



### ***DRAMATHERAPY TO IMPROVE THE SEXUAL LIFE OF ADULTS WITH DOWN SYNDROME***

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#### **ABSTRACT**

In Sri Lanka, adults with Down syndrome (DS) lack freedom to enjoy a full sexual life. Negative attitudes, lack of education, and lack of interventions have contributed towards this situation. As the adults with DS are deprived of experiencing their sexuality, and engaging in sexual expression, they are made to undergo loneliness, depression, anxiety, and frustration. This qualitative study aimed at understanding the impact of dramatherapy to improve the sexual life of adults with DS. The sample was 06 adults with DS, and the data was collected through observation, semi-structured interviews, field notes, researcher journal, and narratives. Three key themes, namely, community, intimacy, and self-regulation emerged, when data was analyzed thematically. The results show that dramatherapy in a group, transformed adults with DS to a friendship community, encouraging them to nurture healthy social interactions and intimate relationships. Further, the intervention supported the adults with DS to improve behaviourally, taking control of their thoughts and emotions. Conclusively, the dramatherapy intervention created a humane space, to uphold rights of adult with DS, to enjoy a full sexual life.

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*“There is much to be done to erase stigma and prejudice against the disabled in our country. There is much to be done to change attitudes. A Rights based approach should be nurtured rather than an attitude of charity towards the disabled.”*

– Mendis (2008)

## INTRODUCTION

Sexuality and sexual expression are two vital aspects that decide a person’s sexual life. Sexuality includes relationships with others in a social context, information about differences between genders, physiological and psychological understanding about sexual development, and orientation regarding adequate social behavior (Bononi, 2009:321). Sexual expression in a person manifests through sex urge, arousal, orgasm, erection, ejaculation, touch, hug, kiss, cuddle, squeeze, intimacy, masturbation, and sexual intercourse (Gomez, 2012; Elders, 2010).

In Sri Lanka, as per my surveys (2012-2017), the adults with DS receive little support from their caregivers and service providers, to enjoy a full sexual life. Sadly, lack of related education for the caregivers and the service providers have contributed to this damaging situation. Hence, the adult with DS in this country has become a victim, deprived of a right that is “essential to be a human being” (Chance, 2002).

My surveys with caregivers revealed that the idea about sexual life for adults with DS is nightmarish for them. Caregivers, whom I interviewed, expressed that permitting the adults with DS to have an intimate relationship, can lead to many complications. They feel that it will be a threat, financially and socially, for the family.

Also, the caregivers believe that adults with DS have no capacity, cognitively, emotionally, and behaviourally, to maintain a healthy relationship. The caregivers incessantly raised the question whether adults with DS are capable in having a relationship. “Will they have any romantic feelings? Do they know to care the other person? Will they be able to understand what love means? Do they know to take responsibilities in a relationship?” This questioning has further contributed to the notion that adults with DS cannot enter marriage, have children, and lead a good family life. Hence, the adult with DS is in receipt of the message that an active sexual life is forbidden to them (Ailey, et al., 2003).

The family members do not believe that a friend, from the same sex, or the opposite sex, can help the adult with DS to grow, as a person. “We can’t let them go out. What will happen to them, if someone abuses them? They are like small children. It is better to keep them inside the house, or tie to a tree and keep till we finish our work,” revealed the caregivers whom I interviewed. By treating the adult with DS as an eternal child, the caregivers restrict their social opportunities, to make friends. The caregivers lack the understanding that the adult with DS has the same needs as the ‘normal’ people (Gomez, 2012).

My survey revealed a range of aversion therapies that caregivers and service providers use, to control the sex urge of adults with DS: tying to a tree or a bed post, censoring, scolding, confining, beating, suspending from school, and excluding from activities. This situation in the country reflects the gravity of lack of awareness, and lack of psychological interventions, to support the adults with DS. Hence, this study will aim to understand the impact of dramatherapy to support the adult with DS, to live a full sexual life.

## LITERATURE REVIEW

In Sri Lanka, there is little research that discusses interventions to support the adult with DS, to enjoy a full sexual life. A recent study (Ranasinha, 2018:11) that focuses on *Bhāvanā*-Oriented dramatherapy states: “Sex among adults with DS is not a common topic in Sri Lanka..., and in the Sri Lankan context, adults with DS are seldom allowed to express their sexuality in a normal healthy manner”. Another study (Zaviršek & Herath, 2010:837) conducted in Sri Lanka, speaks of sexual violence against the young people with intellectual disabilities: “According to Sri Lankan cultural, religious and popular social beliefs it is often assumed that a child is born with a disability, or becomes disabled after birth, as the result of a curse, a sin committed in a previous incarnation, or a sin committed by that child’s parents or other family members. Parents sometimes respond with violence because of the shame of having a child with impairments, or respond with violence because of a lack of social support. But even more than that: sexual violence is a consequence of hatred; belief that children with disabilities do not feel at all; and the knowledge that by abusing a person with disabilities nothing will happen to the perpetrator (Zaviršek, 2002).

The first study mentioned above, speaks about the suppression of sexuality and its expression in adults with DS, however, its focus is limited to general improvement in adults with DS through *Bhāvanā*-oriented dramatherapy. The second study mentioned above speaks of the negative parental attitudes and beliefs, and also the parental violence against children with intellectual disabilities. Its findings partly guide the current research, to understand what barriers that adults with DS may encounter, while making efforts to enjoy their sexual life. Since the above studies do not focus on how dramatherapy can support adults with DS to improve their sexual life, the current investigation will attempt to meet that gap.

Down syndrome (DS), or Trisomy 21, which has an incidence of about 1/830, is one of the most extensively studied genetic conditions (Ross & Olsen, 2014: 715). Many people with DS have specific and recognizable physical traits such as epicanthal folds, short stature, and brachycephaly. Also they present with health problems like hypothyroidism, cardiovascular defects, hypotonia, obstructive sleep apnea, and gastrointestinal complications including Hirschsprung's disease and duodenal atresia (Steingass et al., 2011). In addition, adults with DS experience increased risk of developing hearing loss, vision problems, obesity, diabetes, seizures, and early-onset dementia (Smith, 2001; Steingass et al., 2011). Today, life expectancy for individuals with Trisomy 21 well exceeds 60 years (Stancliffe et al., 2012).

People with DS are capable of living rich and fulfilling lives, and recent medical and social advances have likely increased the attainability of a high quality of life. Naturally, people who have DS enjoy many of the same activities as people with no chromosomal changes (Hudnall, 2014). Popular leisure activities amongst this group include socializing with friends, watching television, listening to music, reading magazines or books, and playing sports (Carr, 2008). A study (Grantley et al., 2001) also found that many people with DS, like their peers, are interested in employment, and can articulate their desires, and job preferences.

Studies show that adults with DS have the same desire as 'normal' people to lead a healthy sexual life (Mattila et al., 2017; Moreira & Santo, 2013; Gomez, 2012). According to research investigations, there are several barriers that have suppressed actualizing this desire, and they are: lack of a sexual identity (Wilkinson et al., 2015); lack of access to sexual education (ibid); lack of information about safe sex and romantic relationships (Friedman et al., 2014);

and lack knowledge concerning sexual health, and sexual rights (Galea et al., 2004). Overall, these barriers have a negative impact on the sexuality and sexual expression of adults with DS.

“Sexuality plays a major role in an individual's overall self-identity. Developing a healthy sexual identity requires the opportunities to make decisions to control one's life and build relationships with others” (Ailey, et al., 2003:230). Sexuality is an intricate part of all persons, though adults with DS have been “systematically and routinely denied opportunities to develop and express their sexuality” (ibid). “Sexuality...cannot be separated from other aspects of life which includes the physical, physiological, psychological, social, emotional, cultural, and ethical dimensions of sex and gender, influencing thoughts, feelings, actions and interactions, and affects our mental and physical health,” (Gomez, 2012:237). The healthy expression of sexuality revolves around self-esteem, love and belonging, and safety and security (Alexander & Gomez, 2017:117).

“Sexual expression often occurs in the context of close relationships” (Ridley et al., 2008:305). It is “choosing to or choosing not to be sexually active, and need not necessarily involve another person,” (Gomez, 2012:237). Manifestation of sexual expression occurs through “sexual behavior, sexual desire, wanted sexual behavior, arousal, and lust” (Ridley et al., 2008). Sexual expression is an ordinary part of an ordinary life (Chivers & Mathieson, 2000).

The adult with DS is inhibited to grow as “sexual and social beings” (Betz, 1994), due to social isolation and caregiver overprotection. Speaking about their experience working with adults with intellectual and developmental disabilities (I/DD), Ailey and others state (2003:231): “Families or agencies may intentionally try to keep adults with I/DD from participating in intimate relationships. These barriers to sexuality are often successful in denying individuals with I/DD their right to sexual expression.”

Homes have not created space for adults with DS “to form meaningful personal relationships with others” (Nunokoosing & John, 1997). This is a “contemporary phenomenon” (Gomez, 2012:243), and have contributed towards loneliness and depression of adults with DS. In their study, Fitzgerald and Withers (2013) say: “Many women said they were not ‘allowed’ to have sex with their boyfriends and feared the consequences of getting ‘caught’.”

An intimate relationship can be considered a “need fulfillment” (Wilson et al., 2017). A partner, who can be trusted, will permit “self-disclosure” (Ranasinha, 2018:9), and “provide emotionally close, reciprocal interactions to experience feelings of being understood, validated, and cared for within the relationship” (Grigg, 2012). Intimate communication builds “self-esteem” (Wilson et al., 2017:12), and leads to “psychological well-being” (Ailey, et al., 2003:236). The lack of reciprocity—the emotional fulfillment through communication—leaves the adult with DS feeling frustrated, isolated, lonely and depressed (ibid).

In the UK and Australia, the Sexual and Relationship Facilitation Project for People with Disabilities (Davies, 2000) supports people with disability to improve their body feelings and self-esteem. Involving both support staff and people with intellectual disability in the conversation about sexuality achieves a greater humanization of services. Freedom of informed sexual expression can alleviate self-injury and ‘challenging behavior’ (Kaeser & O’Neill, 1987).

As a supportive intervention, dramatherapy can be of use to the adult with DS, to make sense of their adult sexual life. Dramatherapy utilizes games, role-playing, improvisation, pantomiming, mask-work, movement and dancing, music and singing, art-making, sculpting, and performance as creative tools, to facilitate a positive shift in the person’s cognition, affect, and behaviour (Ranasinha, 2013). Snow and others (2003) have utilized dramatherapy, which they call as therapeutic theatre intervention, for adults with developmental disabilities, inclusive of adults with DS. They say 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. 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).

Szafrańska (2014) states that drama can be a training ground for social interaction or a method of teaching social behaviours, and 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. 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 (2014:187).

Dramatherapy encourages community development, through group work. Couroucli-Robertson (2011) says “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*.” Several dramatherapy studies (Ranasinha, 2018; Jaaniste et al., 2015; Jarman, 2014) say that group work 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 Snow and others (2003), group work supports the forming of bonds and makes the group more cohesive. Group work enables the subjects to show more empathy towards one another’s feelings and well-being (ibid, p. 78).

For individuals with I/DD, sexuality and sexual expression continue to be controversial and highly charged (Wolfe, 1997). Having the freedom and opportunity to develop a strong sexual identity and engage in sexual behavior may be a litmus test as to whether they have truly gained their civil rights as human beings (Ailey, et al., 2003:230). Our investigation aimed at understanding the efficacy of dramatherapy to support the adult with DS, to enjoy a full sexual life.

## METHODOLOGY

This study takes a qualitative approach to understand how adults with DS make meaning of their sexual life through active participation in a dramatherapy group.

Qualitative research broadly involves:

*“the collection and analysis of non-numerical data through a psychological lens in order to provide rich descriptions and possible explanations of people’s meaning-making – how they make sense of the world and how they experience particular events” (Coyle, 2007:11).*

A case study design is adopted, treating the sample as a single case. Case study research is a qualitative

approach in which the investigator explores a bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information (e.g., observations, interviews, narratives, field notes, and journal entries), and reports a case description and case-based themes (Merriam, 2009; Yin, 2009).

### Participants

Six adults with Down syndrome ( $n=6$ ) were the purposive sample in this study ( $n=4$  males &  $n=2$  females). They were aged between 35 and 60, and manifested mild to moderate level of IQ. Selection criterion in forming the sample: inability to manage the sex urge in front of the opposite sex; overt sexual expression; masturbation in public; and soliciting sex inappropriately from women. For this study purposes, the participants are named as, Mangala, Wasantha, Raman, Sivaraja, Lasanthi, and Patricia.

### Data Collection

The data was produced over a period of approximately 06 months, from April 2017 to September 2017, utilizing pre- and post- intervention interviews with caregivers, informal conversations, narratives, observations, field notes, and researcher journal. Methodological triangulation was utilized to explore the social phenomenon (Yin, 2009). It is a means to ensure comprehensive results that reflect the participants' understandings as accurately as possible.

### Data Analysis

A thematic analysis of the data collected was conducted to discover patterns and emergent themes (Patton, 2002). The emergent theme analysis approach, used in this study, was inspired by Interpretive Phenomenological Analysis (IPA). At the final analysis, 03 key themes emerged. They are: community, intimacy, and self-regulation.

### Ethics

The caregivers gave their written consent for this study. The subjects were free to leave the study, as they wish, and the caregivers, too, had the freedom to withdraw their adult family member with DS, from this study, at any time they wish. An undertaking was given to de-identify any information relating to the caregiver or adult with DS in the final study. Hence, pseudonyms were used in this report to protect the privacy of the subjects.

## RESULTS

a. Dramatherapy group as a Community of Adults with DS, functioned as given below:

- *The dramatherapy group has turned to a community of adults with DS. They feel being belonged to a community. They have learnt to admire and appreciate each other. I feel the community is a support to regulate their emotions. The freedom they experience as a community motivates them to feel happy, encouraged, and fulfilled. Receiving instructions, working together, partnering, appreciating, and admiring are qualities I see in them. All this is possible when community becomes a support system for them. (Journal entry: May 10, 2017)*
- *“Sivaraja comes home and tells that everyone in the group is very good. He is happy about his friends. He seems comfortable after coming to this group.” (Interview: Sivaraja’s caregiver)*
- For Lasanthi’s birthday, everyone was invited. Lasanthi’s caregiver said: *“Birthday celebration was something special for them. They all sang and danced. They enjoyed a lot. They took selfies, laughed, interacted, and that was something very important for them as a group.”*
- *“Now there is some task for her. She calls her friends. She has a list of telephone numbers which she has got at the group. The group is a big thing for her.” (Interview: Patricia’s caregiver)*
- *“Mangala says that ‘I am their friend’. He always calls them ‘my friends’. ‘I want to go and meet them. I can’t wait without them. I want to play’. Mangala was never like this. He was sad and crying. He was angry when at home. I think the group made this change.” (Interview: Mangala’s caregiver)*
- *“Raman has changed a lot. This group has helped him to learn how to interact. He has learnt to talk to people. When he meets somebody, he gives a smile. He shakes hands with them. One day at the market, he helped someone to carry a big bag. I was puzzled.” (Interview: Raman’s caregiver)*

- *“Wasantha has become very friendly with my friends. They play cricket with him. One day a friend slipped on the ground and had a small injury. Wasantha came running looking for cotton and spirits. He was so concerned about ‘his’ friend.”* (Interview: Wasantha’s caregiver)
  - *Dramatherapy group has helped them to feel confident, and build their self-esteem. The feeling of belongingness is visible in them. The community has brought value for their lives. They have become very caring and concerned about others. They want everyone included in the activities, and they show their empathy at all times. They have a strong friendly attitude towards each person. They are a community of adults.* (Journal entry: August 08, 2017)
- b. Adults with DS manifested some patterns of their intimacy, as follows:
- *Mangala wanted to hold Lasanthi’s hands, while doing movement work. He didn’t want to release her hands.* (Field note: April 22, 2017)
  - *Raman was physically close to Patricia, when she was making her mandala. He was very helpful.* (Field note: June 13, 2017)
  - *Wasantha was behind Lasanthi to engage in movement, and then he suddenly held her hand and dragged her towards him. He looked into her eyes, and she smiled. She touched his right cheek.* (Field note: July 06, 2017)
  - *While engaged in role play, Sivaraja showed Patricia and said “My wife”* (Field note: July 08, 2017)
  - *Raman loves to do mirroring with Lasanthi. He was seen maintaining eye contact, and mirroring her action.* (Field note: July 10, 2017)
  - *Patricia was sculpting with Sivaraja. She showed him how to keep his hands. He smiled at her and wanted to kiss her.* (Field note: July 15, 2017)
- *All were having a discussion. They were talking about love. While talking, they held hands and swung them, and rubbed themselves against their bodies. There was joy in them.* (Field note: September 04, 2017)
- c. Improvement on Self-regulation:
- *Through role-play, the adults got to see how they manage their emotions. They were asked to act as a boyfriend, a girlfriend, a husband, and a wife. Mangala asked Lasanthi to sit on his lap, which she did. Patricia also asked whether she could sit. Sivaraja liked to put his hand round Patricia’s shoulders and do an ambulatory walk. Wasantha and Lasanthi posed for a photograph as husband and wife. These activities did not disturb them sexually. They wanted someone close to them, and that was their need.* (Field note: July 12, 2017)
  - *Working with dance and movement helped the adults to manage their behavior and emotions. Their physical proximity, while in movement, was carefully observed. They were focused when music and movement was used. They mirrored others, and felt relaxed. Music and movement makes the person to ground, with full present moment awareness.* (Field note: August 19, 2017)
  - *Managing behavior - The subjects were asked to move for a drum beat. At each step, they were asked to release a sound, out loud, and then to freeze, to a clap. The subjects did release a very loud sound at the end. They stayed still for a few seconds. They were silent. They were asked to relax after that. They felt better after the release of the sound.* (Journal entry: September 11, 2017)
  - *Training on silence - I used a small gong; vibrated it; the subjects were asked to focus on the sound of vibration; keep silent; sit cross legged, if possible, or in any posture that is comfortable; keep eyes closed or open. Everyone was in complete silence.* (Field note: September 20, 2017)
- Caregivers confirmed the behavioral change in adults with DS, as follows:

- *“Previously, Raman had a very strong urge to associate women, and to touch them. He was talking about his bride, but now those thoughts have disappeared. Recently, I took him to the playground, and a woman was exercising, but he didn’t lose his control. It was a big change. I saw him looking at the woman, and I was apprehensive as to what he would do. He continued playing cricket. He has changed.”*
- *“Earlier Mangala was always talking about a wife, but now we don’t hear that. He had the habit of taking his penis out and showing it to females, and also masturbating in public. One day I saw him going to the washroom and masturbating. That is a big change. Earlier we were scared to take him out. Now there is no issue like that. I must tell that his depression has completely disappeared. He is very happy now.”*
- *“Wasantha has learnt to manage himself. When he sees girls, he does not get agitated or does not want to get close to them. He used to masturbate in the open, but that habit has changed. May be he goes to his room. He was a person who had no control, but he has settled down a lot now. His interest for girls is still there, but his behavior towards them is different now.”*
- *“Lasanthi is talking a lot about males. I don’t know whether it is a good thing. Earlier she used to ask males to be her husband, but I didn’t hear that recently. Earlier, when she saw a young man, she wanted to go and hold his hand or put her hand round that person. That has stopped. She seems to have settled. Teddy has become her partner. I can see she has started telling Teddy about what happens in the class. She acts with the teddy. She used to talk to someone ‘unseen’. I thought it was a sickness. That has reduced a lot. When she wants to dance, she will imagine holding that person’s hand. There is a change I see in her. She has started to talk a lot about her friends in the group. We are happy that she changed her behaviour.”*
- *“Earlier Patricia used to talk to an imaginary ‘man’. She continues that, but not to that*

*extent. I can see that it has reduced. Her habit in getting closer to a male is still there, but she doesn’t go to squeeze hands or private parts. Also, she is not worried about that male teacher in the school. She believes that her friends in the group are good. Now she doesn’t complain against others for hurting her. Now she does not get up in the nights and cry. She sleeps well. She is happy and very active. She loves to listen to music. This was a very strange thing. She never liked music. Now she tunes in the radio for songs, and stays in a chair, listening to the songs.”*

- *“Sivaraja has learnt to manage himself. I can see that. He hasn’t stopped asking women to be his wife, but that is okay. It is his wish, and I don’t think we need to worry over that. The female relations and friends understand him. He has become very friendly with them. Earlier, all his nieces, aunts and sisters-in-law were scared of him, when he got close to them. But now when they move away from him, he laughs, and says ‘stupid’, and then goes and sits somewhere. He doesn’t show interest in going behind females. I think it is a considerable change in him. He is happy now. He has learnt better ways in behaving. I think he is helping himself.”*

The findings reveal that the dramatherapy intervention supported the adults with DS to improve their sexual life, building a friendly community within the dramatherapy group, developing intimate relationships, and changing their learned patterns of behavior.

## DISCUSSION

The findings in this study show that the dramatherapy group transformed to a friendship community of adults with DS. It was evident that the adults with DS were yearning for social association, and the dramatherapy group facilitated them to meet new people, with whom they could communicate and interact, as friends. Friends are an aspect that all of us look for in our own lives (Gomez, 2012: 243), and adults with DS saw friendship as a vital aspect in their lives.

It emerged from this study that the older adult caregivers have minimal encounters with the

surrounding world, and has contributed to reduce the capacity of adults with DS to make friends. Lack of friends may have caused low self-esteem in them, which in turn manifested through their “inappropriate behaviour”, as per the labeling of caregivers. An appropriate outlet was found within the dramatherapy group, which enhanced social interaction, and facilitated a productive friendly space.

For the adults with DS a friend was a helper, enshrined with the qualities of kindness, goodness, and love. The cohesion of this community of friends manifested the trust they had towards each member. It supported in building their self-confidence and self-worth. Friends are an important part of life, helping us to become “whole”, improve our well-being, and giving us zest for life (Janney & Snell 2006:6). According to the results, regardless of the level of impairment, they enjoyed close meaningful friendships that fulfill social needs. The adults with DS, as the caregivers expressed, have made learning about friendship that they apply to social situations, developing their adaptive behaviours.

The dramatherapy group was a space for them to feel accepted, appreciated, and admired. A previous study states: “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” (Ranasinha, 2018).

Our study informs that adults with DS experienced sufficient equality among peers. They did not experience rejection; instead, they received a friendly acceptance, making them feel that their own community is safe. Further, they would have felt this interaction very special, as their lived experience with the ‘normal’ society was one of rejection.

The community contained each person, supporting them to sense who they are, what they are capable of, and how they could be of help to others. Their social interaction was enhanced through role play, scene-building, improvisation, and movement and dance. Through active methods, they had the opportunity to observe them, and also had others witnessing them, to build their identity. I noted that the group, as an audience, is an encouraging factor, to build healthy interactions.

When looking at the patterns of their intimacy, the sexual expression of adults with DS has no difference from the neurotypicals, and seems more refined and innocent. Their intimacy did not manifest through touch of genitals, or sexual intercourse, but took the forms of smile, laughter, physical closeness, intimate conversation, touch of cheeks or chin, holding hands, joking, and playing. As literature confirms, intimacy is considered a “need fulfillment” (Wilson et al., 2017). An intimate partner “provides emotionally close, reciprocal interactions to experience feelings of being understood, validated, and cared for within the relationship” (Grigg, 2012).

Intimacy, as the findings show, is full of reciprocity. Together, the adults with DS were creative, supportive, and empathetic towards each person. Pre-intervention data revealed that the caregivers did not believe the person they cared for was capable of intimate relationships. They also viewed intimacy as gratification of sexual desire. This narrow perspective made the caregivers to be over-protective of their adult member with DS. Such attitude has indubitably restricted social opportunities for the adult with DS, and made them “eternal children” (Gomez, 2012:239)

It is apparent that the adults with DS were receiving pleasure through intimate interaction, and building an identity for themselves. The kinesthetic nature of dramatherapy connects with the many senses – touch, taste, sight, hearing, smell, and proprioception, which causes pleasure, and helped the adults with DS to celebrate life. Pleasure contributes to the richness of life (Alexander & Gomez, 2017:114), and was visible throughout the intervention period: birthday celebrations, selfies, tasty food, beautiful dresses, and dancing. The subjective experiences of pleasure are intangible (ibid), and if any measurement of such experience is required, then an inquiry should be made to which extent the adults with DS have changed their behavior, in comparison to the behavior they brought to therapy.

Dramatherapy intervention helped the adults with DS to become conscious of their behaviours, emotions, thoughts, and relationships, through role-play, movement and dance, art, pantomiming, improvisation, visualization, singing, and relaxation activities. Since role play, and movement and dance promote kinesthetic interaction, there was every possibility for their body feelings to emerge, however, with all respect to the members in the group they learnt to manage their feelings. Listening to music, visualization, imaginative journeys, and relaxation activities helped them to improve focus,

practice physical control, manage the thoughts, and stop distraction. In fact, every dramatherapy session offered “socialization opportunities” (Moreira & Santo, 2013) for the adults with DS, promoting healthy social interactions, and alleviating their dysphoria.

The results brought to light that the adults with DS had the opportunity to unearth their embodied capacities, as human beings. The “capacity to delay gratification” (Cuskelly et al., 1998) was identified as one of the predictors in self-regulation. The adults with DS improved in socialization and emotional adjustment due to this skill. In a previous study (Glenn & Cunningham, 2002), it was mentioned that in individuals with ID the development of the self-regulating process is significantly slow, however, in our study we found that adults with DS were prompt in developing their self-regulating skills.

According to the findings in this study, the dramatherapy group has influenced change of behavior in adults with DS. According to the caregivers, the sex urge in adults with DS has improved, considerably. One can well express that the adults with DS were conscious of self, and knew they were the active agents in forming responsible relationships. Forming intimate or productive relationships was their goal, and they sensed responsibility to manage their own behaviour towards achieving this goal. This ability to regulate behaviour is the marker of their adulthood.

As the results depict, the dramatherapy intervention helped adults with DS to improve their sexual life by supporting to them to form a community of friends, make intimate relationships, and develop self-regulation. It helps in their adaptive functioning at home and elsewhere. Also, the improvement of sexual life has direct impact towards their psychological wellbeing. Therefore, this study upholds the right of adults with DS to enjoy a full healthy sexual life, and informs the caregivers to “break away from outdated misconceptions about sexuality and the emotions of people with intellectual disability” (Haya et al., 2014:61).

### **Implications of the study**

The purpose of this study was to understand the impact of dramatherapy to improve the sexual life of the adult with DS. This research will have implications to design dramatherapy interventions that may delve into aspects, not focused in this study, to improve the sexual life of the adult with DS.

The results of this study can be used to develop dramatherapy programmes to support not only the

adults with DS, but also the adults with a diverse range of I/DD. The results of our study revealed that the dramatherapy group transformed to a community of adults with DS, enabling them to make sense of their sexual life. Therefore, if intervention groups can be implemented island-wide to include the community of adults with DS, these adults regularizing their behaviour will be a phenomenal and natural consequence.

### **Future research**

Future research should attempt to utilize other approaches in dramatherapy to improve the sexual life of adults with DS. Qualitative dramatherapy research studies might help to further examine ways in fostering awareness about the sexual life of adults with DS, to secure their right for a full sexual life.

## **CONCLUSION**

This qualitative dramatherapy study supported 06 adults with DS to improve their sexual life. There was worry, tension, frustration, and anxiety when they came for therapy; however, there was considerable improvement in them, according to the results. The dramatherapy intervention turned the adults with DS to a supportive community, enabling them to establish and maintain trustworthy and intimate relationships. Fostering positive social associations improved their behavior, and psychological wellbeing. In fact, the outcome of this study contributed to disprove many myths built around the sexual life of the adult with DS. Further, this study caused a positive impact on caregiver perception, facilitating the caregivers to be optimistic in helping the adult with DS, to enjoy a full sexual life.

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