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**Various specifics of theatrotherapeutic intervention in work with client diagnosed with Asperger syndrome**

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**Abstract:** Following text aims to describe certain specifics of theatrotherapeutic process, which are based on subjective perception of its partakers. The specifics are formulated in order with qualitative research methods, using participant observation, case study and interview with client-actor diagnosed with Asperger syndrome. The research follows a theatrotherapeutic process that has been evolving for over two years inside an inclusive theatre, which primarily works with method of plastic-cognitive style of movement, a specific artistic and rehabilitation approach evolved by Moscow psychologist and director Natalie Timofejevna Popova.

**Key words**: Theatrotherapy, Inclusive theatre, Plastic-cognitive style of movement, qualitative research, Asperger syndrome

**1. Introduction**

Following text aims to describe certain specifics of theatrotherapeutic process, which are based on subjective perception of its partakers. The specifics are formulated based on qualitative research methods, using participant observation, case study and interview with client-actor diagnosed with Asperger syndrome. The research follows a theatrotherapeutic process that has been evolving for over two years inside an inclusive theatre, that primarily works with a method of plastic-cognitive style of movement, a specific artistic and rehabilitation approach evolved by a Moscow psychologist and director Natalie Timofejevna Popova. The results of this research are meant for mere orientation and concretization of selected research activities in this area, hereby disclaiming its universal application. Described experiences are short-term and subjective. Nevertheless, they might inspire other work with this type of clientele, not only in the area of an inclusive theatre.

**2. Theatrotherapy and Inclusive Theatre**

The phenomenon of theatrotherapy is in general very difficult to define. We can perceive theatrotherapy as an expressive-formative approach, consisting in therapy, prevention, psychosocial affection of an individual and process of preparation and realization of a theatrical piece (Polinek in Muller, 2014). Theatrotherapy, although, is not possible without theatrical creation, so to speak without theatre *per se.* Subjects of theatrotherapy do not perceive their doings as a therapy, but as an artistic or recreational activity. Thus, it is safe to define theatrotherapy as a specific style of theatre. Andrey B. Afonin, one of the prevailing personalities in this field, recognizes three types of theatrotherapy (2018):  
- **social theatre** – in Afonin’s opinion the most important contemporary theatre due to its content, which is pondering social questions through an artform. Two qualities constantly meet in this type of theatre – art and society. Equally specific is the audience, meaning it is a *socially active audience*, prone to active participation in changing public space and carrying out social changes. Social theatre inspires its audience by bringing in social topics on one side and resolutions on the other. One part of social theatre is working with marginalized social groups (various ethnic groups, homeless people etc.)  
- **inclusive theatre *–*** the one where actors with disability and other specifics (e.g. pensioners) meet actors without such specifics. Focus here is on the socialization and integration goals.   
- ***osobyjtyatr* (specific, individual theatre)** – in comparison to inclusive theatre, *osobyjtyatr* focuses primarily on artistic form and fulfilling therapeutic and formative necessities comes as a secondary effect. “*Osobyjtyatr* allows audience to see personal part of an individual, to recognize their necessities. Its specificness lies in a unique view of the world, view interconnecting both the archaic and the contemporary side of the art” (Afonin, 2018 s.36). What particularly allows us to distinguish between *osobyjtyatr* and other types of theatrotherapy are the outcoming artforms. If actors with specific necessities are unnecessary for the performance, it is not *osobyjtyatr.* For example, according to Afonin (2018), in *osobyjtyatr* participate only persons with disabilities.

Generally speaking, among effective theatrotherapeutic factors we recognize (Kodetova in Pavlovsky, 2004):   
- submerging into the role,  
- artistic experience,  
- the continuity of theatre rehearsals and the outcoming product (performance),  
- theatrical creation,  
- acting techniques,  
- artistic expression,  
- theatrotherapeutic exam (more in Polinek, 2015).

Often, so called ***community theatre*** becomes an equivalent of theatrotherapeutical theatre. Therefore, it would be fitting to ponder effective factors in the area of therapeutic community, that stem from psychoanalytic theories and researches (Polinek in Finková, 2013; Kalina, 2008)). Let us highlight those, that can be effectively used in communitive theatre work (Polínek, 2013):  
- **Attachment –** very close and yet very clearly bordered relationships are indispensable in community theatre. Focus is on the feeling of the sense of belonging, being a part of safe and supportive relation network.   
**- Containment** – a situation when subject can express their emotions and problems in a safe environment to the community that is able to capture these problems – tolerate subject’s expressions and help him with managing them. In theatrotherapy these problems can be “coded” (safely bordered) f. e. in artistic expression, through an experience of submerging into a certain role throughout a metaphor.   
- **Involvement** - in other words learning from interpersonal feedbacks in the community  
- **Action** – perceived as gradual feeling of responsibility of one’s actions. Important factor is the extent to which the actor takes part in co-deciding and then accepting and subordinating himself to the common decision (comprasion Polínek, Růžička, 2013).

Therapeutical goals are (Polínek, 2017):  
**Universal** – it is possible to apply theatrotherapy on various groups, with various specifics and handicaps.  
**Unspecific –** goals are usually defined in a more general way, without particular focus on specific handicap or disorder.   
**Multilateral –** endorsing various components of personality.  
**Inclusive** – targeted groups of theratrotherapy are often marginalized by the majority, therefore it is difficult for them to find a mutual dialogue.

Paratheatrical work enables these groups to search for common ground with intact persons, let it be their co-workers in preparation of their project or the audience of the outcome (more in Polinek in Muller, 2014).   
Abovementioned facts are further supported by the results of the research, where aforementioned theatrotherapeutic specifics as well as earlier listed effective factors spontaneously appear during an unstructured interview.   
**The effect of theatrotherapy** targets various areas, nevertheless certain specifics are to be seen:   
- “developing both verbal and nonverbal communication,  
- relieving of social anxiety,  
- diminishing social isolation,  
- enhancing self-reflection,  
- strengthening self-restrain and sense of duty,  
- further developing creativity,  
- enhancing adaptability,  
- enhancing self-consciousness,  
- endorsing management of emotions,  
- endorsing ability of spontaneous behavior,  
- widening the repertoire of different life roles” (Polínek, 2015, s. 41).

**3. Method of plastic-cognitive style of movement**

*The method of plastic-cognitive style of movement is an autonomous system, applied by its creator N.T. Popova, who is interconnecting artistic goals with rehabilitation ones. In other words, therapeutic effect in artistic activity is as important for the actor as aesthetic quality of the outcoming artform (comparison Popova, 2013). The method is based mainly on profound physiotherapeutic work with client’s body. This work follows the ontogenetical development of an individual, interconnecting scheme of physical vessel with emotional experiences and neurological development. Physical level is therefore a basic communicational instrument in theatrical expression. This level is equally accessible to intact actors and actors with any type of specifics, unlike f. e. verbal communication, that can be limiting to certain types of cognitive disability.*This system consists in working with a motional stereotype that is the first step to activating an artistic process. Primarily developed motional parts of body are activated in form of ceaseless repetition of bodily exercises, later causing heightened sensibility of partner on stage. Process then continues in developing a dance motion and its use to create a theatrical performance in so called “plastic specific theatre”. A great attention is paid to strengthening one’s consciousness of his own body. Each exercise is followed by a brief relaxation, during which the client perceives and realizes his physical feelings, provoked by the exercise (comparison Popova in Polínek, 2015).

**4. Basis of the research**

The research focuses on actor with Asperger syndrome and his development during long-term activity in an inclusive theatre ModroDiv, which applies the method of plastic-cognitive style of movement as the only theatre in Czech Republic. In the research, a several methods were used:  
- a participant observation (of theatrotherapist – the director and the assistants-intact actors);  
- unstructured interview;  
- a case study.  
As for the analysis we chose searching for *gestalts* and comparation of the results with theoretical phenomena of theatrotherapy (more above).   
The respondent was well-informed and agreed to publish the results. It is a 21-years old man, who was diagnosed with Asperger syndrome moderately late (in his 17-teens). Before this diagnosis we could observe diagnosed social anxiety, suicidal attempts and bullying in his primary school in the anamnesis. Client was absolving a long-term individual therapy using gestalt-therapy, expressive therapies (among others skazkotherapy, poetotherapy and bibliotherapy). Further, report mentions over two years long period of extreme isolations. (After a suicide attempt and hospitalization in a psychiatric facility he does not leave the apartment and communicates verbally only with his therapist and his younger brother. Moreover, and extreme fear of human touch and physical contact is perceived.)   
Later on, we therapeutically succeeded in diminishing the isolation and the client is able to exist in a social facility supporting individual with ASD (autistic spectrum disorder). Whilst also participating in an inclusive theatre, where he at first did not verbally communicate nor did he bear any physical contact. Often, he experiences affective states related to hyperventilation. Then these symptoms recede, the client is starting to communicate. In terminal part, client is able to recite his own verses in front of the audience. Furthermore, client starts to embrace physical contact with other members of the theatre group, not only his therapist. He now can participate in social events outside the theatre.

**5. Theatrotherapeutic process in the perspective of actor with Asperger syndrome**

Following text comes out of analysis of unstructured interview with abovementioned respondent, in which we define basic phenomena occurring throughout the interview. These phenomena correspond with general specifics of theatrotherapy (more above):

**Reduction of tension, alleviation of social anxieties, development of verbal and nonverbal communication***“In the beginning I had no idea what I am going for. I feared beating, because I already had experience with bullying. Especially when I knew that young men will be present. At first, I had trouble participating in any way. It is beyond any comparison how I function today. Not only I am able to speak in front of others, but I am also expressing emotion by movement”*

**Containment (possibility of expressing one’s emotion in safe environment of community)***“And most importantly I understood and believed that expressing emotion on the outside is good. For us, people with ASD, it is hard to estimate, how we should behave in which situation and if we behave correctly. I, too, had problem with this and so I preferred not to express myself in any way… I did not even know, that I have ASD.”*

*“We are all different. It is difficult to function in group, whilst not forgetting others’ individualities. For example, you cannot afford to behave one way towards one person and the same way towards different person.”*

***Attachment – feeling of togetherness***

*“It was difficult for me to realize that we act as a group, collectively, not as individuals. That is important for us, people with ASD. We are great individualists, as for functioning in life and our interests. That is another great experience for me, that in theatre we can cooperate, not only coexist. Now I can express what I dislike and what bothers me towards others.”*

**The effect of the continuity of rehearsals in terms of plastic movement**

*“At first it was extremely difficult, physically speaking. Exhausting. After the rehearsal I was utterly exhausted and the day after I could hardly work. Now I enjoy it. To come home full of energy.”*

**The specifics of work with body –** **becoming conscious of one’s physical scheme**

*“It is of key importance to me, to work on the ground. When I move on the ground, I touch it with all parts of my body, thus experiencing my boundaries. If I just “float through the air” I am not sure of myself, and unable to realize the shape and borders of my body. It is something one cannot really grasp.”*

**The effect of interconnecting the rehabilitation with artistic expression**

*“When we need to rehearse, there is no time to exercise moving on the ground. No time to realize one’s self and free one’s self from everyday thoughts that could get in the way of the rehearsal. When we work just with movement for hour or two, it also feels different when acting… I am able to move in a way that I normally cannot, not thinking about anything and thus I can relax. Practically, I think all the time and I enjoy when I cease to think, however difficult that is for me.”*

**Accepting one’s own responsibility**

*“When the director did not comply with my demands, e.g. abolished my solo scene, I felt hurt in the moment, but after some time I understood. When he did not have my needs in mind, I was forced to think of the needs of the group.”*

**Meaning of the theatrical work and its outcome (attachment, inclusiveness)**

*“It is now unimaginable for me, that we would not perform. We are a theatre and the evolution of theatre itself is related to shows that stem from our experiences. Without performing, it would all lose sense and I would lose motivation; I would not be able to realize that I can act. I would lose the good feeling of doing something, that I found unimaginable not so long ago. The important message of the performance is to show unity. The audience does not care about individuals, it sees performance as a whole. Therefore, spectators do not distinguish between person with ASD, an actor or a psychologist. They all have their role during the rehearsals but when the show comes, we are all in it together.”*

**Specifics of submerging one’s self into acting role (esthetic distance)**

One of theatrotherapeutical rules is distance. If the content of play stems from life experiences (stories) of one of the actors, as a matter of principle he does not depict himself. This attitude allows him not only to maintain safe distance, but also enables him to see his own story in a different perspective during the performance.

*“It was very important for me to see my own story depicted by a different actor. In relation to my past – the bullying, it allowed me to move on. Although I did not feel well about it, I was connected to the viewers – I felt they cared about “me”. Even though in one scene I felt so bad I could not even be a co-actor, it did not affect my acting self-consciousness. Putting it simply, I started believing in myself in ModroDiv.”*

**6. Theatrotherapeutic process in the perspective of an intact actor**

*“What I saw was a transformation of insecure and isolated person to a self-conscious individual realizing his own specifics and embracing them. Perhaps it would be best to compare it to opening of blossom. When I think back to the beginning of the process, it is almost unbelievable for me to find ourselves in the place where we are now. I think the major leap occurred, when he* (the client with ASD) *recited his own poem in front of entire hall, one hundred and fifty people minimally. It was something rather incredible.”*

**Conclusion**Above described research affirms universality, versality and inclusive character of theatrotherapeutic goals. Besides that, it supports the fact that theatrotherapy stands exactly on the imaginary border between treatment, rehabilitation and art. We can thus talk about phenomenon that can integrally develop person with any kind of specifics and moreover bring research qualities to the artistic sphere.

*“I wish ModroDiv, our theatre, a lot of sensible spectators. And I wish to thank theatre greatly for enabling us to work as a whole and bring a quality towards the audience, in spite of our individualities.”*

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