Using Drama Therapy and Storytelling in developing social competences in adults with intellectual disabilities of residential centers

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Abstract

The paper approaches the problematic of the adults with severe intellectual disability who are institutionalized for a long time in residential centres. The subjects included in our study are aged between 20 and 42 years old and have been institutionalized from early ages. The long-term institutionalization effects are reflected in language development, social abilities, mental sanity, progressive personality transformation. The most known phenomenon associated with the effects of institutionalization is “hospitalism phenomenon” manifested through passiveness, apathy, lack of interest. As the subjects we are studying show this panoply of characteristics, specific to children abandoned in state institutions, we’ve set ourselves to make the effects of drama therapy sessions and storytelling relevant for the social competencies of adults with severe intellectual disability, institutionalized in residential centres. For this, we used Innsbruck Social Competence Questionary for Adults with learning difficulties or mental disabilities (I-S-K-I-E). The therapy sessions have been constructed following the base structure: the warm-up, main event and closure. The results revealed an increase in social and communication skills (in the field of language acquisition) and a decrease in disturbed behavior. Creative work sessions offered alternative ways of communication for the nonverbal adults and opportunities to work in group. Through art, an adult with severe intellectual disability can explore the physical and social environment, address past and current emotional issues, can create a role and reach a state of satisfaction from imaginary events.

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1. Introduction

This paper presents a theme of great interest, focused mainly on revealing the significant aspects of

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competencies, which can facilitate the adaptation of institutionalized adults with intellectual disability. Institutionalization, so allowing the investigation of an intervention model for the development of social competencies, which can facilitate the adaptation of institutionalized adults with intellectual disability.

The main objective of the research was conducting a quality and comprehensive study of the effects of drama therapy and storytelling sessions for institutionalized people.

Studies have shown that the affective needs of institutionalized adults are greater than their possibility for satisfaction; life’s restrictions in institutions trigger collective tensioned feelings, marked by crying or anger, jealousy strikes or possessiveness (Nisiparu, 2010). These events are consequences of abandonment neurosis due to emotional deprivation and neglect; neurosis that puts its mark on social adaptation, communication, emotional development. Drama therapy has a number of elements which make it adequate or ideal in working with special needs people, meaning that it’s not exclusively based on verbal and cognitive competencies, which can be the most affected for adults with intellectual disability. It’s the type of therapy which uses a combination of other techniques which interact well with aspects of a person which are depreciated.

But what is drama therapy? Drama therapy is the use of improvisation, role play, mime, music and movement, stories, masks and rituals, puppet theater, theater play and scripted drama as a therapeutic vehicle. It constructs faith, increases self consciousness, relaxes, increases responsibility and functions on a variety of levels, such as: physical, emotional, imaginative and social. It represents the marriage between theater and therapy, but it’s not a simple mixture between the two disciplines. It’s, more likely, a combination which produces a third mean, distinctive, to help people, using adequate elements for each to encourage the growth and development. Unlike a lot of traditional therapies which have a more cerebral approach, in this one the story, theater and physical interpretation of themes are highlighted (Crimmens, 2006).

Debut of drama therapy is recorded at the beginning of sec. XVIII, with the introduction of theatre in mental hospitals in Europe. The rationale of introducing theatre in psychiatric hospitals was that acting can improve mental health. At the beginning of the twentieth century, Freud and Jung psychoanalysis developed a visualization system and working with the psyche that would become one of the theoretical foundations of dramatherapy. In 1964 Sue Jennings, one of the most prolific writers and publishers of books on drama therapy, start working with psychotic patients (psychiatric patients) and in 1974 the first course of drama therapy is accredited full-time.

There are many definitions of drama therapy but this study will only stop at two. Thus, The British Association of Dramatherapists define drama therapy as ‘the intentional use of the healing aspects of drama and theatre within the therapeutic process. It is a method of working and playing which uses action to facilitate creativity, imagination, learning, insight and growth’ (BADth, 1998; apud Crimmens, 2006, p.10).

Sue Jennings mentions ‘dramatherapy is the means of bringing about change in individuals and groups through direct experience of theatre art’ (Jennings, 1992, p.5; apud Crimmens, 2006, p. 10).

2. Methods

Given that it is difficult to organize creative workshops with adults diagnosed with severe intellectual disability, we chose the strategy research - qualitative research. Data from the qualitative analysis will create a psychological profile of institutionalized adults and create a picture of the effects of creative work sessions with these people. To achieve the objective of the study we have established a number of specific research objectives, namely:

- Building a psychological profile of institutionalized adults with intellectual disabilities
- Highlighting the relationship between adaptive behavior and assuming social roles;
- Developing a model of intervention based on elements of drama therapy and storytelling in order to develop personal autonomy and reduce symptoms of hospitalism phenomenon.

In achieving the research we started from following assumptions:

- It is assumed that there are a number of specific features in the way of social adjustment of institutionalized adults due to long time institutionalization;
- It is presumed that creative work sessions will take effect in order to reduce symptoms of hospitalism, despite the type of deficiency that limits participation in certain activities with beneficial impact.
The study was conducted between March 2014-June 2014. The sample of this research was comprised of a total of 7 people, namely two women and five men. Subjects were aged between 20 and 42, are diagnosed with severe intellectual disability and are institutionalized in residential family centre since 2011. Up to 2011 they lived in large residential centre, of a hospital type. All 7 subjects lived to 18 years in foster care or orphanages.

The methods used in the study were:
- Analysis of documents, personal files of those included in the study. Personal files include usually, information about: diagnosis, medication history, initial evaluations, and periodic evaluations;
- Participant observation. We watched the group dynamics, expression and communication the way of each subject;
- Case study - was used to track the evolution of each individual subject.

Before starting the actual creative work sessions we conducted an evaluation of individual, group and environment. The evaluation session took part the central staff members of residential centres where research subjects lived and it was aimed to identify strengths and weaknesses of each participant and the group as a whole. No matter how well you know the individuals or group always surprising situations may arise when working in a creative atmosphere. In general, people with intellectual disability are known to show a greater need for support and input and provide less spontaneity and initiative. Group was evaluated not only in terms of social skills, but also in terms of development. For example, the subject of 38 years shows a 5-year old mental development. It has a clear retardation in language development, can not write or read, hardly hold a pencil in hand, instead she likes to browse books and look at pictures. In these circumstances, we realized that the group needs were not only in the emotional and social sphere but also basic needs. So, the creative work sessions alternated with periods of activities to meet current development needs. It is the activities of "embodiment stage" (Jue Jennings, 1990) or "auto cosmic play" (Erikson, 1995). The activities involved the physical closeness of cuddling, singing and rocking, opportunities to explore the senses and the immediate environment.

Environmental assessment was made considering accessibility for those who are in a wheelchair and familiarity of the subjects with the environment. We preferred to conduct therapy sessions in the living centre and in order to avoid disturbance we asked the centre staff to discontinue any activity during sessions scheduled in the living room. We thought that living is a medium that is less distracting as it's not very large so that we could lose its participants, provides the opportunity to sit on the floor (institutionalized adults are accustomed to sit in a chair or in bed and less to sit on the floor) and could serve as a prompt for your attention.

3. Findings and Results

The data obtained by analysing documents, testimonies of the staff working in the centre, observation and Social Competence Innsbruck Questionary revealed a profile of institutionalized adults with intellectual disabilities with the following Characteristics:
- Most manifest sign of retarded stature: are left behind compared to their peers on the parameters of height, weight, muscle strength; notice a delay in skeletal development, the body in general and its biological functions;
- We noticed about language: low verbal skills, delays in speech development retardation in the development of vocabulary, reduced capacity for understanding verbal messages. Overall, we can speak of a "linguistic immaturity" due to insufficient oral contact, and its poor quality.
- Reduced social availability manifested by interest in others only for practical purposes and to achieve tangible benefits, without thinking that they can make interpersonal relationships and spiritual satisfaction or subjects who do not give up personal interests worrying about others considering that each must take care of themselves.
- Disorders of behaviour manifested both internally and externally. Internally, we noticed: hostility and rejection collaboration with others, rejection for activity, emotional instability. Externally, we noticed: unstable emotional reactions and a certain intensity (crying, anger), motor restlessness and disorganized movements, negativism and apathy.

Before starting the creative working sessions, based on evaluations made, we have established several therapeutic targets:
- Reduction of symptoms that characterize the phenomenon of hospitality: passivity, indifference and apathy;
- Reducing overreaction to various life situations (irritability, behavioural agitation);
- Restructuring behaviours that are destructive and undesirable (avoidance, self-isolation).
- Increased communication through eye contact, facial expressions, tone of voice, gestures, etc.;
- Resistance to negative influences, listening to others, helping others, participating in-group with positive people.

Ways of solving therapeutic targets:
- Identify elements related to personal history or the present context that prevents the formation of social skills;
- Acquiring the skills necessary for good social adjustment (improvement of communication skills, social and networking);
- Increase positive feelings;

Proposed techniques: metaphors and therapeutic stories, identifying and expression of feelings, analysis of dramatic games. Complex metaphors are stories with multiple meanings. Telling a story is an elegant way to distract from the reality and to activate the unconsciousness which is full of meanings and resources. In institutionalized adults it is preferred to examine the present state and along the desired one of our subjects. The metaphor is the story of the journey from the present to the desired state. For the therapeutic story a suitable context is chosen, which will present interest in the subject and the problem elements are replaced with elements of the story, keeping the relationships between them. It’s preferred while working with institutionalized adults to use metaphors that refer to rules that judge the truth, which refers to peace, resignation, acceptance of their condition, survival, correct penalties and compensation. In connection with all this, we are proposing, in the following, some examples of metaphorical stories.

The Monkey in the cage. Once upon a time there was a monkey who was very beautiful and who lived in a cage at the zoo. This monkey was kept in a tiny cage because everyone was afraid of her. He was always angry and whenever near it, even with food, monkey kept screaming and attacking. Nobody dared to get near the cage as everyone feared its reaction. They threw food on the door, then quickly closed it. The monkey was angry because he was not receiving the food that he wanted and because he was sitting in a small cage he was always agitated, screaming and kicking. How monkeys behave and how she felt inside were two different things. In fact, the monkey was very, very upset. He did not like the small and lonely cage, did not like that he was in captivity, and that he had no other monkeys around. The cage seemed boring and lonely. All these things made her feel as she had a big black hole in her chest. But instead of letting the world see his sadness, he shows anger. He really did not know any other way to behave. What I did not realize was that this behavior prevents obtaining things that would have made him happy.

One day, as the number of animals in the zoo has grown, officials have hired a new caregiver - a woman who was very good in understanding animals. She watched the monkey carefully and started talking to him regularly, leaving it to understand that she recognizes the sadness and that will help. Although initially monkey gave a real show - screaming and hitting - she began to understand that the caregiver can help and so he began to listen and learn. Over time, there were changes and the day the monkey was moved to another area of the zoo with her peers, came. He was free to walk and play. The monkey found that the hole in the chest healed (adapted from Davis, 2011).

Next, we present the evaluation of creative work sessions for each beneficiary in a case study.

L.A. is a 37 year old female who spent all her life in institutions: orphanages, hospitals and health care centers. It is not known if she has family as nobody ever visited and no one ever contacted the institution staff. She was diagnosed with severe intellectual deficiencies and delay in language development. The previous assessments had recorded behavior problems and hermaphroditism.

After the initial assessment the following issues were revealed:
- Major relating difficulties manifested by low control and aggression directed against others or against the beneficiaries of the center staff, hostility;
- Reaction of protest when something is not pleasing;
- Needs of attention;
- Gay tendencies;
- Rapid adherence to a foreign person, investing trust in strangers.

During the creative work sessions she quickly joined the games and roles that were performed. Initially, though she wanted very much to participate, she refused contact with other beneficiaries, but in the process she had become more receptive to collaborating with others. Although she had difficulty to relate and communicate, in time, she managed to hold back her hostile manifestations. At the end of the sessions we noticed an improvement in terms of controlling reactions in the sense that she became calm, she began to have more shared initiatives and exhibit a
higher level of situational awareness. The Innsbruck Questionary showed a progress in dealing with rules; ability to work in team and tolerance against frustration. 

**D. E.** is male, 34 years old and institutionalized from the age of 9. Daniel has a family and was visited by the members about twice a year around the holidays. Sometimes he is taken home and then brought back to the center. He is the third child of the family. He was diagnosed with epilepsy and has frequent grand mal seizures, severe intellectual disability and delay in language development. Analysis of relevant information from history showed that the first assessment of the level of intellectual development diagnosis was of moderate intellectual disability. Based on this information we can say that long-term institutionalization has led to a cognitive deterioration.

Initial assessment showed us:
- Good capacity to understand verbally and logically;
- Communication skills;
- The need to be accepted;
- Introverted.

Throughout the process, D. F. came in relation quickly with other participants in the group, was participatory and available to share his experiences with others.

As improvements, D. F. began to better integrate socially, gained more confidence and became more tonic. On Innsbruck Scale he recorded progress on general communicative competences, ability to reflect, ability to work in team and ability to dissociate.

**F. I.** is a 32 year old male, who was abandoned by his mother and taken in foster care. After the age of 18, because he could not stay in foster care he was institutionalized in a care and support center. He considers the foster care assistant as his mother and cries every time he remembers or when someone mentions her in discussions. Former foster mother visits him every few months, brings him gifts and she takes him at her home - to visit. F.I. was diagnosed with severe intellectual disability and delay in language development.

The initial assessment indicated:
- The need for attention and affection;
- Good verbal capacity to understand logic;
- The need to be accepted;
- Low resistance to frustration (withdrawn, not talking, crying).

During the sessions, F.I. expressed the need for affection and physical contact. He explored all activities with curiosity specific to an infant. At the end of creative work sessions we found an improvement in the sphere of language (started talking more clearly), has gained a better autonomy, became more cheerful and had communication initiative to tell what is happening.

The Innsbruck Questionary revealed a progress in general communicative competences, ability to reflect, tolerance against frustration, dealing with rules, person related orientation and ability to work in team.

**A. S.** is a 36 year old female and has spent most of her life in institutions. It's not known if she has a family as the staff center does not remember her ever to have been visited by someone. She was diagnosed with severe intellectual disability, delay in language development and paraplegia.

Initial assessment revealed following:
- The need for attention and affection;
- The need to be accepted;
- Submissive.

A. S. was the subject that showed the most positive attitude for the creative work sessions. She was the most supportive participant for both the group leader and the other participants. She was consistently protective of the youngest participant in the work meetings.

As improvements, we recorded greater confidence, greater initiative in communication, participation and emotional expressiveness.

The Innsbruck Instrument showed a huge progress on general communicative competences, ability to work in team and ability to reflect.

**I. N.** is a 42 year old male and is institutionalized for about 10 years. He lived with a family but the they could not care for him so was admitted to the center. He was diagnosed with moderate intellectual disability and paraplegia. He uses a wheelchair or simply crawls. He is rarely visited by family members but he is usually talking on the phone with them. He was aware that he was institutionalized because no one could take care of him. He is eager to make a change to the environment or for new social relationships.
At the initial assessment were highlighted:
- The need for attention and relationships;
- The need to be accepted;
- Depression with moments of sadness emphasized.

He participated in all the meetings and during these he manifested the need for physical contact, he got along well with others, was interested in everything that happened. As improvements I noticed an obvious reduction of depression, greater self-confidence more tonic and optimistic.

On The Innsbruck Questionary we noticed a progress ability to work in a team and ability to dissociate.

C. R. is a 19 year old male and was abandoned at birth. By the age of 18 he lived in institutions and he is in the center of care and support for 1 year. Diagnosed with profound intellectual disability and delay in language development. There is a lack of sensation of fullness, eats a lot and if he sees food and not allowed to take it he is trying to steal it. Due to lack of fullness, his body looks bizarre: he is small, thin limbs, however has a big belly.

Initial assessment highlighted the following:
- Lack of verbal language;
- Continuous balance;
- Always looking to eat;
- Spends most of the time with A.S. She is the one who takes care of him.

He participated in all meetings but it was hard to work with him because of severe delays in development. He showed a good imitative behavior and thus we could establish a channel of communication with him.

There weren't many improvements recorded, only in the nonverbal language we registered an improvement, as he became more receptive to the task, although his answers were nonverbal.

N.B. is a 42 year old male, and was in care institutions since the age of 6. He was institutionalized at the age of six years with a diagnosis of epilepsy. He is the third child of the family. Nobody currently visiting. Assessments at age 6 years (using WISC Scale) only shows epilepsy. Recent assessments have shown delay in intellectual development and language development, false physical disability (sit all day in a wheelchair though has nothing). It was not included in the first group therapy. As the group was semi-open and he just looked at what others were doing and because of that we invited him to participate in activities. He was very happy, participative and supportive in all activities.

Initial evaluation revealed the following:
- Need for attention and relationship;
- Need for affection;
- Require physical contact;
- Isolation;
- Personality of a 5 year old.

N.B. greatly changed his attitude during the sittings. If at first was withdrawn and uncommunicative, along the sessions he began to quickly relate to others. As improvements, I have seen an increase in self-confidence, decreased apathy and greater involvement.

The Innsbruck Questionary reported a progress on general communicative competences, dealing with rules, ability to work in team, ability to dissociate and initiating social contacts.

4. Conclusions

The results showed that the assumptions we made were confirmed. Improving communication skills is the major benefit attributed to the use on creatives therapies. Another issues that we indentified as being beneficial is the decrease in disturbed behaviour, so that the person has a better opportunity to increase her intellectual functioning and adaptive behaviour within the limitations of his delays. The acquisition of social skills was practised due to the group activities. One of the goals of the creative activities was to focus on socialization skills via activities that require group cooperation.

References