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Use of art based methods in nursing for intellectually disabled children

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USE OF ART BASED METHODS IN NURSING FOR INTELLECTUALLY DISABLED CHILDREN

Summary

Nurses ought to be competent in providing high quality care to all and this is with no exclusion of children with intellectual disabilities (Malvin & Marianne 2008, 6). However, caring for intellectually disabled children is an enormous task which demands a great deal of clinical and cultural competency as well as a coherent understanding of the values guiding professional nursing (Chan & Sigafoos 2001, 4). Nurses in this light also need empathic attunement and good communication skill which entails the adequate utilization of both verbal and non-verbal features of communication (Tronto 1993, 181).

The aim of this thesis is to produce better knowledge to nurses on how to use tools from art therapy during nursing interventions. This thesis being part of the MIMO project has the task of arranging some workshops using performance based on art-based methods for intellectually disabled school children.

This thesis found out through literature review that art based methods has positive effects in aiding communication with intellectually disabled children. Besides, art based methods do have the ability to uplift moods and help intellectually disabled children to come in touch with their feelings and experience sense of love and belonging. The forgoing was clearly evident at the workshops which were organized as the project part of the thesis. In view of this, nurses likewise other health professionals should embrace the use of art based methods in promoting communication as well as the health and well-being of all including children with intellectual disabilities.

KEYWORDS:

Nursing, communication, Interaction, art, disability, intellectually disabled, children

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List of Abbreviations (OR) Symbols

AACAP	American Academy of Child & Adolescent Psychiatry
AAIDD	American Association on Intellectual and Developmental Disabilities
EAT	Expressive art therapy
ICF	International Classification of Functioning, Disability and Health
ID	Intellectual disability
IQ	An intelligence quotient
MIMO	Moving in Moving on project
WHO	World Health Organization

1 INTRODUCTION

Nurses are expected to be competent in providing high quality care to any patient in the world (Malvin & Marianne 2008, 6). This implies that nurses should be able to render adequate and satisfactory health care services to anybody irrespective of his or her socio-economic, physical or intellectual status. Even people with disabilities deserve the best possible quality care. Effective Communication between nurses and patients are critical to providing and receiving such quality care. Thus, nurses strive to use any possible tool which is capable of giving the desired result. These tools range from normal verbal communication to the use of other specialties such as: art based interaction methods. (Finke et al. 2008, 3.)

Art based activities are established as an important part for treating both psychological and physiologic illness in complementary medicine (Pratt 2004, 827-828). Art base interaction offers an opportunity for expression of individual feelings, exploration of personal problems and potentials by means of verbal or nonverbal methods. Art based interaction is evidently useful in communicating with intellectually disabled children. Caring for children with intellectual disability can be difficult and stressful. This amidst many other reasons is due to the limited ability of intellectually disabled children to communicate effectively. (Chan & Sigafoos 2001, 4.)

Considering the difficulties and several ethical issues associated with caring for children with intellectual disabilities, nurses need to have coherent and conceptual understanding of the very concept of nursing as well as the nursing values. Nurses also need to comprehend the meaning of communication and be able to correlate and incorporate this knowledge in their quest to give quality care to intellectually disabled children. (Altun 2003, 17.) Besides, a concurrent knowledge of disabilities and useful methods of easing communication with intellectually children is intrinsic to the entire nursing process (Munoz & Luckmann 2005, 78). Consequently, this thesis shall in brief examine the concept of nursing, communication, disabilities and art base interaction as they

relate to communicating and nursing intellectually disabled children. Having organized several art activities workshops with some intellectually disabled children, this thesis shall also provide a reflection on these workshops.

The aim of this thesis is to produce better knowledge to nurses how to use tools from art therapy as nursing interventions. Task for this project is to arrange some activities using performance based on art therapy for intellectually disabled school children.

2 CONCEPT OF NURSING

Generally, Health care services are aimed at promoting and securing the health aspects that enable equal functioning in society for all (Daniels 2001, 1). Contingent to the promotion and securing of health is: nursing. Nursing, as an empirical science and practical discipline, is traditionally focused on exploring the needs of the vulnerable, needy, disenfranchised and oppressed individuals and groups in society. (Meleis 1991, 4.) Nursing seeks to foster healing through artful practice and caring (Bishop & Scudder 1997, 16). It could be regarded as a bridge between human frailties brought about by changes in health and well–being (Hinchliff et al. 1998, 254). Nursing holistically, refers to the actions carried out by nurses on behalf of, or in conjunction with, the suffering person. The fundament of nursing is caring and the ethos of caring is love. Therefore, the motive of nursing can be seen as love. (Emakpor & Nyback 2010, 6.)

Nursing could be tailored to situations ranging from: calm home or hospital settings to being on the front lines of a war against death, disfigurement, and intense human suffering. Hence, it requires the performance, prioritization, and coordination of multiple complex tasks. Nursing involves handling frequent unexpected crises, both physiologic and psychological and it bears the burden as well the rewards of reversing a fatal illness, balanced by the ever-present reality of death. (Cohen & Sarter 1992, 148.) Coming close to people and their families is inherent to nursing. Besides, nursing necessitates keeping and restoring people's hope likewise their conflicting opinions and feeling of powerlessness. Holistic nursing duly requires meeting unrealistic demands of people and dealing with their; feeling of disgust, shame, and guilt. (Pålsson & Norberg 1995, 6.) Thence, nursing care do reflect a unique understanding of the values, beliefs and attitudes of diverse populations as well as individual acculturation pattern and such reflection requisites quality nursing care (Purnell 2002, 2).

Quality nursing care refers to easily accessible care delivered by clinically competent nurses and supported by the family which considers patients' need for: communication, emotional support, and information giving as well as spiritual or religious care (Charalambous et al. 2008, 441). Evidently, clinical thinking and cultural competency is intrinsic to the discharging of the holistic nursing duties of: educating, counseling, patient advocacy, compassionate caregiving, care coordinating, managing in multi-professional team work and so on (Fillion et al. 2006, 3; Hoelz et al. 2007, 9; Willard & Luker 2007, 5; Fossum et al. 2011, 1; Purnell 2002, 7).

The enormity of nursing task demands striving for effective communication. However, communication is often complicated by differences in individual values, beliefs, traditions, expectations and even languages and specialties. (Munoz & Luckmann 2005, 78.) To ensure harmony, nurses irrespective of their individual values, beliefs, traditions, and expectations need an awareness of the nursing professional values (Elfrink & Lutz 1991, 1).

2.1 Nursing Values

Values refer to the beliefs that people often share with others and these beliefs guide their actions, performance, decision-making, and future both as professional individuals and as a group (Thompson et al. 2006, 15). The values of a professional group are developed through consensus and are expected to be held by members of the group. Such values in nursing profession affect nurses' problem-solving, critical thinking, prioritization of care needs, and the attention paid to patients' and families' concerns. (Altun 2003, 17; Leners et al. 2006, 4.) In nursing, Professional values are made explicit in a code of ethics (Fry & Johnstone 2002, 2).

To be consistent with the code of ethics, nurses must strive for an altruistic Modus operandi (Arraf et al. 2004, 16). This connotes the willingness to integrate concern and warmth into compassionate and individualized nursing care (Pang et al. 2009, 314). Altruism commands empathy and empathy is sharpened by the awareness that: ''this (suffering patient) could be me or my

loved one'' (Cohen & Sarter 1992, 148). Nurses are obliged to minimize patients' suffering by limiting exposure to unwanted and unnecessary procedures (Rees 2000, 7). Taking preventative and corrective actions to protect patients from incompetent, unethical or unsafe care therein gains importance (Canadian Nurses Association 2002, 16). Nurses ought to uphold the dignity and esteem of the patient and their families (Pang et al. 2009, 314). Promoting the autonomy of patients and helping them to express their health needs and values is coherent with upholding patient's dignity and self-esteem (Canadian Nurses Association 2002, 16). Nurses as educators do provide adequate information, fully explaining the pros and cons of each alternative plan in order to enable patients and their family to make decisions on their condition (Pang et al. 2009, 314). Honesty and legitimacy is considered paramount to gaining patients' trust and confidence. Tenacious with the forgoing, is the preservation of patients' privacy and confidentiality. (Canadian Nurses Association 2002, 16; Pang et al. 2009, 314.) Besides, Responsibility and accountability is sacrosanct to nursing professional values (Arraf et al. 2004, 16).

Nursing Professional values are made explicit in a code of ethics (Fry & Johnstone 2002, 2). This code expresses the ontological professional virtues of nursing. It aims to ensure the provision of ethically high quality nursing care for all including those as vulnerable as intellectually disabled children (Oulton 2000, 41; Fry & Johnstone 2002, 4; Meulenbergs et al. 2004, 3; International Council of Nurses, 2005.)

2.2 Nursing Intellectually Disabled Children

Disability refers to any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being (Barbotte et al. 2001, 16). It includes not only visible but also invisible conditions. Children with physical and intellectual deficiencies have not been fully accepted by societies throughout history. They have often suffered rejection, exclusion and discrimination though they do deserve access to quality health care services (Scullion 1999, 3.)

Caring for children with intellectual disability can be difficult and stressful (Chan & Sigafoos 2001, 4). The difficulty and stress emanate from emotional and physical strain associated with caring for the disabled. More so, children with intellectual disabilities may have other health needs related to their disability and might require longer admission for assessment and treatment because of challenging behavior. Such behaviors may include violence, aggression or other forms of aberrant acts. (Slevin 1995, 8; Emerson 2001, 2; Slevin 2007, 7.) These behaviors are often due to the emotional agony exacted by the disability. They may also be as a result of the extensive disdain and oppression exhibited by nurses or other health professionals. (Scullion 1999, 3.) People with disabilities are regarded by nurses and other health professionals as passive recipients who, lack self-confidence and are unable to meet their emotional needs. This partly is due to the fact that most disabled people are often dependent on health and welfare professionals all their lives. (Scullion 1999, 3; Bilge et al. 2005, 10; Seccombe 2007, 9.) Thus, Health professionals find it hard to cope with people with disabilities since the ever increasing prevalence of disability also causes an increase in contact between health professionals and disabled people (Hatice & Asiye 2010, 6).

Withal the above, nurses need sentience that negative attitudes is potent in leading to exaggeration of normal behavior, feeling of guilty, group stereotype behavior, rage and denial behavior amongst intellectually disabled children (Northway 2000, 2; Bilge et al. 2005, 10; Seccombe 2007, 4). Nurses ought to be exceptionally erudite of the nursing values and code of conduct when dealing with intellectually disabled children. Focusing attention not on limitations and losses, but on optimizing and utilizing possibilities, talents and other sources of strength will ameliorate the strain associated with the caring process. (Rapp 2006, 42.) This facilitates the offering of help, treatment and care in an atmosphere of hope and optimism (NICE 2002, 26). The values and principles of recovery should underpin everything done by nurses and this comes with the absolute belief that there are no limits to the potentials of functionality. The

principle of recovery should reflect on the care plans for intellectually disabled children. Care plans could be done as a multi-professional team work and in such instance individual nurses ought to work with zero tolerance of abuse. The implication is that nurses who come into contact with children with intellectual disabilities have a professional responsibility to prevent and report all forms of abuse. (Chris & Tony 2009, 16; Robert et al. 2007, 5.) Nurses are patients' advocates and this is with no exclusion of intellectually disabled children (ICN 2000, 15). Being an advocate connotes protecting patients' human and legal rights and providing assistance in asserting those rights if the need arises (Ersoy & Altun 1997, 4). For patient lacking the ability to decide, it involves assist the person to decide, based on his or her values, beliefs and expectations. With intellectually disabled children in view, advocacy entails a good supporting relationship with the family. (Craven & Hirnle 2000, 20.)

Nursing for intellectually disabled children is geared towards promoting optimum independence and helping them to attain a satisfactory and dignified live (Vernon 1997, 60). Aiding the entire process is nurses' cultivation of empathic attunement. Empathic attunement requires a constant and attentive engagement with these children's phenomenal world in an attempt to sense the meanings they associate with the emotions springing from their inabilities. (Tronto 1993, 181.) Nurses while caring for intellectually disabled children ought to abhor the creation of a conspiracy of silence and embrace as well as promote an atmosphere for open and effective communication (Reddall 2010, 8).

3 CONCEPT OF COMMUNICATION

The reason an individual can assume that another person has a true and reasonable view of the world depends on the fact that the other person's convictions, just like that of the individual, are contingent upon the interpretation of external occurrences and objects (Smeltzer et al. 2003, 7). The causal relations between the world and people's beliefs are crucial for meaning; not because they have a specific sort of evidence in readiness, but because they often are obvious for others and thus constitute the base for communication (Ninni 2010, 6).

Communication simply is the transfer of information which could be thoughts, ideas or messages that could be clothed in behaviors, gestures, body position or words (Gropper 1996, 3). It is a process by which information is exchanged between individuals through a common system of symbols, signs, or behavior (Merriam Webster 2012). Strategic communication is a powerful tool that can improve the chances of success in human endeavors. It strives for behavior change not just information dissemination, education, or awareness-raising. Meaningful communication is about getting information out to particular audiences, listening to their feedback, and responding appropriately. Communication is rightly seen as a process which takes place when one mind acts upon an environment then another mind is influenced, and in that other mind an experience occurs which is like the experience in the first mind. (George 2012, 2.) Through communication between people, an objective knowledge of the world is formulated and constantly evaluated. Hence, when communication occurs, all natural events are subject to reconsideration and revision and are re-adapted to meet the requirements of conversation. (Ninni 2010, 6.)

Effective nurse-patient communication is considered an essential aspect of health care (Munoz & Luckmann 2005, 78). Through effective communicative interaction, nurses actively amass evidence about the patient (Hedberg & Larsson 2003, 4). Interactive communication may reveal changes, such as a

change in health status confirming the identification of specific patient needs or specific patient wishes (MacKay et al. 2005, 6; Low & Moffat 2006, 9). Communication may also validate that information previously given to the patient has changed the current state of the patient's contextual features (Karhila et al. 2003, 10).

Nurses have to strive for clear and effective communication as it is critical to providing and receiving quality care (Finke et al. 2008, 7). This can occurs not just from speaking the same language, but also through body language and other cues, such as voice, tone, and loudness (Smeltzer et al. 2003, 7). Communication is best achieved through simple planning and control of both verbal and nonverbal features (Gerard 2012, 3; Britannica, 2012, 1).

3.1 Verbal and Non-verbal Communication

Both verbal and non-verbal communication between nurses and patients do have significant impact on the process of recognition. Although recognition is not solely dependent on verbal interactions, verbal communication still is a significant contextual feature of the patient. This is because verbal form of communication is a two-way process that is controlled by the patient making voluntary contributions during the interaction. (Cortis 2003, 6; McBrien 2006, 4.) Verbal communication is one way by which people communicate face-to-face and its key components are sound, words, and language and all these components are technically evident in the process of speaking and listening (Lauren et al. 2001, 4). A speech made by the speaker is received and interpreted by the listener. This interpretation is possible because the intention of the speaker is part of a publicly observable behavior and also because public availability is a constitutive aspect of language. (Davidson 2001, 314.)

Nurses ought to be competent in carefully choosing words and speaking in a manner that is not offensive to the receiver (Lauren et al. 2001, 4). Verbal communication inculpates verbal comprehension, speech outflow, intelligibility, word production, syntax, verbal pragmatics, and verbal feedback (Rousseauxa 2010, 8). Its basic requirement is to be able to talk and be understood (Lauren

et al. 2001, 4). Communication during patient interviews plays a large role in patient adherence and satisfaction with care, and health outcomes. Although verbal language is an important component of this, both verbal and non-verbal communication skills are central to the development of rapport between patients and healthcare professionals. (Godwin 2000, 7; Collins et al. 2011, 3.)

Non-verbal communication refers to any communicative action other than speech and this may include facial expressions, arm and hand gestures, postures, positions, and various movements of the body or the legs and feet (Matthew 2012, 1). Nonverbal communication is seen as the language of relationships. It is the way people treat others, much more than in what they say to others, that lets them know that they are liked or disliked, respected or disrespected, wanted or dismissed (Cynthia 2009, 1). Unlike verbal interaction, non-verbal communication has the ability to take on multiple meanings through one simple gesture. It varies between cultures, just like any other language, and helps shape the personality of each user (Matthew 2012, 1). There are different types of non-verbal messages and a grammar for understanding them that allows us to use and interpret nonverbal signals appropriately (Cynthia 2009, 1). In essence, Non-verbal communication is a system consisting of a range of features often used together to aid expression (Dilek & Steve 2005, 2).

3.2 Communicating with intellectually disabled children

Promoting the autonomy of patients and helping them to express their health needs and values is coherent with upholding patient's dignity and self-esteem (Canadian Nurses Association 2002, 16). Nurses do provide adequate information, fully explaining the pros and cons of each alternative plan in order to enable patients and their family to make decisions on their condition (Pang et al. 2009, 314). For children it necessitates preparing the child for and facilitating their appropriate involvement in their care plans and other issues pertaining to them. In this regard, explaining processes and exploring the choices and boundaries of decision-making as well as empowering the children with the competence to decide what is best for them is optimally essential. (Bell 2002,

6.) This evidently, requires effective communication with the children (Munoz & Luckmann 2005, 78).

Children with intellectual disabilities may not be able to communicate effectively like other children. They may not be able to fully comprehend and communicate there: fears, emotion or even physical pain. Besides, there might also be difficulties in agnising information given by health professionals. (Breau et al. 2003, 7.) In Addition, intellectually Disabled children do face lack of awareness, due to the ensuing negative attitude of health professional and the overall difficulties and stress associated with caring for the disabled (Chan & Sigafoos 2001, 4; Scullion 1999, 3). Nevertheless, they do have a greater need for communication with health professionals because they are subject to more assessments and medical interventions than other children (Beresford 2002, 20).

Nurses are often in the position to initiate and facilitate communication with intellectually disabled children (Claire & McGowan 200, 64). Nurses can help intellectually disabled children in this process by creating a safe haven and a communicative platform where they experience a space for reflection (Sitvast 2011, 9). In view of this, nurses ought to put verbal and non-verbal communication skills into good use as both verbal and non-verbal communication between nurses and patients do have significant impact on the process of recognition of the need of patients (Cortis 2003, 6). Recognition of patients values underlying their demand and underlying the care relationship emerged as central element within interaction. Feelings of recognition with the patients do reinforce autonomy, self-esteem and participation. (Tineke et al. 2005, 169.) This is not just important for the disabled children but also their families. In order to facilitate this process nurses ought to be competent in carefully choosing words and speaking in a manner that is not offensive to the children or their relatives. Nurses also do well to speak calm and slow enough for the children to follow. (Lauren et al. 2001, 4.) Some children will need help in devising symbolic means of communicating their wishes (Mitchell & Sloper 2008, 54). Consequently, nurses do require an awareness of various means of

communicating non-verbally. Non-verbal communication is a system consisting of a range of features often used together to aid expression. The main components of the system comprises Kinesics, proximity, Sound symbols, Silence Posture, Adornment, Locomotion. These components could be well utilized by nurses in communicating effectively with intellectually disabled children. (Dilek & Steve 2005, 2.)

Communicating with intellectually disabled children is best achieved through simple planning and control of both verbal and nonverbal features (Gerard 2012, 3; Britannica, 2012, 1). Careful planning and control aids nurses' understanding and recognition which in turn facilitates giving realistic, positive and hopeful messages to the children and their significant others. This is the start of providing good support to children with disabilities through their whole lives. Such is also considered as respect and acknowledgement of the children's dignity in spite of their disabilities. This involves acknowledging and respecting the child first and the disabilities as secondary in all communication. (Price et al. 2006, 4.)

4 FROM ART-BASED THERAPY TO CREATIVE ART THERAPY

The practice of art-based therapy first emerged in the late 1940s (Waller and Gilroy, 1978). Since then, the actual practices involved in art-based therapy and the terms used for describing such practices have gone through a long period of evolution.

In early days, the definition for art-based therapy has been mixed and sometimes even conflicting. With the establishment of art-based therapy as a recognized profession and medicine approach, the definition has become relatively settled. The most recognized concept derived from art-based therapy is art therapy. The artist Andrian Hill from UK is believed to be among the first to use the term art therapy. He used this term to describe the therapeutic application of image making (Edwards 2004, 11). For Hill, the value of art therapy lay in 'completely engrossing the mind (as well as the fingers)… (and in) releasing the creative energy of the frequently inhibited patient' (Hill 1948, 101-102). Around the same time, some psychologists in the USA also began to use the term art therapy in their work (Edwards 2004, 11). Essentially, the work by Hill and his peers in the USA contributed to both the use of art in therapy, as well as the promotion of art as therapy (Edwards 2004, 11).

Academic world has not yet provided a concise definition for art therapy, while for many practitioners and art therapy organizations, art therapy is defined as an interdisciplinary practice which covers health and medicine and which uses different types of visual art forms such as drawing, painting, sculpturing, etc (Edwards 2004, 11).

It is self-evident from the definition of art therapy that art therapy is specifically focused on the visual arts (primarily painting, drawing and sculpturing) and does not usually include the other art forms like music, dance or drama (Edwards 2004, 13). In order to encompass different art forms into the study of art-based therapy, the concept of creative art therapy is introduced.

Creative art therapies emerged shortly after traditionally visual form-based art therapy. Besides visual forms of therapy such as painting, drawing and sculpturing, creative art therapies include two other major forms: music and dancing. Creative art therapies have histories dating back to the middle of the last century (Pratt 2004, 827). Before twentieth century the utilization of art-based therapy, mainly in the form of visual art, dance and music, played only an informal and marginal role in eastern and western medicine (Pratt 2004, 827). It is not until the beginning of the twenty-first century that art-based therapy became firmly established as an important part of complementary medicine (Pratt 2004, 827). Nowadays, creative arts therapies have been more accepted by professions and are widely used in healthcare settings and related research to learn about the experience of care workers and recipients, to gain access to marginalized voices (Ledger and Edwards 2011, 313).

It is relatively new to use creative arts in therapy. In some literatures, Expressive arts therapy (EAT), the practice of using multiple modalities of creative expression in an integrated fashion including imagery, storytelling, dance, music, drama, poetry, movement, dream work, and/or the visual arts in various combinations to improve mental health is considered as synonym to creative art therapy (Cladwell et al. 2008, 129). Pratt (2004) considered art, music and dance movement as main modalities used in creative arts therapy. However, four primary therapies in creative arts therapies are defined as “music engagement, visual art therapy, movement-based creative expression and expressive writing” (Stuckey and Nobel 2010, 254). And Huang & Dodder (2002) mentioned in their article that primary creative activities used in therapy in Oklahoma included music, art which implementing via drawing, painting, and analyzing visual arts, and water activities because these activities allow individual with development disability to make choices in order to activate and expand their thinking. Although little research has clearly categorized types of creative arts therapy, the creative arts can be overall regarded as a way of exploring aspects of life that cannot be expressed in other ways and can give voice to people who are marginalized as a result of their race, gender, sexuality, cultural background or disability (Ledger and Edwards 2011, 313).

4.1 Art therapy

Art therapy was first established in 1930s, which led to a new understanding of the personality and another perspective about approaching the genesis of illness. (Pratt 2004, 828.) It was originated from Sigmund Freud and Carl Jung theories and over the past decade, health psychologists and psychiatrists have tried to study the link between the art and the illness of patients (Pratt 2004, 828.) and to find out how the arts can be used to increase understanding of oneself and others, develop the capacity for self-reflection and alter behaviors and thinking patterns. (Stuckey and Nobel 2010, 254.) The essence of art therapy is to allow use art material for emotional expression and healing by a nonverbal means.

As already mentioned, traditional definition of art therapy focuses on the utilization of visual forms of art. From contemporary perspective, art therapy can be defined as a form of therapy in which creating images and objects plays a central role in the psychotherapeutic relationship established between the art therapist and the client (Edwards 2004, 12).

In practice, art therapy is a modality to help children and adults who feel difficult to verbalize their thoughts, feelings and experiences. Many researchers have been using art therapy as a choice of method to assess and communicate with many populations. One research described that art therapy is beneficial to improve general and social self-esteem in a group of child survivors from sexual abuse (Brooke 1995, 454). It is also considered as a successful therapeutic tool with children with autism (Osborne 2003, 411).

The effectiveness of using art therapy in medical treatment has been well studied. Up to date, most of such literatures have been using qualitative case studies (Saudners and Saudners 2000, 99), while more quantitative studies have gained increasing support as a supplement to existing knowledge about art therapy.

4.2 Music therapy

Although music therapy is a new established method, the idea of connection between music and therapy has existed throughout history. As we all know, music has impact on our emotions and feelings. Listening music has a calming influence on people or makes people excited. Music with different rhythms and tones also helps to either raise or smooth people's spiritual status under different circumstances. Even without being formally considered as an established therapy, music has long gone thought to be an effective way in facilitating communication (Wigram and Gold 2006, 535). Music as a communication medium involves a complex range of expressive qualities, dynamic form and dialogue, and it also provides a channel through which alternative communication can be realized. It is widely believed such alternative communication channels play a vital role in outlet people's inner anxieties and thus promote healthier mental and physical status.

Another key reason why music is regarded as an effective therapeutic medium is that music contains many different levels of structures. It is with such varied levels of structures and flexibility that music is able to balance out the rigidity in the pathology. Empirical studies have shown that spontaneously and creatively established music can promote the development of reciprocal, interactive communication and play among recipients of such music (Wigram & Gold 2006, 536).

The close relationship between music and medicine first began from the beginning of western medical practice and it has been mentioned in physician records and notes throughout the eighteenth and nineteenth centuries (Pratt 2004, 834). Music as an independent therapy was developed from World War II in order to assist rehabilitation goals of veterans (Pratt 2004, 834). At that time, it helped thousands of veterans suffering from both physical and emotional problems (Hardley et al. 2001, 215).

It is worth noting that, in contract to the central role that music therapy plays in non-verbal therapy, arts-based studies in music therapy is relatively less well covered. It has been argued by some scholar that music therapy researchers are incentivized to apply arts-based research practices because they want to keep music therapy research in the traditionally recognized domain of scientific healthcare research, rather than reallocate music therapy in the newly established field of arts-based therapy (Ledger and Edwards 2011, 314). In other words, artistic processes, even frequently used in music therapy practices, are usually not recognized as being a central part.

4.3 Dance/movement therapy

Dance/movement as a new profession was developed at first in United States. American Dance Therapy Association (ADTA) was established in 1966 with 73 charter members. After that, dance/movement therapy has been influenced by European and other international impacts and grows rapidly.

When looking at the global development of dance/movement therapy, the USA has been a pioneer in developing and adopting dance/movement therapy and Europe is relatively delayed in this aspect. Among European countries, UK has been a forerunner in developing dance/movement therapy, as well as the professionalization of dance/movement therapy (Meekums 2008, 100). Dance itself is considered as a method to express emotions rather than just an entertainment. Meanwhile, children often learn about the world through body experiences that determine their emotional, social, physical, communicative and cognitive development (Erfer et al. 2006, 240).

Accordingly, the key notion of dance/movement therapy combines the dancer's special knowledge of movement, body and expression with psychotherapy, counseling, and rehabilitation to accommodate people with a wide range of treatment needs (Cruz 2001, 74). It is expected that dance/movement therapy can help to address social, emotional, cognitive and physical problems through both group and individual sessions conducted in different settings.

Also, dance/movement therapy can enable people to engage in meaningful exploration of the self, the environment and others (Erfer et al. 2006, 240). Particularly for children with limited language, dance movement therapy can even provide them a powerful outlet for communication (Zilius 2010, 88).

One key characteristic that differentiate dance/movement therapy from other types of therapy is its focus on body language rather verbal expressions (Cruz 2001, 74). Historically western culture has been preferred cognitive, verbal processing and as a result, dance/movement therapy has been considered as an alternative rather than primary therapy, while recently there has been argument suggesting d3ance/movement therapy be taken as primary therapy (Cruz 2001, 74).

Various approaches are used in dance movement therapy: expressive movement, creative dance, role-playing, gross-motor and perceptual motor activities and a combination of structured and improved movement experiences (Erfer et al. 2006, 240). The choice of which movement approaches are used and how to use them depends on the observation of nonverbal behaviors and communication from individual (Erfer et al. 2006, 240).

Dance as movement therapy can be beneficial the same as jogging, swimming or other physical activities. The benefits of dance include increased flexibility, increase in muscle strength and tone, increased endurance, balance and spatial awareness, and a general feeling of well-being (Alpert 2011, 155).

5 INTELLECTUAL DISABILITIES

According to the International Classification of Functioning, Disability and Health (ICF), disability is an umbrella term for impairments, activity limitations and participation restriction. At present, over a billion people in this world have some form of disability, and this rate is increasing rapidly due to aged population and chronic illness (WHO 2012). Among them, people with intellectual disabilities amount to about 200 million, representing the type of disability with largest population in the world (Special Olympics 2008). Estimated seven to eight million Americans of all ages experience intellectual disability, affecting one in ten families in the United States (AAIDD 2012). In Finland, the mean estimation of the prevalence of intellectual disability is 0.7%, and it ranges from age 15 or less than 15 to 65 years old or more than it. The prevalence is also higher in males than in females among younger age group. (Westerinen 2007, 718.)

5.1 Intellectual disability definition and prevalence

Intellectual disability, as one group of developmental disabilities, is also known as mental retardation, which involves significant deficit in intelligence and mind (Caldwell 2008, 129.) It is a genetic disorder which is especially manifested in skills impairment and deficits in adaptive behavior (Vasilis 2009, 114). American Association on Intellectual and Developmental Disabilities defined that Intellectual disability is a significant limitation in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills (AAIDD 2012). And it usually originates before age 18 (AAIDD 2012). For children, IQ measurement lower than 70 to 75 is used as one diagnostic criteria of intellectual impairment (APA 2000; AACAP 1999, 6S). The level of severity of intellectual disability can be roughly measured by IQ range.

Table 1. Severity of Intellectual disability in the Diagnostic and Statistical Manual of Mental Disorders. (DSM 4th edition, American Psychiatric Association.)

Severity	IQ ranges
Mild	55 to approximately 70
Moderate	35-40 to approximately 50-55
Severe	20-25 to approximately 35-40
Profound	Below 20-25

With regard to impairments in adaptive functioning, a standardized test includes testing of conceptual skills, social skills and practical skills can determine limitation in adaptive behavior. (AAIDD 2012.)

Children with significantly lower intellectual functioning and adaptive behavior will contribute to overall lower level of intelligence in cognitive, language, motor and social abilities (Vasilis 2009, 114). They need more time to learn how to speak, how to walk, and even may have difficulties learning at school. And also, it can occur in any family, cutting across racial, ethnic, educational, and economic boundaries (Caldwell et al. 2008, 129).

5.2 Causes

The causes of intellectual disability are very diverse and which may from congenital malformation of the brain, damage of the brain to acquired causes includes neardrowing, traumatic brain injury and central nervous system malignancy. (Vasilis 2009, 114.) Vasilis (2009) summarize eight major causes developing intellectual disability: genetic conditions, prenatal problems, prenatal problems, perinatal problems, and postnatal problems in infancy and childhood,

metabolic disorders, exposure to certain types of disease or toxins, iodine deficiency and malnutrition.

5.3 Co-morbidity and mortality

According to AACAP (1999), children with intellectual disability are at great risk for a variety of co morbid condition, and the prevalence of co-morbidity estimates ranging from 30% to 70%. (Shea 2006, 264; AACAP 1999, 6S.) Children with intellectual disability are more psychological vulnerable might be a reason resulting in such high prevalence. Children with intellectual disability often co-morbid with autism, attention-deficit/hyperactivity disorder, sensory impairments, cerebral palsy, anxiety disorder, mood disorder, eating disorder, etc. (Shea 2006, 264; AACAP 1999, 6S.)

The mortality causes in people with ID are different while comparing the cause in general population. It is often that people with ID may experience a shorter life expectancy due to the underlying or additional disorders. The most common causes of mortality are vascular diseases, respiratory diseases and cancer in Finland. (Patja et. al 2001, 34.) Among group age 2 to 19 years old, respiratory disease becomes the most prevalent mortality cause, and respiratory disease rate remains high accompany aging within the population having ID. (Patja et. al 2001, 35.) It should be noticed that problem of aging increases the risk of diseases and affects health care demands of this population, while the number of aged people among ID will increase greatly in next ten years in Finland, more attention focus on promoting health and preventing additional diseases should be called for within this population. (Karinharju 2005, 16.)

5.4 Treatment

There is no cure for intellectual disability. Treatments of intellectual disabilities usually consist of care by a multidisplinary team and also individual and family support services (Caldwell et al. 2008, 129). Psychosocial intervention and pharmacotherapy are highlighted as major interventions to help children with intellectual disabilities. Use of normal community service and facilities and employment in the community, increased self-determination and self-advocacy

capacity (Caldwell et al. 2008, 129) are the main goals of treatment of individual with intellectual disability.

However, the emphasis of general treatment is focused on physical development and skills training but less placed on emotional and creative aspects. With the increasing number of population of intellectual disability, the treatment should not be merely concerned on reduction of disability but more should concern on promotion of a holistic health for individual with intellectual disability. Just as World Health Organization defined "*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*." (Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946).

5.5 Intellectually disabled children with art based method

The creative arts can engage the emotions, free the spirit and make individual do something because they want to do it and not just because someone decides it is good for them (Huang and Dodder 2002,138. See Warren 1984, 4). In a way, creative arts can be regarded as an effective and valuable tool for communication since it represents people's emotion. Particularly for those who cannot express themselves verbally. Creative arts therapy as a newly established approach may have a unique position in helping children with intellectual disabilities via a gentle and less threatening way.

Research made by Duffy and Fuller (2002) was to investigate the effectiveness of a music therapy program in the enhancement of social skills of children with moderate intellectual disability. In total 32 children from four intellectual disabilities center were participated in this program. The whole program lasted for over 8 weeks and there were two sessions carried out in one week and one session lasted for 30 minutes. Age and gender difference was not specialized in this research. However, after comparing the pre and post intervention scores on five target skills, significant improvements were showed in children from both music and non-music groups. This research proves that music as a means of

intervention can improve children's' social skills even though the improvement seemed very slightly. In the future, a more improvisational approach may elicit more positive results.

Movement based creative expression more focused on nonverbal, primarily physical, form of expression as healing tools. Stress and anxiety can be relieved through the movement and mind in creative way. (Stuckey and Nobel 2010, 258.) One of initial plans was to identify existing studies specifically focused on the use of dancing movement therapy in intellectual disabled children. However, since this is still a very new and thus understudied field, there are few empirical studies and empirical data available to serve as the theoretical basis for our own project. As a result, to expand the scope of literature research and found several studies on the utilization of physical exercises and other movement in intellectual disabled children would be better. We are aware of the fact that physical exercises per se or a single movement cannot be regarded as a therapy. Nevertheless, physical exercises or other movements and dancing theory do share common features to some extent and empirical studies in the former one can serve as a relatively good theoretical basis to conduct the research on the impacts of dancing therapy on intellectually disabled children.

A study involving the use of daily treadmill investigated the benefits of a short-term intervention for children aged 5 to 10 years (n=15) that targeted physical fitness and relation between physical fitness achievements and functional abilities. Pulse rate at rest and during activity as indicators of the degree of physical fitness were measured on three occasions and so did the functional ability were measured at the same three occasions. After 12 weeks of intervention, the results exhibited significant improvement in both pulse rate and functional ability indices.

In another type of movement expression, Tai Chi Chuan has been used as an intervention on reducing anxiety and mood for children whom may have ADHD. One study was conducted in three children with severe learning disability and even may have ADHD, tried to find out whether a one hour, twice weekly Tai

Chi Chuan session can reduce the state of anxiety and mood for these children. All three children were from upper elementary school (Mean age = 13.3 years old), and the intervention lasted for 10 weeks. Although children in this research are not defined as having ID, however, children with ADHD might co-morbid with ID. The study compared the scores before the intervention, during the intervention and after the intervention. Results in this research supported the idea that Tai Chi Chuan can be a non-invasive and cost effective alternative than pharmacological intervention. However, among these three participants, only one child's score proceeded the same direction than predicted which presents as the anxiety and mood has been decreased, while the scores of the other two actually proceed in an opposite direction than predicted. The results also suggested that there is "latency of effect" which may lessen the effect of current intervention. Future research with a longer intervention time and larger sample size can find out the "latency of effect ".

6 THE PURPOSE AND AIM OF THE PROJECT

The aim of the thesis is to produce better knowledge to nurses how to use tools from art-based methods as nursing interventions. Task for this project is to arrange some activities using performance based on art-based methods for intellectually disabled school children.

7 EMPIRICAL IMPLICATION

Communication with intellectually disabled children through art-based methods is not well known by nurses, even though it is proven to be beneficial for the mental development of intellectually disabled children. Movement and dance can be used as an integrated part of mental development, because it combines body's and psyche's interdependence. (Bannerman-Haig 2001, see Payne, 2006, 88.)

Commission for thesis is a research and development project Moving in Moving On! (MIMO), (see in appendix), which co-operates with art and health students. MIMO –Moving in Moving On project belongs to EU funded Central Baltic INTERREG IV A 2007-2013 program, where MIMO is part of Southern Finland–Estonia Sub-programme. MIMO projects create multi-professional team work models and art based methods for adolescents, who are at risk of alienation of society. As Turku University of applied science (TUAS) has a key role in MIMO, this MIMO project has attendants from Degree program in Nursing, TUAS, Salo unit and from Degree programme of Performing Arts, Arts Academy, TUAS, Turku unit. The target group for this MIMO project was chosen from a special school Hakastaro in Salo as participants were intellectually disabled children. The project was carried through four workshops, which were held during spring 2012. (MIMO.)

The plan for this project was to co-operate with dance students to arrange workshops for a group of intellectually disabled children. The dance students were planning workshops based on children's capability and interest. Instructions were given verbally and same time body movements were shown by dance students. This way both audio and visual senses supported each other. Role of school teachers and assistants was planned to be observer and participants if necessary. Nursing students were planned to participate workshops by dancing with children, same time nurse students were planned to be observer focusing in development of interactions. Plan included a final performance f

or whole school during the last workshop. Workshops and final performance were planned to be video recorded for thesis purposes, therefore permission for video recording was asked from parents of participants.

Action research is research method, which focuses in improving practice and knowledge is both theoretical and practical. Researcher's role is to plan intervention, where main factors are people and development process, therefore aim in action research is to test the effectiveness of particular type of intervention. In this thesis main aim for nursing is to test if dance-based workshops can produce any new methods to be implemented to practical nursing with intellectually disabled children. (Meyer 2007, 274 - 287).

Structure of observation depends on the theoretical approach of the research, thus it varies from complete unstructured to highly structured. As quantitative research use commonly structured observation, in the qualitative research observation can be unstructured. Observation can be either direct, where researcher in setting or indirect e.g. Audio- or video recorded. Role of observer can vary from complete participant to complete observer. In these theses unstructured observation was used, and data was collected directly by participating and observing and indirectly by video recording the workshops. (Watson & Whyte 2007, 383-398).

Workshop 1

The first Workshop intervention took place in Hakastaro Schools and consisted of one hour long. It was composed by 4 dances performers, two nurse students, two teachers assistant and participants, who were primary school grades. Teacher assistant and students were active participants during the first workshop and were given opportunities to experiment with and to explore suggested creative-dance methods and practices. Nursing students were observer-as-participants, and they took part of some of the dances, but were mostly observing and recording the workshop.

The first workshop was held at the school hall. After proper introduction among the dance students and School staff, the children introduced themselves saying

their names one by one. Although, at the beginning the participants were a little apprehensive, they were gaining confidence throughout the workshop.

The first dance was **starting the class in a circle,** where everyone tells their name and does a rhythm for their name like “MAT-TI”, with two claps, “”MA-RI-A” with three claps and others repeat. The goal was to break the barrier, to find different rhythms and to get individual attention.

Next, children were **moving through space**: On each side of the space there was a picture of a sea animal (octopus, sea star, shark etc.). Each animal represented one kind of movement. The dancing students showed the picture to the participants and they tool a shape of one. Every child went to one picture and started to move as the animal, which the picture represented. Music was played in background and it was changed according to every sea animal. The goals of this dance were shapes, different ways of moving, listening to the group and moving through space.

Sea monsters was a very creative play, where participants made they own expressions with their body and face. Participants went in front of others to express monsters. Three participants created a monster picture together and everybody got their change to take part of the monster picture.

Pirate Dance: Doing an easy dance routine about pirates. The participants were holding a black scarf in their head as pirates do while they were imitating a pirate movement and looking through the horizon when they were walking in circles. Goals for pirate dance were working with an object (scarf), listening to music, different ways of moving and moving together.

Ending the class, as cooling down everybody was coming together in a circle. One of the dance students was talking about all the dances themes they have gone through the workshop while the participants closed their eyes and revived about their experiences.

The participants enjoyed and benefitted from creative-dance activities and were therefore enthusiastic about participating in the workshops. It was amazing to

see the level of concentration during the performances. They were able to apply ideas creatively. One of the most significant findings was the children's positive response to creative dance. For example; a child who does not like to participate in school activities was willing to try and surprisingly he/she stayed to the end, taking part in every dance theme. Similarly, teacher reported "The children were very happy and they were looking forward for the next workshop. However, assistants had an active role in assisting and guiding children's movements like lifting their arms up. Participation of assistants was discussed after workshop, and decision was made that role of assistants will be complete observers for following workshops.

Workshop 2

In the beginning of the second workshop the tables in the hall were removed to make more space, because in this way participants were able to get more space for moving around. This time program involved more creative parts, where participants were moving freely around the space. Nurse students' role was complete observers, where there was no any interaction with participants, as experience of the first workshop showed that participating and observing same time was challenging.

Atmosphere was excited and participants were anxious to start. The second workshop started same way by saying each other's names and making a rhyme with it. This time, participants were able to carry on with the theme of body sound and the rhythm, when they made their very own rhythm by either slapping hands to the body or making sounds by stamping feet on floor. In this play, each participant had they own turns to show rhythm, and others repeated it.

As participants were observed individually and as a group, individual differences were found to be large, resulting from personal characteristics, as some children are more vidid than others. It was easy to recognize who are close friends, because they were dancing together. They communicated by changing

smiles and moving close to each other, or copying each other's movements. For some participants it was still difficult to express movements freely, because they needed visual information to know what they were supposed to do next.

In sea animal play some modifications were made e.g. participants had to recognize music which represented to sea animals and to use whole space for moving. They were guided by dance students to express animals in high and low levels. **In Wave play** a participant with walking frame expressed himself/herself nicely by moving head around as he/she wasn't able to move body and all four limbs same time to make whirling expression. This particularly shows how important is that everybody is able take part of dance in their own self expressive ways. Participants were responding to music better comparing to the first time. They were more relaxed, which could be seen through body language.

This time **the sea monster play** had a modified version as participants had to make body movements for example with arms or legs. Some participant found a new body position, partly sitting in the floor, which showed imagination in self-expression. Participants got continuous positive feedback from dance students, like "good action" and "well done" during play, which gave them pleasure and confidence to do their best.

In pirate play participants were able to choose one of the colorful scarfs, just to add some personal things in the play. They remembered instructions very well, what is probably thanks to the interesting story behind the play. This time the story went further, and they had to find a treasure, which gave everybody a chance to express the happiness of finding the imaginary treasure chest. One participant commented straight after workshop, that "the story was exciting". All dance students participated in all plays, which gave participants a chance to dance with professionals, and to feel equality.

The workshop finished by participants lying down in the floor eyes shut and listening, what they just have done in workshop. They were "woken up" individually one by one by the touch of dance student. This gave them individual

attention and they seemed to like to be touched. Suggestion for next workshop was the dance on different levels, which could be modified to be suitable to participants with walking difficulties, for example by making movements on the floor.

Workshop 3

At the beginning of the third workshop the participants were ask about their experiences during the past workshops. It was very gratifying to hear from the participants their great enthusiasm to attend the workshops and how surprised they were that they could do all these movements all by themselves. At this stage of the workshop the participants were very comfortable with the dance students and the dance routines.

The workshop started similar way as previous workshops. After repeating everybody's names, dance students taught them a new rhyme, which told about the sea theme. The rhyme was combined with movements, which demonstrated rhymes, for example "under the water" was played as lifting hands up and keeping head under the sea level, as "on top of the water" the action was opposite. The rhyme was a good reminder, what elements and plays were going to be used in this workshop.

Dance on different levels. In this workshop there was a new play, where new sea animal, a scallop, was joining others. As scallop has a pearl inside, children were demonstrating being pearls, when they were rolling "over the seafloor" on floor. Low level movement was the element in this play, allowing all participants to participate equally.

Still position dance: storm. Children were practicing moving and stopping by music. This time music demonstrated the storm. Children had to concentrate in listening to the music and responding to music with their movements. There were some long silent moments, where you were not allowed to moved, but just wait until music continues. This was thrilling and some participant was excitedly talking, that music should start again. This was a good practice for concentration.

Sea monster play went further advanced as children were using whole space for movements. When some children were acting as monsters, those, who were watching, were making music with rhythm instruments for example maracas. When music stopped, monsters had to go and hide. In the last part of this play all the children were acting like monsters and using whole space. This was the most creational part and children were putting a lot of effort on this.

Workshop number 4

The completion of our last workshop with children of Hakastaro School followed the same routine of the third workshop. Decision of making workshop only for participants and not for the whole school was made after the third workshop. Instead of having final performance, children were shown five minute length video collage of first three workshops.

Teacher of dance students visited and introduced himself to the participants and they didn't show any sign of apprehension. In this last workshop the dance themes were the same as the workshop number 3, however the movement-rhythm, by the dancers in some of the dance themes, were more energetic. Dances were performed first by the dancer and followed by the participants. Routine, sameness and predictability are the key strategies in working with intellectually disable children (Lara J. 2007).

During the final session nursing students were participating in two of the dance themes one of them called **the storm**. Participants were moving through space as a wave. As in the 3rd workshop the participants listened to the dance student's instructions, which were not so detailed as previously, because participants had already practiced these dances. When the music started to play, the participants made wave movements, and when the music stopped, they had to stop. When the rhythm of music increased, the participants moved faster, demonstrating the storm. Goals for the storm were different ways of moving (slow/fast, small/big), stopping and listening to the music. After **the pirate dance,** participants lounged in the floor and went through the dances in

their minds. When they “woke up”, there was a real treasure chest full of sweets waiting for them.

Assessment of all workshops

These workshops were open in Hakastaro School for mentally disable children. There were a variety of participants; some of them were showing delays in the development of some skills, and others in the ability to communicate and to use imagination (including fantasy play). Mentally disabled children are often confused about their thinking, and they generally have problems to understand the world around them. Even though they might have problems with social interaction, imagination, and communication, amazingly to us, it was astonishing how even from the first workshop the participants’ level of focus was higher than expected.

A lot of knowledge was gained during workshops. Observation showed how imaginative story, created by dance students, drawn attentions of participants, thus participants, doing movements in the imaginative sea world, could concentrate well. Teacher assistants were guided not to take part of the participants’ movements to allow the participants express themselves freely. Feedback (written and drawn), collected from participants, highlighted importance of self-expression as many told that sea monster dance was best. One comment underlined self-expression as following: “End of the pirate dance was nice. Specially, when by playing the treasure chest was found and everybody was able to say Hurray! by their own way.”

8 DISCUSSION

8.1 Ethical consideration and reliability and validity

According to Johnson et Long (2007) it is important to respect for participants covering every individual matters. In case of participants being vulnerable individuals such children, parents are normally decision-makers for children. Participants should give consents freely and researchers should provide easily understandable information about research for decision making. In data collection the data should be used only for research purposes; it should be stored securely and disposed after use. Participant should be aware that data may be kept and it might be used to support research in due course. In research the common way to assure confidentiality of responses is to anonymise both individuals and organizations. Common way to assign pseudonyms to respondents and organizations is to remove identifying characterizes. (Johnson and Long 2007, 31 – 37.)

Target group in this project were under aged primary school students. For this reason, written permissions from the guardians were needed. Written information about participation of MIMO research project was sent to every guardian of Hakastaro School students by the school principal. Information about MIMO project was also published in the school's websites. Permissions will not to be attached to the appendix, because they contain participant's personal details. Participant's written and drawn feedback will be included, but their names will be removed to protect their identity.

Reliability is the extent to which an experiment, test, or any measuring procedure yields the same result on repeated trials (Jonathan et al. 2005, 3). with this in mind, this project is deemed reliable since after the first, second and third visits to these students, their reaction was consistent and it was even observed that their acceptance level improved. Besides, their teacher attested to the fact that they had uplifted moods during, and after their encounter with the dance performances.

Validity refers to the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure (Jonathan et al. 2005, 3). The purpose of the project was to observe the positive reaction of intellectually disabled children on art based activities as substantiated by our available references. Accordingly, this project is deemed valid as it was obviously observed that the children were elated by the dance displays and move. Besides, their moods were uplifted and the children evidently came in touch with their feelings and emotion.

8.2 Relevant arguments

Nursing has striven for balancing human frailties with artful practice and compassionate caring (Hinchliff et al. 1998, 254; Bishop and Scudder 1997, 16). Nurses are seen as the hospitality of the hospital and one of the few blessings of being ill. It is believed that even Constant attention by a good nurse is considered potentially as important as a major operation by a surgeon. Nursing encompasses an art, a humanistic orientation, a feeling for the value of the individual, and an intuitive sense of ethics and professionalism. Altruism, confidentiality, autonomy, trustworthiness, honesty, legitimacy, responsibility, accountability and many more ethically bounded principles guide nursing activities (Canadian Nurses Association 2002, 16; Pang et al. 2009, 314). By adhering to a code of ethic, nurses are able to provide high quality care for intellectually disabled children (Oulton 2000, 41; Fry & Johnstone, 2002, 4; Meulenbergs et al. 2004, 3; International Council of Nurses 2005, 14).

Communication is intrinsic to every nursing relationship. However, communicating with intellectually disabled children is often not an easy process. Although there are limited literatures about the correlation of creative art-based method/ therapy and intellectually disabled children, creative art-based method/ therapy do exhibit some positive effects on health. Research has established that using art base methods of interaction do easy the process of communication between nurses and intellectually disabled children. Creative art-based methods can improve social skills, physical fitness, decrease anxiety and mood disturbances. Besides, the idea of utilizing creative art-based method

or therapy as a healing process to promote health has been recognized and accepted in many different cultures. Through music even children may be able to get in touch with their own feelings and thus be able to adequately communicate it to the nurse. Dancing steps and visual art work could be a means of discovering what fascinates intellectually disabled children. Besides, a good combination of different art activities could as well uplift the children and make them feel a sense of communion and love. This is especially so, when the children are systematically incorporated in both the planning and performance of these activities. In these instances, an awareness of the nursing values comes into play in the entire process since such knowledge put the nurse in better platform of granting the autonomy to these children by allowing them to decide which way to perform.

When the children have the sense that what has taken place is a product of their output, it gives them more sense of respect and dignity which in turn upgrades their sense of self-worth and esteem. They become elated both with themselves and the caregiver. The positive effect of using art based interaction with intellectually disabled children was clearly evident at the four art workshop that was organized by this project at Hakastaro school.

9 CONCLUSION

As mentioned earlier by World Health Organization, Health is defined as a state of complete physical, mental and social well-being, where all three dimensions are equally important as others; as they all are essential for contributing a holistic health. Using creative arts in helping intellectually disabled children complements the medical view. As it is said in Stuckey and Nobel (2010) “Through creativity and imagination, we find our identity and our reservoir of healing. The more we understand the relationship between creative expression and healing, the more we will discover the healing power of the arts.” Although the established concept of creative art as a therapy is relatively new, the idea of utilizing creative art-based method as a healing process to promote health has been recognized and accepted in many different cultures.

Some literatures have documented the benefits of using creative art based methods in medical diseases but few systemic or empirical researches are focused in the field of intellectual disabilities. Nor has there been many attentions given to how nurses can communicate with intellectually disabled children via using art-based methods.

The thesis workshop completed in Hakastaro school exhibits positive effects regarding use of art-based methods in an intellectually disabled group. Through field experimentation and follow-up observations, we have successfully shown that art-based methods, mainly in the forms of dancing, music and drawing, can be used as a tool to enhance communication with intellectually disabled children and help alleviate their internal negative feelings.

This MIMO project inspired and encouraged school workers to carry on with art based methods as a part of their daily work in the future. More education is needed to create into a multiprofessional network for development of improvisational art based methods and tools for work with intellectually disabled children.

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APPENDICES

Agreement on commissioning the thesis appendix 1

Feedback from participants appendix 2

Appendix 1

TURUN AMMATTIKORKEAKOULU
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AGREEMENT ON COMMISSIONING THE THESIS

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THESIS

Topic / working title

The use of art-based interaction in nursing for intellectually disabled children.

Schedule: May - 2012

CLIENT

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AGREEMENT ON COMMISSIONING THE THESIS

CONDITIONS OF THESIS CONTRACT

SUPERVISION AND RESPONSIBILITIES
The responsibility for completing the thesis and the results of it lies with the student. Turku University of Applied Sciences is responsible for thesis advising. The client agrees to make available to the student all information and materials needed for the thesis, and to supervise the thesis from the perspective of the client organization.

RIGHTS
The author (i.e. the student) has the copyright to the thesis. In addition to the copyright, other immaterial rights regarding the thesis follow the legislation on the matter at the time of the thesis being done.

PUBLISHING THE RESULTS AND THEIR CONFIDENTIALITY
A written report that follows the regulations of Turku University of Applied Sciences is created in the thesis. The written report is given to the client and will be placed in the library holdings or published electronically in the on-line library.

The thesis has to be prepared for publication without containing business or professional secrets or other information defined confidential in the Act on the Openness of Government Activities. Such materials ought to be left out of the thesis and remain in the background information files. In the evaluation of the thesis, both the published and the confidential materials will be considered.

The client and the student agree to keep confidential all the confidential information and documents presented before, during, or after the completion of the thesis.

The client will have an opportunity to read the report at least fourteen (14) days prior to intended publication. The client has the right to define the confidential content not to be published. Prior to the said publication date, the client issues a statement regarding whether or not the thesis can be published in its entirety and what, if any, parts have to be kept confidential.

EMPLOYMENT CONTRACT AND COSTS
The client and the student agree upon a possible employment contract, wages, and possible thesis-related costs.

WE HAVE JOINTLY AGREED ON THE REALIZATION OF THE THESIS AS STATED ABOVE

20 / 01 20__ Anny Jimenez
The Student

19 / 03 2012 Johann Borgo
The Commissioner

ENCLOSURE: the plan of the thesis ☑

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Topic / working title

THE USE OF ART BASED INTERACTION IN NURSING FOR INTELLECTUALLY DISABLED CHILDREN

Schedule: MAY 2012

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ENCLOSURE: the plan of the thesis ☐

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Degree Programme: In Nursing

THESIS

Topic / working title

The use of art-based interaction in nursing for Intellectually disabled children.

Schedule: By May, 2012

CLIENT

Organization: MIMO project, moving in, moving on.

Supervisor / contact person: Johanna Krappe

Address: Ruiskatu 8, 20720 Turku

Phone: 040-3550529 E-mail: johanna.krappe@turkuamk.fi

CONTACT INFORMATION OF TEACHER ADVISOR

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Phone: _____ E-mail: _____

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Degree Programme	in Nursing

THESIS

Topic / working title

Use of art-based interaction in nursing for intellectually disabled children

Schedule _May 2012_____

CLIENT

Organization	Move In Move Out _____
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20 / 1 2012 Heli Wingate
The Student

19 / 03 2012
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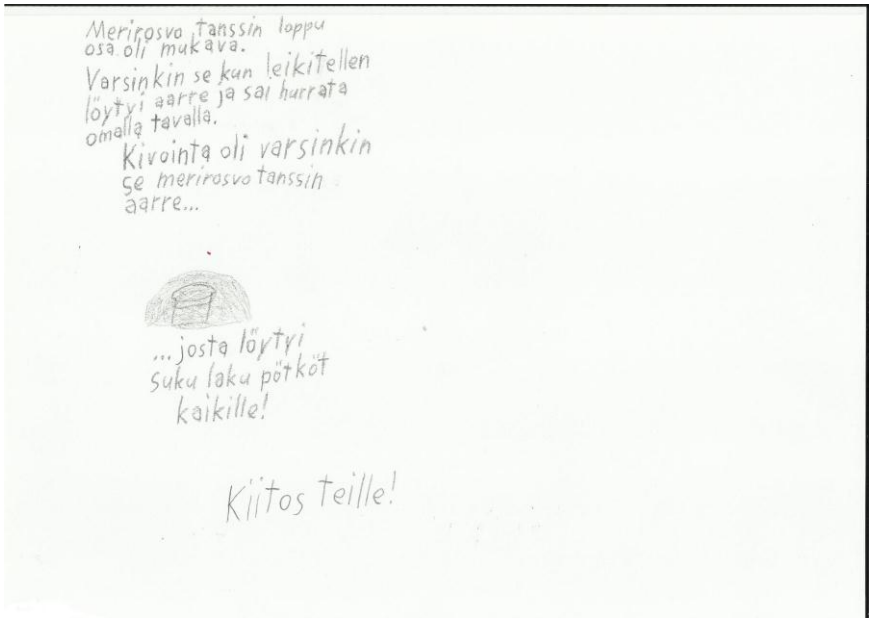
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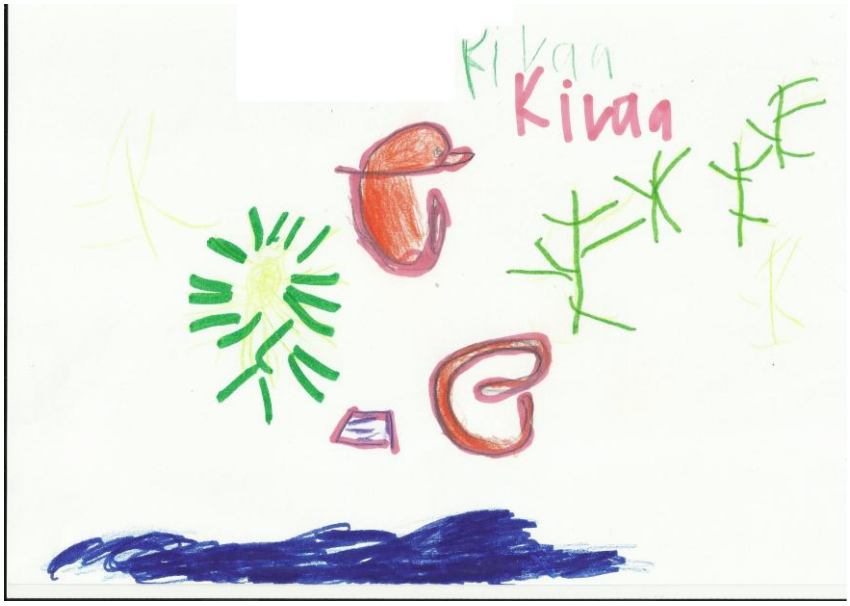
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