PILOT STUDY ON THE USE OF DIXIT CARDS WITH YOUNG ADULTS WITHMILD INTELLECTUAL DISABILITIES: EFFECTS IN COMPLIANCE, VERBALIZATION, ANXIETY, AND AGGRESSION.

STUDIO PILOTA SULL'USO DELLE CARTE DIXIT CON GIOVANI ADULTI CON DISABILITA' INTELLETTIVA LIEVE: EFFETTI SULLA COMPLIANCE, VERBALIZZAZIONE, ANSIA, E AGGRESSIVITA'.

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ABSTRACT

Play holds a crucial role in psychotherapy, supporting self-awareness, social skills, and emotional regulation. This study examined the use of Dixit cards with 25 young adults (18–30) with mild intellectual disability over eight weekly sessions. Results showed improved therapeutic engagement and communication, and reduced anxiety and aggression, highlighting the value of play-based, imaginative approaches.

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Il gioco svolge un ruolo cruciale in psicoterapia e supporta l'autoconsapevolezza, le abilità sociali e la regolazione emotiva. Questo studio ha esaminato l'uso delle carte Dixit con 25 giovani adulti (18-30 anni) con lieve disabilità intellettiva in otto sedute settimanali. I risultati hanno mostrato un miglioramento del coinvolgimento terapeutico e della comunicazione, nonché una riduzione di ansia e aggressività, evidenziando il valore degli approcci creativi basati sul gioco.

KEYWORDS
Intellectual disability, compliance, communication skills, anxiety, dixit
Disabilità intellettive, compliance, abilità comunicative, ansia, dixit

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Introduction

Mild Intellectual Disability (MID) encompasses a diverse range of conditions that impact cognitive, behavioural, and learning abilities. It is classified as a neurodevelopmental disorder and it's typically defined by an IQ between 50 and 70, along with limitations in adaptive functioning—such as social interaction, communication, personal autonomy, and the development of academic skills

appropriate to the individual's age (American Psychiatric Association [APA], 2013; World Health Organization, 2019). Schalock et al. (2010) advocate for a multidimensional framework in understanding intellectual disability, highlighting that classification should extend beyond reliance on IQ scores. Instead, it should encompass various dimensions of personal and social functioning, with particular emphasis on the level of support needed to improve an individual's quality of life. Consequently, personalized psychological and educational interventions that promote social, communicative, and cognitive skills are crucial for individuals with mild intellectual disability (MID) (Giannotti & Vitale, 2023). The therapeutic value of play to explore the *psyche*—particularly in child psychotherapy—was widely acknowledged by early psychoanalysts such as Anna Freud, Melanie Klein, and Donald Winnicott (Winnicott, 1974). Within the therapeutic setting, play serves as a shared space between clinician and patient, offering the latter a way to express inner imagery through a creative and uniquely personal language. Through active and attuned listening, the therapist may uncover transformative potential inherent in this creative expression. In therapy, creativity can also take the form of constructing personal fairy tales (Bettelheim, 1976; Rodari, 1997). Prompted by an imaginative stimulus, patients may begin to verbalize their experiences or choose alternative expressive modalities—such as drawing—to convey symbolic content rich in personal meaning. Fairy tale characters and narratives allow individuals to engage with complex psychological themes—such as separation, abandonment, anger, and fear—within a safe and structured context, facilitating both expression and emotional processing (Votta, 2021). This form of metaphor, by transforming cognitive and emotional experiences into narrative language, can stimulate processes of reflection and psychological change. Its immediate and accessible modes of expression also facilitate communication within the therapeutic relationship. In the context of intellectual disability, the play-imaginative approach is especially pertinent, as play offers a creative, relational, and symbolic experience (Palladino & Rossi, 2021). For this population, it is recommended that playful and imaginative activities be presented in a simplified and intuitive manner, utilizing colourful, tactile, and easily manipulable materials to enhance engagement and encourage social interaction (Giannotti & Vitale, 2023). Under these conditions, symbolic play and the use of evocative imagery—integrated into personalized interventions — can foster inclusion, motivation, and self-efficacy, thereby supporting the development of relational, communicative, and cognitive skills. Within this theoretical and clinical framework, the *Dixit* cards — developed in 2002

from the clinical practice of French child neuropsychiatrist Jean-Louis Roubira (Roubira, 2008) — offer a valuable tool. Initially using images cut from children's magazines during sessions, Roubira sought to create a more structured resource to stimulate imagination, narrative construction, and emotional expression in patients. In collaboration with illustrator Marie Cardouat, he designed a series of evocative and symbolic illustrations that touch on universal themes such as birth, love, fear, journeys, freedom, and the adult–child relationship. The result is one of the most notable examples of the integration between play and therapeutic intervention (Barone et al., 2019).

Fig. 1 – Dixit cards

The use of *Dixit* cards can be adapted to various intervention settings, both individual and group-based (Fig.1). While the modalities may differ, the underlying premise remains the same: participants are invited to take time to interpret the illustrated cards and express the personal meanings they evoke through storytelling. In individual sessions, this approach enables patients to explore personal experiences and articulate complex emotions through symbolic mediation, which is often perceived as less intrusive than direct questioning—thereby reducing potential resistance to dialogue. In group contexts, the tool fosters the co-construction of meaning, active listening, and the interpretation of others' perspectives, promoting the development of social and relational competencies (Barone et al., 2019). Given these characteristics, the use of *Dixit* cards appears particularly well-suited for therapeutic work with individuals with mild intellectual disability.

The aim of the present study is to demonstrate how the use of Dixit cards, integrated into a psychotherapeutic intervention, can enhance therapeutic compliance and verbal expression, while reducing anxiety and aggression levels in a sample of 25 individuals with mild intellectual disability receiving care from a public mental health service.

It is essential to note that the decision to specifically assess user compliance arises from the recognized necessity of systematically evaluating treatment outcomes, a fundamental requirement for psychotherapeutic services as stipulated by the European Commission (2015). Beyond institutional mandates, outcome assessment carries substantial clinical significance, as it is regarded as a core component of Evidence-Based Practice (EBP). The validity of EBP is underpinned by a robust body of research and is linked to high standards of ethical responsibility. Leading international scientific and professional organizations, including the American Psychological Association and its Task Force on Evidence-Based Therapy (2011), consistently emphasize the advantages of this approach. In particular, they highlight how ongoing outcome monitoring and patient feedback can strengthen the therapeutic alliance, improve treatment efficacy, and mitigate the risk of clinical deterioration and therapy dropout.

1. Method and Materials

1.1 Sample Description

The study sample included 25 young adults with a diagnosis of mild intellectual disability, aged between 18 and 30 years (M = 23.44, SD = 3.709; variance = 13.76). Participants were referred to the Clinical Psychology of Disability in Transition Age Service, part of the Corporate Psychology Unit of Turin, through referrals from the Child Neuropsychiatry Units (South, North, East, and West) and the City of Turin's Care and Disability Services. All participants had an IQ ranging from 50 to 70 and did not exhibit significant sensory impairments or comorbid severe psychiatric disorders.

The sample comprised 9 females and 16 males, all living in Turin (Piedmont region). Each participant had completed at least secondary education and demonstrated adequate communication abilities to engage with the visual materials used in the intervention.

Informed consent was obtained from all participants prior to the study, which was conducted over a two-month period.

1.2 Materials and Procedure

The study followed a pre-post design, with assessments conducted at two points: immediately before the intervention began (T0) and at the conclusion of the two-month program (T1). The research was structured in three main phases. In the first phase, participants completed standardized assessments to evaluate therapeutic compliance, communication skills, anxiety, and aggression. Each participant also took part in an introductory individual session to become familiar with the Dixit cards and receive guidance on how to engage with them. The second phase consisted of eight weekly individual sessions, each lasting 60 minutes and conducted by trained psychologists. During these sessions, Dixit cards (Basic and Daydreams editions) were used to encourage storytelling, personal reflection, and emotional expression. Participants were invited to choose a card and create a story or describe a situation inspired by the image. In addition, the interview technique proposed by Semi (1985) was employed, integrating cognitive-behavioural strategies such as self-reflection, cognitive restructuring, positive reinforcement, and imaginative exposure. During the final phase, the standardized measures used in the initial assessment were re-administered to facilitate comparison of outcomes before and after the intervention. Participants were assessed at two time points: before the start of the intervention (baseline) and at the end of the 8-week program. To ensure understanding, each test was read aloud by the psychotherapist to the individual participant.

To collect quantitative data, the following standardized instruments were used to evaluate therapeutic compliance, verbal expression, and levels of anxiety and aggression: the CORE-OM, TAC, STAI-Y, and STAXI-2.

The Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM) is a 34-item questionnaire that explores several domains, including subjective well-being, problems and symptoms, functioning, and risk. It is widely used in the United Kingdom to assess psychotherapy outcomes within public services (CORE System Group, 1998; Evans et al., 2000). The CORE-OM is a self-administered questionnaire in which each item is rated on a five-point Likert scale, ranging from “Never” to “Very often or always.” Scoring can be done manually or processed via computer software. The 34 items are distributed across four core domains: subjective well-

being (4 items), problems/symptoms (12 items), functioning (12 items), and risk (6 items). The *subjective well-being* domain captures an overall construct of personal well-being. The *problems/symptoms* domain includes items related to depression, anxiety, physical symptoms, and trauma-related difficulties. The *functioning* domain assesses the quality of interpersonal relationships, general functioning, and social adjustment. Lastly, the *risk* domain addresses self-harm and risk to others. The selection of the first three CORE-OM domains is consistent with the stages of change model proposed by Howard et al. (1993), which posits that, during the course of psychotherapy, improvements generally emerge first in subjective well-being, followed by reductions in symptoms, and subsequently by enhancements in overall functioning. The score derived from the questionnaire reflects the individual's level of psychological distress at the time of assessment, with higher scores indicating greater difficulties. To determine clinically significant changes, the Reliable and Clinically Significant Change model (Jacobson & Truax, 1991) was applied. Threshold scores indicating clinical relevance were identified as 1.19 for males and 1.29 for females. An additional threshold of 2.50, applicable to both sexes, distinguishes those experiencing mild to moderate disorders, while a score of 3.00 or above is indicative of severe psychological disturbance. The CORE system is widely employed in the United Kingdom as a routine outcome measure in psychotherapy services, in large-scale population studies on psychological distress, and in evaluating treatment outcomes in both primary care and specialist clinical settings (Barkham et al., 2001; Barkham et al., 2005; Evans et al., 2003). Abbreviated versions of the tool are also available, including the CORE-10 for more time-efficient administration, and the CORE-5 for session-by-session progress monitoring.

The Test of Communicative Abilities (TAC) (Molteni, Gensini & Molteni, 2005) is a tool developed to assess through direct observation and systematic recording the subject's verbal and non-verbal expressive abilities, comprehension of complex messages, functional use of language, and capacity for reciprocal interaction. In the present study, verbalization was evaluated by recording the number of words spoken during each session. The responses were classified into four levels: Level 1 (1–5 words), Level 2 (6–10 words), Level 3 (11–15 words), and Level 4 (more than 15 words).

The State-Trait Anxiety Inventory-Y (STAI-Y) (Spielberger, 1989) is a widely used self-report instrument designed to assess anxiety, either for psychodiagnostic purposes

or to evaluate the effectiveness of therapeutic interventions. The inventory consists of 40 items divided equally between two subscales that measure *state anxiety* and *trait anxiety*. State anxiety reflects a transient emotional condition characterized by feelings of apprehension, insecurity, and physiological arousal in response to specific situations perceived as threatening. It is often associated with avoidance behaviours. Trait anxiety, by contrast, represents a more stable predisposition to perceive a wide range of circumstances as threatening and to react with heightened anxiety. Items are rated on a 4-point Likert scale, with total scores for each subscale ranging from 20 (indicating very low anxiety) to 80 (indicating very high anxiety). Interpretation of the results typically follows these thresholds: scores between 20 and 39 indicate low anxiety, scores between 40 and 59 suggest moderate anxiety, and scores between 60 and 80 reflect high anxiety.

The State-Trait Anger Expression Inventory-2 (STAXI-2) (Spielberger, 1999) is a self-report measure designed to assess the intensity, expression, and control of anger. It captures two primary dimensions of anger experience: state anger, which refers to a temporary emotional state involving feelings that range from mild irritation to intense fury, and trait anger, which reflects a person's general tendency to perceive a wide range of situations as annoying or frustrating, often leading to frequent angry reactions. The inventory also assesses how anger is expressed and regulated: *Anger Expression-Out* refers to the outward expression of anger toward others or objects, while *Anger Expression-In* involves the suppression or internalization of anger. *Anger Control-Out* evaluates efforts to manage the outward expression of anger, and *Anger Control-In* measures attempts to regulate internal feelings and maintain calmness. The STAXI-2 consists of 57 items distributed across several scales and subscales: *State Anger* includes emotional feelings, verbal expression, and physical expression; *Trait Anger* encompasses temperament-based anger and anger experienced in interpersonal contexts, while *Anger Expression and Control* components cover both internal and external modes of expression and regulation. Each item is rated on a 4-point Likert scale, and raw scores are typically converted to standardized T-scores based on gender-specific normative data. T-scores below 45 are considered below average, reflecting low intensity or effective control; scores between 45 and 55 are within the average range; scores above 55 suggest increased intensity or difficulty in regulation; and scores above 65 are regarded as clinically significant, indicating excessive expression or poor control of anger. The Anger Expression Index can also be derived, providing an overall measure of how

anger is managed, based on the combination of expression and control scores. Specifically, scores below the 25th percentile indicate individuals who experience and express anger less frequently. In such cases, it may be important to consider the potential overuse of psychological defences, which could lead to suppression rather than effective regulation of emotional states. Scores between the 25th and 75th percentiles are considered within the normative range, reflecting a balanced experience and expression of anger. In contrast, scores above the 75th percentile suggest that the intensity or frequency of anger, whether internalized or outwardly expressed, may interfere with interpersonal functioning and potentially increase the risk of developing physical or psychological disorders.

2. Data Analysis and Results

To evaluate the effectiveness of the intervention, a pre-post uncontrolled trial design was employed. Data were collected at two time points: before the beginning of the psychotherapeutic program (T0) and at its conclusion after eight weeks (T1). Statistical analyses were performed using SPSS 2.0 software. Specifically, paired-samples t-tests were conducted to compare pre- and post-intervention scores across all measured variables. A significance level of $p < 0.05$ was adopted to determine statistically significant changes. The within-subjects design allowed for each participant to serve as their own control, making it possible to assess the individual change over time in relation to four core variables: compliance, verbalization, anxiety, and aggression.

At the conclusion of the intervention, statistically significant improvements were observed in all targeted areas.

There was a marked increase of compliance in participants, such as the ability to follow therapeutic directions and actively engage in the sessions. The average compliance score rose significantly from 2.1 at baseline to 4.2 after the intervention, indicating enhanced collaboration and involvement over the course of the program (Fig.2).

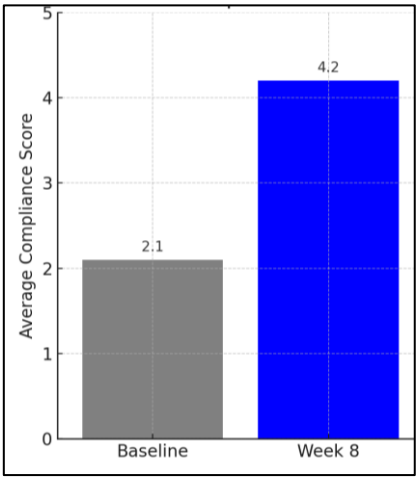

Fig.2 The graph shows the average compliance score before and after the intervention

A substantial improvement was noted in the participants' verbal expression. At baseline, 40% of the sample scored at Level 1 (1–5 words per session). By the end of the intervention, 60% had progressed to Level 3 or 4 (11–15 words or more than 15 words), reflecting a richer and more elaborate verbal output (Fig.3). This suggests that the storytelling activity facilitated by the Dixit cards significantly stimulated participants' expressive language skills. These findings support the hypothesis that play-imaginative techniques, such as the use of Dixit cards, can positively influence therapeutic engagement and communicative abilities in individuals with mild intellectual disability.

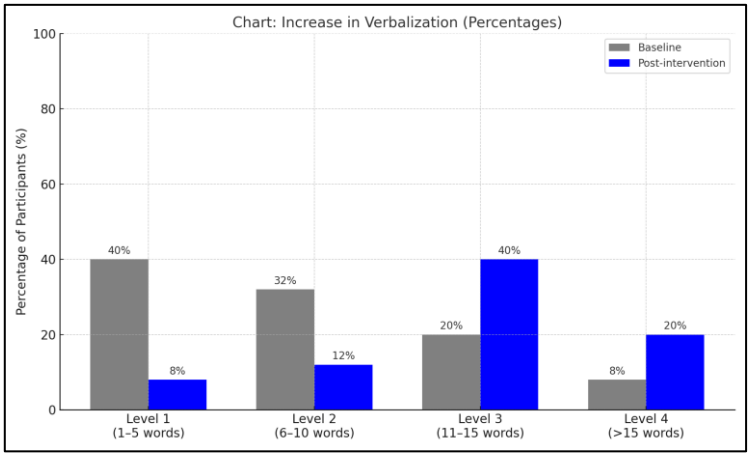

Fig.3 The graph illustrates the distribution of verbalization levels among participants before and after the intervention.

A significant reduction in anxiety levels was observed following the intervention. The mean score decreased from 56.2 at baseline to 44.4 post-intervention, indicating a shift from moderate to lower levels of anxiety (Fig.4). These results suggest that the use of Dixit cards, through imaginative and narrative engagement, had a calming effect and helped participants better manage feelings of insecurity and emotional tension.

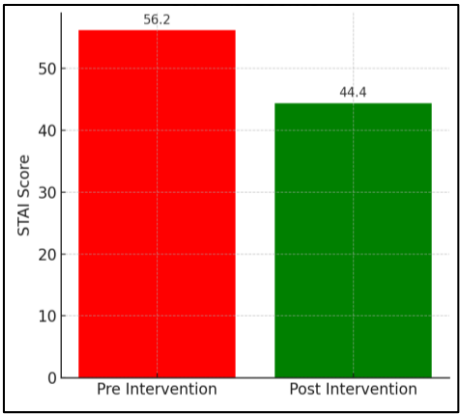

Fig.4 The graph shows the anxiety level scores before and after the intervention.

Similarly, the study revealed a notable decrease in aggression levels. The mean aggression score dropped from 52.1 at baseline to 39.4 after the 8-week

intervention, reflecting a significant improvement in emotional regulation (Fig.5). These findings imply that the storytelling activity, facilitated by the symbolic and non-threatening nature of the images, contributed meaningfully to reducing the externalization of aggressive impulses in participants.

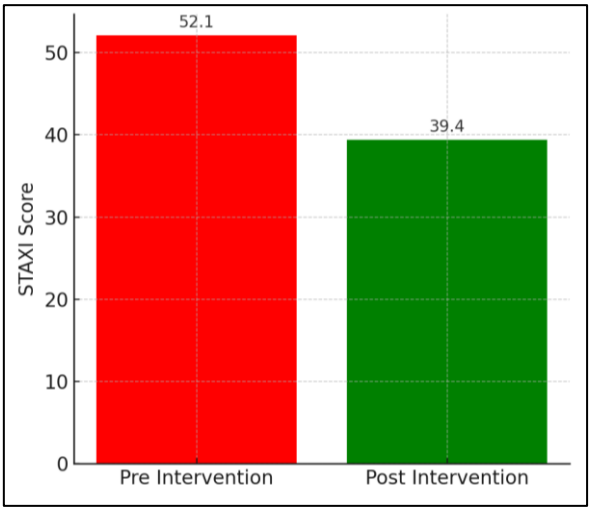

Fig.5 presents the anger level scores before and after the intervention.

3. Discussion

The results of this pilot study suggest that the use of Dixit cards (Roubira, 2008), integrated with structured interview techniques (Semi, 1985), can serve as an effective therapeutic tool for individuals with mild intellectual disability. Specifically, the intervention led to improvements in therapeutic compliance and verbal expression, along with a reduction in anxiety and aggression.

The observed increase in compliance and the 32-percentile point improvement in verbalization suggest that storytelling, stimulated by evocative and symbolic imagery, can effectively foster greater engagement. This, in turn, appears to support participants' active involvement in therapy and their ability to communicate more freely (Votta, 2021).

Moreover, the 21% reduction in anxiety and the 24.38% reduction in aggression further confirm the benefits of a play-imaginative approach for this clinical population. Through narrative construction in a safe and structured setting, participants were able to explore and process emotionally charged experiences such as fear and anger, activating mechanisms of reflection and emotional transformation.
The increase in compliance observed in this study is consistent with previous research on the use of storytelling and play in adolescent therapy. For example, Pugatch et al. (2024) found that integrating play and storytelling significantly improved voluntary participation among adolescents diagnosed with ADHD. These findings further support the therapeutic value of narrative and symbolic approaches in engaging young clients.

Similar findings were reported by Ghannadpour and colleagues (2018), who studied a population of adolescents without specific diagnoses: storytelling within therapeutic settings was found to enhance compliance, collaboration, and continuity of treatment. The observed increase in verbalization in the present study also aligns with the work of Grazzani and Ornaghi (2007), who demonstrated that the use of narrative-based games in therapy facilitates access to emotional vocabulary, promotes verbal expression, and improves communication skills in adolescents. These results further support the conclusions of Vesentini (2020), whose thesis highlighted how guided storytelling, enriched with images and symbols, can stimulate reflective dialogue both among peers and between adolescents and adults.

The reduction in anxiety observed in this study is consistent with a growing body of research supporting the effectiveness of play-based and imaginative approaches in therapy. For instance, Oaklander (2021), through the integration of Gestalt therapy with creative and playful techniques, highlights how such methods can facilitate emotional expression and self-awareness in children and adolescents, ultimately contributing to reduced anxiety. Similarly, D'Eugenio (2023) examines the use of play-based interventions in emergency contexts, demonstrating their potential to promote emotional self-regulation, lower anxiety levels, and strengthen coping strategies.
Moreover, the reduction in aggression observed in the present study is consistent with findings from prior research on the therapeutic use of play. Tavakoli and colleagues (2024), for instance, demonstrated that incorporating play within

cognitive-behavioural and Gestalt-based frameworks contributed to a decrease in vandalistic behaviours and impulsivity among aggressive male adolescents.

Despite these encouraging results, the current study presents several limitations. The relatively small sample size (25 participants) and the brief intervention period (8 weeks) limit the generalizability of the findings. Additionally, the absence of a control group prevents definitive conclusions about the specific effects of Dixit card use, as improvements could be influenced by external variables such as familial support or concurrent therapeutic activities. Future studies would benefit from larger, more diverse samples, the inclusion of control or comparison groups, and longitudinal follow-ups to assess the persistence of treatment effects over time.

Conclusions

Nevertheless, this pilot study offers preliminary evidence supporting the use of Dixit cards in therapeutic settings for adolescents with mild intellectual disability. Results suggest that this tool can effectively enhance compliance, encourage verbal expression, and reduce anxiety and aggression. In conclusion, although still in an exploratory phase, this intervention underscores the potential of a play-based imaginative approach—centered on storytelling and symbolic mediation through visual prompts—as a valuable complement to psychological support for individuals with mild intellectual disabilities. These findings point to a promising direction for future empirical research and clinical practice.

Author contributions

All authors listed at the beginning of the manuscript have contributed substantially to the work reported. Specifically, they were all involved in the conception and design of the study; in the analysis and interpretation of the data; in drafting the manuscript and revising it critically for important intellectual content; and in approving the final version to be published. All authors agree to be accountable for all aspects of the work.

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