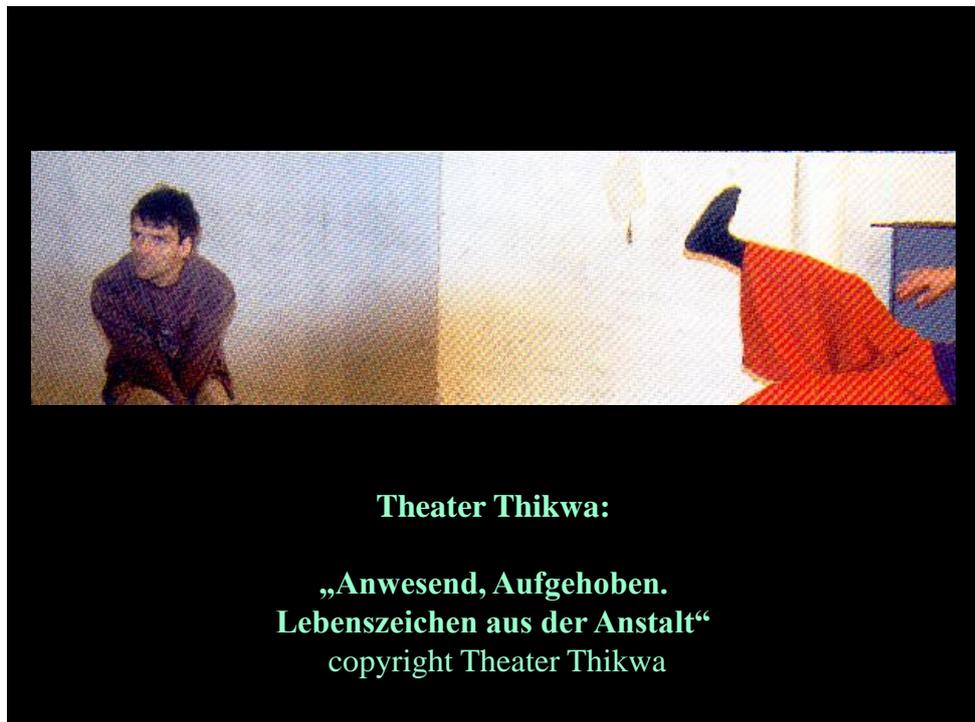


**“We are disabled and we play with it – we perform it in the form of a theatrical play”**

**Reflections on a new look at disabled people**

Karl-Heinz Menzen



Thikwa Theatre:

“Surrounded by care, but still present

We are sending signs of life from our isolation”

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**1** About the basis of rehabilitation – and first of all about the intentions of people dealing with rehabilitation

“Why do you call us intellectually disabled?” – asked a member of the theatrical group Thikwa a couple of years ago. When I sometimes spent time with the actors of the Thikwa theatrical group I often heard similar opinions. During a long conversation with a friend, also an actor, one of the artists said: “We are not going to tolerate it any more”.

We, namely able-bodied people, who meet disabled people every day, strike certain poses in relation to them. What we attribute to them, our speculations result from our deep concern about their best interest. We are convinced that disabled people do not know what we think about them, how we perceive them, how we assess their competence and weaknesses. We assume that they live in their own world. What would happen – we tend to ask – if we discovered their world? What would happen if we found out that our perception of the world does not differ so much.

The information and research we are discussing here is the domain of people who deal with rehabilitation professionally. As a matter of fact, they are educated in the field of therapeutic or special needs pedagogy. Because of their profession, these people are entirely oriented to the world of disabled people. This orientation involves all their personality, starting from the level of their opinions and engaging the way they think. They sometimes have doubts if the world of intellectually disabled people is not their own one, too.

Therapists, people involved in treatment or providing another kind of help, deal with suffering that disabled people experience, encounter it directly, accompany and try to offer them a helping hand.

We are aware of the fact that the desires concerning the choice of the future profession are fulfilled by means of some kind of transference. Imagining the profession, the person who

chooses a job in a sense is transferred to the area of their future activity or towards the future recipient of this activity. From the very beginning the people who deal with rehabilitation also identify themselves with this area of activity, this circle of recipients.

What is it that attracts these people to a certain area or recipient? Maybe it is a different way of communicating and speaking? Maybe it involves, for example, transference to the world of the images of disabled people or perceiving the picture of the world seen with their eyes.

“We always imagine the sort of life we know and this imagination has permanent boundaries”, - believes William Burroughs, a writer. He also claims that crossing these boundaries could interest us. Maybe this is the thing which attracts the people working in this area as a therapist or physiotherapist.

## **2 About the methods of work with disabled people – about the value of this work realized with the use of fine arts and theatre.**

In his research titled “Models and paradigms in the pedagogical-therapeutic creation of theory” (1977) and his book published a few years later (1983), Emil E. Kobi presents five models of basic patterns which are used to prepare programmes and activity strategies for each individual person (Compare: 1983, p. 11). These concepts and strategies include: (1) a caritative model, (2) an exorcistic model, (3) a rehabilitative model, (4) a medical model and (5) an interactive model. The detailed description of the interactive model will lead us to (6) a plastic model of reflection and imitation which is incredibly helpful in the explanation of the aim and sense of the work using the method of theatrical workshops.

### **(1) About the caritative model of work with disabled people:**

It is E. E. Kobi's model dating from the beginning of the modern social welfare – an instruction of the active love of our neighbours by the order of transcendent instance. The aim of this method was not to cause internal and external changes in the behaviour of the disabled person.

- If the participants of the so-called artistic workshops work during the workshops using for example wood, paper, woodworking techniques, printing techniques or paint application techniques, they use their sensory perception, for instance tactile boxes (with buttons), the possibility of using smell, touch and grip. Thanks to this exercise they start to differentiate what can be noticed in their own world, they begin to organize it, create notions to picture what they can see. Then this definitely explains that these people are not put at the mercy of certain old-fashioned understanding of Caritas.

## **(2) About the exorcistic model of work with disabled people:**

E. E. Kobi mentions this model of rehabilitation, which is still not so well known, however, recently it has been promoted again by the fundamentalist, sectarian approaches in theology and also in psychology. This model propagates the use of the cleansing effects of catharsis achieved by means of exorcism. Exorcism should contribute to the fact that Something is an unknown being in a particular person, it is not a causative factor of its inner disorder and confusion any more. It is another force, called by the exorcism by name that starts to control this person.

- If the participants of theatrical workshops such as the one in Berlin take advantage of the rehearsals based on partnership to perceive themselves as people standing opposite themselves, they learn to adjust their behaviour to others; if thanks to breathing and

vocal exercises they improve their articulation and voice; if they aim at the improvement of communication among each other, they show us that no force has taken control of them, no force which should be “driven out”. Thinking in terms of exorcisms represents Middle Ages, a very out-dated approach.

For the last few years it has been possible to notice a psycho-social phenomenon, which may lead to addictions, and which, first of all, can be observed in the Humanistic Psychology, based on the cleansing therapeutic force connected with the catharsis effect, namely musical and artistic therapeutic activities. Moreover, these activities are understood in terms of our everyday events and experiences – the ones that change us when we see a painting or listen to music. This artistic and therapeutic effect of Humanistic Psychology is even more significant than catharsis.

### **(3) About the so-called rehabilitative model of work with disabled people:**

E. E. Kobi describes the third therapeutic-pedagogical method called the rehabilitative model. It involves the reconstruction of spiritual, intellectual and physical functioning and integration with society.

The usefulness of this method was appreciated earlier: as we will see in the second part of this presentation, it has been developing from a differentiated therapeutic model based on employment, work or ergotherapy. Since the beginning of the 20<sup>th</sup> century therapy has been neglected due to low efficiency and insufficient effects. It was discovered that ergotherapy decreased the physical and spiritual power, there were no effects of the therapy based on employment. Because of these setbacks at that time, the therapy based on rehabilitation, orthopaedics, surgery, geriatrics and neurology was given particular attention. Therefore, the

method of rehabilitation of disabled people by means of work required a new definition. According to the critics, this model has always been associated with specific social expectations, namely a need for a socially useful activity.

- If the participants of artistic workshops work with one another every day to become similar to others as far as intellectual, psychological and physical achievements are concerned, they not always want to be lead by the hand; they demonstrate that we live on a certain level of civilisation;
- SIVUS, a Scandinavian group and its members who volunteered to take part in rehabilitation programmes said:
  - we want to be autonomous, i.e. we have the right to create everything that describes us by ourselves;
  - we are aware of our own value, i.e. we accept responsibility for ourselves; we can and want to shift a part of this responsibility onto our caregivers;
  - we would like you, our caregivers, to respect our inviolability, namely we would like you to respect our personal space;
  - we are equal to you, i.e. we have the right to the same value as you.

#### **(4) About the so-called medical model of work with disabled people**

Using the example of the pedagogy of physically and intellectually disabled people, E. E. Kobi tries to describe the history of therapeutic pedagogy and more precisely, the process of opening of the closed system which perceives every defect as an illness and reduces it to casual-symptomatic treatment. Nevertheless, the subjective, social and political aspects are not taken into consideration. Kobi describes the process in which the objectification of an illness, a defect or disability develops, and the disabled person is not supported, since disability is

perceived as an illness. (G. Theunissen contrasts such a medical limitation with ecological aspects of psycho-social limitation of a disabled person; Freiburg 1992).

- The representatives of medical rehabilitation spent a long time looking for neurological causes which would allow them to explain that there were people who needed care. More and more frequently they had to learn that our neurological condition does not mean everything in our life.
- We have to note here that the participants of workshop programmes prove in their everyday work that medical approach to disability cannot include everything and is too limited in its understanding.
- Georg Theunissen is right when he states: if people who need care treat each other better in everyday life, and if we manage to notice that and overcome the widespread attitudes to these people, we will understand that the outdated medical and rehabilitative approach has neglected one aspect. Namely, it has neglected the system in which we are inter-related when we perceive – feel – think – behave. The people who we look after, lead and educate show us that they achieve successes when they and their caregivers change their environment and everyday system of behaving – thinking – feeling – seeing.

#### **(5) About the so-called interactive model of work with disabled people**

This pedagogical-therapeutic model gives up the method of medical records. In the psycho-social systematics of this method, disability should be understood as an open interactive system. Disability should not be judged too strictly: “if..., then...”. Disability is characterized by communication forms which are contrary to the expectations, socially limitative and disruptive. These forms constitute a shock for the social homeostasis, and therefore, for the maintenance

of the social equilibrium of situation and behaviour. The disruptive forms of communication have to be understood correctly, however, it is also important to get to know the ways of communication and expression of disability which function as “uninterrupted mutual reflexion of actions and attributed forms of behaviour” (Kobi, 1983). However, these actions and attributed forms of behaviour cause confusion.

Therefore, Kobi emphasises the new understanding of an illness and disorder which is defined by the social system, by – using the language of a psychoanalyst, Lacan – the social ‘scripture’, which has become a chaos in its descriptions and attributes. As it was stated above, this approach is continued by G. Theunissen in his ecological and systematic-critical theses.

- I believe that the participants of artistic workshops held in the Federal Republic have shown that the old-fashioned medical notion of deficit, illness and disorder is outdated and no longer topical nowadays.
- I believe that the participants have shown that we all have to work on our forms of communication. There are underlying barriers which disturb personal relations in all of us and we have to work on them.

**(6) About the specific thesis of work with disabled and able-bodied people concerning the model of activity – about the thesis of work involving the theatre with – without: perceived by the disabled**

The latest programmes of work with disabled people involve the interactive model described above which has been modified.

The idea of the model of behaviour has been defining human behaviour for decades, it specifies how it is reflected in a person in different aspects and how it describes a person from the

symbolic, psychological and sensorimotor point of view. Our understanding of rehabilitation goes back to this notion A person working in the field of rehabilitation adopts a normalised, figurative and generalising model of behaviour.

- The inner, model aspect of reconstructing behaviour involves especially non-directive ways of acting during therapy, for example therapy by means of conversation, game, creation, art, theatre or drama. These forms aim at creating or modifying the defined and model pattern of everyday behaviour. If the participants of the workshops get engaged in the theatrical job they work on their everyday behaviour, like on a model.

In case of conflict, our repertoire of possible forms of behaviour, like a flashpoint, concentrates on a narrow, limited pattern of behaviour. The forms of behaviour resemble the pattern of our behaviour which is reduced in meaning and try to expand it in its particular features.

When the participants of theatrical workshops create theatre, they practice the usual model situations taken from everyday life: going to the post office, entering quite banal contacts, talking to people we love or to a person we do not like, showing that we are helpless or good at something.

- The participants of the workshops work in their training teams on particular patterns of behaviour which are sometimes funny or irritating, and also on the ones which are disturbed. Moreover, they learn to get to know oneself better. The teams of the theatrical workshops look for these basic disturbed patterns of behaviour taking two aspects into consideration:

- (1) Additional psychoanalytical research on personal transfer of conflict is carried out in order to search for personal expression different in the aesthetic respect, to look for a modified determination of behaviour;
- (2) While learning the model, understood as the model modifying particular behaviour, these people look for the function of the pattern in the aesthetic constellation.

**The psychoanalytical and modifying aspects are inter-related in this process: the patterns of behaviour remembered and practiced become mastered to develop into a useful model.**

**The patterns of perceiving, feeling and experiencing are created; they are useful in everyday life practice. Everyday theatrical work and everyday training are nothing else than help in everyday life situations.**

During the therapy by means of theatre, theatrical workshops in particular, from the very beginning the participants have practiced the patterns of behaviour concerning the senses, perception, namely creative perception and, finally, consciousness. However, nowadays these models still lack therapeutic and pedagogic support and adjustment to social and cultural contexts. This work aims at the development of programmes supporting theatrical workshops, what is really necessary is extending the current concepts regarding the rehabilitation of people suffering from exceptional intellectual disability. The models of everyday functioning must be introduced.

### **3 “We are disabled and we play with it – we perform it in the form of a theatrical play”**

The theatrical workshops Thikwa in Berlin, which the author has the honour to accompany as an observer and to offer advice and tips, gathers disabled and able-bodied people

interested in art. The group has achieved so many successes in their activities that they decided to present their achievements.

This form of support definitely should be presented to the employees of other institutions helping young people or the centres providing help to the disabled, since the interpersonal communication skills of disabled people have significantly developed due to the theatrical workshops.

The employees of institutions and the participants of the workshops can present their progress in such aspects of everyday life as social behaviour, developing responsibility, independence and mobility; this improvement is the result of their efforts made together. The most important achievement of the theatrical workshops Thikwa are amazingly innovative forms of support.

Since the 1980s the work of **Theatrical Workshops** has been giving possibility to use the tradition of workshop therapy, psychology, rehabilitative and therapeutic pedagogy in a very constructive way. Making use of these traditions we can apply the knowledge of particular scientific areas mentioned above. The work in theatrical workshops tries to compensate for what seems to be disturbed in creating a person. It deals with the reconstruction of a person's patterns. It starts with a training, however, with time it uses more and more theatrical and staging means.

Nevertheless, because of too strong emphasis on the therapeutic aspect of this work, there exists a danger that theatrical activities may become one of the means comparable to the occupational therapy. For this reason theatrical work is exposed to the risk of disturbing the way of expressing disability in its independent culture.

However, the situation we can observe constitutes a question concerning the practice of familiar areas of science. We can witness how helpful the workshop practice can be, especially when it puts itself to the test. Therefore, the question is: are the members of theatrical workshops, the people who work as craftsmen, train and act, able to improve themselves?

**We are disabled and we can play with it (we can act it)**, means that *people look for their own ways of behaviour in everyday situations leading to independent expression of themselves. Their work and attempts encourage us to be more careful when we label somebody as a disabled person.*

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