

An Integrative Approach to Art Therapy Leading To The Psychological Well-Being of Young Adults with Neurodevelopmental Disabilities – An Exploratory Study

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Abstract: Although the prevalence of psychological issues among young adults with developmental disabilities is well documented, most psychotherapists face the challenge of treating the population which requires an appropriate integrative approach. The objective of the therapy in this study was to address individual psychological issues and thereby enhance the psychological well-being of young adults with developmental disabilities. Method: A total number of 18 young adults with developmental disabilities attending vocational training in a centre in Chennai were administered art therapy along with talk therapy, group therapy and family counselling. Each person was given an average of 12-15 art therapy sessions combined with counselling, 4-5 group therapy sessions and a minimum of two family therapy sessions. The outcome of this approach was evaluated on four parameters: Overall behavioral patterns, Involvement in vocational training, Assessment of art work and parental feedback. Results: Based on data recorded in session notes, young adults who underwent the sessions showed significant improvement in psychological well-being that was observed as positive behavioral changes and increased involvement in vocational training. Meaning themes evolved in their art work followed by the behavioral changes and parental feedback was positive. Conclusion: Integrative approach to art therapy, combined with other therapies, can serve as an effective therapeutic technique for young adults with developmental disabilities.

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I. INTRODUCTION

Neurodevelopmental disabilities are a group of conditions with onset in the developmental period. The disorders are characterized by developmental deficits that produce impairments of personal, social, academic or occupational functioning(DSM-V).Mental health challenges occur for all teens and young adults, but there is an increased risk for those with developmental disabilities or special health care needs. People who have developmental disabilities are at increased risk for mental health problems and mental illness(WHO, 2010).

The National Association for Dual Diagnosis (Dr. Robert Fletcher) gives the following ideas for this finding: Stress is a risk factor for mental health problems. Persons with intellectual or developmental disabilities experience negative social conditions throughout the life span that contribute to excessive stress. These negative social conditions include social rejection, stigmatization, and the lack of acceptance in general. Social support and coping skills can buffer the effect of stress on mental health. In persons with intellectual or developmental disabilities, limited coping skills associated with language difficulty, inadequate social supports, and a high frequency of central nervous system impairment, all contribute to the vulnerability of developing mental health problems. Another explanation for the increased prevalence of mental health problems in this population relates to behavioral phenotypes. In addition to the characteristic physiological signs associated with genetic syndromes, many other syndromeshave characteristic behavior and emotional patterns. These behavioral phenotypes may contribute to the increased rate of behavioral and mental health problems among persons with intellectual or developmental disabilities. Hence it is obvious that mental health problems among young adults with neurodevelopmental disabilities require a comprehensive integrative approach to enhance their psychological wellbeing (Fletcher, Barnhill, & Cooper, 2017).

The present study has used technical eclecticism approach. Technical eclecticism draws freely from techniques of various theories without significant concern about the theoretical underpinnings. Instead, the primary focus is identifying interventions that are likely to work for a specific client with a specific concern (Norcross, 1986). The present study integrates art therapy along with counselling, group sessions and family

therapy with the primary focus that these interventions would work effectively for young adults with neurodevelopmental disabilities.

Existing Literature supports art therapy as an effective approach for treating young adults with developmental disabilities. Art therapy with people who are developmentally disabled involves encouraging exploration of personal problems expressed through alternative communication methods. Creating art can help one to develop emotional, behavioral, and learning skills through self-expression. Art therapy offers an opportunity for individuals to manipulate materials, as well as the environment they create, which provides a sense of control. (Caprio-Orsini, 1996)

Art therapy is based on the idea that the creative process of art making is healing and life enhancing and is a form of nonverbal communication of thoughts and feelings (Nguyen, 2015). Drawing and other art activities mobilizes the expression of sensory memories (Steele & Raider, 2001) in a way that verbal interviews and interventions cannot. Highly charged emotional experiences, such as trauma, are encoded by the limbic system as a form of sensory reality (Malchiodi, 2008). This aspect of art therapy makes it as a suitable form of therapy for young adults with neurodevelopmental disabilities as they exhibit impairment in communication and social interaction.

Like other forms of psychotherapy and counselling, it is used to encourage personal growth, increase self-understanding, assist in emotional reparation, and has been employed in a wide variety of settings with children, adults, families, and groups. It is a modality that can help individuals of all ages to create meaning and achieve insight, find relief from overwhelming emotions or trauma, resolve conflicts and problems, enrich daily life, and achieve an increased sense of well-being (Malchiodi, 1998). Because drawing is a sensory activity, the one that involves tactile, visual, kinesthetic, and other senses, it is naturally self-soothing and involves repetitive activity that can induce relaxation and well-being (Malchiodi, 2002).

The use of art to effect treatment, moreover, has been found to decrease resistance to therapy, encourage the expression of feelings and personal experiences (McMurray & Schwartz-Mirman, 2001), and increase the therapeutic alliance with the therapist (Eaton, Doherty, & Widrick, 2007). It makes sense, therefore, that art therapy will be helpful in treating young adults with neurodevelopmental disabilities; however, there is little research to support such a claim. "When working with clients with an intellectual disability, the therapy is happening while working directly with the art media, and that whilst this is due in part to the client's limited capacity for verbal communication, it is also due to their capacity for spontaneity" (Brooke, 2009, p. 72). These individuals also benefit from viewing their art work. By viewing the art work, these individuals discover "deep enjoyment and feelings of detachment from time and place. For such experiences to develop there needs to be a feeling of psychological safety" (Brooke, 2009, p. 73).

Studies have yielded ample support for the use of group therapy as an intervention to improve social skills among adults living with Intellectual disabilities (Giuliani & Pierangelo, 2016). Group therapy was also found to be the most effective intervention to enhance the possibility for change in people with intellectual disabilities (Razza, Tomasulo, & Sobsey, 2011).

Involving the family increases the effectiveness of the therapeutic process. Research has supported the effectiveness of therapeutic approaches involving parents from many backgrounds, ethnicities, and mental health problems (Dowling, 2012). Family therapy is a type of psychological counselling that can help family members improve communication and resolve conflicts. Family stress can increase the challenges of people with neurodevelopmental disabilities. Family therapy aims to provide the necessary knowledge, tools, guidance and support to the family members without bias or judgement. This way they become equipped to take care of their family member with special needs.

Counselling is an interpersonal and collaborative process by which one facilitates growth or change in another by adopting certain attitudes and employing certain skills appropriate to the context (Antony, 2003). There is dearth of studies specifically on the effectiveness of counselling for young adults with developmental disabilities addressing their psychological wellbeing. This study propounds an integrated approach combining counselling, group therapy and family therapy along with art therapy to enhance the psychological well-being of young adults with neurodevelopmental disability.

Objectives:

The main objectives of this study were to see the effect of integrative approach to art therapy in addressing the psychological issues of young adults with neurodevelopmental disabilities in the following domains:

- Healthy emotional expression through the process of art therapy.
- Communicating deeper emotions and feelings through counselling.
- Improvising social skills through group therapy sessions.
- Creating a better functioning home environment.

II. METHODOLOGY

The study was exploratory in nature and used an ex post-facto design. Subjects were eighteen young adults aged between nineteen and twenty three years. The mean age of the subjects was 21.2 years. Among the samples, 67% were males and 23% were females. All subjects received an average of 12-15 art therapy sessions combined with counselling, five group therapy sessions and a minimum of two family therapy sessions over a time span of three months.

The samples were chosen on the basis of referral by the in-charge of the vocational training unit who was also the bridge between the parents and the teachers. They were referred for an intervention with at least three or more of the following symptoms such as aggression, poor frustration tolerance, impulsivity, lack of involvement in vocational training, poor social skills and turbulent home environment.

Each subject was given an art therapy session combined with counselling for a duration of one hour. The art therapy cum counselling sessions, group therapy sessions and family therapy were conducted in a room which had enough privacy. The young adults were provided with paints, crayons, chart paper, coloured paper for craft work and clay for sculpting. They were given the freedom to choose any art material to express themselves. A directive counselling approach was employed in these sessions where subjects were given suggestions on the importance of vocational training, regulating their emotions, anger management techniques and appropriate social skills.

The subjects participated in the group therapy session for a duration of one hour, once a week. The group session had three parts. It began with the process of checking and becoming aware of emotions and sharing with the group about their present emotional status. In the second part, the group members used a medium of art such as drawing, painting or role play to express their idea on the theme of the session. The major themes that were dealt in the group therapy sessions are social skills, social interaction and communication skills. Example: The members were asked to enact the way in which they get angry, when something goes wrong. And the session ended with breathing exercises for relaxation.

A minimum of two family therapy sessions were given to the families of the subjects. Each session with the parents began with a review of the subject's behaviour. Issues relating to anger, behavioural patterns and behavioural management strategies were also covered. The data was organized into two phases each of which covered 7-8 individual art therapy cum counselling sessions, 2-3 group therapy sessions and 1 family therapy session.

Data analysis:

Each session was documented and it was available in the form of session notes. For analysis, the session notes were read several times and this process of "repeated reading" (Braun & Clarke, 2006) resulted in data immersion which was followed by the coding phase. In this phase, the researcher was able to identify codes from the data which was considered pertinent to the objective. The entire dataset was given equal importance and the third stage involved searching for themes; At this point, any theme that did not have enough data to support was discarded. After refining the themes, each theme was defined clearly accompanied by a detailed analysis. In the final stage, few verbatim reports were chosen to illustrate elements of the themes.

The outcome of the therapy was analysed through a thematic analysis of the data available as session notes. These categories have been labelled as "constructive means of emotional expression", "Meaningful art expression", "Positive social behaviour" and "Healthy family bonding". Each of the themes was measured using a set of four parameters.

Theme1:

"Constructive means of emotional expression was measured using the following three parameters: 1. Being able to talk about emotions during counselling and group session, 2. Being able to manage anger most of the time, 3. Being able to identify anger triggers and express it in an appropriate way most of the time. The subjects expressed the following things during the individual as well as the group sessions. "I am angry with my mother", "I don't like to do that" "I didn't hit him", "I want to do gardening now", "I don't want to be treated like this", "I am hurt that nobody is talking to me".

Theme 2:

The second theme which is "Meaningful art expression" was measured by the following criteria such as: 1. Being able to draw something meaningfully, 2. Being able to name or talk about what they have drawn, 3. Being able to express their ideas creatively using art materials. This theme was measured by the kind of drawing and art expression of the subjects. Samples: "I have drawn myself", "This is me" "This is a tree and there are birds", "I want to paint a picture today", "I have drawn my house, this is my mother, this is my brother and that

is my dog”, “I have scribbled on my brother’s picture”. Also making attempts to draw something meaningful and not mere scribbling was taken into account.

Theme 3:

For the theme on “Positive Social Behaviour”, the parameters used are as follows: 1. Improvement in social skills, 2. Ability to adjust in the group and 3. Overall positive change with regard to interpersonal skills. Samples: Able to make eye contact, initiate a conversation, complementing the other group member, interacting with the therapist, enquiring about the therapist, sharing events that happened at home, training centre and things they like and dislike were all observed and the overall behavioural change was analysed under this theme.

Theme 4:

The last theme “Healthy family bonding” was measured primarily on parental feedback on the following parameters: 1. Improvement in the quality of interaction with parents and members of family, 2. Able to enjoy spending quality time with family members, 3. Able to participate in family activities. The parents were interviewed informally on the above mentioned parameters and the results recorded in the session notes was analysed.

Table 1: Summarises the results for both phases

S.No	Themes	Phase – I		Phase -II		Total (Both Phase –I & II)	
		N	%	N	%	N	%
1.	constructive means of emotional expression	7	39	5	28	12	67
2.	Positive social behaviour	8	44	3	17	11	61
3.	Meaningful art expression	6	33	6	34	12	67
4.	Healthy family bonding	9	50	4	22	13	72

III. DISCUSSION

The above table shows that 67% of the young adults displayed constructive means of emotional expression. 61% and 67% of the young adults showed improvement with regard to Positive social behavior and meaningful art expression. The highest improvement was seen in the area of family bonding as 72% of them showed improvement.

The results suggest that integrative art therapy has beneficial effects on the psychological well-being of young adults with neurodevelopmental disability.

However, it would be enlightening to study the impact of other interventions used in conjunction with art therapy using an experimental design which would serve the purpose of identifying the effects of the different extraneous variables on the behaviour under investigation. Further detailed studies need to be done to understand the impact of each intervention on the psychological well-being of young adults with neurodevelopmental disabilities with a bigger sample size.

Implications for Future Research:

Future research is needed to explore the effectiveness of integrative art therapy on the psychological wellbeing of young adults with neurodevelopmental disabilities using an experimental design which can measure the effectiveness of the other supportive interventions. Another direction for future research results from the fact that most art therapy research contains small sample sizes. Larger sample sizes should be used in future studies. In addition, current research on art therapy mostly uses a no-treatment control group design, making it difficult to determine whether art therapy is more effective than other therapeutic interventions. Therefore, future research should include comparative studies between art therapy and other therapeutic interventions.

IV. CONCLUSION

The present study has revealed that integrating counseling, group therapy and family therapy along with Art therapy seems to have a positive impact on the psychological well-being of young adults with developmental disabilities. Hence, Integrative approach to art therapy, combined with other therapies, can serve as an effective therapeutic technique for young adults with developmental disabilities.

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