

**ACTION RESEARCH ON  
EFFECTIVENESS OF NARRATIVE & ARTS  
THERAPEUTIC INTERVENTION FOR  
CHILDREN AND YOUNG PEOPLE WITH  
SOCIO-PSYCHOLOGICAL ISSUES:  
CASE STUDY OF REINTEGRATED  
STREET STUDENT**



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*Child Care and Affection*

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Chaste Uwihoreye

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2023

# CHAPTER 1.

## BACKGROUND

Rwanda is associated with the images of the 1994 genocide. Some years later, the challenges facing the government, international organizations, and civil society include acute poverty and the physical and psychological rehabilitation of community structures. Many categories of children continue to be regarded as vulnerable. These include children in centers, refugee and repatriated children, children in prison, and increasing numbers of street children. Street life involvement is not an unknown phenomenon neither in developing (Aptekar, 1994; Bourdillon, 1994) nor in developed countries (Greenblatt&Robertson, 1993; Vissing& Wright, 1998). In Latin America, street children are generally a product of poverty and familial difficulties (Rizzini & Lusk, 1995; Scanlon, Tomkins, Lynch, & Scanlon, 1998). In Rwanda, for example, while street children were evident on the streets of urban centers pre-1994, there has been a rapid increase in the observed number of street working and homeless children since the genocide of 1994. Children increased dramatically in the year following the genocide, from 37 orphanages which catered for about 4800 children before the genocide, to a peak of 77 centers receiving 12,704 children in April 1997. In May 2000, less than 5000 children remained in centers. Approximately 70,000 children were formally reunified or fostered. In total, it is estimated 120,000 children live outside their family of origin in extended families or substitute family care (UNICEF, 2000).

In response to this challenge, Government officials have taken various steps to find appropriate solutions. In 2001, the Government through MINALOC developed a National Programme for Street Children. Then in 2003, the Ministry of Local Government, Information and Social Affairs developed a National Policy for Orphans and other Vulnerable Children, including street children. However, the practice mostly applied by the Government and the City has been to round up children across the street and commit them to childcare centres for reintegration (MIGEPROF, 2005). Over time, it has come to be recognized that it is not enough to simply place children living on the streets in institutions, but that it would be more meaningful and helpful to understand who these children are, as individuals (Tudorić, G 2005). Knowing how they function on an emotional and psychological level, as well as gaining an understanding of their beliefs, values and dreams, have profound implications for any interventions aimed at improving the quality of their lives. However, very little research is available concerning the lived experiences of children living on the streets and no enough research has been done to learn about the depth and diversity of the street experiences directly from the perspectives of street children themselves and what they think might help.

## 1.1 Objective:

The aim of this research is to evaluate the effectiveness of narrative arts-based therapy towards exploration of lived experiences, pains and the healing of psychosocial related issues of street reintegrated children.

## 1.2 Research questions

Do arts help street children to overcome pain and emotional difficulties they encountered? What are the lived experiences of children living on the streets? What are the different names and representations of the lived experiences and pains street children face?



# Chapter 2.

# RESEARCH

# METHODOLOGY

Methodology is defined as a theoretical analysis of the method applied on field study; principles associated with a branch of knowledge. Naturally, it combines concepts such as model, theoretical model, phases and quantitative or qualitative techniques (Rose, 2005). Alongside this research data were collected from different groups and different results were drawn from each side. Moreover, it brought a great opportunity to have rich data from different facilitator's workshops and trainings. Furthermore, 126 students mainly of street reintegrated children meet for practicing a weekly planned narrative exercise, including those intended for self-discovery, discovering psychological issues or challenging emotions and behaviors patterns and also benefiting the healing sessions.

## 2.1 Population and sample

The population for this study shall consist of children and adolescents who were living on the street but now have been reintegrated into their families and schools. this study has been be conducted in 12 selected schools (both primary and secondary schools) from Rubavu, Rwamagana, Huye, Gicumbi districts and Kigali city. Study was conducted in these mentioned districts because the national survey of institutions for children in Rwanda revealed that these districts scored high prevalence rate of children institutionalized compared to other areas. For example, Rubavu district scored 10.9% of the children which is the highest score among the scores of the remaining 29 districts, (Promotion, 2012). Purposive sampling (Burns & Grove 2011) was used where children who freshly joined the street and most likely render information-rich data shall be selected. The sampling criteria was that the children had to be between 10 and 16 years of age, were living on the street for at least 1 year and have both writing and reading skills and the sample was 126 students selected purposively.

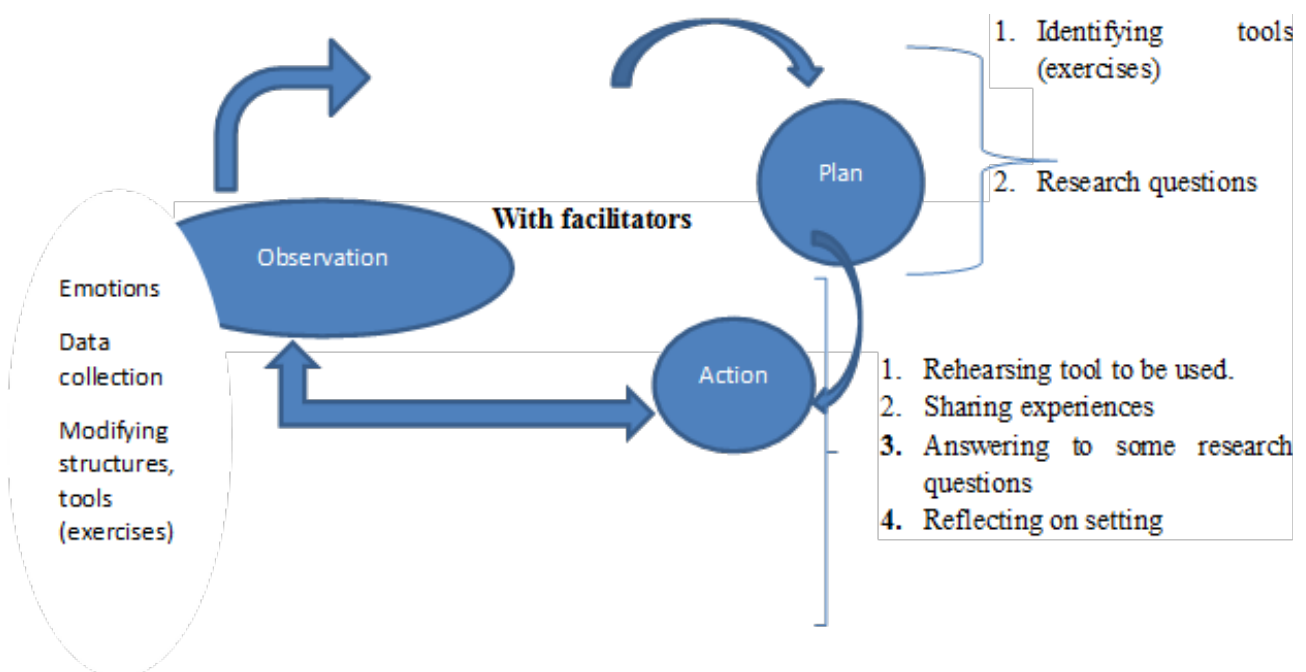
## 2.2 Research design

This was study was qualitatively designed to explore and describe how children living on the streets make sense of their lived-experiences on the street both as individuals and also their shared meanings with other children living on the streets. It was Action research aimed to examine the effectiveness of mental health narrative therapy, especially

the arts contextualized tools delivered on narrative therapy on the promotion of former street children’s mental health wellbeing, reintegration and adaptation with in schools, self-understanding, self-discovery, retrieving hope of live and acquiring new coping mechanism.

In the course of the research, 4 training sessions have been delivered to 36 selected facilitators;( 1 teacher and 2 students from each school among 12 selected schools to practice and becoming familiar with the tools of intervention as well as participating in the data collection.16 sessions with clubs in schools have been conducted a great opportunity for 126 students to practice the healing tools. With respect to the trained module which have indicated how session are facilitated as well as scheduling session’s exercises. Testimonies as well as surveys showed successful stories and proved the effectiveness of arts and contextualized healing of psychological problems), emotional externalization, pain management, enhanced social cohesion, trust building and pain externalization, discovering, externalizing & expertizing children toward explaining their mental health challenges and escape plan, transforming stories, metabolizing stories and creating new stories, acknowledging, arranging strength and strengthening new stories. This was a four months course of intervention in schools where facilitator (teachers and students) had to meet with the coordination team (UNM’s psychologists) 5 times for the retraining and experience sharing (changes observed, success and challenges). Moreover, student at school within the created group, they had undergone 16 sessions for the whole course of interventions.

Fig1.





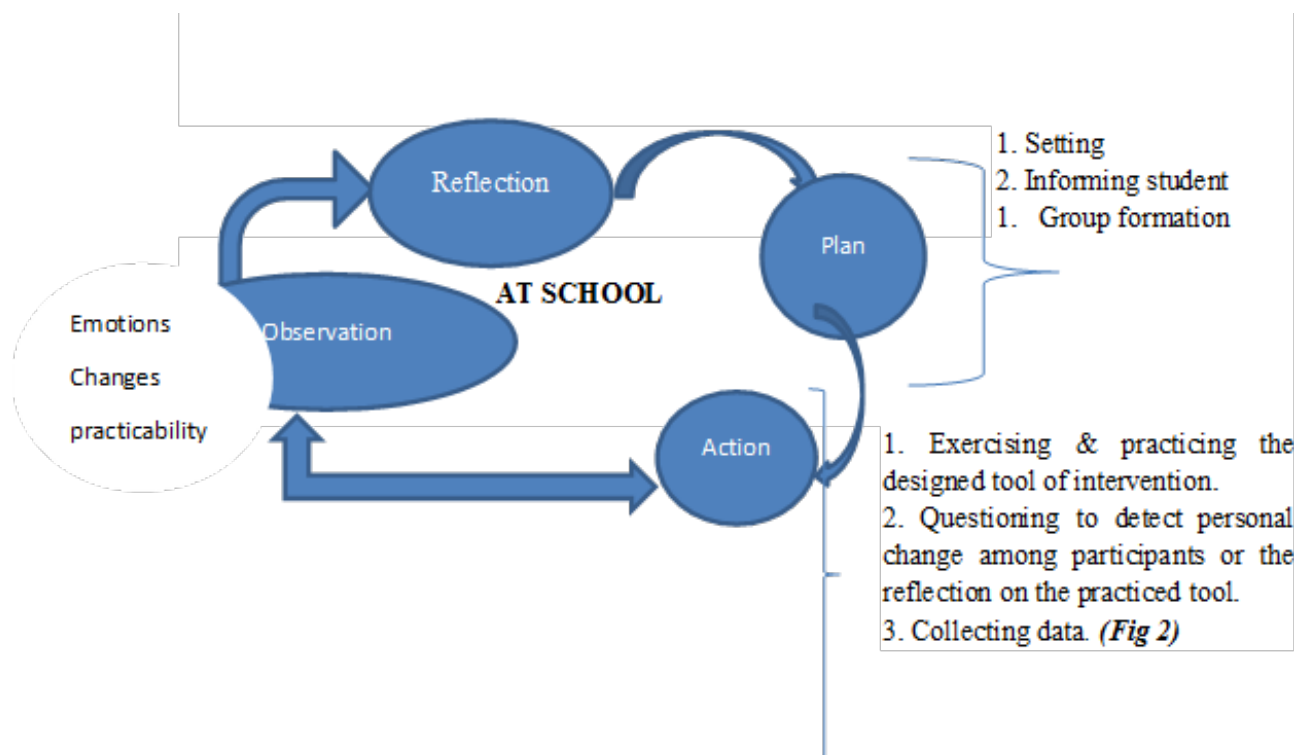
The first training we had with selected facilitator was the launching of the project, announcing the project objectives that turn around providing psychosocial supports to student specifically street reintegrated children in order to promote their mental health wellness, school adaptability and cohesion as well as minimizing the risk of school dropout (returning back to street) without forgetting to collect data (the applicability, impact, changes had while practicing the scheduled exercises). Moreover, the team have had discussion on why the exploration (assessment) is necessary as well as be trained on different designed exercises to explore mental health problems and their accompaniment that facilitate group socialization, relaxation, emotional regulation and comforting. The first session was designed to help also the team of facilitator to plan together the setting (setting structure of intervention, here every team represent of schools started their own setting and schedules of groups/club activities.

The second session of training have been considered not only to train facilitators but also to share observations (experiences) they had with the groups, changes detected and challenges had sessions within groups / clubs in the first month. They have also had the second reflection on group making and control, setting research questions, data collection, analysis and recording of data. Additionally, through practices; the team got knowledge and skill of exploration and healing phase exercises titled: time when my heart was opened, musical story, garden of hope and umbrella of problems which helped them to firstly get aware of themselves and to tackle with their problems and sufferings in order to help others. Afterward, they planned together on how the learned skills and exercises leant would be moderated within their respective groups with the selected sample of students.

The third session will turn around the sharing of the collected data (changes observed), retraining on the above-mentioned exercises through sharing experience on how exercise have been moderated and how did the practiced exercises of exploration as well as of healing did impact the psychological lives of student participants of their clubs. Furthermore, they will reflect again on the adjustment of the research project and research questions as well as receiving training on exploration and healing phases exercises that are: Emotional cycle, garden of sorrow, story circle, key of life and empty chair introduction.

The fourth session of training will crack about sharing collected data, retraining, reflection like other previous session but receiving training on healing and graduation phase exercise; story gifting, team of life, tree of life, mood thermometer, making certificate and planning the celebration of achievement (change had and knowledge gained). Besides, they will be explained the short survey that will help to detect individual psychological improvements among group/clubs' participants. Lastly, facilitator team will meet the coordination for the fifth time not for training but for sharing the observation that will be had from the practicing the above-mentioned exercises (healing and graduation phases). Additionally, they will submit the completed survey forms, analysing together

the impact and challenges had for the all courses of interventions as well reflecting and planning together what will be the way forward.



Activities within student’s groups/clubs at school are not far different from those with facilitator’s training as they all shot around reflection, planning, acting and observing, however, at school is where everything is based. First 4 sessions at schools intended to participants selecting and mobilization, naming the group/ club, structuring the setting, setting group rules. Afterward, facilitators had facilitated and recorded impacts of phase one’s exercises (exploration) as well enhancing truth building, sociability and cohesion among participant (reintegrated street students) through; love being me, big wing brows, isombe, mingle, blind car, and other new exercises. Depending on each facilitators setting, in the second month sessions with students at school, the 4 leant exercises have been practiced (time when my heart was opened, garden of hope, musical story and umbrella of problem).

Like the second month, the third- and fourth-month session’s activities have had turned around providing children with psychosocial supports and different knowledge intending to promote mental health/psychological wellness, acquiring skill toward self-analysis, self-awareness as well as emotional regulation. Thanks to the training had in different sessions, deepening on their settled action schedules; facilitators have to moderate 4 healing sessions in the third month using the stated above exercises (Emotional cycle, garden of sorrow, story circle, key of life and empty chair introduction) while in the fourth month, 4 sessions will be carried respecting the practicing of story gifting, team

of life, tree of life, making certificate and planning the celebration of achievement. On every had session, facilitators have to not observed changes, answering stated research questions, notify challenge had with any exercise and possible modification to be made, recording and taking picture also reporting.

### **2.3 Ethical considerations**

Ethical measures, such as autonomy, non-maleficence, beneficence and justice, were adhered to during the research process. And all participants have signed assent and consent forms to participate after the research method have been explained to them.

### **2.4 Data collection methods**

The eligible participants were invited to draw on a picture depicting their life on the street with the help of different art-related exercises. These drawings done by the children living on the streets were utilized as the point of departure for in-depth phenomenological interviews conducted with the participants (Moolla 2012). The interviews were based on the drawings done by the children, The central interview opening statement was like ‘Tell me about your life on the street’. Follow-up questions to facilitate the interview were asked to assist the participants to elaborate on a particular point and to gain an understanding of their experiences as children. Interviews have been conducted until data saturation was obtained living on the streets. And Field notes were made of observations during the interviews.

### **2.5 Data treatment**

All the interviews were audio-taped, transcribed and analyzed using Tesch’s open coding (Creswell 2008). This meant that all of the transcripts and field notes were read to get a sense of the whole of the participants’ experiences of living on the streets. Units relevant to the participants’ experiences of living on the streets, was identified. These units of meaning then then be labelled.

# Chapter 3.

## DATA PRESENTATION

Like defined in the previous paragraphs, this intervention research seeks to evaluate the effectiveness of narrative arts-based therapy toward the healing of psychosocial related issues of street reintegrated children. In Rwandan street children is a critical issue despite different programs established to take care of these population. It was for that reason, Dr. UWIHOREYE Chaste a therapist and researcher have invented a new model delivered from contextualizing narrative approach to Rwandan culture and language to have an in-depth understanding of the lived experiences and sufferings Street children encountered and create a safe space for these children to express and to get out of these problems. Moreover, different tools (exercises) have been invented, contextualized and adapted to serve as keys to help to discover the real problem, risk & triggers; to promote self-awareness, self-analysis, and understanding the of situation. Other exercises have also adapted to facilitate healing through: externalizing problems, transforming stories in either image or songs or poems, creating new story, arranging strength and weakness and making response plans for psychosocial problems. In order to have evidence-based model, 36 facilitators (teachers and students) have been trained through practicing the designed tools in order to be able to facilitate the healing group therapeutic sessions with 126 students from 12 selected schools.

### **3.1 THE BIG WIND BLOWS & ISOMBE: EMOTIONAL EXTERNALIZATION, PAIN MANAGMENT AND ENHANCED SOCIAL COHENSION.**

Situations around our everyday life sometime affect our psychological wellbeing and our way of behaving, feels and show our current emotions (Wright & Kloos, 2007). Due to extreme poverty, lack of parental care, family conflict as well as hardship experiences on streets, it is difficult for reintegrated street children to adopt and socialize with other students at school. Through the exercise called “the big wind blows” played when everyone seated but one stands in middle to give an instruction on anything on him or her similar to other participants on circle that they would stand and switch places. In the course of switching places, she or he quickly find a place to occupy, then the remained one without seat would give new commands. Fortunately, facilitator at schools played this game in their first session and it is having proven to promote emotional externalization especially happiness and joy. Moreover, children testified that the exercises tough them to be problem solver, and they have got chance to feel open and included with each other as well triggering sociability within the group.

## Participants Testimonies

S a young boy 12 years old, P2 student of EP Karama “I was amazed by how we were running in competition”. O a 14 years old girl, P4 student of GS GISOZI II “I was extremely happy at the time a reach a seat before others”. E a 13 years old boy, P1 student of GS GISASA “This exercise gave a chance of forgetting the bad thought that I was having; now I feel peaceful”. T a 15 years old boy, p5 student of GS KAGUGU “Through this exercise, I got to know that I do not have to get suck by problems but run wherever for solution like we did when the wind was blowing”.

Isombe exercise like the previous one, it is played whereas participants are singing and turning on circle, the facilitator give commands of jumping simultaneously either in front or back, left or right. These exercises have been used also in the first session to promoted group cohesion, socialization as well as relaxation n. Furthermore, it has given a great chance of emotional destruction, advanced attention and enhancing socialization. J a 12 years old boy, p3 student of EP Bweramvura “this exercise helped me to have a good mood”. X a 10 years old boy, p2 student of GISOZI I “dancing, jumping with my teacher was really fanny, I cannot stop laughing”. P a 12 years old boy, student of EP. MUNI catholic “I felt happy as people were falling collision”.

In fact, as human beings, we are gregarious. We are in constant need of others, and therefore, we always live explicitly or implicitly immersed in groups which outline our social boundaries. Groups help us covering psychological and social needs such as getting a sense of belonging, acquiring knowledge, finding safety and establishing a positive social identity. One factor which is consistently rated by clients as being most useful and impactful in their group experience is cohesion (Pan & Lin, 2004; Reimer & Mathieu, 2006; Yalom & Leszcz, 2005). Cohesion has been described by some as the “bedrock of group experience” (Butler & Fuhriman, 1983, p. 500). And cohesion explains the level of connection the group feels towards each other. Findings show that groups with higher levels of cohesion lead to a stronger commitment to the group or interest in completing group-related tasks (Piper et al., 1994) which subsequently help group members to experience increased levels of symptom reduction because they report receiving more help from the group. Group cohesion has been also associated with better outcomes, lower drop-out rates, more interpersonal support and better participation in psychotherapy. Cohesion is the most popular of several relationship constructs (e.g., alliance, group climate, group atmosphere) in the clinical and empirical literature on groups. Over time it has become synonymous with the therapeutic relationship in group psychotherapy (Burlingame, Fuhriman, & Johnson, 2002).

### **3.2 THE BLIND CAR & MINGLE CIRCLE. TRUST BUILDING AND PAIN EXTERNALIZATION: THIS WAS AN EXERCISE FOR STORY SHARING AND ENHANCING STRESS MANAGEMENT AND FRIENDSHIP AMONG PARTICIPANT AND BUILDING TRUST AMONG THEM.**



Profitably, the blind car and mingle circle exercises which is played in couple. The mingle which played while people singing, mingling in each other. Sometimes, the facilitator would give statement like “mingle 2, 3, 4” depending on how number of small groups he/she want to make. In case he/she want to go with groups of couple easily without other emotional interference, mingle would help like it is having been used at schools to obtain couples that would play blind car exercises. Moreover, blind car which is played in pair of two; where one become car (closing eyes and just following instructions) and the driver to give instruction by tapping on the head, back and shoulder. What he/she do is to make his/her colleague to any place, making what possible to give clear instruction so that he/she not step in bad way or crush to anything. These exercises have had helped facilitators at school (Teachers and Students) not only formulating the groups of interventions but also group socialization and trust among groupmates.

### **Participant testimonies;**

IM a 12 years old boy student at EP Kimironko II, “stated that both exercises have helped him to be freely happy and to be a good leader”. Like his colleagues, IS a 10 years old girl student at GS, Rugando declared that “while she was a blind car it was hard for her to think on where she was stepping but she tried hard to trust her driver while opening her us she found herself in the place she wouldn’t imagine, thanks to the exercises he got chance to trust her groupmates”. NA a 32 years old teacher at GS Rugando testify that “these exercises have motivated other students to join the group and to socialize with reintegrated street children’s students”.

Likewise in testimonies, trust has been described as perhaps the most important ingredient for the development and maintenance of happy, well-functioning relationships (Simpson JA, 2007). Indeed, major theories of human psychosocial development such as Bowlby’s attachment theory and Erikson’s theory of stages of development emphasize the idea that trusting relationships early in life build a foundation for better functioning in adulthood. A related construct to trust is respect. In general healthcare settings, the patient’s perception of whether their doctor displays respect towards them has been found to be the best predictor of patient’s overall rating of their view of their doctor (Quigley DD, Elliott MN, Farley DO, Burkhart Q, Skootsky SA, Hays RD, 2014).

The literature also declared that, Like Human beings, we live in a storied world. We live our lives through the creation and exchange of narratives. We live through the stories told by others and by ourselves. Such stories have ontological status. The story is the means by which we organize and communicate the meaning of events and experiences; it provides the bridge between culture and self (Attwood & Magowan, 2001; Bell, 2009; Bruner, 1990; McLeod, 1997; Murray, 2003; Rose, 2001). Strong stories have the power to change the way people think (Riessman, 2008; Rose, 2001) and Stories are the currency of psychotherapy. Whatever the presenting problem, clients seek treatment because they want some kind of turning point; they want to unravel a predicament, to be



absolved of wrongs, to heal an illness. The theory of narrative identity suggests that our personal narratives serve two primary psychological functions. First, they crystallize the individual's sense of purpose; they explain what the individual believes his or her life is about (e.g., McAdams, 1996, 2001). Collecting individuals' own narratives is the best way to find out about the meanings they assign to events in their lives. Second, personal narratives imbue the self with unity across time and across situations (e.g., McAdams, 1996, 2001).



Student at EP karama and GS Munini Catholic in Blind car exercise.

### **3.3 TIME WHEN MY HEART WAS OPEN & UMBRELA OF PROBLEMS: DISCOVERING, EXTERNALIZING & EXPERTIZING CHILDREN TOWARD EXPLAINING THEIR MENTAL HEALTH CHALLENGES and ESCAPE PLAN.**

The narrative approach uses here and now methodology; where he focuses on helping someone identify or discover a problem that has come up in his or her mental, behavioral, relationship and emotional life. In order to better learn about the help of Rwandans through Narrative methods, exercises related to the nature of the culture and language that help the therapist and the client to identify the problem, its components, externalizing it and provide with opportunity to explain it, have been created. These exercises are: time when my heart was opened, an exercise which is performed by a person through meditation: thinking about any situation or something that has caused him or her the most pain in life, that damages the psychological life network and then writes that list on a piece of paper. This game is also done in a different way where instead of writing about life's tragedies but writing / narrating happy moments. Addition to that, an exercise called umbrella of problem facilitated people to identify and clarify not only problems but also to accumulate their strengths or other things / people around them that can assist them to stand up and face these mental health challenges; the exercise

is portrayed as a rain of troubles (all things that disturb psychological / mental health wellness), after discovering that rain it is followed by using symbolic language where one shows the ground to those who can protect him or her to stand still.

### **Participant's testimonies**

When the exercise played with teachers and students in the second session, it was found that everyone had at least one challenge that used or still disturb his or her psychological life: family conflict and deception (J, 26-year-old boy: facilitator), homelessness due house demolition (ME, a 12-year student), losing of property due to injustice (MF a 36 years' woman, a teacher), loss of parent (WJ, a 28-year-old girl facilitator), sudden death of my colleague resulted from fighting with me (UJC, 13 years old boy student), usual fight of my parent @ living in family conflicts (UF, a 14 years old girl student), inability to pay my children's school fee due to poverty (MF, a 38 years old man, a teacher), death of my father (M, a 32 years old woman, a teacher), car accident (NK, 12 years old boy student), street life due to my parent divorce (UK, 14 years old girl student), street life due lack food at home ( NL, a 10 years old boy student), I had experienced an extreme sorrow due to the death of my father (ME, 31 years old man, a teacher), loneliness due to the loss of a friend (IY, a 11 year old boy student), lack of school fees as consequence of my father death (KE, a 30 years old man, teacher), imprisonment and harsh punishment due wondering on street (DB, 14 years old boy, student), witnessing the fight between my parents (UC, 11 years old girl student), imprisonment of my father (MC, 13 years old boy, student), the time that I come to know that my all family have all passed away and the death of my child (TA, a 40 years old woman, teacher), drunkenness of my parents (NE, a 17 years old boy student), the death of my grand farther and the time to know that my farther is not my biological one (UK, 13 years old girl student), being refused my extended family (MC, 14 year old boy student).

Likewise what participants testimonies, Narrative therapy takes up an anti-individualist approach to therapy that is informed by the post-structuralist idea that identity is fluid, dynamic and contextual (Madigan, 1992, 2011; Madigan and Goldner, 1998). Hence, within a narrative perspective, people's lives, identities and relationships are viewed as multi-storied versus single-storied. By conceptualizing a post-structuralist view of identity, narrative practices are able to linguistically separate persons from 'fixed' and deficit conclusions/descriptions about their identity. When this point of view is practised in therapy it is known as the process of externalizing the problem (White and Epston, 1990). Externalizing problems allows people to consider that the problem is not located and privatised solely inside their bodies. Problems are viewed as contextually influenced, situational, discursive and communally learned and agreed upon (Madigan, 2011). Hence the rather simple narrative practice motto is: 'The person is not the problem; the problem is the problem.' For example, when a person in therapy states that 'I am depressed', the narrative therapist might ask a question such as, 'when did



clear way to strong resilience (Loukia et al, 2020). Moreover, many practices and tools have been developed to help people boosting the lost hope. For instance, Story circle, an exercise which prayed while street reintegrated or another group of people sat on the circle where everyone got chance to share with his/her group mate any of her/his bad story; a story which has any relationship with the current psychological challenges. Then, the shared story, pains or any challenges of the story became owned by the group, all stories become collectively owned by all group. Furthermore, after sharing stories and conversation the group decide any arts related thing they would make from their story (song, poem, or a drawing) after making those arts the group decide what to do with their story (collective one) for example some have decided to bury it, to keep somewhere. When the exercises are combined with the Empty chair introduction; from which participants are assigned to take a minute a think about the role of one person who are for them a role model. Someone alive or dead, who had/ has always influenced their way of behaving or feel in different hard circumstances. For instance, it might be some comforting words told to him/her, advices or other things lent from him. In detail, on circle one might stand and imitate how that person did he or she told him or her, the gesture and vocally of what was the content of what he/she have took from that person as a model of his or her life.

The both exercise (Story circle & empty chair) have been practiced and their power to help everyone in the group to transform, metabolize and creating a new story as well strengthening resilience and hope of life like testified by street reintegrated students.

### **Participants Testimonies**

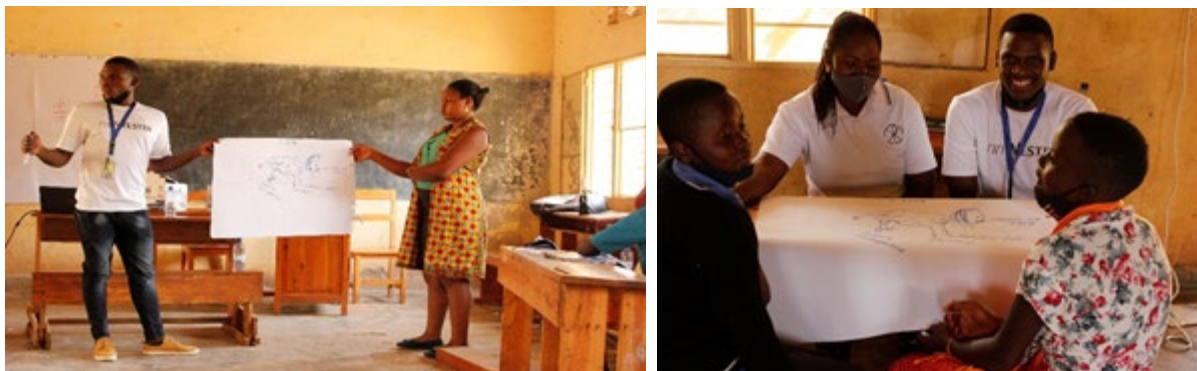
Thanks to the story circle; NJ, a 14 years old boy, p6 student at GS Kagugu, the pandemic has been a disaster and terrifying time to him as his parent lost job, lack of food at home, as well as the disturbances at school. His colleague, GS a 13 years old boy come up with strengthening worth to comfort him \*everything has an end, and encouraged him to say strong\*. Also, IY, a 10 years old boy have testified how the loss of his friend due to accident of gas leak have impacted his life as he witnessed his death \* the whole group have comforted him that his friend is in good place and even if life might be hard, he will get chance to have more friends and the promised him to become his close friend more than it was before. IMD, a 12 years old boy, student at GS Kimironko II, his farther always come drunk late at night, torture him with harassment for things that he didn't even know, like the divorce (her mum have left the house), from him, such disturbance impact his attention and performance at school as he does not get enough time to sleep. The other shared story was about loss of parent due accident (GS, 13 years boy, p6 student at EP Karama), harassment and abuse (AO, 14 years old boy, P2, student at GS Kagugu), infertility and death of the husband (ME, a 37 Old woman, teacher at GS Remera). The group together have comforted each other and together the composed a poem called \*life path\*: "You are curses Covid 19, you who have affected our lives,



made our family poor, unstable, disturbed our studying, loss is catastrophic, screw is the death that took our beloved, drunkenness is horrible, hunger is the enemy, but let stay strong dear beloved, patience is the key to hope to step over such troubles, loss, abuse, harassment, family conflict will go away “the future is bright”. Finally, the group decided to bury their painful story but with strong courage toward change & hope of the future.



Fig...: Farmer Street children in the story circle exercises



The other group that of NE, 21 years old boy, UV a 15 years old girl, UK, a 14 years old girl all students and MD, 39 old woman teacher at GS Karama, through the emotion circle the have drawn an image \*lion\* to represent their painful stories which include incurable diseases, deprivation of right and abuse, neighbors and colleague’s harassment, drunkenness and parental abuse. In fact, the group their stories somewhere in order to remember how resilient they are.

Additionally, the garden of hope which assign people to look back in their like, their surroundings, in their environments and try to remember things that bring hope in their like; they could be physical possessions, people around or inner characteristics. Then after, draw a beautiful garden where the one’s sources of hope are compared to any flower in the garden to be watered and protected to help to grow in themselves.

Thanks to the second session of 3 months had training with teachers and students, numerous beautiful gardens of hope made of trees, flowers and shrubs of achievements, good friends, happiness, good of nature (environment), God, studying, traveling, family and kindness (Group 1). Garden 2: Flows and trees of offspring, studying, love, mum's work and the job (group). Group 3: studying hard in order to become successful, family, hardworking, good relationship with people around me. Group 4; a bid tree of God, good family and hardworking, a flower of my mother, children, having goal and brothers, lastly the fruits of friends.

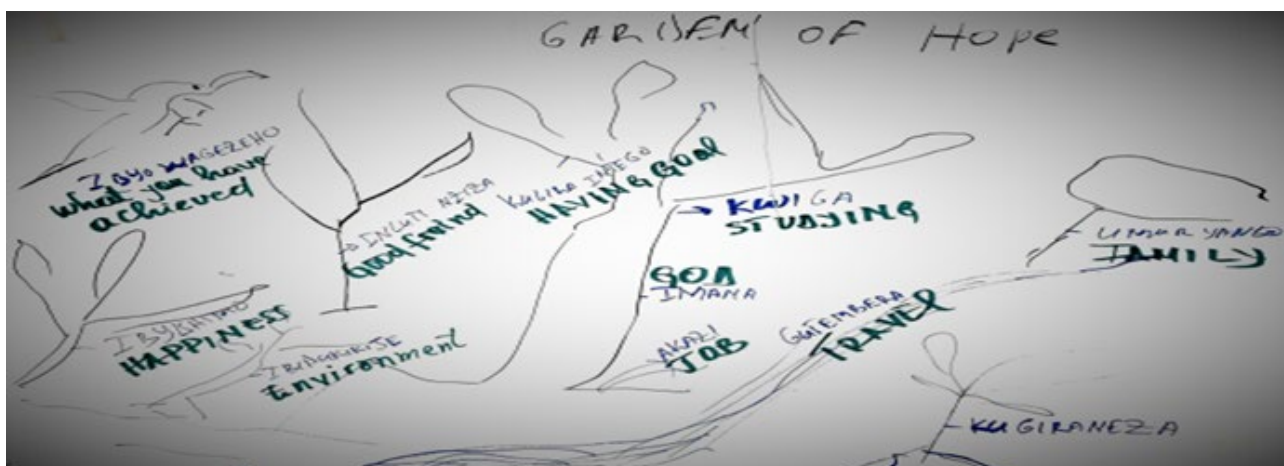


Fig: The garden of hope drawn in the group of teacher and student in the second training.

The literature said, Within the field of cognitive and behavioral therapies, cognitive restructuring and acceptance are two central concepts related both to the choice of the therapeutic interventions and to the understanding of how the employed interventions are supposed to mediate treatment outcomes. Cognitive restructuring is most clearly related to traditional or mainstream cognitive behavioral therapies that seek to alleviate psychological distress through altering what we think about as well as the way we interpret and think about our experiences or the situation we are in (Beck et al. 1979; Clark 1999).

When cognitive behavioral therapy (CBT) was first developed approximately 50 years ago, it revolutionized the field of clinical psychology and psychiatry. Since then, modern conceptualizations of psychopathology have increasingly emphasized the role of emotion dysregulation in the onset, maintenance, and exacerbation of psychological disorders (e.g., Aldao, Nolen-Hoeksema, & Schweizer, 2010; Kring & Sloan, 2009; Linehan, 1993). Thus, contemporary versions of CBT have begun to adopt an emotion regulation framework in treatment. Cognitive-behavioral therapy (CBT) is a problem-focused and goal-oriented therapy that emphasizes the reciprocal relationship between thoughts, feelings, and behaviors (Beck, 1979; Beck, Emery, & Greenberg, 1985; Beck, 2011). One of the primary goals of CBT is to teach patients to identify, evaluate, and modify their dysfunctional thoughts and beliefs (i.e., cognitive restructuring) through therapeutic techniques such as the Daily Record of Dysfunctional Thinking (i.e., thought



record; Beck, 1979). Additionally, an integral component of CBT is its emphasis on reducing problematic behaviors (e.g., avoidance, social withdrawal) and promoting more functional ones (e.g., through behavioral activation, exposure) (e.g., Barlow et al., 2010; Craske & Barlow, 2006; Gilson, Freeman, Yates, & Freeman, 2009; Hope, Heimberg, & Turk, 2010). Critically, CBT teaches patients skills that not only facilitate symptom reduction, but also lead to long-lasting improvements in mental health and reduce the risk of relapse (Hollon et al., 2005; Hollon, Thase, & Markowitz, 2002).

### **3.5 EMPTY CHAIR INTRODUCTION & TEAM OF LIFE: ACKNOWLEDGING, ARRANGING STRENGTH AND STRENGTHENING NEW STORIES**

Mental health/psychological challenges overwhelm the inner force that help in fighting the daily challenges which unfortunately impact one's ability of working, judgement, resilience, emotions, behaviors and decision making. The mental health problem doesn't mean itself to not having resilience in general as it defined by DSM 5; clinically significant disturbance in an individual's cognitive, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental process underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. Many Rwandans when strengthened by any of its kind, they feel like the world is coming to end, that they are loses who would end up in psychiatric hospitals, feel like not telling to anyone due avoiding stigmatization as well as a clear way of expressing it, it's become hard to believe that anyone would understand their pain (Rugema et al, 2015). In fact, the empty chair introduction exercises which is played while participants are sat on the circle and assigned to think of someone who is like a role model, after remembering that person action or strengthening or comforting, then after the person would stands and step behind the chair and imitate that person for others. Moreover, this is done to reawaken participants/client thought on their possible resources to strengthen their resilience. Therefore, thanks to the exercises former street children have remembered their resources and model delivered from the person that really care and love them. Many children have started that their role models are their aunt, parents especially mother.

#### **Participants testimonies;**

For JP a 14 years old boy student at GS Kagugu, his teaches have had helped him to change from the bad peer pressure, GIM a 13 years old boy, student at GS Kimironko II, whenever she is down and had troubles with his drunker father, her aunt comfort him and remind him that the problem will end and to study had as well as not following his father steps (behaviours). For S, a 13 years old boy student at EP Munini catholic his farter always reminds him to pray God in good and bad moments. Moreover, all people in the workshop have started that, there are many people who love them, they have many examples to follow, many lesson to learn and that they should always take

in consideration what their role model wish them to do (L, 35 years old ma, a teacher at EP Munini.

The above picture show teachers and students practicing the empty chair introduction.



Secondary, the exercises called team of life which is done by drawing a football ground where the children/student would place the players of problem's team (what he/she faces as influencing factors of the psychological problem at hand, for instance sleep disturbance, anger, anxiety, hopeless). In the other side, he would place his/her players; people, things, behaviour or actions that he/she think would support to win the problem's team.

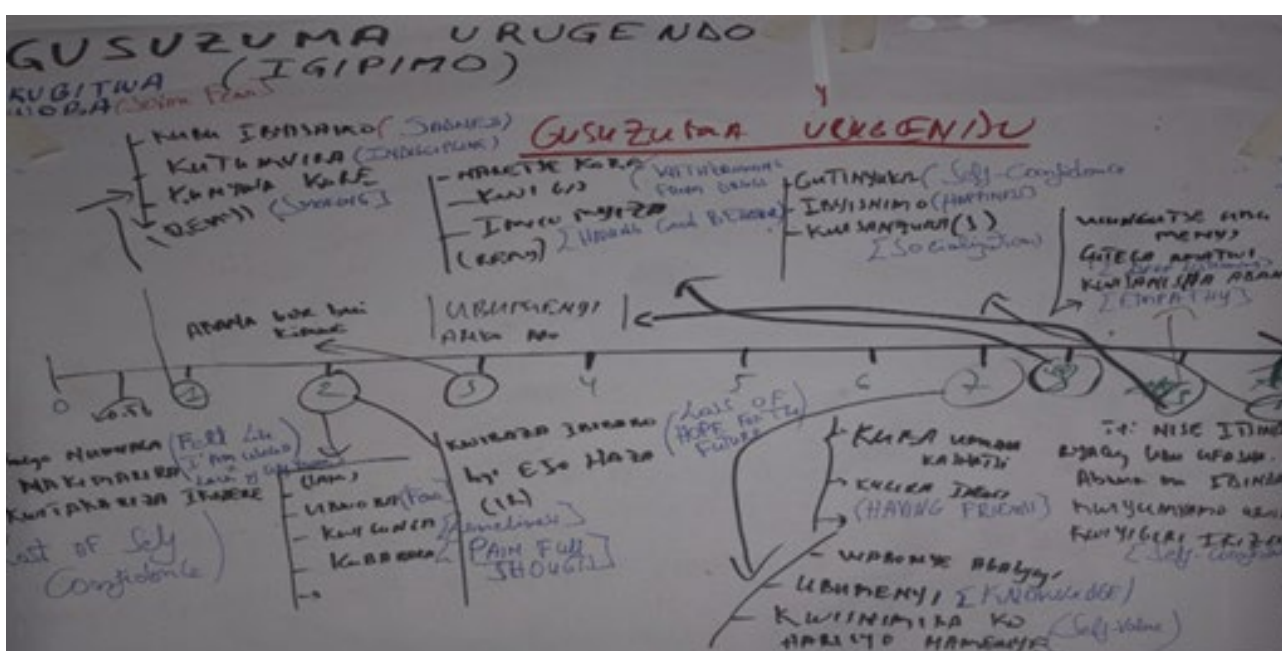
### Participants testimonies;

In detail, in their respective club children had got chance to express out/externalize what is strengthening/affecting their everyday life: loneliness, hunger, drugs, diseases, drunkenness, school dropout, orphan-hood (group 1's team: difficulties (NF, NE, DB, NJD, HK, SM,)), groups 2's team (MJ, MH, UJP, ME, NJD, NK, UE, NR): difficulties, laziness, covid 19, extreme fear, haterness, family issues, family conflicts, depression. Group 3 (SL, ME, GS, NJP, IY, MT, AO, NS,)), Poverty, bad neighbours, harassment and violence, family conflict (arguments), drunkenness (parents). Group 4's team (NE, UV, UK, UF, UK, MP, ME, KE, MF), violence, poverty, extreme sadness, hunger. Group 5's team (ME, KE, MF, NA, MD, UW, MF), drunkenness, drugs, quarrels, contempt, conflicts, discouraging words, poverty, haterness, self -hate, hopeless, loneliness, bad peer pressure, disasters. Fortunately, the children and their teacher have found that even if there are strong teams of problems/ even if they seem to live with strong psychological problems, they are still alive with much possible solutions (prayer) to conquer those lives-imposed difficulties. For instance, the group 1 (NF, NE, DB, NJD, HK, SM) have realized that players like: love (self-care and love of the family), having life goals, good friends, patience, discipline would help them to win the problem's team. Like their





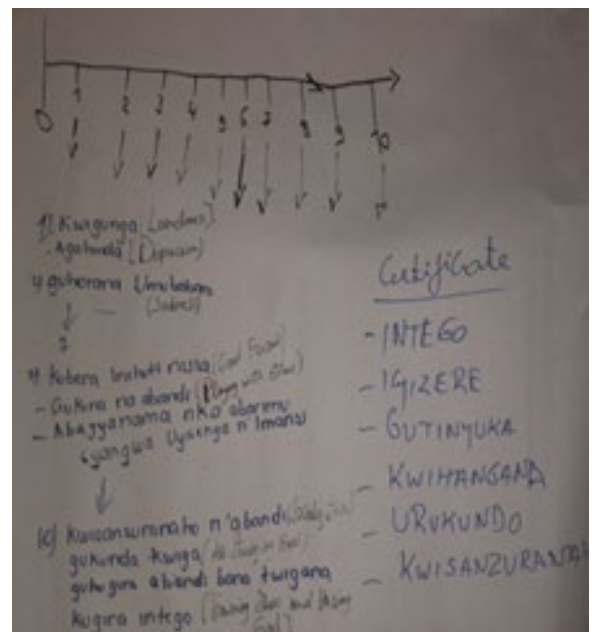
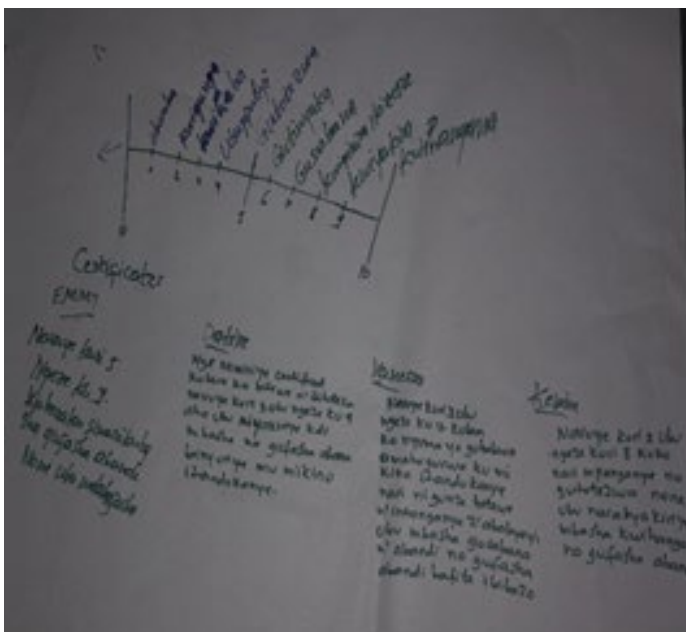
and families make progress in the counselling and psychotherapy environment (Anonymous). Furthermore, the assessment or the evaluation of the process have played a great role with street reintegrated children; it has been a great opportunity for them to acknowledge the pains and emotional challenges had before undergoing the sessions in their respective group, not only that but also it has given both children and facilitator a moment to evaluate and celebrate the achievements. Many therapies see an assessment a great tool of therapy, however, they do not specify its procedure. Thanks to exercise called mood thermometer which is done by giving children to reflect or look back before and then after sessions and activities in their clubs, how they were feeling and how they are feeling, then after children would put themselves on a scale which varies from 1 to 10, every number come with it explanation (why do you think you are/ were on that scale).



As the picture above is showing, IR a 14 years old boy, P5 student at GS Kagugu started that he was on 1 on the scale as he was always in deep sadness, smoking sometimes and indiscipline but thanks to supports and activities in the club, he got chance to move to 8 (withdrawing himself from tobacco, studying well, regaining happiness and patience), his colleague NJP, 14 year old boy studying in P4 at GS KAGUGU, proclaimed that he felt useless, hopeless, with no clear way of life goal which put him to 1, fortunately, thanks to facilitating activities in the club, participating in different healing exercises, he moved to 8 as the self-confidence have moved to another level and decision making as well as the ability to know what is right and wrong to his psychological wellbeing. NS, a 13 years old boy studying in p4 at GS Remera, for him, before it was on 2 on scale due to sadness, fear, loneliness, painful thoughts, loss of hope for the future but that to the exercises and game in the activity in the club, he gained happiness, concentration and attention in the class, patience and self-acceptance. In general, according to their self-assessment though mood thermometer; all children in their respective clubs were

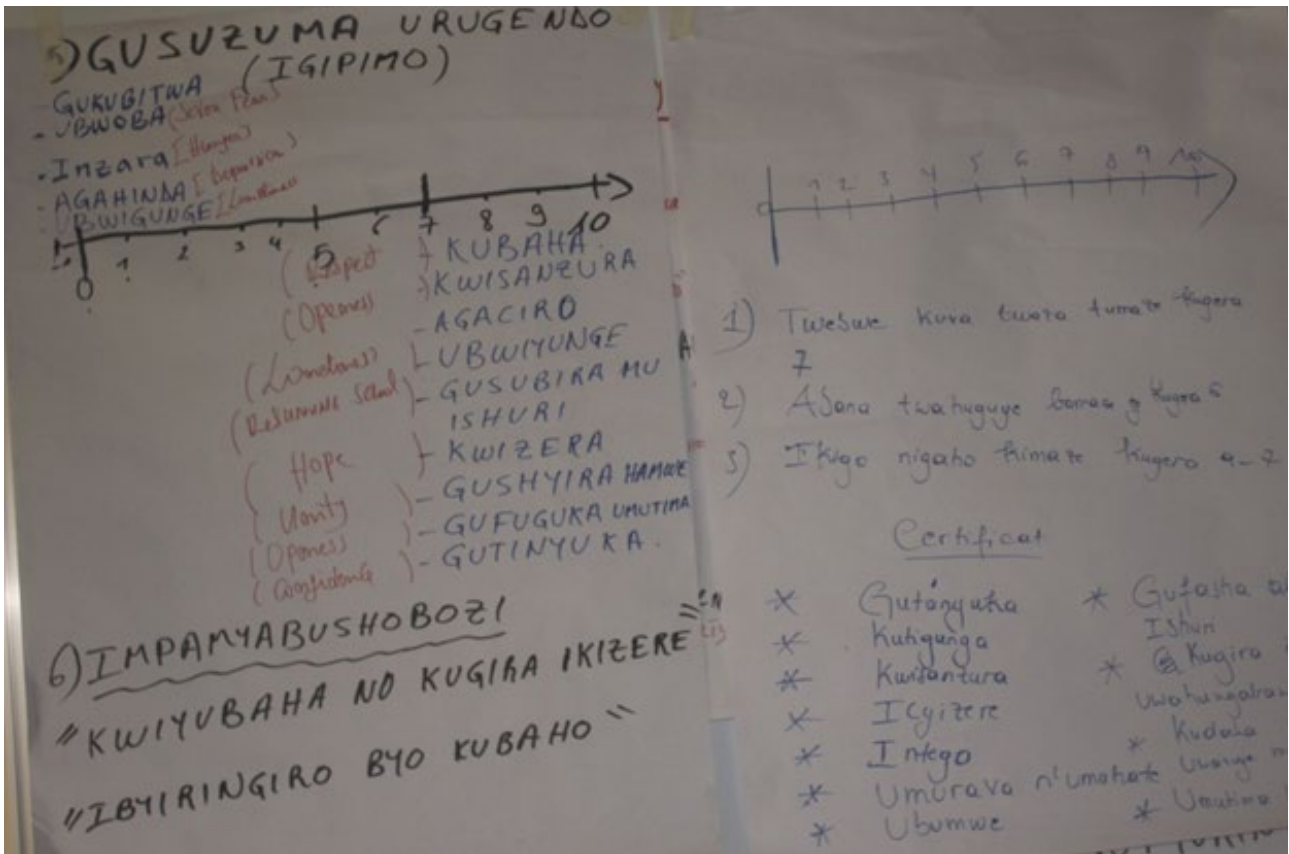
varying from 1 to 3 due loneliness, depression, hopelessness, orphan-hood, harassment, shyness, guilty, isolation, hunger, conflict in the family. Afterward, they have got chance to learn more skills to care and heal from these challenges as got chance to socialize with others, good and adaptive behaviours, openness, self-respect, self-confidence, hope, unity, externalization of their emotional challenges, patience, stating life goals and concentration and self-acceptance. Every step-in life deserves a certificate and a celebration for that victory. It is really meaningful in psychotherapy and counselling to acknowledge every achievement and steps but more important when an individual themselves make up their certificates. Street reintegrated as well as their teachers in small groups after realizing that they had taken big steps toward psychological healing, they had created a wonderful certificate for themselves.

As also shown in the next photo; UK, a 14-year-old girl studying p2 on EP Karama, said, "I was on 2 but nowadays I reached 8 because I was facing harassments of all kinds and now, I have accepted it and I can bear it and help others. UV, a 16-year-old girl studying in p3 in GS Gisasa, proclaimed "I was on 2 but now I'm 7 because I was trained and practiced / played healing exercises, I was always depressed and lonely due parental disputes and conflicts but now I can socialize and help others with various problems like mine. MD, a 33-year-old teacher at EP Karama, said, "I deserve a certificate because of the problems I have had from 3 to 9 where I got to know that self-acceptance is to key to my psychological life and being able to help children recover from emotional wounds through various games." Certificates are plentiful and deserving of praise, besides, they all strongly emphasised: From grief to happiness and self-acceptance, from loneliness is replaced by freedom and play, from wonder and self-worth they take the step of self-confidence and understanding, from despair and find comfort, calmness, purpose, love, patience and hope.



Pictures are showing some mood thermometer and certificates.





The above exercises reflect what the literature said, the development of any form of psychiatric treatment, and particularly the development of psychotherapy, may be considered as divided into four stages or phases, each of them with its own sub-phases and characteristic elements. The correct order and development of each stage is essential if therapeutical progress is to be made, and it may be necessary at times to modify the overall strategy according to the stage of the relation. Therefore, termination stage constitutes the “graduation” of the patient as an expert in the functioning of his own mind, and it implies that the therapist and the patient recognize each other as mature, autonomous, and independent individuals. This is the stage where positive transference relations, regressive forms of dependence, and childish idealizations have to be solved definitely. In this phase, the patient becomes aware of his own strength and realizes that he alone is responsible for his own life (De Rivera, 1992).



# Chapter 4.

## CONCLUSION

In consideration of Herman's (1992) study of the importance of rebuilding a sense of self, autonomy, and control in the process of recovery from trauma, I found that these exercises fulfilled the same functions for street reintegrated children. The structure of the art form provided them with a sense of control and safety, as did the fact that they were active agents in determining what their pictures would look like. Because the participants were able to connect with them as a metaphor for the self and utilized its various qualities for the purpose of expression, they were able to nurture their own sense of being through its creation. In conditions of severe deprivation, they benefited from a variety of materials to which they could avail themselves freely and use in a manner that only they could determine. Although these exercises were an individual, a group work, the participants used them to express a sense of connection with others, whether through images that reflected future aspirations, transcendent faith in God, or important relationships with families and friends. Through this process, they could situate themselves within the context of community and find the strength to face their difficult lives. By making art in a non-judgmental, therapeutically supportive environment, the participants (reintegrated street children) celebrated who they were, expressed their intensely personal desires and longings, remembered valuable connections, and mourned their losses, build resilience, acknowledged their resources, socialize with others, openness and expression as well as conveyed their hopes for the future.

Despite the cultural norm of keeping their emotions within themselves, when given the option all participants agreed to have the images of their artwork disseminated to a wider audience beyond Rwanda. It is possible that they found empowerment in having their stories and lives shared with others.

### 5. Study implications

It is speculated that with the help of arts, street children are able to express their feelings and opinions, this shall be helpful for policy makers and practioners by understanding the needs of children living on the streets in greater depth which might provide them with the opportunity to include children in decision-making processes that are pertinent to their future as contributing members of society and this might have profound implications for any interventions aimed at improving the quality of street children's lives.

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