

Article

Art as Therapy for Internally Displaced Children: Study of A Place of Hope Orphanage, Ibeku Opi, Nsukka

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Abstract

This study investigated the essence of art as a diagnostic and therapeutic agent for understanding and developing appropriate social behaviours and verbal skills among children with social behaviour disorders. It also negotiates the nexus between the therapeutic effects of art on children with aggressive and hyperactive behaviours in their relationship with their normal mates. The Case Study research design was adopted for the study, with A Place of Hope Orphanage, Ibeku-Opi, Nsukka, as the case study. Three research questions guided the study. The population constitutes all the inmates of A Place of Hope with a total sample of 23 subjects, made up of 18 males and 5 female children and 5 art student auxiliary teachers respectively. The instrument for data collection was an observation and scoring schedule developed by the researchers termed: Internally Displaced Children Art Therapy Monitoring Chart, IDC-ATMC). It was discovered that art helps not only the children in social relations and progressive social behaviour but also the teachers in understanding the children's feelings. Art also assisted the children in developing social cohesion and work tenacity.

Keywords: Art as therapy, internally displaced children, orphanage home

Introduction

Children all over the world are faced with emotional and social challenges which they often find difficult to express in words because of limited vocabulary. These challenges might have resulted from anomalies in their immediate environments or circumstances before or after birth. The challenges often get compounded when adults around them are unable to effectively understand their feelings and the attempts they make to communicate. This situation worsens as adults expect children should communicate with them using the same expressive tools as adults (Adenle & Oyeoku, 2016; Blanchard-Fields, 2007; Blanchard, 2008; Cochran, 1996; Trice-black et al., 2013). However, research has shown that attempting to communicate with children exclusively on a verbal level confined the children to a medium that is often awkward and unnecessarily restrictive (Cochran, 1996).

If these challenges are allowed to linger beyond the child's latency stage, it may lead to an emotional imbalance that may cause the child to experience a socio-emotional disorder (Trice-black et al., 2013). These emotional disorders may manifest in diverse forms comprising withdrawal, internalizing/externalizing behaviours, loneliness, antisocial, conduct disorder, behaviour disorder, decreased school engagement, emotionally disturbed syndrome and increased subsequent risk of mental illness (Anderson, 1992; Bethell, Newacheck, Hawes, & Halfon, 2014; Bryant, 1995; D'Amelio, 2000; Heim & Nemeroff, 2001; Trice-black et al., 2013). When any of these occurs, the child's self-esteem, locus of control and coherence are affected. This sometimes has led to the increasing children's inability to verbalize and work through conflicts, and in a bid to overcome these challenges, may launch the child into

becoming excessively bold, physical, passive, aggressive and overly expressive (Forness, 2011; Kutash, Duchnowski, & Green 2015; Maag & Swearer, 2005).

Other times, some children are scapegoated and are teased, picked on, and left out by their peers (Isaacs, 1977). These usually disrupt their education and may affect and stunt the development of their cognitive decision-making skill (Cochran, 1996; Trice-black et al., 2013). Most often, in response to their intolerable living state, some of these children become emotionally disabled (Kramer, 1993). This situation can lead to school refusal and withdrawal behaviour. To compound this problem, many orphanage homes and school settings do not have competent professional personnel with the right training, or resources to impact changes among these children (Cochran, 1996; D'Amelio, 2000; Trice-black et al., 2013). Therefore, in every society, orphanage homes and schools contend with children who are affected and consequently displaced by premarital conjugation, violence, poverty, unemployment, human rights violations, and drug use among others.

For this study, *Internally Displaced children* are descriptive rather than legal, it simply describes the existential situation of persons who are displaced within their country of habitual residence (Mooney, 2005). In this case, we refer to children who are particularly affected by displacement which not only disrupts their education and normal development but also results in their being separated from their families and forced to live in orphanage homes. These children's behaviours, hence, are capable of affecting other regular children around them if left unchecked. And even in regular schools, their attitude can stress out their regular teachers who are not trained to handle such atypical behaviours (Anderson, 1994; Cochran, 1996; D'Amelio, 1996; De Chiara, 1990). Hence, we refer to the term 'internally displaced children' as children who have been separated from their original family as a result of the circumstances of birth. These circumstances may be a result of being born out of wedlock, born by female social workers, born into an impoverished family, lost parents by accidents or to ill health like HIV-related complications, and who have shown signs of depression, social-emotional withdrawal or excessive outgoing and expressiveness.

Whereas, scholars have observed that with the right training and the use of counselling techniques like play and art therapy, children will overcome barriers to education and maximize the probability of academic success (Adenle, & Oyeoku, 2016; Cochran, 1996). The intervention of Play and art therapies through the instrumentalist essence of visual art limits language difficulties between the teachers and children and helps to improve children's self-esteem, especially at their latency age (Losinski et al., 2016b, Alexander, 1990, Unsworth, 1990; Trice-black et al., 2013; Kornblum, 2012; Cochran, 1996; Kramer, 1993; Isaacs, 1977). It can also balance their locus of control normalise their coherency and finally enhance their social loneliness (Blanco & Ray, 2011; Froeschle & Riney, 2008; Baggerly & Parker, 2005; Garza & Bratton, 2005; Regev & Guttman, 2005; Baggerly & Borkowski, 2004; Baker & Gerler, 2004). Losinski, Hughey, and Maag, (2016), are also of the opinion that art can be used to enhance the growth of children with developmental delays, and improve those with learning disabilities, and physical and chronic medical issues; these are supported by other scholars like Freilich & Zipora, (2010); and Robinson, (2009).

This study attempts to combine various forms of art therapy including play and art therapy for children, describes a few of the most common types of play and art therapy, and attempts to use them as tools of intervention among internally displaced children to break barriers to education and anti-social cohesion among them. To the best of our knowledge, no study within Nsukka Urban has focused on the orphanage homes concerning investigating the essence of early art injection as a diagnostic and therapeutic agent for understanding and developing appropriate social behaviours and the acquisition of necessary verbal skills among children with social behaviour disorders. Our objectives are geared to negotiate the nexus between the therapeutic effects of art on aggressive behaviours and hyperactive children's ability to interact with other internally displaced children (IDC)- (these are children who are driven from their homes by conflict, human rights abuses, natural disasters, and other causes, and who do not cross international borders- but resides within Nsukka urban as coined from (Steinberg, 2005).

Art Therapy Approaches for Addressing Children's Crises

Most times, children's mental health dispositions are first recognized and addressed at school, either while playing or trying to engage in a school activity (Trice-black et al., 2013; Farmer, Burns, Philips, Angold, & Costello, 2003). This is because, "children and adolescents transmit feelings, thoughts, and experiences through the natural language of play" (Trice-black et al., 2013, p.303; Landreth, Ray, & Bratton, 2009). Hence, art teachers who have been trained as educationists, are familiar with ideas of the art process in personality development as well as normal and abnormal human development processes (D'Amelio, 2000). This is probably why they understand the effective use of art materials and other art forms for therapeutic purposes. 'Play' has been established as one of the forms of a therapeutic support intervention for several developmental issues that a child faces, teachers, should, therefore, always have this at the back of their minds while engaging children therapeutically. Art is a means of self-expression, feelings and experiences. Children should, therefore, on no account be prohibited from expressing themselves freely. For children to attain this level of expression, a relaxed friendly atmosphere is essential.

Scholars have suggested some pleasant play activities that will reduce the tendencies of reluctance that usually precede such excise and propounded ideas that will put the child in a self-confident and self-respectful mood. Losinski et al., (2016b) suggest activity scheduling which has considerable support for children with mental health issues. While Cuipers, Straten, & Warmerdam, (2007); Maag & Swearer, (2005); Reinecke, Ryan, & DuBois, (1998); Ung, Selles, Small, & Storch, (2015), all believe that increasing the frequency of pleasant activities and positive interactions with the environment can result in significant improvement in depressive symptoms. Children should also be able to choose their subjects and resources, as well as create their artwork (Hirsch, 1974). It's also important to be generous in complimenting a child's artistic endeavours while encouraging comments that educate children about other people's sentiments. For example, the teacher should be able to call the children's attention to how other children may be hurt by jokes made at them, or how other people may feel left out when two or a few people establish a clique or an unhealthy group and exchange secrets in exclusion of others. The teacher should be ready to serve as a model of appropriate social behaviour and verbal skills too (Isaacs,

1977). Art teachers should, therefore, according to D' Amelio, (2000) know the similarities between the therapeutic and creative processes, talk empathically with students about their artwork using discipline-based art education guidelines as well as understand the Expressive Therapies Continuum (ETC). And also, be able to collaborate with the school counsellor or school psychologist to develop and assign art activities that are capable of addressing students' specific needs to give them socially acceptable, and alternative ways of expressing their needs, concerns, hopes, and fantasies (p.48).

Child-centred Play Therapeutic (CCPT) Activities: Challenges and Justifications

Space constraints and costs for supplies are considered to constitute part of the challenges that teachers face while preparing to conduct play therapy sessions, however, Trice-black et al., (2013) and Landreth (2012) suggest creating mobile play therapy kit that can easily be transported to multiple locations for individual and group sessions, without the need for pricey, sophisticated toys and supplies.

The ability of teachers to restrict themselves from rendering help while observing children struggle to accomplish tasks or attempt to express themselves is termed the teacher's greatest challenge. While many adults feel the need to render immediate help or fix children's problems, the best approach is to create an enabling "environment of safety where children can struggle to complete tasks, promote independence and empowerment" (Trice-black et al., 2013, p.307) without adult interference.

It is also a challenge to allow children to take charge in the presence of adults, hence, why most adults find it difficult to stay back and observe. However, it is in observing that the teacher identifies, tracks and puts into words what challenges the child is having (Landreth, 2012), and thereby encourages the child to make their own decision which in turn enables them to grow in self-esteem and independence.

Scholars like Kataoka, Zhang, & Wells, (2002) have observed that despite the efforts of teachers in identifying children with emotional challenges in their latency stage, about 75% of them who need mental health services hardly receive them. This is why Trice-black et al., (2013) strongly recommend the use of play in a school setting to help students as they strive to overcome many health challenges that may impede social and academic growth and success (p.303). This is corroborated by Bratton et al. (2005) who argue for the need for developmentally responsive interventions to help ensure that the mental health needs of all children are met.

Kottman (2001) also highlighted the use of a nondirective children-centred approach as the best operational play therapy. This approach was first developed by Virginia Axline (1947), with the understanding that every child has the innate ability to strive toward self-actualization within a safe and nurturing environment (Trice-black et al., 2013). Also emphasized are Landreth's (2012) three core tenets of play therapy also built from Axline's work on CCPT. The first is the tenet that play is children's natural language. Play is a developmentally appropriate way for children to express themselves. Second, is that children have an inherent tendency toward growth and maturity. Third is that children are capable of positive self-direction. Children possess the capacity to act responsibly (Trice-black et al., 2013,p.306).

Captured also as the objectives of CCPT include its ability to assist the child in developing a more positive self-concept; assuming greater self-responsibility; becoming more self-directing, self-accepting, and self-reliant; engaging in self-determined decision-making; experiencing a feeling of control; becoming sensitive to the process of coping; develop an internal source of evaluation; and become more trusting of oneself, Landreth, (2012) as cited in (Trice-black et al., 2013,p.306). Also important is how play grants the child the opportunity to experience control, improve self-esteem, reduce externalizing and internalizing behaviours but improve self-confidence, and help them to process their own needs, including difficult issues such as family change, grief, and trauma (Flahive & Ray, 2007; Kot & Tyndall-Lind, 2005; Baggerly & Parker 2005; Graza & Bratton, 2005).

The Role of the Art Teacher and Art in the Therapeutic Intervention Using the Child-Centred Play Therapeutic Model at A Place of Hope Orphanage Ibeku Opi, Nsukka

Scholars have proven that interactions with art media have the power to positively impact children's dealing with a variety of issues, including anxiety (Shen, 2002), decision-making and confidence (Green & Christensen, 2006), classroom behaviour (Ray et al., 2007), and can also enhance children's potential for learning (Landreth, 2012). The teacher's role revolves around what Malchiodi & Cattaneo, (1988) described as the three components or stages inherent in the creative and therapeutic processes: the encounter stage, the destructive stage and the reconstruction stage. The teacher adhered to the aesthetic principles of *appropriateness* and *moderation*, this involved prioritising the right amount and the right kind of exercise suitable for each child or group (Cavarnos, 1978).

Aware that art at this developmental stage of the child's character plays a certain role that includes but is not limited to relaxation which serves as a form of medicine to the soul. Their paintings were observed to see the stories or fables they tell. This helped in determining their character development. This is because paintings can express good or bad characters indirectly through the use of their forms and colours. It also improves and develops an important function of the mind, as well as helps the children to develop the ability to distinguish between beauty and ugliness, form and formlessness, order and disorder, proportion and disproportion, the ideal and the imperfect; these abilities are what guarantees for leading a sane and healthy life (Cavarnos, 1978).

To lead a sane and healthy life also entails the ability of the child to live in harmony with others in society. This ability to live cooperatively in society cannot be developed unless the child learns to assume responsibility for his actions, and is ready to face the consequences of these actions or inactions while identifying with others. This is where the instrumentalist essence of art as a creative activity comes into play to assist the children in the encounter stage, the destructive stage and the reconstruction stage while the teachers observed. These creative activities provided an excellent means for the development of these abilities in the children because "the feeling of social consciousness is the beginning of the child's understanding of the larger world of which he will become a part" (Hirsch, 1974. p.337).

While the teachers provided therapeutic art activities for the children in this current study, the children were given the responsibility for decision-making and sharing which is intended to promote positive constructive interactions among them as recommended by Isaacs (1977). The teachers were also exposed to the Expressive Therapies Continuum (ETC), as prescribed by D' Amelio, (2000), which includes "theoretical constructs about possible psychological components inherent in various art media, i.e., the psychological effects of using one kind of media over another" (p. 51).



Fig. 1. a, b, & c. A Place of Hope signboard, Academy and Home's gate. © Image:

The Need for Early Art Preventive or Responsive Intervention in Children's Education

Aristotle pointed out in his study on fine art and therapy, how unique man is among animals, from a psychological standpoint. To him, only man possesses reason (logos); thinks; deliberates; possesses the power of coordinated speech process; has the perception of good and evil; of the morally right and the morally wrong and he alone has the faculty of laughter (Cavarnos, 1978). Man, by nature according to him is "a social or political animal in a greater measure than any being or any gregarious animal" (p. 25), such that even when they do not need assistance from each other, they nonetheless desire to live together. Also, man is created as the most imitative of the animals. From childhood, he has had an instinct for imitation or representation, however, his ability to imitate and represent is dependent on his level of social and cognitive development.

Therefore, creating visual art for preventive or responsive intervention can be simple or complex (Shannon, Carrie, & Morgan, 2013; Saracho, 2010). Complex for chronic cases as a result of neglect over time, this substantiates the need for early preventive and responsive interventions using therapeutic art models. One of the early developers of art therapy, Axline (1947) emphasises how art can help children improve academically because of its potential in creating opportunities that help the children to address and overcome emotional difficulties that usually inhibit intellectual growth. This assertion was corroborated by other scholars, like Schouten, de Niet, Knipscheer, Kleber, & Hutschemaekers, (2015); the American School Counsellor Association (2012); Landreth, (2012); Stepney, (2009); Cochran, (1996); and Herman, (1992). All believe that art offers a conducive atmosphere that enables children to maximize opportunities to learn, not just in art but in other areas where learning occurs both in the classrooms and outside of it.

Another angle to the use of art as a therapeutic agent is that it not only allows the teachers to build strong working relationships with the pupils but also serves as the thread that binds the whole school together (Adenle, & Oyeku, 2016; Campbell, 1993).

Scholars like Harms, (1975), have also testified that art offers some release even among very psychotic patients, that are unable to grasp their real health condition. Through their engagement with art material and the outcome of such engagements which may be informed of lines, colour-jumble or plastic formlessness, their inner world is, however, expressed through these works and therefore, can serve as an entry point to their diagnosis (Harms et al., 1975; Hirsch, 1974).

On the other hand, scholars like Uttley, Stevenson, Scope, Rawdin, & Sutton, (2015); Schweizer, Knorth, & Spreen, (2014); and Slayton, D'Archer, & Kaplan, (2010) think that the use of the visual arts components as a vehicle for therapeutic release and intervention may be cost and clinically effective for individuals with a variety of mental health issues. Harms, (1975) however, thinks that such art release has a considerable therapeutic impact, even though it may be an inferior form of the actual therapeutic possibilities of artistic expression. He considers human creativity in general and its forms in a state of mental pathology the differentiation in the age groups and appreciation of certain psychological and psychopathological theories that are applied by workers in the field (p. 242); to be among the factors that may inhibit progressive result in such situation.

Other scholars likewise have acknowledged the nexus between early therapeutic intervention and the creative processes (D'Amelio, 2000; Malchiodi & Cattaneo, 1988; May 1975). Cognitive abilities, therefore, can be developed rapidly by timely employing techniques that would enhance creativity. These techniques are hinged on activities that create an encounter. Hence, May, (1975) points out that in both creativity and therapeutic approaches, there is an encounter. D'Amelio, (2000), however, breaks this early engagement with a work of art into three stages: the encounter state, the destructive stage, and the reconstruction stage as will be enumerated later.

Research Questions

The research raised the following questions.

- (1). What are some of the common barriers to education among internally displaced children?
- (2). What are the difficulties wardens face in helping internally displaced children overcome academic difficulties?
- (3). Is art therapy effective in the treatment of internally displaced children with emotional disorder syndrome?

Objectives of the Study

The core objective of this study is, to explore the use of other art therapies to help internally displaced children in *A Place of Hope* orphanage in Ibeku Opi, to overcome social and academic barriers posed by the circumstances of their birth.

The specific objectives of the study are to:

- (1) illustrate some common barriers to education among internally displaced children.

- (2) ascertain the difficulties wardens face in helping internally displaced children overcome these difficulties and
- (3) draw conclusions on the effectiveness of art therapy in the treatment of internally displaced children. This study aims to address these gaps in knowledge. While contributing its quota in sharing responsibility in the emerging crisis of displacement since no single agency has the authority to bring to bear or can be held accountable for all the resources of the UN (Steinberg, 2005).

Method and Procedures

Inclusion and Exclusion Eligibility Criteria

This encapsulates why certain participants were dropped, selected and randomised. Meeting up with the age brackets of 5-13 years is our first eligible criteria. Not being physically challenged, not being mentally challenged, not having speech impediments, must be internally displaced (independent of the cause of displacement or type of trauma population), have shown signs of a socio-emotional disorder; and are living in *A Place of Hope* Orphanage, Ibeku Opi Nsukka, these are the inclusion criteria for participation. This set of children meets the criteria for art therapy intervention treatment.

Whereas, the children who fall outside the above criteria were excluded. In this case, any orphan that is below or above the stipulated age bracket was dropped. Anyone who is physically or mentally challenged was not eligible to participate, likewise anyone with speech problems, or living with parents, who have not shown any sign of emotional disorder.

The Inclusion and Exclusion Eligibility Chart.

Initial population 40					
Non-eligibility indexes	Rate	Non-eligibility indexes	Rate	Excluded	Included
Below 5 or above 13 years	17	Within 5-13 years	23	17	23
Physically challenged	0	Not physically challenged	23	0	23
Mentally challenged	0	Not mentally challenged	23	0	23
Having speech problems	0	Not having speech problems	23	0	23
Living in the Orphanage	23	Not living in the Orphanage	0	0	23
shown signs of a socio-emotional disorder	23	Not shown signs of a socio-emotional disorder	0	0	23

Table. 1. The Inclusion and Exclusion Eligibility Chart.

Population or Participants

The studies centred on art and play therapy while the sample population was a total of 23 participants composed of 18 males and 5 females between the ages of seven and eleven (7-11) years. Family members if any and wardens' staff were excluded, while children who are living with their parents were all excluded from the treatment group even when they have traumatized symptoms. Of these 23 children, six were quite withdrawn, though not diagnosed with any symptoms of schizophrenia while the remaining 17 are quite outgoing and hyperactive. The other group that fell

outside the inclusion criteria was considered the control group. The 17 of them received no treatment. They were however used as a check for observation of balanced behaviour.

Procedure

The procedure included setting a variety of art materials for each child, this comprised a box of oil pastels, three or four colours of tempera paint (white and the primary colours, red, yellow and blue), number 4 to 6 brush, pencils and some natural clay. The children were grouped into three, consisting of six children each. Artificial scarcity of material was created to prompt sharing as suggested by literature (Isaacs, 1977). A4 paper was used as a canvas for drawing, oil pastels and poster paints, while art sessions lasted for a period of one to two hours each day, three or four times a week for 3 months.

An attempt was also made to balance the number of withdrawn children and the dominant ones. The session began after an initial screening interview with each potential participant. The interview was to ascertain if the children could open up about why they are withdrawn or aggressive as the case may be. Their fears and feelings about being part of the exercise were also explored. Apart from the subtle rules that were set, the children were responsible for themselves and their group members. At the end of every session, the children were made to clean up the space and wash the materials. Afterwards, the produced works are displayed for class review.

Session goals

Our goals through the sessions were both diagnostic and therapeutic. It was expected that by creating artificial scarcity the children would learn to share the available materials and in turn, facilitate the process of bonding. The process of producing artwork and the discussion of the production was aimed at drawing out those who were introverted or withdrawn to become more interactive.

We adopted the two types of visual arts therapy as suggested by Losinski et al., (2016b), the *art-in-therapy* in which the creation of art is part of the psychotherapeutic process and *art-as-therapy* in which the creation of art is considered therapeutic in itself without requiring further psychotherapeutic context for it to have a corrective effect (p.27). Also adopted is Cochran, (1996) Play and Art therapy approach, where art therapy is defined as any therapy that uses self-expressive art (as opposed to craft work, in which a model is followed so that children have little opportunity to self-express) as the primary therapy activity (p.288). Whereas, play therapy is defined as an interpersonal process wherein a trained therapist systematically applies the curative powers of play to help clients resolve their psychological difficulties (Schaefer, 1993).

The teachers, therefore, were to observe if there were behavioural change patterns as characterized by typical emotionally disturbed children, as they engaged freely with art material within the sessions. We also looked for progressive change in peer-relating behaviour, teacher-child interaction, and individuals' identification and

response to the groups' needs. All of these were geared toward instilling sound emotional virtues as the children's self-esteem is restored.

The Concept of Internally Displaced

Internally displaced persons have been a contentious word in the international vocabulary. Internal displacement and internally displaced persons, according to Mooney (2005), connote distinct meanings to different scholars. According to Mooney's analysis, the term "internally displaced persons" only refers to those who have been uprooted due to conflict, violence, or persecution and would be called refugees if they crossed a border (Mooney, 2005). Others, on the other hand, believe that internal displacement includes the millions of people displaced by natural disasters and developmental projects. While there is no consensus on when someone is no longer deemed displaced, two essential features of the idea point to the fact that the displacement is involuntary and that it occurs within national borders. This establishes the differentiation between internally displaced from refugees whose criterion is based on being a population displaced from their nation.

A working definition is "people or groups of people who have been forced to flee or leave their homes or places of habitual residence, in particular as a result of or to avoid the effects of armed conflict, situations of generalized violence, violations of human rights, natural or human-made disasters, and who have not crossed an internationally recognized State border" (Mooney, 2005, p.11) is considered in this article as a working definition. This term was endorsed during the UN Representative's debates in 1998 as the Guiding Principle on Internal Displacement. This article also, adopts the application of child-centred play therapy (CCPT) intervention, to elicit meanings from the works of Internally Displaced Children in *A Place of Hope* Orphanage home Ibeku Opi Nsukka; since this form of therapeutic approach has successfully supported extensive empirical research (Trice-black et al., 2013; Bratton et al., 2005; Flahive & Ray, 2007; Garza & Bratton, 2005; Jones, Rhine, & Bratton, 2002; Packman & Bratton, 2003; Ray, Muro, & Schuman 2004; Shen, 2002).

Art Therapy Project Experiences and Outcomes at *A Place of Hope* Orphanage Opi (Observations and Findings)

This aspect of the research was facilitated by Mr Charles Ugwu the co-ordinator of the orphanage and Pastor Walter Troup and his wife Mrs Karan, whom the children refer to as Daddy and Mummy. In the case of the research, the children showed some signs of reluctance to participate in the program ab initio. Only very few showed interest while the rest sat staring or giggling at each other; the withdrawn children sat for the first thirty minutes of the first session unable to say anything but just watching others.

This was allowed following Gallo-Lopez and Schaefer's (2010, p.5) recommendation to "allow playing to be a choice". The most outgoing ones, however, took over the show and enjoyed the attention they drew from the ones who were too timid to participate in the session. Among the outgoing ones, some tried to criticize what the few were doing as they remarked that the drawings were not fine. They were not



Fig. 2. Selected Children's freewill drawings © Image: Authors.

only unable to participate but mocked those who made some efforts. Some also remarked that they could draw better even though they had not tried.

These attitudes substantiate the fact that while some lacked self-confidence, some had a superiority complex. It also showed a lack of self-respect and the efforts of others. However, this is where the value of both diagnostic and treatment goals comes into play. As the session progressed, the teachers praised the efforts of those who participated instead of ridiculing them.

An emphasis was made on how the works produced are not going to be evaluated, but just an opportunity for the children to express their thoughts and feelings on paper. Also emphasized is the need to make them understand that physical abuse would not be permitted and that there will always be a group clean-up at the end of every session. This changed the understanding of the reluctant ones who gradually began to change their minds.



Fig. 3. a, b & c, Showing Children at work © Image: Authors.

What also may have pushed the others into delving fully into the activities may have streamed from the actions of the most active children who manifested intense hyperactivity and manipulateness while relating with others in the groups. This also increased the interest of the children such that they demanded to know when the next class would be after each session.

By the next session, a couple of the children who did not want to share the limited and available material with others, initiated hoarding. It was observed that after the sixth week, a few children who were characterized as talkative and controlling ab initio became more silent and somewhat more observant in the group session. As the works produced were being documented with cameras, they began to take pride in their works as well as appreciate those of others.

This interest gradually increased such that most children cried anytime the class was winding down. We had to use biscuits and other candies to calm them down to be

able to close for the day. Many even began to form a friendship with their teachers while also bonding with their fellow children. They pleaded that the session should become a daily thing since they have found the class a pleasant place to have some fun. Some became attached to their works such that they refused to part with them at the end of the sessions, while others used theirs as a gift and gifted it out to the teachers whom they saw as friends now. Some even gifted to their fellow children in the orphanage home. Noticeable during the class sessions are improvements in the children's emotional control and attitudes towards others, the girls showed great interest in assisting with the cleaning while the boys tried to assist the girls in the clean-up.

The ability to plan ahead of a class was also evident since most engaged with class sessions as if they already knew what they would do before the class started. This is an indication of the class spilling over to their free time even without the materials being made available to them. It shows how mentally they were occupied in their free time. This may have led to why the wardens (the regular staff of the orphanage) reported how the children had become quieter, and more self-controlled and how they waited anxiously for the day of their art class, this is in line with Hirsch, (1974). It was also observed that there was a reduction in disruptive behaviours, problems, and noise-making in class. There was an increase in the level of self-efficacy in line with Ray et al., (2004); Ray, Schottelkorb, and Tsai (2007); Cochran, Cochran, Cholette, and Nordling (2011); and Fall, Balvanz, Johnson, & Nelson, (1999).

Art activity in this case proved to be helpful in socio-emotional control as noticeable improvement was recorded in children in terms of their self-control, self-respect and attitudes towards others. It provided a means by which the children shared experiences and feelings of satisfaction, empowerment, and independence stemming from the freedom in play therapy to choose what items to play with and how to play with them. This corroborated Trice-black et al., (2013) observation. However, there is no assurance that these may continue for a long time if the sessions are removed from the school curriculum. There is a high probability that the children may relapse if factors like their connection with a "trustworthy, non-judgmentally, and attentive adult who acknowledged their creativity and promoted individual, creative self-expression" (Trice-black et al., 2013, p. 305) are removed. The convivial art atmosphere also contributed to this trusting relationship. This supported Trice-black et al., (2013) argument on how a safe, encouraging, and supportive environment of CCPT provides children and adolescents with the opportunity to develop an awareness of their feelings, respect for those feelings, and expression and acceptance of those feelings. This, in turn, allows children and adolescents to better control, rather than be controlled by, their emotions and experience.

Discussion of Findings

It was observed that the artificial scarcity which was created to enable the children to develop the ability to share was effective. It helped in a more intimate interaction among the group members and even beyond. It minimized the possibility of individuals having all they needed which would have forced them to retreat to a corner and remain in their comfort zone. Instead, it provided the opportunity for them to move around, negotiate for one thing or the other or still find an alternative

way of dealing with the frustration of scarcity. The teachers leveraged this to echo the feelings encountered when faced with not always getting what we wanted when we wanted it and how we wanted it. They went further to relate how this applies to every other aspect of our lives, making for a deeper understanding of the scarcity phenomena.

It also helped to educate those who hoarded materials as the other children found the opportunity to express how they felt towards such attitudes. The ones who hoarded in turn found the opportunity to express their fears of losing what they already acquired. This helped to remodel the understanding of the children that it is normal for people to need help from others and it is also normal not to have all we want and need. That we all have an alternative to what we cannot have momentarily. Also emphasized was the importance of sharing no matter how small, this helped to establish a more workable arrangement between the children. The artwork production process not only assisted the children to share experiences and work cooperatively but also helped them to share stories that led to the production of the work.

It was interesting to see the children's capacity to have fun with others, compromise, search for alternative means of problem-solving, wait to have their needs met, express how they feel about a given unfavourable situation, and wait for the understanding of the reasons why such a situation was fostered on them. It will be right to echo the observation of Isaacs, (1977) that the artworks reflected the children's poor self-image. The work helped them to have a better understanding of their inner feelings. By the sixth week, less attention was paid to the production of artworks but to the interactions and the newfound ability to share feelings and experiences verbally within the group; validating Chesley, Gillet, & Wagner, (2008) assertion that when children gain the ability to control their expressions and feelings they feel empowered. This "empowerment contributes to the strengthening of their self-esteem and emotional development" (Trice-black et al., 2013,p.306).

Their impulsive virtue of initial self-preservation gradually gave way as mutual and communal needs became more emphasized. Personal fears and feelings stopped being the crux of the drawings and works but good memories are shared with friends while difficult experiences are now shared verbally with newfound emotional virtues. With newfound self-esteem, incidentally, clicks stopped being a threat to those who were not part of it. The understanding of the group project became more projected than the assumptions that the gathering was for mocking or gossip. And so were insults and self-deprecating comments replaced with constructive feedback and requests for feedback. Group-centred decision-making and settling of differences amicably ensued while therapist-centred discussion diminished. As reported by the orphanage wardens, such relationships extended even outside the art class activities.

More cooperative behaviour was reported in the children who had been deviants, and those who were withdrawn as a result of being scapegoated and mocked, to have gained self-confidence such that they started socializing as they were more ready to mingle with others. Those who confided in us expressed how the sessions made them able to feel better about themselves because it helped them solve the problems they encountered confidently and also offered them the opportunity to make new friends.

This confidence breeds self-control that leads to self-actualization, empowerment, and mastery in line with Robinson, (1999); and Webb, (1999) assertions. A two-way trust component was developed between the teachers and the children, the teacher came to believe in the capability of the children to meet their individual needs while finding it easier to express their feelings and thoughts unlike before the sessions.

This made it a little difficult when the program was about to come to an end. Most of them wanted it to continue indefinitely. We could therefore confidently say that the session served as an excellent diagnostic and therapeutic instrument as it helped to demonstrate how particular behaviour led to children's socio-emotional problems. It did not also only help the children to become aware of these behaviours but helped them to become aware of their impacts on others. These insights helped them learn alternative ways of relating with fellow children. They also learned the value of friendship and group interaction since it helped them to solve problems faster and with fun. Unaware to them is the fact that they have passed through a therapeutic experience that brought about a change in attitude and behaviour, facilitated by the instrumentalist essence of art. The most important is that the objectives of the study were fully met since the children not only were able to make friends, and exhibited an increase in locus control, and cognitive decision-making skills but also showed an increase in verbal skill and greater self-confidence.

Conclusion

Having explored the use of art therapy as a means to help internally displaced children in *A Place of Hope* orphanage in Ibeku Opi, to overcome social and academic barriers; the study, therefore, concludes that selfishness, which deprived the children of the ability to learn from others was not only conquered by the introduction of artificial scarcity but also helped to widen their interaction among group members more intimately. The introduction of art therapy also created an opportunity that helped the teachers to intercept some personal feelings among the children which inhibit learning. This further granted the teachers the opening to leverage these feelings to educate them on the need for contentment while seeking alternative ways of solving their immediate challenges. These and other facts revealed by the study have helped us to conclude that art therapy is effective in the treatment of internally displaced children with anti-social and behavioural disorders.

Recommendations

We therefore recommend that irrespective of the educational assistance the internally displaced children are getting from their wardens, well-meaning individuals, churches and co-operate organizations, they still need government subsidies. Considering the multifaceted dimensions of the vulnerability they face, children in orphanage homes deserve continuous significant attention from the government and the public. It is certain that children have a distinct need from the general population and which requires special attention. What distinguishes orphans are their unique needs and heightened vulnerabilities that arise as a result of forced displacement, including their need for sound educational development. This is in line with Mooney's (2005) observation that "the fact of the matter is that internally displaced persons do have needs that make them different from others in the general

population". It is important to note that our concern in identifying internally displaced children in orphanage homes is not to privilege them over other children in their parent's home but rather to ensure that their needs are addressed and their human rights are respected along with those of other children.

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