Intervention mediated by the arts with a group of institutionalized young Angolan females

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Abstract: Sub-Saharan Africa faces immense challenges at various levels, including in mental health. We aim to understand the effectiveness of an arts-based intervention with particularly vulnerable populations. In this quasi-experimental study, with pre and post-tests, and non-randomized experimental and control groups, we describe an intervention with institutionalized female adolescents from Angola and report changes in anxiety and depression levels, and on their subjective experiences. Quantitative data shows that the post-test anxiety and depression levels of experimental group participants were lower than all the other groups/moments. Qualitative data shows: (1) that participants experienced personal growth, understood in terms of self-acceptance, responsibility and self confidence; hope, expressed by the desire to continue developing skills and to live a purposeful life; and a greater interconnectedness with the broader system of the reception center; (2) an increase in focus, dynamism and spontaneity, results that are seldom reported in the literature.
This study reflects the importance of offering arts-based programs for adolescents from vulnerable backgrounds, namely residents of institutional care units and that this programs should be guided by the principles of freedom of expression and non-judgement.

Keywords: Sub-Saharan Africa, Arts-based intervention, Depression, Anxiety, Institutionalized.

Sub-Saharan Africa (SSA) population faces immense challenges at various levels, as there are strong associations between extreme poverty and experiencing multiple adversities (Black et al., 2017), such as adverse conditions at birth, malnutrition, food crises, armed conflicts, internal migration, orphanhood (Devereux & Cipryk, 2009), low literacy (De Neubourg et al., 2018), and the spread of mental illnesses. It is estimated that, in the region, cases of depressive and anxiety disorders are 29 and 26 million, respectively (World Health Organization [WHO], 2017). This makes it even more important to develop and research psychological and psychosocial interventions to promote mental health. We will focus particularly on arts-based interventions, as there are records of such programs based in sub-Saharan context developed local tribal traditions (Bunn et al., 2020). Moreover, arts as an intervention demonstrate high suitability for vulnerable contexts: they are inexpensive (Karkou et al., 2022) and show effectiveness with low literacy populations (Bunn et al., 2020) and in regions where there is a climate of threat and fear (Rubin, 2009). Additionally, they are suitable for all stages of the life cycle (Shafir et al., 2020) and very appealing to the adolescent population, who find the safe space provided by the group a force that enhances experiences of self-expression (Moon, 2006; Saraiva, 2017).

Considering a) that common mental disorders are more prevalent in the female population (WHO, 2017), b) the high number of young girls in Angola (44% of the female population in Angola is between 0 and 14 years of age) (World Bank, 2023) and c) the high estimated number of orphaned children in Angola: 1.540.000 (UNAIDS, 2025), we will particularly focus on an art-based interventions developed with female adolescents from Angola, living in institutions.

Clinical and non-clinical arts-based interventions

From the most remote times, the arts have been used as a means of transcending human experience, communicating, and representing external and internal realities (Shafir et al., 2020). Be it through the visual arts, dance, theater, or music, there is extensive evidence of the impact of the arts and art therapy on physical, neurophysiological, motor, and mental health (Krüger & Diaz, 2023; Shafir et al., 2020) and on social inclusion (Braband et al., 2014; Saraiva, 2017). Arts have been widely used by the WHO in its work on health promotion, since "the arts are a vital partner in our health, care and well-being" (Bailey, 2022, p. 1). There is wide scientific evidence of the effectiveness of arts-based clinical and non-clinical interventions on mental health and well-being showing them as holistic and effective alternatives to biomedical interventions (Jensen & Bonde, 2018). Recently, a systematic literature review (Shafir et al., 2020) analyzed 82 articles describing clinical and non-clinical interventions that used different types of expressive mediators (visual arts, dance, theater, and music) that were developed in a variety of contexts (hospitals, schools, museums, and community in general). Some specific benefits highlighted were the improvement of socio-emotional well-being, cognitive performance, bringing family and community groups together, managing psychological suffering, increasing self-acceptance and personal growth and decreasing anxiety states.

Particularly in the clinical context, art therapy stimulates the experience and expression of one's own creative abilities and promotes self-awareness, autonomy, and authenticity (Holmqvist et al., 2017). Furthermore, when applied to young people in a group context, it can offer a safe space where they can develop interpersonal and behavioral management skills (such as cooperation and anger management) and communicate disturbing thoughts and feelings through various expressive mediators within a support network (Moon, 2006). Here, the group serves as support to expressing feelings that are not socially acceptable, and to explore new possibilities of existence and new roles (Oaklander, 1980). Specifically with young girls in socially vulnerable situations, art therapy can contribute to a positive change in their self-concept, by promoting their self-knowledge and social integration (Saraiva, 2017). Some research on specific expressive mediators (e.g., music), also revealed its positive effects at psychological, biological, and neurological levels (Krüger & Diaz, 2023).

Regarding non-clinical interventions based on involvement with arts, culture, and creative activities, some of the documented effects are the increase of self-confidence and self-worth, sense of belonging to the community, creation of new social relationships, participation in meaningful activities, relaxation, development of new coping mechanisms, increase of motivation and decrease of levels of depression (Jensen & Bonde, 2018). Likewise, a literature review covering 20 studies that used artistic activities (performing arts, visual arts, dance, and music) as an educational and behavioral tool to improve the health of the child and youth population indicates that participation in artistic interventions had the effect of increase confidence, self-esteem, and interpersonal skills, reduce the use of narcotic substances and convey a feeling of empowerment and personal satisfaction (Bungay et al., 2012).

We find reports of positive effects with diverse vulnerable groups as the of experience of dance with groups of adolescent girls with internalizing problems (Duberg et al., 2016); art workshops with children of families with refugee status (Cumming & Visser, 2009), music therapy with

migrants (Krüger & Diaz, 2023). With institutionalized minors, we refer to an arts intervention with orphaned adolescents in South Africa. Using a the "Memory Book" helped participants to retell their life stories and cope with grief (Braband et al., 2014).

In the literature we find guiding principles for the efficacy of expressive work, namely freedom of expression, recognized as the basis for the development of emotional and social skills (Rubin, 2009), non-judgment, understood as a support from which several benefits of an expressive process can emerge (Duberg et al., 2016), and focus on the process (*vs.* the result) (Reis, 2014).

The present study

Despite the growing recognition of the arts as an instrument for improving well-being and quality of life in different dimensions, it is still essential to expand knowledge about how this type of intervention can transform thoughts, feelings, and actions in understudied demographic areas (Bailey, 2022).

As such, this study seeks to understand the effects of an intervention based on the combination of two expressive mediators on the mental health and subjective experience of adolescents living in an institutional care facility in Luanda. Specifically, our goals were to (1) compare anxiety and depression symptoms of the adolescents before and after the involvement in the arts-based intervention, having a control group as reference, and (2) analyze perceive changes in participants, as well as their guardians and peers.

Method

Design and participants

This study has a quasi-experimental design, with pre and post-test, with a non-randomized control group. It also followed a mixed methodology approach, with both quantitative assessments (questionnaire) and qualitative ones (through a focus group interview). Participants of this study were residents of the same institution (only one institutional care unit was selected so that all the young girls lived in the same place, which would facilitate group cohesion and transportation to the places where the workshops were held). 13 girls (during the intervention, one of the participants was expelled from the institution for non-compliance with current rules, leaving her in the care of her older brother. She was later contacted to check her interest in continuing attending the workshops, which was verified. Her brother was contacted to facilitate her continuation in the project, however, this ended up not happening) were part of the experimental group and 12 girls formed the control group.

Experimental group. The experimental group sample was composed of 13 young girls, aged between 15 and 17 years old ($M = 16.08$, $SD = 0.86$). All members had complete literacy, and more than half had completed basic education (53.8%). In this group, school years ranged from 10th to 12th grades.

Most participants had at least one living parent (61.5%), and 38.5% were orphans. The majority were placed in the institution due to financial difficulties of the caregivers (46.2%), family abandonment (15.4%), and lack of educational opportunities in the place of origin (15.4%). Participants had lived at the institution for a period from 1 to 15 years ($M = 8.31$; $SD = 4.94$). The majority did not carry out any extracurricular activities (53.8%), and the ones who did were mostly involved in sports (46.2%).

Control group. The control group sample was composed of 12 young girls from the same institution as the girls from the experimental group, with ages between 12 and 19 years old (M = 14.83, SD = 2.47). The same inclusion criteria were considered for the formation of the control group, except for the age group (the girls in the control group were less than 15 or more than 17 years of age).

Procedure and instruments

After contacting the institutional care facility and having the legal guardian for the resident children authorize their participation, the experimental and the control groups' participants were identified based on age. The maximum limit of participants in the experimental group was determined by the capacity of the transport vehicle. All young girls (except for three who were not present at the institution at that time) who met the inclusion criteria (live fully in the reception center, be between 15 and 17 years old) for the experimental group were invited to participate in the presentation session. Two meetings were scheduled with the participants to sign the informed consent, completing the Hospital Anxiety and Depression Scale (HADS) and the socio-demographic questionnaire.

At the end of the intervention, all participants answered again the HADS measure. In parallel, we carried out two focus groups.

Intervention. The visual arts and dramatic methods were used as expressive mediators based on the training of the first author of this paper in both, who assisted the workshop facilitators. The visual arts and dramatic expression sessions took place over 11 weeks.

In both workshops, each session addressed a specific topic and was planned weekly with each facilitator, to provide limits, a cohesive structure, and a supportive environment for the participants (Riley, 1997 cited by Moon, 2006; Moon, 2006). The common structure of the sessions consisted of an initial moment for warm-up, followed by activities addressing the theme of the day, and the closing, in which creations, discoveries, feelings, ideas, and possible doubts were shared with the group.

The proposed themes were guided by the experience of the first author of this paper, as a member of dISPAr Teatro and two years as a member of ProjectoEco (both university theater-based projects following a strong line of connections between theater and psychology, in a university institute with strong traditions of psychological and social interventions), by the report of a dramatic expression project as an intervention with young girls living in a children and youth home in Portugal (Vieira, 2016), by an article on artistic intervention with adolescents (Moon, 2006), by manuals on group dynamics and dramatic expression (Farmer, 2012; Luiz, 2018; Rooyackers, 2004), by an intervention with orphaned children in South Africa, India, and Kenya based on the use of the 'Memory Book' (Braband et al., 2014), in addition to exchanging ideas with the workshop facilitators, with no specific project being used as a sole reference.

The fundamental objective of the sessions was to apply the guiding principles to facilitate the manifestation of the creative potential of the participants through the selected expressive mediators (see Tables 1 and 2). The intervention was supervised by one of the authors of this paper, a senior art-based psychotherapist, with decades of experience dedicated to leading groups focusing on expressive arts.

Table 1

Summary of dramatic expression intervention sessions

Theme	Dramatic expression		
	Starting	Development	Closing
Intro	> Getting to know the facilitator, the space and the rules	> Name game	> Opening circle	> Warm-up (e.g., vocal warm-up, stretching)	> Notion of space (e.g., walking through the room occupying the empty spaces)	> Team building (e.g., guiding others who have their eyes closed)	> Final sharing (e.g., "How did you feel during the exercises?")	> Next themes	> Closing circle
Presence	> Initial sharing (e.g., "Is there something you'd like to say about the last session?")	> Opening circle > Warm-up (e.g., waking at different speeds)	Notion of physical and bodily space	> Notion of the other	> Games of introductions, sensations and presence (e.g., listening with your eyes closed)	> Final sharing (e.g., "What thoughts were running through your mind?")	> Closing circle
Focus	> Initial preparation	> Talk about the guiding principles and the process of the intervention	> Opening circle	> Warm-up	> Active listening	> Break	> Games of concentration and focus (e.g., change the rhythm, what did I do?. who left?, simultaneous clapping)	> Final sharing (e.g., "What would you like to share about this session?")	> Closing circle
Group cohesion	> Initial preparation	> Initial sharing	> Opening circle	> Warm-up	> Active listening and concentration	> Trust building (statue)	> Break	> Games of group cohesion (e.g., come with me?, presence to the body)	> Final sharing (e.g., "Could you identify which principles were applied in each exercise?")	> Group hug	> Closing circle
Movement and motor coordination	> Initial preparation	> Initial dynamic	> Opening circle	> Warm-up	> Break	> Active listening	> Games of concentration	> Mime and motor coordination games (e.g., flexispace, speaking with the body)	> Final sharing	> Closing circle
Improv and storytelling	> Initial preparation	> Initial sharing (e.g., checking the group's level of energy, recap of the last session)	> Opening circle	> Warm-up	> Active listening (e.g., catch the story, connecting link)	> Break	> Improvisation and storytelling games (e.g., family portrait, guess the emotion)	> Final sharing	> Closing circle
Improv (cont.)	> Initial preparation	> Initial sharing	> Opening circle	> Warm-up	> Active listening and concentration (e.g., imaginary room)	> Break	> Drama and improvisation games (e.g., who, where and what, game of interferences)	> Final sharing	> Closing circle
Co-creation of characters and screenplay	> Initial preparation	> Initial sharing	> Initial dynamic (e.g., writing and reading of poems)	> Opening circle	> Warm-up	> Dynamic for embodiment (e.g., answer the who, when and where of characters of the poems)	> Break	> Drama games (e.g., poetry in movement, can you hear what they're saying?) (Form groups based on similarities in answers)	> Final sharing	> Homework proposals (e.g., to bring characters' clothes, accessories and objects on the next session)
Rehearsal (2)	> Initial preparation	> Initial sharing	> Opening circle	> Warm-up	> Exercise of active listening	> Break	> Introduction of characters through improvisation or > Rehearsal > Break	> Final sharing	> Homework (e.g., write the lines of their characters bring them in the next session)	> Closing circle
Rehearsal and closing	> Initial preparation	> Initial sharing	> Opening circle	> Warm-up	> Exercise of active listening	> Break	> Rehearsal	> Final sharing (e.g, feedback on rehearsal, improv techniques, experiences during performance > Closing dynamic (e.g., wishing well)	> Closing circle
Final present	Final presentation		

Table 2

Summary of visual arts intervention sessions

	Visual arts		
Theme	Starting	Development	Closing
Intro	> Initial presentation (e.g., getting to know the facilitator, space, materials and process of intervention; notions of the relation between the 5 senses and the arts, highlighting self-expression as the essence of the intervention)	> Introduction to contents and practices of the intervention (e.g., watching videos about cutting, pasting, abstract painting and how to make a graphic diary) | > Presentation through drawings | > Beginning of the graphic diary	> Homework proposal (e.g., cutting and pasting to personalize their graphic diary, drawing of something of their daily routine)
Cutting and pasting of the masks	> Initial reflection (e.g., "What do you remember about what happened and what was said at the last meeting?")	> Notion of visual arts (e.g., PowerPoint about 5 main visual arts and their practice) | > Cutting and pasting for "my journal" | > Presentation of the artistic creations to the group	> Final reflection (e.g., "What to share about today's session?") | > Homework proposal (e.g., cutting and pasting about my experiences
Cutting and pasting of the masks (cont.)	> Initial reflection (e.g., "How was your week?", "What do you remember about what happened and what was said at the last meeting?") | > Presentation of last week homework	> PowerPoint presentation about the concepts of social mask and inner self | > Cutting and pasting (e.g., creating a mask that represents what they show to society	| > Final reflection (e.g., "Why we use a mask in society?") | > Homework (e.g., through cutting and pasting creating a mask that represents their inner self
Sculpture of the heart	> Initial sharing (e.g., "How was your week?") | > Presentation of last week artistic creations	> Preparing material for taking notes | > Reading an excerpt of The Little Prince | > PowerPoint presentation about sculpture and for an inner connection dynamic | > Taking notes in the graphic diary | > Beginning of the sculpture	> Final reflection (e.g., "How did you feel during today's session?", "What would you like to share?")
Sculpture of the heart (cont.)	> Drinking tea while exploring the garden | > Warm-up dynamic (e.g., seat by alphabetical order) | > Initial sharing in pairs (e.g., reflection on memories about last week)	> Preparation of material | > Completion of the sculpture	> Final reflection in pairs (e.g., reflecting on the process of sculpting, difficulties, thoughts, emotions, and meanings)
Intro to free painting and drawing	> Preparation of the material | > Warm-up dynamic (e.g., occupy a seat by age) | > Initial sharing in pairs (e.g., reflection on what they remember about last week)	> Introduction to painting (e.g., explanation of different types of paint, brushes, and how to create colors by mixing, and of the concepts of filling and limit)	> Reflection in pairs (e.g., about representations & feelings while painting) | > Homework (e.g., draw about "My biggest fear?" or "What makes me happy?")
Painting with a guest	> Preparation of the material | > Initial dynamic (e.g., occupy a seat by how long they live at the reception center)	> Completion of the painting | > Talking with a guest (e.g., listening to the experiences of a local painter from a similar background)	> Final reflection
Painting of memories	> Warm-up dynamic (e.g., occupy a seat by birthday month) | > Dynamic about what a drawing is (e.g., display of simple or "not beautiful" drawings, drawing with closed eyes)	> Dynamic for evoking memories (e.g., reading of a poem about memories) | > Painting with the theme "memories"	> Final reflection | > Homework proposal (e.g., to write the story of their lives in their graphic diary)
Painting of own story	> Warm-up dynamic (e.g., occupy a seat by number of siblings) | > Presentation of last week homework | > Preparation of the material	> Painting with the theme "my story"	> Presentation of the artistic creations to the group | > Final reflection
Painting of oneself	> Warm-up dynamic (e.g., occupy a seat by the title of their favorite book) | > PowerPoint presentation about self-portrait and for a self-reflection dynamic	> Painting with the theme "myself"	> Presentation of the artistic creations to the group | > Final reflection | > Talking about the exhibition of the creations
Closing	> Warm-up dynamic (e.g., occupy a seat by height)	> Display of the artistic creations from | > Closing dynamic (e.g., writing a quality in the back of each person of the group until everyone has shared qualities with the whole group) | > Group activity (e.g., watching a movie together)	> Final reflection about the group activity | > Final sharing
Exhibition	Exhibition of the artistic creations at the reception center		

Hospital Anxiety and Depression Scale (HADS). Participants completed the Hospital Anxiety and Depression Scale. Originally designed for non-psychiatric patients treated in general clinics in more favored socioeconomic contexts, HADS also demonstrates suitability to be a screening tool in low and middle-income countries (e.g., Bjelland et al., 2002). To reduce possible cultural differences in the definition of the disorders that the scale assesses, we followed psychometric recommendations to assure greater ecological validity (Ali et al., 2016). As such, we carried out one focus group interview with three people (Van Eeuwijk & Angehrn, 2017). They were all over 18 years of age and working within the institution and consisting of a natural group with sufficient intragroup diversity. The final scale comprised seven items in the anxiety subscale (sample item: "I feel restless as if I have to be on the move") and seven items in the depression subscale (sample item: "I feel as if I am slowed down"), that were answered from 0 (Absent) to 3 (Very frequent). Due to the low sample size, we performed independent confirmatory factor analyses for each scale in the pre and post-test. In every subscale, one item had an unsatisfactory loading (the same across the anxiety pre and post-test subscales and the same across the depression pre and post-test subscales) and was taken from the analysis. The analyses with six items showed adequate fit for pre-test anxiety (χ^2/df = 0.79, CFI = 1, TLI = 1.035, RMSEA = 0), post-test anxiety (χ^2/df = 0.72, CFI = 1, TLI = 1.736, RMSEA = 0), pre-test depression (χ^2/df = 0.58, CFI = 1, TLI = 1.23, RMSEA = 0) and post-test depression (χ^2/df = 0.74, CFI = 1, TLI = 1.07, RMSEA = 0). Four subscales were computed by adding the scores of the correspondent six items: pre-test anxiety (M = 7.85, SD = 3.72, α = .717), post-test anxiety (M = 6.36, SD = 3.12, α = .581), pre-test depression (M = 6.04, SD = 2.81, α = .536) and post-test depression (M = 4.12, SD = 3.05, α = .610).

Focus groups. The first focus group was carried with the 12 participants of the experimental group and the second was carried with external observers (the facilitator of the visual arts workshop was unable to participate), including the facilitator of the dramatic expression workshop, two "sisters" (this is the expression used for the nuns from this religious institution) working at the institution and three peers, also residents of the institution. In both focus groups, we sought to assess the perceptions that both the adolescents and the observers had of the self-expression process experienced by the participants in their daily behavior and their attitudes, throughout the process and at its end.

Results

Anxiety and depression

To test the effectiveness of our intervention, we ran a 2 (Group: Control *vs.* Experimental) by 2 (Time: Pre-test *vs.* Post-Test) mixed-design ANOVA with repeated measures on the second factor to explore differences in the results of the scales of Anxiety and Depression. Starting with the Anxiety scale, results revealed that the anxiety level in the pre-test (M = 8.08, SD = 3.60) is overall the same that in the post-test (M = 6.36, SD = 3.12, F (1, 45.45) = 3.593, p = .064, IC 95% [-.107, 3.55]). However, there are overall differences in the groups, with the control group (M = 8.38, SD = 3.65) experiencing overall more anxiety than the experimental group (M = 6.15, SD = 2.94, F (1, 45.32) = 6.527, p = .014, IC 95% [.482, 4.072]). Importantly, the interaction term between the group and the time of measurement was significant, F (3, 31.94) = 3.345, p = .031. As predicted, the post-test Anxiety levels of experimental group participants (M = 5.15, SD = 2.27) were lower than all the other groups/moments: the pre-test of the experimental group (M = 7.15, SD = 3.26), the pre-test of the control group (M = 9.08, SD = 3.82) and the post-test of the

control group ($M = 7.15$, $SD = 3.26$). We conducted a planned contrast within the interaction term, specifically, we compared the priority given to the post-test of the experimental group (weight of -1) to all the others (1/3 to each) and it was significant, $L1 = -2.814$, $SE = .976$, t (35.899) = -2.885, $p = .007$, IC 95% [-4.793, -.835].

We ran the same analysis on the depression scale results, revealing two main effects of time of measurement and group type. Depression levels in pre-test ($M = 6.00$, $SD = 2.85$) were overall higher than in the post-test ($M = 4.12$, $SD = 3.05$, F (1, 46.60) = 6.041, $p = .018$, IC 95% [.341, 3.419]), and also higher in the control group ($M = 6.33$, $SD = 3.40$) than in the experimental group ($M = 3.88$, $SD = 2.20$, F (1, 46.57) = 10.421, $p = .002$, IC 95% [.927, 3.993]). Again, the predicted interaction between the two terms was significant, F (3, 29.97) = 5.38, $p = .004$. Specifically, the same planned contrast as run with Anxiety levels showed that the post-test depression level of experimental group participants ($M = 3.00$, $SD = 1.96$) was lower than all the other groups/moments: the pre-test of the experimental group ($M = 4.77$, $SD = 2.13$), the pre-test of the control group ($M = 7.33$, $SD = 3.06$) and the post-test of the control group ($M = 5.33$, $SD = 3.60$, $L1 = -2.812$, $SE = .909$, t (30.588) = -3.092, $p = .004$, IC 95% [-4.668, -.956]) (Figure 1).

and after the intervention
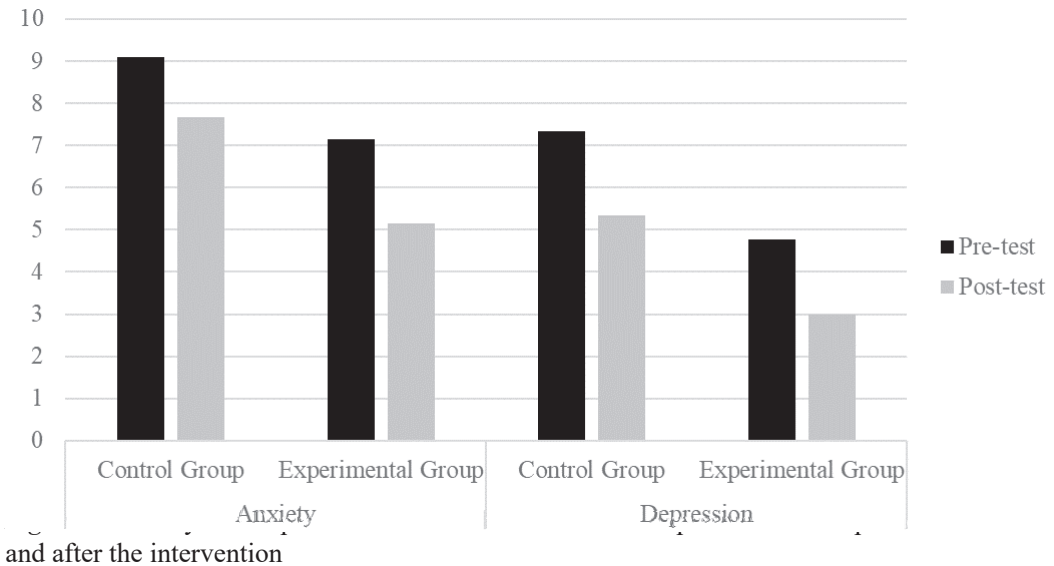
The experiences of participants, peers and legal guardians

For the qualitative analysis, thematic analyses (TA) were carried out from the transcripts of the two focus groups interviews, one with the external observers and the other with the participants. TA was chosen because of its flexibility (can be applied to a variety of theoretical approaches), its ability to summarize key aspects of data sets while providing detailed information, and its compatibility with both the essentialist and constructivist paradigms (Braun & Clarke, 2006).

TAs were based on the essentialist or realistic method, which reports experiences, meanings, and the reality of participants in an investigation, were data-driven, and the creation of themes was made at the semantic level. Following the steps proposed by Braun and Clark (2006), the interviews were listened to a few times and later transcribed. We tried to maintain the original meaning of the sentences and, as far as possible, include non-verbal expressions, as well as the

meaning of local expressions. Thus, the stages were: (1) Familiarization with the data; (2) Generation of initial codes; (3) Search for themes; (4) Reviewing of themes; (5) Definition and naming of themes and (6) Production of the report.

The TA of the focus group interview with the participants resulted in 3 central themes and 24 sub-themes. Following the order of frequencies, the central themes are: Relationship with Self (54), Relationship with Others (20), and Function of Expressive Mediators (22).

The most frequent theme (Relationship with Self) is related to aspects concerning the participants' inner world, as well as how they relate to these aspects and unfolded into 3 subthemes. The first one (Changes) relates to what they recognized as different in themselves, after experiencing the intervention process. It is divided into three other more specific themes.

Concerning Personal Growth, participants emphasize self-acceptance (for example, P6 states that "*We have to be what we want and because she wanted (...) me to be someone I am not, I was able to realize that she* (a friend) *didn't accept me as a friend, so through this art I was able to realize that, yeah, I have to be the way I want, the way I am. It was really good*", while P2 says "*I think that in art I learned that we should be who we are, not what others want us to be or what others think we are*"), responsibility (P3 stating that "*I learned to be a little responsible and a little punctual. Before, I didn't have that, I didn't have responsibility, I didn't care about what people came to tell me (...), I didn't care...*" while P7 tells that " *I learned to know how to be in each moment. For example, we are in a meeting now, [I've learned] not to behave as if we were at a party*"), improved self-image (P2 stating "*Now I see myself as an artist [laughs]. Now art has become more serious. Before I just drew for the sake of drawing, but I've always liked drawing*"), autonomy (P3 says "*[The process] was important. I took some things from the theater [dramatic expression] to teach the children. (...) Today I shared the exercise of confidence. Of self-confidence. Oh [and] Family Portrait*", while P1 affirmed "*Each person thought about their outfit*"; "*If you were that character, what would you wear?*"), and self-confidence (P1 and P11 agreed on stating "*Self-confidence*" and "*Self-confidence and trust in others*").

Regarding Socio-emotional and Cognitive Skills, there is an emphasis on increased openness to others (for example, P3 said "*I learned to share more with people. I used to really like keeping it to myself. I learned to share much more with people*", and several participants stated that now they "*Interact with other people*" more), new coping mechanisms (P14 says "*The art classes brought me a way to 'speak quietly'. Yes, 'speak quietly' because through drawing... instead of (...) speaking like this (...) I can draw and the drawing speaks for me. It's 'speak quietly'*", and P1 "*I can notice, 'no, today I'm very sad, I can express it in a drawing', which I also think is a good method, instead of us talking to people*"), relaxation ability (P1 says the project helped her "*Feel at ease and be calmer*" and P2 says "*I also feel more at ease*"), greater focus (P11 says "*Paying attention to what you are doing, regardless of interruptions*", while P7 says "*Having focus (...), when I'm very focused on something, someone might be there playing, making noise, but I don't lose focus on what I'm doing*"), and empathy (P7 says "*Even though I don't know who drew it and it's ugly, but then, I know that there are things that the person felt, maybe they were sad or happy and drew it, so I don't judge it*".

Finally, the sub-theme Hope for the Future refers to participants' sharing of positive emotional states, like motivation (P3 said that the program "*... gave me a lot of motivation. I learned a lot that I didn't imagine I would learn*", and P4 affirmed that "*... as the classes progressed, I started to enjoy painting, drawing and it motivated me to write*"), feelings of personal freedom resulting from the recognition of expressive power (P11 referred specifically "*Freedom of expression*" and she was reinforced by P1: "*For me, too (...) freedom of expression, because in a drawing I can draw whatever I want, I can say whatever I want, depending on the situation. In good times and sad times. And, in dramatic expression I can represent, or also express what I feel at the moment through theater, through a play*"), and their desire to continue developing skills and to have a life

purpose (P8 and P7 say, respectively, *"What this experience brought me is the purpose of life"* and *"... it also gave me an idea. Maybe one day I could be... how do I say? A visual artist"*.

Secondly, participants identify Challenges, sharing multiple difficulties experienced before and during the intervention process. For example, P13 said *"Whenever I was drawing, I would say 'damn, this isn't going well... I don't want to draw anymore, I don't like things that stress me out', so I would think 'should I stop or should I continue?', I would answer myself 'no, I'll continue, maybe something can change'"*.

Finally, regarding the Inner Inspiration sub-theme, they shared the sources of intrinsic motivation to remain in the expressive process. That was the case of P1 who said, *"A lot of people used to tell me 'you have talent', but I didn't see that. I noticed, like, I was good in this area, but it wasn't 100%. But after I joined this project, I really saw 'no, I really have talent (to act)'. It was another motivation for me"*. P2 also said *"I've always liked to draw [laughs]. Yes, I've always liked to draw. This project inspired me even more"*.

The second most mentioned theme (Relationship with Others) refers to aspects related to the context of the participants, more specifically to the group circumstances that influenced their individual process. The sub-theme Importance of the Group can be observed in statements like *"But when we went to perform, from the moment the first scene happened, there was dedication. The girls wanted to be there. Yeah, they performed really well. And that transmitted energy to us in backstage. (...) the girls who came in to do the following [scenes], they totally gave themselves over to what they were performing. And it was also one of the best moments of the process"* (P11) or in P3's *"We had confidence in ourselves...And in our partners"*.

Concerning the sub-theme Observation of the Other, P1 states that *"P6 can now, like, express what she feels. P6 was very closed too. (...) She was like in her own world. But now she can be in everyone's world. P5 was also very closed"*, and that *"I noticed that P11 became more responsible, P14, she didn't talk much to people about her things..., personal things. But now she can interact with people. P7 was also very closed, but now she can talk. P13 also"*.

External Inspiration is a sub-theme that can be witnessed in statements like P3's *"But after I got used to it, the teacher explained his drawings, the meanings of the drawings, I began to understand the importance of drawing"* or P13's *"With the teacher's explanation, the paintings that the teacher made also motivated me a lot to like art"*.

The third central theme revolves around the role of Expressive Mediators, describing how the participants interpreted the purpose and essential characteristics of each of the expressive mediators used, both visual arts (for example, P1 stated that *"Visual expression is a kind of free expression. We represented what we saw and felt. Things that we were unable to express to people that we can represent in a simple drawing. Many times people can see that this drawing makes no sense. But only after you explain the (...) content, then the person will really know what is being represented"*, while P4 says *"Visual [expression] is also like a refuge when we are sad and want to cry. We can't cry, we can't talk to anyone, we can't vent what's inside us, that sadness, because you'll think 'if I talk to her, maybe she'll feel sad', so to avoid bringing sadness to that person you prefer to write or draw"*) and dramatic expression (P2 says *"It can help us if we are embarrassed to speak in public"*, and P13 states that *" it's like disconnecting from all the problems we have (...) and doing some exercises to have energy in our bodies..."*).

Focus group with the observers. The thematic analysis of the focus group interview with external observers resulted in 3 central themes and 9 sub-themes in total. Following the order of frequency, the central themes are: Observations on Occurred Changes (35), Observations on the Process (10), and Observations on the Expressive Potential of the Participants (5).

The first theme (Occurred Changes) refers to what the observers noticed in everyday behavior and attitudes of the participants throughout and at the end of the process. The first sub-theme

(Openness to Others) relates to interactions with other people and encompasses attitudes and behaviors expressing readiness for contact with others, such as more verbal communication with peers and caregivers, projecting their voice more, a greater willingness to engage in dialogue, and sharing their learnings with peers and caregivers. For example, Observer 1 (O1) says *"Some of them are more open, because at the beginning they were a little more closed, but throughout the project (we saw that until the last day) there was more openness. Both in the relationship between them and with us, the Sisters"*, while O4 says, talking about how participants even shared new learnings with their peers, useful during presentations to an audience: *"... there were some (of us) who (...) weren't managing, and they said 'no, you have to concentrate, you have to talk and pretend there's no one there' (laughs)"*.

Sub-theme Responsibility concerns commitment, organization, focus, centering, pursuing a goal, and carrying out tasks, whether academic or related to the wider group from the foster house. We can find statements as the following: *"And I think that now, many of them have become much more focused"* (O2); *Before going to class, they would first try to leave their work (ready). They would do their work first, leave everything organized, and then go to class"* (O3); *"They became more responsible, (...) because before not all of them did what they had to do"* (O6); *"I would say that before they didn't have a goal (...). But now they (...) know what they want. Even when you see them doing something you see (...) they're not doing it just for the sake of it. So, they've grown a lot in this aspect of making decisions"* (O1); *"During these days (...) I noticed that she [10] is taking the notebook, (...) she is reading"* (O4).

Sub-theme Dynamism is related to more responsiveness in task execution, ability to perform simultaneous activities, and increased mental agility. As O2 puts it, *"many of them, if you notice, at a psychic and motor level, that is, at a dynamic level, have already changed a lot. (...) Some were very slow to do things, but nowadays... there is a certain dynamism"*. Or, in O4's words, *"She [P10] is being more dynamic, she is no longer having that mental laziness that she had before. For example, she is in the exam period, and she is really studying and everything"*.

Concerning Uninhibitedness, regarding the observation of the participants' ability to expose themselves, face the audience, and overcome the tendency to withdraw and behave timidly, O2 stated that *"P9 is shy by nature. But I saw her on stage, and she didn't even seem like P9, right? That means there was a huge evolution. (...) And (before) she was one of those people who didn't want to perform"*. O4 stated that *"Something I've also noticed a lot is when facing the audience. They didn't have that ability to do it, but now... some of them can face the audience"*.

Spontaneity is linked to the participants' ability to improvise, observed on stage during critical moments of the final presentation. O2 observed that *"even when there were possible errors, they managed to solve them. And this, for example, was not obvious to those who were not involved in the process"*. O1 said *"We would say that there is spontaneity... that's it...spontaneity! Exactly!"*.

Finally, the enhancement of Self-esteem can be seen in the opinion of O2 about one of the participants: *"Then there's also the issue that when they're pretending, if someone laughed sometimes, they would feel bad (...), learning, right, to have (...) self-esteem. Managing some internal conflicts, right, and even external ones. And I think that's something she [P8] learned"*.

The second most mentioned theme, Process, focuses on aspects related to the creation of the group, the challenges that were faced and the (lack of) motivation of the participants. As examples of the first sub-theme (Group Creation), O1 stated that *"in the end they managed to reach the goal of the training, which is to participate, which is to motivate each other, because they also gave themselves to each other"*. O2 said that *"... each one began to realize that everyone is different and that they had their moment to blossom in what was the initial objective: all to work towards a single goal. And then the aspect of integration began to be a fundamental factor because over time they learned to know each other better, to share more"*, and she added that *"Let's consider that there was also a factor among them that maintained the aspect of unity. If before*

there was concern about whether they would come, (...), at the end of the process they were already looking for each other, and they all wanted to come at the same time".

Concerning the Challenges, the observers pointed out the presence of a tendency to inhibition (O2 said *"Some are introverted and others are extroverted and often at the beginning of the process there was still (...) this ice that needed to be broken"*), the fear of making mistakes (O2: *"P8 herself had this difficulty of [not] wanting to speak so as not to make mistakes. Among the twins too... sometimes they were afraid of making mistakes"*), or the resistance to attend the sessions, as seen in O1's words: *"... but when we got to the middle, that's when the resistance started. Some wanted to go, others didn't"*.

Observations on the motivation of the participants (or lack thereof) can be seen in the words of O1 (*"... not everyone had the ability to motivate themselves throughout all the sessions, but some did. But they (others) didn't give up even after that"*) or O2 (*"They became more motivated and (...) there is no longer that need to search or call (...). So, it was a very positive sign"*).

The last theme (Expressive Potential of the Participants) concerns the observed improved ability of participants to express themselves. As O1 puts it *"...there are certain things that were within them, but they needed to be awakened a little bit and that is what happened with the training"*. O2 says that *"Although they are shy by nature, it doesn't mean that they don't have the 'artistic being' to stand out (...). For example, P8 and other girls who are shy by nature, but who on stage managed to get rid of this to give themselves over to the character. In other words, (...) it was clear that there was a certain evolution"*, and O5 states *"P2 no longer felt that passion for drawing and now she's back and with a lot of determination. She draws a lot. She really draws very well. Before she [P2] didn't have that love for drawing. She didn't draw that much"*.

Discussion

Together, the quantitative and qualitative analyses revealed a rich and effective outcome from participating in an art-based intervention for these institutionalized female adolescents in Angola.

Regarding goal 1, the levels of the Anxiety and Depression subscales decreased in both groups. Despite this, the reduction was more significant in the experimental group, which suggests the influence of the intervention. This is in line with Karkou et al. (2022), who mentioned the reduction of anxiety states as one of the benefits of using expressive mediators in clinical and non-clinical interventions. This is particularly relevant considering that young people in social vulnerability are more at risk of developing depression, as this is associated with low quality of life and unfavorable socioeconomic conditions (Gbadamosi et al., 2022), which means that, in general, young girls living in institutional care facilities could present high levels of depression. As our groups were non-randomized, it is possible that the young girls interested in participating in the program had lower depression scores, or, putting it in another way, maybe girls with higher depressive symptoms did not want to participate.

The generalization of the positive effect from experimental group to the control groups described here accompanies the systemic effect that is described in further detailed in the focus groups. This is reinforced by the fact that the second moment of data collection took place a few days after the final presentation/exhibition of the artworks, which marked the end of the year, when there are many social events, celebrations, tours, and visits of entities or people interested in helping the institution where all participants live, which can generate an atmosphere of greater personal satisfaction. These conditions may have positively affected the young girls and contributed to the general decrease in levels of depression and anxiety symptoms.

In the focus group, almost all participants described changes linked to the acquisition of new knowledge, interests, resources, and new perspectives on life, which they closely associated with

the freedom to express their feelings, and increased motivation to continue learning and expressing their potential. This, in turn, could have generated changes in the way they perceived themselves, having reported changes inherent to the process of development as an individual, an effect also found in another study (Karkou et al., 2022), according to which interventions mediated by the arts, both in clinical and non-clinical contexts, can increase growth mindset.

In this sense, some participants recognized skills that they already possessed, but which were not deeply integrated into their way of perceiving themselves, and began to integrate new skills, talents, and perspectives, discovered throughout the process, both by themselves and by the group, which had also the role of reflecting this back to them. Likewise, an intervention through art therapy with socially vulnerable young girls indicates that it can promote self-knowledge and foster social integration (Saraiva, 2017).

More than half of the participants reported an increase in self-acceptance, explained in close connection with authenticity. Also, a greater acceptance of their own drawings and themselves was reported, translating into less desire to meet other people's expectations. Other studies have also reported self-acceptance, authenticity, and reduced social comparison as effects of arts-based interventions (Duberg et al., 2016; Holmqvist et al., 2017; Karkou et al., 2022).

Many participants and observers identified increased responsibility, in terms of punctuality, organization, commitment, and execution of tasks. Similarly, an association between freedom of artistic expression and responsibility has been documented, with individuals answering for what they do, as they become solely responsible for their own actions (Gonçalves, 1983).

Participants' connection with the group was evident, both with the experimental group and the broader group at the institution in which they lived. Participants and observers cited several changes associated with greater openness to social interaction, understood as the ability to be more open in known and unknown environments, to work as a team, and to share learning with peers and guardians. Observers said that participants spontaneously shared what they were learning in the workshops with their families at the reception center, both with younger brothers and sisters of their age group, as well as with their guardians. Participants were witnessed by the house group when, at times, they carried out tasks from the visual arts workshops. They used to explain and transmit what they learned throughout the sessions to those who observed what they were doing. They transmitted, for example, breathing techniques and dynamics to increase presence, inner listening, and relaxation, learned throughout dramatic expression sessions. For the final presentation of the play, by the initiative of some participants, a few "sisters" who did not participate in the project were included in the rehearsals. One of them, a member of the group of external observers, mentioned that she learned from the participants to have more confidence in herself. These examples show an increase in participants' autonomy, an effect already found in interventions based on art therapy (Holmqvist et al., 2017) and freedom of expression in creative work (Gonçalves, 1983). Furthermore, increasing social skills, learning to work in groups, and developing cooperation are effects of using the arts as a tool for social, educational, and behavioral rehabilitation (Bungay et al., 2012; Cumming e Visser, 2009), when guided by freedom of expression (Gonçalves, 1983).

Limitations and strengths

In this study, sampling was not random, therefore any individual differences that could exist from the outset, as described before. Data collection at a quantitative level may have been affected, to a certain extent, by the fact that the scale used was not adapted to the Angolan population, although attempts were made to overcome this limitation.

Additionally, it would be adequate to ensure that the application of the instrument is not carried out by the person who interacts directly with the participants to coordinate the intervention process and to circumvent the possibility of social desirability bias.

Implications for theory and practice

Based on the effects found, which had their starting point in the recognition by the experimental group of their own expressive power, it becomes clear that arts-based interventions with young people in socially vulnerable situations can generate positive results, such as stimulating personal development, assistance in the development of socio-emotional skills and expansion of their life perspectives. This can be attributed to the guiding principles of the process, particularly the combination of the principles of freedom of expression and non-judgment. The combination of these, specifically, fostered an increase in authenticity, self-initiative, recognition of the power of choice, motivation, and maintenance of the participants' interest in the expressive process. This indicates the importance of ensuring the presence of these principles in arts-based interventions.

Expressive mediators, especially visual arts, can be used as channels for expressing identity, a particularly important dimension for adolescents (Krüger & Diaz, 2023), and distressing feelings, and can become a new way for young people to internally manage challenges and act with more self-awareness in their lives. As for dramatic expression, specifically, it can be a way of practicing being present at the moment – which benefits, at various levels, are already widely recognized (Kabat-Zinn, 1982; Keng et al., 2011) – and of stimulating spontaneity.

There was also an increase in dynamism, focus, and responsibility, which may be linked to the population under study, as the experience of adverse situations may have affected the previous development of such skills in the participants (Balvin & Banati, 2017), making them more evident at the end of the intervention. Therefore, to increase knowledge about the effectiveness of interventions and new approaches among the child and adolescent population in SSA (Gbadamosi et al., 2022; Owen et al., 2016), it would be interesting for future studies in a similar context and with a similar population to verify these data.

In conclusion, from our mixed method research, we can say that the participants of the art-based intervention reported some benefits for their lives and image of themselves, and some of these opinions match the quantitative results. Participating in a (even if small) set of expressive arts-based sessions seems to have reduced anxiety and increased motivation, self-esteem, relationships, cohesion, altruism, responsibility, focus, self-acceptance, self-confidence, presence, coping mechanisms, and hope in the participants of this intervention. Given the unprivileged situation of these girls, these results can inform authorities and institutions that work in the field about the advantages of such type of intervention.

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Informed consent

Informed consents were distributed in writing to both the legal guardians as the participants.

Declaration of conflicting of interests

The author(s) declares no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethical approval

This study was submitted and approved by the Ethics Commission of ISPA – Instituto Universitário (I-136-2-24).

Author contributions

Conceptualization: AT, MM, AG; Methodology: AT, AG; Funding acquisition: AG; Investigation: AT; Resources: AT; Formal analysis: AT, MM; Statistical analysis: MM; Writing – Original draft: AT, MM; Writing – Review and edit: AT, MM; Project administration: AT.

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Intervenção mediada pelas artes com um grupo de jovens angolanas institucionalizadas

Resumo: A África Subsaariana enfrenta imensos desafios a vários níveis, incluindo no que respeita à saúde mental. Nosso objetivo foi compreender a eficácia de uma intervenção baseada em artes com populações vulneráveis. Neste estudo quase experimental, com pré e pós-teste e com grupos experimental e de controle não randomizados, é descrita uma intervenção com adolescentes do sexo feminino, que estão institucionalizadas em Angola. Relatamos as mudanças identificadas nos níveis de ansiedade e depressão, bem como em suas experiências subjetivas.

Dados quantitativos mostram que os níveis de ansiedade e depressão pós-teste das participantes do grupo experimental foram menores do que os de todos os outros grupos/momentos. Dados qualitativos mostram: (1) que as participantes vivenciaram: crescimento pessoal, entendido em termos de autoaceitação, responsabilidade e autoconfiança; esperança, expressa pelo desejo de continuar desenvolvendo habilidades e viver uma vida com propósito; e uma maior interconexão com o sistema mais amplo do centro de acolhimento; (2) um aumento no foco, dinamismo e espontaneidade, resultados raramente relatados na literatura.

De uma forma global, este estudo reflete a importância de oferecer programas baseados em artes para adolescentes de origens vulneráveis, e em particular adolescentes institucionalizados, e que estes programas deviam ser guiados pelos princípios da liberdade de expressão e de não-julgamento.

Palavras-chave: África Subsaariana, Intervenção baseada em artes, Depressão, Ansiedade, Institucionalizado(a).