

An Extensive Study of Literature: Based On the Applications of Art Therapy with Special Reference to Intellectual Disability

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Abstract: Art therapy is a technique to help the people in different ways. Art therapy is a medium of expression for those who are faces problems in expression of their emotions. It is a kind of pathway to reach the unconscious mind of people. Art therapy is used for behavior modification and to increase the self esteem of a person. This is a vast study of literature to identify the role of art therapy to help intellectually disabled people. It supports the use of art therapy in practical life. To know the usefulness of art therapy various research studies were mentioned and studied.

Keywords: art therapy, intellectual disability, down syndrome, self esteem, behavior modification.

I. ART THERAPY

This term is the use of art-making to help individuals improve physical and emotional well-being, resolve problems, develop interpersonal skills, increase self-esteem, and relieve stress (American Art Therapy Association, 2013). Art therapists blend the knowledge of visual art and psychotherapy to facilitate a safe environment and creative approaches for people to explore feelings, resolve emotional conflicts, foster self-awareness, manage behavior, develop social skills, reduce anxiety, and increase self-esteem (Art Therapy Credentials Board, 2013).

These mediums include media in drawing, painting, prints, collages, mosaics, modern technology, calligraphy, graphics, books, sculpture, and crafts (Moon, 2010; Herberholz, 2011) The choice of art materials in art therapy varied at different times because of different concerns on expedience, portable, cost, safety, manipulation, profession, and therapeutic purposes (Moon, 2010). Furthermore, art materials are classified into resistive and fluid materials on a continuum (Kagin & Lusebrink, 1978).

II. DEVELOPMENTAL ART THERAPY

The first approach was developmental art therapy. This approach focused on investigating a client's developmental progression through looking at the art of the individual and understanding his/her cognitive, emotional, and artistic maturation (Aach-Feldman & Kunkle-Miller, 2001). The stages of artistic development designed by Lowenfeld and Brittain (1987) was one of the major concepts in developmental art therapy. According to Lowenfeld and Brittain (1987), the Scribble Stage, Preschematic Stage, Schematic Stage, Stage of Dawning Realism, Pseudo-Naturalistic Stage, and Adolescent Art were six stages of an individual's developmental stages in art. When the stage of an individual was confirmed, the art therapist could help the individual to build and develop necessary skills and make progress to the next level of development if it was determined to be therapeutically appropriate (Aach-Feldman & Kunkle-Miller, 2001).

Malchiodi (2012) indicated that many therapists integrated art therapy with various frameworks, such as Freud's psychosexual and Erikson's psychosocial models.

According to Malchiodi (2012), therapy applied with a developmental approach addressed sensory stimulation and skill acquisition. Sensory stimulation referred to the enhancement of sensory, visual motor, and interactive skills through using

and playing with art materials; skill acquisition was referred as taking a series of sequential small steps to learn a particular activity for developing complex motor skills (Malchiodi, 2012). The experience of exploring art materials and the procedures of learning skills led the individual to foster emotional development and motor functioning (AachFeldman & Kunkle-Miller, 2001). Using proper art materials, being able to use tools, and creating a consistent environment are adaptations in art therapy sessions (Henley, 1992; Malchiodi, 2012).

III. BEHAVIOR MODIFICATIONS THROUGH ART THERAPY

“Art therapy that employs behavior modification principles may be utilized as a structure to motivate and change maladaptive behaviors so that clients may attend to learning behaviors” (Dunn, 1982, p. 59). Roth (2001) stated that the behavioral approach of reality shaping was the special technique used to support children who were emotionally disturbed and limited in verbal and cognitive abilities. In summary, art psychotherapy and art as therapy served different purposes and needs, and both approaches could be used mutually based on different situations (Wadeson, 2002). Art therapy had many advantages when considering the needs of developmentally impaired people. It assisted them in overcoming their obstacles and eventually reaching goals, such as enhancing personal expressions, social skills, self-confidence, and cognitive development (Henley, 2000; Epp, 2008; Got & Cheng, 2008; Rubin, 2010).

In order to work with this population, developmental and behavioral art therapy were two suitable approaches for supporting people with developmental disabilities (Aach-Feldman & Kunkle-Miller, 2001; Roth, 2001). According to Got and Cheng (2008), engaging in the art making process encouraged people with developmental disabilities to improve in several social and cognitive areas which might allow for a release of negative emotions in a more socially acceptable way.

Art therapy, a medical and mental healthcare profession, integrates art and psychotherapy to help clients engage in the creative process to improve and enhance the physical, psychological, and the emotional well-being of individuals of all ages (American Art Therapy Association, 2013). Compared with other mental health professions, art therapy has several unique advantages for clients such as helping them to express feelings, decrease defenses, release physical energy, and enhance self-esteem (Wadeson, 2010). Physical characteristics and intellectual disability are two distinctive characteristics of DS (Cunningham and Glenn, 2004), and a range of physical difficulties and developmental delays are also common for people diagnosed with DS (Sherman, Allen, Bean, & Freeman, 2007). Because this population has linguistic and cognitive impairments, and inadequate social interactions; improving social skills are often a therapeutic goal for people with DS (Soresi & Nota, 2000). These linguistic impairments may also affect the self-esteem of people with DS (Jackson et al., 2014). This term, which is described under the category of neurodevelopmental disorders in DSM-V (American Psychiatric Association, 2013), includes disorders that manifest early in development and cause impairment on individual’s personal, social, academic, or occupational functioning.

IV. ART THERAPY ON INTELLECTUALLY DISABLED CHILD

According to Schalock et al. (2007), the term intellectual disability applied to the people diagnosed with mental retardation in the past, but also shared the same concepts and definitions with the term mental retardation. People with DS often have limitations in language ability, interpersonal skills, cognitive development, and self-esteem (Dykens, 2007; Lister, Tanguay, Snow, & D’Amico, 2009; Jackson et al., 2014). Although this population experiences difficulties, there is great potential to develop abilities and enhance well-being if effective treatments and appropriate support are provided (Fidler, Most, & Philofshy, 2009). Several key findings in the study of behavioral and emotional problems of children and adults with DS were reviewed through recent studies (Dykens, 2007; Fidler, Most, & Philofshy, 2009).

Children with DS tended to fit well in their living environment and experienced less psychiatric or behavioral disorders than people diagnosed with other developmental disabilities (Dykens, 2007). According to Dykens (2007), “Compared with other groups with specific syndromes or with mixed causes for their disabilities, then, children with DS generally show lower rates of significant behavioral or emotional problems” (p. 273). Although children with DS typically had a mild disposition and low rates of psychopathology, they still had more behavioral issues than typically developing children from the general population, such as stubbornness, attention-seeking behaviors, and impulsivity (Pueschel et al., 1991; Coe et al., 1999).

Attention deficit, noncompliance, and social withdrawal were main behavioral concerns for children with DS in school settings (Coe et al., 1999). Children with Down syndrome typically had impairments in language skills, especially in verbal communication and comprehension (Pueschel et al., 1991; Chapman et al., 1998). Children with DS tended to act

much younger than their chronological age because of their intellectual disability; there was a varied range of severity and delayed cognitive development, which led to a younger social and emotional age level as well as behavioral and emotional issues (Pueschel et al., 1991; Fidler, Most, & Philofshy, 2009). Fidler, Most, and Philofshy (2009) reviewed the research of the DS behavioral phenotype through a developmental approach. Phenotype is the pattern of behavioral strengths and weaknesses related to genetic disorders; the behavioral phenotype for DS includes these characteristics: cognition, communication, social development, motor functioning, and psychopathology (Fidler, Most, & Philofshy, 2009). Adults with DS were apt to have low maladaptive behaviors and less aggression than adults with intellectual disabilities in general, and they tended to have charming personalities and positive interactions with other people despite the consistent difficulties in intellect and communication (Dykens, 2007; Fidler, Most, & Philofshy, 2009). Adults with DS possessed a higher risk of having depression, dementia, low mood, disturbed sleep, and auditory hallucinations (Myers & Pueschel, 1991; Dykens, 2007).

As people with DS continued to mature physically and intellectually, their cognitive development and learning abilities showed the potential to improve (Cunningham & Glenn, 2004; Fidler, Most, & Philofshy, 2009). However, as adults with DS aged, they were prone to many health issues, such as visual and hearing impairments, depression, and other physical health problems (McQuillan et al., 2006). After age 40, most adults with DS experienced cognitive declines and gradually showed neuropathological signs of dementia or Alzheimer's disease (Dykens, 2007). The similar issues for both children and adults with DS included intellectual and communicative difficulties (Dykens, 2007; Fidler, Most, & Philofshy, 2009). Even though people with DS in different age groups had similar issues, children with DS were prone to have behavioral concerns, but adults with DS were apt to have health problems and emotional issues (Myers & Pueschel, 1991; Dykens, 2007).

V. ART THERAPY IN PRACTICAL FIELD

The art therapy profession has different philosophies about therapeutic approaches, which can be understood on a continuum of art psychotherapy to art as therapy (Rubin, 2001; Wadeson, 2002). Art psychotherapy, which was primarily developed by Margaret Naumburg (Rubin, 2001), focused on the image generated from the patients' inner experiences and the patients' interpretation of their art products. Edith Kramer, who developed what we understand to be the theoretical application of art as therapy (Rubin, 2001), emphasized a different direction in her art therapy approach. Rubin stated (2010), art therapy supported people at all stages of development and gave people with disabilities a level of stimulation to reach pleasure in the creative process through their capabilities. Art therapy offered a nonthreatening and socially acceptable way for people with developmental disabilities to process self-expression, improve social skills, solve problems, discharge aggression, and soothe themselves (Henley, 2000; Epp, 2008; Got & Cheng, 2008). Through using art, this population depicted the confusion of their world and retrieved a level of autonomy to reach a meaningful life, including the enhancement of personal expression and social relationship (Got & Cheng, 2008; Rubin, 2010). The research clearly showed the advantages of art therapy to the population with developmental disabilities. (Henley, 2000; Kanareff, 2002; Epp, 2008; Got & Cheng, 2008; Lister et al., 2009). At this level, art materials play the role of facilitator for generating kinesthetic actions or sensory awareness (Lusebrink, 1991).

Research about art therapy and people with DS is limited, so the collected research was expanded to developmental disabilities for review and discussion. In general, people with developmental disabilities typically experience developmental impairments of various functioning, including intellectual, social, language, learning, physical, and behavioral areas (Center for Disease Control and Prevention, 2013; American Psychiatric Association, 2013). Common goals for children with developmental disabilities are to address the obstacles that occur in linguistic disorders, learning disabilities, behavioral issues, emotional needs, and then help clients increase cognitive functions (Silver, 1989; Roth, 2001; Robinson, 2009).

For adults with developmental disabilities, common goals are to improve communication, social relationships, self-esteem, cognitive development, and independent living skills (Harlan, 1991; Huang & Dodder, 2002; Got & Cheng, 2008; Lister et al., 2009). These common goals of working with people who have developmental disabilities may be applied to the population with DS because people with DS and people with developmental disabilities often share several similar challenges (Musick, 1976; Kanareff, 2002; Lett, 2005; Jackson et al., 2014).

VI. DOWN SYNDROME AND DEVELOPMENTAL DISABILITIES

The following section will focus on reviewing and discussing art therapy goals shared between the population with DS and developmental disabilities. People with DS and developmental disabilities have similar issues and difficulties (Dykens, 2007; American Psychiatric Association, 2013), and they also share similar therapeutic goals (Henley, 2000; Kanareff, 2002; Lett, 2005; Got & Cheng, 2008; Jackson et al., 2014). According to Rubin (1975), art can and does give any human being, in particular a mentally or physically disabled individual, an exciting, stimulating, and pleasurable way to reach well-being. Through artistic experience, people with developmental disabilities can connect with their reality, enhance self-awareness, and feel more emotionally secure (Spero & Weiner, 1973). As stated in the case studies of Klein and Aach (National Committee, 1978), all people with diverse degrees of disabilities can develop self-fulfillment and relieve stress through creating artwork without the need to speak. "Art therapy provides a psychotherapy treatment option that does not rely solely on verbal interaction," Robinson stated (2009, p. 37). Therefore, the clients with DS can use the process of creating artwork to express their emotions and thoughts without saying a word, and this process can be a significant benefit for them, especially for those with communicative impairment (Mayhew, 1978; Lett, 2005; Bull, 2012). Art therapy supports people with language impairment in expressing personal thoughts and feelings in a safe and non-verbal way (Wilson, 1977; Hume and Hiti, 1988). Wilson (1977) believed that art therapy can provide people with mental disabilities an outlet for their unacceptable emotions and thus reach sublimation through the creative process. This non-verbal approach adopted in art therapy would be particularly beneficial for mentally impaired people due to their impairment in language development (Wilson, 1977).

Musick (1976) argued that art can be a powerful means of expression and communication for everyone, in particular people with developmental impairment. Hume and Hiti (1988) indicated that art is a valuable non-verbal tool for people with limited verbal ability to communicate and express their thoughts as well as redirect their impulsivity and emotions in a socially acceptable way. Bull (2012) noticed that an individual who is labeled with learning disabilities or intellectual disabilities may have a hard time recognizing self and identity because these diagnoses affect relationships and sense of self.

Although people with DS and developmental disabilities experienced difficulties in interpersonal relationships and social integration (Soresi & Nota, 2000), they can benefit from improving their social skills through art therapy, which involves both creating artwork and verbally sharing artwork with the group (Kanareff, 2002; Liebmann, 2004).

VII. SELF ESTEEM

Kanareff (2002) conducted the single group case study in a public school for two semesters to explore the use of group art therapy to enhance the social skills of children with autism and DS. Henley (1991) indicated that developing social skills and building relationships with other people is an important aspect for working with the population with developmental disabilities because they might have an impoverished or fragmented sense of self and experience difficulty relating to others. Henley (1991) discussed that the art resembles the transitional object which facilitates tension reduction; the process of creating art not only provides a transitional environment for developing object relations, but also diffuses confrontation and enhances self esteem.

Self-esteem could be cultivated through communication and interaction. Through involving art activities and sharing the artwork with others, people with developmental disabilities could increase self-esteem (Got & Cheng, 2008; Lister et al., 2009).

By exploring communication and self-esteem in adults with DS through qualitative methodologies, a relationship between communication style and self-esteem of the adult population with DS was identified; people with DS may experience low self-esteem due to their difficulties in communicating, and low self-esteem may influence their communication skills overall (Jackson et al., 2014).

Self-esteem could be cultivated with minimum or no verbal interaction. Bowen and Rosal (1989) indicated that imagery was a method of facilitating the individual's sense of internal control and self-awareness. Harlan's (1991) study also implied that art therapy supports people with developmental . Trzaska (2012) indicated that group art therapy enhances self-esteem in clients with intellectual disabilities to increase self-esteem. A model program was designed for elders with developmental disabilities to create a meaningful later life and cope with aging issues, including physical and

psychological difficulties. This program used the concept of art as therapy to facilitate the program goals, including providing age-appropriate creative activity, exploring the issues of aging, and enhancing self-esteem and autonomy.

VIII. APPLICATION

The creative process of art making could benefit individuals with developmental disabilities in their mental, social-emotional, and motor development (Alkema, 1971). Alkema (1971) emphasized that the interventions need to provide further stimulation and guidance to augment motivation and amplify self-development. Wilson (1977) also pointed out that the therapeutic goal for people with developmental disabilities is to expand their sensory, perceptual, and motor experience through the use of art materials, and “this will lead to some appropriate independent use of art materials proper which would suggest that some real advances had been made in the development of ego functions” (p.87).

Silver (1975; 1977; 1989) conducted several studies focusing on developing and evaluating cognitive skills in children with developmental disabilities. Silver (1975) investigated the effectiveness of art procedures in understanding and treating issues in cognition. Silver (1989) indicated that “drawing procedures can serve as instruments for assessing and developing cognitive abilities of children or adults who cannot communicate well verbally” (p. 231). According to Silver (1989), individuals with language impairment might benefit by learning the concepts that were normally associated with language through visuospatial ways. Through the process of creating art, people were able to express personal emotions and thoughts without verbal involvement, and these non-verbal expressions not only reflected the words in mind, but also facilitated sharing and communication with other people (Hume & Hiti, 1988; Bull, 2012). The interactions of non-verbal reflecting and verbal sharing could promote social interaction and improve social skills (Kanareff, 2002). When people made progress on social skills as well as in their relationships, they also made progress in confidence, self-esteem, and even autonomy (Got & Cheng, 2008; Lister et al., 2009). Cognitive development was fostered by solving problems, increasing exploration through art materials, and learning the concepts in visuospatial ways (Roth, 1980; Silver, 1989).

The first phase of the major findings involved the needs of the population with DS. Cognitive and linguistic difficulties were the main issues affecting DS population during their life time (Dykens, 2007; Fidler, Most, & Philofshy, 2009). People with DS experienced obstacles in organizing language and communicating personal opinions, they often have a hard time expressing feelings, thoughts, and ideas, which could lead to emotional and behavioral issues (Pueschel et al., 1991; Chapman et al., 1998). The cognitive and linguistic difficulties may also influence their social skills, self-esteem, and cognitive development (Soresi & Nota, 2000; Dykens, 2007; Jackson et al., 2014). Developmental and behavioral art therapy were two effective approaches for working with people diagnosed with DS because both approaches supported their limitations in communication, personal expression, social skills, and cognitive development (Wilson, 1977; Aach-Feldman & Kunkle-Miller, 2001; Roth, 2001; Lett, 2005). Although no specific art materials were regarded as the best choice for working with this population, art materials that were accessible for individuals to quickly express personal messages were recommended (Keller, 2013).

People with DS could freely express their thoughts and feelings through creating artwork without involving verbal processes, which were related to their linguistic impairments (Lett, 2005; Bull, 2012). It was found that art interventions could be the catalyst for promoting social interaction and communication in group therapy (Kanareff, 2002). Simultaneously, self-esteem could be cultivated through working on art activities, sharing the artwork with other people, and completing artwork with the use of imagery and relaxation (Bowen & Rosal, 1989; Got & Cheng, 2008; Lister et al., 2009). By continuously experimenting with art materials and making corrections during the creative process, cognitive development could be stimulated and improved (Alkema, 1971; Silver, 1989). According to the characteristics and perspectives of these two approaches, the directives in this treatment plan focused on exploring sensory stimulation, learning artistic skills, identifying a concept(s), and leading with small steps (Malchiodi, 2012; Roth, 2001). Compared with individual sessions, group sessions brought up several exclusive characteristics, including social, mutual support, feedback, role-modeling, and communication (Liebmann, 2004).

IX. GROUP ART THERAPY

The characteristics of group sessions met the needs of people with DS. Art therapy groups enhanced the socialization skills of people with DS (Kanareff, 2002). People with DS were motivated through working on their own independent projects (Clader, 2010), but also by receiving support from others (Mahy, Shields, Taylor, & Dodd, 2010). However, the

most effective art materials for working with developmentally impaired people are easy, simple to use, and non toxic (Keller, 2013).

Cognitive and linguistic difficulties are the main challenges in the DS population (Dykens, 2007; Jackson et al., 2014), and developmental and behavioral art therapy approaches are indicated as the effective approaches (Wilson, 1977; Lett, 2005). Easy and simple art materials are suggested for working with this population (Keller, 2013).

X. CONCLUSIONS

Dubowski (1989) pointed out the necessity for art therapists to understand how children develop drawing skills, making reference to Gardner (1985) and Matthews (1989) whose extensive studies on very young children's drawings demonstrated their importance to the development of a range of intelligences. Research into drawing development (e.g., Dubowski, 1989; Matthews, 1999, 2003, 2004) goes alongside the psychoanalytic approach still much influenced by Winnicott and the British object-relations school. Few art therapists working with children have incorporated contributions of art historian/art theorists such as Baxandall (1985) with the exception of Robin Tipple's (2003) research which he embarked on with a questioning of the role of assessment in a paediatric disability setting.

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