

ORIGINAL ARTICLE

MANAGEMENT OF SELF-CONCEPT, DISRUPTIVE BEHAVIOR AND AGGRESSION THROUGH ART AND BEHAVIOR THERAPY AMONG INTERNALLY DISPLACED CHILDREN

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Background: This study was conducted to explore the occurrence of aggression, disruptive behavior and nature of self-concept among internally displaced and un-displaced children. This study also examines the effectiveness of art therapy and progressive muscle relaxation (PMR) technique of behavior therapy in the treatment of psychological problems among internally displaced children. **Methods:** In this cross-sectional study a semi-structured interview and Beck Youth Inventory for children and adolescents (2nd edition) were used for assessment. The sample comprised 192 internally displaced and 90 un-displaced children. After taking formal permission from head of the schools, internally displaced children were assessed in their schools arranged for them at Jalozi camp, whereas un-displaced children were assessed at different schools of settled areas in Peshawar. Independent sample t-test was used to analyze mean differences, standard deviation and t-values. **Results:** Results supported the hypothesis. Internally displaced children showed higher levels of aggression (39.38 ± 6.60) with $t(280) = 8.57$, and disruptive behavior (40.97 ± 3.90) with $t(280) = 6.76$, and lower levels of self-concept (48.71 ± 8.31) with $t(280) = -15.32$. **Conclusion:** Internally displaced children showed high levels of aggression and disruptive behavior, whereas their self-esteem was lower than the un-displaced children. This study also provides support to the idea that art therapy and technique of behavior therapy can be helpful in treatment of post trauma psychological issues in children.

Keywords: Aggression; Disruptive behavior; Self-concept; Internally displaced and un-displaced; Children; Art therapy; Behavior therapy; Progressive muscle relaxation technique

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INTRODUCTION

Conflict areas have their own mental health demands.^{1,2} Traumatic experiences can cause children to develop conduct disorders, high levels of aggression and other mood disorders.³ According to the National Child Traumatic Stress Network (NCTSN), children are sensitive to their self-worth that they receive through social interaction and care givers play a significant role in this regard. Care givers interaction has a major impact on the child's perception of wellbeing and self-worth. Psychological problems have been more frequently observed among internally displaced children who are forced to live in camps as compared to those children who live in their own houses.⁴

Self-concept and group identity of children living out-of-home care often results in psychological problems including experiencing rejection, remorse, aggression, neglect, and humiliation.^{5,6} Self-concept is personal understanding of oneself. It is an organized collection of beliefs about one's own nature, unique qualities, and typical behavior. It refers to a collection of self-perceptions, such as competence, potency, and positive self-worth.⁷

Traumatic experiences like war and conflict not only disrupts self-concept of children but also

pose a threat to their conduct. Disrupted behaviors refer to behaviors and attitudes associated with conduct disorder and oppositional-defiant behavior.⁸ American Medical Association defined disruptive behavior as "inappropriate behavior which means conduct that is unwarranted and is reasonably interpreted to be demeaning and offensive. Persistent and repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject of treatment".⁷

In a study, the perception of Palestinian's was assessed during the second *Intifada* and results found that aggressive behavior was prevalent more in children who were refugees (53%) than those who were not (41%).⁹

Folkman and Lazarus suggested that each individual has his own understanding and perception of the world; based on this belief they supported the use of intervention with multi-method approach. For some children focus is concentrated on their behavior, it will in turn affect their feelings and behavior. Thus, some children may get advantage by using PMR technique, whereas, others may get support from cognitive based art therapy techniques. Children use different ways to deal with stress. Regardless, weather it is coping focused to manage

the problem that is creating the stress (problem focused coping) or coping focused at managing the stress itself (emotion focused coping).¹⁰

The objective of the study was to assess the psychological effects of war against terror on displaced children living in camps and to investigate the effectiveness of art therapy and behavior therapy technique with traumatized children.

MATERIAL AND METHOD

After formal approval from University of Peshawar, this cross-sectional research was conducted and data was collected from internally displaced camps at District Jalozi and different schools at Peshawar. Parental consent and formal permission was taken from head of the schools. Sample comprised (N=282) subjects. School children both from internally displaced camps at Jalozi (n=192) and from settled areas of Peshawar (n=90) were randomly assessed. Age range of children included in the sample was between 10–15 years

To assess the children semi-structured interview was conducted initially with every subject to develop rapport and to get demographic data and information about the nature, history, duration and intensity of academic and behavioral problems. Beck youth inventory for children and adolescents (2nd edition) that contains five self-reported sub-scales. These sub-scales can be used separately as well as in combination to assess anger, disruptive behavior, depression, anxiety and self-concept. Reported reliability is 0.86–0.96 which indicates high internal consistency for all age groups on all scales.⁷

Those who scored high on aggression and disruptive behavior subscales, and low on self-concept sub scale of Beck Youth Inventory for children and adolescents (2nd edition) were randomly assigned to control (n=30) and experimental (n=30) groups. Children in experimental group received

psychological intervention, i.e., art therapy and behavior therapy, i.e., progressive muscle relaxation technique, while children in control group received no treatment intervention. Intervention treatment was given for about two months. In art therapy “Trauma Intervention Program (TIP) for children and adolescents” was used. Trauma Intervention Program (TIP) for children and adolescents is based on TLC’s SITCAP.¹¹ It is a short-term intervention program usually based on eight to ten sessions depending on the patient’s progress in each session. Each session has its own objectives that the therapist achieves through different drawing activities and interviews.

RESULTS

Table-1 shows that internally displaced children have significantly low levels of self-concept (48.71±8.31) with $t(280) = -15.32, p = .000$ than un-displaced children. Whereas, internally displaced children showed significantly high levels of anger (39.38±6.60) with $t(280) = 8.57, p = .00$, and disruptive behavior (40.97±3.90) with $t(280) = 6.76, p = .001$ as compared to un-displaced children.

Table-2 shows improved self-concept of internally displaced children from experimental group who received treatment intervention. Pre and post test scores show significant improvement by intervention treatment.

It is also confirmed that anger and disruptive behavior of internally displaced children from experimental group decreased significantly after receiving treatment intervention.

Table-3 shows high significance on concerned three sub scales of beck youth inventory on pre and post-test for control group. Mean difference of pre and post-test in control group on sub scales of self-concept, anger and disruptive behavior show minor differences.

Table-1: Mean, standard deviation and t-values on sub-scales of Beck youth inventory between IDP’s and un-displaced children (n=282)

Sub scales	IDP’s (n=192)		Undisplaced (n=90)		t (280)	p	Cohen’s d
	M	SD	M	SD			
Self-concept	48.71	8.31	62.97	4.30	-15.32	.000	-1.93
Anger	39.38	6.60	33.37	1.11	8.57	.000	1.09
Disruptive behavior	40.97	3.90	37.98	2.23	6.76	.001	0.86

Table-2: Mean, standard deviation and paired sample t-test on sub-scales of beck youth inventory of pre- and post-experimental group (n= 30)

Subscales	Pre-test		Post-test		t (29)	R	p	Cohen’s d
	M	SD	M	SD				
Self concept	42.6	7.63	53.96	6.74	-9.19	.56	.000	-1.57
Anger	43.60	9.01	33.83	2.45	6.04	.20	.000	1.27
Disruptive behavior	41.37	4.99	36.23	2.06	4.80	-2.46	.000	1.35

Table-3: Mean standard deviation and paired sample t-test on sub-scales of Beck Youth Inventory of pre- and post-control group (n=30)

Subscales	Pre-test		Post-test		t (29)	R	p	Cohen's d
	M	SD	M	SD				
Self-concept	44.27	6.65	44.80	6.49	-2.50	.98	.02	-0.08
Anger	48.57	4.24	48.53	4.10	.23	.98	.82	0.01
Disruptive behavior	44.63	5.29	44.13	5.25	2.62	.98	.01	0.09

DISCUSSION

In this study 192 internally displaced children from schools at Jalozi Camp, and 90 from different schools at Peshawar were studied. Semi structured interviews were conducted initially with all the subjects to know the history, intensity, duration and nature of the behavioral and academic problems that they were facing. Screening test, i.e., Beck Youth Inventory (2nd edition) was administered. It comprises of five self-reported sub scales. That can be used in combination as well as separately to assess anger, depression, anxiety, disruptive behavior and self-concept. Reported reliability is .86 to .96 which indicates high internal consistency on all scales for all age groups. Each sub scale consists of 20 items.⁷

This study provided an evidence for the situation of internal displacement and its impacts on the psychological development of children. Children from internally displaced group scored low than un-displaced children on self-concept sub scale. It showed high levels of anger and disruptive behavior as compared to un-displaced children. Standard deviation in the scores of internally displaced groups was high, which shows that more severe cases were present in internally displaced group than un-displaced group.

Disasters are unexpected and challenging to one's capabilities especially for children as they are dependent on others for their existence and wellbeing. Their abilities are still developing to deal with such situations. They may react aggressively because of feelings of helplessness or their emotional distress may cause disruptive behavior.

Trauma can have both long term and short-term effects.¹² To redress psychological injuries caused by traumatic events, psychological interventions have been proved to be very successful and important. In this study, combination of Art Therapy and progressive muscle relaxation technique of behavior therapy were used and proved helpful in treating post trauma psychological issues of internally displaced children.¹³ Similar findings were found by other researchers.¹⁴⁻¹⁷

CONCLUSION

This study demonstrates that children undergo many psychological problems due to displacement from home as a result of unexpected and sudden traumatic

experiences. As a result, their self-concept shatters and lead to development of high levels of aggression and disruptive behaviors. The study also highlights the significance and role of creative interventions in the form of art therapy and behavior therapy techniques in supporting and treating individuals/children's negative experiences of traumatic events.

AUTHORS' CONTRIBUTION

RG: Conceptualization of idea, study design, data collection and analysis. EI: Supervision and final approval. RA: Literature search, report writing.

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