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DE-MASKING THE SILENCE - Drama Therapy: For Children with ASD

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“DE-MASKING THE SILENCE”

Drama Therapy: For Children with ASD

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Fine Arts at Virginia Commonwealth University.

by

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I began this project and now three long years later I have come to the point of synthesizing all of my research. “De-Masking The Silence” has been a labor of love. This thesis is written to recognize all the children and families who have battled this epidemic with great force. They have filled my mind, my heart, and my soul with much understanding, joy, and sensitivity.

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Abstract

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By Joshua Marc Galligan, MFA

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Major Director: Dr. Noreen C. Barnes
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This dynamic form of pedagogy attempts to cross the interdisciplinary boundaries between theatre, psychology, and modern medicine. What I attempt to present in this thesis is a systematic developmental framework for the theoretical use of drama therapy with children suffering from Autism Spectrum Disorder. This approach has been based on in-depth interdisciplinary study which makes use of the most current research looking at the neurological makeup of the autistic brain. This systematic approach examines the mirror neuron system which has been labeled as a major defect in children with ASD. Through the use of theatrical techniques such as acting, movement, voice and speech combined with modern theatre theory and clinical practice this creative approach allows for integration of imagination and self discovery. By engaging autistic children in drama therapy

intervention I believe it is possible to stimulate the underdeveloped mirror neurons which cause the defects in social, emotional, and language skills. By pushing the perceived concept of theatre beyond aesthetics it is possible to expose its obligation to a healthier society.

For an Autistic Child

For you in your world,
Locked inside yourself,
An island,
Isolated winds in your mind,
To you, locked inside beauty,
Inside anguish, inside joy,
You live
Breathe
Die
Emotions
too profound to understand,
Little one curled up rocking,
Your floor your world,
Safe,
Just you,
Your little expressive hands,
Like tiny birds,
talking in flutters,
your little angry snarls
repel a monstrous outside realm,
your beloved treasures:
Buttons
Diminutive fury animals
Smooth wooden beads
Dots of sunlight on your wall
Humming your songs
to calm your anxious hands,
Safe,
Just you,
At one with rhythm,
Your world
only bits of those others
who come and go like currents of air,
barely riffling your forelock,
Your face a delicate empty mask
to those who see only with eyes,
Those who don't understand
your world,
To me,
watching you,
I see myself,
I sing songs for you,
Little one, to tell you
You don't have to forsake your world to be free.

-Jasmine O'Neill "Through the Eyes of Aliens"

CHAPTER 1 Genesis

It has been more that 60 years since psychiatrist and physician Dr. Leo Kanner of The Johns Hopkins Hospital published his seminal paper "Autistic Disturbances of Affective Contact" in which he scientifically labeled and introduced the term "early infantile autism" into the English language. Since Dr. Kanner's discovery; autism[1] has become an epidemic in which the medical profession has few answers. As of present there is still no concrete evidence to explain the etiology of autism; only unsupported claims such as vaccine and absent parental care which are rapidly being tested and eliminated. According to the National Association for Disease Control (2007), the prevalence rate of autism is 1 out of 150 children. Autism is four times more prevalent in males than in females and knows no racial, ethnic, or social boundaries. Autism activists work daily trying to increase the public's awareness and acceptance of this extreme disorder. As this disorders steals away the children of so many loving parents what is to be done?

For parents in particular, the diagnosis of autism is devastating. Questions start to abound such as, what do you do? How will this change my child's life? Information becomes overwhelming to many parents in today's media driven world. Many points of view and treatment options are available, but which one is the most effective? Not only is

[1] I generally use the words "autism" or "autism spectrum" throughout this thesis when referring to children with any label related to autism; all the information, suggestions, ideas, and recommendations also apply to children with Asperger's syndrome, PDD-NOS, and the other disabilities I highlight throughout.

there a brand new vocabulary to master but they still need to deal with the impact of this diagnosis on their children.

What if theatre could hold a valuable tool for the development of these children suffering from this epidemic? The purpose of this thesis is to establish a theoretical framework for the use of drama therapy with children with autism. Based on multidisciplinary sources, this concept makes use of the most current research which looks at the neurological makeup of the autistic brain. This systematic approach examines the mirror neuron system of the human brain which has been labeled as a major defect in children with autism. By engaging these children in drama therapy intervention I believe it is possible to stimulate the underdeveloped mirror neurons which seem to cause the defects in social, emotional, and language skills.

The scope of the research in this area is ever developing and evolving in new directions making it extremely difficult to pin down one particular theory or method. By examining the techniques currently used in drama therapy and additional applications that have been used in workshops throughout the world we may greatly improve the lifestyle of many children who are suffering from autism. I also hope this will build bridges between academic theories, disciples and practice both dealing with autism and drama therapy, something which has yet to be done effectively.

My research began three years ago when I had the incredible opportunity to listen and meet Dr. Hunter "Patch" Adams, who stresses the use of non-conventional treatments for patients without the use of medication. In 1967 Dr. Adams entered the Medical College of Virginia to explore the use of medicine as a vehicle for social change. His mantra is to

use love and happiness to treat medical illness. In the presentation Dr. Adams presented a video of a young girl from Russia in a wheelchair that was both non-verbal and socially detached. She had not yet been diagnosed by doctors with any particular disability but "Patch" felt the impulse to work with her. We only watched the first twenty minutes of the fifty minute long video in which Patch donned his famous red clown nose and began to interact with her. He simply started making exaggerated facial expressions while trying to encourage her to take part in the theatrical play. She remained almost catatonic during this performance until about fifteen minutes later she slowly started to show signs of response. There was something in her eyes that started to give way to a smile which later resulted in her trying to imitate Patch's expressions and finally into laughter. The intensity of the moment was incredible; here was a young girl who was totally non-responsive who was starting to communicate for the first time in her life. It was at this moment that I thought about the power of theatre as not only an agent of social change but also of psychological change. How could I take Patch's mantra and make it part of my research? The special needs population has always fascinated me, particularly children, because traditional theatre, my passion, is not always accessible to them. They can not always engage in the theatre the same way many of us can, but why should they be denied the enjoyment of the theatrical experience?

I decided that I would go back and explore drama therapy, an area of study that I had only just skimmed a few years before. As I was reading "Wings to Fly: Bringing Theatre Arts to Students with Special Needs" by Sally Bailey, I recognized that the research into working with autistic children was almost nonexistent. This surprised me

because of the extremely large increase in autism diagnoses globally, especially in the United States, over the last few decades.

During the 1960s drama therapist Marian "Billy" Lindkvist started looking at the autistic population because she herself was the mother of an autistic child. She drew upon her own experiences and later foundered the Sesame Institute in London for dramatherapy. Unfortunately, very little of her work is published and even fewer details of her own personal work are available. Lindkvist, who originally trained with Ralph Laban, drew many of her methods from movement and dance but in 1964 she met Peter Slade and discovered the integration of "Child Drama". Lindvist remarks about the application of Slade's work and drama therapy to children with autism, "It seems clear that drama therapy can be used as a means of communication, for developing relationships, increasing body awareness, and for minimizing stereotypes… It can give satisfaction to the doer, and encourage verbalization as well as group awareness and a sense of sharing a creative experience. It can also increase confidence" (Shatner &Courtney 54).

In recent years, public interest in autism has grown considerably. This interest has evolved in part because of the attention the mass media has given to this topic. For example, there have been a number of popular movies featuring individuals with autism, such as *Rain Man*, *What's Eating Gilbert Grape*, and *Mercury Rising.* Discussions about autism are also commonplace on the radio and television and in newspapers and magazines. The public has been fascinated by the image of a beautiful child who has unusual abilities and lives in a secret world. Media interest has been, in turn, catalyzed by the growing number of people speaking out on behalf of autism, including parents of

children with autism, professionals involved in treatment and/or research, individuals with autism, and social policy-makers.

A particular case of autism that has caught current media attention and my personal interest is famed celebrity Jenny McCarthy's son, Evan, who was diagnosed with autism at the age of two. In her best selling book, "*Louder Than Words: A Mother's Journey in Healing Autism*", McCarthy claims that her son was cured of autism and attributes the progress to his gluten-free, dairy-free diet, and perhaps spending time with "the autism whisperer" (48). The "Autism Whisperer" that McCarthy is referring to is actor Jim Carrey, a poster figure for extreme and over the top acting. In 2006, the two started dating and quickly became autism activists. In an article for People, McCarthy was quoted saying:

> When I first introduced Evan to Jim, you know...you never quite know what to expect, a lot of people don't understand, when they meet a child with autism. You have to be very animated to get that child's attention, and I think I can tell you that I have the most animated boyfriend in the world. But he really had a way of understanding Evan's thinking. And I watched it and went, Oh my gosh, he's got it. He's actually helped Evan get past some obstacles I couldn't. He speaks a language Evan understands, and Evan feels safe with him (122).

The more I thought about this concept of "The Autism Whisperer" in Jim Carrey the more I began to be intrigued with the possible implications of this idea to my research. Could this be related to the same response I was seeing with Patch and the young girl from Russia? After more research I discovered an interview that Jim Carrey did with Oprah

Winfrey about learning to deal with Evan. When Jim and Jenny first started dating, Evan was totally non-verbal, refusing any eye contact. “I’m a guy who’s used to getting people’s attention when I want it,” Jim said, “and I’m pretty good with kids, so it was a bit difficult and hard not to take it personally when I tried my best to play with him. He was focused on something else, and I could have been on fire in the room, and he wouldn’t have noticed me.” Jim kept at it, though, and says that autistic kids “show us how to go somewhere deeper as far as loving.” Now, Evan and Jim are very close. “It’s like Star Wars impressions back and forth all day long” (143).

Carrey also explained how McCarthy came up with the nickname “autism whisperer” for him. “One of the days I kind of broke through, I think possibly why she calls me the autism whisperer is because I would try to talk to Evan and I couldn't get his attention, and was always saying 'EVAN, EVAN, EVAN!' So one day I thought, 'I wonder if this will work?' and I whispered Evan's name twice and it got his attention immediately, because it interested him. That's what these kids need, something to grab their interest”. Could drama therapy be that something these children need?

During the development of this approach HBO aired a fascinating documentary on Elaine Hall and her organization “The Miracle Project” entitled “Autism: The Musical”. The documentary was based on the extraordinary and compelling theatre arts program that Elaine Hall innovated for children with autism and the awe inspiring results the work had delivered. Elaine, has a son, Neal with autism who she adopted from a Russian Orphanage at 23 months. She worked professionally in TV and film and searched for a way to combine her passion for the arts and love for Neal.

Elaine's work was briefly detailed in an article for the *New York Times* entitled A Season of Song, Dance and Autism:

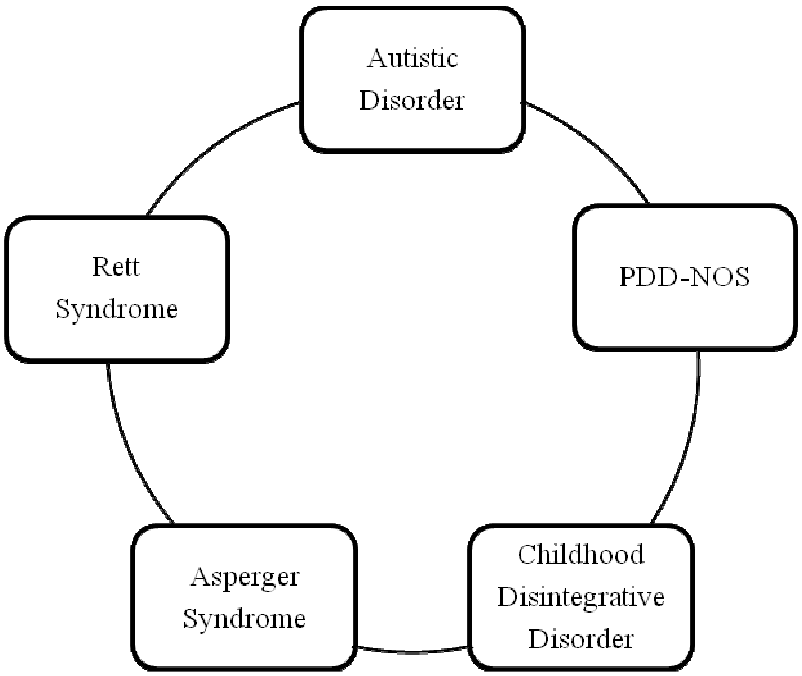
> "On a recent afternoon Elaine Hall, a petite acting coach, sat on the floor of the bare bones rec room at Vista Del Mar Child and Family Services and guided a half dozen kids with autism through a finger pointing, call-and response game called Zip Zap. Then came a group sing-along as the children crooned "Our circle is ready to start/Come share ideas, come share your heart" over and over. Before long Josh, Zoey, Shira and their friends were bunny-hopping across the room and improvising wild solo jigs to giddy applause"(Hart 20).

Elaine's work is extremely similar to drama therapy and utilizes theatre as an outlet for children's creativity no matter what their ability. After being in contact with Elaine and those at the "Miracle Project" I was filled with renewal and inspiration that others were involved in the same work around the world.

This approach has been broken down into stages/phases of the work that can be clearly identified and linked to specific theories. It is important to remember that autism is the mostly widely know disorder among the group of five pervasive developmental disorders (PDD), more often referred to as the Autism Spectrum Disorders (ASD). The pervasive developmental disorders, ASDs, range from a severe form, called autistic disorder, to a milder form Asperger syndrome. If a child has symptoms of either of these disorders, but does not meet the specific criteria for either, the diagnosis is called pervasive developmental disorder not otherwise specified (PNN-NOS). Other rare, very severe

disorders that are included in the autism spectrum are Ritt syndrome and child disintegrated disorder. According to the Diagnostic and Statistical Manual of Mental Disorders DSM-IV the term "PDD" is not a specific diagnosis, but an umbrella term under which the specific diagnoses are defined.

Figure 1. Autism Spectrum Disorder (Pervasive Developmental Disorders)



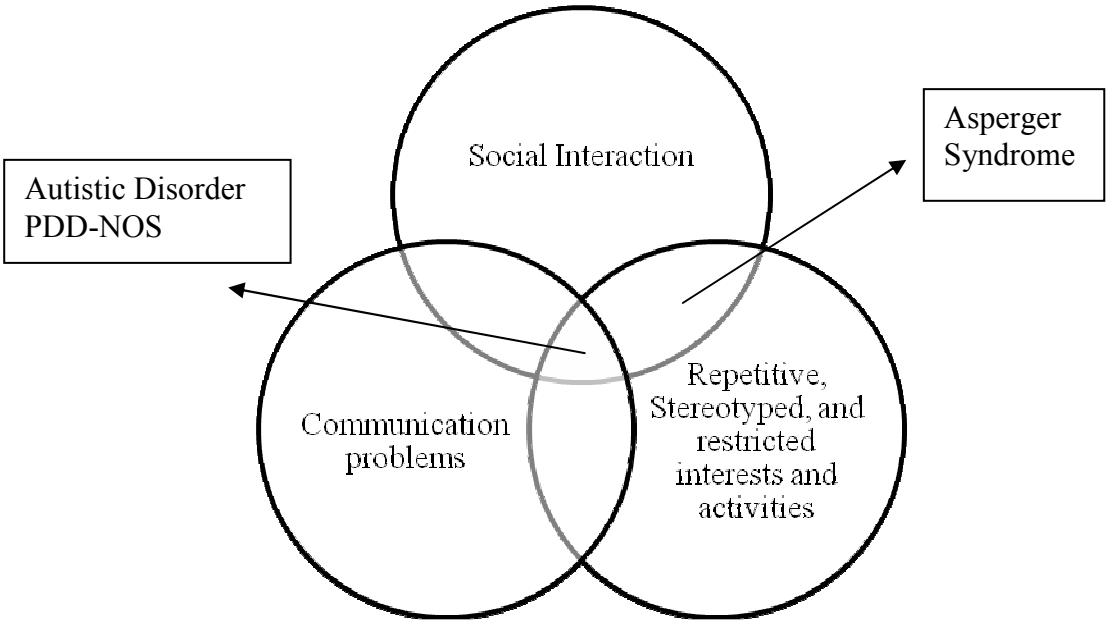
CHAPTER 2 Process

Many may consider drama therapy intervention with children with autism as a paradox. How can children who lack the ability to play and imagine use drama purposefully to learn anything especially social skills? Each child with autism is uniquely different. Each has their own fears and joys but still have similar specific traits that tie them together. Many children with autism can not reveal deep stirrings within themselves while others choose not to reveal them. Since the very private, personal self always remains concealed in some way, children with autism remain a mystery. The outside realm does not get to see the entirety of these beautiful children. Autism has been likened to a complex puzzle, with many parts that just do not seem to fit together. Sometimes it appears that the parts of the puzzle can be put together in various ways to create different pictures of autism. A question then arises as to whether there is one or many correct solutions to this puzzle.

The world around children with autism is a constant obstacle course with no explicit instructions. Many of these children live in isolation, due to defects in communication skills as well as social skills. According to the Diagnostic and Statistical Manual of Mental Disorders DSM-IV, autism refers to a disorder in which children manifest the following characteristics: social interaction impairments; communication

problems; and repetitive, stereotyped, and restricted interests and activities[2] (299). Autism can be referred to as a syndrome because it consists of a composite of different characteristics which occur in conjunction with each other. These impairments are most commonly referred to as the Triad of Impairments.

Figure 2.Triad of Impairments



The table below is a list of examples of impairments in each of the three areas. This list could be used to determine skill level and to set goals for each individual child during the drama therapy intervention process.

[2] The third area of the triad can also be refered to as "Rigidity of Thought" as defined by Dr. Lorna Wing.

Figure 3. List of Examples of Impairments (based on the DSM-IV criteria)

Social Interaction Impairments	• Difficulty learning to engage in guided tasks of everyday human interactions • Do not interact and avoid eye contact • Perfer being alone; seemingly indifferent • Resist attention • Passively accept hugs • Seldom seek comfort-respond to parents' display of anger or affection in a typical way • Although children are attached to their parents their expression of this attachment is unusual and hard to read • Lack of expected and typical attachment behavior • Slower learning to interpret what others are thinking and feeling • Subtle social cues (smiles, wink, grimace) may have little meaning • "Come here" always means the same no matter what body language is being expressed • Inability to interpret gestures and facial expressions • Difficulty seeing things from another person's perspective • Unable to predict or understand other people's reactions • Difficulty regulating their emotions ("immature"behavior such as crying in class or verbal outbursts that seem inappropriate to those around) • Disruptive and phyically aggressive • "Lose control" in strange or overwhelming enviroment • Break things, attack, hurt themselves (bang heads, pull hair, bite arms)
Communication Skills/Social Language	• Verbal and non verbal communication (deficits) • No babbling as infants • Remain mute throughout their lives • Use language in unusal ways • Unable to combine words into meaningful

	sentences • Use only one single word • Echolalia – repeat word or phase • Precocious and unusually large vocabulary • Difficulty in sustaining a conversation • "Give and take" easy for them to carry on a monologue on favorite subject • Inability to understand body language, tone of voice, or "phrases of speech" • Interpret a sarcastic expression "oh, that's just great" as meaning it really is great • Facial expressions, movements, and gestures rarely match what they are saying • Tone of voice fails to reflect their feelings • High pitched, sing-song, or flat, robot like voice is common • Scream or grab what they want because they can't be understood
Restricted, Repetitive, and Stereotyped Behavior	• Odd repetitive motions may set them apart • Extreme and highly apparent or more subtle • Flapping arms or toe walking • Suddenly freeze in position • Lineing up cars or toys – no pretend play • Absolute consistency in their enviroment • Intence pre occupation, persistent (numbers, science, symbols) • Limited range of imagination and activity • Unable to play imaginatly with objects, toys, and people

Pioneering drama therapist Renee Emunah says, "Drama liberates us from confinement, be it socially or psychologically induced. The dramatic moment is one of emancipation" (13). For children with autism this liberation is essential for further development both personally and socially. Drama is a vehicle for experiencing and integrating new aspects of oneself, but also for expressing suppressed aspects that one tends to conceal. These facets of a person's personality can be unleashed via the dramatic

role allowing children with autism to experience themselves in new ways. The dramatic act of theatre becomes a powerful tool for the transformation of children with autism both physically and psychologically. In *The Presence of the Actor*, theatre director Joseph Chaikin writes:

> In former times acting simply meant putting on a disguise. When you took off the disguise, there was the old face under it. Now it's clear that the wearing of a disguise changes the person. As he takes the disguise off, his face is changed from having worn it. The stage performance informs the life performance and is informed by it (6).

By blurring the lines between theatre and life, drama therapy with children with autism becomes a way to engage them in a sort of "rehearsal for life" which becomes imperative for social development. An important factor to be examined within this work is the neurological make up of the brain of the autistic child. EEG and CAT scans have shown considerable abnormalities in both the size and function of these children's brains. According to Dr. Mark Dombeck, neuroimaging studies have helped reveal a specific and significant set of abnormalities present in the brain of the autistic child which may explain impairment in a child's ability to automatically and instinctually intuit what other people are feeling, and to imitate them. A system of "mirror neurons" located in various parts of the human brain have been identified that become activated equally well when people do something such as wave their hand or smile, and when they simply observe those being done. Because mirror neurons do not discriminate between performed and viewed actions, they are very likely the neurological means through which humans are able to recognize

the intentions of others. For example, a set of mirror neurons will activate when you smile, and also when you observe someone else smiling. The fact that the mirror neurons fire when you observe someone else smiling helps you to relate what you are seeing to your own experience of smiling, and thus you are able to infer what the other person is likely to be feeling when they smile at you. Mirror neurons are likely to be the basis for people's instinctual ability to recognize emotions from facial expressions, and perhaps even more significantly, to imitate and match those expressions which leads to empathy. They are perhaps in some fundamental way, the neurological foundation for communication (286).

Dr. Meredith Oberman (University of California, San Diego) in her dissertation, "A Disembodied Mind: The Role of Dysfunctional Simulation Systems in the Social and Cognitive Deficits of Autism Spectrum Disorders", writes "The recent discovery of mirror neurons by Rizzolatti and colleagues, may provide a basis for explaining some of the behavioral deficits seen in individuals with ASD. Mirror neurons are primarily thought to be involved in perception and comprehension of motor actions, but they may also play a critical role in higher order cognitive processes such as imitation, empathy, and language. Studies across several labs, including our own, using different techniques have suggested that the Mirror Neuron System (MNS) is dysfunctional in individuals with ASD" (68).

It is important to recognize that the human brain, including those children with autism is plastic; referring to being molded or formed with the tendency of the brain to shape itself according to an experience, and that artificially induced MNS activation could provide a basis for brain rehabilitation and development. Throughout life, neural networks reorganize and reinforce themselves in response to new stimuli and learning experiences.

There is actually a physical connection between the brain and muscles, “mind-body connection”. The brain of the autistic child can continue to grow and improve with exercise. Because drama therapy is in direct contact with the mirror neuron system this means that theatrical activities are “exercising” or “working out” the functioning and under functioning brain.

What does this mean about the connections between autism and drama therapy? There is a powerful relationship between the stage act and the life act. Drama behaviors also have impact on the brain and body. The behaviors, roles, and emotions portrayed in the drama become part of one’s repertoire, a repertoire that can be drawn upon in life situations. Because drama therapy is an action based therapy, it is through “doing” that transformation is possible. This is why it is so imperative that intervention begin at an early age.

Drama therapy with these children is both an emotional and cognitive creative therapy which allows for growth and development. It is the use of improvisation, role play, mime, music and movement, storytelling, masks and ritual, theatre games and scripted drama as a therapeutic vehicle. As an action based therapy, drama therapy appeals to the strengths of these children, building confidence, increasing self awareness, relaxation, responsibility, and operates on a variety of levels such as physical, emotional, imaginative and social. Aiming towards not only insight and emotional maturation, but also practical change in communication skills, interpersonal dynamics, and habitual responses are all actively examined in each session. Change is not only envisioned but literally practiced. One thing that needs to be remembered especially when working with

these children is to view them for their abilities and not their disabilities which will allow them to be viewed in a positive way. Playing to their strengths will diminish anxiety and create an environment that maximizes the positive benefits that can be obtained.

Autism can usually be reliably diagnosed by age three, although new research is pushing back the age of diagnosis to as early as six months. Parents are usually the first to notice unusual behaviors in their child or their child's failure to reach appropriate developmental milestones. Some parents describe a child that seemed different from birth, while others describe a child who was developing normally and then lost skills. Once diagnosed, most individuals retain this diagnosis over their lifetime; thus it is a chronic disorder. If a child is diagnosed with autism, early intervention is critical to gain maximum benefit from existing therapies. Research indicates that early intervention in an appropriate setting for at least two years during preschool years can result in significant improvements for many children. Effective treatment programs will build on a child's interests, offer predictable schedules, teach tasks as a series of simple steps, actively engage the child's attention in activities, and focus on developing communication, social and cognitive skills.

Drama therapy with children with autism synthesizes many different strands of thought including psychology, sociology, psychodrama and psychotherapy. It represents the marriage of drama and therapy, but it is not a simple addition of the two disciplines. Rather, the combination produces a third, distinct way of helping children with autism, using appropriate elements of each area to encourage growth and development. In its focus on expression through drama and physicality, it is unlike more traditional therapies that take a more cerebral approach such as talk therapy which could be difficult for many

children with autism because almost forty percent of children with autism are mute and do not speak at all.

When examining the social dysfunction found in children with autism to make a comparison, it is also necessary to look at how typical developing children develop social skills. There are many social and cognitive skills that facilitate healthy social development in children. These skills include responding positively to peers, an ability to discriminate and label emotions and an ability to accurately and effectively communicate with peers. In order to have a successful social development, children need to have the ability to take on the perspective of others and at the same time consider both their own and others' points of view. Along with these skills, which are necessary for healthy development, there are also two essential keys about social behavior that predict correct development. These two keys are mutual reinforcement (support of others emotions) and reciprocal behavior (the give and take of communication) as well as the ability to adapt social skills to a variety of social situations (Howlin 298). As the child with autism develops, they tend to lack the abilities needed for typical social development. However, the nature of the social deficits can change with age and is found to be more severe when the child with autism is in their preschool years.

This is why drama therapy with children with autism is ideal for the teaching and practicing of social and personal skills. Social interaction depends on good communication skills and cognition which is at the core of theatre. The fundamental foundation that runs throughout this intervention is the theory, that play has an effect on child development. Because theatre at its core is about the ability of an actor to play within the performance

this makes it a perfect partnership. Arguably, play is at the heart of what it means to be human. It is a long-established educational maxim that children learn through play. Play as a process facilitates discovery of possibilities, allows for exploration and experimentation and offers practice opportunities to enhance and consolidate knowledge, skills and understanding. Specifically both psychologists and educators have examined this premise. "To play it out is the most natural self healing measure childhood affords," writes psychoanalyst Eric Erikson (222). Children use drama as therapy spontaneously, with no outside direction or pre imposed structure. Dramatic play is the child's method of symbolically expressing and resolving internal conflict; assimilating reality; achieving a sense of mastery and control; releasing pent-up emotions; learning to control potentially destructive impulses through fantasy; expressing unaccepted parts of the self; exploring problems and discovering solutions; practicing for real-life events; expressing hopes and wishes; experimenting with new roles and situations; and developing a sense of identity (Courtney 142). Play lies at the core of a child's essential creative and imaginative output (Moylers 45), and is integral to the whole creative process, "play promotes the flexibility and problem-solving skills that are needed to be creative" (Duffy 23).

Vogotsky claimed that "in play a child always behaves beyond his average age because play contains all developmental tendencies in a condensed form" (241). For the majority of children with autism, it would seem that this "playfulness" commonly remains latent; they seem to lack the urge to engage spontaneously in "playful" behavior in free play situations, while structured play contexts with an interested adult can reveal indications of their play potential and clear enjoyment of such activities.

At the same time, play is essentially an affective activity which is an aspect of brain functioning that is problematic for children with autism. Children with autism are fundamentally challenged in their ability to encode and decode meaning (Frith 456); they appear to demonstrate lack of empathy and have difficulty with flexible, lateral thinking, resulting in tendency to use literal, logical modes of thought. These difficulties may stem from the under-functioning of the mirror neurons in the brain (Damasio and Maurer 295), which may hamper their ability to see significance and meaning in an experience, as well as undermine their sense of self and consequent awareness of other people (Jordan and Powell 168). This difficulty with sense of self and evaluating affective experience means that they struggle with understanding their own emotional states. It also prevents them from understanding how emotions are related to desires and beliefs, and therefore from empathizing with other people's mental states and expression of intention known as the "theory of mind" (Baron-Cohen 142).

However, activity that is inherently playful and dramatic tends to generate emotional responses, and so will actually target directly that part of the brain that may be under-functioning in children with autism. Such experiences may also be more memorable because they are more highly charged (fun, exciting, pleasurable, intriguing), and therefore more likely to be etched on the brain due to their emotional quality; research has shown a link between emotional arousal in the mid-brain and cortical operations of thinking and problem solving (Iveson 254).

CHAPTER 3 Sources

The tradition of experimentation in theatre and drama during the twentieth century is relevant to the development of drama as a therapy. The most important facet of this tradition is the establishment of certain themes in experimental theatre. This made it possible to view theatre and dramatic processes in a way which helped to open the possibility that they could be powerfully therapeutic. Another important aspect is the development of certain methodologies, approaches and techniques in theatre training, rehearsal, research, and performance out of which the language and techniques of drama therapy with children with autism have been developed.

The key schools and approaches include the psychological approaches to character construction and performance developed by practitioners such as Stanislavski; the emphasis upon political change and representational theatre of the Brechtian approach to theatre; the theories of Artaud; along with the experiments of Brook and Grotowski. Later on, the new political theatre born in the 1960s and Boal's work are also important influences. Their relevance lies in the emphasis they laid upon the role and potential of drama to change society and people's lives.

Robert Landy, in his book *New Essays in Drama Therapy* remarks that just below the ruins of the ancient Theatre of Dionysus in Epidauros Greece, lay the remains of an

ancient hospital. On one of the crumbling pillars is a plaque which informs the tourists that patients of the hospital were cured by performing in the Greek chorus (7).

Although theatres existed in psychiatric hospitals for centuries, the twentieth century saw an enormous increase in the presence of theatre and drama in hospitals. Another area of development was in the work of three individuals Iljine, Evreinov and Moreno, in establishing forms of treatment or therapy with drama as a primary means of change. The radical innovations in experimental theatre, educational drama, psychotherapy, and the study of play all made important connections between the potentials of drama to bring about or facilitate direct change in people's lives (Jones 46).

Soviet theatre director Nikolai Evreinov in "Theatre in Life" was the first to articulate a formal connection between theatre and therapy in the modern era with his description of "Theatrotherapy" which had little emphasis on creation of theatrical production but instead focused upon internal and psychological processes involved in acting; theatre as a therapy for actors and audience, theatre as an instinct, theatre and play linked as necessary to the development of intelligence, and the stage management of life (Evreinov 64). Evreinov's Theatrotherapy is based upon these notions. In his writing about this area he does not propose a specific methodology, but rather seeks to demonstrate a facet of the way in which this instinct can have beneficial effects. Theatretherapy concerns the ways in which engagement in dramatic or theatrical activity connects to healing, alleviation of illness and the creation of well being, "The theatre cures the actors. It can also cure the audience" (126).

He speaks of health on several different levels. On the general level of society he claims that theatre is one of the strongest weapons for safeguarding the health of mankind (127). On an individual level he considers a number of the ways in which theatre can heal, from clowns working in children's hospitals to the alleviation of a toothache.

Evreinov describes theatre as a stimulant; an actor's ailment is overcome by the "transfigurative energy" of the role he enacts (125). He cites the example of a performer who is suffering from an illness prior to taking on a role. When on the stage the symptoms may disappear. He says that the actor, when engaged in theatre, enters into an energized state and this helps to alleviate illness mental or physical. He writes of the reworking and reforming of unhealthy roles in life and the changing of patterns of living which cause distress or illness through enactment in theatre. The actor can create roles anew as a way of engaging with their life differently. Here re-playing roles is linked to behavioral relearning, "Playing a role well, and you will live up to it" (125). The ability to utilize the skills of drama is seen to be helpful. The capability to transform the self and the ensuing potential reworking of difficult life situations is enhanced by the development of the abilities to act, "The theatre "cures" an actor skilful in the art of self transformation" (125). Theatre can also enable a change in the framework within which someone sees their life. This change can help to alter and reframe difficulties, "you were induced to leave the place where you had so adapted yourself to things occupying your attention that you could no longer maintain a contemplative attitude to them" (122).

During the early twentieth century Vladimir Iljine in the Soviet Union developed a way of working which he called Therapeutic Theatre. In this method, Iljine tried to

combine the sciences such as biology and medicine with the humanities, music and theatre. During this time Iljine was developing his techniques through activities with psychiatric patients in hospitals, with students who had emotional problems, and in the theatre. Like those of Evreinov, his methods were connected to the turn of the century experiments in theatre that were taking place in Russia. Three key areas which formed the bases of his methods were improvisation training, instant or impromptu performances and the forming of scenarios around which improvisations could occur (Jones 58).

Work could be undertaken with individuals or with groups. A group would usually consist of between ten or fifteen people, though with more therapists a group of thirty could be created. Iljine says that there should be a minimum of thirty sessions, with meetings occurring twice a week. Sessions could last as long as between three and five hours. Within the two weekly meetings focus would be placed upon improvisation training (Jones 60).

Improvisation training is an essential element of Iljine's methodology. This sought to develop clients' creativity through drama games and exercises. The training encouraged spontaneity, flexibility, expressivity, sensitivity and the ability to communicate. Iljine saw these attributes as qualities which people in general neglected, and said that this phenomenon was especially prevalent in people with emotional and mental health problems. He viewed the loss of these qualities as a distinctive part of their illness. Therapeutic Theatre had as its main aim the bringing about of change for participants so that they could have access to their healthy personalities once more (Jones 62).

Within the improvisation training emphasis was put upon the clients' use of their bodies and voices. The idea was that the body is essential to the expression and exploration of emotion. By training clients in using their bodies and voices in drama, the aim was to enhance their ability to express and explore emotions in the Therapeutic Theatre sessions and in their lives in general(Jones 60).

To overcome any blocks against playing and creativity, Iljine developed the idea and practice of warm up techniques such as sensitivity training and the ability to communicate openly with others. One warm up used the qualities of animal and bird movements, such as the jumping and falling of cats or the motions of snakes. Iljine observed animals and used them as a basis for exercises concerning self-expression. Clients would use the movements of puppies at play, birds of prey, reptiles, big cats. He used a wide variety of such drama games, developing them over the years. Yoga based activities were often included within warm up activities (Jones 62).

At the same time in Vienna, Dr. Jacob L. Moreno, a prolifically creative man who was one of the pioneers of role play, improvisational theatre, social psychology, and group psychotherapy, invented Psychodrama. One of Moreno's main insights was that the most useful way to cultivate creativity was through promoting spontaneity. In his 1947 American edition of *The Theatre of Spontaneity*, Moreno divides his ideas into three parts, the spontaneous theatre, the living theatre and the therapeutic theatre or theatre of catharsis (38). The Therapeutic Theatre "uses the vehicle of the spontaneity theatre for therapeutic ends…The fictitious character of the dramatist's world is replaced by the actual structure of the patient's world, real or imaginary" (38)

Moreno later published a paper on the subject of psychodrama. The paper outlined the principle of three parts to a session, warm up, action and sharing; it also described the key aspects of the process, such as the protagonist, auxiliary ego, director and audience, doubling and role reversal.

The therapist is termed "director" and groups meet for between one and a half and two hours. In classic psychodrama a protagonist emerges within each session, and this individual is the focus of the work. Their problems are depicted and worked with using role improvisations. During the enactment of a situation or issue other clients or staff take on the roles of people relevant to the portrayal of the problem. Specific techniques are used to explore and deal with the protagonist's material. In "role reversal", for example players swap the role they are playing to take on a different persona within the action. The psychodrama is divided into different parts. The warm up stage aims to select a protagonist and to help the group to prepare for dramatic activity. The main action consists of role work. In classic psychodrama a catharsis is aimed for. After this a period of reflection, discussion or sharing occurs (Moreno 148).

CHAPTER 4 Three Phase Developmental Approach

The three phase developmental approach to drama therapy with children with autism has been adapted from the blending of other approaches such as Renee Emunah's Integrative Five Phase Model of Drama Therapy, Dr. Stanley Greenspan's Floortime/DIR Approach, and David Read Johnson's Developmental Transformations. Drawing upon elements from these various approaches builds a fundamental foundation to help the development of children with autism.

Since creativity is a prime value in drama therapy, this approach itself as well as its theory, is open to continuous revision, development, and creative adaptation. New techniques and new integrations with other therapeutic approaches continue to make this approach anything but orthodox or dogmatic. This work has a blended balance between psychodrama (individual focus) and sociodrama (social focus) methods.

A more holistic approach is needed especially for children with autism. Drama offers a range of techniques that includes "right brain" as well as "left brain" abilities, and helps to integrate and balance these functions. Drama should not be thought of as a single approach, but rather a vehicle that can be adapted to simpler or more complex modes of work. The techniques constitute a range of tools and the context is a psycho-social laboratory of context within which the different therapeutic approaches may be creatively applied according to the child's unique individual needs. These techniques have been

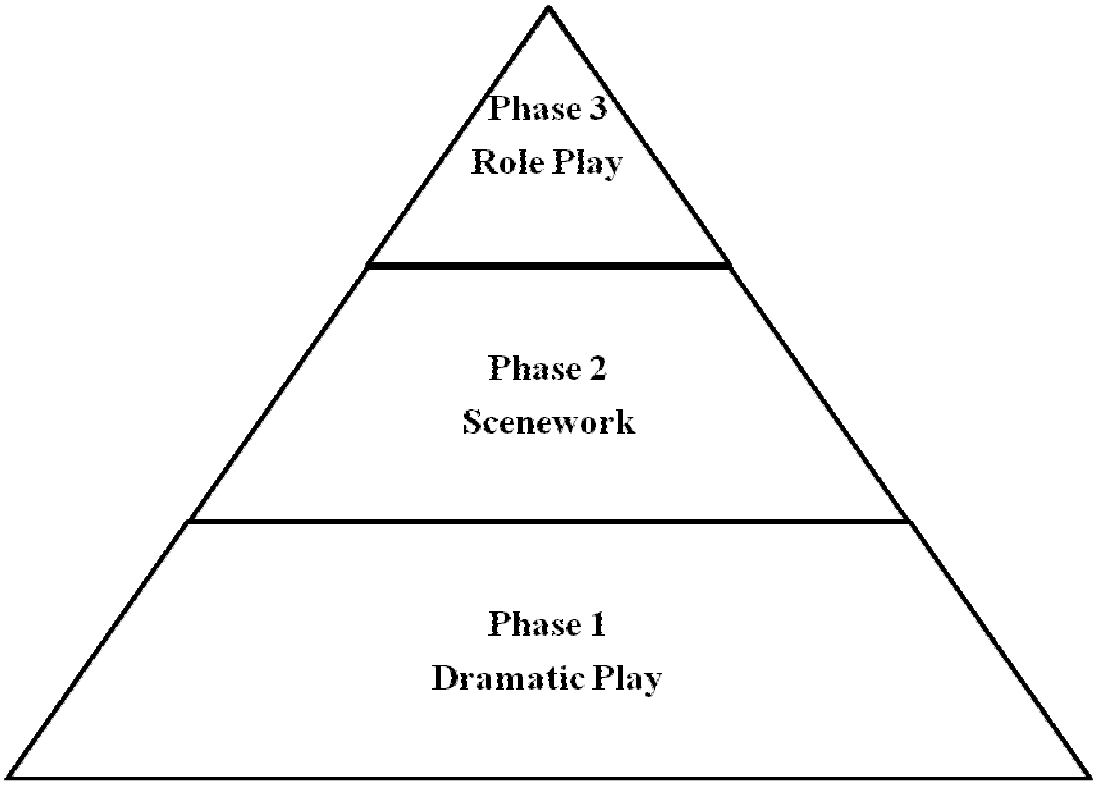
developed to help children with autism develop skills in communication, self-awareness, social interaction, and problem solving.

Because children with autism seem to lack a desire to search for deeper causal links in their understanding of the world, they excel at remembering predictable routines and process surface level information. This results in a fragmented and shallow understanding of the world, although they can remember a lot about it. These children need to find causal coherence through their experiences: how it is that events are connected as a result of action; play is the means by which all children achieve this (Courtney 74).

The difficulties of children with autism become exacerbated and most noticeable in the area of social understanding, where they experience difficulty in making sense of the behavior of other people because it relies on an understanding of their own intentions. This can be addressed by extending their play further using techniques from educational drama, so that children with autism can be offered a reflective window on their own behavior and on that of others. The very act of engaging in dramatic activity will strengthen those parts of the brain that are under functioning, mirror neurons, in children with autism.

Play and drama evoke emotional reactions in children, putting children with autism directly in touch with their feeling responses that will enable them to see how events and experiences come together to have a meaning, a personal significance, rather than just to be related chronologically. This process needs to be made explicit to them, so that they may be led to appreciate their own mental states and those of others, and how these influence behavior. In this way, they gain greater social understanding.

Figure 4. Structure of the Therapeutic Process. Phase one builds the foundation for the work which than extends to phases two and three.



This therapeutic model uses the educational concept of spiral curriculum, in which an activity or group of activities are repeated over a period of treatment which strengthens the skills within the child both physically and intellectually. The frame work being used within this approach is based on Dr. Stanley Greenspan's "Floortime" approach. This approach has been highly successful in getting children with autism to relate, to communicate and think independently. Dr. Greenspan strongly believes that "joy" changes the brain (Greenspan 165). The DIR/Floortime approach has nine stages which I have

incorporated into the drama therapy work. Figure 5 shows the way that the two approaches interface with each other to create a clear structure.

Figure 5. Interface of Approaches

Stage of The DIR/Floortime Approach	Area's of Concentration and Focus	Drama Therapy Phases
Stage One	Regulation and Interest in the World	Dramatic Play
Stage Two	Engaging in Relationships	Dramatic Play
Stage Three	Intentionality and Two-way Communication	Dramatic Play Scene Work
Stage Four	Social Problem-Solving, Mood Regulation, and Formation of a Sense of Self	Dramatic Play Scene Work
Stage Five	Creating Symbols and Using Words and Ideas	Dramatic Play Scene Work
Stage Six	Emotion, Thinking, Logic and a Sense of Self	Dramatic Play Scene Work Role Play
Stage Seven	Multicausal and Triangular Thinking	Dramatic Play Scene Work Role Play
Stage Eight	Grey-Area, Emotionally Differentiated Thinking	Dramatic Play Scene Work Role Play
Stage Nine	A Growing Sense of Self and Reflection on an Internal Standard	Dramatic Play Scene Work Role Play

CHAPTER 5 Basic Concepts & Principles

The basic theatre concepts that are present within drama therapy with children with autism include using metaphor through action. Behaviors, problems, and emotions can be represented metaphorically, allowing for symbolic understanding. A set of behaviors can be looked at as a "role," such as the role of mother, victim, friend, or enemy. These roles can be played out in a dramatic situation, leading to a greater understanding of the role as helpful or harmful. An emotion can be represented with a metaphorical image: anger displayed as a volcano, and exploding bomb, or a smoldering fire. These images can be dramatized, allowing the child more insight into qualities of the emotion and how it functions positively or negatively in their life.

The use of neuroscientist Dr. Susana Bloch's "Alba Emoting" technique for actors is a possible way to expose children with autism to a wide range of hidden emotions that they may or may not have expressed. Alba Emoting identifies six "basic" emotions from which all others derive. Each of the basic emotions, as well as emotional neutrality, has its own unique, identifiable set of bodily responses (effector patterns) which are universal to all humans. By reproducing three aspects of these patterns-breathing, posture, and facial expression- an actor can experience and express genuine, organic emotion at will, without the use of memory or images (Bloch 125). For children with autism this means it is possible with repetition of these patterns not only to express the emotion but be physically engaged with it.

Concrete embodiment allows the abstract to become concrete through the child's body. We all experience life first through our senses and our bodies, and only later through language and abstract thoughts. Acting out an idea or an experience allows it to become "more real" so it can be dealt with through feeling rather than just through thought, in the moment rather than through the past or future projection. Embodiment allows children with autism to experience or re-experience in order to learn, to practice new behaviors, or to experiment with change. This is particularly important for children with autism who are kinesthetic and/or visual learners.

Brectian distancing allows the children to change the degree to which the roles being played are like them symbolically or like them actually. This distancing device is based on the work of Bertolt Brecht which purposefully keeps participants removed from the action or character so that they can ponder its meaning. Normally developing children intuitively use distancing to project themselves from shame in play by acting out characters similar to them, but not them. Playing a role quite different from them often makes them more comfortable than playing themselves directly. In some cases an experience is too close to them for them to see their part in it. They need to take a step back, metaphorically speaking, and see the experience in a wider context: to see the forest in order to see the tree. This concept will vary depending on the level of development and the issue being worked on at the moment.

Dramatic projection is akin to concrete embodiment and employs metaphor. It is the ability to take an idea or an emotion that is within and project it outside to be shown or

acted out in the session. This is important for the children who are less verbal and need a way of physically expressing something without language.

Each of these concepts can be employed within the work depending on the goals that have been labeled. According to Anna Chesner, when working with children who have learning disabilities there is a group of specific drama therapy principles that must be followed to enhance productivity during the duration of the treatment. These include patience, trust, space, containment and safety to explore, dynamics of doing and being, development of a shared language, and timing (36).

The principle of patience is one of the most important to remember with this particular population. Change and development are possible but will take time. It can be like a child learning to walk, they take one step at a time and then maybe fall back a few steps but they are still learning to walk. Patience is needed to embark on a relationship and process that may need to last a few years. Within any session patience is also necessary in order to allow the children time to respond. These are children who may never have had this type of experience and it can feel frustrating at times when expectations are not met, or when nothing seems to be happening despite every effort.

The principle of trust for children with autism is paramount. These children need consistency and small modifications at the right moment will allow them to start to break away from the constant repetition. For many of these children it will take time until a trust is built and they can allow someone into their world.

The principles of space, containment and safety to explore are strongly connected to trust. The therapeutic play space must be an area where the children feel safe and are

free to explore the world. Setting up this environment for children with autism can be difficult especially because of a lack of consistency. The group, location, and materials must stay the same to avoid the child shutting down in anxiety.

The principle of dynamic of doing and being can be difficult for children with autism because it is about action and interaction which is something alien to many of these children. There must be a balance of activity and just being, whether this is just being in relation to the play space or just being with group members.

The principle of working towards a shared language becomes necessary when the children are non-verbal. Even if a child is unable to talk and appears unable to understand spoken language, it is helpful to talk to them. It can feel odd and quite challenging to conduct a one way conversation however, many understand spoken language. There is more to spoken language than the literal meaning of words. The sound of a voice speaking respectfully with the intention to communicate is in itself a communication and validation. Over time the child may find their own voice because they have been given respect and encouragement. Remember that the body is a great tool of communication and just like American Sign Language may be used to communicate with others besides verbal exchange.

The final principle is timing. Each child is going to progress at their own individual developmental level. Sometimes a child may need additional help or guidance in trying to achieve the intended goals. These principles have guided my work with these children every step of the way both in organization and in our contact.

CHAPTER 6 Phase One/Dramatic Play

DIR/Floortime Concepts: Regulation and Interest in the world/Engaged and Relation

This phase of the therapeutic process lays the foundation and supports the rest of the work that will follow. A nonthreatening, playful environment is the first to be established. I will refer to this environment as the therapeutic play space in which all drama therapy practice will take place because of diagnosis. Importance is also placed on the consistency of this space for these children. This phase includes creative dramatics, improvisation, playful interactive exercises, and structured theatre games. These techniques are physically active, and most are socially interactive. This form of therapy and phase can be done with individual children or groups depending on what skill levels are being developed and targeted. I, personally, encourage group process because this allows for constant social interaction for the children. Skills such as self-confidence, self-esteem, along with an awareness of and appreciation for the qualities of the group members are cultivated. The strengths and healthy aspects of the children are elicited; in keeping with a humanistic paradigm of development, qualities such as expressiveness, playfulness, creativity, spontaneity, humor, and aliveness are nurtured as a foundation for the approach.

Within this approach I strongly advocate peer mentors in the work which is different from typical drama therapy. The peer mentors are typically developing children who take part in the work within the session and who serve to guide, teach and act as a role model for those with autism. A study conducted by Ungerer and Sigman examined the functional play of children with autism and found that the frequency of functional play of children in comparison to typical developing children was less than or equal to self-directed play (Howlin 182). However, when children with autism are placed in a group with typical developing children, their play seems to change. McHale found that when autistic children played with typical developing children, they increased their cooperative play as well as their social interactions. The study also found that there was a decrease in isolated play when autistic children played with typically developing children (Howlin 274). The main purpose of their involvement is to demonstrate to the children with autism what typical behaviors look like.

When considering choices for peer mentors, they should be someone whose social skills are competent and who demonstrates age appropriate emotional maturity. They must have a desire to be positive role models, a willingness to be patient and kind to the children, to take direction in the session, and have a willingness to learn some of the basic characteristics of autism, and more particularly, the characteristics of the group of children. Peer mentoring can be successfully facilitated by children as young as five or six years old. The younger the mentor, the more simple the explanations should be about how they can help to be a good friend and role model. This not only creates a environment for social interaction but also begins to educate, at a young age, about acceptance and difference.

During this phase, trust begins to develop; trust in the children's own abilities, trust between group members, and most importantly trust in the group leader. These features evolve naturally over a period of time, following an often slow and bumpy course, but drama offers a particular means of accelerating and strengthening this goal. This approach is process oriented (shaped by the ongoing dynamic issues emerging at any particular point), humanistic, depth oriented, and action oriented. It does not offer formulas; each child and therapeutic relationship gives rise to new insights and perspectives on the process and the condition. Drama is a collective, collaborative art form which is why I strongly encourage this work to be done in groups and with peer mentors. This aspect of drama is central to the work in this phase and of social interaction. The group's interaction and creative collaboration helps to develop a sense of group identity and mutual support.

Another goal that is central to this phase is spontaneity and play. Spontaneity is the key ingredient in improvisational drama. Without spontaneity, the children cannot act in the present moment; they are tied to the past, held back by the future. New situations elicit habitual responses and patterns remain unbroken which contribute to the third impairment in the triad, repetitive, stereotyped and restricted interests and activities. Viola Spolin writes, "Through spontaneity we are reformed into ourselves. It creates an explosion that for the moment frees us from handed-down frames of reference, memory choked with old facts…"(4). These children are allowed to enter into the world of the imagination through play, which for many children with autism may be the first time. This phase is deliberately less structured, working in the mode of free-associative and nondirective play at first. By

observing and participating in the children's dramatic play, you gain a deeper understanding of underlying issues and themes that may be present and will need further work. This aspect is taken directly from Developmental Transformations in which clients are encouraged to engage in play with themselves and the therapist.

CHAPTER 7 Phase Two/Scene Work

DIR/Floortime Concepts: Intentionality and Two-way Communication/Social Problem Solving, mood regulation, and foundation of a sense of self/creating symbols and using words and ideas

This phase progresses from the spontaneous improvisation play and dramatic play games of phase one to sustained dramatic scenes, composed of developed roles and characters. While continuing to build on improvisation and dramatic play here we encounter the heart of theatre. The format and techniques of this phase are very similar to theatre workshops, though adapted for therapeutic purpose. Given a safe, supported therapeutic play space environment and sensitive pacing and guidance, many children with autism can express and reveal themselves via the theatrical process. Some children with autism are actually natural actors especially those with Aspergers. The aspect of drama that is central is the notion that acting gives permission to "be different". Diverse scenes and roles afford children with autism the opportunity to experience and exhibit new sides of themselves. The "stepping outside of oneself" and into a role is freeing: within the dramatic context children with autism can rehearse everyday social interaction skills. These qualities and characteristics can be tried on and embodied by the children.

CHAPTER 8 Phase Three/ Role Play

DIR/Floortime Concepts: Emotion, thinking, logic, and a sense of self/multi casual and triangular thinking

In this phase, now that the children are freely taking part in scenework we move seamlessly into role play something which has already been present in scenework. If the children have not yet been successful in achieving scenework then this phase should not be started. This dramatic concept of role is closely liked to character and identity. Through drama the children can experience a wider variety of roles than would be available to be played in real life, and indeed be able to move in and out of them with flexibility. The expressiveness and fluidity of this process is profoundly therapeutic. By temporarily adapting roles that are alien to their habitual life roles, these children can learn something transformative about the possibilities of change and empathy. Children with autism whose role repertories tend to be limited or even non existent, can discover other modes of expression and new possibilities through posture, breathing, facial expression and thought patterns. In trying to discover the right emotional distance for the children, enactments and roles must be shifted between fictional and ones that are more true to life. This will expand the child's role repertories (the number of types of roles that can be accessed for use in real life), or it allows the child to explore a similar role to those they play under the guise of not me but like me. Non-fiction work allows the children to explore their life directly.

CHAPTER 9 Session

In this chapter I will document an example of the first acting workshop I had with a group of autistic children in Spring of 2008. There are twelve children in the room, sitting quietly, apart from one another, each in his or her own world. The sense of isolation is palpable. From far away, as if using an imaginary photo lens, I try to read some of the faces. Is it apprehension or suspicion I detect? As I scan the faces and bodies of these children, I reach for the part of myself that has felt, or feels now, some of what I perceive in the children. At the same time, I am aware of my current state of energy and readiness. I move, as unobtrusively as possible, towards a few of the children, to initiate some contact. For some reason, the greeting seems to bring relief; I have not been too threatening. For others, the greeting makes no dent in their high level of anxiety; for these children, facing a new person, a new group, and a new venture is overwhelming.

Within this group I have eight children with autism and 4 peer mentors (normally developing children in which two are siblings of the autistic children). This group has been composed of families who have responded to an ad I posted for a theatre group for children with autism. I want to change the atmosphere from one of passivity to activity, from stillness to aliveness. My own level of energy is critical in this process but its manifestation is delicate: I need to begin where the group is at, to be with them and not at them, to demonstrate that I recognize and understand their current internal state. I view the process that is about to take place as gently lifting the children, and carrying them, ever so

slowly, to a somewhat different place/state, one they may have never been a part of before. I am conscious of the responsibility I am assuming and want to build trust with these children. I have asked the parents or guardians of these children to stay and observe the work. It is my hope that many of the activities taking place within our group will be able to be used at home with parents once the group has finished.

We are about to begin the session. There is growing tension and I know that any delay with verbal instructions or discussion will only increase the tension. The activity itself will activate anxiety, and the sooner we start the better. I ask that shoes be removed and that a large circle be formed. I have already briefly met with the peer mentors before this first session to acclimate them to each other, myself, and their responsibility within the group.

In pantomime, beginning the session, I pick up a ball. After clearly establishing its weight and size, I throw it to someone in the circle, as I call out that person's name. The instructions have come through demonstration, rather than words. This is extremely important because one of the autistic children is nonverbal. Jill spontaneously catches the imaginary ball, and then tosses it to Michael, calling out his name. When it comes back to me, I transform it to a different weight, size, and shape. Within minutes, there are smiles and then laughter, as the children watch each other pretend, so realistically, to throw a ball that weighs a ton, or shrink a beach ball to a marble and gradually to a tiny speck that nearly disappears. After several more minutes, there are more creative modifications, this time in the throwing of the ball; it is being punched, hurled, rolled, and blown. The practical functions being served by the exercise is that the children in this first session are

learning each others' names, and observation and concentration are being developed; the symbolic function is in the representation of transformation. I am also using this session as a way to assess the abilities and disabilities of each child. I try to learn the level of development and where on the spectrum each child exists.

I have deliberately begun with a clear structure because I believe that a structured framework facilitates the discovery of creativity and imagination among children whose creativity has yet to be explored. Had I begun with a very free flowing exercise, such as asking each child to make a movement and sound expressing how he or she feels, imagination would have, in my view, instead been trapped. There would have been too much freedom, abstraction, and performance in such an opening, precisely what these children fear and are not attuned to. Later in the series the session may well begin with an expression, or dramatized exaggeration, of what the group feels. At this point however, the children's feelings, predominantly anxiety, are obvious. The priority is to alleviate that anxiety, providing a sense of safety, and establishing an atmosphere of play, the fundamental theory of this phase.

I discreetly slip out some real balls that I have brought. They are large, light, colorful, and balloon-like. Before the group even realizes the exercise has been modified, I toss a ball to one child in the circle, saying his name, and throw another ball to a different child. Soon there are four balls in the air, which before long I increase to six. No possibility for "spacing out" here; one's name is being called at very frequent intervals, always a split second before a ball, or two or three, arrive in one's arms. This was not a complete success because balls were landing on the ground and watching the faces of some

of the children, to me, proved a success. Some worked together while others stood there with little to no expression and just watched the balls fall to the ground.

Once there seems to be more energy in the air I decide to leave the circle and to get them to move. I suggest we all walk around the room, in any direction. Some children begin to shuffle hesitantly. I say, "Walk as if you're the only one in the room. You want to be alone. Avoid other people." This is easy, familiar. Soon I add: "Take up more space. You want the entire room for yourself". As I speak, I move, grabbing space myself, instigating physical interaction with individual children. Now the group is moving more purposefully and with a touch of mischievousness. "You're really greedy. You want to own the whole room. Grab the space! Don't let anyone get in your way; collect all the space for yourself. Dodge people." The power in my voice increases in relation to the energy in the room. Many are now running, stretching their arms and legs, dodging, laughing. There are a few near collisions. It's a mini opening performance for our group.

"Now begin to slow down, and as you walk, notice the other people in the room. Start shaking their hands, saying their names. Shake hands with everyone you see". Twelve children are shaking hands with each other. Some seem to refuse this contact while others welcome it. "Faster. Move from one hand to the next." My directions are always given in conjunction with action; the activity never stops while I speak. I am constantly doing the activity myself, rather than directing from the side lines. The peer mentors and myself are models for these children and I am always aware of my body, voice and facial expressions (the larger the better). Other possible ways of greeting that I may use include, "Greet each other like you greet a long lost friend"; "Greet someone you don't really

trust"; "Greet someone you really dislike"; "Greet someone you have a secret crush on"; "Greet someone with bad breath". I continue by saying, "Use both hands, shake with one person on one side, and another person on the other. Always have two people, and then move on. Faster." At a peak moment, I shout "Freeze!!" A tightly woven mass of children has formed in the center of the room.

"Stand back to back with someone whose hand you are holding. In a second, you're going to turn around and greet each other, according to the feeling or attitude I call out. OK, Shyly." I have told my peer mentors to pair up with one of the autistic children so that they have someone to respond to. All turn around, face their partner, shake hands and introduce themselves, in a very timid fashion. "Back to back. This time greet each other Nervously." The anxiety and timidity that many have felt for real is being given an outlet, in a playful and nonthreatening context. The underlying message is one of permission and acceptance: it is OK to feel, to be, this way. "Back to back. Surprised." Eyes widen, heads tilt, hands go up. "Back to back. Impatient!" The level of noise and temperature in the room rises. Pent up anxiety is being further dispelled. "Enthusiastically!" Children who have met less than a half hour age are greeting each other as if they were best friends.

I now ask for a volunteer to close their eyes and cover their ears, explaining that when I say so, the entire group will be acting a certain way. After observing for a few minutes, she will try to identify the emotion, mood, or attitude of the group. As she covers her ears, I bring the group into a huddle and ask for suggestions. Smiling, one child says, "sleepy". Immediately I support this suggestion and ask the group to try to make clear in

their acting. Everyone goes off to a corner; I say "Action, you may look and uncover your ears." The guessing begins and shortly we reach the term sleepy.

As a way of further developing the activity and the interactions between children, I divide the group into four subgroups (2 autistic children and 1 peer mentor) and whisper to each group an emotion to enact and a setting in which this will take place. To one group, I say, "You're all nervous, taking a test"; to another, "You're all excited, at an amusement park"; and to the third, "engrossed, watching a tennis match." My suggestions are adjusted to the group's level of sophistication. At this early stage, it is crucial that the children experience success at the activity. Each group nonverbally enacts, in their places, the mini scene, after which the other groups try to identify the emotion and setting. The use of guessing diverts the focus from the performance and thereby diminishes potential self consciousness. Performance can be especially frightening for many of these children whose self esteem is low, and it is critical that it be initiated gradually and gently, ensuring success and openness at each step.

We continue another round of these enactments, but this time I allow them to come up with the emotions. I also encourage that we now involve movement and increase the voice being used. I begin to see these children labeling emotions and trying to find ways of expressing them physically. After I have finished watching the enactments, which I myself take part in I take detailed notes on what levels each of the children were responding on. What emotions were labeled by the children and how clearly were they being communicated to the other group members. I do have two children who seem to want to stand on the side lines for this first session, sometimes observing and sometimes

preoccupied with something else in the room. Eventually they begin to come into our group at their own pace which allows them the time to earn everyone's trust.

At the close of the session I have each of the children come back to form our original circle. Standing, I have them hold the hand of the person next to them as we softly hum a few notes. This gives us time to cool down and focus on each other for just a few minutes. At first we start with our eyes closed and than I say, "open your eyes and look around at your friends in the circle. Try to make eye contact with each one". I softy explain that "we are going to pass the energy around the circle. To do this you will softly and gently squeeze your partner's right hand when you feel the energy from your partner in your left hand". I start the flow of energy around the circle which takes a few tries to establish, but once they feel the energy it takes off. We start in one direction and once that is solid we switch directions. As the energy is moving I ask each member to say an emotion that they played within our group today. Some share and others just reflect. I slowly bring the energy to a stop and invite the children to slowly leave the circle when they feel they are ready. I stay in the circle till everyone has left making sure that the circle remains secure. The children go back to their parents or guardians who have been watching from around the room. Hugs and congratulations are given and we officially close our session.

CHAPTER 10 Conclusion/Final Discussion

As I reflect on my own process and development over the past three years and the creation of this approach I am amazed by its application. After examining this process and relating it to both "The Autism Whisperer" and Patch Adams I feel more confident of the transformative power of theatre. In each of us we hold a great amount of potential which needs to be nurtured the right way. The act of theatre is the act of living and breathing.

I have witnessed each child learn how to form new relationships, express their emotions, and learn new social skills. I believe that all of the anecdotal evidence collected in this thesis must be scientifically tested to prove the validity of the power of theatre in society. I can only offer the building block on which to continue further research and investigation. Each day new ground breaking research is being discovered and I believe we are getting closer to an understanding of ASD. If we believe in the ancient history of theatre and the use of theatre as an agent of healing than we have our evidence. Looking back at Jim Carrey, Patch Adams, and Elaine Hall, each are thoroughly grounded in the theatrical world and their individual work has strongly impacted the lives of those suffering. The theatricality that each of them use is different.

This study has created some future research implications for the creative arts therapies, as well as for research regarding children with autism. I think it is crucial that further studies continue to examine the effects of the drama/theatre and creative arts therapies on children with autism. We have seen that drama therapy can help with the emotional and social interactions, therefore can drama therapy help with other deficits

found in this disorder? In addition, it can be beneficial to examine the effects of art therapy, music therapy and dance/movement therapy on this population as well. Is it beneficial for a child with autism to receive a variety of creative arts therapies or is only one form needed?

This was a truly inspiring experience and I am very grateful to have been allowed to join the amazing journey of these children who have such potential to show that a diagnosis of autism does not equal the end of a child's life. In using drama therapy we can finally start to break through the mask of silence that has trapped so many innocent children behind it.

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