ORIGINAL

ADAPTED PHYSICAL EDUCATION FOR MENTALLY DISABLED ADULTS: A WAY TO UNDERSTAND SOCIAL ROLES

EDUCAÇÃO FÍSICA ADAPTADA PARA ADULTOS COM DEFICIÊNCIA MENTAL: UMA MANEIRA DE ENTENDER OS PAPÉIS SOCIAIS

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ABSTRACT

Objective

To evaluate how the adapted physical education could contribute to the development of mentally disabled adults in residence programs.

Subjects and method

It was a qualitative study performed at a house located in the city of Vinhedo, São Paulo State, Brazil, where a group of mentally disabled resident adults was followed from 1992 to 1996. The 13 mentally disabled adults living at the residence program were divided into two groups, one with six adults with severe mental retardation and another with seven residents with mild mental retardation. Systematic observation of the 13 residents four times a week during the physical education activities was carried out for four years. The objective was to observe their compliance with the rules as well as their improvement in motor and social skills through these activities.

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Results

At the end of the four years there was a significant improvement of all the 13 residents regarding their ability to follow the rules learned through sports in social situations. The individuals of the group 1 were able to successfully incorporate the rules into their everyday lives and they also extended them to their social activities. Group 2 achieved the same goals and was also able to help group one with their activities.

Conclusion

The practice of sports, recreation and leisure showed to be important to improve the motor and social skills of mentally disabled adults in a resident program, expanding these skills to other social situations outside the residence. The physical education program provided tools for the staff to deal with the residents in a systematic way that organized their everyday work.

Index terms: adapted physical education, adult, mental retardation, sports, recreation, leisure, residence.

RESUMO

Objetivo

Avaliar como a educação física adaptada poderia contribuir para o desenvolvimento de adultos com deficiência mental em programas de residência.

Sujeitos e método

Este foi um estudo qualitativo desenvolvido em uma residência localizada no município de Vinhedo, Estado de São Paulo, Brasil, onde um grupo de adultos residentes com deficiência mental foi acompanhado desde 1992 até 1996. Os 13 adultos com deficiência mental vivendo neste programa de residência foram divididos em dois grupos, um com seis adultos com retardo mental severo e outro com sete residentes com retardo mental moderado. Procedeu-se à observação sistemática dos 13 residentes quatro vezes por semana durante as atividades de educação física em um período de quatro anos. Observou-se o cumprimento de regras bem como suas performances nas capacidades motoras e sociais através destas atividades.

Resultados

Ao final do período de quatro anos houve uma significativa melhoria de todos os 13 residentes com relação à sua habilidade em seguir as regras aprendidas através dos esportes em situações sociais. Os indivíduos do grupo 1 foram capazes de incorporar com êxito as regras às suas vidas cotidianas e também as estenderam às suas atividades sociais. O grupo 2 alcançou as mesmas metas e ainda foi capaz de ajudar o grupo um em suas atividades.

Conclusão

A prática de esportes, recreação e lazer mostrou ser importante para melhorar as capacidades motoras e sociais de adultos com deficiência mental em um programa de residência, expandindo estas capacidades para outras situações sociais fora da residência. O programa de educação física proporcionou ferramentas à equipe para lidar com os residentes de uma maneira sistemática que organizou seu trabalho cotidiano.

Termos de indexação: *educação física adaptada, adulto, retardo mental, esportes, recreação, lazer, residência.*

INTRODUCTION

There were few people in the physical education field in Brazil that were willing to work with mentally handicapped adults. No official programs contemplated a systematic and holistic approach directed to the improvement of their quality of life. The few private programs for mentally disabled adults in Brazil did not have such a global project, integrating several aspects of the routine activities, for resident people[1,2].

The idea of organizing a program of residence for mentally disabled adults comes from the necessity of elderly parents to find a safe place to keep their children. In addition, it is well known that in Brazil there are few official initiatives to provide home assistance to this kind of mentally disabled people.

There are three identified definitions of disability - medical, economic and sociopolitical[3]. The medical model emphasizes the functional limitation associated with disability; the economic paradigm suggests that an analysis of disability impact should be based on a limitation of the amount of work an individual can perform; and the sociopolitical paradigm promotes the concept that disabled people are not labeled as deviant because of their disability, but because of those around them, who perceive them as different[4,5].

The dominant ideology of disability during the modern era has been so far the medical paradigm[6]. This is an approach that classifies the disability as a consequence of a biological problem and does not integrate the social models into it. In spite of the dominance of the medical paradigm, the disabling implications of any given impairment are quite dependent on the social and personal situation of the individual. People respond to their impairment in ways that vary across culture, class and personality. In such a human variation model, the problem faced by people with disability is the consequence of the failure of public and private institutions to deal with the full range of human variation that is present among any given population, in terms of both physical and cultural manifestations[7,8].

The public disability policies in developed countries have experienced major changes. In these countries, public policies are based on strong research methods and are generalized by appropriate governmental responses to those problems. One of these policies is to improve the living conditions of the mentally disabled adults by creating special residences for them[9,10].

The main purpose of this study was to describe the implementation, the development and the results of the first residence program for mentally disabled adults in Brazil. The program was sponsored by the Association of Banespianos Parents of Mentally Disabled Adults (APABEX), a non-profit organization, founded by the employees of a public bank (São Paulo State Bank - Banespa). This was the first residence program in Brazil that integrated physical education, sports, leisure, occupational therapy and supervision of movements into the routine life of institutionalized mentally disabled adults. Its purpose was to use the skills developed through basketball, swimming and volleyball rules as well as movements used for painting, brushing, cleaning, eating, and other activities, in order to integrate them into their everyday lives and to extend them to social environments (movie theaters, shopping malls, public areas)[11].

The program envisioned people with mental disability having an existence more involved in the social process as long as they can have the opportunity to be exposed to a cultural experience and to social skills. The physical education, sports, leisure and occupational therapy program is one way to achieve this goal[12].

There is an emerging need to discuss the problem of mental disability in a multidisciplinary context that includes new technical scientific knowledge brought by different areas of research, specially in developing countries[13,14].

SUBJECTS AND METHOD

This study used a qualitative design approach employing systematic observation with guidelines (Appendix 1), evaluation of activities (Appendix 2), timetable of program activities (Appendix 3) and also photographic documentation (Figure 1).

Figure 1. Leisure, social and sports activities.

The APABEX residence program was introduced in 1992. There were about 35 thousand associates that contributed monthly with 0.2% of their salaries to maintain all the activities run by the association, including the residence program, which served exclusively the associates' family members.

The residence was located in Vinhedo, a city with a population of approximately 47,000, around 70km away from São Paulo, the capital of the State. Thirteen individuals with different levels of mental disability were selected to live in a house. Two years later another house was built, the residents were split into two groups according to their mental capacities, and each group started to live in a different house. The period of program evaluation was from 1992 to 1996.

The main staff of the residence program was composed of an occupational therapist (as coordinator), a psychologist and a physical education teacher. The auxiliary staff had four auxiliary nurses, a governess, a cook and three maids. The auxiliary nurses worked at night and the rest of the staff during the day.

All the staff was responsible for running the program, and there was a weekly meeting for discussing and planning the activities. The residents' ideas and plans were taken into consideration in these meetings. Family participation was encouraged and a monthly meeting was scheduled with the main staff. The residents usually spent the last weekend of each month with their families at home.

At the property in Vinhedo there were two houses, each one with four bedrooms, a living-room, two bathrooms, a kitchen, a dining--room, a veranda and a TV room. There was a common area outside that was used for leisure: they could play some games, talk, listen to music, or rest. There was also a garden and a small fish pound. Special dates such as Birthdays, Carnival, Easter and Christmas were celebrated among residents and staff.

RESULTS

One of the difficulties faced by the professionals involved in the residence program was that some residents were both mentally and physically handicapped, and some had also psychiatric problems.

The planned activities took into account the individual life history of each one of the residents. Some of them had experienced a difficult time before the residence program. Some belonged to poor families with economic difficulties. Others were living alone in bad private institutions, and there was one who was homeless before joining the program. Table 1 shows the clinical diagnoses of the residents involved in the program.

At the beginning of the program most of them had never played a court game, had never been in a swimming pool, had never gone shopping or traveling. They were afraid of having new experiences, specially the trips and activities in the swimming pool because it was something new to them. The auxiliary staff had similar experiences because, coming from a low-income class, they had also never had the chance to enjoy these leisure activities. The interactions between the residents and the auxiliary staff were extremely interesting to observe.

The first time the residents went to a Shopping Center they did not know what to do or where to go. They walked around with the staff, window-shopping for clothes, games and movies. At lunch time the area in the mall was crowded and this was disturbing to the residents who were used to eat in a quiet environment inside their houses. It was also the first time they had to choose what to eat and stand in a queue to get the food.

Adaptations were also needed with sports. The residents played a different type of basketball, football, volleybal, with rules that were previously discussed with them, in accordance with their interests.

Table 1. Individual characteristics and diagnosis for each resident.

Resident	Age	Gender	Diagnose
House 1			
R1	22	F	SMD, CP
R2	41	F	SMD, C.H.S.
R3	34	M	SMD, Alpers Disease
R4	42	F	SMD, microcephalic
R5	48	F	SMD
R6	25	M	SMD
House 2			
R1	22	F	MD associated with anxiety and aggressiveness
R2	52	M	MD and seizures
R3	43	M	MD
R4	58	M	MD
R5	30	F	MD, seizures
R6	30	M	MD
R7	19	F	MD

F: female; M: male; MD: mental disability; SMD: severe mental disability; CP: cerebral palsy; CHS: childhood hypercinetic syndrome.

Table 2. Involvement of residents in activities (1992 / 1996).

Resident	1992			1996		
	Sport	Leisure	Relationship	Sport	Leisure	Relationship
House 1						
R1	U	R	U	R	G	R
R2	U	U	U	U	G	R
R3	R	U	U	R	R	R
R4	U	U	U	G	G	G
R5	U	R	U	G	G	R
R6	U	U	U	R	R	G
House 2						
R1	R	R	U	R	G	R
R2	R	U	U	G	G	G
R3	R	R	U	R	G	G
R4	R	U	R	G	R	R
R5	U	R	R	G	G	G
R6	R	R	R	G	G	G
R7	R	U	U	R	R	R

G: good; R: regular; U: unsatisfactory.

After almost a year in the program, the residents were able to go to Shopping Centers and stay there by themselves. They learned how to better play sports, to swim and to go to a club on weekends by themselves. The pictures in Figure 1 show these experiences.

Based on the questionnaires answered by the auxiliary staff, on the activities related in Appendixes 1 and 2, and on the meetings with the coordinator of the program, and comparing the evolution of the performance of the residents during the four years, it was observed that there was a significant improvement in general aspects concerning sports, leisure and relationship (Table 2).

DISCUSSION

The resident program was based on the idea that each person has the right and the need of living a normal life if there are equal opportunities available. In order to achieve a good quality of life for the residents, the program offered activities such as trips, jobs, leisure time and opportunities for friendship to develop, respecting the personal limits of each participant.

The program did not intend to keep the residents far from their families, but to give them the opportunity to have their own house and share new experiences with friends. At the program the residents learned to take care of themselves, to keep the house clean, to decide about the food they wanted to eat and to manage their time. This helped them to improve their self-esteem and to become more independent.

One policy for breaking down the isolation and segregation of mentally disabled people might be to universalize disability policy. Zola[9] argued that it was time to demystify disability and to recognize what he called the near universality of disability and its place within a negotiated social process.

There were many difficulties in planning and organizing the residence program: little literature was available; it became quite expensive, especially because of the amount of people that needed to be hired; and there were resistances from the families to accept the program as their son's and daughter's permanent homes. However, the general feeling among people involved with the program is that it is quite successful and therefore the problems they face do not seem really important in comparison with the improvement of these mentally disabled adults.

The program of residence is an important topic in the history of mental disabled people in Brazil. It comes in a time of changing, when the discussion of inclusion and exclusion is just starting. It is only a grain of sand on a very large beach of social problems to deal with in the challenge to reach development with social justice.

CONCLUSION

The residence program for mentally retarded adults faces significant challenges and barriers to be implemented. Our experience shows that when there is financial opportunity and will power, there is the possibility of improving the quality of daily life of mentally disabled adults. With these results it is possible to have some changes in the way the adults with mental disability are treated by society. Therefore, public policies can allocate resources to improve the quality of care available. Some changes are just beginning to occur in developing countries.

Further research is needed to evaluate this kind of programs in different environments requiring appropriate outcomes.

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Conflicts of interest: none

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APPENDIXES

APPENDIX 1

GUIDELINES FOR OBSERVATION OF RESIDENTS REGARDING PHYSICAL EDUCATION

Aspects observed for preparing the adapted physical education activities in the residence program	Level of participation in activities Residence A		
Activities	Always	Sometimes	Never
Participates in activities with balls			
Participates in tours			
Participates in walking			
Prefers to work in group			
Prefers to work alone			
Participates in swimming classes			
Asks about the next activities			
Helps its colleagues in activities			
Has initiative			
Avoids activities			
Respects the rules			
Is communicative			
Is able to listen and wait for its time			
Is able to control its emotions			
Understands orders and has good orientation			
Is often distracted			
Is able to evaluate situations and act according to them			
Accepts proposed activities without complains			

APPENDIX 2

RESIDENT'S AND ACTIVITIES' EVALUATION FORM

Resident: _____ (name)

Responsible: _____ (name)

Monday	Tuesday	Wednesday	Thursday	Friday
Activity:	Activity:	Activity:	Activity:	Activity:
1.	1.	1.	1.	1.
2.	2.	2.	2.	2.
3.	3.	3.	3.	3.
ACTIVITY 1	ACTIVITY 1	ACTIVITY 1	ACTIVITY 1	ACTIVITY 1
Interest	Interest	Interest	Interest	Interest
Performance	Performance	Performance	Performance	Performance
Behavior	Behavior	Behavior	Behavior	Behavior
Relationship	Relationship	Relationship	Relationship	Relationship
ACTIVITY 2	ACTIVITY 2	ACTIVITY 2	ACTIVITY 2	ACTIVITY 2
Interest	Interest	Interest	Interest	Interest
Performance	Performance	Performance	Performance	Performance
Behavior	Behavior	Behavior	Behavior	Behavior
Relationship	Relationship	Relationship	Relationship	Relationship
ACTIVITY 3	ACTIVITY 3	ACTIVITY 3	ACTIVITY 3	ACTIVITY 3
Interest	Interest	Interest	Interest	Interest
Performance	Performance	Performance	Performance	Performance
Behavior	Behavior	Behavior	Behavior	Behavior
Relationship	Relationship	Relationship	Relationship	Relationship

OBS.: Qualify the participation of resident in each activity as: G: good; R: regular; U: unsatisfactory.

APPENDIX 3

ACTIVITIES SCHEDULED FOR RESIDENCE PROGRAM

Activities	Participation	
	Residence 1	Residence 2
Swimming	X	X
Walking	X	X
Football		X
Volleyball		X
Basketball		X
Ping Pong		X
Join stick		X
Dance		X
Tours	X	X
Psychomotor activities	X	X
Relaxing activities	X	X
Running		X
Jumping		X