Artistic expression and therapeutic aspects off therapy

(overview essay)

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Abstract: *Presentation of experience in the application of expressive therapies for children with special educational needs. Through dramatherapeutical, paratheatrical approaches with educational focus Role plays, Psychodrama, Forum Theatre, Playback Theatre, Theatre bibliotherapeutic Approach (Working with a story, Poetotherapy, Paremiological Therapy) study of possible positive effects of variables (artistic and therapeutic) on changes in behavior and perception of a child.*

Keywords: *Expressive Therapy educational process, the therapeutic aspect of artistic and educational approaches, paratheatrical approaches of educational nature*

1 Introduction

Art can have a positive impact on all areas of human life – play, work, learning, creativity, n. It provides opportunities to express feelings to develop thoughts and to get creativity which opens communication channels.

Participation and involvement in drama activities that may result in theatrical form, as well as purposeful systematic work in this area shall contribute to an individual's developing, enhancing specific skills such as listening, improving physical expression, verbal and non-verbal expression, ability to solve challenges to further social interaction.

Application of art through expressive therapeutical activities can be used with healthy children and also individuals with special educational needs to develop their creativity, quality of attention, self-control and positive forms of behavior. The main objective is to help children with special educational needs to develop their own potential, to lead to a discussion, to express their own experience and impressions.

Through art, children learn to understand the nature of theatrical or literary characters, their internal and external quality, the plot outline, its structure, the function of the theatre, which also includes cooperation in the creation of scenes, props, lighting and costumes, story creation and evaluation of aesthetic criteria.

Expressive therapy is based on the internationally accepted concept which is expressed as a specific (usually artistic) medium, primarily including art therapy, bibliotherapy, drama therapy, psychomotoric therapy, music therapy, play therapy and ergotherapy. So called art therapies, which form and integral part of the therapeutic – formative psychological, medical and special approaches can be defined as intentional purposeful and systematic action through perception, creation and experience on the disabled, handicapped or otherwise vulnerable individuals to achieve certain changes in behavior, perception, to gain the ability to solve, but also to deal with specific situations and problems.

2 The research of the application of expressive therapeutic approaches with children showing symptoms of emotional and social disorders

Therapeutic meetings (drama therapy and bibliotherapy) we realized with a group of boys aged 12–13 years, in whom certain disorders in social interaction and communication, aggresive behavior, problems with concentration during the learning process were observed. **The aim of the meetings** (15) was self-knowledge, ventilation of their own feelings, obtaining corrective experiences of self-expression, self-realization, improving of the orientation in their own feelings and reactions as well as other members of the group, creating of a supportive environment.

In the initial meeting we introduced games to make contact, to relax eliminate stress, activate their imagination.

The main part of these drama therapeutical meetings consisted of working with a story – we used a fairy tale Tin Soldier by H. Ch. Andersen.

In the first phase of the main part we applied
- *non-verbal techniques* – statues of tin soldiers, the game of mirrors (collective in pairs), to show the activities of the main characters in the story, mime, etudes…;
- *typological characterization of the characters* in the fairy tale, looking for motives of their behavior, retelling the story, collective improvisation of the plot, projective technique with a picture of the tin soldier (expression of his feelings in certain positions).

The second phase included

- the completion of the story by children – anyone could interrupt the story and suggest changes in it or in the characters behavior and action;
- *creation of new versions of the stories* in writing by means of the given scheme:
  Who is the main character?
  What does he want to achieve?
  Obstacle
  How to overcome it (who can help)?
  Conclusion of story

The third phase included

- *playback of stories* (during the meetings each child's story was used) – *exchange of roles*, *completion of the story*, focusing the game on certain important areas for the child;
- *discussion and the reflection of the players* (realized between playbacks of the story).

Finally, the meeting included relaxation and relaxation exercises, tests for the measuring of their mood, ritual games – The telephone, Who am I …

Table 1: *A description certain qualities and features of the characters based on stories created by children*

The main character	Conflicts in the story
Soldier (× 5)	strong – weak
King, Prince (3)	good – bad
Batman (2)	depend – scared
Fantomas	struggle between good and evil
Little boy	justice – injustice
Dog	love – hatred
Tiger	revenge – forgiveness
Had	help – distrust
Magician	courage – fear
Policeman	escape – protection

2.1 Problems

Missing body parts, aggression, defense (attack) against violence, fear of new situations, the need for help, security, distrust towards oneself, other people, uncertainty, hesitance.

Finished and newly we created stories we analyzed from the following points of view (Modification techniques of stories by M. Lahad, 1992):
B – values and attitudes
A – affective display
S – social moments
I – imagination
C – cognitive approach
Ph – physical strategy
Id – identification (+ positive/negative –)

Table 2: *Results BASIC (Ph Id) when working with a story and a picture*

Meeting	B	A	S	I	C	Ph	Id
2	3	12	2	4	8	6	+4/–6
7	6	22	18	9	12	9	+5/–14
15	7	9	22	14	20	11	+8/–4

3 Research results

The figures in the table tell you how many times a certain factor in the story occurred with the boys:

Expression of values and attitudes (B) in the story gradually progressed – at first children could not clearly express their attitudes.

Affectivity (A) culminated at the 7th meeting (mood changes, characters attacking each other, sudden plot deviations …) – After the first meetings children expressed their feelings, this need later decreased.

Social situations (S), their free expression and projection gradually increased (Being rejected, forced to do something is not pleasant, everybody wanted to help).

A similar shift is evident in **the imagination (I)**, which is reflected in the overall level of the content and formal level of the stories.

Cognitive factors (C) – the context, new insights culminated at the 20th meeting, initially these factors were more or less absent.

The element of physical activity (Ph) had a slight increase in the stories (Batman arrived to help the soldier, hid behind a cupboard, it was necessary to beat him up …).

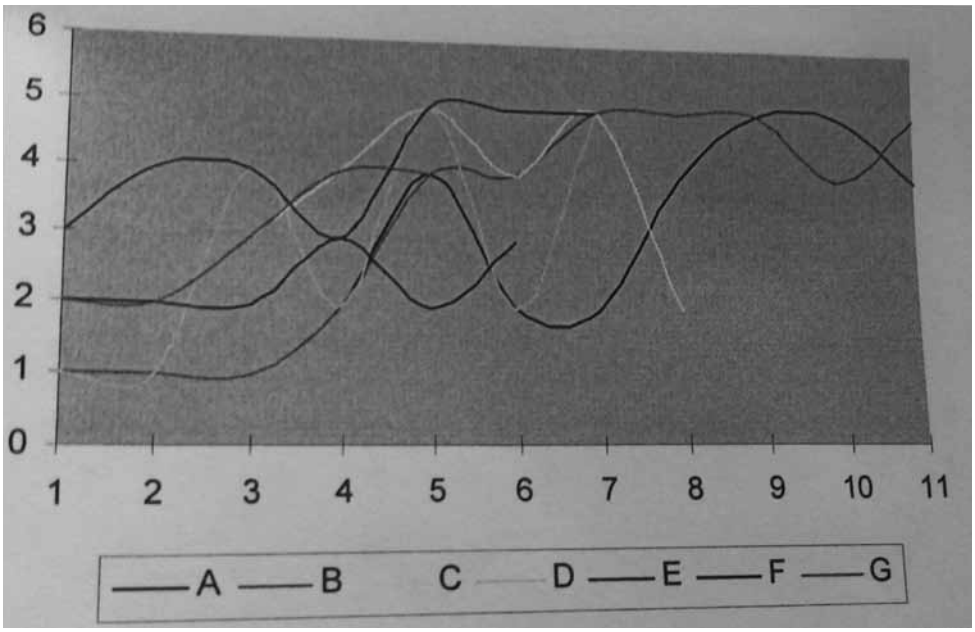
Positive identification (Id) with the highest figures at the 15th meeting (Batman helped the weaker as it should be …) and negative at the 7th meeting (The lion attacked and it should not have done it …).

3.1 The research of the application of expressive therapeutic approaches with socially disadvantaged children

The aim was to find out whether it is possible to develop cooperation creativity and perseverance with children from socially disadvantaged backgrounds by applying expression therapy approaches. The research was conducted with a group of children in the second year of primary school (three boys and four girls) which came from socially disadvantaged backgrounds. In the therapeutic meetings we used drama therapy and bibliotherapy in addition to the elements of art therapy, music therapy, play therapy, KAU and psychomotoric therapy.

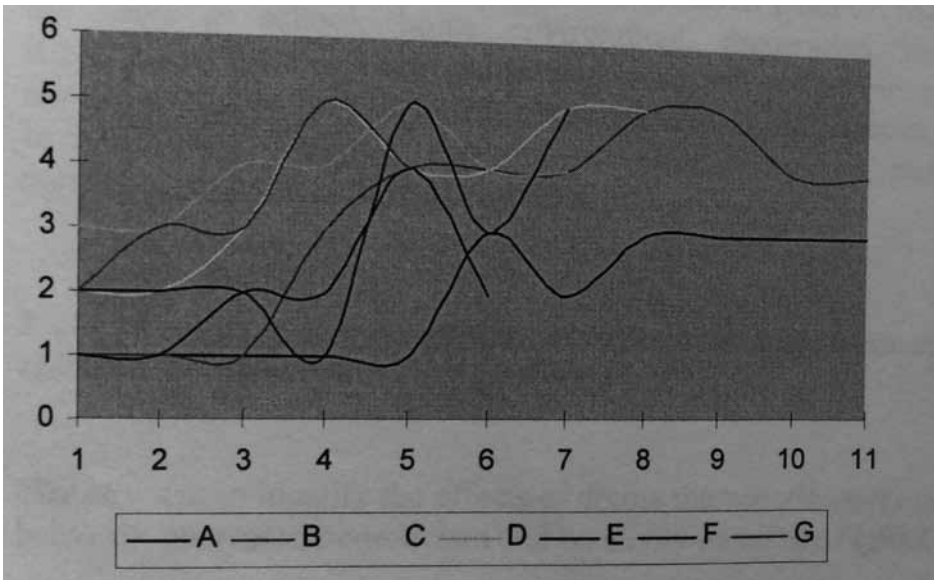
We chose observation as a research method focused on cooperation, creativity and perseverance of children in various activities.

Graph 1: *Children's cooperation within the meetings*



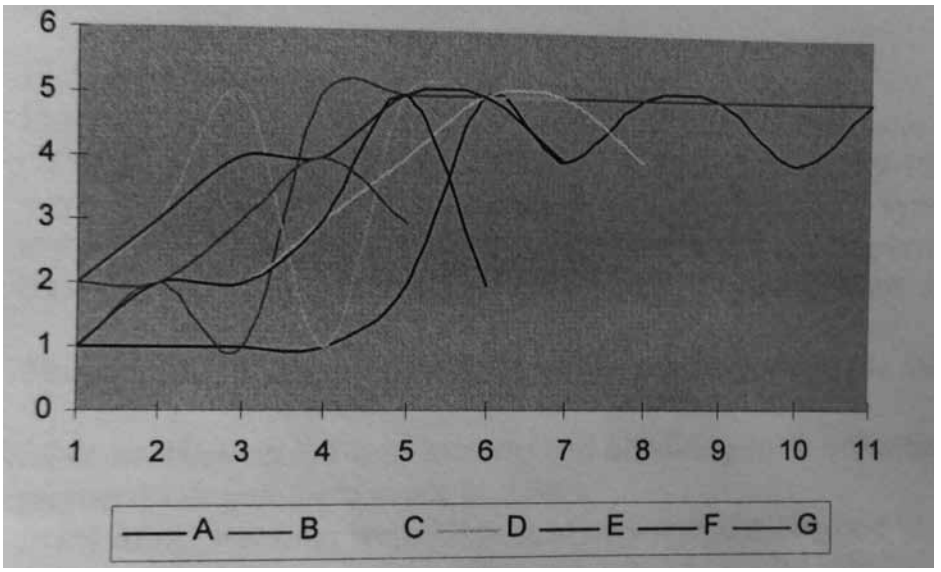
The graph shows an upward trend of the phenomenon. Children gradually engage themselves in activities. Their cooperation was spontaneous, less dependent on the assigned tasks or instructions to play.

Graph 2: *Creativity*



The shift in creativity was reflected in the word production, in games and making products. Favourite ones were artistic and professional activities in combination with listening to music.

Graph 3: *Perseverance*



Initially, the activities often changed, later the meetings had a more stable structure. At the final meetings, the children were more persistent, more concentrated, they were motivated by the meetings themselves, but also the result in the form of the product – the outcome of their activities

4 Conclusions

Based on the research results it can be stated that in the course of therapeutic intervention in the application expressive therapies with children, in most cases positive changes in their behavior occured. Their durability, and stability were more evident, more extensive during the meetings. In the school environment we observed more diverse influences (the fulfillment of the tasks at school, home environment, preparation for the learning process, …).

Ritual games proved their worth at the beginning and at the end of the meetings and also during drama games, movement games for relaxation, releasing tension and concentration. Much attention was paid to establishing contacts, relaxation, releasing of tension, motivation and support at every meeting during the children's activities.

4.1 The research of the application of expressive therapeutic approaches with gifted children showing behavioral problems

The aim was to identify the effect of drama therapeutic intervention on problematic behavior, decreased, neuroticism and creativity increase of gifted children.

Research methods

1. *Questionnaires for teachers to evaluate children's behaviour before and after the intervention of drama therapeutic cantitative expression of behaviour, displayed withhin the scale, from 0 to 5 points.*
2. *Test B* – J. E. P. I. – standardized questionnaire to measure the score N (neuroticism), applied with all the children before and after the intervention (retest).
3. *Torrance's figural creativity test* – examining the components of originality before and after the drama therapeutic intervention.

The research sample

Drama therapeutic intervention was realized with children who attended classes for gifted children. The research sample consisted of 8 children aged 9–10 years. The two girls and one boy manifested high neuroticism score with psychosomatic symptoms.

In three boys teacher noticed aggressive behavior. One boy and a girl displayed milder behavioral problems (drawing attention to himself or herself, lack of concentration, shyness…)

The progress and implementation of the drama therapeutic intervention

After establishing the first contacts and optaining basic information about the children we prepared a drama therapeutic program.

In the initial meeting, we mostly used *non-verbal techniques* in order to eliminate tension and focus on the drama activities more (educational etudes with the nature of emotional expression, stories with plot changes …)

The games with masks provided experiences within the boundaries of a new identity and provided children with opportunities to change the customary patterns of behavior.

In role-playing games, the children tried the different patterns of behavior and social skills. Improvisation focused on orientation in everyday situations. Situational pantomimes served similar purposes.

The games with puppets stimulated imagination and projection of their problems and experience into the game.

Through dramatization, children developed communication skills and social interaction.

Through Improvisation we focused on the development of creativity and problem solving situations.

We also *worked with stories*, we played fictional situations (In a desert, The plane in fog), situations from their life (Birthday parties, School trips, …).

Playback theatre – in this technique we work with stories based on books, children retell their own dream experiences, they interpret them in the role of actors, using dramatic means. In short improvisational forms and performances we used etudes, mime improvisations and roles. The basic idea is to understand the problem, look at the matter from a different perspective.

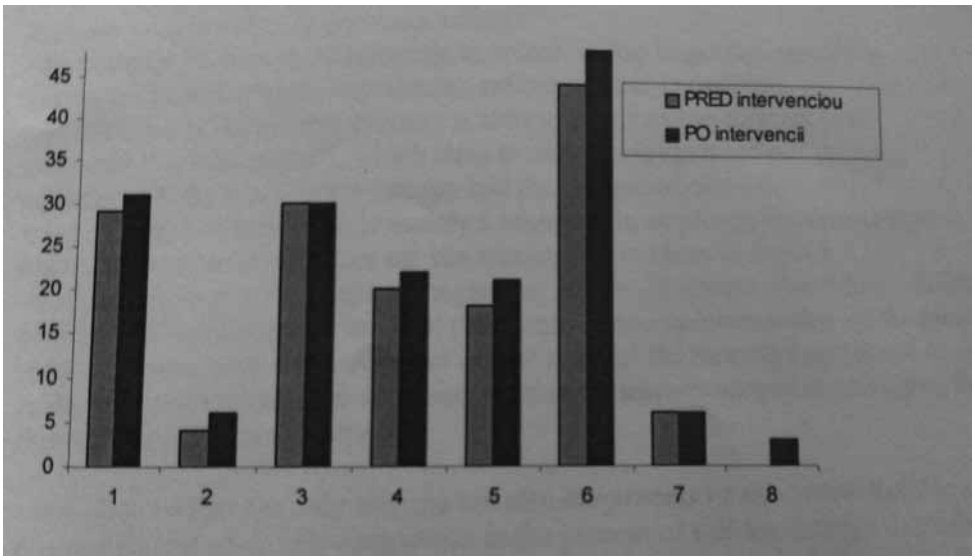
The themes of the Forum Theatre were most commonly social problems and relationship problems.

As part of *psychodrama practice*, we often implemented these techniques – a dialogue with music and imagination in preparation for relaxing and concentrating during other activities.

Psychodrama games were designed to release tension, development of imagination and emotionality.

The aim of drama therapeutic interventions was to focus on the release of psychical tension, developing of self-expression, improvement of mutual communication in a group, positive interaction, developing empathy, the ability to express their feelings, opinions, develop positive feelings, sense of belonging to and acceptance in the group.

Graph 4: *The figures in originality tests*



Note:
Pred intervenciou = Before the intervention
Po intervencii = After the intervention

The originality scores after the drama therapeutic intervention were at a higher or on the same level by all the respondents and thus the average figure of the reference mark is higher in the realized sample after the intervention.

In addition to these results, which were shown at the meetings, the positive changes after drama therapeutic intervention in the behavior of children were observed by the teachers and also a school psychologist outside the classroom – in a school club, and nearby schools.

The research suggests that the dramatic expressive activities, playful activities can be an effective preventive means of the gifted children for balancing of their developmental disproportions between the emotional, social and intellectual development of children. These disproportions and inappropriate behavior can cause misunderstanding and various obstacles thay may have a negative impact on the overall well-being of the child.

5 Summary

The main aim of our work was to study possible impacts and variables (artistic and therapeutic) on changes in behavior and perception of the child.

If we are looking for a relationship ties between variables and components (artistic and therapeutic, educational), there are several consistent principles.

- ***Expressiveness and expression*** are the signs and means of education and therapy. As long as educational objectives focus on specific performance management and are the means of education of pupils, therapeutic aims are focused more on experience, the perception of the client.
- ***Establishing the contact with a client***, creating an atmosphere of trust and understanding requires the full acceptance of the client's condition, and mood by the therapist who himself creates the conditions for certain changes and realization of the objectives that the therapist depending on the client's problems offers.
- ***In addition to therapy***, therapeutic approach is also important therapy guidance from the known to the less known, experiment, reflection, self-knowledge, self-expression.
- ***Realization of expressive therapy*** is always based on the current "state" of clients, the emphasis is on the process, which aims to create safe environment for learning and creative activities. With regard to the therapy and the process of education, even here we can meet some overlaps or fusions. It is mainly a sequence in acquiring the knowledge, skills and habits, the teacher's influence on the atmosphere in class, at school.
- In the process of therapeutic management, access (ill clients, the elderly, children with learning difficulties and behavioral problems …) ***the implementation of the planning process*** requires a more stable structure and organization of the meetings and space to set out certain rules, greater activity of the therapist, continuous incitement and encouraging the clients during their therapeutic activities.
- It is obvious that not only ***therapy*** but also ***the process of education*** itself is a tool for diagnostics and often self-diagnostic in the process of self-knowledge through artistic experience, processing and responding to new situations. Through therapies we lead the clients to dealing with different situations, better orientation in themselves and in their surroundings.
- Presentation of experience and research in the application of expressive therapies in schools, school facilities and institutions, knowing "mutual" of ***artistic***, ***therapeutic*** and ***educational*** aspects can contribute to clarifications of relational links, overlaps and competence in this field and thereby to more successful mastering of the approaches, and to better communication and cooperation between experts in the field.

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