DRAMATHERAPY
EDUCATION AND RESEARCH IN SRI LANKA

December 2018. No. 1

BHĀVANĀ -ORIENTED DRAMA THERAPY TO IMPROVE FIFTEEN ADULTS WITH DOWN SYNDROME IN SRI LANKA

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Key words:

bhāvanā-oriented dramatherapy
dramatherapy
Down syndrome adults
meditation
creativity

ABSTRACT

Bhāvanā-Oriented Dramatherapy (BOD) integrates Buddhist Bhāvanā practice and dramatherapy. The Buddhist term bhāvanā means 'mental culture' or 'mental development', and has inappropriately translated to English as 'meditation'. The term Bhāvanā encompasses the aspects of focus, tranquility, and equilibrium, to clean the mind of impurities and disturbances. Dramatherapy is an active psychotherapy intervention that makes use of creative processes, to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth. Drama as a traditional healing practice, has been utilized in Sri Lanka, as a psychotherapeutic intervention, for thousands of years. It is an inseparable part of the Buddhist culture in the country, and therefore, makes it a culturally relevant intervention. Adults with Down syndrome (DS) are a socially marginalized and developmentally restricted community who are not facilitated with appropriate interventions. This state of neglect has made them to face a range of psychological issues. BOD intervention helped them to deal with their embodied psychological and emotional experiences, through creativity. This is the first study on BOD, in the Sri Lankan context. This qualitative research used a multi-case research design, and the data was collected on a purposive subject sample of 15 adults with DS, through observation, journal entries, narratives, interviews, and feedback questionnaires. The data was analyzed through thematic analysis, coding and triangulation, and the four domains that emerged were mindful being, creative being, social being, and belongingness. The results showed improvement in emotion regulation, cognition, creativity, and flexible behaviours in adults with DS. The subjects became empathetic, compassionate, supportive, and friendly. They formed productive relationships, had a sense of community belonging, and were empowered to become socially responsible. The improvement in adults with DS has also contributed towards relieving the stress and anxiety of their caregivers. This BOD study, hopefully, will lead to further support not only the adult with DS, but for all those who are labeled as developmentally disabled and cognitively impaired.

I. INTRODUCTION

In Sri Lanka, planning and implementing viable interventions to improve the life of the adult with DS has been a neglected area. Generally, Sri Lankans have a positive attitude towards persons with DS (Alphonsupillai, 2010, p. 5), but such attitude has not contributed to elevate the life of the adult with DS, to make such individual a contributing member of the society. Their abilities have been underestimated and their emotional, psychological, and physiological issues have been seriously overlooked. A majority of primary care-givers in Sri Lanka are ignorant of plausible interventions to support their adult members with DS, to cope with life. Policy makers as well as non-governmental organizations have taken no measures to address issues related to adults with DS. The neglect of adult with DS may be due to age, sexual urges, emotions and moods, which non-professionals are at a loss to address. This situation demands dynamic interventions, to improve the life of the adult with DS.

The adult with DS requires stimulation, encouragement, and education in order to develop personal confidence, independence and skills to grow as a valued member of society. They require intervention programs to improve communication and active involvement in decision making. They also need interventions to emerge from restrictive environments, develop social contacts, build relationships and interact with the opposite sex, sharing their feelings, thoughts and experiences. It is essential to develop and apply interventions that can reach emotional, psychological and kinesthetic spheres of the adults with DS.

This BOD study aimed to focus on the participant's embodied experiences, encouraging self-exploration and self-discovery, combining spiritual and theatrical practices. It makes daily living a *Bhāvanā,* enabling the subject to experience *focus* on thoughts, emotions, and behaviours, a *tranquil* nature, and being in the present moment, relaxed and happy, to embrace their whole person, and experience their 'way of being', a balance state of mind - *equilibrium*.

Anecdotes and reports in Sri Lankan media show that drama (Kodagoda, 2015; Muttiah, 2012; Amarasekara, 2011), in general arts, are interventions to support individuals with DS. Concerts and public performances showcase their creativity and develops their sense of identity. It is evident that adults with DS utilize bodily awareness and sensory awareness, in response to concerts and public performances, in order to understand the world and their limits in comprehending and responding appropriately to the world conditions.

In our study, creative activities became a safe container to help the client carry their experience in a life forward direction. The clients felt safe with their inner experience, and were able to listen to their bodily felt sense, symbolize what they were experiencing through writing, art, creative movement, and music or sound.

II. LITERATURE REVIEW

A study in Iran states that Dramatherapy causes "awareness, exploration and reflection of senses and sentiments and creative expression - that enables the (DS) individuals in a group to establish emotional relations with other individuals, in order to create self-confidence and self-awareness in them and pleasure of being with other individuals" (Ghazali et al., 2015). Another study states that longevity of the adult with DS is possible through recreational and cognitive interventions. Further, it states that physical activity improves "psychological well-being", reduces anxiety, stress and depression, and promotes healthier sleep patterns (Lotan, 2007). These benefits, as mentioned, enhance feelings of well-being, and performance in daily activities (Lotan, 2007).

The studies discussed above were targeted to help the adult with DS to develop a feeling of interest in performing daily activities, to make an effort toward self-expression by using various activities: drawing, to develop visual-spatial skills; play, to develop creative self-expression and social skills; music and movement, to improve cognitive and motor skills.

A study in Canada, specifically, shows how the adult with DS is accommodated in Dramatherapy (Snow, 2013). In this instance, application of Dramatherapy is referred to as a therapeutic theatre practice that deconstructs the "old self and the creation of a new identity through the process of rehearsal, performance and post-performance sessions" (ibid. p. 74). For individuals with developmental disabilities, this creates “opportunities to deconstruct the current disabling constructions and to reconstruct new and more powerful identities” (ibid.).

We found a study (Gluck, 2005) that focuses on meditation, theatre and therapy. It discusses the personal and artistic growth of the person. This kind of integrated theatrical experience, combining spiritual and theatre practices, encourages self-exploration and self-discovery. This can be described as a form of transpersonal or contemplative dramatherapy. It builds a bridge between meditation and day-to-day life, and enables the subject to access the benefits of meditation through myriad forms of active meditation and other, more dynamic activities that promote awareness of the body, a tranquil nature, and being in the moment.

This was partly the concern of the current research, to make creative adjustments in the lives of adults with DS. The personal and artistic growth is a possibility with active, expressive techniques such as authentic movement, storytelling, improvisation, writing, solo performance, and collaboration with partners and groups. The current study did not limit its engagement only with arts, but made use of rituals to promote focus, tranquility, and equilibrium.

Focusing is a living process within every person. It is present within the actions of what the person does. It can be developed and integrated with other life activities, and enhances meaning and access to inner wisdom (Rappaport, 2014:152). Focusing is listening to the “felt sense”—and that a word, phrase, image, gesture, or sound can serve as a symbol or “handle” for the felt sense. At times the felt sense can be about something painful, sad, hurting, or angry; other times it is about joyful experiences; and other times it is simply clarifying content that was not emotional but rather a decision or topic the person is struggling with.

To make Focus effective, distancing is used, utilizing actions, colours, shapes, or images, that match the felt sense inside of how the ‘all fine place’ feels, to discover things beyond habitual ways of noticing the issues. It enables the subject to see how it feels in his body when he has some distance from his issues (ibid,154).

The term *‘bhāvanā’,* as per Buddha’s teaching, aims at producing a state of perfect mental health, equilibrium and tranquility. The Buddha’s teaching on this subject was so wrongly, or so little understood, that in later times the way of ‘meditation’ deteriorated and degenerated into a kind of ritual or ceremony almost technical in its routine (Rahula, 1959/2006, p.67). Also, the word meditation is a very poor substitute for the original term *bhāvanā*. The Buddhist bhāvanā, properly speaking, is mental culture in the full sense of the term. It aims at cleansing the mind of impurities and disturbances, such as lustful desires, hatred, ill-will, indolence, worries and restlessness, sceptical doubts, and cultivating such qualities as concentration, awareness, intelligence, will, energy, the analytical faculty, confidence, joy, tranquility, leading finally to the attainment of highest wisdom which sees the nature of things as they are, and realize the Ultimate Truth, *Nirvāṇa* (ibid).

According to Rahula, there are two forms of meditation. One is the development of mental concentration (samatha or samādhi), of one-pointedness of mind (*cittekaggatā*, Skt. *cittaikāgratā*). The other form of ‘meditation’ is known as *vipassanā* (Skt. *vipaśyanā* or *vidarśanā*), ‘Insight’ into the nature of things, leading to the complete liberation of mind, to the realization of the Ultimate Truth, *Nirvāṇa* (ibid). It is emphasized by the above author that “This is essentially Buddhist ‘meditation’, Buddhist mental culture. It is an analytical method based on mindfulness, awareness, vigilance, observation (ibid, pp. 68-69).”

The most important discourse ever given by the Buddha on mental development (‘meditation’) is called the *Satipaṭṭhāna-sutta*, ‘The Setting-up of Mindfulness’ (No. 22 of DN, or No. 10 of MN), or “the development of awareness” (Nissanka, 2009, p. 36). The ways of ‘meditation’ given in this discourse are not cut off from life, nor do they avoid life; on the contrary, they are all connected with man’s life, daily activities, sorrows and joys, words and thoughts, moral and intellectual occupations (Rahula, 1959/2006, pp. 68-69). The person should be fully aware and mindful of the act he performs at the moment (Nissanka, 2009).

Meditation is a common psychotherapeutic practice in Sri Lanka (Nissanka, 2009). Its application as an intervention for adults with DS has never received attention in this country. Qualitative research studies are not available in Sri Lanka that underscores the efficacy of meditation as an intervention, together with dramatherapy or separately, to support adults with DS.

Based on the above literature, it stands to reason that using BOD has deep traditional roots in Sri Lankan culture. This intervention inspired the adults with DS who lack the opportunities for self-expression, independence, personal growth, social identity, self-awareness and self-reflection. The aim of the current research was reinforced by the above literature, and encouraged to make the BOD intervention more culturally and socially relevant and effective, to make life better for adults with DS.

III. METHODOLOGY

This qualitative research investigates the core processes involved within a dramatherapy programme and how they effectively make a change in the subject, as well as to assess the effectiveness of activities, and how best the activities can be designed to enhance the quality of treatment plan in each session (Cassidy et al., 2014).

Subject Sample

The research was conducted with a group of 15 adults with DS. They are aged 30 to 54 years. There were six females ($n = 6$) and nine males ($n = 9$) in that group. Both males and females showed mild to moderate mental retardation and were able to follow directions. There was a Tamil Christian female, aged 42, two Sinhala Buddhist females aged 35 and 40 in that group. Also there were three Tamil Hindu females, aged 37, 40 and 45. There were four males who are Sinhala Buddhists, aged 30, 32, 50 and 54. Three males aged 30, 35 and 46 are Tamil Hindus. Two other males are Sinhala Christians, aged 46 and 52. All these adults are from Negombo and the suburbs, 30 kilometers away from the city of Colombo. The subjects joined the programme after a Buddhist priest intervened in assisting them.

Study intervention

The action research was conducted for 12 months, each session lasting for 1 ½ hours. The sessions were conducted on Monday, Wednesday and Friday each week.

Data Collection

In this BOD study, data was collected using observation, journal entries, interviews, narratives, conversations, and feedback questionnaires.

Data Analysis

The data was analyzed through thematic analysis, coding and triangulation, and the four domains that emerged were mindful being, creative being, social being, and belongingness.

Ethics

Ethics approval was sought for this study from the primary caregivers (parents/siblings). The parents/guardians were informed that they could withdraw their adult/sibling with DS from the project at any time without reason or explanation.

IV. RESULTS AND DISCUSSION

Mindful being

The adults with DS, as per pre-intervention interview data, had had retreated to angry, petulant, and defensive positions. There was fear that obviously functioned as a shield of resistance, and their feeling of insecurity was apparent when they came to the group. BOD employed arts, as rituals, and provided them the courage or fearlessness to *watch* their fear, and develop an equally strong patience or tolerance for that very feeling (Epstein, 1995, p. 121).

Art-making, sculpting, dance and movement, and acting helped the adult subjects to engage in self-observation, a process in enhancing awareness, and tranquility. It was also the development or cultivation of the ordinary normal faculty of attention (Bullen, 2009, pp. 28-29).

Arts were encouraging rituals that contained them, to focus on their bodies, testing their flexibility through stretching, bending, rolling and twisting. The beauty of being able to sculpt, perform a mirror action, or a dance movement, paved the way to unearthing hidden talents and strengths in the person.

Music and art gave the sensory input required to take shapes, rhythms and adopt suitable colours.

Boundaries of time and space were ignored when they were in full focus. Field notes clearly indicate that *thinking* was apparent in adult subjects, and they were formulating their thoughts while engaged in the creative process. There was an inner speech that was vividly functioning in them that made them to plan, initiate, and engage in rituals.

Symbolic playing was part of the whole ritualistic process. The rituals were always moving from the real to an "as if" state. It supported the subjects to ground themselves safely, and sense their creativity as tangible. Objects such as dolls, chairs, marble stones, balls, and coloured cloth were used in these practices, with music and movement. It built symbolic interaction that created an atmosphere to relate to oneself and other, managing behaviours, emotions and thoughts. Rehearsal with objects, as learnt from caregiver data, is a process of inner purification, to achieve person's emotional well-being. Toys and objects seem to empower people by putting them in control (Casson, 2004, p. 85).

Through play the adults with DS might be organizing emotional experiences, modulating distance, practicing emotion skills, imitating role models, internalizing emotion learning, mastering environments, and expressing and exploring emotion in a socially acceptable way. Conscious engagement in rituals and dramatic play helps the subject to rehearse self-control patterns, removing all fears that hinder the development.

The importance of turning arts into ritualistic practices within the BOD framework is that they provide stability and consistency. Ritual is a necessity for adult with DS, to transform their creative energies in to learning processes, strengthening connectivity with themselves and others, and transforming their perception about their selves. Further, the ritual makes them "to keep a critical watch" on their previous and current behaviours (Bullen, 2009, p. 31).

Also rituals structure effective ways to ease transitions, reducing the occurrence of challenging behaviour. Initially, adult subjects found it difficult to change from one act to another. Later on, creative arts activities helped ease transitions and served as a rule, reminding subjects what to do or where to go. Quietness and readiness, and also getting organized and acting according to instructions, all provided the subjects with directives necessary to work smoothly with the activities. It provided subjects with a cue about an activity change and allowed them to initiate the change without verbal prompting from us. It was a smooth process to model subject's behaviour, to help them to regulate thoughts, emotions, and actions.

Creative arts practice as a ritual can be treated 'as a positive habit that encourages immersion' (Rolling, 2010). The caregiver data revealed that the "habit" helped the subjects to avoid distraction and engage deeply with their creative work. It is an "engrossed" state of the subject, making meaning with the image and the material he uses towards art-making. As Hammond (2012) indicates, art-making is in one sense a very doing activity, and also a means of accessing the being. Hence, regular engagement with expressive art-making would help the subject to sustain mindfulness.

Creative arts activities, as rituals, can improve persons having cognitive impairment, and especially, those experiencing dementia. In this research group, five members had short-term memory issues, and one reported with Alzheimer's. Arts have their power of dealing with a person's working memory (Hammond, 2012). Creative arts are effective brain stimulants that make the Alzheimer's patient conscious of his 'here and now'. They help in teaching new skills which contribute largely in creating new brain pathways, searching and finding new and creative ways to compensate for the losses caused by the disease.

As observed, arts engage attention, provide pleasure, and improve behaviour and affect in patients with Alzheimer's. In fact, due to engagement in arts, Alzheimer's patients gain other benefits such as improved communication, decreased anxiety, agitation, and depression (Chancellor et al., 2014).

Arts rituals, as acted and rehearsed during this research period, increased the inner alertness, enabling the adults with DS to maintain calmness, silence, and slowness. To enhance this tranquil nature, this research made use of meditation practices that are commonly visible in Buddhist temples. Making sand-designs in the garden using an ekel broom, tidying the shrine room, arranging flowers and offerings in the shrine room, and picking of fallen Bodhi leaves were rituals employed with adult subjects.

The caregiver interview data informed that adult subjects with DS have started to hold a broom or an ekel broom to sweep the floor or garden, arrange the shrine at home, and pick flowers to offer, pick leaves in the garden, clean their rooms, and help the caregivers. This revelation clearly indicated that a training process on life activities can help the adults with DS to improve their daily routine. They were capable in transferring their learning experience towards engagement with household activities. Debriefing narratives of the adult subjects show that they were fully conscious of their role in helping others, keeping the garden clean, and making the altar look nice.

Identifying behaviour management strategies to enhance emotional well-being of adults with DS has been an important focus in this research. Adults with DS, as visible through the results of this study, are capable in achieving self-control by developing a "self-concept" or how they think and feel about themselves. It includes self-recognition (the ability to recognize oneself), self-representation (the ability to distinguish oneself from others), self-description (the ability to articulate features about oneself), self-assertion (the ability to be motivated toward a behavioural goal), self-regulation (the ability to change one's behaviours based on situation), and self-evaluation (the ability to reflect on oneself) (Skotko et al., 2011).

In order to help the adults with DS to emerge from their previous fears and feelings of insecurity, role-play rituals were implemented. Malchiodi (2012) explains that the act of creating imagery is the key to facilitating change because the individual is called to go through a reframing process while making the image. There's novelty, surprise, teaching that connects with the subject's past experiences and personal pride or smugness.

Arts rituals transform frustration, anger, and aggression into the experience of creativity and self-mastery (Rana et al., 2014). Expression through arts became a necessary coping strategy for them and a constructive way to give new meaning to their disability (Snow et al., 2003). It was visible through arts rituals that the adult subjects showed increased confidence in doing something that they could not do before.

Arts rituals helped the adults with DS to internalize and watch what can be made of them despite their disability. Engagement in creative arts rituals provided them ample opportunities to foster meaning and purpose in life (Fromholtz & Schaefer, 2009). It supported enhanced personal expressions, social skills, self-confidence, and cognitive development (Rubin, 2010; Epp, 2008; Got & Cheng, 2008). There was increased awareness and self-control trained through this intervention. It encouraged and motivated the subjects to play a conscious, active role both in personal and social contexts.

Creative being

The liking that adults with DS had towards arts indicated that they were "contained" in them, giving ample safety and comfort. They were grateful for an opportunity that richly provided them space to work with their imagination and talents. After every session, the adults with DS uttered "it is nice", expressing their thankfulness and gratitude.

The subjects acted, danced, drew and sang, depicting an all-powerful imagined reality. It enabled them to gain fresh experiences, insight and direction towards enriching their life. The action methods brought about a form of healing, personally and socially.

Several adult subjects with DS, as per their caregivers, used objects to create their own world. Jarman (2014) states that objects, materials, and toys are used when the clients need to discover ideas and express feelings. The power of imagination supports to create and re-create (Bhat, 2015) inner experiences through visual means that helps the subject to gain a sensory experience.

It was observed that adult subjects engaged in solo movements, creating conversations with their own bodies, and with imagined partners. BOD intervention encouraged the adult subjects to make use of self-talk, to improve their social communication. It was a healing ritual for them to engage with imaginary companions, and such ritual is much needed in a society where inhibition and discrimination prevails. It can be called a compassionate self-talk (Germer & Neff, 2015), since it relieves the subjects of their repressed feelings.

Adults with DS preferred role-playing, as it trains to mirror and understand the other's emotions, feelings and behaviours. Role playing "entrains people, their bodies, along with their brain waves" (Marks-Tarlow, 2010). Role playing enabled the adult subjects to analyze their hidden motives that disturbed them, and develop awareness, a watchful attitude towards their own "unmindful" responses that have no significance in improving their mental functions (Bullen, 2009, p. 47). Role playing helped them to rehearse on speaking quietly, make a courteous reply, or react in a kindly way. This was a training to react in a manner directly contrary to the automatic, mechanical, or habitual response. Therefore, role playing helps in building up new habits that involves the use of increased awareness or attentiveness (ibid, p. 48).

The enthusiasm of the adult with DS, to engage in art-making, have taught us to see life on a more profound level: *if we live with them and manage to understand their way of perceiving the world, we will see that they provide a revealing incitement to reorder our life values*. Behind their visible shortcomings emerges the power of the human spirit–a creative ability that transcends intellectual mechanics and imbues things with a light of its own: the unrestricted enjoyment of life (Escamilla, 2005). Adults with DS showed us that human life is not reduced to skills and aptitudes, but rather that it rests upon a process of self-generation that allows us to transform the immediate into desire and to identify this process with that curious destiny known as a calling, rather than with the mere achievement of goals (ibid).

In this research, art-making processes were of significant benefit for the adults with DS, as they facilitated discharging of emotions and feelings, promoting the expression of non-verbal communication (Bull, 2012). When adult subjects expanded their use of art to develop self-expression, art-making vividly facilitated them to decrease their uncontrollable behaviours, such as, anxiety issues, aggressive behaviour, depression, obsessions, repetitive behaviour, sex urge, sleep disturbances, self-talk, and short-term memory issues.

The joy of engaging in BOD activities was reflected in every adult subject. Use of colours, patterns, designs, music, sounds, movements and actions have found an effective way to express their vision to the world. It was visible through these subjects that their artistic expression trumps disability. These individuals need a place where the limitations perceived in the outside world no longer dominate. They need a place where they are respected and recognized as talented, as gifted; where they are no longer defined by their disability, a place in which to express inherent talents undisturbed and with total focus.

The subjects were very expressive when movement and music were used, since it is a non-verbal way of self-expressing. The adults found it easy to modulate their mood changes and modify and manage their behaviour for music. Also when engaged in improvisation activities, the subjects became more expressive and showed a higher level of spontaneous participation. Sculpting was one other related exercise that supported the adult subjects to transform themselves physically into objects. Sculpting combines pattern making, spatial awareness, symbolism, nonverbal expression and embodiment, in the service of the therapeutic process. As such it evokes the subdominant right brain with its emotional knowledge and then processes this into verbal expression and understanding, thus bringing the left brain (with its analytic abilities) into relationship and play.

Giving a range of opportunities for creative expression to adults with DS can help them to tap unlimited resources within them. Exploring creative talents and experiencing the beauty of being a creative person makes them artists of their lives. The transformation that occured in them developmentally enabled them to build more productive relationships with the outside world. The adult with DS negotiated and compromised their personal space constantly during the sessions, and when there was a lack of respected boundaries or personal space, conflict sometimes arose.

Through individual experimenting and searching for solutions during the creative process, adults with DS learnt to correct mistakes. They were critically observing their thoughts, emotions, and behaviours which led to their self-improvement. It helped them to be empathetic towards other subjects, and support each member in the group to resolve conflicts and problems, peacefully and meaningfully.

Social being

Every adult subject with DS, caregivers informed, improved in social adjustment. This BOD study provided a model of social skills and appropriate ways to approach various social situations. It was a teaching of new behaviours to adults with DS, to have more positive self-concept, and that led to the understanding of their limitations and capabilities to better ways. It increased their social interactions, and caused the subjects to apply strategies and social skills in all environments and real life situations. Modeling, role playing, coaching, feedback, and reinforcement led to learning skills and improvement in social and personal problems and increased socialization.

BOD activities facilitated active use of non-verbal social connections throughout the research. By modeling and illuminating appropriate interpersonal boundaries and interactive gestures, adult subjects became more comfortable incorporating them into their relationships during the sessions. The non-verbal aspects of art, sculpting, miming, and movement gave subjects ample opportunities to deepen their friendships, and sustain eye contact for longer periods of time. The activities provided both a place for adult subjects to experiment with and develop initial contacts with others, helping them to manage life while in society.

BOD intervention encouraged the adults with DS to verbalize, and share their experiences. There were instances that *each one was asked to listen to what another has got to say. Each subject was given a chance to tell something interesting about a person, a thing or a place, or an experience. The group was asked not to ask questions, but to keep silent and listen. Every subject had some interesting idea to share with others* (Field Note).

The intervention trained the adult with DS on productive social communication. It helped the subjects to listen attentively to the other, and then respond. It was a practice on dispassionate listening, consisting of careful and attentive listening. It helped adult subjects to keep free from emotional reactions. It took time for some subjects to keep themselves calm while somebody was talking. It was observed that the subjects needed patience to listen. The moment the subject became judgmental, the impulse to question and respond occurred. It was enormously difficult for them to simply listen to another. They had their immediate conclusions, and therefore lacked impartiality and non-judgmental awareness. They were trained to develop emotion-free attention, to see things as they really are, since emotional biases bring about falsifications or distortions of perceptions. Hence, developing good listening skills helped them to form healthy relationships.

Being accepted to a group was one of the important needs of the adults with DS. When society has failed to accept them, the need is felt more gravely, and getting accepted becomes a healing in many ways. It is natural that every human being needs to be accepted to a particular group or community. It is an urge to display one's belongingness and importance to the community. Literature confirms that acceptance is a mental attitude that makes it easy to deal with life and effectively resist all the difficult things in the environment, as well as all the difficult things in the mind itself (Bullen, 2009, p. 56). It is the starting point in the long trek towards freedom, says Bullen (ibid).

Adults with DS prefered to have relationships, as social beings. Field notes show how *they behave as if they are brothers and sisters,* within the group. It created a strong bond among them. The rapport they built was encouraging, since there was equal treatment, acceptance and appreciation. BOD intervention trained them to see their relationships. They watched their relationships by using plastic figurines, making a spectogram (an interactive diagram of choices). The relevant field note elaborates how I interviewed the adults with DS, in order to explore their construction with plastic figurines.

Researcher : Tell me why you kept this figure here, close to another?

Ms. L. : This is me and this is my mother. I like to stay close to mother. I am mother's daughter.

Researcher : You have kept other figures in a circle, and you and your mother are inside the circle.

Ms. L. : These are my friends. Here in this group.

Researcher : Here I can see two cats and a dog.

Ms. L. : I had only those figures. They are children in the neighbour's house. I play with them.

This activity enabled the adults with DS to understand that they are not isolated, and that relationships mean being in a community, accepted and valued. Further, they learnt that relationships become meaningful only through a deeper understanding towards the other. My observations disclose the fact that the adult subjects made an effort to maintain their relationships within the group, not allowing anyone to get hurt due to words or actions.

Caregiver interview data disclosed that caregiver relationship with the adult member with DS differs. Siblings appeared to be very caring towards their adult member with DS. In this study, it was evident that sisters and brothers have taken a similar caregiving interest. The adult with DS has shown a very healthy relationship toward their sibling. The siblings fulfilled caregiving requirements and were very supportive in improving the adult member with DS.

As revealed from the interview data, sisters have the ability to spend more time performing caregiving activities, since the brothers have to attend to their work, to make an earning. Sisters show more care and sensitivity towards the adult sibling with DS. The same care and sensitivity was visible in brothers, too. The siblings were very supportive, encouraging, and caring. Scientific studies have found more consistent evidence of overall better sibling relationship quality for siblings of individuals with DS (Pollard et al., 2013).

In this study, grandparents, aunts and nephews were involved as caregivers. They showed a very amiable relationship with adults with DS. They were supportive and encouraging, and did not neglect the adult member with DS, but were concerned about their improvement. They were compassionate towards the adults with DS, and did not consider looking after the adult member as a burden. At some instances they were restrictive, however, there was remarkable caring towards the adult member with DS.

The quality of the parent/adult child relationship suggests that older parents are very restrictive towards their adult with DS. They show ignorance on the necessity to provide opportunities for their adult members with DS to develop. They are over-protective due to social and economic reasons. It disturbs their relationship, and has a negative impact on the life of adult with DS.

The adult subject's perception towards the caregiver was discussed at a debriefing session. They expressed gratitude for being looked after, and appreciated the caregiver. Their verbal expressions radiated certain warmth towards the caregiver. It was evident that this intervention has increased the capacity of the adult subject to maintain a healthy relationship with the caregiver. On the other hand, the caregivers felt more optimistic and hopeful of this group involvement. This researcher realized that such healthy development contributes towards the caregiver well-being, too.

The pre-intervention interview data revealed that the adults with DS had no friends, and their social interaction was very limited, as they were restricted to their homes. They had to interact with a small number of people on a daily basis, and they had no say in the choice of housemates. This study underscores the need to foster more meaningful friendships for people with DS. This might be through increased choice of housemates, better matching of housemates, or more social opportunities outside of the home setting.

The current intervention has motivated the adult with DS to approach other people (familiar and unfamiliar), the caregivers revealed. They showed ability to behave appropriately in social settings and remember faces and names. They have the eagerness to please other people, show empathy, and a high frequency with which others approach the individual. It was observed that the adult subjects showed keenness to mingle with others. They improved their ability to communicate, respond appropriately, and form a community of DS.

All in all, during the creative process, there was greater demand for the adult with DS to maintain conversation, offer emotional support to others, and manage conflicts effectively. It all occurred with greater collaboration, participation and enjoyment. More intimate exchanges took place during this period. The intimate relationships that emerged during this time (i.e., friendships or relationships) are typically characterized by a higher degree of self-disclosure (i.e., sharing of personal thoughts and feelings), greater mutuality and increased reciprocity. Intimate relationships within the group members provided important opportunities to learn and refine key social competence skills that serve as foundations for better social relationships. Supportive social relationships promote a healthy lifestyle in individuals with DS, as multiple data sources indicated.

BOD group work plays the essential role to establish friendships; motivate and encourage subjects towards one another; build a supportive environment in which subjects feel more confident both with themselves and in their roles. Group work supports the forming of bonds, making the group more cohesive. Smooth flowing of the BOD 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 this study, females and males showed equal status in their self-compassion, which encouraged them to interact with themselves, to develop empathy, to be sympathetic and sensitive, and to be tolerant of the problems. They understood others, and became helpful and caring. BOD intervention helped the adults with DS to practice compassion towards others and become helpful for everyone, for the vital reason of maintaining their well-being. This whole project became a training ground for adult subjects to nurture empathetic relationships, which is in Buddhistic terms *Metta* or loving-kindness.

Belongingness

BOD group work created an atmosphere of belongingness that made the subjects to feel safe and comfortable. They were attracted towards the group members, forming productive friendships. Each one was concerned about how the other was feeling. They shared their experiences, whenever they found free time to talk. Group cohesion built gradually with everyone wanting to be in the group. There was a pulse that the group felt, and it created a unifying sense, bringing all group members together.

Joining the group was seen as a need for the subjects. They joined the group to experience the community feeling that promoted sharing and caring. They were valued members in that group. Initially, some subjects showed reluctance or resistance to join the group. It took several sessions for them to allay their fears, since it was a novel experience for them to be part of a group. They wanted to sit alone in a corner, hide their faces or engage in self-talk. Caregivers revealed that adults with DS had never been part of any social group, and were compelled to lead an isolated life. Such lifestyle, without intimate, reciprocal relationships, had undoubtedly had a negative contribution on their behaviour, cognition and affect.

Everyone expressed their joy when someone who avoided the group joined the circle. Such friendly attitude that was visible in the group members, clapping and singing, were encouraging signs for others to join the circle. It was interesting to note these changes that took place during the first few sessions, which mirrored how the group cohesion materialized.

It is necessary to support this community building as it provides sources for the adults with DS to be socially engaged. The caregiver comments confirm that having fun and hanging out are preferred experiences of adults with DS. Pranks, jokes, laughter, holding hands, and hugs entail these social interactions (Johnson et al, 2012). They contribute towards positive and pleasurable social interactions, enhancing friendships (Moore, 2014). They strengthen social inclusion, and researchers have argued that social inclusion promotes happiness, confidence, mental health (Forrester-Jones et al., 2006), and well-being.

Knowing that one has a friend is an encouraging feeling. The effective role played by this research group to accept, understand and motivate its group members, helped in transforming the adult subjects to be useful for themselves. More importantly, group 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* (Couroucli-Robertson, 2011).

The physical sense of belonging experienced by adult subjects through BOD activities was seemed to be unique. BOD group activities created a powerful pulse to which everyone in the group contributed. The group beat created a unifying sense to bring all the subjects together.

As identified in studies by Laugeson et al. (2011), and Frankel et al. (2010), group involvement supports to model peer skills that are necessary for relationship purposes. Conversations, casual remarks, laughter, holding hands, and making jokes are important resources to let a person feel the belongingness to a community. It is a learning of appropriate reactions and controlled behaviours.

Initially, when partnering was required to engage in activities, they were selective of the partner, but later they dropped becoming selective and immediately invited anybody to be a partner. The judgmental attitude functioned at the initial stages due to sex, age, ethnicity and religion. Later, these judgmental behaviours were "dropped" as immaterial.

After several sessions of work, there was gradual understanding within the group, accepting and inviting anyone to be a partner. Mirroring activities were influential in removing their barriers. They helped the males and females to mix and engage actively through creative processes, simulating each other. Music and movement were effective tools to build the right atmosphere to motivate the subjects, to mirror the other, creating a vast understanding about the nature of action, and about the person.

The group dynamics, thus, need special attention. The group has the power of altering conditions prevalent in a subject, and positively, it happened in this group. The caregivers informed that group was a very strong motivational factor for their adult member.

It was observed during the research period that some of the adult subjects with DS were very quick in getting attracted to the opposite sex. They showed the necessity in communicating and interacting with the opposite sex, in a much freer manner. Physical contact was one of the prime needs in sexual desire, which was visible among the adult subjects. They wanted to touch or hold a hand, put hand round the waist, touch the chin or cheek or sometimes to squeeze the buttocks. These are natural behaviours among the normal people, and they are also visible among adults with DS. These are therapeutic touches, but usually a taboo in Sri Lanka. In terms of sex as well as relationships, the interaction with the opposite sex does not only depend on the people's expectations, but also of socialization opportunities offered (Moreira & Santo, 2013).

Sex among adults with DS is not a common topic in Sri Lanka. What transpired at the pre-intervention interviews was that the caregivers did not believe that the person they cared for was capable of intimate relationships. They primarily wanted their adult member with DS to be happy, and not to be lonely. Their primary concern is the protection of their adult with DS.

In the Sri Lankan context, adults with DS are seldom allowed to express their sexuality in a normal healthy manner. However, sex urge is a natural development in any human being, and that was aptly visible in the adult subjects with DS.

A sex education session for these adults with DS made the following meanings about sex to emerge: *having children, touching a boy or girl, looking at a girl or boy and making love.* These themes were then acted out. *The girls did show how they carry a child. Boys showed signs of sex, using their fingers. All said that they are not allowed to do that. They wanted to know whether they can have sex in the class. It was shown that sex is not only about having children, it is about the responsibility of looking after a baby, and a family. Also they were told that it is good to have a good relationship, as a friend, that can keep one happy* (Field Note).

The responses to the above session were vital as they portrayed the suffering of the subjects. I could hear an inner scream of the adult subjects to let them have a partner to their life. As the Sri Lankan society has many limits towards accepting this reality, I had no option, but to let the adult subjects to engage in a game to select their partner within the group, to nurture a friendly relationship. The relevant activity: *They were put into pairs, and were asked to close their eyes and touch the palms of each partner and note the differences. Then they were mixed and asked to identify their partner by touching the palm. They were all blindfolded for this activity. They were able to walk and identify their partner* (Field Note). The adult subjects with DS responded very positively towards this activity that generated a feeling of joy in being able to identify the palms of someone who they wish to be their partner.

The adults with DS preferred to stay in close proximity to other person's body, hold hands, instruct through touch, and join the opposite sex in creative action. BOD did not encourage repression of sex urge, instead allowed the adult subjects to watch their desires, observe them critically, and look for more productive relationships.

In Sri Lanka, persons with DS do not receive parental facilitation for romantic relationships. Caregiver interviews indicate that homes place stresses on these relationships, and create barriers to adults with DS. Such restrictions then lead to create conflicts at homes which have a negative effect towards adult DS person's health. The impact is adversely felt when the adult with DS is made to believe that they lack power to employ self-efficacy, and thereby suppresses their belief in themselves. This leads to the presence of depressive symptomology in adults with DS. Indubitably, the absence of an intimate relationship when such a relationship is desired, will contribute to the experience of loneliness and depression.

It is obvious that the way persons with Down syndrome conceptualizes romantic love does not differ greatly from the experience and conceptualization of people with "typical cognition". The current findings are further supported by an earlier study which indicates the importance of relationships and sexuality among persons with intellectual disabilities (Haya, et al, 2014). There is a need for a "breaking away from outdated misconceptions about sexuality and the emotions of people with disability" (p.61).

In a further study, researchers have put forth that people with intellectual disabilities are at risk of being "unnecessarily stereotyped if the public is uneducated about the steps that can be taken to support people in developing their capacity to decide" (Leavey & McConkey, 2013, p.181), on their relationships. Adults with DS require public recognition and acceptance for their rights and desires, to have relationships. Public promotion of such recognition and awareness may be of benefit in bringing forth a Public Policy to accept, maintain and secure the rights of adults with DS to enter into marriage and enjoy a familied life. Studies show that support to engage in relationships needs to be enhanced to facilitate the rights of people with intellectual disabilities to have relationships like everyone else (Inclusive Research Network, 2010).

Limitations of the Research

The intention of the research was to gather a deep contextual picture of BOD to improve adults with DS. Since the subjects of this study limit to 15, generalization of results is not a possibility. The 15 subjects in this study belonged to different ethnicities and religions, and from a specific area in Sri Lanka, where socio-economic facilities are less. The way these adults with DS responded to the activities, their participation and experience cannot be assumed to be typical of all adults with DS, in this country. A major limitation of the study involved the sampling strategy. The subjects were brought to the programme by their caregivers and none of the subjects consented towards this. It was completely a caregiver need and therefore subjects lacked the opportunity to decide whether to participate or not. This qualitative study reflects the individualized subjective experiences of a small group of individuals in relation to participating in a specific BOD programme.

Implications and Recommendations for Future Research

BOD provides applicable methods and techniques to improve adults with DS. The manner in which BOD contributed to improve the subjects confirm and extend many of the methods identified in scientific literature. This case study provided insight and understanding on how BOD contributed to the development of a purposive and meaningful thinking, in adults with DS, with the definite goal in purifying their mind, to gain insight into reality. This intervention helped the subjects to nurture goodwill and generosity, empathy and compassion, to develop a moral character. There is a fundamental need for inclusion and belonging that everyone deserves to have met. BOD contributed to the development and deepening of social relationships, friendships, and community sense in adult subjects with DS, to meet their need for social inclusion and belonging. BOD amounts to a viable treatment method for enhancing quality of life for adults with DS. The enhanced understanding of how BOD contributed to the formation of a morally skillful human being in adult with DS is very relevant to the field. The results of this research study provide a rationale for BOD to be used as a treatment modality to improve emotion regulation, and develop flexible behaviours towards well-being of adults with DS.

V. CONCLUSION

The purpose of this study was to understand how BOD becomes dynamic in improving adults with DS. Following a 12 month programme with 15 adult subjects, BOD contributed towards their emotional, psychological and physiological well-being, facilitating opportunities for deepening social connections (Social Being), increasing strategy initiation and resolving conflicts (Creative Being), sensitivity toward their own skills, talents and personal development (Mindful Being), and creating a sense of belonging and sharing a positive experience (Belongingness). BOD intervention stimulated active participation and improve cognitive, sensorial, motor and emotional aspects of the subjects, to achieve developmental transformation, making the subjects to emerge from restrictive environments, develop social contacts, build relationships and interact with the opposite sex, sharing their feelings, thoughts and experiences. Also, this BOD process exerted change on the immediate persons related to the subjects.

REFERENCES

Alphonsupillai, S. (2010) *Different Attitudes Between Sri Lankans and Filipinos Towards Children with Down Syndrome: A Cross- Cultural Pilot Survey.* Retrieved from http://students.cua.edu/73alphonsupi/A%20Cross%20culture.pdf.

Amarasekara, J. (2011) Breathtaking musical evening by the differently abled. Sunday Observer, April 17. Retrieved on January 08 2016 from http://www.sundayobserver.lk/2011/04/17/fea29.asp.

Bhat, N. (2015). The Changing Willow: An Expressive Arts Therapy Research Project in Special Education. *Proceedings of INTCESS15- 2nd International Conference on Education and Social Sciences, 2-4 February- Istanbul, Turkey.*

Bull, S. (2012). The beast can scream, in S. Bull, K. O'Farrell, S. Bull, K. O'Farrell (Eds), *Art therapy and learning disabilities: Don't guess my happiness!* (pp. 155-164). USA, New York: Routledge/Taylor & Francis Group.

Bullen, L. (2009). *A Technique of Living: Based on Buddhist Psychological Principles*. Kandy, Sri Lanka: Buddhist Publication Society.

Cassidy, S., Turnbull, S. & Gumley, L. (2014). Exploring Core Processes Facilitating Therapeutic Change in Dramatherapy: A Grounding Analysis of Published Case Studies. The Arts in Psychotherapy, 41(4): 353–365.

Casson, J. (2004). *Drama, Psychotherapy and Psychosis: Dramatherapy and Psychodrama with People Who Hear Voices*. East Sussex: Brunner-Routledge.

Chancellor, B., Duncan, A., & Chatterjee, A. (2014). Art Therapy for Alzheimer's Disease and Other Dementias. *Journal of Alzheimer's Disease*. *39* (1): 1–11. Accessed January 10, 2016. DOI: 10.3233/JAD-131295

Couroucli-Robertson, K. (2011) Breaking down barriers and uniting people through Art Dramatherapy, 33(2). Accessed February 10, 2014. DOI:10.1080/02630672.2011.582780.

Emunah, R. (1994). *Acting for real: Drama therapy process technique and performance*. New York: Brunner/Mazel.

Epp, K. M. (2008). Outcome-based evaluation of a social skills program using art therapy and group therapy for children on the autism spectrum. *Children & Schools*, *30* (1), 27-36.

Epstein, C. J. (2001) Down syndrome. In C. R. Scriver, A. L. Beaudet, W. S. Sly & D. Valle (Eds.), The Metabolic & Molecular Bases of Inherited Disease (7th edn., Vol. 1). New York: McGraw-Hill.

Escamilla, S. (2005) Fostering the creativity of people with Down syndrome. *Down Syndrome News and Update, 4* (3), 78-80. Retrieved from https://www.down-syndrome.org/practice/335/practice-335.pdf, on March 9, 2015.

Forrester-Jones, R., Carpenter, J., Coolen-Schrijner, P., Cambridge, P., Tate, A., Beecham, J., Hallam, A., Knapp, M., & David Wooff, D. (2006). The social networks of people with intellectual disability living in the community 12 years after resettlement from long-stay hospitals. *Journal of Applied Research in Intellectual Disabilities*, 19: 285–295. Accessed June 2, 2015. DOI: 10.1111/j.1468-3148.2006.00263.x

Fromholtz, K. & Schaefer, Y. (2009). Weekly Class for people with Disabilities - What Happens in a Class? Retrieved on March 9, 2015 from http://www.kirstydance.com.au/dance-movement-therapy/dmt-for-disabilities.

Germer, C. K., & Neff, K. D. (2015). Cultivating self-compassion in trauma survivors. In V. M. Follette, J. Briere, D. Rozelle, J. W. Hopper, D. I. Rome, V. M. Follette, ... D. I. Rome (Eds.), *Mindfulness-oriented interventions for trauma: Integrating contemplative practices* (pp. 43-58). New York, NY, US: Guilford Press.

Ghazali, R. & Hashem, M. S. A. (2015) Reviewing The Role Of Theater As A Technique In Art Therapy. *Indian Journal of Fundamental and Applied Life Sciences,* 5 (S3): 783-787.

Gluck, J. (2005). *Insight Improvisation In Context: Antecedents in Meditation, Theater, and Therapy; Individual and Group Experience.* (Master's Thesis, Lesley University Graduate School of Arts and Sciences, Massachusettes, USA).

Got, I. & Cheng, S. (2008). The Effects of Art Facilitation on the Social Functioning of People With Developmental Disability. *Art Therapy: Journal of The American Art Therapy Association, 25* (1): 32-37.

Hammond, R. (2012). *Introducing art making into MBCT as a bridge between practice and inquiry: Exploring the use of art materials as a means of bringing the inner experience of mindfulness practice into awareness and expression*. (Master's Thesis, University of Exeter, UK).

Haya, I., Lazaro-Visa, S., & Rojas, S. (2014). 'My great hope in life is to have a house, a family and a daughter': Relationships and Sexuality in intellectually disabled people. *British Journal of Learning Disabilities*, *44* (1):56-62. Accessed June 14, 2015. DOI: 10.1111/bld.12110

Inclusive Research Network (2010). *Relationships and supports study: People with Intellectual Disabilities in Ireland*. Galway: National Federation of Voluntary Bodies; Dublin: National Institute for Intellectual Disabilities Ireland.

Jarman, S. (2014) The effectiveness of drama therapy for children who have witnessed domestic abuse.Mental Health Practice, 18(2) 19-24. Accessed October 11, 2015. DOI: http://dx.doi.org/10.7748/mhp.18.2.19.e925.

Johnson, H., Douglas, J., Bigby, C., & Iacono, T. (2012). Social interaction with adults with severe intellectual disability: Having fun and hanging out. *Journal of Applied Research in Intellectual Disabilities*, *25* (4): 329–341.

Kampert, A. L. & Gorerczny, A. J. (2007). Community involvement and socialization among individuals with mental retardation. *Research in Developmental Disabilities*, *28* (3): 278–286.

Kodagoda, A. (2015) Celebrating the difference - Sunera Foundation's 20-year journey to change societal prejudices. Sunday Observer, October 11.

Landy, R. J. (1993). *Persona and Performance: The Meaning of Role in Drama, Therapy, and Everyday Life.* New York: Guilford Press.

Laugeson, E. A., Frankel, F., Gantman, A., Dillon, A. R., & Mogil, C. (2011). Evidence based social skills training for adolescents with autism spectrum disorders: The UCLA PEERS program. *Journal of Autism and Developmental Disorders, 42*(6):1025-36. Accessed July 4, 2015. DOI: 10.1007/s10803-011-1339-1

Leavey, G. & McConkey, R. (2013). Irish attitudes to sexual relationships and people with intellectual disability. *British Journal of Learning Disabilities*, 41: 181–8. Accessed September 3, 2015. DOI: 10.1111/bld.12036

Lotan, M. (2007) Quality Physical Intervention Activity for Persons with Down Syndrome. *The Scientific World JOURNAL,* 7: 7–19. Accessed January 10, 2016. DOI: 10.1100/tsw.2007.20.

McVilly, K. R., Stancliffe, R. J., Parmenter, T. R., & Burton-Smith, R. M. (2006, November). Self-advocates have the last say on friendship. *Disability & Society*, *21*(7): 693–708.

Määttä, T., Tervo-Määttä, T., Taanila, A., Kaski, M., & Iivanainen, M. (2014, May 28). Adaptive Behaviour Change and Health in Adults with Down Syndrome: A Prospective Clinical Follow-Up Study, in Faik Atroshi (ed.), *Pharmacology and Nutritional Intervention in the Treatment of Disease*, InTech.

Malchiodi, C. A. (2012). *Handbook of art therapy* (2nd ed.). New York: Guilford.

Marks-Tarlow, T. (2010, Summer). The Fractal Self at Play. *American Journal of Play*. 3: 31-62.

Moore, E. (2014). *Friendship and Dance/Movement The rapy with Adults with Developmental Disabilities*. (Master's Thesis, Columbia College, Chicago).

Moreira, L. M. A. & L. Santo, D. E. (2013). Marriage and reproduction in a woman with Down syndrome *International Medical Review on Down syndrome*, *17* (3): 39-42. Accessed March 4, 2016.

Muttiah, N. (2012) *The salient heroes of a forgotten Jaffna.* The Island, September 8. Retrieved on November 10, 2016.

Nissanka, H. S. S. (2009). *Buddhist Psychotherapy*. Dehiwala: Buddhist Cultural Centre.

Pollard, C. A., McNarama B. C., Freedman, B. H., & Kotchick, B. A. (2013). Relationship quality as a moderator of anxiety in siblings. *Journal of Child and Family Studies*, *22* (5), 647-657. Accessed October 29, 2016.

Rahula, W. (1959/2006) *What the Buddha Taught.* Sri Lanka: Dehiwala, Buddhist Cultural Centre.

Rana, S. A., Mussarat, R., & Malik, N. I. (2014). Effect of Music on Cognitive and Behavioral Problems of Special Children. *Pakistan Journal of Social Sciences, 34* (2): 825-839.

Rappaport, L. (2014). Integrating Focusing With The Expressive Arts Therapies And Mindfulness. *The Folio: A Journal for Focusing and Experiential Therapy,* 25: 152-161.

Rolling, J. (2010, Winter). A Paradigm Analysis of Arts-Based Research and Implications for Education. *Studies in Art Education*, *51*(2): 102-114. Retrieved on October 24, 2016 from http://www.jstor.org/stable/40650456

Rubin, J. A. (2010). *Introduction to art therapy: Sources & resources* (rev. ed.). New York: Routledge/Taylor & Francis Group.

Skotko, B. G., Levine, S. P., & Goldstein, R. (2011, September 9). Self-perceptions from people with Down syndrome. *American Journal of Medical Genetics*, 0 (10): 2360–2369. Accessed July 2, 2015.

Snow, S., D'Amico, M. & Tanguay, D. (2003) Therapeutic theatre and well-being. *The Arts in Psychotherapy* 30 (2003) 73–82. Accessed March 6, 2012. DOI:10.1016/S0197-4556(03)00026-1.