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Exploring the Effects of Individual Dramatherapy with a Child Diagnosed with Learning
Disabilities: A Case Study

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Abstract

Exploring the effects of dramatherapy with a child diagnosed with learning disabilities.

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This case study report outlines the development in dramatherapy of one boy diagnosed with a learning disability. The child was referred by his special education classroom teacher due to frequent temper outbursts, his difficulty socializing with peers and low self confidence. He participated in weekly individual drama therapy sessions for a total of fifteen weeks.

This paper will explore one child's creation of his own story of self, alternate to the stories of failure, frustration and tears commonly told about him and will highlight his integration of new abilities including daily coping and certain expressive skills as well as feelings of confidence as a creative story maker. The therapist chose to work through a creative expressive frame that focussed on the child's strengths and creativity. The paper will illustrate how in a safe and success oriented therapeutic environment a foundation of trust and mutual respect was built between therapist and child. The reader will follow the child's storymaking journey through themes of chaos and unpredictability to his gradual discovery of self confidence and self expression.

Acknowledgements

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Chapter One

1.1 Introduction:

The focus of my research will be to describe the effect individual drama therapy has on a child who has been diagnosed with a learning disability. The research will focus on developments in the child's daily coping skills as well as his perception of his self concept before and after the commencement of treatment. In addition, it is the intention of this project to assess what effect individual drama therapy will have on a child who has a learning disability in terms of increasing or ameliorating his self concept and coping skills.

Due to the fact that this research is being conducted as a single case study, the results will not be generalizeable. As I have no intention or means to follow up on this child's progress at any point after the case study is complete, neither will I be able to assess any long term results of this research.

Due to the public school setting in which the research is taking place my contact with the child's parent/guardian was limited. I chose to focus on the child in his school environment and referred to his teachers and school workers for feedback and observations regarding developments, in addition to asking the child himself. I will not be including detailed information about the child's home life, nor will I be assessing changes, if any, observed by his family.

As researcher I assume that the effects of the therapy will be positive and will influence the child's ability to cope with new situations and problems as well as increasing his self esteem. I assume that these new skills will assist the child both in the home and school environment.

1.2 Preview of Document:

Chapter two of the research paper, the literature review, addresses much of the pertinent information and theories about learning disabilities, drama therapy and theoretical models relevant to this study. This chapter also includes a brief description and rationale for using the single case study method for research. Although the literature presented in this chapter is not exhaustive it is my intention to provide the reader with adequate information to be able to understand and make meaning of the case work that will be presented in Chapter Three.

Throughout Chapter Three I will introduce the reader to the young boy about/with whom I did my case study. The chapter will give an overview of the sessions as they evolved and will highlight the child's uses of materials, the recurrent themes in his play, as well my role as therapist in the research and creative process.

In order to integrate information presented in Chapters Two and Three, the contents of Chapter Four will offer my understanding of how drama therapy theory can be applied to the case work presented. In this chapter I intend to demonstrate how drama therapy was effectively used for improving the child's sense of self and self competencies, as well as offering opportunities for the realization of coping and expressive skills.

Chapter Five, which concludes the research paper, Will draw conclusions about the outcome of the therapeutic process. In addition, this chapter will briefly address some of the limitations of the research project and the assessment tool used and revised, as well as speculating on possible implications of this research project for the field of drama therapy.

1.3 Definition of terms:

Learning disabilities: I am choosing to define learning disabilities as a generic term that refers to a heterogenous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematics. These difficulties are intrinsic to the individual and presumed to be due to central nervous system dysfunction (Farnham-Diggory, 1992).

Creative Expressive Model: The creative expressive model of drama therapy presented in this paper focuses on the undeveloped healthy aspects of people and encourages them to discover their own creativity. Structures are used to stimulate the imagination and increase confidence (Jennings, 1990).

Self esteem: I am using the term self esteem to refer to aspects such as our view of ourselves, awareness and acknowledgment of talents, methods of dealing with failings and the ability to cope with how others view us" (Gorman, 2001, p. 28). Gorman (2001) suggests that self esteem feelings involve statements such as "I feel fat", and are based in emotions, while self concept expressions are based on thoughts, "I am unlovable" (p. 28).

Self concept: Self concept can be defined as the person's perception and evaluation of themselves and encompasses a unique and multi-dimensional dynamic of ideas about one's own attitudes, values, morals and physical appearance (Dyer, 1980).

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Chapter Two

2.1 Introduction:

The intent of this case study is to ascertain the effectiveness of drama therapy techniques while working individually with a young boy who has been diagnosed as having a learning disability. The field of learning disabilities is vast and extensive and I shall not attempt to cover it all. My particular research focus will include the basic formula for diagnosis and a general definition for the term. I shall also include information which highlights typical social and emotional challenges for children who have learning disabilities in addition to exploring the potential impact on the child's relations with peers and their self concept. In light of exploring the child's self concept I have found it appropriate to include some review of constructivist literature, highlighting the areas of constructivism which emphasize the development of self in relation to other. I will also present the literature on drama therapy theory and practice both in general terms and with particular reference to how I have chosen to use drama therapy while working with this young boy.

2.2 Learning Disabilities

2.2.1 Definitions:

According to the Quebec government a child who is considered to have a moderate to severe learning disability is one who is functioning at least two years behind his expected grade level (Heath and Lenaro, 2001). The official definition assumes that the child is at least of average intellectual capacity and demonstrates a significant discrepancy between potential and achievement with the exclusion of mental retardation, emotional disturbance, sensory impairment, cultural differences or

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lack of opportunity to learn. The term itself commonly refers to a neurobiological disorder related to differences in how one's brain works or is structured (Lerner, 2000). These differences may affect several areas of the person's overall and specific functioning including the ability to speak, listen, read, write, spell, reason, organize information as well as tasks such as mathematics (Lerner, 2000). A counter argument within the field suggests that the label "learning disability" is neither purely biological nor social but occurs through the interaction of both intrinsic and extrinsic factors (Sternberg and Gringorenko, 1999). Clearly the breadth of criteria imply certain difficulties and complexities in diagnosing and assessing learning disabilities; "given these challenges of diagnosis of a learning disability it is very often a definition by exclusion" (McNamara, 1998, p. 5). Once diagnosed the term learning disability can hold many meanings, implications and outcomes.

Referrals for diagnosis of learning disabilities typically are equally divided between academic and behavioral problems (McNamara, 1998). Behaviors frequently associated with children who have learning disabilities include an inability to concentrate and poor motor skills (Lerner, 2000). The effects of learning disabilities appear to extend far beyond the classroom and education learning environments. Lerner (2000) suggests that it is in the later elementary years that children diagnosed with learning disabilities begin to face several emotional problems compounded by their years of experiencing repeated failures and the growing disparity between their achievements and those of their peers. Social problems may include the inability to make and keep friends, feelings of low self worth and feelings of diminished self competence and heightened feelings of frustration as opposed to accomplishment (Lerner, 2000).

Although learning disabilities appear to effect as many boys as girls, clinics and resource

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rooms aimed at providing services for children with learning difficulties typically see four times as many boys as girls. Boys tend to be referred and diagnosed more frequently than girls as boys exhibit more physical aggression and loss of control in accordance with their learning difficulties than girls (Lerner, 2000).

2.2.2 Social interaction:

In general students with learning disabilities are reported to be less socially competent and less effective in conversational behavior. They are also considered more likely to misread non verbal communication and tend to rate themselves negatively, reporting high incidences of being victimized by peers (Gorman, 2001). Children who lack basic social skills such as initiating a conversation, taking turns, and providing positive feedback to others are likely to experience negative social interactions (Gorman, 2001). Some research suggests that "the neurobiological deficit that is responsible for language impairment underlies problems in understanding non-verbal communication such as the social meaning of gestures and facial expressions and discriminating among vocal tones" (Gorman, 2001, p. 69). According to Gorman children with learning disabilities tend to exhibit the ability to use fewer coping and problem solving strategies in social situations and have difficulty adjusting, negotiating and creatively resolving social disputes (2001). Deficits occurring within the domain of cognitive and neuropsychological, such as poor verbal reasoning and problem solving skills, are often believed to lead to impulsive behavior styles and the likelihood of aggression resulting in frequent difficulties in relations with peers (Seguin, Pinh, Harden, Tremblay and Boulterice, 1995, cited in Gorman, 2001).

One way in which cognitive deficits affect children's emotional functioning is in regards to

how they interpret them selves and their environment often making attributions that are self defeating. Such deficits may cause children to attribute success to luck and to believe that they are not in control of their performance (Bender and Wall, cited in Gorman, 2001). When repeated experiences lead children to believe that events are not predictable and that they personally lack the resources and status to effect change they tend to assume that they have minimal impact on the outcomes (Kronick, 1998). Feeling little control over their own success and failure, children may choose low-risk tasks, invest minimal effort and may give up prematurely when encountering difficulties (Gorman, 2001).

Learning disabilities are also thought to interfere with the child's ability to read and understand social cues. The child's difficulty in understanding social cues often leads to the misreading of ambiguous situations as negative or threatening, Causing a response that reinforces a negative relationship with peers. A child's inability to negotiate or verbally de-escalate a situation increases the likelihood that a physical altercation will occur (Gorman, 2001).

2.2.3 Self esteem and self concept:

Having a learning disability is believed in many cases to be a risk factor for developing emotional problems for two major reasons. On the one hand, Emotional problems may result from the child's attempt to cope with the learning disability after experiencing consistent feelings of failure (Gorman, 2001). Gorman believes that children with learning disabilities may be fearful of experiencing further humiliations and become easily frustrated due to repeated past experiences of failure. Secondly, there is biology based research that supports the idea that learning disorders may be linked with emotional problems due to the fact that the core deficits that interfere with learning also

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affect social and emotional development (Bender and Wall, 1994, cited in Gorman, 2001). What ever the reason, the literature consistently indicates that the diagnosis of a learning disability often has devastating effects on the child's self concept and feelings of self worth

A child who grows up with learning disabilities may frequently experience reactions of disappointment from parents, peers, teachers and self, feelings of inadequacy, and feelings of being unable to achieve socially and academically (Lerner, 200). Students with learning disabilities often generalize from their deficits to an overall negative image of themselves (Gorman, 2001).

Self concept which is defined as the person's perception and evaluation of themselves encompasses a unique and multi-dimensional dynamic of ideas about one's own attitudes, values, morals and physical appearance (Dyer, 1980). The child's concept of themselves is gained largely through his interpretation of interpersonal interactions, relationships, behavior and experiences (Dyer, 1980). Since school makes up such a large portion of a child's life, learning, making friends and developing an identity in the context of others is a dominating factor of middle childhood and the later elementary years. Children with learning disabilities often have negative self views, seeing them selves as inept, Having not received the normal satisfactions of recognition, achievement or affection. Feeling less able and having low self worth often lead to frustration, conscious refusal to learn, hostility, resistance to pressure, clinging to dependency, quickness to discourage, fears of success and withdrawal into a private world (Lerner, 2000).

Jean Chang Gorman makes an important distinction regarding the use of the terms self concept and self esteem. Gorman (2001) suggests that self esteem feelings involve statements such

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as "I feel fat", and are based in emotions, while self concept expressions are based on thoughts, "I am unlovable" (p. 28). Gorman goes on to explain that self esteem is not simply a global concept and that it includes aspects such as our view of ourselves, awareness and acknowledgment of talents, methods of dealing with failings and the ability to cope with how others view us" (Gorman, 2001, p. 28).

2.2.4 Suggestions to improve self esteem and self concept, from an educational point of view:

According to Dyer (1980) "both psychologists and educators have hypothesized that students need to feel good about themselves and be free of internal concerns in order to be fully receptive to the educational process" (p. 7). For children between the ages of 6-12 acceptance by peers becomes increasingly important in determining an individuals social competence and status. Lerner states that increased feelings in self concept, defined as the persons perception and evaluation of themselves, are gained through mastery of a skill or task, through perceived respect from peers and ones own feelings of competence (2000).

Certain studies have shown students with learning disabilities prefer working in small groups of peers or pairs. This is believed, in part, to be due to the fact that these children value both being able to receive and give assistance and input (Gorman, 2001). Offering children the opportunity to assert control and influence the outcomes of their actions can lead to greater motivation in risk taking and perseverance despite obstacles. Encouraging children to become aware of how they influence their own success can also be beneficial for gaining self confidence. Gorman (2000) states that studies have shown that intervention in the areas of improving the child's feelings of self concept and self esteem

can lead to positive changes in other areas of adjustment such as academic and behavioral (Honey & Durlak, 1998, cited in Gorman, 2001). Hagborg (1996) corroborates this claim that "fostering success in areas that are not directly related to school performance, such as body image and social relationships, can also enhance the students academic self concept (cited in Gorman, 2001, p. 41). Finally, Gorman (2000) points out that when children have access to the "appropriate expression of emotions" (p. 104) there will likely be an increase in the child's frustration tolerance and decrease in the likelihood of their acting out.

2.3 Constructivism:

Although there are many areas regarding constructivist theory I have decided to focus specifically on ideas concerning learning and meaning making and the development of *self* in addition to how these theories relate to creative arts therapies.

Constructivist theories regarding the formation of self correspond with research regarding children with learning disabilities, as both suggest that a large degree of children's sense of self worth, self esteem and self concept is understood and attained by means of peer feedback. Children with learning disabilities, who frequently experience rejection and disappointment from family and peers are often said to suffer from feelings of low self worth Given that experiences of failure and disappointment play a contributing role in the formulation of this negative self view, I consider it is helpful to understand how the *self* is conceptualized before attempting to offer solutions.

Constructivists view the self as being *in process* (Fosnot, 1996) emerging only once the individual can take the perspective of others' when interpreting their own actions(Fosnot 1996). In addition Goffman (1959) explains that the self is eminently social, "an interactional achievement, a

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performed character" (cited in Cattanach, 1999, p.81) and that we modify our behavior so that it makes sense to others.

Constructivist theorists also offer insight into how the self can be reinvented through social negotiations and collaborations. The notion of reinvention through social interactions and experiences became a key element in my therapeutic and research process. If it is through the child's social context and environment that they learn to interpret what is open or closed to exploration and experimentation and invention (DeVries and Zan, 1996). It is my hope that by offering children an the possibility of positive and success oriented experiences they can begin to build a new sense of self based on these alternatives to failure.

In addition to understanding the development of self, constructivist theory offers insight into knowledge including, what knowing is and how one comes to know (Fosnot, 1996). Constructivist theory understands the process of learning new knowledge as self regulatory, involving a person struggling between what they already believe about the world and new insights (Fosnot, 1996) which are believed to be constructed through interactions with others (Oldfather and West, 1999). It is believed that meaning is negotiated through social activity (Fosnot, 1996). Constructing new representations empowers the individual to go beyond the immediacy of what they know by encountering new possibilities upon which they can act (Fosnot, 1996).

The implications of constructivist theory on my research with children involve the basic notions that through alternative experiences, the concept of self can be reinvented as the goal of learning is not merely to dispense knowledge, but rather to provide individuals with opportunities and incentives to build knowledge (von Glaserfeld, 1996). Re-invention may be born through new experiences in a

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therapeutic setting where the child is able to construct new meanings and gain new insight into themselves. This notion coincides with the theories of a constructive therapist who typically believes that humans "construct, not simply uncover their psychological realities" (Hoyt, 1998, p. 1) through new experiences and interactions. In addition to believing in a socially constructed reality the therapist strives to move toward a more egalitarian offering of ideas and respect for differences. The client, who is viewed as the expert on his own life, collaborates in the construction and reconstruction of meaning (Neimeyer, 1995) with an effort to focus on his competencies and unique qualities. (Hoyt, 1998).

Similarly one of the goals of Narrative therapy as described by Epston and Lobovits is to begin to focus the attention on a child's abilities, interests and areas of knowledge, highlighting the child's strength of character and unique qualities. The therapist's intention is to encourage a less problem dominated reconstruction of the child's life by offering opportunities for new ideas, experiences and feelings about one's life.(Epston and Lobovits, 1997).

A simple conversation between therapist and child where the child is able to practice being in control, expressing emotions and feeling confident, offers at least one new experience for that child. Including children in the communication process with the therapist by utilizing their preferred modes of expression is a key element in the constructive therapies (Chang, 1998) and is also a predominant element in the implementation of the creative arts therapies.

One of the tools that I frequently use with children for both evaluation and therapeutic means is the creation of shared stories, imaginative worlds and characters. Through these shared creations the children can express and explore different aspects of themselves in a social context where they can

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gauge and learn from the reactions of others. Through questions, talk about meaning and shared

negotiation, the therapist and child play together with versions of understanding until a satisfactory

meaning can be found (Cattanach, 1999).

2.4 Drama therapy:

In order to foster a positive self concept in a child with feelings of low self worth it is

essential to offer experiences of control and shared power, decision making opportunities and the

recognition that actions do affect outcomes (Lerner, 2000). Drama and play can provide excellent

opportunities to achieve such goals. Sue Jennings, a play and drama therapist, shares that "while we

all need logic and knowledge, we also need to be creative and flexible in our responses to the world,

otherwise we will be trapped in repetition and rote learning which makes adaptability to new situations

and unexpected happenings very difficult" (Jennings, 1999,p. 13).

I have found very little literature pertaining specifically to drama therapy and learning

disabilities. Much of the research addresses group work with a social skills focus, as well as focusing

on adults with learning disabilities. I was not able to find any studies that address working with

individual children in a regular school system who have been diagnosed with learning disabilities. I

have therefore directed my attention to specific theories of drama therapy in order to build my own

repertoire of tools for working with this particular population.

In order to provide a comprehensive and well grounded course of therapy for the client, it was

essential that I find a bases for my understanding and implementation of drama therapy. Sue Jennings,

(1990) outlines five basic drama therapy principles that I found very useful in highlighting the

potential uses of drama therapy. Firstly, Jennings explains the *paradox* of drama therapy suggesting that it is the distance provided by an established role, scene or text that enables greater depth to be explored. In my experience with children, it is this distance provided by the toys, stories or role that offers a feeling of safety, allowing the individual to explore their life without fear of repercussions. I utilized this principle as a guideline while deciding which tools to provide in sessions and how to structure my sessions. Secondly, she explains that drama offers a transformative potential, in that the dramatic transformation of experience enables a shift in our experience of self and perception of others. This transformative experience was a crucial element in my research as one of the goals was to offer the child experiences of success; in opposition to his previous experiences of failure. Thirdly Jennings highlights the symbolic nature of drama therapy detailing that a symbolic scene can carry several levels of meaning relevant to a person's life. Although the therapist may or may not ever fully understand all of the meaning attached to a particular symbol or shared scene, this principle was an important factor for my understanding the depth of importance of the client's work, having faith in the relevance with out always being able to understand it. Jennings fourth basic principle explains dramatic metaphor, which plays a key role in the work that I do with children. The dramatic metaphor is described by Jennings as the vehicle which, once embodied, projected and enacted, can enable profound change for the individual or group. Finally Jennings explains the *non interpretative drama*. According to Jennings, interpretations or explanations can often block and delimit the client's own process of understanding which is multi - layered and multi dimensional (Jennings, 1990). Allowing room for ambiguity and lack of clarity of meaning are constant challenges for me as a therapist. Following this principle of drama therapy was an essential element to the building of a trusting and

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respectful relationship with the child and was a constant factor in my ability to trust the often ambiguous process of drama therapy.

2.4.1 Play and EPR- the developmental paradigm

Although my goal as a trainee drama therapist is to better understand the uses of drama in therapy, I find it challenging to separate drama from play especially when working with children. Cattanach, states (1992) that playing is the child's natural language and central experience for understanding and making sense of the world on their own and with others . Phil Jones discusses the role of play in drama therapeutic work as a part of the "expressive range which can be drawn on in creating meaning, exploring differences and achieving therapeutic change" (Jones, 1996, p. 167). Jones explores several different ways play may manifest itself in drama therapy, all of which he feels are essential parts of the creative and healing process. Drama therapy may be said to engage clients in a playful relationship with themselves, other people and the reality of their lives in addition to increasing the ability to be spontaneous and creative (Jones, 1996). The notion of coming to terms with reality along with the concept of testing and assimilating information which typify the state of playing are all relevant to the way play manifests itself in therapy (Jones, 1996).

Sue Jennings (1990) describes a developmental paradigm where play and drama are placed a long a development continuum of "increasing complexity and richness of meaning" (Jones, 1996, p. 178). Play is understood to be a precursor to the development of drama. The continuum of Embodiment, Projection and Role play has been a guide for me not only in how I organize sessions, but in how I understand the child's play and needs.

Embodiment play is described as play that explores the world through the senses. Using touch, smell and movement to explore environments, body boundaries and space. This is considered the first developmental phase. The second phase, described as projective play, involves the world of make believe, symbolic or pretend play. One of the goals of this phase is to make sense of the self in the social world, differentiating between what is me and what is other. Projective play is often facilitated with the use of puppets, art work, stories, small world work, masks and play with objects. The final phase along the continuum as described by Jennings (1999) is called role play. It is in this stage that the individual begins to explore and develop social skills, expanding social repertories, identities and developing empathy. At this phase play and drama meet. During this last phase of development drama games, role plays, improvisations and dramatic play are all tools that are used to assist the individual in their discoveries.

The developmental continuum from play to drama may be used in many areas of a therapist's work. The continuum may be used in terms of initial and ongoing assessment of the client's present and evolving needs but can also be used as a vehicle for finding the appropriate expressive level for clients to work within drama therapy (Jones, 1996). Jennings (1990) explains that when using EPR as a framework for therapeutic interventions the child must be allowed to dictate the phase of play they wish to engage in, beginning where success can be accomplished. Accordingly the therapist should continue to provide materials and opportunities for the child to move back and forth along the continuum providing appropriate structures and encouraging flexibility of play.

2.4.2 Creative expressive frame:

The creative expressive frame can be described as focusing on the undeveloped healthy aspects of people and encouraging them to discover their own creativity. Structures are used to stimulate the imagination and to increase confidence (Jennings, 1990). Within the creative expressive frame children are encouraged to begin play in the stage of EP or R, wherever they feel most successful. This is to ensure that the child feels confident and is engaging in success oriented activities which will increase their self esteem as well as confidence in using play and dramatic play as articulations of self, emotion and expression. The exploration of creativity and the goal of developing the imagination are also key factors when practicing within a creative expressive frame.

2.4.3 Non directive approach: the client therapist relationship

The collaborative relationship between therapist and client often creates the environment where effective learning and meaning making can occur, and the therapist-client relationship must not be ignored. For this reason I would like to discuss the therapist-client relationship and in particular the concepts of directive and non directive approaches. Throughout the following section I will explore the elements of non directive therapy which I adhere to and those which I choose to challenge for working with individual children.

Virginia Axline (1989) outlines eight basic principles of working non directively with clients: developing a warm and friendly relationship with the client, accepting the child exactly as he is, establishing feelings of permissiveness, so the child is free to express themselves, being alert to and reflecting back feelings expressed in such a manner that the child gains insight into his behaviour,

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maintaining a deep respect for the child's ability to solve his own problems, not attempting to direct the child's actions, conversations or play , not hurrying the process and finally the therapist only establishing limitations that are necessary. Another important element of non directive therapy is that the child is responsible for making choices and implementing change. The relationship between child and therapist is the key factor when working non directively; the child leads and the therapist follows.

My interest in this philosophy or way of working is based in Axline's (1989) description of the respect for the child's ability to solve his own problems, make decisions and direct his own course of therapy. However I question how a therapist can truly ever be completely non directive, Only reflecting back feelings already expressed. Ann Cattanach describes the role of the therapist as being to help sort out confusions and cognitive distortions, explaining that these clarifying discussions are important to children in order for them to define who they are. Cattanach expresses concern that if the therapist simply reflects back what children are saying then it can become difficult for them to reach a satisfactory understanding of their situation (Cattanach, 1999). Lax (1992) suggests that the unfolding of the new narratives and text in therapy emerges in the interaction between therapist and child. Since this unfolding occurs between two people and the story has been told in conjunction with a specific therapist, the therapist should always be considered a co-author of the story and the resulting text belonging to neither the child nor the therapist, A co-construction of both (cited in Cattanach, 1999).

Cattanach echoes Axline's philosophy of equality between child and therapist but describes the creation of a collaborative relationship where child and therapist negotiate meaning together. Cattanach (1997) describes how the therapist and child construct a space and relationship together

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where the child is able to develop both a personal and social identity through stories about self. Through the equality of the relationship between the narrator and listener the meaning of the story can be shared. If the self is created in relation to how other's perceive them, it would also seem that to foster a new self a similar process of reflection and feedback would be necessary. Cattanach shares her opinion that "the child's sense of self is developed in the space and in the relationship between the two" (Cattanach, 1997, p.0?8). The role of therapist is not to tell them his/her understanding but "through questions, talk about meaning, the child and therapist negotiate together" (Cattanach, 1999, p. 81). It is through these reciprocal, shared conversations that the self becomes real. Without such talk the self would be "inconceivable because it would lack the symbolic medium necessary for self presentation" (Malone, 1997 cited in Cattanach, 1999, p. 81).

Piaget describes what he terms a "cooperative relationship" (Piaget, cited in DeVries and Zan, 1996, p. 108), that is characterized by mutual respect and cooperation and offers children the opportunity to regulate their own behaviour. The relationship between the constructive therapist and client is co-constructive including the creation of meaning, goals and direction for therapy (Hoyt, 1998). What I personally appreciate about this approach is that the author acknowledges that teachers and children are not to be thought of as equals, but that they are to be equally respectful to one another. This notion was of particular interest to me as a therapist and researcher working with a population of children who frequently have little input into decisions that affect their lives. The overall objective of involving children in decision making contributes to an atmosphere of mutual respect where each person is responsible for participating in self regulatory behaviour and cooperation with others (DeVries and Zan, 1996). Offering a balance between structure and choice (Oldfather and

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West, 1999) gives the child an opportunity to practice decision making and cooperation within a controlled and safe environment. Some objectives of this type of approach are to promote feelings of ownership, fairness and commitment to procedures and rules. Being active in the creation of rules increases feelings of shared responsibility and the realization that the rules belong to them. As a researcher, the notion of mutual respect is very important in the sense that without the child's involvement there would be no research. The creation of a mutually respectful environment not only builds the necessary trust between client and therapist but will be invaluable for the process of creating a meaningful and honest case study of the child, his environment and his process through drama therapy.

My intention with this case study is to work through dramatherapy with a young boy who has learning disabilities. My objective is to work in a non directive fashion, honoring Jennings (1990) principle of *non interpretive drama*, through a creative expressive frame following the developmental paradigm of EPR (Jennings, 1990). It is through the developmental paradigm of EPR that I hope to meet the goals of Jennings four other main principles of drama therapy including utilizing metaphor and symbol to provide the distance needed for the child to experience the *transformative potential* of play and drama. In addition I feel the above frames of drama therapy offer the child the most amount of choice, empowerment and opportunity to build on his own resources. My choices have been informed by the literature that describes the emotional and social consequences of having a learning disability. My hope is that in building skills and feelings of competence through a creative environment the therapy will provide a counter experience to the feelings of failure and lack of control

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often experienced by children who have been diagnosed with a learning disability.

2.5 Rationale for choosing to write a case study report:

A "case" is defined in two ways in Robyn Higgins "Approaches to Case Study" (1994). Firstly, as an event or happening. The term happening is thought to imply that which "be falls" (Higgins, 1994, p. 05) a person with unexpectedness, accident and misfortune. This "happening" most likely requires a solution. The second definition refers to a case as something which contains something else, such as a suit case. In this sense Higgins (1994) explains that a case study is a representation of the frame in which one describes and contains the meeting with a predicament.

According to Higgins there is an additional distinction that must be made when choosing to utilize case study research centering around the choice to present the person as either " an example of a situation, or as a unique entity existing in his or her own right" (Higgins, 1994, p. 15). Although I wish to acknowledge Nate's journey as a unique one, I have chosen to write this case study in the hopes of beginning to understand how to use drama therapy with children who may have similar needs in the future.

My reasons for choosing a single case study for my research are several. The first being that this style of research most closely emulates the actual clinical therapeutic process with as few intrusions as possible. The primary purpose of the case study is to directly measure the treatment benefits and change for the individual. In this way the treatment methods can be customized specifically for each participant. The case study approach also encourages co-operation between therapist/researcher and patient. Its flexibility promotes collaborative decision-making (Higgins,

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1994). It was also one of my research goals to include the social and emotional context in which the child lived as a part of the research; "the enclosure of a person's story, the setting of it in a historical and social context, not only gives it distance and dignity but in addition provides a form for the slow unfolding of a myth" (Higgins,. 1994, p. 05). The process of writing a case study report is of course not with out its fallacies and difficulties. In any written record there are bound to be certain biases in what the researcher selects to remember and record. Higgins (1994) states that "memory on which we rely so heavily in collecting a case history, has to be read as separate form history" (p. 29), because the memories we have may present a different story from the one that actually happened.

2.6 Conclusion:

My hypothesis is that through individual sessions of drama therapy a child diagnosed with a learning disability will begin to be able to explore alternative qualities of himself with a focus on competencies and successes as opposed to failures and disabilities. As stated I intend to document our work together in the form of a descriptive case study. The therapy began with a brief creative questionnaire detailing the child's feelings about his own self competencies and self esteem. This process was repeated at mid point and at the end of our sessions together to assess whether or not the child's feelings have changed in any way after participating in drama therapy. I also relied on my own observations about changes I observed throughout our sessions together.

Although my coverage of the literature is not exhaustive I feel that the information I have presented is sufficient for laying the foundation from which I intended to explore the therapists and clients journey through the drama therapy process.

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Chapter Three

3.1 Introduction:

Throughout this chapter I will familiarize the reader with the methods, conventions and theories of drama therapy used in sessions with Nate. I will also describe the typical format of our weekly sessions, highlighting certain turning points for Nate during our fifteen weeks together. From the initial assessment to our last session Nate explored many themes, ideas and feelings through creative storytelling and play with toys, many of which will be presented in this chapter.

Since the intent of this case study is to explore the effects of individual drama therapy on a child with learning disabilities , this chapter will specifically explore in what areas the drama therapy was able to offer alternatives to Nate's experienced difficulties at school.

3.2 Introduction to Nate:

Nate is an eleven year old boy who had been placed in a special education classroom specializing in both remedial learning and behavioral education. He attends a large inner city school where he is one of over seven hundred children. In addition he attends a daily after school programme that offers tutorial and recreational services. Nate expresses interest in computer games and sports and a love of math. After demonstrating difficulty with all aspects of his grade two programme, Nate was referred for psychological testing. Substantial difficulties noted during this first battery of tests included: Fidgeting, becoming easily frustrated, restlessness, inattentiveness, over sensitivity and extreme sadness, frequent crying, quarrelsomeness and disturbing other children.

3.3 Stage one: The initial assessment

Before being introduced to Nate I had a brief meeting with his current classroom teacher who shared several of the same concerns noted by the grade two teacher who referred him for testing. Specifically his current teacher expressed a desire for Nate to be able to reduce the frequency of his temper outbursts and crying as they often made it difficult for him to engage in conflict resolution or positive interactions with peers. Other noted concerns included Nate's self confidence and maturity level. His teacher shared that he was constantly involved in other people's business, telling on them and getting involved in their conflicts. She observed that Nate had problems initiating and maintaining eye contact, a lack of focus, as well as difficulties making and reading facial expressions to convey or understand emotions. Finally she remarked that Nate is a very sweet boy with a great heart and willingness to try. She described his mother as wanting the best for him, but not always knowing how to achieve it.

3.4 My initial meeting with Nate:

The second phase for the initial assessment was meeting with Nate, getting to know his perspective, ideas, wants and interests. Our first meeting together was informal, as I hoped to use the time as a way for each of us to get to know the other. After explaining to Nate who I was and what I did, I asked him why he thought he was there. Nate shared his confusion about this and together we talked about what type of things he may like to feel better about, things he would like to try as well as things he already felt good about doing. Nate shared that he wanted to get better at math and school, he shared that he wanted to be smarter.

Following our informal assessment it was my intention to introduce a more formal and

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creative assessment tool. This was Cattanach's shield (1999): a large crest drawn on paper with six categories left to be filled in by the child. The categories I selected were modified from Cattanach's original model in order to assess what Nate felt his skills and interests were as well as understand what life events he considered important, both positive and negative. Although his home life was not a focus of our work, The shield was chosen in order to place Nate's school behaviour in some degree of outside life context. Finally the shield exercise was intended to offer Nate the chance to share with me what he most wanted people to know about him.

It was my intention to reintroduce the assessment tool at mid term to assess any changes or developments since the onset of our sessions. When the time came, Nate showed little interest in this reflective activity. My feeling is that he was by this time more engaged in the process of story making and resented the interruption. Consequently I realized that my research goals would have to take second place to Nate's needs and that this assessment tool would need to be revised. In order to revise the assessment tool I considered which elements of our therapeutic process were most effective for Nate. Upon reflection I realized that my relationship with Nate had developed and was most successful when communicating about the fictional world Nate had created through his play with the miniature toys and therefore it was crucial to acknowledge and respect this relationship. Consequently, the final assessment tool was very informal and was based on observations and conversations which occurred throughout our last few sessions together. The bulk of the conversations I used for assessment purposes consisted of an " I remember" game, as Nate and I engaged one another about the moments, games and interactions we remembered from our time together. I felt that this process not only honored the relationship and language we had created·which centered around the use of the

miniature toys but also celebrated our time together and brought each of us closer to closure.

3.5 Goal Setting:

Following the assessment phase it was important to establish goals for the duration of my work with Nate. These goals emerged out of information gathered through meeting with Nate, speaking with his teacher and my own observations as well as my understanding of the emotional and social effects of learning disabilities on children based on my background literature review presented earlier. As explored in Chapter Two the emotional and social effects of learning disabilities are thought to not only affect academic achievement but social and emotional development as well. Some such effects are thought to be caused by repeated experiences of failure and include having feelings of low self worth and diminished self confidence (Lerner, 200). Children with learning disabilities often learn through repeated disappointments that their actions do not affect the outcome of situations, often leading them to believe they are not in control of their performance (Bender and Wall, in Gorman, 2001). The main drama therapeutic goal established, based on my observations of Nate and his expressed need to be smarter, was to offer opportunities for Nate to gain self confidence and to increase his feelings about his self competencies and skills. Although these goals remained important throughout the process, several other goals emerged through the work itself.

Children with learning disabilities are more likely to misread non verbal behavior, as well as demonstrate difficulty understanding basic social cues such as initiating conversations and understanding and conveying meaning communicated through facial expressions, gestures and tone of voice (Gorman, 2001). As I continued to assess Nate through observations and conversations both in and out of play I observed that he demonstrated several of these communication difficulties,

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therefore a new goal for the work was introduced: the development of expressive skills.

Also through observing Nate and the themes that emerged in his play I began to sense that his needs included the ability to cope with feelings of confusion and frustration that often seemed to overwhelm him. According to Gorman (2001), it is typically less likely for children with learning disabilities to use coping skills and problem solving strategies, Often leading to difficulties relating to peers. An important observation that I made throughout our sessions together, was that Nate appeared to have great difficulty expressing his feelings verbally, perhaps contributing to his frequent temper outbursts and difficulties relating to other children. It came to be my belief that in order for Nate to begin to integrate problem solving strategies and other coping skills into his daily interactions with peers it was essential that he first learn to express his feelings in a safe and helpful manner, before he lost control to them.

The more our work progressed the more I began to reevaluate the initial goal of increasing Nate's feelings of competence. Although I believed this goal to still be important I began to realize that in order for Nate to increase his feelings of self worth and competencies he would need to begin to redefine through new experiences, expanding his identity to include feelings of success and accomplishment.

3.6 Orientation: Drama therapy methods used

3.6.1 Creative expressive frame

The overall frame chosen for my sessions with Nate was Jennings (1990) creative expressive model of drama therapy. This orientation of drama therapy functions by focusing on what is healthy about a person, while providing success oriented experiences and creating an environment where they

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feel empowered to make choices and ultimately to celebrate and experience their own creative

potential. I believe it was vital for Nate to begin to have alternatives to his experiences of frustration,

lack of control and failure and that this method would be most effective for framing the drama therapy

interventions to this end.

3.6.2 Embodiment Projection Role Developmental Paradigm: EPR

Jennings (1990) states that play and drama exist along a developmental continuum beginning

with embodied play, leading through projection towards role and dramatic play. In keeping with the

integrity of both the creative expressive model, which seeks success oriented experiences, and working

with these stages of play. I respected Nate's decision as to which developmental stage of play and

drama he felt most comfortable and confident working through.

My role as therapist was to provide him with the materials needed for any one of the three

stages of play including markers, paper, art materials, stickers, toys, dolls, puppets and fabric costume

pieces. After introducing Nate to theses choices in our first session and giving him time to explore all

of the options provided in this and future sessions he took charge of his drama therapy process. This

provision of choices was an important factor in our work together for a couple of reasons. For one,

the choice of materials allowed Nate to play where he felt confident, safe and successful, reinforcing

the therapeutic goals of encouraging emotional self expression, creativity, and self confidence.

Secondly, the decision making process signaled to Nate that he was in control of his experience and

gave him access to the experience of making decisions that were guided by his own needs and wants.

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3.6.3 Toys/story telling: projective play

The process and theory of both projective play and story making will be explored in greater detail throughout Chapter Four as this was the predominant vehicle for Nate's creative journey. The toys used consisted of miniature animals, action figures, cars and trucks and Lego. Nate made frequent use of play dough and silly putty, at times molding them and making them into balls, but most often they were included in his story as characters with powers, voices and relationships.

Nate's process of story making evolved organically in our first session as I sat as witness to Nate's play with Lego. Initially I was the story recorder and the stories were formalized, written and re read at the end of each session. It was important to re read the stories to Nate and to offer him the opportunity to make any changes he felt were necessary. Half way through our work together Nate decided that the stories should not be recorded and began referring to them as playing. Cattanach (1997) refers to this as the sharing of a narrative, similar to a story yet less formalized in its telling and purpose.

Through the telling of stories and the manipulation of miniature toys a client can begin to learn a new creative language which can be used as a means for self expression. The use of story was vital for Nate because it offered him the opportunity to share his feelings while maintaining the distance he needed. I continued to encourage the development of Nate's stories and narratives by asking questions and engaging with the ideas and plots of his creations, Reinforcing his desire to be heard and the development of his creative self. Playing with miniatures in therapy also allowed a sense of control over his imaginary world. Cattanach (1994) shares that in drama therapy the child

is able to make decisions and choices, constantly effecting changes and executing complete control over the stories and play world. Through choosing the toys, objects, materials and content of play for themselves, the play belongs to the child.

My role throughout Nate's creative process evolved from recorder to participant observer and questioner. Ann Cattanach (1997) defines one of the roles of the play therapist is to clarify meaning so the child/story teller can fully explore their point of view through the story. Cattanach shares that this is typically done through questions so that the story teller is empowered to make their own decisions about the story. In the beginning I used the questions as tools to clarify the actions in the stories, the sequence of events and outcomes of these actions. Towards the end of our process together my questions focused on why the characters were acting, their motivations, intentions and feelings. This change reflected Nate's ability tolerate and respond to such questions. My hope was that with such questions Nate would begin to gain insight into the possibility of controlling actions rather than being controlled by them.

The life drama connection as defined by Phil Jones (1996) represents an intimate and important connection between the client's real life and their experiences in drama therapy. For some clients it is important to make this connection explicit, however for others it may never need to be directly acknowledged. Whether or not this life-drama connection is verbalized it is an important element of the therapy as it offers the client the opportunity to realize new ways of experiencing the world and understanding their real lives. In accordance with my overall philosophy, appreciating the client as expert in their own lives and own creative process, it was essential that I respected Nate's

choice not to verbally acknowledge the connections he was making between his play and real life.

3.7 Overall structure of the sessions:

Central to my drama therapy philosophy is the provision of clear and consistent boundaries in therapy. It is essential that the child comprehend and have ownership of the rules, understand consequences and shared expectations of behaviour in order for such rules to be internalized and meaningful. Although my work with Nate did not expressly involve an in depth exploration of his family life, I was made aware that he lived in a rough inner city neighborhood, often got his own meals and as Nate told me, has no bed time and few rules at home. Without expectations and consistent boundaries the world may feel chaotic, a child never being able to gauge what may come next or how someone will react to a feeling, expression or action. It was my intention to create an environment that provided organization and predictability in contrast to the themes of chaos and unpredictability expressed in Nate's play. From the beginning there were specific techniques I employed to ensure this creation of safety.

3.7.1 Opening Ritual:

During our first session I introduced Nate to a special book which he was told would belong to him. We then shared a discussion about what would be in the book , who could see the book and what would happen to the book when therapy ended. My intention was to provide Nate with as much information as possible so he could begin to trust the process and myself. This book, which Nate decorated during our first session, was used each session there after as our opening tool for dialogue, reflection and as a ritualized way to enter the play space together.

As each session began I opened the book and wrote the date in the top left hand corner. Nate chose

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a marker colour and was asked to draw a face expressing how he felt at that moment. This book served not only as a tool meant to provide structure but was often a safe way for Nate to practice expressing feelings. Because Nate learned that he would have the opportunity to draw in the book each week and came to know what question would follow his drawing, he became better able to gauge how much he wanted to share with me based on his prediction of what would follow. In this way Nate was beginning to learn to predict the outcome of events and could act accordingly.

3.7.2 The Mat/ the play space

Due to the small room in which Nate and I played together we typically used a large table that was in the center of our space. Ann Cattanach (1997) shares the importance of defining the playing space as a specific area in the environment so the child can both play and not play in the same larger area. Ritually when Nate would enter our room with me the table would be set up with the bag of toys, the art materials and his book, all placed on top of a blue piece of fabric, inspired by the notion of Cattanach's blue mat (1999). The mat is provided in order to offer safety and containment to the child with the physical presence of boundaries separating the play space from the every day space. It was essential that Nate understand that it was always his choice to play or not play and that he was in control of his environment. In our sessions together the blue fabric on the table was used to symbolize the boundaries that would contain Nate's play while simultaneously offering Nate the chance to opt out of playing, returning to his every day self by folding up the cloth or taking the toys off the cloth and putting them away.

3.7.3 A Typical Session:

Our small drama therapy room had white and grey walls, one small window well above our

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heads, a cupboard where the toys were kept and two tables. One table was laden with piles of folders and papers used by another staff member who shared the room and one large table sat in the middle of the room with two chairs. In order to make the space our own, I chose the same two chairs weekly and placed them on opposite sides of the table, facing each other. On the table sat the blue toy bag, the Lego container and the book I would read to Nate at the end of the session. Beside the array of supplies lay the blue fabric on which sat Nate's book.

The first moments of our forty five minute sessions ritually began with the opening of and drawing in the notebook. After Nate had drawn his face I always asked him to explain the face, which he sometimes chose to do and sometimes not. Once the book was closed, or the page turned, Nate generally turned his attention to the bag of toys. Typically the body of the session, During which time Nate was engaged in creative play, lasted for approximately twenty to thirty minutes. This portion of the session time was rarely pre planned beyond supplying the materials for Nate to choose from and having a general focus of introducing questions and insights. It was routinely guided by Nate's present needs. With approximately ten minutes left in the session I would give Nate his five minute call, fore-warning him that within that time he would need to finish his playing for the week. This time check was intended to reinforce the predictability and structure provided in the session also giving Nate time to gauge how much more he wanted to share in play. Nate would often finish play directly after the five minute call. This was always his choice. The last ten minutes of the session were spent in a de-roleing process. Once Nate's play had ended he and I put the toys back in their containers and returned them carefully to the bag. Once the toys were packed away, I re-moved the blue fabric and took out a short story or book of poems. Once the story was read, the session would end and we would

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leave the room together. I would then walk Nate back to his class. The walk, which usually took about two minutes, generally consisted of light hearted, and my hunch is grounding, Conversations about the lunches we would be eating that day and our plans for the weekend. When I returned to the room the toys would be placed back in the cupboard for the next week.

3.8 Introduction to case work:

I was witness to several transformations in Nate's behaviour, attitude and expressions throughout our fifteen weeks working together. It is my perception that the most profound changes on Nate' s overall sense of confidence and social skills development was the evolution of his ability to express himself through words, sounds, gestures, actions and ultimately to express his feelings. The following pages will document Nate's progress from our early work to our last session together, chronicling his increasing ability to express himself both through play and in real life and how this relates to his needs as a child with learning disabilities.

3.8.1 Early Sessions:

Our first sessions together were marked by some degree of hesitancy as we got to know each other and developed the language we would use throughout our relationship. These early weeks were spent exploring the toys and engaging in early story making through which I was privy to the emergence of certain themes in Nate's play that would remain relevant and consistent throughout the fifteen weeks.

Although Nate had been described as a child who had frequent anger outbursts, tears, inattentiveness and fidgeting, I saw a very different child. Nate appeared in our sessions to have

immense focus while storytelling, often maintaining his attention for upwards of thirty minutes on one plot line. I also observed a child who appeared neutral, calm and unaffected by changes, choices, or emotions. Nate never raised his voice and expressed few opinions. Decision making was usually deferred to me. When ever I asked Nate how he was doing his response was "fine".

In the early sessions Nate's play was quite predictable and routine, beginning with the drawing of his faces each week in his book, which for the first several weeks held the same wide smile. During our second session Nate chose to explore the toy bag and began to share stories through manipulating small figures, gradually creating characters and events. The first story Nate told evolved from building a Lego structure, which turned into a jail. It was at this time that Nate introduced me to his cast of characters including Red wings and Silver wings and a cast of small animal figures.

As Nate sat and built his structure I sat facing him, watching his play and waiting for instructions if help was needed. A routine developed that after Nate drew his face in this book he handed it to me to begin recording his story. The telling of the story was quite ritualized, opening with Nate offering a title for the chapter and a list of characters. The early stories which introduced themes of chaos, power struggles and unpredictability, were told slowly, in a monotone voice through third person narration.

Little boy in the blue mans body: *"Green skin had died so they had to have a funeral. The lady said to Red wings "you are not the boss of me", Red wings just stood there when suddenly the volcano erupted. The volcano where the little boy was still trapped. The lady walked inside the volcano and it swallowed her then transformed her into a bat, which Red wings cut although nothing*

happened. Then the bat jumped on him and turned him human again, without any power" (expert

from January 25, 2002)

Nate did not make eye contact with me during these early sessions and kept his hands busily

playing with silly putty as I read the story back to him. He expressed pride in the length of his stories

as I read them back and asked if he could share them with his teacher.

Throughout these early sessions I felt that Nate and I were both exploring the medium of play

and story telling, each assessing how it might be used to fulfill his needs and goals. I was assessing

and reevaluating the goals established for therapy, wondering what journey I would be witness and

companion to; while I sensed that Nate was experimenting with his powers of creativity and possibly

adjusting to our newly formed relationship between therapist and client.

3.8.2 Mid Series:

As Nate and I neared mid point in our sessions the evaluative and assessment phase ended.

In turn the stories began to develop and evolve towards the creation of a fictional world to which only

we were privy. Cattanach (1997) describes a story told as existing between the story teller and the

listener, acting as a way to negotiate a shared meaning between them. I felt that Nate and I developed

our relationship around the stories he told as he began to share some of his feelings and real life

experiences with me through his creative play.   By mid series Nate shared more real life stories with

me about school and homework but it was not until session seven that he verbalized any emotion other

than feeling "fine". On our way downstairs this particular week we shared a conversation about a

troubled morning at school. Nate, Who had been pulling at his hair since we met that morning, told

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me, when I asked about it, that this was something he did when he was mad. Nate's voice as he explained his action did not reflect changes in emotion nor did he make eye contact with me. Once the behavior had been acknowledged, he did not do it again that day.

Nate began to show signs that he was making the life drama connection. He began to merge feelings and ideas from his lived life with ideas, feelings and events in his story life. Although the connection was never verbally acknowledged, its presence became apparent to me when words and themes expressed in Nate's stories mirrored events he had shared about his real life. In session nine Nate shared that he had had a difficult morning with some of his classmates, for the first time describing the emotion he felt as "frustrated". When I asked Nate to draw the face in the book that morning, he refused, moving the book away from him. When I questioned him as to why he did this he shared that he did not know how to draw a face that was not happy. Offering him the option of trying a new expression or leaving the book closed, Nate chose to draw his face which, this time did not expose a smile, but rather a straight line for the mouth and downward slashes for eyes.

Later that same morning one of the action figures in Nate's play was fighting with an enemy character. Nate was manipulating both toys, Carefully orchestrating their actions, choreographing an intricate fight scene of kicking and pushing. During this fight Nate included sound affects, and was mirroring the intensity of the fight through vocal inflections and dialogue. The characters spoke directly to one another, the story no longer narrated in third person. Throughout the dialogue the character, Red Wings, who had initiated the fight, exclaimed to his enemy that he was kicking him because he was so frustrated by him. This was the first time Nate used an emotion word in play to

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describe the action, feeling or motivation of a character. Once the character in the story had expressed his frustration, he won the fight and the story shifted to other characters.

At this point in our work together Nate made another important choice about the direction and format of our sessions. Up until this point Nate's storytelling had been quite formalized through the creation of chapter titles, recording the stories in a book and reading the stories back at the end of each session. Nate clearly referred to our creative process as story making and was eager to share the content of his "stories" with his teacher. However, by mid series Nate made the choice that he no longer wanted to make stories together and decided instead that he wanted to "just play". Although the content of the play and the themes and characters used in the creative process did not change, several other elements of our sessions did. Nate requested that I stop recording the work, did not offer titles or names to his playing and avoided labeling his play as story making. Due to this switch my role in Nate's play also changed. As I was no longer recording the stories my time was more free to engage in asking questions, making eye contact and providing facial feedback to Nate during play. Although Nate and I never verbally acknowledged this shift in his play from formalized storytelling to what Cattanach (1997) refers to as the creation of narratives, I can hypothesize about several reasons for this decision. Firstly, Nate may have been seeking more interaction with me, Which recording the story prevented me from offering. Secondly I had a hunch that as the content of Nate's play became less distanced from his real emotions and experiences the third person descriptive style of his storytelling no longer felt appropriate. Finally, I sensed that as the play became less distanced from Nate it may have felt riskier to own as his stories. Referring to it as "just playing" may have

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diminished his sense of ownership and responsibility for the material making it safer to explore.

3.8.2.1 Expressive goals:

My opinion is that during the mid sessions Nate began to experiment with the consequences, both positive and negative, of communicating feelings. Within the safety of the play and the boundaries of a consistent and predictable relationship with me, he began to experiment with self expression there by re-defining his relationship with himself and his social world. With the integration of emotion words and images in his play as well as in his every day vocabulary, Nate's facial expressions and vocal inflections began to express a range of feelings. Through the creation of his stories, it is my hunch that Nate began to explore the nature of predictability and power and began to experiment with expressing himself as a means of reacting to and coping with the chaos he alluded to in his play.

3.8.2.2 Social skill goals:
For children who have learning disabilities, skills such as initiating conversations, reading facial cues and making eye contact can be a painful and confusing experience (Lerner, 2000). By mid series Nate began to take creative risks in his play, expressing feelings, using his voice and beginning to make eye contact with me. As he further involved himself in the process I observed several desired social and coping skills emerging. Although Nate still used little expression in every day discussions, his play language was developing a dramatic element which included sound affects, first person dialogue and a multiple of expressive words.

3.8.2.3 Confidence:
As Nate began to learn two new vocabularies, one emotional and the other creative, I believe he began to feel more confident about making decisions and exerting control

over his creative expressive process and exploration in therapy. He demonstrated an increased willingness to regulate when he played and when he stopped, often not needing cues from me as to when it was time to finish. In addition, he decided which stories he wanted me to read, how he wanted to play and what he wanted my role to be.

Throughout mid series Nate made several new decisions concerning his play process. He offered guidance as to what my role should be, asking me to stop recording his work and instead to engage as audience, affirming my position as questioner and dictating what was and was not to be recorded. Nate began to take responsibility for his needs, perhaps realizing that his actions would affect the outcome of at least his creative process. I believe it was this emerging confidence and his experiences of success as a story maker that lead him into our final phase of work together.

3.8.3 End of series:

As we neared the end of our work together the sessions became more and more consumed with active, emotive and creative play and story making. In my observations of Nate's stories I began to question him about the characters' choices in terms of their reasons, motivations and the possible consequences for their actions. Nate responded well to these questions and often offered important insight as to why the characters were killing, searching for power, or unable to maintain their power. These reasons included searching for food or money, being tricked into giving up power, and simply being in the shadow of a character who has more powers.

It is my suspicion that Nate was experimenting with a very important social skill, learning to read situations before deciding to act and perhaps realizing that actions can be based on decisions as opposed to the randomness he expressed through unpredictable shifts of power played out in his

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stories. In addition to sharing insight about his characters' motivations when directly asked, Nate demonstrated his increasing ability to read situations and respond accordingly by creating characters who verbally reflected on their actions throughout the story. For example in session eleven, while one of the evil powered characters was on a killing rampage, destroying every figure who stepped up to him, Nate had in his other hand a small animal figure who was observing the fighting. Throughout the fighting, Nate as story teller said "wow this is a killing rampage" and then looked to me. When all other characters had perished Nate, who was still holding the small animal, moved the figure toward the killer and then had him retract saying " no way am I going to fight that, I am not stupid, I am walking away".

Throughout our brief periods of dialogue about the events in the story Nate was careful to always remind me that he was just playing, reaffirming my suspicion that any connections to his real life must respectfully remain in the metaphor. I was confident that Nate would make the connections necessary for him to make meaning of his work. As Nate played, I watched him engaging with my questions, communicating through the events in the story. Often during play Nate looked to me, initiating and holding eye contact, before returning his attention to the toys. At times Nate would break out of play and comment that I looked tired or confused, affirming that Nate was learning to read facial expressions and respond accordingly. Nate continued to create play in which his characters spoke directly to one another and frequently used emotion words, such as scared, confused, lost and happy as the themes of chaos and the unpredictable nature of power and control were explored. The narratives were infused with multiple sound affects, yelling, whispering and each character began developing a unique voice as Nate began to experiment with pitch, inflection and sounds.

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Amongst the many transformations Nate began to reveal, there was one change, which was, I felt, particularly dramatic. The session in question, session twelve, was preceded by a brief incident between Nate and his teacher, at which time he was asked to do something he felt was unfair. Nate left the classroom, passing me at the door. He made no eye contact with me and would not wait for me to meet him in the hallway. When I arrived in our room Nate had seated himself in his chair and sat motionless. I sat with Nate for several moments before asking if he wanted to talk about the incident or to sit quietly. Nate replied that he would like to sit in silence. Respecting Nate's choice to sit together, I waited with him as he processed his feelings. Nate began to make small sounds with his mouth and lifted his head up from the desk making brief eye contact with me. I understood these as early signs that he was ready to communicate, in some form. I reminded him that he could draw his face in the book, as usual, when he was ready. Again we sat together, until he took the markers and drew a small black face in the top corner of his page, after which he quickly closed and moved the book off the blue cloth. When I asked Nate about his face he said it was angry. Slowly Nate began to take the toys out of the bag, beginning with just two figures who flew out of the bag in silence and continuing until all of his regular characters had emerged. As Nate played he gradually began to use first sound affects and then voice and finally full dialogue. I asked few questions today as I sensed that Nate was acutely involved in his process and that too many questions may appear intrusive, breaking his concentration.

The themes in Nate's play during session twelve were consistent with themes from previous sessions, however I observed that there was an increased intensity about them. Characters were dying more brutal deaths, power came and was taken more quickly and randomly, while new psychic and

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invisible powers were introduced. Just as the intensity in the narrative itself increased so did Nate's physical expressions. For the first time in play he began to explore the use of physical gesture and body posture to further heighten the impact of the play and the emotions in the narrative. Nate began using more of the space in the room as characters flew into walls, crashing back onto the blue mat on the table. Once Nate stood he did not sit down again until he put the toys away.

For the duration of our remaining sessions Nate continued to use full body gestures to indicate emotions, and actions and to convey meaning. I perceived that this change illustrated increased confidence in him self as a creative story maker willing to take creative risks while also displaying his developing confidence to exert himself, taking the ultimate risk of self expression.

3.8.3.1 Expressive goals:

I believe Nate's experimentation with expressing his feelings both through his character's and his stories and through his own words about his real life was an especially noteworthy accomplishment by session fifteen. Nate demonstrated, through His increased ability to express emotions through facial expressions, tone of voice and through an expanding emotional vocabulary, That he was gaining confidence with the process of admitting feelings and sharing them. I believe Nate's achievement of expressing his frustration was a major step toward being able to cope with the feelings of chaos represented in his stories. It is my hope that by being able to recognize his feelings and verbalize them he will increasingly gain more control over his actions, responses and interactions with others. I believe that before Nate could begin to fully integrate more helpful skills for working with others, he first needed to begin to learn how to work with him self through the creation of his

narratives and the building of his relationship with the therapist.

3.8.3.2 Social skills goals:

As Nate began to demonstrate his ability to assert himself, his needs and wants, I witnessed a shift in his level of confidence within our relationship and in himself. Nate was more able to state what his needs were in our relationship and could articulate what actions I could take to make him more comfortable or successful. Towards the end of our sessions Nate was making and maintaining eye contact with me at certain times throughout play and for prolonged periods as we were talking before and after play. Both within and outside of session time Nate began to use his voice while talking to convey or emphasize emotional content. For a child with learning disabilities who may have difficulty understanding the facial expressions and vocal cues of another, this skill of learning to manipulate his own social tools is an essential step towards the development of skills to understand social cues in others.

3.8.3.3 Confidence:

The changes that I observed in Nate's play and in his presentation of self throughout sessions appeared to emerge gradually and subtly. By wearing his emotions on his face and in his body, Nate allowed himself to be vulnerable. It took great confidence and risk for Nate to assume increased control of his actions and to communicate with others through direct eye contact. By the end of our time together I felt that Nate had begun to show confidence in redefining him self as he began to view himself as a creative person with the potential to effect change. His successful experiences as a communicator and a creative individual, I feel, made available to Nate the possibility of experiencing

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success in other areas of his life. Through his drama therapy experience Nate had created an alternate story for himself where he was in control, was successful and deserving of respect.

3.9 Conclusion:

By detailing the progression in Nate's work as outlined in this chapter I have illustrated how Nate was able to experience his developing identity as a more confident and self assured creative person who demonstrated skill at executing decisions, expressing his needs, and most importantly for him, his feelings. Through these developments I believe Nate was able to begin to experience some degree of control in his real life, reducing the impact of unpredictability and chaos so prominently disclosed in his stories. This idea will be further explored in Chapter Four.

Chapter Four

4.1 Introduction:

Throughout chapter four I will demonstrate how specific drama therapy techniques were used to increase Nate's self concept and coping skills by linking them with Nate's relationship with the toys, themes in his play and my role as therapist.

Play is described by drama therapist Phil Jones as a "natural way of exploring and resolving" an experience (Jones, 1996, p. 168). Since I was working through a creative expressive frame (Jennings, 1990) which emphasizes the importance of providing success oriented experiences, it was vital that Nate be able to direct his own play, choosing the developmental level in which he would experience the most success, safety and opportunities for making meaning. Nate consistently chose projective play techniques, creating miniature worlds and stories with small toys and action figures. I observed that through projective play and story making Nate was able to achieve feelings of success and competency in addition to making and sharing ideas and feelings. It is my intention to explore how Nate was able to contemplate pertinent life themes through the stories he created. I hope to highlight how these explorations assisted Nate in the development of his sense of self and the reduction of his feelings of frustration, resulting in greater coping skills.

4.2 Nate's relationship with the toys: exploration of projective play and small world work:

4.2.1 Projection:

Paradoxically, Jennings (1990) shares that it is the distance provided by the symbolic nature of drama therapy that provokes an exploration of greater depth and meaning. It is often only when a client can feel distanced from the intensity of the lived emotion or situation that they can begin the

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process of healing and making meaning. Among Jennings (1990) five basic principles for dramatherapy she claims that it is frequently the symbolic nature of drama therapy which affords clients a richer meaning-making experience. Through the exploration and explanation of specific forms of dramatic and projective play techniques I hope to illustrate how Nate's relationship and symbolic use of miniature toys can be described in terms of their therapeutic significance and effectiveness for him.

The developmental paradigm of play and drama as explained by Sue Jennings (1990) continually plays a major role in my work as a therapist. As I explained in chapter two Jennings places play and drama along a continuum where play is understood as the precursor to drama. In this paradigm Jennings explains three types of play: embodied (E), projective (P) and role (R) . As the reader discovered in chapter three the majority of Nate's play was projective, primarily through the use of stories, small world work and miniature toys. Nate exhibited a powerful connection with projective play and an intense focus directed towards the toys that was unparalleled by any other of his creative experiences in therapy.

One of the goals of projective play is for the individual to make sense of the self in the social world, differentiating between what is me and what is other (Jennings, 1999). This conception and development of self in relation to other and his environment was essential for Nate's development of his self esteem and coping skills. After explaining the theory behind projective play I will explore how it was used by Nate to begin to express himself and take control of a world where he so often showed me he felt powerless and ineffective.

The process of projective play includes the use of toys, substances and objects that are being

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organized outside the child's self and are symbolized to create situations (Jennings, 1999). Phil Jones (1996) defines projective play as involving the placing of aspects of ourselves or our feelings in other people and things. Drama therapy is thought to emphasize many ways in which projection can be linked to dramatic form, enabling clients to create, discover and engage with external representations of inner conflicts (Jones, 1996). Jones describes the process of using miniatures as dramatic tools for projection in therapy as the creation of a "theatre space in miniature" (Jones, 1996, p. 142). It is my impression that Nate was projecting his feelings about chaos and unpredictability into the toys and creating worlds where he could experiment with cause and effect and control.

According to Sue Jennings the initial exploration with toys typically tends to be a sensory stimulus experience rather than the actual making of something, and I often observed such tendencies in Nate's play. As Nate began using the Lego, his first experience with the toys, he would typically begin by creating large, unidentified structures which would evolve into the setting for the story after several minutes of play. The movement from sensory play to projective play, integrating tactile materials with small figures is the most common way that children begin storytelling; traveling along the developmental continuum of play from E to P (Cattanach, 1997).

Although Nate did not express readiness to begin role work during our fifteen sessions it is my hunch that he was gradually working toward the possibility of engaging in role plays. He demonstrated in our later meetings an increased tolerance for using his whole body in play, using voice, gesture and facial expressions in combination with the toys to express the themes and ideas important to him. As Nate began to demonstrate more ease with creative expression and began to feel

more confident about his role in his social world, I sensed that it would not be long before he was ready to begin to experience life in other people's shoes, exploring new identities and roles.

4.2.2 Small world work:

Jones (1996) explores certain major differences between small world work and larger enactment techniques used in drama therapy. Jones (1996) cites that when working with miniatures clients are often affected by the fact that the play world is compact and objects can be easily moved around and manipulated by the player. This allows the client to feel in control of the enacted situation, hence more empowered to make similar changes in real life. Secondly Jones shares that in miniature play work the very objects of play chosen often offer additional insight into the child's world, possibly highlighting new relationships and perspectives to everyday life. Finally, Jones (1996) points out that working with objects often begins to form the language of the work and relationship between client and therapist, as I witnessed occurring between Nate and myself. The relationship of trust that developed between Nate and myself was in large part due to my role as supplier of the toys. While questions, comments, dialogue and social interactions between us typically centred around the themes, ideas and characters Nate created with the miniature toys.

4.2.3 Integration of material:

Jennings (1999) describes that as the child demonstrates increased control over the play experience, patterns in the work begin to emerge. Through the use of the toys Nate was able to express his feelings about chaos and the element of unpredictability in his life while simultaneously experiencing what it is like to create a world where he is in control. As Nate became familiar with the

medium of play, patterns and themes began to emerge through his stories and changes began to develop in how he was relating to me; his teacher and his social world. Nate began taking more control of his own needs, he took less interest in the affairs of others and he focused on making decisions for himself.

I agree with Jennings when she shares that as the child both creates and recreates the past, present and future it becomes possible to reformulate experiences in new ways that demonstrate the possibility of change (Jennings, 1999). Through the positive projective identification between a story character and oneself new ways of being are inspired (Gersie 1991, cited in Jones, 1996). Jennings (1999) proposes that children are often intrigued by the use of small toys, for the reason that their physical smallness makes it possible to experience control over an imagined world rather than being overwhelmed by epic size and experiences. Nate began to experience the world in a new way through his creation of a miniature world. Through the play and storytelling he was able to experience the possibility of having control over events and outcomes, even if just in the story.

4.3 Themes in Nate's play: explored through the use of Story and Metaphor:

In a workshop offered at Concordia University in the spring of 2002 guest lecturer and drama therapist Christopher Doyle shared with the students that every story a person tells is the story of their life. Among Jennings' (1990) five principles of drama therapy she suggests that dramatic metaphor can be viewed as a vehicle which, once projected, can enable profound change. Through Nate's combined focus on the use of miniature toys as well as his creations of stories and narratives Nate was able to share and explore themes, feelings and frustrations that in essence defined the story of his life.

Linking drama therapy theories regarding the use of story and metaphor to Nate's personal

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journey I hope to illustrate how one child was able to begin to reconstruct his world through the creation of a story world. In this next section I will explore the process of using metaphor and stories in collaboration with projective techniques as explored through Nate's use of the miniature toys.

4.3.1 Dramatic metaphor:

Jones (1996) states that if something cannot be talked about directly, it may become possible through the metaphor. The distance created from the original object assists the client in talking about something that they would not otherwise have been able to share. Jones (1996) cites one of the uses of dramatic metaphor as introducing a different perspective on the problem being encountered, encouraging further exploration. Jones also cites that the mere process of creating a new way of relating to the world by working through the metaphor can be seen as a developmental tool and therapeutic in itself.

In a summary of the basic processes of dramatic metaphor, Phil Jones (1996) cites that it is essential to first begin to discover and explore the world of images both verbal and dramatic which the client can use. With Nate this exploration lead to the use of specific and recurrent toys as well as the recurrence of central themes. While Jones (1996) recommends that it is crucial to discover whether the client can connect the symbolic images to themselves, he enforces that this connection of metaphoric material to real life does not need to occur through conscious insight expressed within a session. Jones shares that such connections are often made through the drama therapy.

Although Nate never verbally acknowledged the connection between his stories and real life, I believe that he communicated his understanding of it through play. As I felt it was vital for Nate's

continued progress in therapy that all images, themes and symbols remained in the metaphor, I had

no means of confirming my intuitions. However, through observation I noted that as Nate's ability to

express his thoughts and emotions through his stories increased in frequency and appropriateness, so

too did his use of eye contact, tone of voice and facial expressions. This connection, Although subtle,

suggested to me that Nate's confidence in expressing himself exhibited through his story and play

making, was affecting his emotional expression, social skills and confidence outside of the play world.

This was demonstrated through his increased use of social tools previously not utilized.

4.3.2 Storymaking:

Ann Cattanach describes the "cooling effect" (1997, p.77),when children are able to use

stories as containers for their actual experiences. Cattanach continues to explain that although telling

a story may revive a strong experience, it does not usually create the same intensity as the actual

experience. Creating the story where characters and events may be similar to real life but not exactly

the same also reinforces the distancing effect story telling can create from the trauma of the actual

event.

Through the use of metaphor and storytelling Nate was able to gain distance from the feelings

he expressed through his toys. Feelings that seemed so overwhelming and confusing in reality finally

became manageable and safe through the creation of his characters' lives. It was essential for Nate to

achieve distance from the overwhelming feelings of frustration and lack of control. It was my

impression that the themes of chaos in his life were far too substantial for him to begin to deal with

them directly.

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4.3.3 Integration of material:

The use of dramatic metaphor was key in Nate's process of creation and play. Nate's engagement with a dramatic metaphor allowed him the possibility to achieve distance from difficult themes and feelings as well as gaining awareness about new perspectives. I believe that Nate gained a new perspective on the possibilities and benefits of expressing emotions, thereby gaining insight and experience with relating to the world in more functional, rational and controlled ways. Nate, who was described by his teacher as being frequently overwhelmed by heightened feelings of anger and frustration, Began resorting to fewer outbursts of tears and anger. Through play and use of the dramatic metaphor Nate began to learn how to relate to the world through his creativity, opening up his thinking to alternatives and possibilities he may not otherwise have conceived of.

The process of telling stories and pretend play offers ways to objectify and separate the problem from the person (Cattanach, 1997). The distancing effect of inventing his own fictions appeared to give Nate the detachment he needed to begin to experience emotions without being overwhelmed by them, perhaps for the first time in his life. The very notion that it is only a story gives the child the ultimate choice to incorporate a strategy he has played out into his real life experience or to leave his idea behind in the play world (Cattanach, 1997).

4.4 My role as therapist/ our emerging relationship:

In this final section of chapter four I will explore specific techniques I chose and roles I played as Nate's therapist, Drawing links between such choices and the results of Nate's work. This section will include theory exploring the benefits, as I perceive them, of creating a collaborative and respectful

relationship with Nate. I will also include how I understood the impact of the therapeutic

environment and relationship to the conclusion of therapy.

"Together they share the drama of the story as the meaning unfolds" (Cattanach, 1997, p. 03).

4.4.1 My role as therapist:

It is my belief that the relationship between client and therapist has an important impact on

the outcome of therapy. Through a shared, respectful and collaborative relationship the child in

therapy not only receives a safe place to explore issues and feelings but begins to experience what it

means to be involved in a healthy relationship with an adult where control is negotiated, rules are

shared and expectations are defined. In drama therapy Cattanach describes one such relationship;

"there is the storyteller and the listener and the story acts in the middle as a way to negotiate a shared

meaning between the two" (Cattanach, 1997, p. 03). Jennings (1990) suggests, as her final of five

principles of drama therapy, that if the therapist acts as expert, offering explanations or interpretations,

The creative and therapeutic process is often blocked. The client must be viewed and treated as the

expert of his own life and in control of his own healing for multi layered and significant change to

occur. Perry and Doan (1994) attest to this notion as they share that meaningful therapy helps clients

gain a sense of being their own experts, allowing them to author their own stories based on their

personal experiences, thoughts and feelings.

Ann Cattanach (1997) shares that one of the roles of the drama therapist is to clarify meaning

so that the child as storyteller can be empowered to fully express her point of view through her fiction.

Cattanach suggests that this clarification is usually accomplished by the therapist through questions,

so that the storyteller can make their own decisions about the story. In many ways my role as

questioner in Nate's therapy allowed me to reinforce Nate's role as author and by passed the need to directly link his story, its themes and events, with his real life. By commenting on the character's actions, asking about their intentions and needs, while offering reflections on themes and recurrent events that I was observing, I believe that I was able to give Nate the opportunity to make more informed and enlightened choices about the roles and actions his characters took. This seemed most apparent to me when Nate became able to reflect on his characters' own actions and to have them respond appropriately. This occurred in one of our later sessions when one character decided not to fight but to turn away for safety after observing that all the other characters were being killed. Through his storytelling I sensed that Nate had begun to demonstrate his ability to reflect on actions and react accordingly. One referrer identified Nate as lacking this skill which he thought contributed to his emotional outbursts and inability to cope with new and/or difficult situations.

4.4.2 Our relationship:

Throughout my shared process with Nate it has been essential to remember that our ways of understanding the world "are not derived from the nature of the world as it really is but through daily interactions between people in the course of social life" (Cattanach, 1997, p. 08). In part, I believe it was the establishment of trust, stability and consistency, Through structured and routinely organized sessions with Nate, That allowed him the opportunity to begin to explore chaos. Perceiving Nate as the expert of his own life was a core belief that attributed to the foundation of my relationship with Nate. It was essential that we build a relationship based on mutual trust and respect:"the therapist is the listener, the other, who hears all the stories and narratives, asks questions about characters and plot

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and records the story because it is important and the storyteller is important" (Cattanach, 1997, p. 57). It was important that Nate was given the opportunity to direct and take initiative for his own actions and feelings, while being supported rather than ridiculed, overpowered or controlled. Through building a reliable and honest relationship between Nate and myself, Nate came to be able to rely on the trust and safety of the environment. This safety allowed Nate to practice new realities in the form of play and exploration within the boundaries of a world that were deemed safe and secure (Parry and Doan, 1994).

4.4.3 Integration of material:

A typical belief of children who have learning disabilities is that they lack the ability or power to effect the outcome of events, as they have experienced so many failures and disappointments in the past (Bender and Wall in Gorman, 2001). They learn that effort does not result in success. When Nate first began therapy he had difficulty making decisions and expressing opinions concerning his needs and preferences. He appeared passive, and inactive succumbing to the belief that he did not have the power to affect change in his environment or his life. Being part of a consistent and respectful relationship, Nate began to understand that his needs would be honored. He became more confident expressing demands and taking initiative. Towards the end of our work together Nate appeared very confident telling me what he wanted to do by expressing his desire to "just play", as well as sharing what he did not want to do by saying he no longer wanted his story recorded. Finally Nate showed confidence when he was able to tell me what I could do to support his choices and emotional expressions especially in times of frustration at which time he was able to express his need for silent reflection. Nate took an important step by being able to differentiate his own needs from others. By

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the end of our time together Nate had begun to present himself as a competent person who had the ability to affect change and the outcomes of events by expressing himself.

As I described in chapter three, there was a major shift in my relationship with Nate during session eight when Nate requested that I stop recording his stories. By not having to record the stories I was more able to play a participant observer role in Nate's play. With this shift in role I simultaneously observed that Nate was increasing his use of eye contact, often looking directly to me during play. Ann Cattanach alludes to the importance of this connection; "the ideas flow from storyteller to listener because the storyteller needs their story to be validated in the mirror, which is the face of the listener" (Cattanach, 1997, p. 57). I often had the feeling during play that Nate was gauging my reaction to his sometimes harsh and violent play, assessing the safety and perhaps acceptability of what he was playing by reading my face; looking in the mirror.

One of the social difficulties attributed to children with learning disabilities is that they have difficulty, reading and responding to the facial expressions of others. This often makes the understanding of ambiguous situations difficult and awkward (Gorman, 2001). Throughout therapy Nate was able to practice the important skill of reading and understanding facial expressions as social cues. Nate's increased ability to read my facial responses to his play allowed him to begin to practice reading social cues and responding with appropriate actions and reactions; an essential social skill for effective communication with peers.

Making eye contact, facial expressions and vocal inflections were not among the main goals of therapy, however, the role they played in the development of Nate's self confidence must not be diminished. I believe it is through increased experiences of positive social interactions with others that

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Nate will continue to gain confidence in his communication and expressive skills.

4.5 Conclusion: The emergent self

J.S. Bruner, explores the notion that meaning and reality are created and not discovered (cited in Cattanach, 1997). The child gains the power to create and recreate reality when the therapist and child invent and share stories together (Cattanach, 1997). Neisser (1988) considers that we come to know ourselves through the construction of an extended self, the one we imagine. He believes that how we behave, feel and experience events at any given moment is due in part to the self we have created from all of our past experiences and imaginings about the future (cited in Cattanach, 1997, p. 30).Through new ways of relating and playing out new possibilities for the world, Nate was able to recreate his concept of self.

Markus and Nurius (1986) suggest that when thinking of the self we think not of *"a* self but of *possible* selves along with a *now* self" (cited in Cattanach, 1997, p. 06). It is this exploration of self and possible selves that the child engages in the play and story making process. For Nate, his journey involved an exploration of the chaos in his life and unpredictability of his own emotions and reactions.

The exploration of an alternative self, Through the miniature world Nate created, enabled him to experience a self that was in control, not only his own environment - executing important decisions and making the rules - but also a self that was in control of his emotions. I believe that it was through play and our relationship in play that Nate gained the courage to experience his everyday world with new feelings of competence and insight, Giving him determination, an expressive voice and belief in change. Through learning to author his own stories Nate learned how to be the author of his own life, Creating new possibilities out of the chaos and silence.

Chapter Five

5.1 Conclusions drawn regarding the objectives, hypothesis or research question:

In Chapter one I asked the question; what effect will individual drama therapy have on a child who has a learning disability? I decided to consider the effect that drama therapy would have in terms of building the child's self concept as well as expanding a repertoire of daily coping skills. I believe that the drama therapy did have an overall effect on Nate's self concept and his daily coping skills. My conclusions are based on information shared by Nate's teacher, by Nate himself and my observations throughout our fifteen sessions. Nate demonstrated an increased tolerance for dealing with his emotions as well as coping with difficult situations in his educational and social environments. He demonstrated increased abilities in self expression and verbalizing emotions as well as an expanded use of facial expressions and gestures. Nate became less interested in other children's business and became more focused on his personal work, behaviour and attitude.

I believe it was through Nate's experiences in dramatherapy that he was able to gain a new perspective on himself, thus acquiring greater skills in coping and demonstrating more socially acceptable behaviour. Nate shared that he felt more confident after participating in drama therapy, In addition to feeling more confident about his abilities as a story maker. Through drama therapy Nate was able to begin to experiment with his creativity and to articulate feelings, needs and confusions he previously lacked the means to share with others.

Through the use of projective techniques and story making Nate was able to find alternative forms of communication that offered distance and safety from the feelings that overwhelmed him in real life. I believe that by being able to express himself through play Nate began to release some of

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the frustrations and confusions that caged him in the angry and frustrated outbursts described by his teacher. Nate learned to accept and cope with his feelings of anger and frustration as opposed to avoiding them until the point that he became overwhelmed and tearful. Through repeated exposure to drama therapy Nate began to gain confidence in his ability to express himself and eventually began to integrate personal and embodied forms of expression such as gesture and facial expressions to compliment the voices he projected on to the toys.

Throughout the course of our work together Nate and I never dealt directly with his diagnosis of a learning disability. I feel that many of the themes in Nate's play were representative of several of the social and emotional consequences listed in Chapter Two as being consequential of having a learning disability. For a child with learning disabilities who consistently works hard but fails to achieve it may seem that power and success are not consistent with personal effort. When life events appear unpredictable and unreliable, children often are lead to believe they are not in control of their own performance (Bender and Wall, in Gorman, 2001). Such a belief is thought to lead to behaviours such as investing minimal effort, giving up easily, not taking initiative and choosing low risk tasks.

Nate consistently expressed themes of chaos and the unpredictable nature of power, control and life through play with toys. Early in our sessions Nate typically had difficulty identifying his needs and answering questions about his strengths and wants, and often deferred all decision making to me. As our sessions progressed Nate began to take more and more initiative in the decision making process. He began to realize his abilities as a decision maker, creative thinker and partner in the therapeutic relationship. By the end of our time together Nate was able to confidently express his

needs to me through both words and actions. Nate was willing to take risks as he demonstrated in his increased willingness to create small worlds with the toys, eventually involving the use of his entire body and voice.

5.2 Discussion of these conclusions, summarize how they relate to theory as well as their implications and indications for present and future theory and practice:

I believe there to be a clear link between the theory presented in this case study and the results of the case work. Through projective play and story making Nate highlighted many of the uses of drama therapy for children with learning disabilities. Nate began therapy with many of the behavioural and emotional consequences commonly associated with children with learning disabilities. Through Nate's creation and exploration of his alternate story as a successful and creative individual I believe he emerged stronger and more self assured, complete with skills that I hope will continue to serve him long after the termination of therapy.

One of the shortcomings of this research is that I am not able to assess the long term effects of the drama therapy with this child as my contact with him ceased at the termination of therapy. Although I no longer have the means to access this knowledge I would be interested to know whether or not the effects of drama therapy and changes in Nate's behaviour will continue to persevere in the absence of our weekly sessions. Due to the nature of the changes I suspect `that they will.

One of the goals in all of the work that I do as a therapist is to provide opportunities for change that are self directed, motivated and regulated. It is my belief that changes imposed on children will not last. The transformations that Nate experienced were subtle and occurred slowly over a long period of time. Nate was able to work at his own pace, integrating new insights and knowledge

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in a way that was meaningful and useful to him. I believe that the changes that were observed by Nate's teacher, by myself and by Nate transpired due to Nate's readiness to experience and integrate them into everyday life. It is therefore my suspicion that these changes will be lasting.

In an effort to support the longevity of changes in Nate's perception of himself it was an important part of our process for Nate to share his experiences with people who will remain in his life after therapy has been terminated. Due to the fact that I had little contact with his family, I arranged for a meeting between Nate, myself and his special education classroom teacher in order to share, encourage and honor Nate's journey. Through this group meeting Nate was able to relate his experiences of success in a supportive environment as his stories were shared and communicated. This not only empowered Nate and reinforced his experiences in therapy but also enlightened the teacher, offering new insight into Nate's abilities, skills and competencies.

5.3 Assessment method:

What initially drew me to the process of doing case study research was its flexibility. I was particularly appreciative of this when I encountered somewhat of a roadblock in the assessment process and the assessment method I had intended to use was called into question.

I intended to use Cattanach's (1992) shield as an assessment measure at three points throughout my research process. Midway I discovered that this tool was no longer appropriate for the child at this stage of our work together. The shield was meant to be used to assess the child's feelings about himself, what he liked about himself and what he felt his strengths/ weaknesses were. Although this technique appeared successful upon first meeting Nate, and was helpful for me to better get to know him, by mid series it no longer served the focus of our work together or our relationship.

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Throughout our sessions Nate made it clear through his actions and choices that he preferred to work through the metaphor. I respected Nate's choice and sessions were based around Nate's miniature toy world. When I reintroduced the shield at mid series I broke this agreement in a sense by asking Nate to directly reflect on events from his real life, taking our work out of the metaphor for the first time since the first session. Although Nate did not refuse, he demonstrated great difficulty expressing himself and would not complete all of the sections of the shield. Realizing that this method of assessment was clearly no longer the appropriate tool for reflecting Nate's feelings about himself I sensed that an alternate method of assessment was needed.

Out of respect for Nate's choices and due to the nature of our relationship I realized that one of the most effective methods for evaluating how Nate was evolving in therapy was to simply observe the changes in the style and content of Nate's play. Ultimately observations from both Nate and his teacher would also play a critical role in my final assessment.

In order to gain insight into what elements of drama therapy were most meaningful to Nate I asked him in terms of an 'I remember game', sharing memories as a means of assessment and of gaining closure as we reached termination. Many of my conclusions are based on behaviours I observed in Nate's play and it is important to note that these cannot be assumed to be correct or true, but can only be regarded as what they are; informed hunches.

5.4 Confounding variables:

A child's life is socially and emotionally complex and it would be naive to assume that the drama therapy was the sole influence on Nate's development throughout the months that we had

contact. I cannot ignore the possibility that Nate's teacher and classroom environment, friends, peers and family also played a role in Nate's emotional and social growth this year. It would also be unfortunate to ignore Nate's own natural process of maturation as he neared the end of Grade Five.

Although I have no means of analyzing the impact of outside influences on Nate's development I can suggest several avenues I might have explored throughout our work together that may have shed additional light on this question. In hindsight I feel that much of the research/therapy was done in isolation. I had little contact with members of Nate's family and did not have the opportunity to observe Nate interacting with peers. Both of these avenues may have shed important light on the impact of Nate's family environment and social environment, creating a more complete picture. I did take advantage of the opportunity to have a close working relationship with Nate's teacher throughout the year. This relationship provided useful information regarding changes Nate made through the year that resulted in new behaviours in the classroom, increased skill with classmates and tolerance for learning new things. The teacher felt that many of these changes could be specifically linked to the commencement of drama therapy.

5.5 Implications for further research:

Due to the nature of case study research one cannot hope to make generalizations concerning future uses of individual drama therapy on a child with learning disabilities. However I do feel that based on the outcomes of this case study it is appropriate to suggest that individual drama therapy could be considered a viable and possible option for other children with learning disabilities. The results of this case study attest to the fact that drama therapy can be done safely and effectively within a school setting and may provide results that benefit the child in the school environment.

One of my hopes in offering therapy through the school system, in particular in an inner city school with a high number of children who live below the poverty line, is that therapeutic services may be made available to children who are in need but who may have limited access. By beginning to demonstrate that therapy can be integrated into educational and recreational settings, with the appropriate guidelines and structures in place, it is my hope that more children will have access to these services.

Reference page

Axline, V. (1989). *Play therapy*. New York: Edinburgh Publishers.

Bergen, D. (1988). *Play as a medium for learning and development: A handbook of theory and practice*. Department of Counselling and Psychology Pittsburgh State University: Heinemann Educational Books.

Cattanach, A. (1992). *Drama for people with special needs*. London: A&C Black.

Cattanach, A. (1997). *Children's stories in play therapy*. London: Jessica Kingsley Publishers.

Cattanach, A. (1999), "Co-construction in play therapy", in Cattanach, A. (Ed.), (1999). *Process in the arts therapies*. London: Jessica Kingsley Publishers.Chang, J. (1998), " Children's stories, children's solutions: Social constructionist therapy for children and their families", in Hoyt, M. (Ed.), (1998). *The handbook of constructive therapies: Innovative approaches from leading practitioners* (pp. 251-276) . San Francisco: Jossey- Bass Publishers.Devries, R. & Zan, B. (1996), "A constructivist perspective on the role of sociomoral atmosphere in promoting children's development", in Fosnot-Twomey, C. (Ed.) (1996). *Constructivism-theory, perspectives and practice* (pp. 102-120). New York: Teachers College Columbia University.

Dyer, A.M. (1980). *On task behaviour and self concept inn elementary students following art counselling*. United States: International University.

Farnham-Diggory, S. (1992). *The learning-disabled child*. Cambridge: Harvard University Press.Fosnot-Twomey, C. (1996), "Constructivism: A psychological theory of learning" in

Fosnot-Twomey, C. (Ed.) (1996). *Constructivism- theory, perspectives and practice* (pp 8-34). New York: Teachers College Columbia University

Goncalves, O. (1995), "Hermeneutics, constructivism and cognitive behaviour therapies: From the object to the project", in Neimeyer, R. and Mahoney, M (Eds.), (1995) *Constructivism in psychotherapy* (pp195-231). Washington: American Psychological Association

Gorman, J.C. (2001). *Emotional disorders & learning disabilities in the elementary classroom: interactions and interviews.* California: Corwin Press Inc.

Heath, L.N., Lanaro, L.M. (2001). *School survival guide for parents of children with learning disabilities.* McGill University: Department of Educational Counseling and Psychology.

Higgins, Robin. (1994). *Approaches to case study: A handbook for those entering the therapeutic field.* London: Jessica Kingsley Publishers.

Hoyt, M. (1998), "Introduction", in Hoyt, M. (Ed.), (1998). *The handbook of constructive therapies: Innovative approaches from leading practitioners* (pp.1-30). San Francisco: Jossey-Bass Publishers.

Jennings, S. (1990). *Drama therapy with families groups and individuals: Waiting in the wings.* London: Jessica Kingsley.

Jennings, S (1999). *Introduction to developmental play therapy: Playing and health.* London: A&C Black Publishers.Jones, P. (1996). *Drama as therapy: Theatre as living.* London and New York: Routledge.

Kronick, D. (1998). *New approaches to learning disabilities. Cognitive, metacognitive and holistic.* Montreal: Grune & Stratton.

Lerner, J. (2000). *Learning disabilities: Theories, diagnosis and teaching strategies*. New York: Houghton Mifflin Company.

McNamara, B. E. (1998). *Learning disabilities approaches for a diverse population*. New York: State University of New York Press.

Neimeyer, R. (1995), "Introduction" in Neimeyer, R. and Mahoney, M. (Eds.), (1995). *Constructivism in psychotherapy* (pp 1-11) Washington: American Psychological Association.

Oldfather, P. and West, J. (1999). *Learning through children's eyes. Social constructivism and the desire to learn*. Washington: American Psychological Assoication.

Parry, A. and Doan, R.E. (1994). *Story revisions: Narrative therapy in the post modern world*. New York: Guilford Press.

Sternberg,R., Grigorenko, E. (1999). *Our labelled children: What every parent and teacher needs to know about learning disabilities*. Massachusetts: Perseus Books.

Von Glaserfeld, E. (1996), "Aspects of contructivism", in Fosnot-Twomey, C. (Ed.) (1996). *Constructivism- theory, perspectives and practice* (pp 3-8). New York: Teachers College Columbia University.

White, M. & Epston, D. (1990). *Narrative means to a therapeutic ends*. London: W.W. Norton and Company.

Appendix A
Letter of Consent

To Parent/ Guardian:

_____ has been selected to work with a drama therapist one morning a week for the duration of the school year.

During a dramatherapy session your child will be able to explore and develop his/her feelings, behaviours and opinions in a safe environment through play and drama. Working out difficulties and emotions through stories, the imagination and play children are able express themselves in ways which are significant and meaningful to them. Working creatively through play and drama also provides opportunities for children to build imaginative skills, social skills and self-confidence.

As a training drama therapist in her last year of studies Jocelyne Armstrong will be facilitating the sessions under the supervision of Dennis Farley of Bartimaeus Quebec.

I have read and understand the above form and give consent for my child to participate in the drama therapy sessions.

_____

Child's Name (please print)Signature of parent/guardian

Consent for Research

One of the requirements for graduation from the drama therapy programme is to write a research paper that includes case material. The purpose of this paper is to assist me in my learning and skill as a drama therapist. Case material will include written reports about the development of the work. All names, including the name and location of the work will all be altered throughout the paper to ensure strict confidentiality.

Your consent concerning your child's participation or lack of participation in the research component of this project will not affect their ability to participate in the dramatherapy sessions. You will have the option of withdrawing your consent any time before the thesis is completed with no consequence and without explanation. If you wish to withdraw your child's participation in this research paper, you may call XXX-XXXX.

I, _____, undersigned, give permission for Jocelyne Armstrong to include information regarding my child for inclusion in her Master's Research Paper in the Creative Arts Therapy Programme at Concordia University. I also consent to the publication and presentation of the case material provided all names are altered and confidentiality is guaranteed. A copy of this research paper will be in the Concordia University library.

I have read and understood the contents of this form and have had the opportunity to ask any questions about the implications of this consent.

Signature: _____ (parent guardian)

Date: _____

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Appendix B

Sample of Questionnaire for research project

Following a model of Ann Cattanach's "Shield" from *Where the Sky Meets the underworld* (1994) I will ask the child the draw their shield with six boxes of equal size. In these boxes the child can respond to the questions listed below by using words, pictures or toys or a combination of all three. All materials will be provided.

Best thing that ever happened to you?

Best thing that ever happened to your family?

Worst thing that ever happened to you?

What would you most like your tombstone to say about you?

If you could be an anything what would you be?

What do you like most about yourself?

I chose these categories because I feel they offer a well rounded picture of how the child perceives themselves including skills, family and surrounding environment. These categories are open ended and allow the child to respond in any way that is meaningful to them.

Through these questions I can assess:

- How the child is able to organize their thoughts

- If they are able to project into the future (aspirations, goals) and if yes, what are they?

- What events the child perceives to be positive and negative

- What positive qualities can the child identify in themselves? Are they skill related, personality or popularity based? Can the child think of any positive qualities at all?

- What materials does the child use to respond to these questions?

How will this be helpful to my research?

- The initial questions will give me insight into where the child is currently at in terms of how they see their life and themselves.

- By repeating the questionnaire at mid point and at the end of the therapy I hope to be able to gain insight into any changes in the child's perception of their future goals, possibilities and self concept.

- Are the best and worst moments any different? Is the child able to think of more positive attributes about himself? Does the child have more ideas about what they want to be in the future, more hope or has this stayed the same? How has what they want to project to others changed if at all?

- Has the material they choose to answer these questions in changed? Are they more able to answer the questions, less hesitant, more hesitant? Does the child demonstrate confidence and self assuredness in answering? Does the child look to me for confirmation or ideas and if so has this changed from the first to the last session?