Pre**	**Post**
Attention	20	21	19	22	17	19	15	20	24	24
Emotional regulation	32	35	33	36	36	42	34	40	28	35

Figure 4: Bar diagram showing scores on the observers checklist.
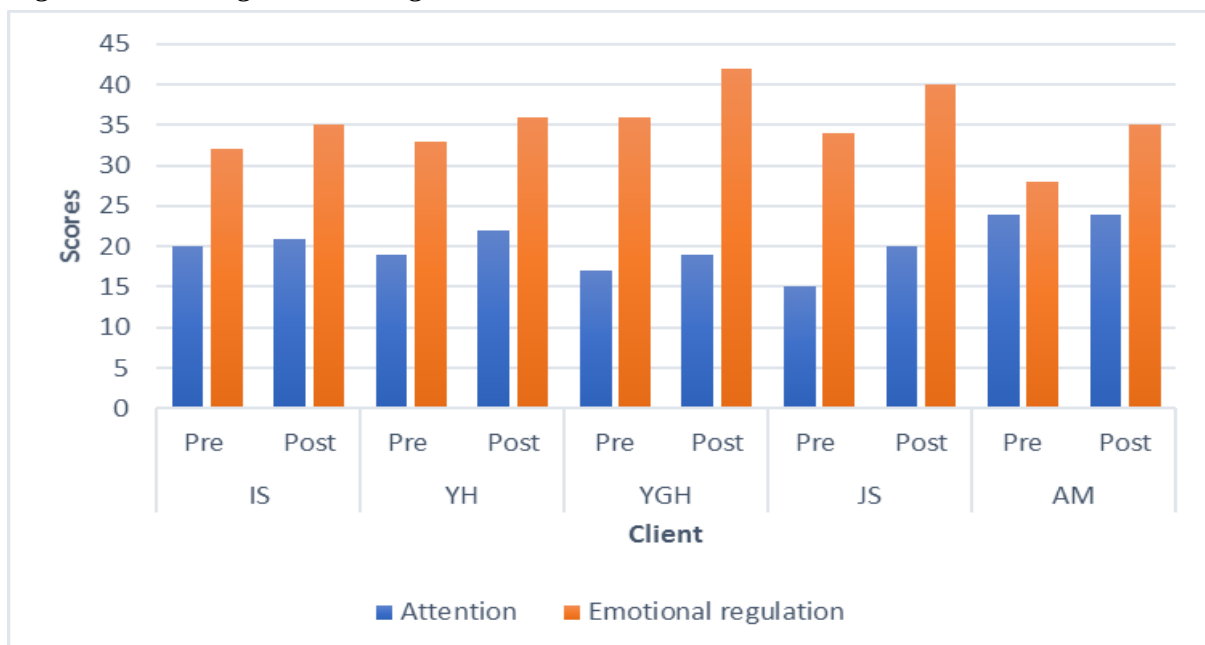
The observations made in the 3rd and the 9th session by the external observer show changes in the attention and emotional regulation of the clients. This can be seen in Table 4 and the bar diagram of Figure 4.

Table 5 Raw Scores of participants parents on Mental Health Scale:

	IS	YH &YGH	JS	AM
Mother	66	82	68	84
Father	75	88	70	87

The mental health scale by Dr. Kamlesh Sharma was administered to determine if the mental health of the parents was affected due to covid -19 and had impact on the emotional well-being and self-esteem of the participants in this study. On the Mental Health Scale Raw Score above 8o for male and Scores above 78 indicate very good mental health .Similarly Raw scores above 66 for female and Raw scores above 68 indicate good mental health. It can be seen in Table 5 that the mental health of all the parents is good.

Table 6 Verbatim description of pre and post Body map assessment

Clients	Pre	Post
IS	IS wrote "I don't hear this" when asked about the same he said "Kyunki mujhe gussa aa raha tha" he was asked whether he felt anger while working on the body map .To which he said " nahi usme aise bataya huin,road pe chal rahe the khichaad aaya gadi k wajah.Mere dimag mai kuch chal raha nahi tha kuch samajh mai nahi aa raha tha mera dimag bas no no bol raha tha." he had written one so he said "one matalab mai pehle road pe chal raha huin".When asked about the colours he said i have written "I am no understand aur mera car ki taraf dhyan tha."	IS could connect with his emotions and thoughts while doing the vody map and it can be seen in his work. "Pehle to maine socha tha ki sidha sadha insan banaunga lekin face galat hua to mereko wo idea aaya ki mai water paint se bhoot banaunga to maine banaya.mai dar sa mehsus kar raha tha aisa face banaya hai isliye.Aur fir maine bhoot likha.Orange colour mera favourite hai.pehle to mujhe acha feel ho raha tha but jabse mere dimag mai wo aaya to mujhe daar feel hua".
YH	YH was confused when he started but eventually he put all his imagination on the paper."Mujhe bahut acha mehsus ho raha tha .Andar ke body part Mereko isko ladki banana tha mera dimag mai aa raha tha kaise banaun kaise banuan maine ada tida dal diya fir bhi accha bana."	YH finished his body map quite fast then before ,was less confused and provided the following description. "Ye insan ki andar ka khun mai soch raha tha kya banau to ye yaad aaye to ye banaya.Yellow colour ser mai kiya .Yellow colour mujhe pasand hai isliye.Mujhe ye bana ke accha lag raha hai."

YGH	YGH took a lot of time to complete the body map. He seemed engrossed in the activity.This was his verbatim response "Maine chati se start kiya hadiya banie fir mai gaya per k pas per ki hadiya banayi fir maine kande ki hadiya banayi fir maine mind banaya.Upar maine mind ko skin .maine youtube pe dekha tha ki body .Mind bhi skin colour ka .Mere mind mai good feeling chal rahi mujhe keh rahi thi ki aur accha bana accha bana.Aisa mehsus wo bol raha tha mujhe bhi bana maine red colour kiya tha aur jagah bachi nahi thi heart banane k liye."	YGH made a similar body map as the pre assessment.His description however was as follows wherein he wants to look more like this body map."Maine insaan ke sharir ke andar ka structure banaya ..Aur uske hadiya banayi ,muh kala banaya thodasa pet aur haath ka hissa pura lal kar diya hai aur pet ke niche ka per saab orange kar diya hai.Mai soch raha tha ki insan ke body ka structure kaisa hoga.Mai mehsus kar raha tha ki mera body structure bhi aise hi ho."
JS	JS showed a lot of hesitation when colouring the body map and had self doubt whether he had made it correct. When asked to describe his body map he made the description of colours his verbatim expression is "Orange ,brown, blue green ,blue, white red,blue, green". "Mujhe lag raha tha sahi bani k nahi"	JS showed improvement in his description from merely describing colours to expressing how he felt about the body map.this can be seen in his body Map description."Mujhe crayon colours pasand hai so maine blue aur skin colour use kiya hai.maine uski pant black colour ki hai.mujhe ye accah bana hai aisa lag raha hai".
AM	AM enjoyed the whole process of making the body map which can be seen from his description."Miss maine starting se lekar end tak ka banaya hai first maine youtube isliye banaya kyunki mujhe bade hoke youtuber banana hai.aur second yeh jo hai dimag mai mere youtube rehta hai youtuber banana hai isliye.ye jothroat k pass idhar maine warm water banaya hai kyunki mujhe achche youtube pe videos dalna hai khud ke naat ki waise .Next aate hai heart ke pass to heart mai mere mom aur dad hai aur hand isliye kyunki bodybuilding banani hai aur stomach mai mujhe diet ka dhyan dena hai jab mai bimar padunga to mujhe medicines leni hai time to time.Thighs ke paas mujhe swimming karni hai aur ghas par chalna hota hai to pere maine green banaya".	AM could connect more with his body map here in Post assessment.From his description he can be seen describing his body parts talking to him whereas in the pre he could see his body from the outside or external.His description is as follows."Mera dimag hamesha sochta hai ki greenery garden mai jyada tar rahun.. Aur meri niche ki body part bolti hai ki meko bohot blood chahiye taki mai grow up karun aage aur mehnat karun aur fir ye nerves movement batate hain aur brain se connect hota ,niche ke legs bol rahe hain tum hamesha swimming pool mai raho.Kuch mind nahi bol raha tha khali mai drawing mai dhyan de raha tha."

The participants could connect with their body map in the post assessment as seen in Table 6 than before. Also, they expressed how they felt about their body map and about the process in making it.

Table 7 Scores of pre and post assessment of 6 PSM

Clients	Pre	Post
IS	B-0A-1,S-2,I-5,C-1,PH-2	B-0,A-0,S-5,I-3,C-1, Ph-6
YH	B-0,A-0,-S-2,I-2,C-1,Ph-8	B-0,A-0,S-4,I-4,C- 3,Ph-8
YGH	B-0,A-1,S-3,I-1,C-1,Ph-8	B–0,A-0,S-2,I-3,C- 2,Ph-4
JS	B-0,A-1,S- 3,I-4,C-3,Ph-5	B-0,A-0,S-3,I-5,C-4 Ph-7
AM	B-0,A-0,S-2,I-2,C-3,Ph-4	B-0,A-0,S-5,I-5,C-1, Ph-2

The stories and the scores of the participants showed a shift. Table 7 shows the scores of the stories which included imagination and participants were more social than before. However there was neither beliefs nor affective component in the stories for both pre and post assessment.

Results Detailed:
A detailed analysis and study of each participant will enable us to understand the effectiveness of ABT interventions carried out during this action research project. For comparison across the therapeutic domains the WWCLF (World Centre for Creative Learning Foundation) general assessment rating scales were filled after the first ABT session and also after the completion of the sessions. The rating scale describes several behaviours, ways of thinking abilities that may or may not have been observed in the participants. The rating scales thus helps us map changes in the behaviour of the participants overtime. The results of the differential assessment are based on the findings of pre and post assessment of the psychological tools, observers checklist used in this study.

a) **Case Study of IS:**
IS is 8yrs old, first child and stays in a nuclear family with his parents and a young sister who is 2years old. His parents describe him to be obedient. He is able to make and maintain friends easily. He is good in his studies and has secured an A grade in school. He is 3rd std and has won first prize in the stick holding and running competition. He is good at reading and writing but finds Hindi and EVS subjects difficult. There is not much medical history available. His mother reports healthy development but complains that he does not eat properly and avoids drinking milk.

He was cooperative in the sessions and was like a firecracker in the later sessions. The area of focus was improving emotional expression, descriptive speech and story construction. He could not write stories nor express himself. He was also unable to identify and describe the emotions in a story narrated to him. Over the period of time it was observed that IS was more vocal and ready to share how he felt. With the interventions planned he was able to identify emotions in a story and enacted them out and even embodied them.

b) **Comparison across domains:**
IS showed improvement across all domains. He was more empathetic and self-aware. His areas of improvement can be seen in Table 3.

c) **Differential Assessment:**
His scores on the Emotional Intelligence scale show a change from pretest to post test especially in identifying emotion. This could also be observed in the session where he was able to identify emotion within one self and others. The scores on general self-esteem had

improved and which can be correlated with his body map where he could connect and became more aware about his emotions towards the end of the interventions.

Case Study of YH

YH stays with his parents and an elder brother and younger sister. He is an 11yrs old, mischievous boy as described by his father and plays games on the phone. He does not listen to his father. YH studies in 6th std and attends online classes but complains that the timings of his online school are irregular. He sometimes has to attend online classes even on Sundays as there is no fixed timetable. He is weak in studies and scores below average in exams. In the past when he attended offline school his teacher complained that he is very mischievous "Bohot Masti Karta hai". He has difficulty in reading and makes spelling mistakes. He is cooperative but impulsive when the activities involve high energy levels. He often gets punished by his father for his mischievous behaviour. There is not much medical history available.

YH, first area of focus was narrative capability wherein interventions were designed to improve descriptive speech and story construction. Self-awareness is the second important area of focusing on creating a balanced self-image and understanding destructive emotions. It was observed that his impulsive behaviour had subsided towards the end of the ABT interventions. This could be seen from his breathing was more relaxed and calm then the initial stiffness and fidgeting observed also did not like to count backwards as he always ended up making mistake but had improved as the sessions progressed.

b)   Comparison across domains:

His impulsivity had subsided which can be seen from improvement in scores in the mindfulness and attention domain. He was also able to enact a drama with the help of puppets which shows that his narrative capability had improved especial his descriptive speech

c)   Differential Assessment:

Yash was more imaginative and creative in his artwork which was observed in the sessions and can be seen from his scores on 6PSm and his scores in the expressive capability domain. His scores on the emotional intelligence scale also show a significant improvement where he can identify and understand emotions within oneself and others. the score also indicate that Yash can now understand negative and destructive emotions as observed in one of the sessions.

a) Case Study of YGH

YGH and YH are both siblings. YGH is responsible and takes care of both his siblings YH and his sister. His 6yr old sister shares a loving bond with her brothers. He helps his mother and listens to both his parents. YGH is good at reading. YGH attended his online class on WhatsApp last year and this year on zoom. His father helps him with math's subjects while his mother takes care of other subjects. He finds English subjects very easy and has difficulty with social studies in math's. Especially in maths, he finds division and multiplication quite tough and is unable to understand math concepts when taught by the teacher. However, he scores above-average marks in all the subjects. There is not much medical history available. He is quite active and agile in the sessions. He quickly understands the instructions provided to him and can follow multiple instructions in the session. He is good at completing the task allotted to him in the sessions. The major area of focus is building empathy, understanding

destructive emotions, and self-image were taken care of in planning the ABT interventions. He had become more self aware.

b) Comparison across domains: Yogesh had become more self aware and empathetic. His score in the empathy domain show a visible change. He was able to relate with the characters in the stories and also expressed his view on being empathetic towards other in the sessions.

c) Differential Assessment: Yogesh general self esteem has improved along with social self esteem his scores on emotional intelligence scale and observation made by the observer about emotional regulation correlate. Thus helping understand his destructive emotions, regulate them and have a balanced self image.This was also observed from his description of the body map and also from the session on self image.

a)   Case Study of JS:
Aged 8yrs JS stays in a joint family with his parents, grandparents, and his younger sister who is 3 years old. His father has completed HSC, works as a Software engineer and his mother is SSC passed and a housewife. His father reported that he fights with his sister all the time but what he has also observed is that sometimes even if his sister is annoying him he doesn't respond and lets her go instead of fighting.JS likes colouring but is unable to draw by himself if asked to do so. JS studies in 2ND std. He lacks confidence and when made to do a task in the sessions that Jeehan finds difficult he will complain by saying that the teacher has not taught him or that he has pain in his body. He forgets tables easily and this is a complaint made by his tuition teacher. He goes to religious class from 9.30 -11.00 and states that his teacher hits him with a stick if does any mistake. From 11.20 am to 1 pm he attends online classes on his iPad and goes to tuition between 4-6 pm. His father states that he does not study properly and does not respond to the questions asked to him by the teacher in the online class. He has to be forced from behind by his parents and that he sits for the class only because his father yells at him. He does not concentrate in the online class and looks at them all the time. He was performing well in the offline class. However, if the teacher yelled at him he would start crying. His father believes that the teacher has to be patient with him.JS was born by normal delivery with no developmental delays. He has a lot of fears like fear of darkness, ghost, etc, and gets worried easily. JSs main area of need is expressive capability with special attention to areas of self-expression, emotional expression through speech, creative writing. As JS lacks confidence and gives up easily the second important area of focus will be to help JS create a balanced self-image.

b) Comparison across domains:
JS lack of confidence has improved and it can be seen from the improvement in the scores on the narrative capability and self awareness domain.

c) Differential Assessment:
The improvement in his self image can also be seen from his scores on the general self esteem and also from the description of the body map which had changed from the mere description of colours to how he feels about himself. He was more confident towards the end of the ABT interventions.

a)   Case Study of AM:

AM stays with his stepfather and his biological mother in a joint family. He is 13yrs old and his mother describes him as an obedient and cooperative child. He helps his mother in the household chores. He is well-mannered and shares a good bond with his step-father.

AM studied in Rahul International School (Nallasopara), CBSE board before he shifted to mumbra with his mother. He is now studying in 9th std from Genius International school Mumbra which is an SSC board school. AM finds Marathi subjects difficult as he studied French at Rahul International school. He has won accolades in quiz, storytelling, and dance competition in the past. He is active in sports and plays football. His mother stated that he has difficulty studying on his own and does not follow a structure or a timetable.AM continues to do a task even if he is not good at it and does not give up.

There is not much medical history available.AM was attentive and able to follow the instructions provided in the sessions. The main area that needs attention is creating a balanced self image i.e., confidence and esteem. Also setting goals and planning could be another area where AM needs to improve.

b)   Comparison across domains:

He can be seen setting goals and planning how he would take care of himself from the increase in his score in the cognitive domain.

c)   Differential Assessment:

His Self- confidence and Self -esteem had improved and this can be seen from the description of his body map and the changes in the scores on the self esteem scale in all the four areas i.e., general, academic, social and parental.

The results of all the participants show a significant change and improvement in the emotional expression, understanding of destructive emotions and
self-image even under the social circumstances of the Covid-19 situation.

SUMMARY

Limitations

- **Setting:** The study was conducted in the home environment of the facilitator because of the Covid-19circumstances. The Covid -19 norms had to be followed like use of mask and hand sanitizer.It was difficult to provide instructions with the mask on.
- **Drop outs:** There were clients dropped out of the study after the first few sessions of the pilot phase. New clients were introduced however they also did not turn up leading to a small sample size for the study.
- **Time gap:** The facilitator had to take delivery and post pregnancy break due to which the sessions were disrupted. Rapport was established again and a new timeline was set for the study and the parents were informed about the same.

Learnings

From the study: It was observed that red is the most commonly used colour for anger. Children think that the alternative for wrong behaviour is punishment. They lack empathy towards others and need to be taught about the same. The most commonly experienced emotion was also anger which shows that children do not know healthy ways of expressing anger or other emotions.

In the initial sessions in the starting ritual i.e. deep breathing anxiety and stiffness participants were observed which had changed with sessions overtime and the breathing was more calm and relaxed.

Future

A similar study can be conducted with female of the same age group. The study can be replicated to different populations affected by COvid-19 circumstances such as children with special needs, adolescents, adults and children at risk and children of different age groups keeping in mind the needs of different populations. The post pandemic effects can also be assessed.

The current research work has shed new light in the understanding of children under the COVID-19 circumstances.

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