

Expressive Psychotherapies For The Children With Intellectual Disabilities

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Abstract: *The purpose of the present article is to suggest the role of play, dance and music therapies in the rehabilitation of children with intellectual disabilities. This article introduces expressive therapies in brief i.e. play, dance and music therapies and their effectiveness. Play therapy is a form of counseling or psychotherapy that uses play to communicate with and help people, especially children, to prevent or resolve psychosocial challenges. Dance therapy is the therapeutic use of movement to help clients improve emotional, mental and physical health. Music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a trained professional who has competence in an approved music therapy program. This article also explores the causes, signs and prevention of Intellectual Disabilities.*

Keywords: *Expressive Psychotherapies (Plav, Dance & Music) & Intellectual Disabilities.*

I. INTRODUCTION

In this modern era the term of intellectual disability is used in place of mental retardation. The intellectual disability is diagnostic only on the basis of Intelligence Quotient (IQ), and that children with intellectual disabilities are unable to learn or to care for themselves. In fact, a child with intellectual disabilities, he has to have both significantly below-normal intelligence (IQ) and substantial problems in every movement of daily lives functioning. Most children with this problem can learn a great deal, and as mature person can lead at least partially independent lives. Most people and children with intellectual disabilities have only a mild level. It may be sophisticated by many physical and emotional different problems. The child may also have difficulty with hearing, vision or verbal.

Children with intellectual disabilities face a wide spectrum of challenges, which include learning difficulties, social segregation and negative stereotyping (King, Law, King, Rosenbaum, Kertoy & Young, 2003). They are one of the most marginalized groups in society - discriminated against historically and culturally (Special Olympics, 2009). As a result, their performance expectations are low and the

opportunities for them to participate in general group activities are limited (Sooful, Surujal & Dhurup, 2010).

II. CAUSES OF INTELLECTUAL DISABILITY

Intellectual disability can be caused by any condition that impairs the development of the brain before birth, during birth or in the childhood years. Many causes have been discovered, but in about one third of the people affected, the cause remains unknown. In this regard, there are *prenatal*, *prinatal*, and *postnatal* causes of intellectual disability. Some prenatal causes (e.g., environmental influences) are preventable. Genetic causes account for 45% of intellectual disability (Batshaw, Roizen, & Lotrecchiano, 2013).

PRENATAL

- ✓ Maternal disease (e.g., placental disease) & Environmental influences (e.g., alcohol, other
- ✓ Inborn errors of metabolism, & Brain malformation (e.g., microcephaly)

- ✓ drugs, toxins, (dermatogens) & Genetic syndromes (e.g., Down syndrome and Fragile X syndrome)

PERINATAL

- ✓ Anoxia at birth &
- ✓ Labor and delivery-related events (leading to neonatal encephalopathy)

POSTNATAL

- ✓ Hypoxic ischemic injury, Traumatic brain injury & Infections & Demyelinating disorders
- ✓ Seizure disorders (e.g., infantile spasms) & Severe and chronic social deprivation
- ✓ Toxic metabolic syndromes and intoxications (e.g., lead, mercury)

On the other hand many experts have been pointed out three major reasons of intellectual disabilities. These include:

Down syndrome: Down syndrome is the largest genetic cause of intellectual disability, and Fragile. Fetal alcohol syndrome is the largest environmental cause of intellectual disability.

Fetal alcohol spectrum disorder (FASD): Fetal alcohol syndrome is the largest environmental cause of intellectual disability.

Fragile X syndrome: Fragile X syndrome is the largest inherited cause of intellectual disability

In nutshell, Intellectual disability can be caused by any condition that impairs development of the brain before birth, during birth or in the childhood years. Several hundred causes have been discovered, but in about one-third of the people affected, the cause remains unknown.

SINGS OF INTELLECTUAL DISABILITY

There are many sings of intellectual disability, children with intellectual disability may:

- ✓ They face difficulty to understanding how things work,
- ✓ They have problem understanding social rules,
- ✓ They have trouble considering the consequences of their actions,
- ✓ They have difficulty solving problems, and
- ✓ They find it hard to remember things,
- ✓ They have difficulty in speaking
- ✓ They have trouble thinking logically.

III. EXPRESSIVE THERAPY

The purpose of the present article is to describe in brief the role of expressive psychological therapies like play, dance and music therapies in the rehabilitation of children who have intellectual disabilities in community settings. Expressive therapy is a psychotherapy that utilizes the arts and an indirect figurative language to help clients deal with emotional, cognitive, and physical challenge. The aims of this therapy to enhance positive changes in behavior, beliefs and attitudes and to improve both the self-relationship and relationships with others, through catalyzing "emotional healing" at both the

conscious and unconscious levels of the psyche. It also prescribes many experiential exercises for promoting self-awareness, self-esteem, cognitive clarity, emotional and physical integration (Malchiodi, 2005). The expressive therapy is client-centred, emphasizing client empowerment and self-discovery. Its basic functions are:

- ✓ Reducing mental distress & Reducing behavioral dysfunctions
- ✓ Supporting and enhancing the strength & Facilitating maximum possible independence
- ✓ Coping skills and capacity to use environmental supports

Expressive therapy goes beyond traditional talk therapy by using forms of creative expression and outlets as a means of expression such play, dance and music to help people with intellectual disability explore and transform difficult emotional and medical issues. It can be especially helpful for people who find it difficult to communicate thoughts, feelings and emotions.

PLAY THERAPY

Play therapy has long been understood as a significantly important method for children's growth and development. Play therapy is an ideal modality in which to allow children to express their feelings, thoughts and deal with their emotional problems. It is a technique of dealing with emotional problems using play as a tool to communicate, understand and deal with the problems of children. There are two types of play therapy, *Directive* and *Nondirective*. In nondirective play the therapist lets the child play first but in directive play the therapist chooses a theme and directs the child. It is the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development (Boyd-Webb, 1999; Landreth, 1991).

Initially, play therapy was developed in the turn of the 20th century. It refers to a large number of treatment methods, all applying the therapeutic benefits of play. Play therapy differs from regular play in that the therapist helps children to address and resolve their own problems. Play therapy builds on the natural way that children learn about themselves and their relationships in the world around them (Axline, 1947; Carmichael, 2006; Landreth, 2002). Through play therapy, children learn to communicate with others, express feelings, modify behavior, develop problem-solving skills, and learn a variety of ways of relating to others. Play provides a safe psychological distance from their problems and allows expression of thoughts and feelings appropriate to their development.

Play therapy can benefit children coping with grief and loss, divorce and family conflict, trauma, and also for modification of behavioral struggles, such as depression, anxiety, and ADHD (Lilly et al., 2014). This form of play aids the child in seeing their problems in a different way and providing them with the ability to manage the emotions that come along with their unique challenges. The American Association of Pediatrics reports that play during childhood promote brain growth and behavioral development (Elkin, 2008). Utilizing this research and combining it with therapy has proven to aid in building self-esteem, learning and expressing empathy and respect, improving family life and

relationships, developing new social and communication skills, improving educational goals, and reducing crime and substance abuse (Lilly et al., 2014; Mended Hearts, 2010). Through the ages of philosophers, like Plato, to Freud to current child therapist one focus has remained: to enrich the lives of children by promoting happiness and well-being. With overwhelming support for the research of play therapy, the answer to understanding and effectively communicating with our children can now be successfully stated simply as "Let's play!"

Indeed, Perry used non-directive play therapy as a technique for cultivating this sense of safety with his child clients (Perry & Szalavitz, 2006; Gaskill & Perry, 2014). The eight principles of play therapy originally articulated by Axline are as follows:

- ✓ The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
- ✓ The therapist accepts the child exactly as he is, without judgment.
- ✓ The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely
- ✓ The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behaviour.
- ✓ The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
- ✓ The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.
- ✓ The therapist does not attempt to hurry the therapy. It is a gradual process and is recognised as such by the therapist.
- ✓ The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of this responsibility in the relationship. (Axline, 1974)

APPROACHES TO PLAY THERAPY

There are several approaches of play therapy which are based on directive and nondirective therapies. The approach that the play therapist uses with a child is directly related to the specific training of the therapist. These are:

- ✓ psychoanalytic play therapy,
- ✓ release play therapy,
- ✓ relationship play therapy,
- ✓ nondirective play therapy
- ✓ child-centered play therapy.

DANCE THERAPY

Dance does not leave behind visible relics like tools or instruments hence it becomes difficult to estimate indubitably the debut of dance into human civilization. However, the following is a brief account of the evolution of dance and dance therapy.

The American Dance Therapy Association defines dance therapy as "the psycho-therapeutic use of movement as a process which furthers the emotional, cognitive and physical integration of the individual". Dance as a therapy effects the changes in feelings, cognition, physical functioning and behaviour.

Dance has also been used in a broader context to promote physical and social development. Crain, Eisenhart, and McLaughlin (1984) implemented a dance program with mildly retarded adolescent students that included movement orientation, movement exploration, dance foundations, rhythms, and traditional dances. They noted improvements for 11 of 13 participants in areas of physical and social development. Dance therapy is useful with special populations both as adjunct to normal group verbal therapies and as a method to enhance physical, social, and educational development (Gladding, 1992).

There is much discussion about the relationship of dance therapy to other dance modalities in the field of intellectual disability. There is evidence of the value of dance therapy and of dance programs that have recreational, educational or performance focuses. There is experience with people of varying degrees of disability has led us to the view that all of these can be suitable modalities, with the appropriate choice being dependent on four factors. These are:

- ✓ the clients' support needs the clients
- ✓ ability and interest in dance
- ✓ the contract between group leader and clients and
- ✓ the skills of the group leader.

A number of studies have been devoted on the benefits of dance therapy with children and adults. Loman and Merman (1996) described the positive outcomes of a dance therapy process for a four year old boy with autism. The process of attunement initiated by the therapist resulted in improved communication, increased trust, more control over the environment and greater creativity in her young client.

Ohwaki (1976) described the positive impact of a dance therapy program on adult clients' body image. Silk's dance movement therapy program offered opportunities for participants to make choices, develop ideas, and strengthen leadership capacities through dance experiences. That program's clients gained skills in a - variety of areas as well as improving their fitness. Loman and Merman (1996) proposed the view that developmental dance/dance therapy is the most suitable dance modality for patients with poor cognitive skills and language ability. As evidence, they describe a successful dance therapy session that provided group of developmentally delayed and emotionally disturbed adults opportunities for self-expression, and development of improved impulse control, coping and social skills

APPROACHES USED TO DANCE THERAPY

There are countless approaches to dance therapy. Some approaches emphasize awareness and attention to inner sensations. Other approaches use movement as a form of psychotherapy, expressing and working through deep emotional issues. Some approaches emphasize alignment with gravity and specific movement sequences, while other approaches encourage spontaneous movement. Some

approaches are primarily concerned with increasing the ease and efficiency of bodily movement. Other approaches address the reality of the body "as movement" instead of the body as only something that runs or walks through space. On the other hand, there are five major techniques used in dance/movement therapy:

- ✓ Body Movements
- ✓ Props
- ✓ Imagery and Movement
- ✓ Space Awareness and Memory Movements
- ✓ Group Co-ordination

MUSIC THERAPY

Music therapy has been broadly defined by a music therapist with an interest in people with disabilities as "the use of music as a therapeutic tool for restoration, maintenance, and improvement of psychological, mental and physiological health and for the habilitation, rehabilitation, and maintenance of behavioral, developmental, physical and social skills – all within the context of a client-therapist relationship" (Boxill, 1985).

Music therapy is used with a wide range of populations – people in hospital, people with psychiatric disorders, older people, people in hospices, people with neurological problems, people with autism and adults and children with intellectual disability (Aldridge, 1993). Music therapy for peoples with intellectual disability (mentally retarded) improves social and emotional behavior, improves speech and language development, increases attention span. Peoples with intellectual disability have problems in communicating with others so it is the one of many therapies that has been introduced to deal with communication needs. Music therapy has been found beneficial in the care and treatment of people with intellectual disabilities. Savarimuthu and Bunnell (2002), in their study concluded that musical interventions among clients with learning disabilities are effective in reducing the clients' self-injurious behavior, aggression, or other types of behavior that caretakers found challenging. They also discovered that music has the potential to maintain clients' psychological wellbeing and improve their social skills.

Music therapy interventions which are used among people with developmentally disabling conditions include, among others, the following: sensory stimulation and processing, early intervention, instrument play and other musical activities, computer music, proactive/prosocial co-operation and interaction, music therapy in elementary school, music therapy with adults, and music therapy assessment (Farnan, 2007).

Although learning and developmental disabilities are not always linked with intellectual disabilities, it could be assumed that musical interventions, in general, have similar positive influence also on this group of clients. Particularly, because people with intellectual disabilities often face equivalent challenges concerning developmental and learning issues.

APPROACHES TO MUSIC THERAPY

To understand needs and interests of student, as well as any approaches that become suitable to the student's skill sets and abilities. There several approaches but three well known approaches became relevant in practical work and supporting the student's goals. These are;

- ✓ Client-centred
- ✓ Music-centred
- ✓ Psychodynamic approaches

In client-centred approach, client is provided with decision making opportunities, working towards achieving "what they want to explore and enables them to be the architects of their own lives" (Wigram, Pederson & Bonde, 2002).

Music-centred therapy is described where music is placed at the centre of the experience and the musical "responses provide the primary material for analysis and interpretation" (Wigram et al, 2002). Bruscia (2014) suggested that 'music centered' interactions are an undeniable aspect of music therapy, where music is the acting motivator because 'music contributes to therapy as a tool, a process and an outcome' (Bruscia, 2014).

Within the American Journal of Psychotherapy, it is suggested that the role of psychodynamic approach being insightful is a factor of the therapeutic success and that interpretation are made of non-musical interactions as well as musical ones. The merit is that the student does not need to have any particular musical skill of competence. Rather, the instruments allow student to express themselves through music making as they wish.

IV. PREVENTION OF INTELLECTUAL DISABILITY

Early prevention is playing an increasingly well-known role in the field of intellectual disabilities. Prevention occurs at every stage but JAID (2017) has given three levels of prevention. These are as:

DURING PRE-NATAL PERIOD

- ✓ Get early and adequate pre-natal care
- ✓ Immunize against infectious diseases
- ✓ Avoid harmful substances such as alcohol or drugs during pregnancy

DURING BIRTH PROCESS

- ✓ Ensure proper medical care during child birth
- ✓ Have the child in a clean and safe environment with a trained midwife or doctor
- ✓ Early diagnosis and appropriate treatment of medical conditions.

EARLY CHILDHOOD

- ✓ Adequate and regular medical care
- ✓ Proper nutrition

- ✓ Early Stimulation and opportunities to play & Good hygiene

V. CONCLUSION

In general, like counseling or psychotherapy, expressive therapies sessions may open with a discussion of the individuals, families, or group's goals, concerns, or current problems. In contrast to therapists who explore these issues through talking, expressive therapists encourage individuals to use an expressive form of communication as a means for further exploration.

Expressive therapies are a right direction and correct way for use with children and adolescents, who are intellectual disabled and these therapies, are highly useful to school counselors who must overcome cultural, language, and ability barriers that are progressively more present in various and multicultural school settings. These types of therapies may be used simply for relaxation, to introduce a modality into the session, or to help the therapist evaluate the children's mood. One or more expressive therapies may be used in a session—for example, while a drama therapy session may involve role play, it is also likely to involve movement or may start with some creative writing or a piece of poetry to stimulate or inspire the invention of a story.

Play therapy and its impact on cognitive development, social and behavioral aspects need to be studied in future research. The usage of music therapy among people with intellectual disabilities is versatile. Different objectives for the therapy are set after the individual needs of clients are assessed. Common goals of music therapy for persons with intellectual disabilities are, for example, supporting the development of their motoric and communication skills, providing tools for improving the clients' social skills, and helping them to find alternatives for their possible challenging behavior.

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