

Literature Review

DRAMATHERAPY AS A VIABLE INTERVENTION FOR ADULTS WITH DOWN SYNDROME IN SRI LANKA

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This review of literature enables to view dramatherapy intervention in its diversity. It makes the reader aware that different researchers have adopted different practices, approaches, techniques, to accomplish their aims, with the developmentally disabled, and others. Basically, one can see dramatherapy as “therapeutic performance” or “process-oriented therapy”. These different approaches access the creativity of the person, to alleviate diverse psychological, emotional and physiological difficulties in persons with DD, as well as in others. The reviewed literature aptly shows the ways in which dramatherapy techniques have been utilized to support the client, and their positive results.

There is little research in Sri Lanka on the efficacy of dramatherapy as a viable intervention for adult Down syndrome individuals. Since dramatherapy is an emergent field (Jones, 2012), global studies on its impact towards adults with Down syndrome is very limited. The available studies that refer to the application of dramatherapy to support persons with developmental disabilities (Snow et al., 2003), intellectual disabilities (Foloștină, Tudorache, Michel, Erzsébet, & Duță, 2015; Szafrńska, 2014) and cognitive impairment (Hough & Hough, 2012), include adults and/or children with Down syndrome. Also some studies on dramatherapy make reference to its impact on mental illnesses that are commonly visible in adults with Down syndrome (Määttä, Tervo-Määttä, Taanila, Kaski, & Iivanainen, 2014; Butler, 2012; Jaaniste, 2011). These make an important contribution for the current study to understand the application of dramatherapy towards the improvement of Down syndrome adult subjects.

This review of literature has not side-lined other creative arts therapies such as art therapy, dance/movement therapy or music therapy. These therapies have been used to support adults and/or children with Down syndrome or other developmental disabilities, and therefore, their impact can inform the current study to utilize novel ways in approaching adults with Down syndrome. Furthermore, drama is a process that integrates all arts (Jaaniste, Linnell, Ollerton, & Slewa-Younan, 2015). Therefore, a useful review on studies that utilized other creative arts interventions with adults and/or children with Down syndrome or other developmental disabilities can support the current research aptly.

Snow, D'Amico, & Tanguay (2003) had utilized dramatherapy, which they call as therapeutic theatre intervention, for adults with developmental disabilities, inclusive of Down syndrome adults, who show deficits in communication, cognition and social skills. Therapeutic theatre signifies the actual employment of theatrical performance. The above researchers are of the opinion that therapeutic performance serves as a model to the patients for the creation of an identity. It is an effort to deconstruct the old self and creating of a new identity, through the process of rehearsal, performance and post-performance sessions. It is stated in this study that, "A Play by individuals with developmental disabilities can be considered an opportunity to deconstruct the current disabling constructions and to reconstruct new and more powerful identities" (ibid, p. 74).

Play production enables significantly to view the power and influence of group dynamics (Jaanieste et al., 2015). In order to set the parameters for a therapeutic theatre, the theatrical production should take the process of a group work, to achieve the therapeutic goals (Jarman, 2014). Snow and others (2003) discuss the paramount importance of safety and acceptance in any therapeutic process, which informs the current study, to provide a fruitful "therapeutic experience". It is assumed that the whole process of play production is a form of group psychotherapy, and therefore, is facilitated by a skilled dramatherapist, and the subjects are assisted to play roles that are established with therapeutic goals in mind (ibid). Finally, the play is performed for a public audience. This last phase is particularly important "as it is the ritual of public performance that truly differentiates therapeutic theatre from other forms of dramatherapy" (ibid, p. 74).

The development of a play for public performance is a valid form of dramatherapy, according to the above study. It is stated that when the task of the group is to create a piece of theatre, the product is important to the process and can be therapeutically as important (ibid). This kind of dramatherapy process is particularly helpful with groups who feel they are society's outcasts and who feel a deep need to shake off pejorative labels that have been assigned to them and be seen as worthwhile beings. It is the theatre that provides the forum for the expression of their realities. The "play" can evoke a sympathetic appreciation and acceptance of themselves. The acts of expression and the affirmation promote growth and positive change. Therefore, the therapeutic theatre approach becomes catalytic and ensures a developmental transformation in the adult with developmental disabilities (Snow et al., 2003).

The vitality of the study conducted by Snow and his colleagues is that it underpins the development of a therapeutic play to offer unique opportunities for growth and change for many stigmatized populations, such as persons with psychiatric disabilities, prison inmates, war-traumatized veterans, at-risk youth and the elderly (ibid, p. 75). Theatre performance provides the chance of expressing "their realities". In a performance, the

subjects confront an audience, which is a “brutal and exciting experience” (Emunah & Johnson, 1983, cited in Snow et al., 2003), and the group work during rehearsals develops a self-image for the subject, which is then confirmed by the audience at the public performance (ibid).

Snow and others emphasize the vitality of utilizing therapeutic theatre intervention, to allow the traumatized victim to safely explore her traumatic material, build a sense of mastery via the rehearsal and performance process, and communicate the experience to their families as they learn it is safe to open up to the flow of life in the community of the here and now. In this way, performance for the “community” is crucial as it is a test of the process of de-alienation that is embodied in the whole therapeutic experience (2003, p. 75).

In their study, Snow and the other two dramatherapy specialists have made use of mythic stories as a therapeutic tool. According to them, stories contain archetypal symbols. They help to uncover the most hideous experiences in a person’s life. In the above study, a story with a mythological content had been utilized, which contained a beautiful central metaphor of the longing to become “real” (ibid, p. 76). The story serves as a springboard for improvisational explorations. Stories are chosen specifically because they have archetypal images to be evoked and embodied. They help improvement of self- image, enhancement of self-esteem and development of self-confidence in the subjects. “The actors experience a greater access to the self when the content of the plays approximate their own experiences, derived through improvisation rather than an external source” (Emunah and Johnson, 1983, cited in Snow et al., 2003, p. 77).

It is vital to note that therapeutic theatre experience enhances participation, increases focus, attention and motivation (Snow et al., 2003). In their study, Snow and others have observed the adults with developmental disabilities engaged in different forms of dance and/or music and activities that required a lot of energy. As they have noted, running and acting have been especially high, enabling the subjects to be more expressive and show a higher level of spontaneous participation. As emphasized, it was a notable improvement in spontaneity, creativity and self-expression (ibid). The current study is guided on these important aspects of active theatrical engagement, to capacitate adult Down syndrome subjects to be spontaneous, creative and expressive.

Group work in a dramatherapy process plays an essential role in many ways (Jaaniste et al., 2015; Jarman, 2014; Snow et al., 2003). It establishes friendships; motivates and encourages subjects towards one another; builds a supportive environment in which subjects feel more confident both with themselves and in their roles (Snow et al., 2003). According to the findings of the above study, group work supports the forming of

bonds and makes the group more cohesive. Smooth flowing of the dramatherapy process depends on this ability to work together. This ability arises as the therapeutic theatre process builds confidence of the subjects that makes them more at ease with one another. In order to expect spontaneous improvisation the subjects need to show more empathy towards one another's feelings and well-being (ibid, p. 78).

Further, the results pertaining to the above study indicate that the subjects had displayed an increase in mature behaviours as they became more focused and rarely disruptive; more respectful of one another's needs and abilities; and they showed signs of being more independent and capable of coping with sudden changes. The group appeared to be more relaxed as the play became more organized, which allowed them to enjoy the social aspects of the play. They were seen socializing more often outside of the rehearsals and were more talkative amongst themselves. They were more capable of sharing feelings and expressing themselves in a group format. Overall, the participants seemed happier, displayed more enthusiasm and confidence towards their abilities, and had more positive energy and higher levels of self-esteem (ibid, p. 80). These changes in the subjects can be a result of the innate healing capacity in theatre.

Emunah emphasizes the fact that "the therapeutic impact of performance" can be even more efficacious than "process-oriented dramatherapy" (1994, cited in Snow et al., 2003, p. 81). Thus the therapeutic values can be a) reduced sense of stigmatization and improvement of self-image, b) increased socialization, c) enhanced communication and interpersonal skills, d) improved self-confidence, e) more spontaneity and freedom of expression, f) increased sense of responsibility and maturity, g) a sense of accomplishment, and h) an expanded, more positive sense of self. Therefore, it can be surmised that the therapeutic theatre speaks not of cures, but rather of experiences of healthy functioning and healthy relationship, which may become benchmarks of enhanced psychological well-being of all with developmental disabilities.

There is another study (Couroucli-Robertson, 2011) on the same line of thought, experimenting how theatre and drama can promote understanding and appreciation of young people with disabilities (mostly Down syndrome), through a piece of theatre. They can be encouraged, through performance, to form a much more realistic picture of themselves and their abilities. Since the young people with disabilities are segregated from the rest of the society, it had led to ignorance and prejudice, resulting in the unequal treatment of people with disabilities. This study aimed to change the way people with disabilities perceive themselves. People tend to shy away from the unknown, the strange or the unusual. The study brought in young neurotypical people and people with disabilities together in a collaborative effort to break barriers and reveal misunderstandings.

The above study focused on role play model for remedial purposes in special education. Therefore, the study saw the potential for using drama and role play to create an environment in which children and young people can work and play with people with disabilities in a natural and creative way. Dramatherapy techniques were used to help the members of the larger group become acquainted and to promote creative interaction. This shows how drama constituted the common ground between two different groups of young people, who were able to share a mutually beneficial experience. Art was the means by which a channel of communication was established between the groups.

The rationale behind this study was that art, though often expressing a specific cultural, social and individual point of view, can cross borders. It can speak a universal language and overcome barriers of intellect, education and social background. The majority of art forms, though having specific cultural origins, have a universal appeal, which can be appreciated in different ways and on different intellectual levels. They can often express what cannot be expressed in words or which words alone are not enough to express. Therefore, regardless of intellectual ability and background, all art forms help to experience life in a variety of different ways. As a result, communication is made possible through the lingua franca of art. The art itself becomes the language of communication.

According to Couroucli-Robertson, her study may not have had the healing of individuals as its goal, however, what it did aim to do was to bring about a form of social “healing”. In a healthy society, all sections of that society should interact and cooperate on an equal basis without inhibition or discrimination. A society where this does not happen is a society in need of healing. By working and playing through action methods that facilitated creativity, imagination, learning, insight and growth, it was hoped that this study would bring about a form of social healing, whereby two groups which would otherwise have not come into contact, at least in a creative way, could work and play together (2011, p. 2).

The above study selected plays with a strong romantic element, an aspect that appeals to the majority of the subjects, and also because they could be adapted to accommodate a number of leading roles, so that they all felt equally involved. As the researcher states, “some of the subjects had speech impediments, songs and music were used to clarify the narrative. The actors are not required to learn their lines by heart but improvise in keeping with what they have rehearsed. Some of the subjects may play a musical instrument as well as act and sing” (2011, p. 2).

A vital aspect of Couroucli-Robertson’s study was to observe how group work helps young people with disabilities. The common experience of participating in a group could constitute the basis of an educational programme to develop skills of integration into groups in general. Group work creates an awareness of oneself by oneself, and an awareness of oneself as an object of someone else’s observation. In other words, the

subjects do sense that they do not live in a void. They need people responding to them, *vice versa*. The above project provided a safe environment where this could take place. Jones also stressed the importance of observing and being observed as part of a therapeutic process. “The act of witnessing in dramatherapy is that of being an audience to others or to oneself within a context of personal insight of development” (Jones, 1996, cited in Couroucli-Robertson, 2011, p. 5).

Theatrical play is a microcosm of life with all the elements that comprise it: the joy of living, creating, investigating and learning. It allows a person to combine reality and fantasy, to test him or herself and extend his or her experience beyond the usual rules and roles imposed by age, era and social environment. When creative energy is fulfilled, it becomes a reliable support and provides relief in moments of dejection, paving the way towards health. Thus, Couroucli-Robertson’s study had a dual purpose, not only to promote greater understanding of a minority group but also to show that art forms (music and drama in particular) can provide a platform for communication between disparate social groups.

The strong element of play and role-play allows the participants to investigate issues in a tangible yet indirect way. Furthermore, “play” allows the participant to experiment with behaviours and attitudes, physical postures and body language. Through play or role-play the subjects can be involved in non-directed “learning” activities. Thus, much of the process would be unconscious or sub-conscious and therefore less likely to result in inhibitions that might obstruct the dynamic for positive interaction (Couroucli-Robertson, 2011, pp. 5-6).

Studies by Snow et al. (2003) and Couroucli-Robertson (2011) refer to therapeutic performance approach in dramatherapy. Chang & Liu (2006), too, shows agreement with these two studies on constructing dramas, to help individuals re-visit their situations and form a new balanced view. This study had been conducted to address issues of ADHD children, who lack social interaction. As the study reveals, dramatherapy uses social interaction as “playing”, and those scenes are then constructed for dramas. The process of dramatherapy which encourages “play” enables the individual to give expression to inner thoughts, ideas, and behaviours, through acting. This combines the performance with “professional bases of remedy, psychology, sociology and pedagogy, as a method of psychological therapy and guidance” (ibid, p. 37).

Chang & Liu believe that drama activities “can help people who are living in extreme conditions to find out the meaning of life and reconstruct balances” (2006, p. 37) and help them to manage their own conflicts and inspire introspection. Snow et al. (2003) refers to “reconstructing new identities”, in their study, which is a similar expectation

from therapeutic performances. These two studies agree on the efficacy of dramatherapy when intervening through therapeutic theatrical performances.

According to Bhat (2015), drama enables children to physicalize what they sense, and play out narrative. In process-oriented dramatherapy, entrance is made to a “dramatic reality”, to play with narratives. Dramatherapy session creates a dramatic reality, to make the subject alert throughout the imaginative process.

Bhat (2015) has mentioned that for participants with developmental disabilities, the dramatic process enables them to sense the experience, which relates to visual/spatial thinking. “In the unfolding process of creating and working with the imagination through [drama], a connection occurs that supports clients to create new experiences, insight and direction” (ibid, p. 1448).

The above study informs the current research that process-oriented dramatherapy helps the subjects to physically manifest their experiences, and enter into a “dramatic reality”. It invites the power of imagination to create and re-create. Gaining of fresh experiences, insight and direction depends on the activation of subject’s imagination.

The play with imagination is depicted as a key to enter the dramatic reality. Myburgh’s dramatherapy study (2015) with thirteen to fifteen-year-olds, previously disadvantaged adolescents, who have suffered the trauma of losing both parents, had utilized objects such as puppets and masks to make subjects feel comfortable, safe and happy. In process-oriented dramatherapy, these are strong tools to promote change and healing. They let the child play and heal the trauma through growth and development in the areas of emotional, cognitive, behavioural and confidence (ibid).

The above study emphasizes on a structured dramatherapy process, in order to cause this change. The outcomes of such a planned and structured dramatherapy are given below (Myburgh, 2015):

- Self-control: the necessity to stop and think before acting, to weigh up all the odds before deciding what to do. Examining the thoughts and emotions, which underlie behaviour.
- Thinking skills: the acknowledgment that what we think affects the way we feel and behave. Understanding that how we think helps to regulate our actions.
- Social skills: a lack of these skills may possibly lead to anti-social behaviour.
- Values enhancement: moving away from selfish thoughts and actions to more altruistic and pro-social ones.
- Victim awareness: particularly appropriate for working with offenders, but we all have “victims” of our actions when we hurt other people whether deliberate or not. Again, this issue is concerned with recognising the feelings of others.

- Creative thinking: increasing flexibility in thinking.
- Critical thinking: thinking logically and objectively. Taking responsibility for the actions and not transferring the blame elsewhere.
- Social perspective-taking: considering the feelings and views of others in an empathetic way.
- Effect on other: recognising that how we act affects other people and why they respond to us in the way they do.
- Emotional management: examining the dangers of becoming “overemotional” and looking at how various emotions affect individuals.
- Helper therapy: rather than being cast in the role of the “done unto”, this aspect of the work encourages groups to see themselves as being able to help others, thus raising self-esteem.

The above dramatherapy study observed the change of behaviour in subjects, as follows: the subjects were more contented, excited and more productive; their general mood had enhanced and behaviour had improved; the subjects reflected the increased level of emotional capacity and confidence; they were more assured of what they were capable of achieving; and the participants were capable of expressing themselves better.

Myburgh’s (2015) intervention had equipped the subjects to cope with life and the changes that occur in adolescence, and to cope better with the trauma related to the loss of both parents. This study emphasizes that it is necessary to realise the therapeutic properties and potential for healing that are found in and through drama and theatre. Drama can be applied in therapy to greatly aid an individual in the healing process and in the advancement of positive change.

Galligan (2009) had utilized dramatherapy intervention with autistic children, and views play and drama as advocacy tools to teach social skills. According to this study each child with autism is uniquely different and each has their own fears and joys. They cannot reveal deep stirrings within themselves while others choose not to reveal them. Since the very private, personal self always remains concealed in some way, children with autism remain a mystery. The outside realm does not get to see the entirety of these children.

Children with autism live in isolation, due to defects in communication skills as well as social skills (D’amico, Lalonde, & Snow, 2015). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), autism refers to a disorder in which children manifest the following characteristics: social interaction impairments; communication problems; and repetitive, stereotyped, and restricted interests and activities. Drama therapist Renee Emunah says, “Drama liberates us from confinement, be it socially or psychologically induced. The dramatic moment is one of emancipation”

(1994, p. xiii). For children with autism this liberation is essential for further development both personally and socially. Drama is a vehicle for experiencing and integrating new aspects of oneself, but also for expressing suppressed aspects that one tends to conceal. These facets of a person's personality can be unleashed via the dramatic role allowing children with autism to experience themselves in new ways. The dramatic act of theatre becomes a powerful tool for the transformation of children with autism both physically and psychologically (Galligan, 2009).

According to Galligan (2009), dramatherapy for children with autism becomes a way to engage them in a sort of "rehearsal for life" which becomes imperative for social development. As Galligan's study mentions, "It is important to recognize that the human brain, including those children with autism is plastic; referring to being molded or formed with the tendency of the brain to shape itself according to an experience, and that artificially induced Mirror Neuron System activation could provide a basis for brain rehabilitation and development. Throughout life, neural networks reorganize and reinforce themselves in response to new stimuli and learning experiences" (p. 24).

Dramatherapy is in direct contact with the mirror neuron system, and theatrical activities are "exercising" or "working out" the functioning and under functioning brain. Drama behaviours also have impact on the brain and body. The behaviours, roles, and emotions portrayed in the drama become part of one's repertoire, a repertoire that can be drawn upon in life situations. Because dramatherapy is an "action based therapy", it is through "doing" that transformation is possible (ibid, p. 25).

Dramatherapy uses improvisation, role play, mime, music and movement, storytelling, masks and ritual, theatre games and scripted drama as a therapeutic vehicle to work with autistic children (Ranasinha, 2015). Dramatherapy is both an emotional and cognitive creative therapy which allows for growth and development of the autistic. As an action based therapy, dramatherapy appeals to the strengths of these children, building confidence, increasing self-awareness, relaxation, responsibility, and operates on a variety of levels such as physical, emotional, imaginative and social, aiming towards not only insight and emotional maturation, but also practical change in communication skills, interpersonal dynamics, and habitual responses (Galligan, 2009).

According to White, Mazefsky, Dichter, Chiu, Richey, & Ollendick (2014), the child with autism tend to lack the abilities needed for typical social development, when they grow. The above authors explain that the social dysfunction found in children with autism includes inability to respond positively to peers, inability to discriminate and label emotions, inability to accurately and effectively communicate with peers, inability to take on the perspective of others and at the same time consider both their own and others' points of view, inability to support of others emotions, inability to give and take of

communication and the inability to adapt to a variety of social situations. Under these circumstances, dramatherapy is an ideal action therapy to teach and practice social and personal skills for children with autism (Ranasinha, 2015).

Social interaction depends on good communication skills and cognition which is at the core of theatre (Galligan, 2009). As Galligan explains, the fundamental foundation that runs throughout the dramatherapy intervention is the theory, that play has an effect on child development. Because theatre at its core is about the ability of an actor to play within the performance, this makes it a perfect partnership. Arguably, play is at the heart of what it means to be human. It is a long-established educational maxim that children learn through play. Play as a process facilitates discovery of possibilities, allows for exploration and experimentation and offers practice opportunities to enhance and consolidate knowledge, skills and understanding (2009, pp. 27-28). “To play it out is the most natural self-healing measure childhood affords,” writes psychoanalyst Eric Erikson (1950, cited in Galligan, 2009, p. 28).

As argued by Galligan, a more holistic approach is needed, especially, for children with autism. Drama should not be thought of as a single approach, but rather a vehicle that can be adapted to simpler or more complex modes of work. The techniques constitute a range of tools and the context is a psycho-social laboratory of context within which the different therapeutic approaches may be creatively applied according to the child’s unique individual needs. The techniques aim to help children with autism develop skills in communication, self-awareness, social interaction, and problem solving (Galligan, 2009, p. 36).

The above study explains that children with autism can be offered a reflective window on their own behaviour and on that of others (ibid, p. 37). The very act of engaging in dramatic activity evokes emotional reactions in children, putting children with autism directly in touch with their feeling responses that will enable them to see how events and experiences come together to have a meaning, a personal significance, rather than just to be related chronologically. As Galligan states, the basic theatre concepts that are present within dramatherapy with autistic children include using metaphor through action. Behaviours, problems, and emotions can be represented metaphorically, allowing for symbolic understanding. A set of behaviours can be looked at as a “role”, such as the role of mother, victim, friend, or enemy. These roles can be played out in a dramatic situation, leading to a greater understanding of the role as helpful or harmful. An emotion can be represented with a metaphorical image, and can be dramatized, allowing the child more insight into qualities of the emotion and how it functions positively or negatively in their life (ibid, p. 40).

D'amico and his colleagues evaluate the efficacy of dramatherapy in teaching social skills to a group of preadolescent children with high-functioning ASD (2015). According to the results of above research, there had been significant improvement in engagement, coupled with decreased externalizing, hyperactivity, inattention and Autism Spectrum behaviours at the end of the dramatherapy project. The above study confirms that role-playing, storytelling and projective techniques help the autistic children to manage their problem behaviours, while increasing their capacity to focus their attention on a collaborative project with the other group members.

In the above study, the autistic children have been given the opportunity to express themselves through dramatic media and share their emotions and thoughts with one another, which may have been helpful to manage their feelings and reduce the likelihood of outbursts. These behavioural improvements, according to the researchers, "have important educational implications" (ibid, p. 34). The results of this study confirm that dramatherapy intervention was effective in enhancing the children's ability to engage in social interactions.

Both the above studies (Galligan, 2009; D'amico et al., 2005) demonstrate that the implementation of dramatherapy methods can positively impact the lives of individuals with ASD. Researchers in both studies emphasize that the use of dramatherapy as a therapeutic intervention provide the children with the opportunity to become active participants in their own treatment and empower them to use their imagination in both productive and meaningful ways. These conclusions are vital to understand that dramatherapy has its potential to develop social skills in children with developmental disabilities.

It is important to highlight several dramatherapy principles that must be followed, when working with children who have learning disabilities (Chesner, 1995, cited in Galligan, 2009, pp. 42-43). This group of specific dramatherapy principles can enhance productivity during the time of treatment. These include patience, trust, space, containment and safety to explore, dynamics of doing and being, development of a shared language, and timing.

Patience is needed to embark on a relationship and process that may need to allow the children time to respond. The principle of trust for children with autism is paramount. These children need consistency and small modifications at the right moment will allow them to start to break away from the constant repetition. The principles of space, containment and safety to explore are strongly connected to trust. The therapeutic play space must be an area where the children feel safe and are free to explore the world. Setting up this environment for children with autism can be difficult especially because of

a lack of consistency. The group, location, and materials must stay the same to avoid the child shutting down in anxiety.

The principle of dynamic of doing and being can be difficult for children with autism because it is about action and interaction which is something alien to many of these children. There must be a balance of activity and just being, whether this is just being in relation to the play space or just being with group members. The principle of working towards a shared language becomes necessary when the children are non-verbal. Even if a child is unable to talk and appears unable to understand spoken language, it is helpful to talk to them. The sound of a voice speaking respectfully with the intention to communicate is in itself a communication and validation. The body is a great tool of communication besides verbal exchange.

Timing, as the final principle, indicates that the child is going to progress at their own individual developmental level. Sometimes a child may need additional help or guidance in trying to achieve the intended goals. These principles guide the therapist to structure the therapy process to encourage the children with learning disabilities, to develop their focus, attention, social engagement, and creativity.

Foloștină et al. (2015) have conducted a study to facilitate the adaptation of institutionalized adults with intellectual disability utilizing dramatherapy and storytelling interventions. This study shows 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, cited in Foloștină et al., 2015). According to Foloștină and others, these events are consequences of abandonment neurosis due to emotional deprivation and neglect; neurosis that puts its mark on social adaptation, communication, emotional development (2015, p. 1269).

Dramatherapy, as seen by Foloștină and others, 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 (ibid). Therefore, quoting Crimmens (2006) as follows has helped the above authors to explain the efficacy of dramatherapy to support special needs people:

“Dramatherapy is the use of improvisation, role play, mime, music and movement, stories, masks and rituals, puppet theatre, theatre 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," (cited in Foloștină et al. (2015, p. 1269).

The findings of Foloștină et al. (2015) 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;
- Language: low verbal skills, delays in speech development retardation in the development of vocabulary, reduced capacity for understanding verbal messages. Overall, a “linguistic immaturity” is evident 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: hostility and rejection of collaboration with others, rejection for activity, emotional instability. Externally: unstable emotional reactions and a certain intensity (crying, anger), motor restlessness and disorganized movements, negativism and apathy.

The above study had established several therapeutic targets (2015, pp. 1270-1271):

- 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 in the above study are 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 (ibid, p. 1271).

Szafrańska (2014) states that drama can be a training ground for social interaction or a method of teaching social behaviours through experience for subjects with intellectual disabilities. The level of education may concern everyday problems and practical skills, though it is important to initiate the work with subject matter the participants are most familiar with. The greater the intellectual and emotional involvement in the learning process, the more effective are the results and the greater the personal satisfaction of every participant.

As argued in the above study, the main area of education for persons with intellectual disabilities concerns aspects of everyday life. They are the basic forms of self-maintenance, through practice of everyday situations such as: shopping, telephone conversations or finding themselves under threatening circumstances (calling for ambulance, police or fire brigade). Drama should be a source of joy and satisfaction. Drama session should be directed towards and enriched with contents which stimulate personal development and expose the full potential of every participant (educational models based on positive reinforcement) through, among others, realization of needs for affiliation (social interactions within the group, self-affirmation through being accepted by the group) or needs connected with gaining new, diverse and emotionally engaging experiences (2014, p. 187).

Szafrańska emphasizes that drama sessions for participants with intellectual disabilities do not differ from those for participants exhibiting developmental norm. The

subject content, choice of techniques and scope of tasks may differ. The matter of greatest importance is the preparation of the therapist, which can also aid in methodic session preparation. Therefore it is important to:

1. Complete no more than three objectives (goals) per session.
2. Gradually raise the difficulty of tasks.
3. Often change the form of activity.
4. Use a fixed (unchanging) order and schema of activities.
5. Pay attention to the individual needs of the participants (2014, p. 187).

As stated by the above author, some of the participants with intellectual disabilities will never reach past the initial drama activities. However, if their skills have developed in even the slightest way and the sessions themselves are a source of happiness and leave the participants satisfied by their actions, then it is worth working using drama methods, remembering always that drama is a universal method.

Further, the above author emphasizes the importance of engaging clients in drama activities for the following reason:

“Everyone, regardless of the level they are beginning from, can use it (drama) as a source of joy. A human being develops and functions in the world not only thanks to the activity of its cognitive processes. The constitutive elements of every one of us are emotions and feelings, which drama help to develop and give direction,” (Szafrńska, 2014, p. 182).

Creating various roles during group work, the participants see their own experiences treated as personal tragedies, which are perceived as universal in character and common to all through their symbolic generalization. This leads to participants' distancing themselves from their personal experience. Therefore the result of drama sessions is the feeling of cleansing and relaxation (ibid, p. 184).

In the 1980s, David Read Johnson applied the developmental approach in dramatherapy (cited in Szafrńska, 2014). He believed that the developmental paradigm is connected with processes occurring during dramatherapy. Johnson describes five significant developmental stages.

1. Structure/organization. Persons with intellectual disabilities often need organization of their surroundings. In dramatherapy, the structure is constituted by the place where the sessions take place (the room is always the same with the same arrangement), by the people (always the same group and therapist) and by clearly stated rules.
2. Means of expression. Johnson refers to three stages of development of thinking: Sensomotoric, in which thoughts are represented by body movement and expression; Symbolic, where thoughts are represented by

visual and auditory symbols, or by using gesture, posture, or facial expression; Reflexive, where words, language and other abstract symbols appear. Drama uses all of the means of expression mentioned above.

3. Level of complexity of a situation or one's activity. During drama sessions both the level of activity of a single participant and the relationships among members of the group can differ in complexity. One of the main rules of drama session construction is the gradual raising of difficulty level. The session commences with simple activities and goes on to more complex and difficult ones.
4. Ability to tolerate intense experience without anxiety. Drama allows participants to learn to understand their own emotions better as well as those of other people. The therapist's objective is to create a sense of security.
5. Level of relationship complexity among people. Awareness and understanding of other people's emotions, intentions, opinions or behaviour is enhanced during drama sessions. This not only happens because of roles played by participants, but also thanks to the forming of relationships among them. The goal of dramatherapy is to reach integration leading to a holistic, flexible and positive experience. Johnson believes that it is possible to use the developmental approach regardless of the group (ibid, 184).

Drama and dramatherapy both use the same activities. Drama is a kind of pedagogic therapy (Holmwood, 2012). The term dramatherapy is applied when drama methods are used in working with people with various disabilities and disorders (i.e. psychological) or during rehabilitation. Dramatherapy is a method which uses creative drama during therapy, focused on personal development, emotional and physical integration (Szafrńska, 2014). Szafrńska states: "We use the term dramatherapy where theatre is the means of self-expression and group interaction, using theatric techniques" (Johnson, 1982, cited in Szafrńska, 2014, p. 185). Dramatherapy may be broadly applied during medical treatment, education and re-socialization. This means that the method, goals, techniques and strategies remain the same. However the scope and level of drama activities may differ (ibid).

Chesner (1995, cited in Szafrńska, 2014) formulated the rules for drama teachers working with people with learning disabilities. She believed that the following are of greatest significance during sessions:

1. Patience, allowing time for answer or initiation of an activity.
2. Possibility of flexible scenario change (allowing the participant for the completion of the original task/activity).
3. Maintaining of true and honest relationships with participants.

4. Predictability of the course of session.
5. Experimenting, creativity.
6. Respecting personal space and accepting the level of access granted by the participants.
7. Acceptance of the participants' specific ways of speaking and behaviour.
8. Dynamic work tempo.
9. Instruction repetition.
10. Ability to prevent perseverative and obsessive behaviour.

Szafrańska (2014) says that the above given rules guarantees effective session conduct and creates an atmosphere, in which participants feel comfortable and motivated to participate. Also another aspect of great significance is the relationship between the drama therapist and the participants, during the session. More importantly, the above author emphasizes the fact that the course of session influences further development of social and communicative interactions, which depend on positive negotiations, cooperation and empathy on the part of the therapist towards the participants. As noted by Szafrańska, the session allows the therapist to gain a deeper understanding and true respect for the needs and interests of persons with intellectual disabilities. "Even if participants do not manifest the need for positive reinforcement, it should be given just the same as while working with groups exhibiting normal development" (ibid, p. 186).

Some researchers suggest that sometimes it is better not to give ready recipes for task completion (Deci, 1985, cited in Szafrańska, 2014, p. 186). This allows for session participants to approach the task in a more creative and appropriate way, develop their skills and reach the intended goal. Therefore the use of drama and other methods focused on intensified functioning on every level of their activity is crucial while working with participants with intellectual disabilities (ibid).

Drama used as a means of pedagogic therapy in facilitating developmental growth of persons with intellectual disabilities may constitute a training ground for social interaction or a method of teaching social behaviours through experience. The level of therapeutic work may concern everyday problems and practical skills, though it is important to initiate with subject matter that persons with intellectual or learning disabilities are most familiar with. The main goal of drama is to intensify the functioning of intellectually disabled persons on every level of their activity.

Jarman (2014) states, in a study, that the efficacy of dramatherapy-based groups in mental health services for children, who have witnessed domestic abuse, has positive results. In Jarman's study, addressing the child's subjective experience provided a clearer understanding of the potential value of dramatherapy as a form of group therapy. The group offered children the space to reflect on their experiences, increasing their awareness and ability to problem-solve future conflict situations. It also addressed

attitudes towards relationships and those responsible for abusive behaviour, while providing a more appropriate way of understanding the gender dynamics that occur between siblings, peers and child-parental relationships. This was achieved through the group content, and in the group process, as the therapist commented, on the interplay between group members.

Group work is an effective method of engaging children who have witnessed domestic abuse, since they find it useful to meet with other children who have been in similar situations. Group therapy is a way of validating experiences and stating an acceptance of children's difficulties, which are seen as primary curative factors in group psychotherapy (Yalom, 2005).

A dramatherapy group provides a space to address interpersonal problems at many different developmental levels in one group, which is quite different from other group programmes. It is through the drama process itself that transformation can occur, enabling traumatic experiences to be addressed safely with the aid of various dramatherapy methods (Jones, 1996, cited in Jarman, 2014, p. 21). Children relate to one another through the process of improvisation and other drama activities, which can address how they conduct relationships (ibid).

According to Jarman (2014), an important part of this work was to break down the secrecy surrounding the domestic abuse. Other related issues were covered, such as:

- Naming and expressing feelings.
- Identifying what constitutes domestic abuse.
- Responsibility for the abuse.
- Perception of self and how this affects relationships with others.
- Self-esteem.
- Anger management, how to deal with angry feelings in a healthy and non-destructive way, using role play and play activities (Mullender, 1995, cited in Jarman, 2014).

Jarman's study had utilized stories, especially fairy tales that had themes related to domestic abuse (ibid). Stories specifically about "mummy and daddy's fighting" can be too close to reality for some children, but generally stories engage young children and promote discussion (Tutty and Wagar, 1994, cited in Jarman, 2014). The objective was to find a balance between addressing the relevant issues that were necessary for recovery, while managing any feelings that were distressing and painful.

Also Jarman has made use of Sue Jennings' Embodiment–Projection–Role (EPR) model of dramatherapy that mirrors child development, including physical, cognitive, emotional and social development (2014). It provides a means of exploring how a child's experiences have affected his or her development.

Embodiment refers to the physicality of early experiences that are mostly expressed through movement and the senses. Movement work was an important phase of the group because it allowed the children to experience their bodies in a safe environment, as well as feeling free to explore the dramatic space. Children who have been traumatised can often feel powerless and frustrated at the same time (Bannister, 1997, cited in Jarman, 2014). Embodiment work can provide a space to rework some of these issues through the use of games, movement exercises and sensory play.

Observations of two pilot dramatherapy groups in child and adolescent mental health services, for children who had witnessed domestic abuse, established that some boys had a lack of body awareness, particularly in relation to touch. Physical play exercises can be a positive means of addressing this. It is through play that children explore their dilemmas and relationships with themselves and others (Cattanach 1997, cited in Jarman, 2014). Dramatherapy offers a safe way of rediscovering play, which previously was limited and dangerous to do.

Projection in dramatherapy occurs when the child becomes aware of the external world beyond the body. Children will naturally explore their relationships with others through projective play. Stories are enacted with objects, materials and toys to discover ideas and express feelings (Jennings, 1999, cited in Jarman, 2014). This was an integral part of the domestic abuse group. In this particular case study, the boys engaged in projective play throughout the programme. It was a significant stage of the group process, addressing a number of highly relevant issues such as “inside hurting”, a concept that refers to the psychological impact of witnessing domestic abuse (Peled and Davis, 1995, cited in Jarman, 2014). “Outside hurting” was also addressed through projective techniques, exploring the reality of what the boys had witnessed. The aim of this is twofold: first, to bring the trauma into the space in a clearly visual and concrete way; and second, to enable the boys to share some of their thoughts and feelings surrounding the abuse (Jarman, 2014).

The boys in the domestic abuse group found making masks and drawing and creating different objects that symbolised their thinking to be a useful method of distancing themselves from the personal material (Jarman, 2014). Paradoxically, it also brought them closer to discussing their own individual experiences (Landy, 1993, cited in Jarman, 2014).

Role in dramatherapy refers to the different roles that a child develops, from the stage of simple imitation through to enacting distinct roles. Children will engage in a diversity of roles based on their personal experiences in dramatic play (Lawrence, 2011, cited in Jarman, 2014). Those who have witnessed domestic abuse may have a distorted perception of their external world, as well as of themselves, due to the inappropriate

behaviour they have observed. This can lead to some children developing negative coping mechanisms (ibid).

The aim of enacting different roles in the context of dramatherapy was to engender therapeutic change for the child or young person. This took the form of sculpting, structured role-play, improvisations, enactment of well-known stories, or a scripted play written by the group. The children in the group connected with a number of different experiences by engaging in both fictional and non-fictional roles. This provided them with a space to re-address negative experiences (Jarman, 2014, p. 22).

Jaaniste (2011) places vitality on dramatherapy group work, to support elderly people who experience dementia. As per this study, the dramatherapy group affords a holding environment where existential issues and key life questions can be worked with creatively. By means of story, metaphor, play and improvisation, cultural questions and answers can assist with celebration, reminiscence, pleasure and grieving, and ultimately the transition to a dignified and spiritually meaningful death (ibid).

Dramatherapy is an effective means of assisting elderly people afflicted with moderate-to-severe dementia to value their ageing process (ibid). Dramatherapy may assist them to cope with the grief and loss their ageing may entail, as they lose friends and physical and mental capacity, in a society where elderly people are marginalised. In this way, the spirituality of the person with dementia can be explored and accepted through dramatherapy group work.

Spirituality has informed theatre and drama throughout human history, and the healing properties of the arts are referred to in the histories of many societies, including Sri Lanka. There is a growth of consciousness in Sri Lanka that creative activity can contribute to people's health and well-being and that the area of spirituality is integral, and perhaps even central, to psycho-social health and a sense of well-being.

In a dramatherapy process, group work can be structured, so that, issues of elderly people with dementia can be addressed in a creative way. They should be given an opportunity to play with end-of-life concerns, while the dramatherapist shifts the scene according to themes which arise during the course of therapy. Structures such as dramatic play, using objects, place and character, can turn dramatherapy to cultivate the "whole man" and concentrate on the human being's creative imagination (Jaaniste, 2011). Dramatherapy, thus, addresses the whole person, and the healthy aspects of the person respond with creativity and may ease the discomfort of any deficits.

The relationship between theatre, dramatherapy and spirituality, according to Jaaniste, provides recognition to the rich personal meaning, sense of the numinous and the liminal that can improve the quality of life of people with dementia. Statements and

questions such as “What are we waiting for?” and “Is he coming tomorrow?” underpin the existential quest of the elderly and the witnessing of their expression (ibid, p. 25).

As Jaaniste has emphasised, the dramatherapist’s containment of therapeutic understanding and time-and-place boundaries can serve as a warm enfolding of these elderly people, whose cognitive and physical function inevitably and inexorably erodes in the process of dementia. The above author further states that powerful qualities of later life stages, such as intense memories, a sense of the presence of familiar people who have died, and questions about their own existence and journey over the threshold of death can be responded to sensitively (ibid, p. 25). Jaaniste concludes that dramatherapy approaches such as shape-shifting and scene-shifting can allow for the emerging questions and transformative responses. As the population ages and more of us are likely to fall prey to dementia, it is ever more important to bring “I-Thou” communication, a relationship to the sacred and meaningful rituals to these people, and to see them as treasured elders of our community (ibid).

The value of play in engaging people with dementia cannot be underrated (ibid, p. 19). Dramatic play can be structured, using objects, place and character, in a way that takes dramatherapy further than simply achieving good social and cognitive outcomes. Johnson’s work in *Developmental Transformation* (1992, 2000, cited in Jaaniste, 2011) uses improvisation in a developmental manner with elderly people. Johnson’s goal for sessions had been to establish healthy “I-Thou” relationships among group members. In a group case study, using a dramatherapy session with six people in a nursing home, with moderate cognitive impairment, Johnson illustrates the pivotal role of the dramatherapist in creating personal (and group) significance. In order to understand how to attend to the spirituality of our older people with dementia, it is valuable to look at Sue Jennings’ “Embodiment, Projection and Role” as a developmental paradigm for the young child (Jennings 1999, pp. 51–53, cited in Jaaniste, 2011, p. 20), and reverse the categories for old age.

The above studies aptly indicate that creative arts therapies encourage clients to explore their strengths, and unearth hidden talents, to make a positive adjustment in their lives. Creative arts therapies provide ample opportunities for the client to face social challenges, by gaining insight into their conditions. The connections subjects make through experience and imagination, using various forms of art in a therapeutic setting, can help heal and provide apt channels for reflection and expression, which is cathartic as well as developmental.

The current study can make use of the inferences of the above studies that utilized dramatherapy, visual art, music, dance and movement therapy and play therapy, to improve patients, and especially, those with developmental difficulties. Arts, as visible in

the above studies, can stimulate the overall intelligence, social as well as emotional development and enhance self-esteem of the adults with Down syndrome while promoting their creativity and self-confidence. These studies support the current research to view dramatherapy as an effective intervention to help adults with Down syndrome, to focus and visualize, in order to improve general alertness and to enhance visual and spatial thinking and reasoning.

The role of music as a therapeutic intervention has received importance to support special children with cognitive and behavioural problems (Rana, Mussarat, & Malik, 2014; See, 2012). Rana et al., (2014) mentions that listening to music enhances cognitive abilities and reduces reading problems and cognitive deficits and inattention-disorganization. According to See (2012), autistic children respond very well to music therapy, as familiar harmony can bring a sense of calmness and comfort in a stressful situation and help them to socialize more effectively. This study has found that music with rhythmic characteristics is effective in reducing stereotypical behaviours in children with autism such as restlessness, fidgety, temper tantrum and inattentiveness.

Music also increases positive feelings and concentration levels, and listening to a soothing type of music enhances cognitive ability and improves concentration ability of special children. Also, listening to music reduces the level of behavioural problems of special children including anxiety, anger, depression and destructive behaviour (Rana et al., 2014). See (2012) finds music as a valid intervention to help autistic children who encounter difficulties interacting with people and become agitated in noisy, changeable environments. Music can improve intellectual, motor and social skills in special children (Rana et al., 2014).

Music has the capacity to help in facilitating self-expression by providing a channel for transforming frustration, anger, and aggression into the experience of creativity and self-mastery (Rana et al., 2014). Music-facilitated interactions and structured instrument playing are effective to improve social skills in school-age populations as social problem solving skills. Children with autism can begin to exercise perceptual processes, and learn to relate tactile, visual, and auditory stimulation through manual exploration of instruments (See, 2012).

Music therapy encourages communicative behaviour of autistic children through the unique non-verbal way of communication provided by music. Music instruments, body movements, singing or improvised singing can help children to develop indirect communication (See, 2012). Moreover, this study highlights that listening to a variety of musical instruments and different vocal sounds can improve the auditory skill of autistic children. Movement to music can also aid in the integration of tactile/kinaesthetic and auditory perception and the differentiation of self/non-self (ibid).

Placing importance on auditory-motor coordination and refine the body awareness/image of autistic children, See (2012) recommends action songs or rhythmical music. The functional use of fingers and hands can be trained by playing musical instruments, and repeated movements in playing musical instruments help to improve their motor control and coordination. On a more complex level, perceptual learning sequences that combine pitch, loudness, and tempo, can teach the autistic child to respond to percussion instruments. Thus music therapy can help children with autism to modify and change behaviour (See, cited in Ranasinha, 2015). The above study establishes the importance of music for behavioural modification and cognitive betterment of special children.

Music and dance are strongly connected to learning. Research (Albin, 2016; Skeja, 2014) has shown that music and dance are able to stimulate learning. Skoning (2008, cited in Surujilal, 2013) argues that the use of creative arts such as dance and movement enables students to experience increased understanding of content and serves to modify their classroom behaviour for the better. Through activating, stimulating and giving meaning to those who are mentally challenged, engagement with dance and music taps into their strengths and establishes contact and emotional connection. Sooful, Surujlal, & Dhurup, (2010) posit that dance and music encourage personal effort, provide the opportunity to overcome the limitations imposed by their disabilities and facilitate a greater sense of achievement. Dance and music motivates the person to reach one's potential, regardless of the level of ability, raises the human spirit of those with intellectual disabilities and increases the chances of them socialising with others.

Music has been used with success to facilitate interaction and communication amongst children with severe intellectual disabilities (Srinivasan & Bhat, 2013), mental retardation and learning disabilities (Stambough, 1996, cited in Surujilal, 2013). Music has the ability to help individuals realise their strengths and enables them to connect with different groups of people (Albin, 2016). Since music is a natural reinforcing stimulus, which is immediate in time, it provides the motivation for practicing skills other than those of music (Yu, Shadd, Kleifges, Myers, & Pearl, 2013). While dance assists in developing fine motor skills (Surujilal, 2013), learning takes place when children with intellectual disabilities are required to understand and follow instructions. This further contributes to them being able to take care of themselves and develop a sense of independence.

Music has the potential to play an important role in the lives of children with intellectual disabilities because these children need special instruction and intervention. Groß, Linden, & Ostermann (2010) posit that the use of music in the classroom can help improve the quality of life of individuals with intellectual disabilities as well as facilitate speech and improve cognitive ability. As it is a non-verbal form of communication, music

has been found to be an effective medium in evoking positive responses from children with intellectual disabilities (Skeja, 2014; Pienaar, 2012).

Music enables children with intellectual disabilities to develop socially and emotionally, promoting cognitive development, which involves recognising, processing, organising and using information appropriately (Pienaar, 2012). The cognitive process encourages activities such as discovery, interpreting, sorting, classifying and remembering so that those with intellectual disabilities understand themselves as well as their environment (Surujilal, 2013). Moore (2014) posits that normal teaching strategies accompanied by music benefits the learner cognitively, socially and emotionally.

In order for learners with intellectual disabilities to interact socially, it is important for their communication skills to develop. Given its non-threatening nature, music is able to facilitate both verbal and non-verbal communication. Yu and others (2013) found that planned activities encourage children with intellectual disabilities to interact, develop eye contact with each other and focus attention.

Music and dance encourage increased engagement and provide the stimulus for the processing, assimilation and recollection of information for learners with intellectual disabilities. Music has also been found to be effective in improving and capturing the attention of a learner so that he/she acquires a sense of control and is able to create a routine, which is essential for academic success (Surujilal, 2013; Pienaar, 2012). Music and dance also bring out creativity in learners with intellectual disabilities, which contributes to enhanced self-awareness, self-expression and self-esteem (Moore, 2014).

Music and dance, as interventions in the learning process, need to be viewed as more than just leisure activities. According to the American Music Therapy Association (AMTA) (2006), the repetition of songs enables intellectually challenged children to identify numbers, colours and objects, develop cognitive, behavioural, physical, emotional and social skills, and enhance communication. AMTA (2006) also argues that involvement in music stimulates attention and encourages participation in educational settings.

Dance and music serve well as a medium for group activity, as they create a unifying energy and a cohesive framework in which children with intellectual disabilities are able to express themselves (Sooful et al., 2010). Music has been found to improve socialisation skills, open the doors of communication and process feelings in children with learning difficulties, mental illness and mental retardation (Moore, 2014). In addition, it provides opportunities to form friendships, express creativity, develop self-identity and foster meaning and purpose in life (Moore, 2014; Surujilal, 2013).

Coyle (2011) found music to have an effect on the actions of individuals. Individuals tend to express different actions such as clapping and dancing during the music session. Those who suffer from intellectual disabilities normally prefer to be on their own but they are encouraged through music and dance to interact with others. This helps build friendships and facilitates group work. According to Srinivasan and Bhat (2013), socially embedded group musical activities provide excellent opportunities to engage in predictable and comfortable interactions with social partners.

Through listening to music and dancing, learners are compelled to follow and remember actions and movements via the transmission of information to the brain (Pienaar, 2012). Dance and music help to imitate movement with the application of the mind, thereby contributing to cognitive development. In this way, expression skills are also developed (Behrends, Müller, & Dziobek 2012).

Children with intellectual disabilities were easily distracted, had lower task orientation and tended to be hostile (Surujilal, 2013). This resulted in difficulties in organisation, controlling their behaviour and focusing on their task performance (ibid, 72). Music and dance produce a safe environment, which helps in redirecting learners' attention so that they are able to concentrate on a particular task. According to Brunk (2004, cited in Surujilal, 2013), music is effective in improving the attention span of the child, thereby improving his/her concentration so that the child has a greater sense of control in the environment. This enables the child to develop a routine. Crump (2010) reports that music assists in reducing hyperactivity.

According to the National Coalition of Creative Arts Therapies Association (2010), dance/movement and music are forms of expressive and creative interventions that have been found to be effective in improving behaviour as well as self-expression. The implication here is that through the improvement of self-expression improved learning takes place. Similarly, Jackson, Muro, & Parker (2008) and Rickson (2006) found movement to be instrumental in improving behaviour (cited in Crump, 2010). Music, if purposefully used, has been found to be effective in modulating mood change, modifying and managing behaviour (Pienaar, 2012). Music may be used as a positive reinforcement to encourage socially acceptable behaviour (Crump, 2010). It has also been found to increase group cohesion (Moore, 2014; Surujilal, 2013). Tallapragada (2007, cited in Surujilal, 2013) used a sound-based and sensory-centred Tiger Dance Therapy on children with intellectual disabilities and found it to be helpful in converting aberrant behaviour into excellent behaviour patterns. Music and dance are indeed useful interventions, which contribute to improved learning amongst learners with intellectual disabilities.

Zemcik (2014) states that dance offers an outlet that allows self-expression and, maybe more importantly, an outlet to be rid of elements of themselves that prevent them from being the best they can be. Dance becomes an effective intervention when considering the movement issues the persons with Down syndrome face. A key component of dancing is proper alignment, and if these issues are analysed from a Dance Therapy perspective the real target problem is addressed in a way that disguises the task with dance. Typical motor programmes "lack of opportunity for creativity or exploration" and the "fun and joy in moving, and learning to move, seemed to have been replaced by functional goals" (Jobling, Virji-Babul, & Nichols, 2006, cited in Zemcik, 2014, p. 18). The kinaesthetic awareness and visual representations in dance have proven effective for the learning styles of children with Down syndrome and shows improvement in quality and form of movement patterns (ibid).

By applying a flexible approach to teaching dance, Marks (2007, cited in Zemcik,

2014, p. 19) suggests much can be accomplished. People with Down syndrome do not have the attention span of neurotypical people, but there are techniques that can make up for this. The use of metaphors and imagery can be particularly effective, and they do not cloud the mind with too many words to process. The use of movement repetition can help clients with Down syndrome to master over various movements (D'Annunzio, 2013). Repetition is beneficial because it helps to develop skills that can be applied to daily life. It also allows the Down syndrome person to undergo certain environmental and social interactions to enhance normal brain function (Albin, 2016).

Participation in dance/movement therapy sessions stretches beyond physical benefits. It influences cognitive and emotional aspects; enhanced self-esteem, self-confidence, and pride. Such a therapy class allows safe exploration of movement, to distinguish left from right, increased attention, focus, direction following, and improved movement quality in terms of balance, alignment, and posture (Zemcik, 2014).

D'Annunzio (2013) conducted a research to understand performance as therapy as a dance/movement therapy intervention for adults with developmental disabilities. This intervention addressed the DD population's common goal of increasing interpersonal relations, to create a healthy community. Speaking about the results of this study, the above author states that "the DMT intervention of performance as therapy is, in fact, a promising intervention when working with adults with DD. More specifically, it points out that this creative intervention helped address this population's goal of increasing social interpersonal skills" (p. 59).

An important aspect discussed in this study was the group's cohesion and solidarity that created a therapeutic environment to engage in social interpersonal skills. The participant attendance was of prime importance in this study, and by attending group, the subjects were nonverbally supporting their peers, in both a therapeutic and artistic sense. As D'Annunzio argues, the overall attendance was crucial for the structure of the above group, since the role of audience member was an important compliment to the role of performer and overall group creative process. In showing up for group, the participants were validating both of these roles and thus validating each other within

those roles which encouraged them to engage in interpersonal relationships with each other (2013, pp. 60-61).

The findings of the above study indicate that the overall structure of performance as therapy reveals adults with DD as creative individuals who can work collaboratively. This distinctive structure of performance as therapy made the intervention specific to the therapeutic capabilities and needs of adults with DD. As noted by the above researcher, there was a delicate balance between structure and lack of structure within the definition of performance as therapy, which resulted in a series of improvised dance performances. As a group, they engaged in group rhythmic activity by clapping or stomping together during the “Performance as Therapy” group. This activity was found organically within the group structure. The results of this study support the use of repetition when working with adults with DD (ibid, p. 61).

The researcher understanding was that the structure of this study created a holding environment, allowing the adult with DD to engage in creative processes. That was a safe and organic creative process that built the dance show which was not overly organized, and thus was not overly limiting. However, the researcher is of the opinion that there still was a sense of structure (performer performs, then the audience comments) which provided enough stability so that chaos would not ensue (D’Annunzio, 2013, p. 67).

An important development in this intervention was the verbal processing at the end of each session. It elicited many deep verbal discussions not usually associated with adults with DD, says the researcher. Citing Snow and others (2003), D’Annunzio confirms that verbal processing about choreographed movement is an integral part of other defined performance as therapy methods, and it is therefore, an important component in bringing new awareness to unconscious material. The material that was brought forth by verbally reflecting on the group’s creative process at the end of session was similar to other performance as therapy models. The verbal processing in which the clients engaged in demonstrates that adults with DD can take part in such conversations about creativity and what performance provides them. As stated by D’Annunzio (2013). “The culmination of the flexibility in the structure and the holding environment created gave space to their creativity and capacity to reflect on the group process, and the interpersonal relationships” (p. 68).

People with developmental disabilities, especially, adults with Down syndrome can be supported through art-making. According to Got and Cheng (2008), art-making

process encourages people with developmental disabilities to improve in several social and cognitive areas which might allow for a release of negative emotions in a more socially acceptable way. In their study, Got and Cheng (2008) had found that it is beneficial for the Down syndrome population to express themselves non-verbally and to have a sense of control throughout the creative process. Art-making is helpful for people with Down syndrome to express their identity, emotions, and thinking through appropriate process and media, especially if promoted in the context of therapeutic relationship.

The study on visual art therapy for autistic children (Quadri, 2013) explains visual art interventions as images created to primarily enhance communication and self-expression. Also it increases fine and gross motor functioning, eye-hand coordination and conceptualization, build visual-spatial strength and promote socialization with peers. In this study, art interventions used are classified into five different categories: paper weave, okro print, paper craft, sculptural paper Mache, colouring of images with crayon and drawing.

Quadri's study emphasizes that visual art is a viable tool to enhance communication of autistic children to enhance representational artwork, socialization and behavioural change. As stated, visual art has always been an effective form of self-expression, whether in a visual, performance, or interactive setting. It has the potential to change lives and often in profound ways allows communicating through a completely different channel when words are not enough to change specific disorder in children. Images and symbols are also utilized to create something in the world that is a true representation of us and to tell stories. And in telling stories through art, path to health, wellness, emotional reparation, recovery, and ultimately, transformation can be located. As given in the above research, autists respond well to visual, concrete, hands-on therapies.

Art therapy has several unique advantages for clients such as helping them to express feelings, decrease defences, release physical energy, and enhance self-esteem (Wadeson, 2010). Edith Kramer, who developed the theoretical application of art as therapy believed that art enabled people to re-experience, resolve, and integrate their internal conflicts (as cited in Rubin, 2010). Wadeson claimed that the approaches used in art therapy were varied depending on the situations and clients' needs. Some clients benefitted more from art as therapy, some clients were encouraged to focus on insight

oriented techniques, and some clients embodied both approaches. Art psychotherapy, which is insight-oriented, and art as therapy, which is based on spontaneous expression, served different purposes and supported different client needs; both therapeutic approaches could be utilized mutually, depending on the situation, according to Tsai (2015) and Haeyen (2015).

As Rubin stated (2010), art therapy supported people at all stages of development and gave people with disabilities a level of stimulation to reach pleasure in the creative process through their capabilities. Art therapy offered a non-threatening and socially acceptable way for people with developmental disabilities to process self-expression, improve social skills, solve problems, discharge aggression, and soothe themselves (Epp, 2008; Got & Cheng, 2008). Through using art, people with developmental disabilities can depict the confusion of their world and retrieve a level of autonomy to reach a meaningful life, including the enhancement of personal expression and social relationship (Rubin, 2010; Got & Cheng, 2008). The immediate goals of art therapy with individuals who have developmental disabilities were to expand the individual's sensory, perceptual, and motor capabilities (West, 2012).

Art therapy helps people with developmental disabilities to express feelings and release impulsivity. This enables the therapist to look through the art of the individual and understand his/her cognitive, emotional, and artistic maturation (ibid, p. 10). Malchiodi (2012) indicated that many therapists use integrated art therapy within various developmental frameworks, such as Freud's psychosexual and Erikson's psychosocial models. Art-making is useful for individuals of any age with cognitive impairments or developmental delays.

Art therapy is a developmental approach, when addressing sensory stimulation and skill acquisition (Tsai, 2015). Sensory stimulation referred to the enhancement of sensory, visual motor, and interactive skills through using and playing with art materials; skill acquisition is referred as taking a series of sequential small steps to learn a particular activity for developing complex motor skills (ibid, p. 13). The experience of exploring art materials and the procedures of learning skills leads the individual to foster emotional development and motor functioning (ibid, p. 15). In addition to sensory stimulation and skill acquisition, adaptation is a consideration in developmental art therapy. Using proper art materials, being able to use tools, and creating a consistent environment are

adaptations in art therapy sessions (Malchiodi, 2012). These aspects support people with developmental disabilities in expressing feelings and releasing impulsivity.

Tsai states that art therapy can treat undesirable behaviour by applying behaviour modification techniques to the art therapy process (2015, p. 15). “Art therapy that employs behaviour modification principles may be utilized as a structure to motivate and change maladaptive behaviours, so that; clients may attend to learning behaviours” (Dunn, 1982, cited in Tsai, 2015, p. 15). The behavioural approach of reality shaping, was the special technique used to support children who were emotionally disturbed and limited in verbal and cognitive abilities (Roth, 2001, cited in Tsai, 2015, p. 15).

Art therapy has many advantages when considering the needs of developmentally impaired people. They draw excitement from the raw joy of creating something and sharing that accomplishment with those around them. Also through art, a healthy release of energy is accomplished. This energy can involve feelings of anxiety, stress, excitement, or joy (West, 2012). Art-making assists persons with developmental disabilities in overcoming their obstacles and eventually reaching goals, such as enhancing personal expressions, social skills, self-confidence, and cognitive development (Rubin, 2010; Epp, 2008; Got & Cheng, 2008;).

In addition to the therapeutic approach, according to Hinz (2015), art materials play an important role in art therapy sessions. Art materials have different properties and qualities. Through using various art materials properly, the clients are able to utilize sensory perception and internal reflection during their creative process. Different art materials offer various stimulation and purposes in treatment for clients; using specific media when considering interventions can help clients express, engage, and heal in art therapy sessions.

According to West (2012), art can and does give any human being, in particular a mentally or physically disabled individual, an exciting, stimulating, and pleasurable way to reach well-being. Through artistic experience, people with developmental disabilities can connect with their reality, enhance self-awareness, and feel more emotionally secure (Haeyen, 2015). As stated in the case studies of Tsai (2015), West (2012) and Smeijsters, Kil, Kurstjens, Welten, & Willemars (2011), all people with diverse degrees of disabilities can develop self-fulfilment and relieve stress through creating artwork without the need to speak. “Art therapy provides a psychotherapy treatment option that does not rely solely on verbal interaction,” Robinson stated (2009, cited in Tsai, 2015, p. 22).

Therefore, the clients with Down syndrome can use the process of creating artwork to express their emotions and thoughts without saying a word, and this process can be a significant benefit for them, especially for those with communicative impairment (Bull, 2012). The creative process promotes the expression of non-verbal communication and further facilitates the discharge of feelings and increase self-esteem (Lister, Tanguay, Snow, & D'Amico, 2009; Got & Cheng, 2008).

Overall, art therapy provides opportunities for people with developmental disabilities, including Down syndrome, to expand emotional expression, social interaction, self-esteem, and cognitive development. These art therapy goals are related and connected with each other. Through the process of creating art, people are able to express personal emotions and thoughts without verbal involvement, and these non-verbal expressions not only reflect the words in mind, but also facilitate sharing and communication with other people (Bull, 2012). The interactions of non-verbal reflecting and verbal sharing could promote social interaction and improve social skills (Tsai, 2015, p. 36). When people make progress on social skills as well as in their relationships, they also make progress in confidence, self-esteem, and even autonomy (Lister et al., 2009; Got & Cheng, 2008). Cognitive development can be fostered by solving problems, increasing exploration through art materials, and learning the concepts in visuospatial ways (Tsai, 2015, p. 33).

Within a dramatherapy framework, recreational activities and play can become helpful interventions for intellectually disabled persons (Lifshitz-Vahava, Shnitzer, & Mashal, 2015; Rana et al., 2014), including adults with Down syndrome. Activities that are treated as recreational can support cognitive development and can be of special support to adults with Down syndrome who are prone to the risk of cognitive decline which leads to Alzheimer's disease (Lifshitz-Vahav et al., 2015). Rana and others inform that play -reduces the level of cognitive and behavioural problems and improves self-concept of special children to some extent (2014, p. 833). As indicated in this study, play gives children a chance to utilize their creativity along with developing their imagination, physical, cognitive, and emotional powers. An important comment found in this study is that a child who is encouraged to participate in play and group activities receives many enduring advantages such as universal learning skill, creativity, imagination, loving-kindness, self-esteem, natural love of learning and playful engagement with life (ibid).

Children use drama as therapy spontaneously, with no outside direction or pre imposed structure (Galligan, 2009). Dramatic play is the child's method of symbolically expressing and resolving internal conflict; assimilating reality; achieving a sense of mastery and control; releasing pent-up emotions; learning to control potentially destructive impulses through fantasy; expressing unaccepted parts of the self; exploring problems and discovering solutions; practicing for real-life events; expressing hopes and wishes; experimenting with new roles and situations; and developing a sense of identity. Play lies at the core of a child's essential creative and imaginative output, and is integral to the whole creative process, play promotes the flexibility and problem-solving skills that are needed to be creative (Courtney, 1989; Moyles, 1989; Duffy, 1998, cited in Galligan, 2009, p. 29).

Play therapist Robert Grant says,

“When children can learn to self-regulate, possess social skills that relate to the environments they are asked to function in, and learn appropriate and meaningful relationship connection, they are less likely to have behavioural issues and more likely to function successfully in their day-to-day environment. A child with autism may play in traditional or non-traditional ways—regardless, his or her play provides a natural and engaging medium to work on all kinds of skill development” (cited in Ranasinha, 2015).

For a majority of children with autism, it would seem that this “playfulness” commonly remains latent; they seem to lack the urge to engage spontaneously in “playful” behaviour in free play situations, while structured play contexts with an interested adult can reveal indications of their play potential and clear enjoyment of such activities. Activity that is inherently playful and dramatic tends to generate emotional responses, and so will actually target directly that part of the brain that may be under-functioning in children with autism. Such experiences may also be more memorable because they are more highly charged (fun, exciting, pleasurable, intriguing), and therefore more likely to be etched on the brain due to their emotional quality; research has shown a link between emotional arousal in the mid-brain and cortical operations of thinking and problem solving (Iveson, 1996, cited in Galligan, 2009).

It is believed that “the adult brain is adaptive at any age and has lifelong capacity for change” (Lifshitz-Vahav, Shnitzer, & Mashal, 2015, p. 2). Recreational activities function as external and novel stimuli that can lead to rewiring or restoring synaptic

connectivity in the brain, which might affect attention, auditory discrimination, working memory, or executive function (ibid). Persons with intellectual disabilities with an IQ of 40–70 will benefit from recreational interventions aimed at ameliorating specific cognitive skills that are prone to decline with age, such as verbal abstraction skills, orientation in time and space and analogical reasoning (ibid). As given in the above study, maturity and cumulative life experience help adults with intellectual disabilities to acquire cognitive skills that were previously absent from their behavioural repertoire. This study states that –Not only endogenous factors (age, etiology, IQ level), but also exogenous factors such as life style (i.e., types of leisure activities) determine their cognitive functioning (ibid). Human organism is accessible to change as a result of environmental intervention, even in the presence of three formidable obstacles usually believed to prevent change: age, etiology, and severity of limitation (ibid).

As given in the above study, adult Down syndrome persons engaged in playing, acting, dancing and listening to music etc., have improved their emotional conditions, satisfaction and well-being, quality of life and self-concept. Recreation activities involving movement, music and dance hold a strong motivational appeal for the Down syndrome individual who usually prefers a sedentary life style (Lotan, 2007). They can make a significant contribution to improve "psychological well-being", reduce anxiety, stress and depression, and promote healthier sleep patterns (ibid). Regular physical activities can improve cardiovascular and respiratory muscle function and reduce coronary artery disease risk factors. These benefits enhance feelings of well-being, and performance in daily activities (ibid). Lifshitz-Vahav et al. (2015) emphasizes the involvement of a mediator, who could structure meaningful components of the environment, to enhance the cognitive, autonomous, and behavioural functioning of adults with Down syndrome.

In conclusion, dramatherapy has a vast scope in its application, supported by therapeutic performances, process-oriented activities in dramatherapy, art therapy, music therapy, dance/movement therapy, recreational activities and play therapy. There is flexibility in implementing the interventions, to improve cognitive, sensory, and motor skills. Dramatherapy activities support psychological and emotional development, and also the physical stability of the Down syndrome adult. The intervention stimulates play and creativity, to encourage a sense of community involvement and social inclusion of the adult subjects with Down syndrome.

