

THE INFLUENCE OF INTEGRATIVE GESTALT THERAPY ON THE ACQUISITION OF DAILY LIFE SKILLS AND HABITS

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The efficiency of Integrative Gestalt Therapy on the decrease of undesired types of behaviour measured by the AAMD scale (Part two) in children with intellectual disabilities has been demonstrated in the authors' earlier works. The object of this work is to state the effects of the same therapeutic method on the intellectual aspects of social competence in the children with difficulties, as measured by the AAMD scale (Part one). Integrative Gestalt Therapy emphasises the wholeness of a person's body, intellect and soul in the social and ecological environment to which the person is undividedly linked. It is a multidimensional and multimodal method, a method that causes changes on different levels, changes of physical, social-interactive and cognitive structure. Integrative Gestalt Therapy has been applied as a group therapy during a period of one year on 13 children with intellectual disabilities, aged between 7-11 years. The participants have been chosen primarily for their record in psychological problems and undesired behaviour. As the samples in question were dependent on the analysis of change of a sample of participants described by a set of quantitative variables in the initial and final state, a component model was applied. Results show statistically significant progress in the intellectual aspects of social intelligence.

key words: Integrative Gestalt Therapy, undesired types of behaviour

INTRODUCTION

Daily life skills and habits will in this work be examined according to the Greenspan model of general competence (Greenspan & Granfield, 1992). In this model, competence has two main categories: social competence and instrumental competence, both of which have intellectual and non-intellectual components. Persons with mental retardation show considerable deficits in the intellectual field, more specifically in the fields of practical and social intelligence (intellectual aspects of social competence), as well as conceptual intelligence and information processing (intellectual aspects of instrumental competence).

As successful socialisation and adaptation can partially amend for a conceptual intelligence and information processing disability, numerous researchers have concentrated on the problem of social behaviour, often within the framework of

social competence (Hogg & Mittler, 1983; Grossman, 1983; Gresham & Reschly, 1987; Guralnik, 1989; Guralnik, 1990). Writing about social competence, the authors stress its different components: the adequacy of social behaviour regarding the norms of the social community, which manifests itself in adaptive behaviour and social skills; the existence or non-existence of relations with peers; the registration of some specific asocial behaviours; behaviour estimates by adults and peers; as

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well as the self-perception of the individual's competence.

In the Greenspan model, social competence consists of practical and social intelligence (intellectual aspect) and personality characteristics of temper and character (non-intellectual aspect). The acquisition of daily life skills and habits is an indication of the developmental level of practical intelligence. This is well known and accepted among researchers in the field of mental retardation. Daily life skills and habits are commonly measured by adaptive behaviour instruments. The AAMD scale of adaptive behaviour of Nihira and col. (Igrić, Fulgosi-Masnjak, 1991) is mostly used in Croatia.

Investigating the differences in level of adaptive behaviour (AAMD Part I) between pupils with and without mental retardation, Igrić and Z. Stančić (1990) have found a great imbalance in the acquisition of daily life skills and habits in all areas, and especially in the use of money and in communication, that is, in areas requiring a higher level of cognitive function. Igrić and Žic (1992), however, showed that, according to the parents' estimates, in most aspects of adaptive behaviour children with learning disabilities attain a similar level of social adaptation to that of children without development difficulties. This is especially the case in the areas of physical development, social interaction, independence, responsibility and household activities. The lowest level of adaptive behaviour in children with learning disabilities has been found in the use of money, numbers and time, as well as in communication.

A number of research projects carried out in Croatia have dealt with determinants of adaptive behaviour, such as institutionalisation and type of education. In comparison with social adaptation in adolescents (Mavrin-Cavor, 1986; after Igrić, Fulgosi-Masnjak, 1991), mildly, moderately and severely mentally retarded children raised in their own families showed a greater ability to adopt the skills and habits of daily life (AAMD, Part I) than their peers raised in institutions.

The greatest factor affecting the increase in competence was the participants age (Igrić, 1990), which agrees with Shroader's (1978) and Maista et al. (1978; after Igrić, 1990) results. The type of education (boarding vs. not-boarding), however, has not shown to be an important factor in the acquisition of daily life skills and habits.

Based on these results, a conclusion can be made that the pupils with learning disabilities, attending regular schools attain similar levels of adaptation in the majority of skills and habits of daily life as their peers without difficulties. This, however, raises the issue of behaviour disorders and emotional difficulties and their influence on the level of acquisition of the skills and habits of daily life in these pupils, and the possible effects of psychotherapy on the development of practical intelligence.

Interest in a psychotherapeutical approach to persons with mental handicaps is on the rise. The importance of psychodynamically oriented concepts for the understanding of behaviour and psychiatric disorders in persons with mental handicaps as well as for their therapy is already well known (Gaedt, 1995; Frankish, 1989, 1992; Došen, 1990, 1993). There are more and more requests for an integral and integrative approach in therapy, not one confined solely to the reality of the psyche, but which also seeks to reach the physical, spiritual, social and ecological dimensions of a person.

This is the therapeutical approach of Integrative Gestalt Therapy. This work will show the results of the application of Integrative Gestalt Therapy to the development of practical intelligence. Integrative Gestalt Therapy is applied mainly with the goal of decreasing the behaviour disorders, psychological disturbances and emotional difficulties, all of which appear more frequently in the population of the mentally retarded than on average developed children, as the authors point in their previous work (Igrić, Žic, Nikolić, 1995).

"Integrative therapy" was introduced by Hilarion Petzold in the early sixties. This

therapy can be understood either as an extension of gestalt therapy with the incorporation of other elements (active psychoanalysis, psychodrama, body therapy), or as an entirely new method which includes gestalt therapy. (Perzold, 1988).

The therapy takes individuals as wholes, in their constant interaction with the surrounding systems, so interventions directed primarily towards emotional reactions influence the area of affect, but also, the areas of behaviour and learning. The person is a living system marked by his/her identity, based on which he/she establishes relations with other systems. By his/her contacts with the environment the person experiences his/her personality and individuality.

Therapy work is concerned with the unmasking and elimination of senselessness in the person's individual and social reality, the constitution of meaning in intra-organismic, intra-personal and inter-personal relations, as well as in relations with the immediate and wider social and physical environment. Therapy contributes to the articulation of sense in everyday situations. Here sense is not regarded as a universal and absolute truth, but consists of the person's perceiving, acting, feeling and thinking, embedded in experiences and relationships.

Petzold (1988) stresses the close connection between the person and his/her environment, as a disturbed environment always disturbs the biological organism as well as the sensitive body subject (Leib-Subject) and deforms its inner structure. Every influence, whether in the form of interaction with systems in the environment or with connected elements of inner structure, results in multiple consequences (the number of whom equals the number of existing connections). The person whose connections to the environment are disturbed will experience disturbances at the physical, emotional and spiritual level, which can manifest themselves in different intensities and in different areas (Petzold, 1988).

In integrative therapy the elements of behaviour therapy, psychoanalysis and gestalt therapy are present. It is based on a hermeneutic, theoretical gestalt and systematic theoretical approach, incorporated in such a way that the theoretical and methodological characteristics are preserved. This content of integrative therapy enables complex insight and different action possibilities. Different methods consist of different diagnostic methods and different therapeutic methods, connected respectively by the principle of synopsis (common viewpoint) and the principle of synergy (common action). (Petzold, 1988)

OBJECTIVE AND HYPOTHESIS

The objective of this work is to state the level of acquisition of daily life skills and habits in the group of pupils with learning disabilities, who show behaviour disorders and to find whether group work on principles of integrative gestalt therapy stimulates the development of practical intelligence that is skills and habits of daily life.

In accordance with this objective, the following hypothesis has been set:

H-1: After the application of group integrative gestalt therapy in a group of pupils with learning disabilities showing behaviour disorders a statistically relevant improvement of the level of acquisition of daily life skills and habits will be observed.

METHODS

Participants

Thirteen children (9 boys and 4 girls) with learning disabilities, aged 7 to 12 (95 - 144 months) participated in this study. The range of intellectual abilities, measured by Wisc, ranged from IQ 54 to IQ 84. All of the participants lived with their own families and attended either regular or special schools in Zagreb. Seven children had parents with lower educational backgrounds, five children had parents with

secondary school qualification and one child had parents with college education.

Another criterion in choosing the participants was the existence of forms of behaviour disorders related to emotional difficulties of children.

Procedure

In the context of examination, integrative group therapy was applied with the basic aim of encouraging the process of maturing. The work lasted for one school year. The participants were divided into three groups according to their age. Each group worked separately for 90 minutes once a week and had 33 seances. Group leaders were socio-therapists educated at the Fritz Perls Institute in Dusseldorf.

The data were obtained in the interviews with the parents of the children involved in the therapy. An examination was carried out once before the beginning of the group work and again ten months later, that is, after the experimental period was over.

Measuring instrument

The intellectual aspect of social competence was measured with the AAMD adaptive behaviour scale (Part I), which measures the acquisition of daily life skills and habits. It includes 10 areas. The areas of Independent functioning, Physical development, Economic activity, Language development, Numbers and time, Domestic activity, Self-direction, Responsibility and Socialisation were used, while the Working activity area was not included. (Nihira, Foster, Shellhaas and Leland, 1974)

The scale (revised 1975) was translated into Croatian. It was adapted and standardised. Finally, the measuring characteristics of the Croatian scale were established (Igrić, Fulgosi-Masnjak, 1991).

Data processing method

In order to establish the significance of the changes in acquisition of daily life skills and habits between the initial and final stage, we applied the analysis of the change of one sample described by a set of quantitative variables - the component model.

RESULTS AND DISCUSSION

Practical intelligence as a component of the intellectual aspect of social competence manifests itself in the daily life activities, measured by the AAMD scale of adaptive behaviour, part I.

The acquisition of daily life skills and habits in the group of pupils with learning disabilities, who show emotional difficulties and behaviour disturbances has been compared to the normative for the children with mental retardation of the same age (Table 1). It is apperent that the pupils with learning disabilities, in spite of emotional difficulties and behaviour disturbances, have a very good level of acquisition of daily life skills and habits, compared to the normative for the population of the mentally retarded.

The parameters of physical development show that the pupils with learning disabilities in whom emotional difficulties and behaviour disturbances have been observed have an average rate of physical development. Regarding the cognitive area the pupils observed are more communicative and more skilled in operations with numbers and time than 90% of the population with mental retardation. They also have more developed functional skills, and so are among the 10% most independent compared to the population of the mentally retarded of the same age. These results show a higher level of social responsibility. The group of pupils with learning disabilities in whom emotional difficulties and behaviour disturbances have been observed has more initiative and persistence than 70% of the population with mental retardation, and a higher level of social interactions than 80% of the letter group.

It must be stressed that the observed group of children with learning disabilities is comprises pupils whose intellectual functioning ranges from sub-average to mild mental retardation, while the normative has been formed for a population whose intellectual functioning is on the level of mild, moderate and severe mental retardation. It could be observed from the previous works (Igrić, Stančić, 1990) that the pupils with learning disabilities attending regular schools are more successful in the acquisition of daily life skills and habits than the pupils with learning disabilities who are in special education. Both groups were represented in normative samples.

Table 1 gives the main statistical parameters, based on which a comparison can be made between a group of pupils having learning disabilities in whom emotional difficulties and behavioural disturbances have been observed, and who are aged 95 to 126 months, with pupils having mental retardation and who are aged 97-120 months, as well as with pupils without development difficulties in two age groups: 97-108 months and 109-126 months.

Regarding the pupils without development difficulties, pupils with learning disabilities in whom emotional difficulties and behaviour disturbances have been

Table 1. Main statistical parameters in the AAMD, Part I for pupils with learning disabilities who show emotional difficulties and behaviour disturbances, their position in comparison to the normative for children with mental retardation and the main statistical parameters for children without development difficulties

Variables	M_1	δ_1	deciles	M_2	δ_2	M_3	δ_3
Independent functioning	86.585	9.1535	10	92.0	8.9	92.5	11.1
Physical development	22.069	3.8523	5	23.6	1.2	23.4	1.5
Economic activity	7.7692	2.4855	8	10.9	2.8	11.6	2.5
Language development	30.000	4.6575	9	33.1	3.8	34.9	4.4
Numbers and time	8.7692	2.3584	9	9.3	1.9	11.1	1.7
Domestic activity	8.0769	3.3157	9	10.3	4.0	10.1	4.2
Self - direction	11.585	2.9772	7	16.4	3.6	16.1	4.4
Responsibility	3.5385	1.0088	-	-	-	-	-
Socialisation	20.069	2.9210	8	20.3	2.6	22	3.4

LEGEND

M_1 - mean scores for AAMD, Part I, subjects with learning disabilities in whom emotional difficulties and behaviour disturbances have been observed, aged 95 - 126 months

d_1 - standard deviation of results of AAMD, Part I for sample of pupils with learning disabilities in whom emotional difficulties and behaviour disturbances have been observed, aged 95 - 126

deciles - position of pupils with learning disabilities in whom emotional difficulties and behaviour disturbances have been observed, compared to the normative for children with mental retardation, aged 97 - 120 months

M_2 - main scores for AAMD, Part I, subjects without development difficulties, aged 97-108 months

δ_2 - standard deviation of results of AAMD, Part I, for sample of pupils without development difficulties, aged 97 to 108 months

M_3 - main scores for AAMD, Part I, subjects without development difficulties, aged 109-126 months

δ_3 - standard deviation of results of AAMD, Part I, for sample of pupils without development difficulties, aged 109 to 126 months

Table 2. Main statistical parameters in the AAMD, Part II for pupils with learning disabilities who show emotional difficulties and behaviour disturbances, their position in comparison to the normative for children with mental retardation and the main statistical parameters for children without development difficulties

Variables	M_1	δ_1	decils	M_2	δ_2	M_3	δ_3
Violent and destructive behaviour	8.3077	3.1716	8	0,8	0,4	0,9	1,7
Antisocial behaviour	11.792	4.3528	9	1,2	2,1	3,2	3,6
Rebellious behaviour	9.5385	3.0285	8	1.0	1,7	1,8	2,9
Untrustworthy behaviour	3.1538	1.0987	8	0,2	0,7	0,6	1,4
Withdrawal	3.6923	1.4350	7	0,3	0,3	1,0	2,6
Stereotyped behaviour and odd mannerisms	2.4615	0.9295	8	0,2	0,5	0,3	0,6
Inappropriate interpersonal manners	1.0769	0.2665	7	0,1	0,3	0,1	0,4
Unacceptable vocal habits	2.7692	1.9672	9	0,1	0,2	0,3	0,6
Unacceptable or eccentric habits	4.9231	0.9970	9	0,1	0,3	0,6	1,8
Self-abusive behaviour	1.0769	0.2665	8	-	-	0,17	0,5
Hyperactive tendencies	4.4615	2.3734	8	0,4	1,0	0,4	0,7
Sexually aberrant behaviour	4.0000	-	10	-	-	0,0	0,2
Psychological disturbances	15.654	4.6992	9	1.3	2.0	2,6	3,7
Use of medications	1.0000	-	8	0,2	0,2	-	-

observed to attain lower levels in all areas of practical intelligence. The difference, however, is always less than 2 standard deviations, so it could be said that, regarding their adaptive behaviour in the area of practical intelligence, these pupils are not mentally retarded. In the majority of areas their results are up to 1 standard deviation lower than the results of children without development difficulties. The areas in which the difference is greater than 1 standard deviation are self-direction and economic activity.

Still, the comparison between the subjects with learning disabilities and the normative

sample regarding the behaviour disturbances has shown great social and personal inadaptation in the group of pupils with learning disabilities (Table 2). In this group, antisocial behaviour, unacceptable vocal habits, unacceptable and unusual habits and psychological disturbances are more noticeable than in the 90% of the mentally retarded. These pupils also more often display violent and destructive behaviour, rebellious behaviour, stereotyped behaviour and odd mannerisms, self-abusive behaviour, hyperactive tendencies and use of medications than 80% of the normative

sample. It is also visible that these pupils are more introverted and more often show inappropriate interpersonal manners than 70% of the mentally retarded.

Those pupils with learning disabilities who have emotional difficulties and behaviour disorders are substantially different in their personal and social adaptation from pupils without developmental difficulties.

According to the given data, it can be said that, although their level of personal and social adaptation is very low, these pupils have, compared to the population of the mentally retarded, developed a high level of daily life skills and habits, and compared to the pupils without development difficulties, attain results that are about one standard deviation lower than the average.

The results of research investigating the influence of Integrative Gestalt Therapy on reducing behaviour disorders have been reported by the authors at the First Congress of the European Association for Mental Health in Mental Retardation (Igrić, Žic, Nikolić, 1995). Apart from the changes affecting behaviour disorders, changes in the area of practical intelligence have been monitored, through results of the AAMD scale, Part I.

According to the parent's estimates, pupils with learning disabilities in whom emotional difficulties and behaviour disturbances have been observed have, after ten months treatment on the principles of Integrative Gestalt Therapy, shown statistically significant improvement of level 0.1 ($F=10.2131$, $df_1=1$, $DF_2=13$) in average values for daily life activities (Table 3).

A comparison of changes in the mean values from the initial to the final state has

been made for the group of pupils with learning disabilities in whom emotional difficulties and behaviour disturbances have been observed and who have taken part in the Integrative Gestalt Therapy.

From the results reported in Table 4, a conclusion can be drawn that the variable Independent functioning, which has the greatest statistical correlation (.9314) and the highest discriminative coefficient (.7609), takes the greatest part in total improvement. Important contributions are also made by the variable Physical development, with a correlation of (.8318), which also has a high function of change and a high discriminative coefficient (.5433). The results show that the variables Economic activity (.6656) and Social interaction (.6459) each have a statistically relevant correlation with the function of change in the acquisition of daily life skills and habits.

It is apparent that, in the group taking part in Integrative Gestalt Therapy, an improvement has been determined by an increase in the variables of Independent functioning, in Physical development, primarily in terms of perception and motor activities, in the more skilful use of money and better relations with the social environment. In other words, the improvement has been based on better personal independence and more successful social interaction.

In the therapeutical work with pupils with learning disabilities we strove to create conditions in which the children would feel safe and accepted. The interventions were directed towards the increase of body awareness, emotions, self-awareness and social-awareness. Contact with the healthy, strong resources of each child was stressed,

Table 3. The analysis of the progress of everyday life skills and habits measured with the AAMD scale. Part I (vonnponent model)

Group	Mean	Variance	DF1	DF2	F	P
E	5.6701	40.924	1	13	10.231	.0070

Legend:

DF1 - number of the degrees of freedom

F - Fisher's test

DF2 - number of the degrees of freedom

P - level of significance

Table 4. Structure of the function of change measured with the AAMD scale, Part I (component model)

Variable	R	D	M
Independent functioning	.9314	.7609	5.38
Physical development	.8318	.5433	.92
Economic activity	.6656	.2135	.69
Language development	.4896	.1981	3.38
Numbers and time	.2829	.0587	1.08
Domestic activity	.0800	.0233	2.08
Self - direction	-.1230	-.0540	2.77
Responsibility	-.1325	-.0189	.31
Socialisation	.6459	.1838	1.62

Legend:

R - correlation between the variables and the function of change

D - discriminative coefficient

M - mean of the difference in results

which is the premise of overcoming the existing behaviour disorders.

The analysis of the bodily functions of the children included in the therapy revealed a perceptive limitations and expressive inhibition. Integrative Gestalt Therapy stresses the body as the basis of human existence, as a basis of the personal system. In Integrative therapy we draw a distinction between the physical body, as the physical and biological organism of the human being, and the phenomenal body, constituted by perceiving, sensing, communicating and acting, as an "engaged subject" in which all human abilities meet. The phenomenal body expresses the whole person.

A number of sessions focused on the body, as the element of the holistic "body-mind-soul-subject" system. Visual and tactile perception and oculo-motoric coordination, i.e., body-awareness based on experiencing one's own body, and its receptive and expressive potential, were stimulated. The body is the starting point of therapy, since the entire interior structure of the personal system is based on it. With the body we perceive and act; it is the basis of our finest

emotional drives and our most complex perceptive, affective and cognitive processes, i.e., the basis of our phenomenal body. The body is the primary border between the interior and the exterior, the place of contact with other systems.

Paying attention to the emotional area revealed that these children cannot differentiate between the specific emotions and are not ready to react on them. Dosage problems are also observed. The therapy strove for the development of empathy, creativity and emotional flexibility. The perception of social situations and possible reactions to them were stimulated through stories and role-playing. Simultaneously, we worked on environment-awareness, the perception of differences and similarities between group members, between important events in their lives, and between behaviours their environment considers desirable and the ones it does not.

In integrative therapy, therapeutic changes are understood as interconnected processes of learning; these connections are interpreted by the principle synergy (co-action). Petzold understands learning as a

multidimensional process which simultaneously causes changes on different levels, on physical, psychological, socio-interactive and cognitive structure. There are learning methods for each level, but the different methods do not exclude one another, but rather cooperate.

Thus, in work with children with learning disabilities the learning was on the behavioural level and, on the emotional level, where knowledge is attained through emotional experience, but also on the intellectual level, where it is attained through insight (i. e., ideas and rules). Integrative Gestalt Therapy influences a person's totality in constant interaction with other systems, so that interventions directed toward emotional reactions influence the affective area, but also the behavioural and intellectual areas.

Body awareness was stimulated through experiencing one's own body, its functions and limitations, and its receptive and expressive potential. The development of practical intelligence was also stimulated in the group work, which stressed independence, physical development, described in terms of perceptive and motorical ability, communication and socialisation. It is therefore hardly surprising that the increased independence in the independent functioning, which includes, among other things, feeding, caring for hygiene and dressing, is connected with physical development. The sensitivity and expression exercises stimulated body-awareness through positive body experiences, which helped the children increase their attention toward themselves, toward their bodies.

Simultaneously, self-identity was developing, based on the which the children created relations with their environment, which reflected on social interaction. For

pupils with learning disabilities, who mostly experienced rejection by their peers, the therapeutical group become a place of developing the experience of acceptance, trust and security, a place where their feelings were accepted with respect and understanding. It is probable that this experience brought increased self-respect and self-security, based on which they were more ready for co-operation, thoughtfulness toward others, awareness of others, and participation in group activities, all of which are all elements of social interaction.

CONCLUSION

This work shows that the level of practical intelligence reflected in the acquisition of daily life skills and habits in the group of pupils with learning disabilities and behavioural disorders is high in comparison with the normative for the mentally retarded, but lower compared to the average population.

After a 10 - month period of application of Integrative Gestalt Therapy, a statistically significant improvement was found, which corresponds with the acceptance of the research hypothesis. The function of change described here is determined by the increase of independence, perceptive and motoric ability, more skilful money-usage and more successful social interaction.

Although primarily focused on the elimination and relief of behaviour disorders in pupils with learning disabilities, Integrative Gestalt Therapy has proved to be efficient in stimulating the development of practical intelligence. This shows the complexity of the effects of Integrative Gestalt Therapy, which takes person as a whole, and the changes induced reflect with different intensity on all areas of human functioning.

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