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RESEARCH REPORT

Investigating the affordances of drama therapy for addressing problematic behavior in a grade R classroom.

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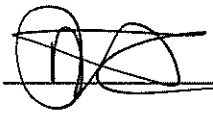
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ABSTRACT

In 2011, under the terms of White Paper 6, the South African Department of Basic Education adopted the principles of inclusive education, where learners were no longer to be segregated in terms of their abilities. Although largely accepted as an ideal practice, the implementation of White Paper 6 has been problematic. One of the key stressors, as identified by teachers in previous studies, is that of learner behaviour. This research, with its specific focus on behavioural difficulties, investigated the affordances of an integrated drama therapy intervention as a way of supporting inclusivity in a Grade R classroom. The intervention focused on using drama therapy to support the individual showing problematic behaviour; it investigated coping strategies for the class and considered the implications of the intervention for the schooling system as a whole. The researcher used practitioner based research as she worked with individual children and the class as a group in a drama therapy practice. This research attempted to understand the affordances of using a drama therapy practice to address the psychosocial challenges of realising inclusion in South African pre-schools.

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Introduction

This research investigated the possibility of using an integrated drama therapy intervention to support inclusivity in a Grade R classroom with a specific focus on learner behavioural difficulties. For the purposes of this research, inclusivity refers to the systematic move away from 'using segregation according to categories of disabilities as an organising principle for institutions' as advised in White Paper Policy 6 (Department of Education, 2011:10). The intervention focused on support for the individual, investigated the coping strategies for the class in which the individual is located and considered what implications this intervention may have for the schooling system as a whole. This was a practitioner research project aimed at exploring the affordances of drama therapy as one possible way to address the psychosocial challenges of realising inclusion in South African pre-schools.

This study uses the definition of a psychosocial learning environment provided in the South African National Curriculum Statement which 'covers psychological and social factors that have consequences for satisfaction, health, wellbeing and the ability to perform effectively' (National Curriculum Statement, 2011:6).

1.1. Problem Statement: realities of the inclusive classroom in South Africa

While addressing policy is not within the scope of this research, a brief outline of policy and its implications for practice is offered below to provide the context for the education system in which this work is positioned.

Inclusive education has been widely embraced as an ideal model for education, both in South Africa and internationally (Maher, 2009). However, Maher explains that this

‘acceptance of ideal practices does not necessarily translate into what actually occurs within the classroom’ (Maher, 2009). Adapting to inclusive education has proved to be a struggle both internationally and in South Africa. Adequate training, sufficient support, and positive attitudes are central in realising this ideal (Frankel, Gold & Ajodhia-Andrews, 2010 cited in Donohue and Bornman, 2014:3). According to Bornman and Rose ‘[a] general lack of support and resources, as well as the prevailing negative attitudes toward disability, all contribute to the general bewilderment in South African schools towards inclusion (2010, cited in Donohue and Bornman, 2014:3). Campbell, Gilmore and Cuskelly found that although teachers often report that they agree with the idea of inclusion, they actually believe that the needs of learners with disabilities are best met in separate classrooms (2003 cited in Donohue and Bornman, 2014:4). It is thus apparent that there are problems in, and a resistance to, the implementation of inclusive education in South Africa.

A study identifying the possible stressors for South African teachers in the implementation of inclusive education revealed that learner behaviour, including poor communication skills and short attention spans, were among the top four stressors in the implementation of the policy at a school level (Pottas 2005:64). The Eastern Cape Teachers' group explains that ‘it’s challenging to avoid lumping a child’s naughtiness at school onto their character - and seeing them and their behaviour as one and the same thing’ (2017:1). Peter notes that teachers now need to take on additional responsibilities to discipline and support learners with these difficulties (2017:1). We can thus see how learners with behavioural difficulties can be dubbed as ‘naughty’, ‘bad’ or ‘difficult’ children, negating the complexities and challenges of possible disability and the social constructs of the difficulties at hand. This in turn negates the institutional responsibility as set out in White Paper 6. Moreover, it is

evident that the teacher's role has been extended to include the role of a counsellor putting an additional strain on the teacher who is already struggling to cope with the pastoral demands of an inclusive classroom.

The implementation of inclusive education has also raised the subject of discrimination between disabilities. Whilst there is much literature and government published material outlining inclusive strategies for assisting the child with learning difficulties, intellectual disabilities and physical disabilities in the classroom, the White Paper 6 and connected publications outline only a few strategies for psychosocial support in the case of behavioural difficulties. In the White Paper 6 supporting document, Guidelines for Inclusive Teaching and Learning, there are no guidelines issued for behavioural disabilities. Pottas adds that in a study conducted in the early 2000's, teachers were found to be more negative about teaching learners with emotional and behavioural difficulties, than the teaching of learners with orthopaedic and sensory problems (Avramidis & Norwich, 2002:135; Briggs et al., 2002:3 cited in Pottas, 2005:66). Severson, et al. (2007) notes that there are many teachers, who perceive children's emotional and behavioural problems as someone else's responsibility (cited in Ecklund, 2009:90). This may show a bias, or a lack of knowledge and training around how to respond to behavioural difficulties. This negative attitude could be expressed in unfair discrimination further alienating the child with behavioural difficulties.

This research has therefore focussed on the inclusion of learners with behavioural difficulties in Grade R classes. The Department of Education has recognised the complex nature of factors influencing behaviour in South African schools namely: disability and the social, emotional, cognitive, linguistic or family and care circumstances of the child (Education.gov.za., 2017:VII). According to Ringel and

Sturm a significant number of children are at-risk for, or are currently experiencing emotional and behavioural problems (Ringel & Sturm, 2001; United States Public Health Service, 2000 cited in Reinke, Herman, Petras, & Ialongo, 2008). According to Reineke et al., children with an early onset of behavioural problems are at elevated risk of academic failure, peer rejection, substance abuse, and delinquency (Reinke, Herman, Petras, & Ialongo, 2008). Gathright and Tyler explain that without intervention, it is likely that Disruptive Behaviour Disorders may progress (2017:1). It is within this context that I identified that problems which manifest as behavioural disorders are progressive and hold risks for the learner's development. If support is not offered to learners with these disabilities, the problem may persist and become more pronounced.

1.2. Background

My interest in supporting inclusive education, specifically in relation to behaviour problems in the inclusive classroom, stems from my experience as an Arts educator in South Africa and Germany. I found the drama classroom to be a place where those who were struggling in the schooling system would often flourish. I found that learners who were sometimes deemed disruptive in other classes would be focused and invested in the drama class. I was also in awe of the way a respectful and inclusive ethos seemed to almost naturally develop in the drama classes. This experience led me to explore why drama seemed to have this effect on my students and eventually led me to study further in the field of drama therapy.

Rene Emunah, offers the definition that drama therapy is 'the intentional and systematic use of the drama/theatre process to achieve psychological growth and change'. She goes on to explain that its tools are derived from theatre and its goals

are rooted in psychotherapy (1994:3). This research aimed to investigate how, through the use of dramatic tools, one might support the psychosocial development of an individual learner and, furthermore, support the resilience and tolerance of all the learners, and their teacher, in an inclusive classroom.

This research was framed by a multidisciplinary approach and considered the following three fields:

1. Psychology: (specifically the work of Bronfenbrenner and Vygotsky),
2. Inclusive Education: specifically theoretical and empirical studies related to disruptive behaviour in the inclusive classroom,
3. Drama therapy and other creative arts therapies with young children in schools.

1.3. Aim

This research aimed to investigate whether, and how, an integrated drama therapy intervention could support a healthy psychosocial learning environment in an inclusive Grade R class in South Africa.

Sub Aims

- To offer psychosocial support through drama therapy to a learner with behavioural difficulties in a South African inclusive Grade R classroom context.
- To use drama therapy to support a healthy class milieu and prosocial behaviour in an inclusive Grade R classroom.
- To gain insight into the efficacy of using an integrated drama therapy intervention as a tool to support inclusion at a Grade R level.

1.4. Question

Can an integrated drama therapy intervention support a healthy psychosocial learning environment in a Grade R classroom in South Africa; and if so, how?

Sub Questions

- Can this drama therapy intervention support the individual child? If so, in what ways?
- Can this drama therapy intervention support the collective class? If so, in what ways?
- Can this drama therapy intervention support the school's and the teachers' ability to cope with inclusion?

1.5. Rationale

This research may add to the current available literature on the affordances of drama therapy in schools, specifically offering ways of supporting children in an inclusive classroom.

The Department of Education, in a report on the implementation of White Paper 6 stated that 'new models of service delivery must be applied, such as making better use of mid-level workers such as itinerant learning support teachers, therapy assistants, deaf and other teaching assistants, technicians and counsellors (Department of Education, 2015:72). Topkin, Roman and Mwaba have similarly identified the need for intervention and suggested that 'it would be helpful if the Department of Basic Education could put in place District Support Teams to assist the teachers who have to work with children with special needs' (Topkin, Roman and

Mwaba, 2017:1). The Department of Education report concluded by saying ‘there needs to be a change in attitudes across the system and a commitment to moving towards an inclusive education system; this can only be achieved through large scale training and advocacy and monitoring the impact of training’ (Department of Education, 2015:73). The Policy on Screening, Identification, Assessment and Support document, in 2014, specifically called for schools to have access to a range of support specialists and noted that this support is required on a daily or weekly basis and should be available fulltime on site. A large scale study in the United States showed that ‘mental health services embedded within school systems could create a continuum of integrative care that improves both mental health and the educational attainment for children’ (Fazel et al., 2014).

In acknowledging that interventions and support are needed to realise inclusive education, I have chosen to investigate the affordances of an integrated drama therapy intervention for inclusive schools. This kind of intervention has, in other settings, proven to be cost effective, as the therapy can happen in groups, and a drama therapist may be able to work with a number of learners in a single session. Also drama therapy, being creative and often fun, may reduce in-school stigma around receiving therapeutic intervention.

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Chapter 2: Literature Review

2.1. Inclusive education: strengths, challenges and suggestions for better implementation

Strengths of inclusive education

Following the Salamanca agreement ‘policymakers, researchers, and educators agree that high-quality early education is essential for all children and children with disabilities have the right to attend and be included in school alongside their typically developing peer’ (Pelatti, et al., 2016, p. 830). This agreement has come under strong criticism, specifically around the argument that ‘placing a student with a severe disability in a regular class is unfair to other students as this environment may not be able to best serve every child's learning, social, or emotional needs’ (Bain & Hasio, 2011 cited in Varian, 2016:12) and that ‘typical students run the risk of being disadvantaged in terms of progress in the curriculum because students with disabilities require too much attention and slow down the progress of typical students’ (Artiles & Kozleski, 2016:9).

However, Justice et al. (2014) and Mashburn et al. (2009) have found in a large scale research that students with and without disabilities benefit from participation in inclusive classrooms (cited in Pelatti et al., 2016:845). Furthermore, research from across the globe ‘noted not only the educational benefits for children suffering from impairment but also pointed out the improved socialization of these children’ (Abbas, et al., 2016:48).

A large scale study, funded by the U.S. Department of Education that investigated the effects of inclusive education on the learners, found that ‘students without

disabilities perform at the same or even improved levels in classrooms where students with varying abilities and disabilities learn together' (Artiles & Kozleski, 2016, p. 9). Also, Korenich and Salisbury (2006); Hanuschek, Kain and Rivkin (2002) and Huber, Rosenfeld, and Fiorello (2001) have all echoed each other's research in concluding that 'bringing students with differing abilities, histories, and skills does not harm one group to benefit another, given appropriate books and materials required by the curriculum' (Artiles & Kozleski, 2016:9).

In a study done with parents of learners with disabilities, 65% of the parents participating in the study stated that 'inclusion had facilitated their children's adjustment to the real world' (Ceyman & Aral, 2016:154). Ullrich, Ullrich and Marten point out that the integration of children with disabilities into society and later into the workforce could benefit not only the social, but also the economic system of a country (2014).

Challenges in implementation of inclusive education

Inclusive education has been met with a number of challenges in its implementation. These include misunderstandings about the inclusive education praxis and a lack of support at a policy, political and financial level.

Artiles and Kozleski (2016:5) point out that the inclusive education discourse has shifted from a vision encompassing all learners to a focus on students with disabilities. This limited interpretation assumes that the praxis of inclusive education is discriminatory. In one way it is discriminatory when it ceases to include the typical learners' needs, and by default it is discriminatory when it places the emphasis on 'normalising' learners with disabilities. López describes this pseudo inclusive practice by saying that 'we are only pretending to apply inclusion and we must remove the

obstacles that deform the original idea leading to mere classroom simulation' (López et al., 2014 cited in Moreno, et al., 2015:112).

Although the theory of inclusive education has been accepted in many countries, there remain major challenges in the implementation of it world over. According to Abbas et al., these challenges include 'political non-commitment and lapses in inclusion-friendly policy transformation, the intellectual base to support inclusion, meagre financial allocations, [and] cultural and academic bias in favour of the traditional school system' (2016:48). Abbas et al., also suggests that at a micro level inclusive education is being met with challenges such as resistance to change in the curricula, school infrastructure, teacher training and meeting students socialization needs (2016:48). This research identified the prospect of using drama therapy to address one of the challenges outlined by Abbas et al., which is that of meeting the student's socialisation needs at a time of change.

Kumar investigates resistance to inclusive education from an attitudinal and cultural point of view. He identifies that attitudes that are 'deep-rooted in cultural assumptions are probably the most difficult aspect of change, as they have influence across the board, ranging from community, to school, to government' (Kumar, 2016:3).

Carbado, Fisk, and Gulati investigate the inequities arising within inclusive education systems, and have suggested that inclusive education can be identified as a new form of discrimination that has been named "inclusive exclusions" or "discrimination by inclusion" (2008 cited in Artiles & Kozleski, 2016:16). Mothers of learners with disabilities echoed this sentiment in a recent study where they showed concern as to whether their children would be socially accepted by peers without

disabilities in general education classrooms (Gupta & Buwade, 2013; Ahuja & Sunish, 2013 cited in Ceyman & Aral, 2016:155).

Singal et al. adds that recent studies have shown that the ‘experiences of students with disabilities in mainstream settings are unfavourable; they sit idly and do not understand taught lessons (2015, cited in Sanagi, 2016:3). Turk (2012) similarly found that students with disabilities report a sense of exclusion in their classrooms. However, Turk goes on to say that ‘within the visual arts field, diversity is celebrated and students are encouraged to solve problems in their own unique ways’ (cited in Varian, 2016:13). This indicates the inclusive potential of arts education and therefore the possibility of drama therapy supporting authentic inclusion.

Another challenge which has been identified concerns the psychosocial and emotional needs of students in the implementation of inclusive education. In a study in 2000 Liewellyn stated that the ‘interviews revealed that it was impossible for most of the schools to meet the psychological and clinical needs of children in an inclusive education setting (cited in Ceyman & Aral, 2016, p. 155). Not meeting these needs has shown to have unfavourable effects on the learning environment. Gottfried says that a recent large scale study suggests that ‘having peers with disabilities in the classroom does have an effect on non-cognitive outcomes’ for example, problematic behaviour in the inclusive classroom increased (Gottfried, 2014 cited in Artiles & Kozleski, 2016:9).

Solutions and suggestions from the literature

Literature suggests that teachers’ attitudes are critical to ensuring successful inclusive education (Agbenyega, 2007; Arbeiter & Hartley, 2002; Forlin, Earle, Loreman & Sharma, 2011; Kuyini & Mangope, 2011cited in Sanagi, 2016:4). Kumar

proposes that this be done through raising awareness from the grass-roots level, which includes parents to the teacher education level which must include sensitizing teachers to listening to the children's perspectives, to managerial capacity-building and policy-making (Kumar, 2016:3). Gupta and Buwade (2013) and Ahuja and Sunish (2013) state that neither normally developing children nor children with special needs were readied for inclusive education practice (cited in Ceyman & Aral, 2016:159). This study, based on the above mentioned evidence, considered how drama therapy could be used to support the readying of learners for the inclusive classroom and the building of awareness.

Batu suggests that 'normally developing children should be informed about the child with special needs, thus facilitating the acceptance of children with special needs' (Batu, 2010:64). Aktas and Kucuker, 2002 and Sahbaz, 2007 add that studies have shown that informing normally developing children about the child with special needs increased the social acceptance of children with special needs (cited in Ceyman & Aral, 2016:160). Through including parents, teachers and learners in the study, I hoped I might be able to build awareness with multiple stakeholders in order to foster a holistic approach and focus on readying the whole school, as a system, for inclusive education (Booth & Ainscow, 2002, cited in Sakiz, 2016:65).

Merono says that 'experimentation with creative practices in education could contribute to understanding and developing education adapted to everyone, overcoming the complexity of any educational situation' (2015:113). This statement encouraged me to look at the possibilities of drama therapy offering a way of creatively exploring inclusive educational practices that are better suited to all learners.

Another suggestion from the literature that is pertinent to this study is the question of adequate support for the emotional development of young learners with disability. Ullrich, Ullrich and Marten explain that successful education involves language, speech, cognitive and social skills (2014: 564). Similarly ‘parents and teachers have consistently reported that the emotional development of young children with disabilities is a particularly important aspect of development for these children’ (Jamison et al. 2012 cited in Pelatti et al., 2016:843). This study directly engaged with offering social and emotional support for the individual learner subject and the class as a whole.

2.2 South African Context

In the South African context, Wildeman and Nomdo found that without support, the burdens associated with the implementation of inclusive education quickly become overwhelming. They go on to note that many schools will then revert to a special education model of education delivery (2007 cited in Donohue and Bornman, 2014:1). This suggests that further research regarding methods of supporting the implementation of inclusive education in South Africa is needed.

In South Africa cultural attitudes are also a threat to the successful implementation of inclusive education. Donnahue and Borman state that negative cultural attitudes have been shown to affect the decisions of parents in regards to educating children with disabilities (2014:5). Groce (2004) has noted that, in a number of ‘developing countries around the world, children with disabilities often do not attend school because it is thought that they cannot learn or will be disruptive to other learners’ (cited in Donohue and Bornman, 2014:5). This research positions disabilities and behavioural problems in a social context. There is a noted stigma surrounding the

capabilities of people with disabilities which negatively affects the opportunities such people are given, especially in childhood. This therapeutic intervention, therefore, was positioned as a psychosocial intervention and aimed to include a holistic intervention program that works within a social context.

2.3 Inclusive education and behaviour issues

Ringel & Sturm noted that, in the United States, despite a significant number of students experiencing emotional and behavioural problems, the majority of these students remain unidentified and consequently untreated (United States Public Health Service, 2000 cited in Ecklund, 2009:89). A similar problem may exist within the South African inclusive education context. Gottlieb explains that this lack of identification and treatment is 'detrimental to student outcomes, considering that the longer a child's emotional and behavioural problems go unidentified and untreated, the more stable his or her maladaptive trajectory is likely to be' (1991,cited in Ecklund et al, 2009:89). Bateson adds that it is possible for the 'distinctive features of behaviour to be formed in a particular stage in early development and for the processes generating those features to be reactivated at much later stages in the life-cycle' (2017:48) i.e. problematic behaviour developed during the formative years may persist in later years. It was further noted that in the United States there is emerging evidence that 'early identification, combined with early and comprehensive prevention and intervention, can decrease the likelihood of academic failure and future life difficulties' (Lane & Menzies, 2003, Walker & Shinn, 2002, cited in Ecklund, 2009:89). Pellati supports this by explaining that 'young children's early educational experiences are formative for building the foundation of future academic learning and success' (Barnett 1993; Reynolds 2000; Reynolds et al. 2001; 2015 cited in Pelatti et al., 2016:830). Ullrich, Ullrich and Marten add that as social and

emotional skills are much more easily taught and modified in early life, appropriate early childhood education appears to be essential for children (2014:565). It is for this reason that I decided to position this study with learners in Grade R, aged between five and six years old, who are in the foundation phase of education.

Behaviour disorders such as noncompliant, defiant and oppositional defiant disorder constitute the greatest number of child referrals to treatment centres in the United States (Guerney 1991:74). These are the areas in South African schools which are in need of focused attention. MacDonald argues that the education authorities should give the same attention to emotional stability as to intellectual advancement (MacDonald, 1949:90). Guerney adds that the provision of play therapy by the teacher has been shown to be effective in overcoming school adjustment problems (Ginsberg, Stutman, &c Hummel, 1978; Guerney & Flumen, 1970 cited in Guerney, 1991:76).

Professor Vining of Leeds University suggested in the British Medical Journal that "spoiling" or overindulgence of the child is the most common reason offered for behaviour problems (cited in MacDonald, 1949:90). However, when researching the effects of the Zero Tolerance policy of the American education system the American Psychological Association (2008) concluded that zero tolerance policies, as applied, appear to run counter to our best knowledge of children. Over indulgence on the one hand and repressive discipline on the other can both result in behaviour problems. This is an important consideration for teachers and therapists aiming to support prosocial behaviour to bear in mind and motivates for therapeutic intervention rather than over repressive disciplining in the inclusive classroom.

2.4. Drama Therapy

Sawka, in reporting on a study on the effects of drama therapy on children with ADHD notes that, because this study did not include the children's parents, it did not give the participants an opportunity to learn about social competence by having their parents as a model (2011:50). She goes on to explain that several studies have shown the positive effects of training programs for parents of children with behavioural problems (Sawka, 2011:50). For this reason this study aimed to be a holistic intervention, included interaction with other class members presenting typical behaviour development and teachers and parents.

Listiakova concludes her study of the application of drama therapy methods in inclusive education in Slovakia by saying that drama therapy may contribute to an 'increase in acceptance of the varied nature and appreciation of the diversity in classrooms and schools, due to the inherently inclusive nature of the core processes of drama therapy' (Listiakova, 2017). Similarly, the main finding from Chang's study of drama therapy with learners with ADHD, is that 'drama therapy skills had produced a positive result for the curriculum' (Chang and Liu, 2017:1). Taking into account the work done in the field of creative arts' therapies in inclusive classrooms in Europe and Asia, I aimed to explore how a drama therapy intervention could be designed and implemented in a South African inclusive classroom.

Within the field of drama therapy, this intervention has drawn on the core processes of play, story, projection and embodiment (Jones, 1996). I selected these processes for their appeal to the sample age.

Although there are many obstacles outlined here with regard to the implementation of inclusive education, with noted difficulties around problem behaviour in the

inclusive classroom, Donnahue and Bornman conclude their study with the view that these obstacles are not insurmountable, and the more children with disabilities are included in education and elsewhere in their communities, the sooner they can become productive and contributing members of society, showcasing their unique talents just like everyone else (Donohue and Bornman, 2014). This research aimed to interrogate the use of drama therapy as offering a possible realisation of this vision.

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Chapter 3: Theoretical Frame

3.1. What is inclusive education? A deeper look.

In 1994 at the World Conference on Special Needs Education in Salamanca, Spain, it was stated that ‘although children have differing characteristics, interests, abilities and learning needs, they must all have access to regular education, through child-centred pedagogy, that is capable of meeting their special educational needs’ (Ullrich, Ullrich and Marten, 2014). This declaration spurred on a global move towards a more inclusive education system. The South African education system followed suit.

However there have been a number of variations in the understanding of the term 'inclusive education' since its inception 1994. This has affected the way it has been implemented across the globe. The theoretical frame of inclusive education that this research adopted is explored below.

Inclusive education is characterised by its valuing of diversity and its respect for the individual differences present in any learning community (Moreno et al., 2015:107). Moreno adds that ‘these differences can include social, educational and cultural factors as well as individual competences’ (Moreno et al., 2015:107). This research will take into account this broader understanding of differences in inclusive education.

Leon offers the following four foundational views of inclusive education, these are:

1. Inclusion, as a human right,

2. Inclusion, as a way to achieve educational equality,

3. The right of everyone to be educated among peers and in their cultural context,
4. The guarantying of all children's rights by society, including their inclusion in a normalized school framework (León, 2010 cited in Moreno et al., 2015:107).

Artiles, Kozleski, Dorn, & Christensen (2006:121) believe that inclusive education [which] is concerned with the transformation of school cultures [will]:

- increase access (or presence) for all students (not only marginalized or vulnerable groups),
- ensure the acceptance of all students by school personnel and students,
- maximize student participation in various domains of activity, and
- enhance the achievements of all students.

This research acknowledges the foundational views offered by Leon and the objectives described by Artiles, Kozleski, Dorn, & Christensen in its understanding of inclusive education, as the objectives of the inclusive education style that this intervention hoped to support.

This research, therefore, adopted a broader understanding of inclusive education and viewed it, as Barton describes, as part of 'the struggle for equality and for a non-oppressive, non-discriminatory world' (2009 cited in Moreno et al., 2015:108). It was not solely focused on disability, but rather was 'centred on the establishment and maintenance of a social world in which people experience the reality of inclusive values and relationships' (Moreno et al., 2015:108).

This research did not view inclusive education as a process of ‘mainstreaming’, or ‘placing students labelled with disabilities in mainstream classrooms’(Dalkilic & Vadeboncoeur , 2016:126) which reduces inclusive education to an issue of place (Baglieri et al. (2011 cited in Dalkilic & Vadeboncoeur , 2016:126). This understanding of inclusive education appears to ‘assume that the location generally resolves the problem of inclusivity', rather than focusing on the comprehensive changes needed in the structure of mainstream schools and classrooms to enable them to be inclusive (Dalkilic & Vadeboncoeur , 2016). In order to be truly inclusive the whole school has to make changes to its systems and practices. It is my opinion that until such an understanding of inclusive education is adopted, it remains, at best, a process of integrating the child into a certain predetermined way of being, in this case the mainstream school system. The literature describes this as a process of ‘normalising’ learners with disabilities (Kumar, 2016). Harman adds that ‘integration models assume there is something wrong that must be fixed in order to fit into the present system’ (Harman, 2018). Inclusion, however, according to the Oxford Dictionary of Education implies that ‘the school must change to ‘fit’ the pupil rather than the pupil to fit the school’ (Oxford,1984).

Understanding inclusive education in this way paves the way for a ‘whole-school’ approach to institutional change (Peters, 2004:9). Kumar points out that in this way; inclusive education is not a disability-only issue, but an educational quality issue (Kumar, 2016). Abbas adds that ‘inclusion is a new way of thinking about education that raises questions on policy, political, social and economic processes which support this educational system' (Abbas, 2016). Understanding the implications of inclusive education at these levels, I believe, will allow for social transformation.

Verdugo Alonso (2009) sees inclusive education as ‘a process of change which slowly opens the doors to tolerance in our society’ (cited in Moreno et al., 2015:107).

3.2. Considering disability

The way we understand disability affects the way we care for those with disabilities. For example, a medical model views disability as the 'physical product of biology acting upon the functioning of individual bodies' (Reindal, 2008 cited in Dalkilic & Vadeboncoeur , 2016:123). This model of disability positions disability as ‘an unwanted condition that needs to be cured or repaired by the individual' (Burchardt, 2004; Mitra, 2006 cited in Dalkilic & Vadeboncoeur , 2016:123). According to Slee, a system of inclusive education founded on a medical model of disability defines its purpose as 'the integration of a child labelled with disabilities into the general culture, or the norm, of the classroom' (Slee, 2013cited cited in Dalkilic & Vadeboncoeur , 2016:124). This model thus implies a process of ‘normalizing’ the child with disabilities which paradoxically seems an exclusionary practise.

The social model of disability considers the social impacts of interaction and exclusion around disability. This model calls for 'inclusivity of the system' and a readiness for the system to be altered, rather than for the child joining the system to be assimilated (Reindal, 2008 cited in Dalkilic & Vadeboncoeur, 2016:124).

The Capability Approach (Dalkilic & Vadeboncoeur , 2016) addresses disability through the interplay of three aspects:

1. Personal characteristics, such as a physiological impairment,

2. Available resources,

3. The sociopolitical, economic, and cultural context surrounding the individual (Mitra, 2006 cited in Dalkilic & Vadeboncoeur , 2016:126).

In inclusive education the Capability Approach puts the emphasis on providing children with capabilities to accomplish their valued functioning with the emphasis on well-being and agency (Terzi, 2007 cited in Dalkilic & Vadeboncoeur, 2016:128). This research looks at disability through the lens of the Capability Approach by supporting the diverse functioning of all learners in an inclusive classroom.

3.3. The Learning Environment

This research focuses specifically on the interplay between disruptive or problematic behaviour and the psychosocial learning environment. Normally students are expected to behave in class in ways which do not interfere with the learning of others and which enable them to address the tasks of their own learning. When students interrupt or distract others it is assumed that their behaviour is an attention seeking device (Zuna & McDougall, 2004:18) which usually disrupts the learning environment of the class.

Problem behaviour may impact not only on the learning process of the individual, but also on the class. In a study on the effects of disruptive behaviour in the foundation phase, Marais and Meier found that such disruptive behaviour posed a major challenge for educators and threatened the existence and survival of the [social] systems of the class (2010:52). Marais and Meier argue that families, schools and society are not simply a collection of people but consist of people plus their relationships. Thus social systems that are dependent on each other are influenced by each other, and have a responsibility to assist each other to keep healthy (Marais and Meier, 2010:42). Raines adds that a school-wide approach and early

intervention services may reduce problem behaviour (cited in Janse van Rensburg, 2015:415).

Janse van Rensburg (2015) explains that children develop and learn best in a physically and emotionally safe environment in which their basic physical and emotional needs have been met (Meier & Marais 2008 cited in Janse van Rensburg, 2015:412). According to Janse van Rensburg no individual can progress to the next level unless their needs in the preceding one have been satisfied. Among these needs are:

- the need for security and freedom from fear,
- the need for self-esteem and the respect of others, and
- the need for self-actualization and the achievement of one's full potential (2015:412).

Learners presenting problematic behaviour may feel challenged in terms of their own need for safety and self-actualisation and in turn may challenge these aspects in others, such as in the case of bullying. This behaviour can make it difficult to establish a healthy psychosocial environment for children.

3.4. Developmental Perspective

This research was framed by the developmental and psychological perspectives of Bronfenbrenner and Vygotsky.

The Bronfenbrenner Model outlines a multidimensional model of human development (Landsberg et al 2005, cited in Janse van Rensburg, 2015). It suggests that there are layers or levels of interacting systems resulting in physical, biological,

psychological, social and cultural change and growth and development. What happens in one system affects, and is affected by, other systems (Janse van Rensburg, 2015). This research adopted this perspective and considered the multiple systems through which change and development is achieved. Furthermore, according to Vygotsky, individual development cannot be understood without reference to the social and cultural context (Kozulin, 2007). I believe the work of Bronfenbrenner and of Vygotsky is of great value, especially in South Africa where there are many diverse cultural influences affecting the development of a child. This intervention thus engaged with Bronfenbrenner's Model by integrating the therapeutic model vertically and horizontally through the school system and it positions behaviour in a social and cultural context according to Vygotsky's theory of social development.

3.5. Problematic Behaviour

Forman explains that the area of student behaviour within the inclusive education movement has been a point of contestation for mainstream schools. According to Conway the 'inclusion of students with intellectual, sensory and other primary disabilities may have an associated behaviour issue, or present difficulty in adjusting to the mainstream setting' (2005 cited in Foreman, 2008:199). Kramer adds that students who are unable to regulate their emotions and behaviour often have difficulty developing academic skills and notes that this can impede the learning of other students (Quinn, Osher, Hoffman, & Hanley, 1998 cited in Kramer, et al., 2014:661).

When defining problem behaviour one needs to consider the frequency, intensity and duration of the presenting behaviour. Other considerations to be taken into account

should include the site or location of the behaviour and socioeconomic and cultural factors as well as ruling out age appropriate behaviour (Foreman, 2008:199). Foreman adds that few children would define themselves as having a behaviour problem. In this research, having positioned the students as co-researchers, consideration had to be given to what the learners saw as problematic and what, for them, was not problematic.

McGill adds that ‘many children with learning disabilities do not develop their skills and are left with the same needs as other children their age, but are much less able to get these needs met’ (cited in The Challenging Behaviour Foundation, 2008). The presenting problematic behaviour could thus be used to have these needs met. The function of this problematic behaviour needs to be understood so that the development of alternative behaviour and communication patterns could replace the presenting negative behaviour.

3.6. Prosocial behaviour

Prosocial behaviour has been defined by scholars as a ‘variety of ways of helping, sharing, and kindness' (Knafo & Plomin, 2006 cited in McGrath & Brown, 2008:6). Foreman adds that when a person appears to choose other-serving over self-serving behaviour researchers see in it signs of prosocial behaviour (Eisenberg & Fabes, 1998; Mussen & Eisenberg, 2001 cited in Foreman, 2008:6).

McGrath and Brown suggest that as children age, they become increasingly cognizant of the material and socioemotional benefits for the person who behaves prosocially (McGrath & Brown, 2008:15). McGrath and Brown add that whilst older children view prosocial interaction as mutually beneficial, younger children may have more difficulty in understanding or articulating the potential rewards of other-serving

behaviour (McGrath & Brown, 2008:15). However, research has indicated that participants as young as two years old can learn prosocial behaviour. Generally prosocial behaviour is understood to develop alongside the age and developmental stages in children. Starting from an avoidance of punishment in younger children it advances to the internalised regulation of guilt and sympathy (Vaish & Carpenter, 2016:1773), and finally to the more advanced developmental stage of empathy. However McGrath and Brown add that individuals can operate at more than one skill level at any one point in their development (McGrath & Brown, 2008:15).

Levels of privilege, economic status and gender also seem to influence the child's development of prosocial behaviour. Benenson et al. (2007) found that children from higher income families donated more stickers to unknown peers than did children from low-income families (cited in McGrath & Brown, 2008:6). McGrath and Brown add that children from backgrounds of financial or personal instability have more needs to be met before being able to display prosocial behaviour, than do their counterparts from more advantaged situations (Lerner, 1981 cited in McGrath & Brown, 2008:16). However in a more recent study it was found that negative situations may actually induce people to engage in prosocial behaviour more than positive situations do, because people ‘empathize with those who are suffering or need some support’ (Jones, 2012, 2009 cited Balconi & Canavesio, 2013:42). Finally, gender seemed to affect specific types of prosocial behaviour (Eisenberg & Fabes, 1998 cited in McGrath & Brown, 2008:6) with female subjects favouring caring as a dominant prosocial behaviour.

This research considered the multiple influences on the development of prosocial behaviour, and further aimed to elicit what the children themselves believe is prosocial behaviour in their environment.

3.7. Drama therapy

Emunah (1994) defines drama therapy as ‘the intentional and systematic use of the drama/theatre process to achieve psychological growth and change’. She explains that the tools are derived from theatre and the goals are rooted in psychotherapy (1994:3). According to Emunah, the ‘distance from real life afforded by drama enables us to gain perspective on our real-life roles, patterns and actions, and to experiment actively with alternatives’ (Nadta.org, 2017). Drama therapy offers a lens through which the depth and breadth of inner experience can be actively explored and interpersonal relationship skills can be enhanced (Nadta.org, 2017). The use of distancing and action orientated work along with the experiential and relational qualities of drama therapy position this approach well for therapeutic work with 5-6 year olds in that it addresses the psychosocial learning environment. By an integrated drama therapy intervention, I mean a drama therapy intervention that incorporates other applied drama techniques that are more didactic in intention. Through integrating these modalities I hoped to develop an intervention that was both therapeutic and had an orientation towards skills development.

This research was framed by the work done specifically in the field of behavioural difficulties and disabilities, within the creative arts' therapies. In an arts based therapy ‘the aesthetic form is used to ‘contain’ and give meaning to the patient’s experience; the aim is to enable the patient to experience him/herself differently and develop new ways of relating to others’ (National Collaborating Centre for Mental Health, 2014). Covey (1990) adds that only 10% of what individuals communicate is through words; therefore, drama therapy can offer clients additional options to traditional talk therapy which may enhance the therapeutic environment (Cited in Meyer, 2010:1). This is a key consideration when working with 5-6 year olds.

The specific drama therapy methodology used was largely play based as this is well suited to this age. Erikson (1963) stated that to "play it out" is the most natural and self-healing process in childhood (cited in Schaefer, 1986:120). Furthermore, Schaefer adds that harnessing the power of play to promote development and positive behavioural change seems to be a logical extension of the child's propensity toward play (Schaefer, 1986:121). Guerney explains that 'children most frequently play out the feelings of anger, aggression, dependence, and the need for approval and nurturance' (Guerney,1991:79). He also notes that children will frequently rehearse new, more mature behaviours in a safe, interpersonal situation, to gain strength to try them out elsewhere (Guerney, 1991:74).

Finally, with regards to the neuropsychological perspective, Bateson notes that the mechanisms in the brain that protect behaviour from change can be stripped away so that plasticity is once again possible (2017:49). One way to develop neuroplasticity is through direct sensory input, meaning information that is experienced through the five senses. Drama therapy, as an experiential therapy is uniquely positioned to make use of these senses and thus to develop the neuroplasticity required for behaviour change.

Drama therapy in schools

With regards to the use of drama therapy in schools, Jones points out that the child may experience a fragmentation through the separation of health, education, social care, recreation and play (Jones, 2012:17), and argues for a more holistic multi agency approach through a multidisciplinary integration of these areas to ensure that the interests of the child are prioritised (Jones, 2010:25). Jones adds that drama therapy is allied to this process of prioritising children's holistic needs in schools, as

drama therapy is inherently child centric and empowering (Jones, 2012:26). Haythorne also advocates for drama therapy's position within the school system pointing out that very often the child's issues have a social/peer factor that is best addressed within the group setting where these factors are present, therefore supporting the child's whole school experience (Haythorne, 2012:174). Furthermore, Roger adds that providing therapy within education also provides an opportunity for 'staff to think about young people in a different and hopefully useful way' (Roger, 2012:988), thus supporting not only the child but the entire ecosystem of the school institution.

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Chapter 4: Method

In their book *Practitioner Research in Counselling and Psychotherapy* Bondi and Bondi and Fewell explain that developing knowledge in the field of counselling and psychotherapy has traditionally been seen to require a 'specific type of research'. They call for a 'move away from an approach to research that depends upon distance and objectification, and towards a method centred on practical wisdom developed through intense exploration of the lived experience of therapeutic relationships' (2016:8). Under the umbrella of practitioner research I played the roles of both researcher and drama therapist, in this way developing knowledge specific to the field and the lived experience of the therapeutic relationship.

4.1. Children as co-researchers

Children are being increasingly involved in research (Alderson, 2000:241) in accordance with the rapidly changing perspectives on children's status in society in the wake of the UNCRC (1989) which moved towards a recognition of children as 'social actors in their own right rather than as parts of an 'other', such as a family or school' (Kellet, 2005:1). Involving children in research may, as Alderson describes, 'rescue them from silence and exclusion' (Alderson, 2000:248). For example, as Murray points out, whilst young children are affected by educational policy decisions based on research evidence, their abilities to make decisions based on evidence are often disregarded by policymakers and professional adult researchers (Murray, 2016:745).

Kellet points out that 'children observe with different eyes, ask different questions, they ask questions that adults do not even think of, have different concerns and have immediate access to peer culture where adults are outsiders' (2005:10). In this

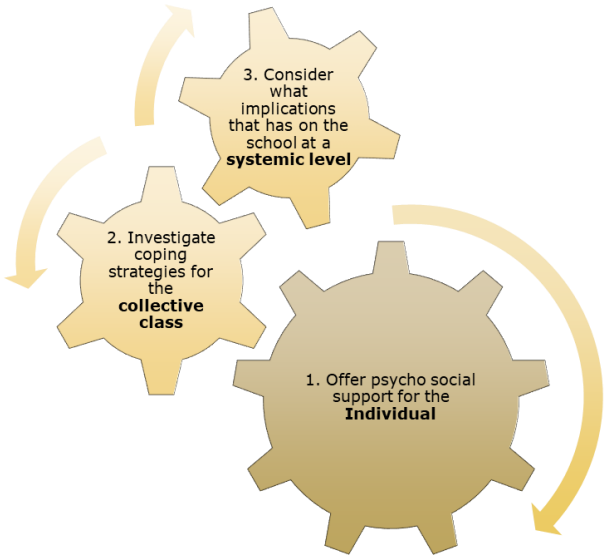
research I acknowledged that I would be an outsider working with the class for a brief intervention. For any of the benefits of the drama therapy process to be sustainable I needed to enlist the agency of the learners and to increase their ownership of the process and the findings.

The children used the drama therapy tools of play and imagination to investigate what they wanted out of a class room environment. Through play they asked questions about what they thought their ideal society should be like, and they practiced ways of integrating this into their classroom environment. In this way, the research leant towards a grounded theory practice where, as Brown explains, 'the mandate is to develop theories based on people's lived experiences rather than proving or disproving existing theories' (Brown, 2018). The work thus shifted from coming into the space and applying what I hypothesised was a solution, to engaging with the children to find out what they wanted to change in their own lived experience of an inclusive classroom. I believe this broadened the scope of this research and improved the possibility for sustained change in this group of children.

4.2 Research Design

The intervention took the form of an integrated drama therapy practice to allow for the inclusion of didactic interventions. It consisted of ten sessions with two different groups, during which I tracked the process of two individuals and the group as a whole. The intervention was thus a holistic intervention seeking to support the individual and the group as a collective. It also sought to help the school at a systemic level to cope with problematic behaviour in an inclusive class.

Figure 1: Integrated drama therapy intervention design overview:



4.3. Selection of Clients

The clients in the research included two individuals referred to me by the teacher for disruptive behaviour, and their classmates. Group sessions were held in which the two individuals were tracked through clinical notes and observations as well as the group relations and themes which were also tracked through clinical notes and observations. The research also considered feedback from the individual child's teacher and the parents.

These participants were selected to support the vertical and horizontal integration of the drama therapy intervention. This research was conducted at the school, during in class play time so as not to conflict with curriculum learning**.**

4.4. Data Collection

Sue Jennings' Play And Story Attachment Assessment (PASAA) (2011) assessment tool was used with the individuals pre and post the intervention, to gauge the effect of the intervention. I chose to use Jennings PASAA assessment instrument as it aligned with the drama therapy methods and processes that I drew on in the intervention, namely play, story and enactment.

Further data was collected by means of my observations (using the Behaviour Observation Checklist and the functional behaviour assessment and through verbal (semi-structured interviews) and written feed-back (closed questionnaires) from family and the teacher. This data was collected before, during and after the intervention.

Data Analysis

A thematic content analysis of the PASAA assessments, my observations and verbal and written feed-back from family, teachers were done to measure if and how this integrated drama therapy programme supported a healthy learning environment in a Grade R classroom in South Africa.

The thematic content analysis was done using the following methods:

1. Coding of the transcripts of the interviews, questionnaires and researcher's observations (relevant words or phrases, what is repeated, surprising, similar to other theories),
2. Categorising the codes (finding the underlying patterns),
3. Connecting and interrelating the categories (results),

4. Interpretation of the results (Lofgren, 2016).

4.6. Ethical Considerations

Ethical considerations in this research were around attaining permission from the school, permission from the parents with regards to the individuals and class as a whole and ethical clearance from the University of Witwatersrand.

Furthermore, I reported to an onsite clinical supervisor to ensure that the intervention was carried out in the best interests of the child and the children in the classroom.

The participants remained anonymous and could at any point withdraw from the research.

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Chapter 5: Towards developing an integrated drama therapy based approach appropriate to the group and the context

In this chapter I will explore the affordances of an integrated drama therapy approach for the purposes of this research, with the specifications made to accommodate this particular group and the context of the school. Consideration was given to an eclectic mix of David Read Johnson's Developmental Transformations approach with elements of story and movement from the Sesame approach. Consideration was also given to a multidisciplinary borrowing and the use of Applied Drama learning based processes and intentions. These adaptations to the Developmental Transformations approach were made to fulfil the needs of this research investigation, to meet the therapeutic needs of this population group and to accommodate the specific context in which this research was conducted.

5.1. Outline of the context and the specific population of the intervention

The school at which this research took place was a Catholic primary and high school located in Johannesburg. The school is co-educational and admits children from the age of 4 years old. Although the school is Catholic, the school does admit learners of all denominations and faiths.

The school is a private school and follows the general curriculum of the Department of Basic Education and writes the departmental Matriculation Examinations (NSC in Grades 10 and 12, 2007). It follows the Revised National Curriculum Statement from Grade R to Grade 9. The school has a strong focus on academic achievement and attained a 100% matric pass rate in 2016. The language of learning and teaching is English, however there were children in the grade R class who struggled to speak

and understand English as it was not their home language. This added a level of complexity in terms of communicating with the group, but because this was a predominantly play based intervention we were able to use a more inclusive embodied communication thus minimizing the reliance on language as the only means of communication.

The school fees are subsidised, making them affordable to families who are entering into the South African bourgeoning new middle class. The school is situated in an upmarket suburb of Johannesburg, with many of the learners travelling from other suburbs and areas of Gauteng to attend the school. Many of the learners in my sample group came from Berea and Hillbrow. Hillbrow and Berea are inner city suburbs with a high-density population. They house a diverse demography of people from all over Africa. Unemployment, poverty, substance abuse, gangsterism, prostitution and crime rates in both Hillbrow and Berea are high, with crime and substance abuse being among the highest in South Africa. According to Crime Stats SA, Hillbrow had the highest murder rate in the country and came second for assault with intent to inflict grievous bodily harm (2017). There is also a strong sense of community in both of these suburbs.

This school runs an after school hours education and support program for refugees. The learners in the sample group were keenly aware of this programme. Some of parents of the children in the sample group were in the refugee program.

The preschool premises is semi separated from the rest of the school with a fence, but the gate remains open and older children often play in the pre-primary playground.

5.2. Outline of the approaches drawn on for this Intervention

The drama therapy approaches drawn on for this research, namely Developmental Transformations and the Sesame approach, as well as the Applied Drama framing, have been selected as they are appropriate to the developmental stage of the sample age of this research (age 4-5). A Piagetian developmental model has been used to frame the cognitive developmental stage and needs of the sample age with a specific focus on the child's ability to think symbolically and their ability to engage in pretend play (Sigelman and Rider, 2003:40) whilst still knowing full well that these [inventions in the play] are not real (Sigelman and Rider, 2003:171). Furthermore, Erickson and later Singer and Singer acknowledge that, in this sample age, 'imaginative uses of the symbolic capacity are associated with advanced social development' (cited in Sigelman and Rider, 2003:171). It would therefore be developmentally appropriate and beneficial to the child to use a symbolic and imaginative play process as the primary medium of therapy. Developmental Transformations offers such a model.

Erickson's psychosocial stages of development further inform the frame of the research particularly in relation to the need for pre-schoolers to 'develop initiative without impinging on the rights of others' (Sigelman and Rider, 2003:29). The therapeutic aim of this research was to develop the psychosocial processes of the learners in the inclusive Grade R classroom and to safeguard the rights of each child in the class.

5.3. Developmental Transformations

Developmental Transformations (DvT) is a drama therapy method that uses free play as its central concept (Johnson, Smith and James cited in Schaefer 2003:78). The

play is largely considered a deconstructive process (Johnson and Emunah, 2009:94), in that, through repetition, issues, memories or behaviours that may be overwhelming become cliché and thus lose their power over the participant (Schaefer, 2003:89). Essentially DvT is the process of making the unplayable playable (Dintino et al., 2017:13), and therefore allowing the therapist and clients to actively work through, or rather 'play-through' the unhelpful issues, patterns and behaviours that arise in an inclusive grade R class. In Developmental Transformations the therapist attempts, from a position close to that of the client, to help the client tolerate the full range of images and issues that arise within the play (Johnson, 1991:298). Tolerance was the key aim of the therapeutic process in this research and the diverse classes provided 'a unique opportunity to promote a sense of understanding and tolerance of others' (Soodak, 2003:329).Building tolerance therefore through the use of DvT proved to be specifically helpful for the group.

In DvT, sessions consist entirely of dramatic improvisational interactions between therapist and client. The therapist is an active participant in the play and intervenes through his/her own immersion in the client's play space. The process of play is used to loosen or remove (deconstruct) psychic structures that inhibit the client from accessing primary experiences of being (Johnson, 2009:89). Seeing play as a deconstructive process of learned behaviours and developed patterns of responses which present as problematic behaviour, helped me, as the therapist-researcher, to look for and understand the deeper sources of the presenting problematic behaviour in the grade R class.

Developmental Transformations is largely influenced by the humanistic approach in psychology, aligning particularly with a Rogerian client-centred focus and seeing the play as an embodied process of *empathetic listening* (Johnson and Emunah,

2009:96). Other influences from the field of psychology include Piaget's cognitive development theory seen particularly in the developmental aspect of DvT. Further influences include: Frued's *free association,* Jungian *active imagination* and Melanie Klein's *object relations theory* (Johnson and Emunah, 2009:89). My strong grounding in developmental psychology made it relatively easy for me to adapte to the sample age of 5 years old.

Other influences of Developmental Transformations include the Buddhist philosophical theory of the *Instability of Being*. The basic proposition of DvT theory is that *Being* is unstable, similar to the Buddhist Dharma that *all forms of life are impermanent and turbulent*. DvT tempts not to quell the turbulence, but to reduce the fear of it (Johnson and Emunah 2009:90). Johnson says that the 'instability of being' arises from the experience of the differences that are fundamental to the human experience (Johnson in Johnson an Emunah, 2009:90). Difference is the core experience of inclusive education practices, making this model well suited to the purposes of this research. Johnson goes on to state that, as humans, we are 'intimately in a state of variance, multiplicity and unpredictability' and points out that all of these are essential components of improvisation (Johnson in Johnson and Emunah, 2009:90), interestingly these were also experiences I found at the heart of the inclusive learning environment.

Furthermore, according to Johnson, the play is meant to facilitate the bringing of oneself into contact with *Source* (Johnson in Johnson and Emunah, 209:90). He describes 'Source' as the place from *where things arise* in improvisation and life. The aim of DvT is to bring bring this *Source*, the self and the other into a state of homeostasis. Rogers describes this as a state of congruence between the ideal self and the actual self, stating that 'the individual has within himself or herself, vast

resources for self-understanding, for altering his or her self-concept, attitudes and behaviour' (1961:135). As noted, problem behaviours include both internalizing as in 'troubled' behaviours such as anxiety and withdrawal and externalizing behaviours as in 'troublesome' behaviours such as acting out, and conduct disorders (Vahedi, Farrokhi and Farajian, 2012:127). Finding congruence and a state of homeostasis between internal aspects, such as Johnson's idea of *Source* and *self,* and external aspects such as *other*, may improve intrapersonal and interpersonal experiences in an inclusive classroom.

5.4. Concepts underpinning Developmental Transformations

Johnson refers to Body (with a capital B) as both a consciousness and a material presentation (Johnson in Johnson and Emunah, 2009:91). This understanding of the body is related to a Sesame informed movement approach. Sesame draws much of its movement based form, from the work of Rudolf Laban. Laban believed that movement stems from the inter-dependence of body, mind and spirit and he understood that our inner life relates to the outer world. He goes on to explain that 'each phase of a movement, every small transference of weight, every single gesture of any part of the body reveals some feature of our inner life' (Laban cited in Sesame, 2017). Similarly Ridlington White, a Sesame trained drama therapist, describes that everything begins with and from the body. The mind and the body do not function separately - they are intimately linked as an organic whole' (cited in Sesame-institute.org, 2017). The addition of a Sesame based exploration led the research group to deeper insights and an awareness of both the self and others through movement and story. I believe that the body, through the use of these movement practices, offered a primary site for the therapeutic work to take place as

verbal cognitive processes are still in the early stages of development in this research sample population.

5.5. Proximity to Other

According to Klein and the object relations theory, the Self is built up out of others perceptions of us, therefore the ‘meeting of another can risk shaking the very foundations of self’ (cited in Johnson and Emunah, 2009:92). One of the main goals of the preschool period is that of developing social interaction and relationships (Vahedi, Farrokhi and Farajian, 2012:127). Indeed it has been seen as a predictor for success in the schooling system in later years (Payton, 2008:17). Johnson’s emphasis on negotiating proximity and encounter, positions this method well for work with preschool children, as this may be the first time that children come into prolonged contact with the other, without the presence of their care taker.

Furthermore Johnson maintains that learning in a proximal environment is likely to be long lasting and readily applicable (Johnson in Johnson and Emunah, 2009:92). My experience was that although learning in a proximal environment was at times challenging for some learners, the learning around relationship seemed to have had a deeper impact on the children when done in proximity with another, then in the moments when I stepped into a more didactic role and taught around a certain relationship skill.

5.6. The play space

According to Johnson the play space is a mutual agreement that everything that happens is a representation or portrayal of real or imagined being (cited in Johnson and Emunah, 2009:92) in this way it functions as a container for the therapy.

This understanding of the play space was helpful in establishing a space where, through play, the children could try to answer for themselves the question: what kind of world would we create for ourselves, if we could?

5.7. Developmental Dimensions

DvT therapists work with clients to explore the following developmental dimensions through their play:

1. Structure/ Ambiguity

The movement from simple to complex: simple is described as structure being present in the external environment and complex as being able to tolerate ambiguity (Johnson, 1982:183). In DvT the need for external structure decreases as individuals become more competent at organising and adapting their own behaviour and internal structure (Johnson, 1982:184). The inclusive classroom presented experiences of ambiguity and a complex learning environment, I therefore decided to work on increasing internal structure and organisation in order to build tolerance of this ambiguity.

2. Medium of Expression/ Media

The media refers to how the client communicates e.g., verbally or predominantly through the body. Johnson draws on the similarities between Piaget's stages of development: sensorimotor and preoperational (specifically considering symbolic and reflective functions) and his own respective stages of development in the media of expression: movement, drama and verbalisation (Johnson, 1982:185). Learners in this sample age were mostly in the preoperational stage, indicating that this approach was developmentally appropriate.

3. Complexity

The DvT session and treatment plan follows a progression from simple to complex (Johnson, 1982:185). This development from simple to complex is one of the maxims of learning in the early childhood phase.

4. Affect

In DvT the therapist initially creates a safe relationship and non-volatile environment, and once the client's internal strength increases, the therapist may put more emphasis on more emotionally laden situations (Johnson, 1982:186), in this way developing the learner's ability to tolerate distress. This approach allowed me, as therapist to gently, and at the learner's natural pace of progression, support the development of resilience to problematic behaviour in the classroom. And in the case of the individual, develop his resilience to the triggers that prompted problematic responses and actions.

5. Interpersonal Demand

The DvT therapist starts by encouraging simple interactions and later progresses to more developed interactions, for example, from a warm up to a scene, or from playing inanimate things such as the sun to playing animate things such as a person (Johnson, 1982:187). By using this model of interpersonal demand I hoped to explore how drama therapy can support the development of more complex interpersonal demand, such as that which I found to be required in an inclusive classroom.

The overall aim in working with these developmental dimensions is to increase the client's range of expression, so that the client has access to and flexibility in all

aspects of each of these developmental levels (Johnson, 1982:188). The group or individual's involvement in the play helped me to assess whether to move on to a new level or whether to linger on the present level for further exploration.

5.8. Different kinds of play in the Developmental Transformations approach

There are four different kinds of play that Johnson refers to in the DvT approach. He describes them in the following way:

- **Surface play:** In this phase, the child explores the possibilities of being through spontaneously playing and exploring various roles (Johnson in Johnson and Emunah, 2009: 94-95). It was typical in this phase of play to see stereotypical roles emerge, such as princesses and kings and the evil witch.
- **Persona Play:** As some children dropped into what Johnson refers to as persona play, I was aware of more personal issues being explored through the play.
- **Intimate play:** In intimate play the children were focussed on the present moment. Signs of vulnerability entered into the play, specifically from the two boys who were referred to me for disruptive and bully behaviour.
- **Deep play:** The deep play experience seemed to be deeply healing and sometimes cathartic. There was a greater ambiguity and mystery and symbolism in the play and the children seemed to be acutely aware of each other in the play.

My awareness of the different levels of play helped me to the nature of what was being expressed in the play. Furthermore it also allowed me to be conscious of how much grounding, and the nature of the grounding, that was needed after the session before the learners could go back to the routine of their day.

In DVT all reflection, verbal processing and discussion occur within the play space in traditional models of DvT and the therapist is that enrolled as play partner. However, given that this was a brief intervention, it seemed necessary to include more verbal cognitive processing and reflection to increase growth and learning. This is where I borrowed from the field of Applied Drama, which allows for more didactic processes. Using elements of Applied Drama, namely Process Drama, allowed for a more pedagogical approach to social skills development, making this model both psychosocial and psychoeducational. According to Tombak Applied Drama affords preschool children a way of expressing their feelings in an healthy manner, he also adds that Applied Drama can ‘improve the child's imagination and support the development of the child's social and cooperative awareness’(Tombak, 2014:372).

5.9. Role of therapist

In DvT the therapist acts as a guide and as a play object. As the guide s/he demonstrates comfort and confidence in entering the play space. And as a play object the therapist is an animated presence that the client must contain in the play (Johnson, 2009:95-96). These roles could cause confusion at the developmental stage of the specific sample age I had selected to work with, I therefore chose the therapeutic role of the guide, the follower (through the child’s imaginary world), and that of Boal’s *joker facilitator* (1979) when deconstructive processes in learned behaviour and responses were required. This allowed me to guide, to learn and to observe the child or children and to better understand their individual processes, the triggers and responses, and then, when appropriate, to introduce challenges to allow for increased tolerance in the interpersonal space.

In traditional DvT the therapist usually begins by mirroring the client and then uses a technique called *faithful rendering* (Johnson in Johnson and Emunah, 2009: 96) in which the therapist plays out the roles that the client's play calls for (similar to Rogers empathetic listening technique). In this way the role the therapist plays is almost endowed by the client. After a faithful rendering the therapist begins to establish non-linear norms so as to facilitate the deconstructing process (the basic story structure is disrupted). This process is called *emergent rendering* (Johnson in Johnson and Emunah, 2009: 97). This may be followed by *divergent rendering* (Johnson in Johnson and Emunah, 2009: 97), where the therapist tries to introduce variants into the clients' play. As mentioned above, elements of Boal's *joker facilitator* were used in this phase also elements of a Sesame based *story and enactment* approach were used as a frame to further explore and entice role variance in the learners' play. These moments of storying and storytelling were placed within the play to ensure seamless transition.

Similar to Poor Theatre, all obstacles and furniture are removed from the play space in DvT (Johnson et al., 1996:296) so the encounter is between the therapist and client only. However as I was introducing more didactic and reflective elements from Applied Drama, materials such as objects, fabrics, clay, masks and drawing materials were introduced at times. As I had to work in the classroom I made use of cloths as screens to demarcate the play space for drama therapy.

5.10. An explanation of terms used above and developed through the process

1. Castle Land: Castle Land was an imaginary land that emerged in the play. This was a site for the exploration of what a new world would be like if the children were able to choose the rules of the land.

2. Golden Rules: These were a set of rules that the children developed through play for how they wanted people to be in Castle Land.

3. The Star Cloth: This was a cloth covered in gold stars. It was used as a cloak to adorn a child who had shown prosocial behaviour. It was then passed on, by the child, to a chosen a recipient who had also shown prosocial behaviour or acted out one of the golden rules. The adorning of the star cloth cloak was ritualised

5.11. Further adaptations made to the Developmental Transformations structure for the purposes of this research

As the aim of the traditional DvT method is to become present rather than to gain insight, its therapeutic process needed to be enlarged to include elements of insight and learning, in line with the overall research aim of developing social skills as a form of psychosocial support. This adaptation was made on the premise of the previous work I have done with learners in primary schools which showed that gaining insight was important for a child's development and that the material the play brought up offered the children helpful insights that led to further learning and skills' development. Also, in the psychodynamic tradition, gaining insight is considered to be therapeutic in and of itself, stating that, as a client's self-awareness increases, the clients coping mechanisms increase (Haggerty, 2017). The psychological benefits of insight and verbal reflection may be a beneficial addition to the more pedagogical elements of this adapted approach. I believe that the overall aim in this approach, which centred on presencing, insight and care, allowed for a more contained experience, a more reflective process and ultimately more change or integration into real life.

Adaptations made to increase safety and containment inside the play space

In this work and previous work with this adapted model I introduced the use of meta-moments These were moments when we were able to simultaneously remain in the play, but which allowed for some direction and focusing through the introduction of dramatic elements from outside of the world of play.

These dramatic elements included the following functions:

- Calling *Freeze*: All players except the therapist freeze in the moment of play. This allows the therapist to contain, if the play has become dangerous or uncomfortable. It also allows the therapist to *check in,* to assess how individuals in the play are feeling or responding. As a researcher this also offers insights into the psychosocial processes unfolding in the play.

- *Verbal cognitive contracting*: It is helpful to make simple, easy to remember instructions for the play space. These are sometimes expressed in a simple rhythmic song which, when needed, can be sung, to remind the children how the game is to be played.

- *Practising conventions*: Initially games that explore the conventions of DvT (with the added adaptations of freezing and coming to life) can introduce the free play. These games are practised through the use of warm up exercises and games.

- *De-roling:* This allows the child to step out of the imaginary play space at the end of the session.

- *An emphasis on reflection:* When this is used outside of the play space it can include didactic learning and integration processes.

5.12. Relevance in South Africa

The use of this integrated Developmental Transformations model is not language dependant. Considering that the therapist-researcher and learners may not share the same mother tongue, this model is well suited for work with the diverse population found in the average South African classroom.

The model is furthermore client centred and largely client led, and imposes minimal rules and predetermined constructs. I therefore believe that this model lends itself towards a culturally inclusive practice framed by free imaginative play which follows the structure created by the child.

The use of Sesame based story telling can also be linked to the South African oral tradition of Ntsomi and other forms of storytelling. Indeed, the Sesame approach itself was initially inspired and influenced by the role of story as a tool for healing, transformation and community building in South Africa.

Finally, the current South African curriculum is ‘premised on the tenets of a critical pedagogy, which espouses the ideals of social justice and democracy, and embodies the intent to educate for liberation and social transformation’ (Perumal, 2016:744). The inclusive classroom is seen as an urgent site for such pedagogy. Freire explains that critical pedagogy aims at transforming the alienated student/teacher relationship into a pedagogy based on the ‘teacher's trust in the creative powers of the students and a commitment to a process of mutual learning and dialogue’ (cited in Neary, 2005). Applied Drama continues to be influenced by the aims of a critical pedagogy. It was my hope that the introduction of aspects of Applied Drama practice, such as the didactic scope of its intention, along with the technique of Process Drama, would contribute to the liberation of oppressed

individuals in an inclusive classroom system and, through the development of applied coping strategies, bring about social transformation in the South African inclusive Grade R classroom.

5.13. Personal reflection on using this adapted Developmental Transformations model

Whilst this model did indeed generate a deeply fertile environment for exploration, it was at times very challenging for me. Given the very nature of free play and improvisation I was often unable to direct how the session would play out and what would come up in the play. At times I felt nervous around what was being played out and the level of immersion in the play. I quickly realised that I was the imposter in their world of play. Whilst the subtle rules of play made perfect sense to the children, it took learning and deep listening on my part.

This play based model helped me to *hear* the children in *their* language. Sometimes I thought I had understood something which they had expressed verbally but, when I saw it actioned through play, I realised that they were trying to express something far more complex. One of the Golden Rules has the phrase: 'to play with'.Through play I learnt that this meant: to be seen, to be heard and to belong through the shared belief in a common myth which, after all, is fundamental to the human experience. And, in coming to understand the children's wants in this way, I learned to deeply appreciate the complexity and subtlety of their communication skills. Adults may sometimes dismiss or over-look these if their means of communication is locked into language.

In this chapter the affordances of an integrated and multidisciplinary adaptation of Developmental Transformations have been discussed. Notable benefits of this particular proposed modal include:

- the use of play as the primary medium for therapy and learning,
- the use of DvT to build tolerance and resilience, as the key skills needed in the inclusive classroom,
- the encounter of one person with others to develop social interaction skills,
- the use of a wide variety of media of expression to accommodate language and cognitive barriers,
- the use of DvT with its developmental paradigm as appropriate for the sample age,
- the use of Sesame techniques which allow for deeper more directed work, when appropriate,
- the addition of Applied Drama techniques to allow for more didactic skills-learning.

Adaptations have been made to specifically allow for age appropriate safety and containment within the Developmental Transformations model. Further adaptations have been made to allow for the contextualisation of this practice within a South African Grade R Classroom.

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Chapter 6: Data

Data was gathered through:

- Audio and video session observations as in Sue Jennings' *Play And Story Attachment Assessment* (PASAA) (2011) (see addendum A),
- Behaviour observation checklists (see addendum B),
- Functional behaviour assessments (see addendum C) and interviews with the teacher.

Below is a reflective account of these observations, as well as insights drawn from the various assessment tools used during the process. Some key moments are presented as Vignettes below.

The data tracked both the group processes during the 8 week intervention and the processes of two individuals who had been referred by the teacher for presenting with problematic behaviour. Both Kamo and Siya (pseudonyms) presented with disruptive behaviour in the classroom. The teacher identified both children as children who previously would have been streamed into a special needs class.

The data below is first presented on the individuals, and then on the group processes.

6.1. Data on the Individuals

6.1.2. Kamo

Kamo referral

The teacher described Kamo as demanding, overactive, physically aggressive and with a low attention span. The teacher also noted that he really struggled to keep up

with the class academically. Kamo was struggling to make friends and, according to the teacher, was, to all intents and purposes, an outcast.

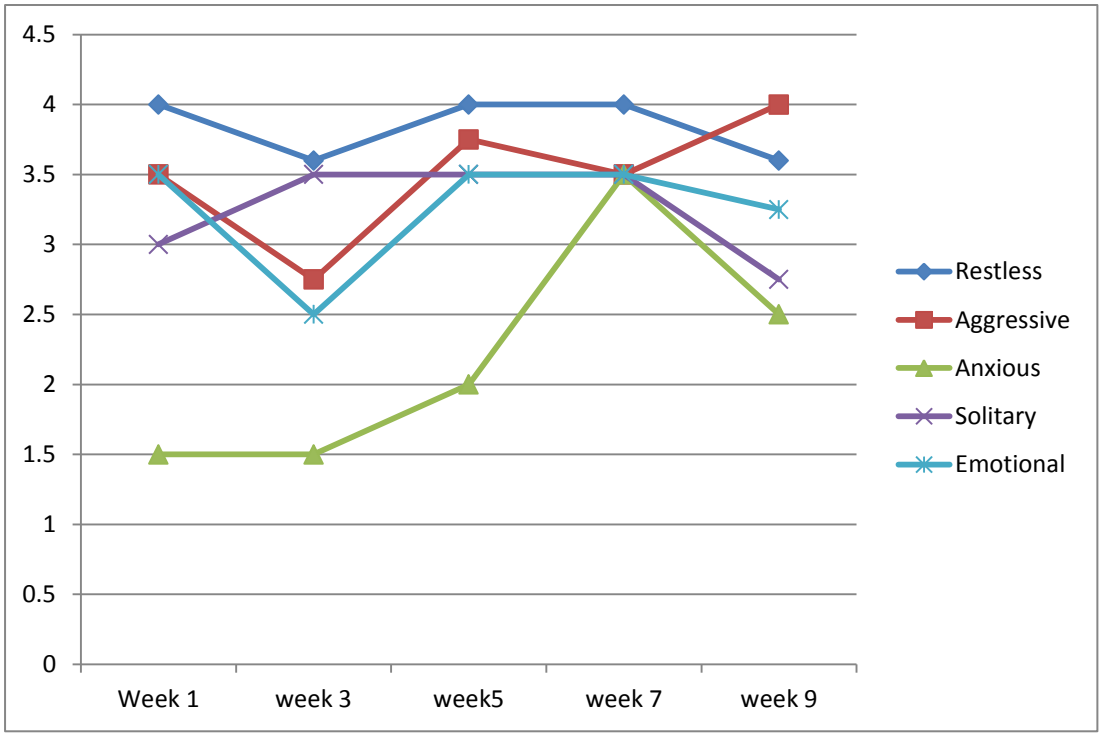
Play and Story Assessments: Kamo

Using the PASAA assessment tool the initial assessment of Kamo's play showed that he enjoyed loud and boisterous play. He would usually enrol himself as the antagonistic character, such as the monster, the giant and the 'evil man' in play with other children. Kamo's play often became dangerous as he seemed unable to regulate his actions towards others. Kamo would often throw things at others, such as wooden blocks, toys and chairs. Kamo seemed to lose himself in the play and showed a considerably low ego strength compared to that of his peers. Kamo would generally be an outsider to the main group event in the play. However, although an outcast, there was considerable care given to Kamo by the group. Themes presenting in Kamo's play included violence, magic, witches and spells, inappropriate sexuality and death. The dominant feelings in Kamo's play appeared to be that of rejection, anger, violence, blame and cruelty.

Session Observations: Kamo

According to session observation and the behaviour observation checklist, Kamo appeared to become more irritable and showed signs of being anxious during the process. Specifically, he began worrying more about what others thought or said about him. Towards the end of the drama therapy process Kamo seemed to be treated less as an outcast by the group and was less solitary in his play. He also appeared to be less fussy about toys and being first in line. Tracking through the observation sheets also shows that Kamo became increasingly less restless ad fidgety in the sessions.

Graph 1: Line graph showing the results of Kamo's Observation Questionnaire as completed by myself and the grade teacher:



This graph gives an overview of Kamo's behaviour during and after the 8 week drama therapy intervention. From this overview we can see that Kamo's anxious and aggressive behaviour seemed to increase towards the end of the process, and his restless, solitary and emotional behaviour seemed to have slightly decreased by the end of the process.

Week three seemed to show an almost across the board decrease in terms of restless, aggressive, anxious and emotional behaviour. This correlates with what I observed after the moment outlined in vignette one, where the group was able to negotiate Kamo's re-entry into the group by using positive affirmation. It is interesting to note that two weeks later these behaviours seemed to have increased again, and remained at this level until week seven. There also seemed to be a rapid spike in Kamo's anxious behaviour. I wondered whether this might be a reaction to his

changing role in the class, as he moved from mainly playing out the role of the class bully to playing out the role of sometimes bully, but also sometimes protector of his friends. In the last two weeks there was a drop in his restless, anxious, solitary and emotional behaviour, whilst his aggressive behaviour increased again. Again I wondered if the increase in aggressive behaviour was his way of coping with the ending of the process. In the last session Kamo did not want to engage with me towards the ending of the session, and his last action in the session was to throw a toy at me. However, when I had packed up and was leaving the school premises I found that Kamo was waiting for me at my car, during his break time, and had many questions regarding the process.

Treatment plan and reflections on working with Kamo

The work with Kamo centred on building empathy and reflexivity in his relating to others. Being bothered by another child or sensing that he was an outcast seemed to trigger Kamo's disruptive and aggressive behaviour, which in turn would lead to him being more isolated and rejected by the group. I tried to support the development of empathy and reflexivity through modelling appropriate ways of relating and by nurturing more healthy ways of relating, I hoped to reduce Kamo's experience of being an outcast and isolated. This was of course a multi-focussed intervention and as I held this treatment plan for Kamo, I also worked on ways in which the group could support and feel safe in relation to Kamo. Kamo showed an increasing ability to relate in new non-aggressive or disruptive ways to the group. I witnessed these new ways of relating which involved caring for others, taking a lead and attracting sympathy, develop over the course of the process. These new ways of being seemed, for a period, in the middle of the process, to replace the aggressive behaviour. However, towards the end of the process the aggressive behaviour

resurfaced. It was important to note, however, that this did not mean that the new learned behaviour regressed entirely.

Below is a vignette account of the therapeutic process from our third session. This vignette demonstrates a major shift in Kamo's role rigidity. From playing the aggressor and outsider to the group, I witnessed him being acknowledged as part of the group. It also shows a shift in how the group related to Kamo. Initially the group played into his role and perpetuated Kamo's alienation, but later negotiated his re-entry into the group and acceptance within the group.

Vignette 1: I turned into Me!

Vignette 1:

This is an excerpt taken from the third session during a moment of pretend play. The play was centred on travelling through a new land and pretending to be the 'kings and queens and princesses' of this new land. The children were making use of different coloured cloth to adorn themselves as kings and queens and princesses. During this play I was enrolled as the character Gogo (meaning grandmother).

Sila: Look everyone, Kamo is a monster.

Kamo has wrapped himself tightly in a very large piece of black cloth and is sitting on a chair. He is making hissing and growling noises. The rest of the group quickly reacts to this and huddle around Kamo, laughing.

(This seems to be a well-known game with well-rehearsed roles, and the class quickly slips into playing a new version of an old game; a game in which

Kamo is the monster, and the rest of the class is intrigued to the point of provoking, but are also fearful of him).

The group surrounds Kamo. A chant soon develops," Kamo is a Monster"*. Some children put their hands out to Kamo and he pretends to bite them. This makes them run away excitedly, and immediately return to try it again.*

Kamo is now starting to make louder sounds and more violent movements. I am concerned at this point that Kamo is overstimulated by this role. I am also keenly aware that the group and Kamo are teaching me about their role relations and the group dynamics in the class, as there seems to be an interest in how I react to this.

Me: Okay everyone; let's see if I can speak with Kamo quietly. *The group quietens and some sit on the floor next to me.*

Me: *(Speaking softly and gently, trying to get the volume of the group to decrease)* Kamo, are you inside that cloth?

Kamo: No. Not anymore.

Me: Who am I speaking with then?

Kamo: A witch, spell me.

Me: Kamo, what does the spell do? *(Using his name as a device to ground him in the present/ reality of the classroom .*

Mikayla: I'm gonna spell you!

Other group members echo: Me too, me too!

Me: Shhh shhh, let us hear what Kamo says.

Kamo does not respond verbally, but makes hissing and growling sounds. (At this moment I was concerned that Kamo had entered into a deep state of play and I wondered how I could contain this as the affect of the group seemed so menacing and unsafe).

Me: There are some very powerful kings and queens here. Maybe they can help you with the spell?

Kamo: The power of the… of the things can make me spit power back. It's too powerful. The witch has more powers, because he went straight to his magic house. *(Continues to make violent biting, kicking and punching movements. The word 'power' seems to have unlocked something; Kamo is eagerly talking about 'power' in this moment of play).*

Me: Oh, I see. *Asks group*: What can we do? *(At this stage I was genuinely unsure how to proceed. I was wondering how to end the scene and move to derolling Kamo. I was concerned that I may not be able to contain what he was experiencing amongst this group).*

Mikayala: I know what we can do.

Me: What can we do Mikayla?

Mikayla: I am gonna go and fetch the magic spell. We are all going to go and get it together.

Me: I am going to sit with Kamo while you guys do that. Kamo I am sitting with you to keep you safe while the others fetch the spell. *Kamo roars.*

Mikayla: Here is the spell. *They all huddle in a circle on the carpet.*

Gaby: I know. We can use these wands *(fetches pencils).*

Mimi: Let's use this cloth *(fetches the star cloth).*

Mikayla: *As the group is swooshing their wands around, Mikayla starts to sing:* "Kamo, Kamo". *The group picks up the song.*

Me: Okay, it seems like the spell is ready.

Mikayla: Let's take it.

*The group pick up the cloth and continue singing ""*Kamo, Kamo" *as they walk over to where Kamo is sitting, still wrapped in the black cloth. He had been silent, but had opened a corner of the cloth to watch what the group was doing.*

Kamo re-wraps himself in the cloth and starts to growl.

Mikayla pulls the black cloth off Kamo and Kamo roars at her, other members in the group quickly drape the star cloth over Kamo's shoulders.

*I initiate a clap and cheer, saying "*Kamo is back, yay, Kamo is back" *which is quickly picked up by the rest of the group.*

Kamo reacts to the cheer and stops roaring. He stands up and further adorns himself in the star cloth.

Mikayla: I can turn him back into Kamo! I used this wand to turn him back!

Kamo: Magic, Magic, Magic.

Mikayla: The magic spell is from King Kamo.

Kamo: I turned into ME!

Session continues.

* The star cloth was a device I used from session one as a reward and to acknowledge prosocial behaviour. Initially I would notice a child performing a moment of prosocial behaviour, identify it for the class and then we would adorn the child in the cloth. It then became their responsibility to notice the next moment of prosocial behaviour and select the next recipient of the star cloth. Each handover of the cloth was ritualised and we used repetition and role play to reinforce and learn the exemplified behaviour. The star cloth became highly valued in the class.

After this session Kamo showed a significant shift towards more prosocial behaviour. Immediately after this session, for the first time, Kamo took part in tidying up the drama therapy space, normally there was resistance to this task. Both Kamo's teacher and mother acknowledged a sustained improvement in Kamo's behaviour over the next two weeks. In the graph below one can see an almost across the board decrease in some of the problematic behaviour Kamo had previously presented. Kamo would also reference this moment a number of times during his play over the following weeks.

The moment outlined above was a key moment. It had an influence on the direction of the research and the therapeutic processes. This moment highlighted how the group was already dealing with and processing diversity. And that, even at this very

young age, this group was able to negotiate its own inclusivity. This was shown in the way they initiated Kamo's re-entry into the group. The key learning for me, at this point, was to question how inclusive was my own practice. Had I, on my arrival, assumed that I was the one needed to establish inclusive practices, because a group of 5 year olds were not able to do so? What I witnessed showed me that there was already an inclusive practice, or way of being together, established in the group. I thus considered rethinking how I could position the children in the research, and I moved towards including them more as co researchers. The intervention shifted too, from a didactic approach to one that allowed for more agency on the part of the children. The child led approach helped me to discover what kind of world this group wanted to create for themselves. My thinking thus shifted from inclusivity being a learned behaviour, to inclusivity being a natural response to a diverse world. The role of drama therapy therefore would need to shift the focus from removing the blocks or disruptions on the natural path to inclusive behaviour, to dealing with possible learned exclusionary behaviour.

6.1.3. Siya

Referral: Siya

Siya was also referred to me by the teacher for disruptive behaviour and hyperactive tendencies. Siya was very active in the class and the teacher struggled to get him to sit still and concentrate. Siya initially seemed slightly removed from the rest of the class, and often played on his own and fought often with his peers. Siya struggled to follow instructions initially and was described by his teacher as disobedient.

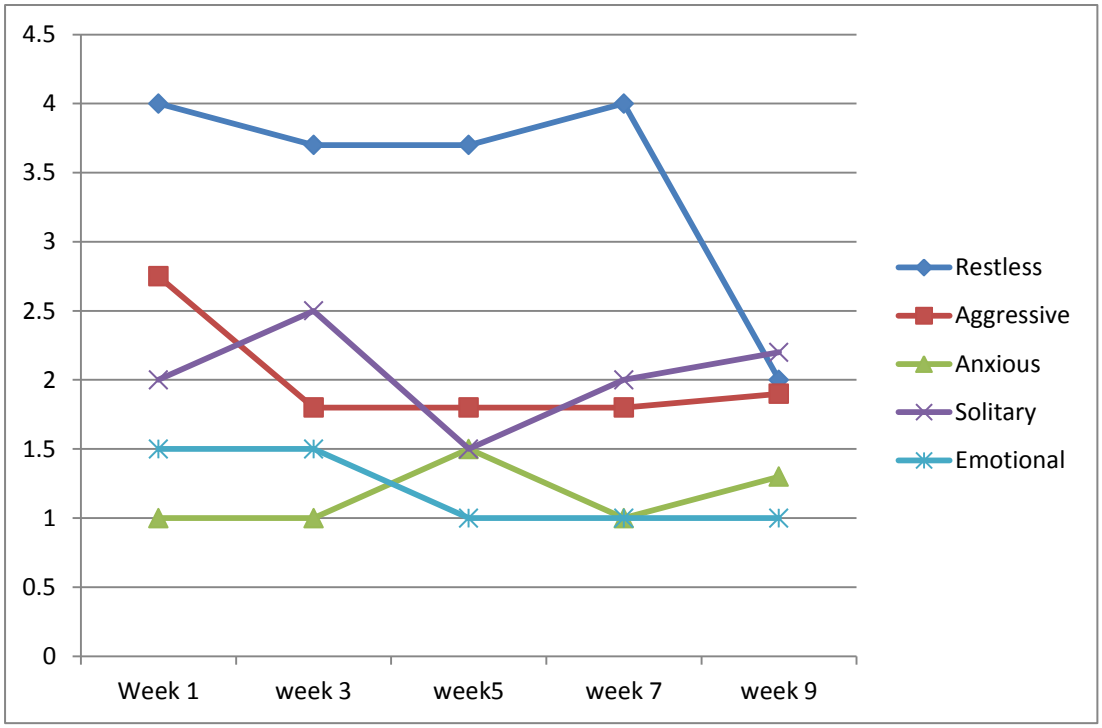
Play and Story Assessment results: Siya

According to the PASAA assessment Siya enjoyed highly active and energetic play, often showing physical strength and risk taking such as jumping off cupboards and running over desks. Siya responded well to sensory stimulation in play which was used as a way of calming and soothing the children. We used tactile objects such as playdough that included a lavender scent, which Siya enjoyed, and we created a soft colourful space with pillows and fabric which we called the quiet place. Siya showed an increasing ability to balance the fullness and high energy of his play with stillness and calmness when in this 'quiet place.' At the beginning of the intervention Siya often played the antagonist, but later would more often enrol as the protagonist or hero character in the imaginary play. Themes that emerged in Siya's play were around protection, safety, fighting off of monsters and interacting with father figures. The dominant feelings were fear, anger, violence, courage, cruelty and affection, trust and mistrust and justice. Towards the end of the intervention qualities of friendship and leadership emerged.

Session Observations: Siya

Siya fought with other children less and less throughout the process. He also appeared to be less restless in the sessions towards the end of the process. Siya seemed to integrate with other children more during the intervention and became less solitary in his play choices. Siya did however seem to be increasingly irritable during the week 8 intervention.

Graph 2: Line graph showing the results of Siya's Observation Questionnaire as completed by myself and the grade teacher:



This graph shows an overview of Siya's behaviour during and after the 8 week drama therapy intervention.

From this overview we can see that Siya's anxious behaviour seemed to have slightly increased by the end of the process. His solitary behaviour decreased during the process, but at the end of the process Siya had regressed and had become slightly more solitary again. Siya's aggressive and emotional behaviour seemed to have decreased by the end of the process. There was a significant decrease in Siya's restless behaviour in the last two weeks of monitoring. It was also noted that Siya was able to concentrate on class tasks for longer periods.

Week three also showed a significant drop in Siya's aggressive behaviour which seemed to be sustained throughout the process; a pattern echoed more subtly by Siya's emotional behaviour during the process.

General observations and notes on Siya

Siya seemed to be unable to manage his excitement around being in a large open space and it appeared, through the sessions, that Siya had little opportunity to play outside when he went home from school. Siya lives in an inner city suburb in an area associated with danger through the high prevalence of crime, gangsters, homelessness and drug abuse. Large numbers of people live in apartment buildings. I considered that, at home, Siya played inside and I was aware of a need for spaciousness in the style of his play. A recent report on play, states that there is an increasing indoor-play-norm for children and the report pointed out that this is characteristic of passive, sedentary, and solitary play (All-Party Parliamentary Group , 2015:5). Although Siya was not sedentary, he was indeed solitary in his play. Siya was not passive in his play per se, but he did initially appear to be unsure of how to negotiate an active role in the group, and would often over compensate this need to belong to the group through the use of bullying and physical fighting.

Treatment plan and reflections on working with Siya

The focus of the treatment with Siya was around improving relationships, through reducing isolation from the group and his reliance on bullying tactics to achieve a sense of belonging (i.e. having a specific role) in the group. Siya also seemed hyperactive and we worked to try and develop a deeper sense of focus. Part of this work was around accessing language that Siya could use to express himself more clearly as Siya would, more often than not, express his needs through body language and physicality, rather than through language. It is important to note that although Siya's English, as the language of learning and teaching, was on par with his peers, it was also not his mother tongue.

Siya responded well to playing out stories and narratives. Most often he would play the role of ‘villain’, for example, the role of a monster, but, after some sessions of playing the stereotypical ‘scary’ and ‘angry’ monster; we were able to include a fuller more diverse range of experiences and expressions in Siya’s play. Siya would mostly remain the monster, but as we worked to increase Siya’s range of expression through the use of story and play, he came to enjoy new elements in the narratives and actions of his play. These new aspects of his play included being acknowledged, nurtured and cared for. Below in Vignette 2 I outline a moment in Siya’s play that was a significant shifting moment for him. I believe that this moment shows the healing power of acknowledgment in this particular developmental stage.

Vignette 2: A monster called friendly

In a moment of play Siya had enrolled himself as a monster. At this point I was enrolled as the character Gogo, Siya is hiding under a desk, growling and roaring and the rest of the group is hiding behind Gogo. The group seems enthralled and there is an element of delight in running away and hiding from the ‘monster.’

Gogo: Hello? Who is there under that desk? I am very old and I can’t see you properly?

Siya: *Roaring.* I’m a monster! *(Runs up and pretends to attack Gogo).*

Gogo: Oh no, I was bitten.

(The class surrounds me to see if I am okay, whilst Siya retreats under the desk).

Gogo: Monster, what happens if I am bitten?

Siya: You turn into a monster too!

I considered whether Siya was seeking an alliance and trying to connect with another. Gogo thus transformed into a monster. The group however did not like that Gogo was a monster and decided to use magic to turn me back into Gogo, but did not turn Siya back. Siya remained the monster on his own, and rather dejectedly went to hide in his 'cave' under a desk.

Siya: I don't want to fight anymore. *The group approached rather gingerly.*

Uno: Why did you want to fight with us? *Uno and Siya had become increasingly close friends in the last weeks.*

Siya: The monster didn't want to fight, he just wanted a name.

Gogo: What name did he want?

Siya: Friendly.

The vignette above could show Siya's need for both belonging and acknowledgement from the group. The act of naming is an act of recognition; perhaps here Siya wanted his *friendly* qualities to be seen and acknowledged. Post this session Siya still played much on his own, but seemed to have developed a strong alliance with two other children. He would often slip back into the role of the monster in sessions after this, but now the focus was on receiving acts of care and nurturing from the group; such as being 'pretend fed' meals that were prepared by his peers, being called by his name, building a home and having sleep overs (initially only with me, but later with other members of the group) and saving others from danger. These new elements in Siya's play seemed to show the nourishing relationship which was developing between Siya and his classmates. Siya also seemed more open to receiving help and care from his classmates, as opposed to

his previous tendency to scare others away. I felt that this was due to the building up of trust in the group relations, particularly from Siya's perspective. I considered how Siya may have been resisting relationships as part of his fear of being let down or possibly feeling abandoned, which might have been linked to the concern that was present in his primary relationship with his father. Through this nourishing pretend play and through the acknowledgement the group offered back to Siya in those moments it seemed as though Siya was developing a new way of relating to others. I was aware that this was very delicate work, and that this new role might make Siya feel vulnerable.

This shift in Siya's play paralleled his further integration into the group. Siya was able to express his needs more clearly, and although it was not reported by the teacher, in drama therapy there seemed to be a reduction in his aggressive and bullying behaviour. Siya seemed to respond well to drama therapy, but I was concerned that this development may have been confined to the drama therapy sessions as there was no evidence that Siya's behaviour had changed in regular class.

6.2. Overview of observation of group processes

Initial observations of the group

Initial observations of the group detailed high energy that appeared fragmented and chaotic. It appeared as though it was difficult for the group to find a sense of cohesion. I was aware that many children in the group were demanding my attention, and there seemed to be a need in the group to be recognised and acknowledged.

Capturing and holding the attention of the group proved challenging. However they responded well to the use of the imagination and cohesion and containment was easier to find when I had managed to capture their imagination.

It was also apparent to me that there were very different needs in the group, some needed a quiet and caring space and some needed to express and release energy. The challenge for me was to consider how I could hold healthy aspects of both qualities in this space. If I could find a way of doing this in a therapeutic space then possibly this could shed light on how an inclusive class may find ways of managing itself.

Therapist in role

One of the ways, I discovered, of holding their imagination and creating focus was through the introduction of a character facilitator. When I became a grandmother (called Gogo, grandmother in isiZulu) the children all helped to look after this grandmother (as she was very old). Enrolling as a character who was less powerful than the children (i.e. the very old grandmother) also generated a sense of agency in the children. This sense of agency appeared to support an authentic internalisation of prosocial behaviour since they were not being told what to do by an adult, but rather had to embody and demonstrate prosocial behaviour to Gogo.

Every time the character Gogo ‘entered’ the play space, the children would scream and run away. The entrance into the play space of the character Gogo was ritualised: the children calling for Gogo and me wrapping a scarf around my head and embodying the character. The children all knew that I was the character, Gogo, but they seemed to take delight in initially running away and screaming and hiding from Gogo, until someone would point out that it was just Gogo. The children

seemed to create their own sense of danger and I wondered about the apparent need to confront risk and danger as part of the developmental process at this age. Through their confronting of this ‘scary’ character, and then proving that it was just Gogo, they were, perhaps developing a sense of self-reliance and resilience. Furthermore it seemed to give the children an opportunity to experience and manage feelings of fear and excitement.

There also seemed to be much excitement around engaging with an adult in play in the school setting. This seemed to be a novel experience and I realised that the group was testing boundaries as a way of negotiating this new space. For example, in our second session, I used some black cloth to make the drama therapy space feel different to the rest of the classroom. I asked the children not to take down the black cloth dividing the space, and that immediately became the focus of what the children wanted to do in that session..

Overview of the group process

A creation story was used, initially, to mark the beginning of the new play space that we would enter into during the intervention. The structure of story worked very well as a container. This story held themes of chaos and of being confined in a chaotic space. It then and moved on to the creation of order and spaciousness. My choice of story was based on my initial assessment of the different demands which the inclusive classroom made on the children. It seemed that they had not fully worked out how to ‘be together’ in a space of such diversity, and this resulted in the chaotic and fragmented initial experience of the group. The therapeutic aim here was to try and create a sense of order and a space for each person in this diverse classroom. Towards the end of this particular engagement there seemed to be an improvement

in the group's ability to focus, and I experienced the group as more contained. I noticed that this seemed to mirror the journey outlined in the story which we had just used, supporting the importance of learning through stories in the inclusive classroom.

In the reflection on the land that was created in the story, many of the group called the land ‘nice.’ But on further investigation, I found that they, as a group, did not really know what 'nice' was. There were a few suggestions around sharing and not hitting and not biting, but it still seemed like it was a vague concept and not completely grounded nor integrated into the group. Much of the subsequent work centred on developing an embodied understanding of what 'nice' was, in order to move 'nice' from an abstract, vague concept to a real understanding (and practicing) of the qualities and actions that indicate 'nice' behaviour.

Through imaginary play, object play and art work the group explored how they wanted this imaginary land to operate and what behaviour was appropriate in this space. These were put together during the main body of work and were held as the ‘Golden Rules’ of the land. Some of the Golden Rules that the children felt strongly about were the need to:

- stop other children from fighting,
- be good so that people will give you something (indicating rewards based learning, which is developmentally appropriate for this age),
- *Play with your friends* (this was one of the strongest themes throughout the process),
- remember that if you don’t play with your friends they are going to play alone (showing another strong theme of belonging vs isolation),

There were other Golden Rules but they were thrown out after we had tested them in the imaginary play. For example, originally three of the girls proposed these Golden Rules:

Ria: Queens must make presents for the boys.

Nomsa: And the girls must share toys with the boys.

Zama: And do whatever the boys say.

In the imaginary play the girls initially enjoyed this care taking role, but when it was time to draw, the girls decided that it was better if they didn't have to 'draw what the boys wanted'. It was interesting to see just how early gender stereotypes were developed and embodied, particularly in the girls' decision to take their suggestions off the Golden Rule list. This reassessing and modifying of the Golden Rules which, to some extent, represented their values and beliefs seemed to show the development of reflexivity and agency.

It was apparent to me that the children knew what prosocial behaviour was, but there seemed to be very little internalising and integrating of prosocial behaviour in the initial sessions. The work thus started to centre on developing reflexivity and practicing these 'Golden Rules' in action. As we negotiated our way through this imaginary land I simulated moments where we could put one of the Golden Rules to the test and develop alternative ways of being in relation to each other. These moments in the play were ritualised and a meta-awareness was developed, which paved the way for a growth in reflexivity. So, for example, when Kamo grabbed another child's playdough ball I broke the imaginary play world and stepped in as

drama therapist saying, ‘Okay everyone, I think we have a moment where we can practice a Golden Rule’. We would gather around and hear what had happened, and think of other ways to handle the situation. Alternatives would be offered by those involved and the rest of the group and then we would practice what we thought was the best option. Generally, in those moments everyone wanted to practice the new behaviour. This moment of shared learning would be ritualised further through singing and repetition. If we had successfully negotiated this we would enter back into the play and the children would tell Gogo (myself as character facilitator) what had happened, and she would then adorn those involved with the cloth made of gold stars that was used as a reward and acknowledgement tool. It was important to celebrate both the person affected and the transgressor, as a way of encouraging belonging and inclusion.

I noticed that the group seemed to move rapidly through the play; I found it challenging to keep up with the speed with which things happened. I also felt that this was inhibiting the children and stopping the children from engaging more deeply in the play. Read Johnson describes this as rapid play as *surface play*, in which the child explores various roles and the spontaneity of being (Johnson, 2009:95). It seemed to me that it would be helpful for the group to develop the sense of what Johnson calls *intimate play*, which is more relational and requires more listening and responding and which may support group relations in this class.

By the seventh session I noticed that the group seemed more cohesive. There were moments of togetherness and group focus in the activities. There also seemed to be a shared sense of belonging to the group. This developed steadily during the last few sessions; however, I also noted that there seemed to be a regression in the final session, when the group appeared chaotic and fragmented. This may have been a

reaction to external stimuli; it had been raining for three days and the children were unable to play in the playground during this time. I also wondered if it was linked to the end of the drama therapy process. In this session, I noted that the group seemed to go through a phase of loudness and chaos before it moved to a quieter more focussed stage; a fragmented phase led to a more cohesive phase. Kamo, however seemed unable to regulate through these phases and remained chaotic, whilst the rest of the group found a way to settle and come together.

It became increasingly clear to me that social justice was exceptionally important to the children in this class. Much of the free play was concerned with negotiating right as opposed to wrong and good as opposed to bad, as well us understanding consequences. This is a developmentally appropriate interest. I also particularly noticed that in the beginning all issues were brought to me to deal with, however, at the end, the group seemed to bring fewer concerns to me. In some cases it seemed that the group had found their own way of dealing with things and consulted each other as often as they consulted me. I felt that this was a positive step and seemed to show a sense of self-regulation in the group.

Below is a summary of what I experienced during this group process: it looks at my initial assessment of the group, the needs and wants they were expressing in their play, and how they wanted their ‘worlds’ to work and finally, the group dynamic which started to emerge during the process.

Table 1: Summary of the group process

Initial assessment	What they wanted (as depicted through their play)	What emerged in the group dynamic
The children seemed to compete for attention and acknowledgment from the teacher/ adult.	The children seemed to want a reward in the form of acknowledgement from the teacher/adult.	Peer acknowledgment became increasingly important as opposed to only relying on adult acknowledgement.
The group seemed fragmented and disconnected	The children wanted each other to 'play with', which I came to learn meant to be present with each other and connected through a common shared belief.	The group dynamic showed that in whole group activities the group was sometimes able to be cohesive and to find a way of playing together harmoniously.
The group had a high level of energy. Their play seemed mostly chaotic and would often result in anger and violence.	Although the group would often show angry and violent behaviour there was a common desire for no anger or violence in the class.	A greater range of expression was developed i.e. not an over reliance on anger and violence as a way of communicating needs and boundaries.
The group seemed to play in small groups of 1-3	Cultivating a sense of belonging was a strong	During the process children seemed better

children, and did not seem capable of playing together as a whole.	theme. Being a part of the group was an empowering experience, not being a part of the group seemed to make them feel vulnerable. This was especially true for the two referred boys. Much of their acting- out came from their sense of vulnerability around group inclusion.	able to hold moments of playing together in larger groups of up to 8 children
The group seemed to be constantly learning and practicing this new learning.	The group wanted to play as the primary mode of being together and the primary mode of exploring together.	Play seemed to be a rich experimentation ground for developing reflexivity with this group of 5 year olds.
The group seemed to be testing boundaries and evaluating what was appropriate and what was not, in this setting	The group had a strong desire for fairness and social justice to be implemented in the group.	Through the co creating of the prosocial 'golden rules' of Castle Land, the children developed a sense of agency and a deeper understanding of prosocial behaviour. Through the process of

		repetition and embodied learning the children seemed to internalise behaving in prosocial ways.

References

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Chapter 7: Data Analysis and Discussion

A thematic content analysis of the data produced the following overarching themes. Questions around:

- children's wellbeing in the education system,
- authentic inclusive practices,
- children as agents of their own wellbeing,
- prosocial behaviour in five year olds,
- the affordances of drama therapy as a support for wellbeing in inclusive preschool settings,
- milieu and considerations of broader group contexts.

In the following chapter I will discuss these main themes in relation to the questions this researched posed. I will look at how they relate to other literature in this area, and how this may relate to broader perspectives on inclusivity, early childhood education and drama therapy.

7.1. Questions around children's wellbeing in the education system

The processes undergone in this research made me realise that much of the data speaks to the processes of individuals and groups however there is much that relates to the education system itself. The data treads a fine line between personal issues and those pertaining to the system. The process itself and the data gathered made me question the following:

- Could something more be done in the education of young people to provide for their wellbeing?
- What kind of education is being called for?

- Is the education system's metric of success inclusive?

Whilst there were indeed many efforts made to support wellbeing in the school there were times, during this process, when I was aware of antagonism and a conflict of interests between the children's wellbeing and their educational needs. This process asked and explored 'What kind of world would this group of children create for themselves?' This question required the children to be active participants in their world. In the classroom however, the children had a more passive role especially in relation to the rules of how to behave. Whilst to some extent this may be developmentally appropriate, the data showed that, though the children knew how they 'should' behave, there seemed to be little internalisation of prosocial behaviour. This resulted in the prosocial behaviour being seen as 'rules,' enforced through a rewards and punishment system in order to keep the class manageable. This learning of prosocial behaviour is to some degree superficial and an embodied and practical knowledge seemed to be missing. For example, in the data it was noted that the children knew that they wanted everyone to be *nice* or *good* but struggled to give examples of what this meant. They seemed to struggle even more with enacting or embodying what 'nice' meant. Perhaps, by approaching prosocial behaviour in the classroom from the framework of wellbeing, as opposed to classroom management, we may yet foster a deeper understanding and appreciation of prosocial behaviour in early childhood. Furthermore, through enlisting the children as active agents in the creation of their social worlds, we may, in time, further develop a deeper and more authentic framework for prosocial thinking and behaving.

It became apparent that there were parents who were not in a position to financially provide for a number of students in the group needing mental health care. Furthermore as the school's demographic was made up of families entering into the

middle class, there seemed to be a strong focus on work which resulted in some of the children who needed mental health care being unable to attend therapeutic sessions as both parents were working. The school therefore must accept that it is a well-positioned site to address wellbeing and to offer support.

Finally, existing research ‘suggests that student well-being improves academic performance and predicts career success’ (Adler, 2017:203). During this process it was noted that both the individuals who were referred for drama therapy showed a slight increase in academic performance over this time.

These responses made me question what kind of education is being called for? What is the metric that schools use to measure success? And is this metric truly inclusive? As Adler points out:

> ‘If schools measure only academic performance, as they traditionally have, then effective schools will produce students who learn how to excel academically and perform well on standardized tests. However, if schools choose to measure and teach multifaceted well-being, they may empower their students to lead flourishing lives as well’ (Adler, 2017:203).

If our schooling system has opted to be an inclusive one, then surely the metric against which children are evaluated needs to be inclusive? Instead of focusing almost solely on developing academic functioning, what if we included wellbeing and social skills? Below is a moment that describes this view from the perspective of a five year old.

Vignette 3: On being clever

(During one of the sessions, Siya, in imaginary play, embodying the role of a king)

Siya: The magic witch told me to be a good king.

Me: What must a good king do?

Siya: He must be clever.

This could show an internalisation of the schools heavy focus on academic achievement. Siya struggles academically, however he had strong leadership qualities that became increasingly apparent during the process. I questioned whether Siya's leadership qualities were being recognised and acknowledged in the class, and if not, was his only internal metric of success, in the classroom, academic achievement, an area in which he struggled? And if so, could this have given rise to low self-esteem and his disobedient behaviour in the class? In our sessions I actively recognised Siya's leadership qualities and acknowledged these as part of an achievement. I noticed that Siya's disruptive behaviour seemed to be more balanced by behaviour that positioned him as a valuable asset to the class.

Suggestions from these findings propose that encouraging students to have a more active role in developing their way of being in the classroom, coupled with an embodied practice of this, may lead to a more authentic and internalised sense of prosocial behaviour. Furthermore, with regards to developing a school that is truly inclusive, consideration should be given as to the metric against which schools measure their success and the success of their students. The data from this research suggests that schools and students will benefit from a metric that acknowledges wellbeing and social skills.

7.2 Authentic inclusive practice

Through the use of drama therapy we explored the solutions which the five year olds were offering to problems arising out of inclusive education. Initially the work was aimed at teaching social skills, however during the process I witnessed how the children themselves held inclusion. At this point the research acknowledged the role of the children as co-creators of an inclusive education solution.

Kamo, a student who some years back would have been allocated to a ‘special class’ or ‘special needs school’ for learning and behavioural difficulties, would often provoke, agitate and disrupt the group. Kamo initially seemed to be the outcast. He would often bully his peers. The group showed that they were completely aware that Kamo was in some way different, saying things like, *Kamo is not allowed to play with the toys*, or *If Kamo is bad today we have to tell the teacher*. However, even though Kamo was firmly positioned in this role, I became increasingly aware as to how the group held and cared for Kamo. I had expected the othering to a degree, but what I had not expected was that, at five years old, the children were capable of holding such a complex relationship in what appeared to be a natural and fluid way. One particular moment that highlighted the natural way the group was managing diversity, was the moment in the pretend play presented as vignette 1, where Kamo had wrapped himself tightly in the black cloth and seemed to turn into a monster.This moment showed me how the group was able to negotiate Kamo’s re-entry into the group in an imaginative and powerful way. In that moment the children acted out a response to the very basic human need of belonging. I believe that this imaginary play may have paved a way for Kamo to occupy a new role in the class. Inclusivity seemed a natural part of the play of this group and although this was a make believe exploration of inclusivity, a sustained and significant shift in Kamo’s peer relations

was observed and the teacher reported a similar sustained improvement in Kamo's behaviour in class. There certainly needs to be adult driven inclusive training and modelling in education, however, through this experience and similar ones, I have come to realise that the role of the child as a naturally inclusive being should be valued and drawn upon as a possible contributor to authentic inclusivity in schools. The lesson here, for me, was that when managing inclusivity in schools, a purely didactic approach to prosocial behaviour may lose moments such as this, moments of organic and authentic inclusion that offer real world and embodied experiences of inclusivity.

7.3 Children as agents of their own wellbeing

In this process I found that the children were interested and wanted to learn, work on or experience the following:

An Exploration of Self and Other

As mentioned before, the drama therapy process focused on the kind of world a group of five year olds would like to create. The children were enrolled in a position of agency to co-develop this imaginary world. One of the key explorations across both groups was that of understanding Self and Other. The children explored this theme through multiple means, constantly coming back to the underlying theme of: Who am I? How do I relate to the Other? Some of the ways in which this was explored was through:

- negotiating relationships with the Other and,
- by looking at the innate need for belonging as a developmental need to be acknowledged by the Other and,

- understanding social justice.

Soon into the process I was aware that the children's concept of Self was distorted by an adult imposed sense of what children should be. This is why the decision was taken to place the children in a position of power and agency. Smith, et al. (2015:72) implores us to ask, in schools, what would happen if we made children active in the construction and determination of their own lives? In many cases what the children wanted and what seemed to be imposed upon them by adults was broadly the same thing. However, the new work involved coming to an understanding of what these terms meant; terms such as 'being nice', and how a 'nice' social group could function together.

During the process a set of 'Golden Rules' was developed, explored and put to the test through imaginary play. The full list can be seen in the data section of the research. However by the end of the process, I noticed that, essentially, the children invested in just three golden rules and through the process I was able to learn what those Golden Rules actually meant to the children. Below is what the children chose for their world, and below each point I have noted what seemed to be the parameters for that rule:

1. Playing with:
    - being together in the play (sharing belief in the imaginary),
    - a common focus,
    - belonging and togetherness.
2. Being friends:
    - sharing/ not being selfish,
    - listening,

- shared belief in a system of justice (there was strong concern for right and wrong in relationships and a need to find a common understanding of consequences).

3. Not hurting each other:
    - This was mainly physical hurt. The concept of Self at this point is mostly physical and concrete (Sigelman & Rider, 2003:287) explaining the focus on physical hurt.

I was surprised at the level of complexity in their understanding of Self and Other as shown in these Golden Rules. It seemed to hold an understanding of a higher order of thinking and of relational skills than what seemed developmentally appropriate. Although the children were not able to articulate these parameters, it was present in how they negotiated play. I noticed how similar some of these needs are to adult needs in relationship. For example, the need to share a common belief in the play. I wondered whether this might develop into an adult need to share a belief as, for example, in religion, sport or corporate culture. As the historian, Yuval Harari, explains 'large numbers of strangers can cooperate successfully by believing in common myths. Any large-scale human cooperation - whether a modern state, a medieval church, an ancient city or an archaic tribe - is rooted in common myths that exist only in people’s collective imagination' (Harari, 2015:29). I wondered how this need for a shared belief, whether it be in the play of five year olds or the existence of a justice system, is at the foundation of the human experience. It explains just why it is important to ‘play with’ our five year old children and to nourish this fundamental need for belonging through participation in a collective imaginary play exercise.

Belonging

Belonging to a group and not belonging to a group was something that the children seemed keenly aware of throughout the process, with the need to belong being the driving force for behaviour, both prosocial and antisocial. I noticed that there was often a central group, held together by a common focus, with a number of satellite groups with a separate but similar focus. I noticed that the two children referred to me, often seemed to struggle to negotiate their belonging to the group. In a Functional Behaviour Assessment regarding Kamo's habit of throwing blocks at the group when he was not involved with them, I decided that the possible reason for this behaviour lay in his wanting to gain the attention of the group and in that way to relate to the others and to belong. However this behaviour served only to further ostracize him. When working with Kamo, we practised alternative ways for Kamo to gain attention and to be a part of the group. We practised these alternatives and Kamo certainly made inroads in terms of belonging to the group. However he would often revert back to his previous ways of relating. The importance of belonging is key to development at this age. It is also apparent that in an inclusive classroom belonging needs to be addressed and appropriate ways of belonging need to be nurtured.

Negotiating relationship

Learning how to relate to others was another key theme that surfaced and resurfaced in the drama therapy process. It was very apparent that the child's relationship with the primary caregiver was used as a model by the children. Kamo would often reference and mimic his father in play. Siya also would spend much of his time representing himself and his father together in the play, drawing and

storytelling processes. However Siya did mention that his father was ‘working somewhere' and seemed to be away for long periods of time, which made me wonder if what Siya was presenting in the play, was in fact fantasy and how that was impacting his ability to relate to others. As noted, Siya did not mix easily in the early sessions. I am aware that the need to negotiate relationships based on a primary caregiver relationship may aggravate the complexities of a South African inclusive classroom setting as parents often work some distance from where their children live. But also, there may be another level of complication in terms of learning modelled behaviour, particularly in terms of adjusting to inclusivity. Many of the parents of the children did not grow up in an inclusive education system, and in some senses it is their children who are now pioneering inclusion in education, and whilst parents may model the values of inclusivity, they may not necessarily have a very practical, real world experience of it in a classroom which includes children with very differing needs.

Acknowledgement

Acknowledgment was a key theme to emerge in the children's play. Moments of acknowledging were ritualised and seemed to be thoroughly enjoyed and were also taken very seriously. These moments had a sense of reverence and held their attention and their focus. The children seemed to enjoy being acknowledged but also acknowledging others, such was the case with the Star cloth, outlined below.

Vignette 4: The Star cloak

Tina: I know who is going to wear the star cloth next (this immediately gets the interest of the group).

Onyi: Who did you chose?

Tina: I chose Gaby.

Me: Why did you choose Gaby, Tina?

Tina: Because Gaby is taking all the crayons and I asked Gaby for some crayons and then she give me the crayons. And now we can both draw.

Me: Okay that is wonderful. And what was the Golden Rule that you showed, Gaby?

Gaby: I was sharing.

Me: Yes you were. And did you like sharing with Gaby, Tina?

Tina: Yes, because now we are friends together.

Onyi: Are you ready Gaby to wear the star cloth?

Gaby: Yes (Tina places the star cloth on Gaby)

Me: Now, who wants to practise sharing? (Most of the group say “me”)

Me: Okay so if we only have a few crayons on the table, then we have to learn to share so we can finish our pictures. Do you think we can all draw while we share the crayons?

Children: YES (they seem to enjoy the challenge and wanted to practice what they had seen being celebrated). Session continues.

This ritualised acknowledging, developed through the ritual of the star cloth, became very popular with the children and a key part of the play. This ritual enabled the children to practise and repeat the incident of prosocial behaviour observed (such as the sharing of the crayons outlined above). Through this practice and repetition I believe the children developed a deeper understanding and appreciation of what prosocial behaviour is. This practising and role playing also gave the children an embodied experience of prosocial behaviour, and helped them to develop their reflexive capacities and awareness. I believe this enabled the children to self-regulate their behaviour.

Justice

In the beginning it was very difficult to focus on the process as I was inundated with complaints about who had done what to who. The children were totally focused on identifying someone who had done something wrong and needing me to address it. It affected the play process negatively as the whole process would be stopped and everyone would have a complaint about someone that needed to be aired. They seemed to be fixated on what was fair and what was not fair; essentially, I realised, on issues of social justice. I wondered how this was helping them to make sense of their world. In response to this we developed our own ‘Golden Rules’ as a way of building a framework for exploring and actively engaging in social justice issues. Epstein points out that young children often care passionately about justice and injustice, although they may use words like 'fair and unfair' (see, for example, Paley, 1987 cited in Epstein, 1993:324). Epstein adds that it is, unfortunately, common for children with such concerns to be dismissed as either whining or telling tales. I admit my own initial response was to try to move past those moments to return to the session plan until I realised that this was a deeply important process for the children

and I needed to adapt my approach to include a more hermeneutic form of listening. This is described as listening 'deeply' to what our research subjects are saying, ‘in order to inquire into whom we are, who they are, and to become imaginatively engaged in participation into something greater than us’ (Bound & Stack, 2012). The key here was for me to ‘see beneath the immediate presentation of the child's problems to the underlying concerns that the child may have’ (Epstein, 1993:324). By actively engaging in the justice processes of their imaginary land, by deciding what was fair and what was not, and by learning how to deal with unfairness and to celebrate fairness, the children were able to practice moral reasoning and to draw on this underlying desire for what they viewed as social justice or fairness. If we can spend more time on developing social justice skills in our schools, we may develop more socially aware adults who contribute to a just society.

7.4. Prosocial behaviour in five year olds

I noticed that prosocial behaviour in five year olds seemed to be a process that moved along a continuum. On the one hand there was the hedonistic ‘my immediate needs need to be met’ and on the other hand there was the need to seek approval and to belong to the group. The latter, requiring a more complex cognitive process, seemed to be linked to the developmental level of the individual child. I noticed that it seemed particularly challenging for Kamo to make the connection between wanting to belong and knowing how to belong. The ‘how to’ belong component most often required prosocial behaviour.

Inside the imaginary play Kamo would often revert to wanting his immediate needs met at the cost of others in various ways in the play. However, when we came together to stop and think about and then practice alternative ways of communicating

these needs, it was noted that, when given this moment of reflexivity, Kamo would almost always choose to behave in a prosocial manner.

Prosocial behaviour seemed most sustained when there was a strong sense of acknowledgement of the behaviour, which is a developmentally appropriate response.

7.5. Evidence for drama therapy as a support for wellbeing in inclusive preschool settings

As outlined in the methodology chapter play and story were the core processes of this drama therapy intervention. During the intervention I also made use of ritual as a way of developing reflexivity and repetition or practice encouraged positive behaviour. Some key features of a drama therapy based approach that seemed to support the work in this age group included:

1. *Holding the group attention through capturing the imagination*. I found that the most effective way to build cohesion in the group was through utilising and activating the imagination. I found it particularly helpful to use a therapist-in-role approach. This was done by enrolling myself as Gogo or Granny. I found that the children readily engaged with Gogo, even on days when I found it challenging to connect with the children as myself. This suspended reality, and the invitation to re-imagine the adult and child relationships in play, seemed to be enjoyed by the children and to engage their attention. I also noticed that the children responded to invitations to use their imaginations in play with the 'yes, and…' response used in improvisation. These responses require that participants accept the imaginary offer made by a fellow improviser and build upon it, as opposed to rejecting the offer. This type of

response ‘teaches the value of accepting each other’s ideas and cooperating with one another’ (Westwerwell, 2016). It was interesting to note that even when the group was fragmented or individuals were being antagonistic, a chance to use their imagination generally resulted in the group or individuals cooperating.

2. *Aesthetic*: aesthetics played an important role in stimulating the imagination. The use of colour, texture, shape and form in creating play spaces seemed very appealing to the children and created a bridge into the drama therapy play space. Furthermore this engaged their senses which is crucial for their neural, cognitive and motor development at this stage. Furthermore the open-ended nature of sensory-rich play (in that there are no ‘right’ or ‘wrong’ ways of playing) means that this type of play provides an inclusive learning opportunity with plenty of potential for developing problem solving [skills], exploration and creativity (Gascoyne, 2011:8)
3. *The use of ritual:* ritualised openings and closings served well to contain the drama therapy experience and made the children ready for both the entry into and the exiting from the drama therapy play space.
4. *Key learning moments:* the use of ritual in drama therapy offered a way of identifying key learning moments which could be acknowledged and which we could repeat and practise in the play framework. This process of highlighting the action and then repeating and practising the action seemed to enable a deeper internalisation of the essence of prosocial behaviour.
5. *The use of dance, song and rhythm:* these helped to build cohesion and cooperation in moments when the group was fragmented and struggled to connect.

6. *The use of story:* in drama therapy stories act as a container for the exploration. I would often notice how the themes and patterns of the stories we had used would be played out in the group throughout the process. The story introduced the theme. This was explored further through enactment and then later further integrated and referenced through the play of the children.
7. *The Self and the Other:* much of the children's processes in the play was around negotiating and building their understanding of the Self and the Other. Drama therapy offered a language and a frame for exploring and 'finding out' more about the Self and how to relate to the Other and how fit into a group.
8. *The role of the witness:* witnessing in drama therapy allows for the constant acknowledgment of the children and seemed to play an important part in sustaining healthy group relations. Acknowledging the positive behaviour seemed to help the individual to sustain it over a longer period of time.
9. *Engaging with the adult in play:* this seemed for many to be a novel experience. It also appeared to be deeply satisfying and nourishing to the children. It also seemed to allow learning to happen in a far broader more complex way as the child and the adult became equals in the play. This disrupted the traditional model of the adult as the only expert in a learning scenario. Furthermore learning through play meant that each child could explore their own learning style and use their strengths and unique skills, whether it be logical-mathematical or body-kinaesthetic learning (Gardner, 1983). As a result the group became less aware of the differences in the learning abilities of each other and the learning process became more inclusive.

The treatment plan for the intervention aimed to negotiate and develop positive behaviour through the practice of play. Initially the therapeutic aims concentrated on contracting appropriate behaviour in the drama therapy group, on the assessment of the group and the individual's needs and behaviour functions, and on the exploration of desired behaviour in the group. The aims then became focussed on the development of the behaviour repertoire and its language, and exploring and practising alternative ways of relating to others. The core of the work essentially focused around developing empathy and reflexivity as a tool for negotiating relationship.

After a key moment in the drama therapy intervention, when Kamo become a monster and covered himself in the black cloth and the group found a way of negotiating his return to himself and the group (outlined previously in this section), Kamo came back into the class and had the following conversation with me:

Vignette 6: Why are we playing?

Kamo: Gogo why were we playing king and queen?

Me: Because I wanted to know, if you were a King, how would you want the world to be?

Kamo: I want the world to be like Castle Land.

Me: And what is Castle Land like?

Kamo: You can be nice and play with your friends. The rules are no playing with toys, no playing with things, don't drink beer.

Whilst Kamo seems to be responding with a learned response of what is good or bad behaviour, he was also building reflexivity by engaging in an imagined reality of how the world could be. At this point it was playground time which Kamo loved, but, he had chosen to return to class, to find out more about what had just happened and to understand more about how that applied to his real world. His final response seems to show a merging of the Castle Land way of being and the real world rules he is picking up.

Later on in the intervention, Kamo was able to provide magic to help someone who had been hurt. He used the black cloth which previously he had used to create a monster. This moment is illustrated below in the session observation notes:

> *Kamo used the star cloth to make a tent. The tent acted as container and he invited me as Gogo and some other children inside. In this space the children were very gentle with each other and quiet. The focus was around problem solving. They wanted to find a solution for the hurt girl. Kamo wanted to get details around where she had been hit so that he could apply 'magic' to heal the hurt. The other children were more interested in who did it and how to retaliate and, as Kamo often fitted the role of class bully, they were trying to provoke him to retaliate, saying things like: 'Kamo is much bigger he must go and fight with Onyi'. Kamo however seemed to accept that the hurt had happened and made no retaliation plan as the children urged; his focus was rather on soothing the hurt.*

In this quiet moment Kamo seemed to be showing a genuine desire to help and to care for the hurt girl. In fact he seemed to have taken on a new role in the group. He did not want to go and fight the other boy, as I believe he may have done in previous

sessions, but rather he seemed to want to recreate how he had been nurtured and cared for by the group with this same cloth. This showed an increase in empathy and some form of reflexivity. Instead of falling back into the role of the bully, he was able to incorporate his previous experience and respond to the situation in a different way. Moreover this showed role expansion in the way Kamo was able to relate to the group (from the role of bully to carer) and hopefully how the group was able to relate to Kamo.

7.6. Milieu and considerations of broader group contexts

Bronfenbrenner says that ‘through social interaction, we develop our sense of self, learn to role-take with others, develop skills of empathy and problem-solving and form and sustain intimate relations’ (Houston, 2017:53). An understanding of the development of self in early childhood, through this bioecological model, supports the importance of group relations and of the milieu in the inclusive education classroom. Furthermore Christensen-Sandfort and Whinnery conclude their study, based in the United States, by describing how the focus on developing a healthy milieu in the inclusive classroom appeared to increase the opportunities for social interaction between children with and without disabilities (Christensen-Sandfort & Whinnery, 2011). This research positioned the class milieu as a key focus in the therapeutic intervention.

Core themes that were present in the milieu of this particular group were:

1. Chaos and Order

   It was noted that the group would move through phases of chaotic behaviour and then organically return to a state of order and calm. This wave in the behaviour would play out during the session, and sometimes there were

multiple waves in one session. What was interesting to note however, was that the two children who had been referred to me were often unable to follow the group's rhythm and pattern of self-regulating and returning to order and calm, and would remain in a more chaotic space. This would occasion moments of conflict between the two children and the rest of the group.

2. Violence

   There was a recurring theme of violence in the play of this group. Violence seemed to be a key function in the negotiating of relationships and the dominant solution in problem solving. Much of the work of the therapeutic process was to find alternative ways of negotiating relationships and expressing needs with out the use of violence.

3. Socio-political and economic factors

   The socio-political and economic landscape emerged as an influential factor on the classroom milieu. References to socio political and economic contexts were present in the play of these children, such as references to South Africa's recent xenophobic attacks. The referencing to and upholding of patriarchal norms and standards also emerged strongly as an accepted and idealised way of being. There was also a strong sense of materialism which referenced the demographic of this population's entry into the middle class.

Chapter 8: Limitations and Conclusion

8.1. Limitations to the study

In this research I recognise the following limitations of this study. Whilst effort was made to negate these limitations that could affect the data, there were sometimes real-world influences that were not possible to overcome.

1. I recognise that there were often too many variables, that I could not account for in the study. These variables included:
    - The study took place at the beginning of the year, where this is already much cause for fragmentation and disruption as the group is still trying to find itself and the children are adapting to the school environment.
    - The school had many disruptions to their schedule with sports days, school assemblies and public holidays which may have added to the fragmentation and disruptive start experienced in the group.
    - The drama therapy sessions were often before and after break. Before break the children seemed tiered and disengaged and after break they often seemed over energised which could have influenced my experience of the group in these sessions.
2. The intervention would have probably produced more comprehensive data over a longer period of time.

3. My own limited experience with drama therapy with this age group could mean that there was a bias in my observations as I was trying to gauge typical behaviour of five year olds at the start of a school year.

8.2. Conclusion

The data gathered in this research supports the importance of individual and social wellbeing in education, specifically towards an inclusive education. The research suggests that authentic inclusive education should reconsider the metric used in the education system to determine success. A purely academic achievement metric seemed hardly inclusive, and this research suggests that a broader metric, which includes social relational skills amongst others, could contribute towards a healthier schooling system and ultimately a more inclusive and pro diversity based society.

The research further indicated the dominant underlying themes or inquiries in the play of this group of five year olds, included:

- Exploration of the self and other
- Negotiating relationship with each other
- Belonging
- Acknowledgment
- Social Justice

These themes seemed to naturally lend themselves towards inclusive practices. Thus, basing this intervention on these focuses meant that we were able to nurture the development of something that was already intrinsically there from the start. Furthermore the play of these five year olds suggested that inclusivity is a natural response to a diverse world.

However, the broader context and milieu in the class seems to have an impact on the ability for a class to sustain inclusive practices, with a specific sway on behavioural issues. Dominant themes in the milieu of the class included fragmentation and violence, which in turn appeared to reflect some of the broader communities in which some of the children live in. This brings into focus the importance of the school as a site for modelling appropriate inclusive behaviour. And further consideration around the complexity of inclusive education in South Africa, when considering the implications of a violent and fragmented society on the mental wellbeing of its children, which is currently being further explored under the umbrella of pedagogy for trauma.

Drama therapy offered many benefits as a framework through which to support prosocial behaviour in an inclusive classroom. The use of play and imagination in drama therapy afforded a sense of ‘buy-in’ and held the attention of the learners. It also elicited cooperative and accepting responses from the group. It seemed particularly nourishing and affirming for the children to engage in play with an adult. The emphasis on the aesthetic in drama therapy assisted in demarcating the drama therapy space from an everyday experience. This allowed for a more open and relaxed learning environment to be established within the same classroom where traditional school learning happened. This was particularly helpful for the two boys who were referred to me, as the classroom was often a site of failure and stress as they struggled to keep up academically. But once we used colour, texture, sound and smell to create a new space, both boys responded positively to learning in this environment. The use of ritual also afforded the opportunity for prosocial behaviour to be acknowledged, celebrated and exemplified through ceremony (the adorning of the star cloth) and practice through repetition as a key element of ritual. Having

established rituals also helped to contain strong experiences within the structure and security of a known and shared ritual. Furthermore the use of song, movement and story is not only developmentally appropriate for learning at this age, but also was a way of building community through shared movements, sounds and story as a framework through which to understand the world. Story in particular seemed to work at a deeper conscious level, with children referencing stories weeks after they had been told and through the sometimes unconscious playing out of the themes that the stories had explored. The act of witnessing in drama therapy also seemed to be a critical component in sustaining prosocial behaviour. Being witnessed was a form of acknowledgement and when prosocial behaviour was witnessed, children were more likely to uphold that practice. The use of drama therapy created a diversity in the learning opportunities presented and allowed for learning to happen in varied ways, and thus accommodated different learning styles. Finally drama therapy also afforded this process the opportunity for embodied learning, that is, learning in the moment, through action and practice, and in relationship with another. This seemed to allow for a deeper integration and internalisation of inclusive practices and prosocial behaviour in this grade R class.

Drama therapy was thus a powerful tool through which to reimagine inclusivity in schools. Being a child centred practise, affords drama therapy the ability to cater for diversity in its application. The use of various modes of being in drama therapy where the child feels empowered, such as play, imagination and creativity positions this therapeutic approach well for work with early childhood populations and in schools who need support in developing and sustaining an authentic inclusive environment.

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Addendum A: PASAA: Play And Story Attachment Assessment

PASA ASSESSMENT: SENSORY, RHYTHMIC AND DRAMATIC PLAY		
Choice of play materials.	**Quality and style of play.**	**Solitary play or partner play,**
Section One: Sensory Play		
Section Two: Rhythmic Play		
Section Three: Dramatic Play		
Other observations:		
		Continue overleaf:
Date:	Participant's initials/code	Assessor's Name:

(Jennings, 2011)

PASA ASSESSMENT: RESPONSES TO STORY SHARING

1 = no interest/indifference, 2 = occasional attention, 3 = attention for significant time/vocal comments
4 = involvement in the story, 5 = involvement and vocal comments on the story

Story or stories used; Themes expressed.	Level of attention/involvement (Scale 0 – 5 as above)	Themes explored through dance, art, drama, music, sandplay, other.
Any other comments:		
Date:	Name or Code of Participant:	Name of Assessor:

(Jennings, 2011)

Part 3(a)

PASA ASSESSMENT OF STORY BUILDING

Story method explored:	
Summary of story:	
Were prompts needed?	
Was it a shared story?	
Dominant themes (describe):	

Dominant feelings:	loss ☐	fear ☐	abandonment ☐	neglect ☐	rejection ☐
	anger ☐	violence ☐	cruelty ☐	despair ☐	blame ☐
	affection ☐	hope ☐	change ☐	trust ☐	optimism ☐
	friendship ☐	justice ☐	resolution ☐	forgiveness ☐	patience ☐

Quality of characters (please tick):	courage ☐	leadership ☐	desperation ☐	empathy ☐
	cruelty ☐	violence ☐	apathy ☐	sadness ☐
	affection ☐	sympathy ☐	fairness ☐	injustice ☐

Was there a sense of good triumphing over evil: Please describe the ending of the story.

Describe overleaf if the story shows strong resilience or see 'Drama and Story Resilience Assessment' (DASRA (Jennings 2011)).

Date: Participant's initials or code: Name of Assessor:

(Jennings, 2011)

Addendum B: Behaviour Observation Checklist

Questionnaire:_____

Completed by:_____

Behaviour	Doesn't apply	Rarely applies	Applies occasionally	Certainly applies
1. Restless or fidgety				
2. Fights with other children				
3. Not much liked by other children				
4. Is worried. Worries about many things				
5. Tends to do things on his own, rather solitary				
6. Irritable				
7. Appears miserable, unhappy, tearful, or distressed				
8. Is disobedient				
9. Has poor concentration or short attention span/ gives up easily				
10. Fussy or over-particular child				
11. Calls out in class				
12. Bullies other children				
13. Doesn't share toys				
14. Cries easily				
15. Blames others				

Date completed:_____ **Tick the appropriate Box:**

This is adapted from the Preschool Behaviour Questionnaire (Berhar, 1974).

Addendum C: Functional Behaviour Assessment

ABC FUNCTIONAL ASSESSMENT CARD		
Definition of the behaviour:		
CHILD'S NAME:		
GENERAL CONTEXT:		
OBSERVER:	**DATE and TIME:**	
Antecedent: *What happened before?*	**Behaviour:** *What did you see or hear?*	**Consequence:** *What followed?*
Fill this section later: Circle the function(s) demonstrated by this behaviour:		
ESCAPE/AVOID: **Attention** **Object/activity** **Sensory stimulation**		
or		
OBTAIN/ GAIN ACCESS TO: **Attention** **Object/activity** **Sensory stimulation**		

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Addendum D: Ethics Clearance Certificate

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Robert

CLEARANCE CERTIFICATE	PROTOCOL NUMBER: H17/09/31
PROJECT TITLE	Investing the affordances of drama therapy for addressing problematic behaviour in a grade R classroom
INVESTIGATOR(S)	Mrs H Robert
SCHOOL/DEPARTMENT	Wits School of Arts/
DATE CONSIDERED	15 September 2017
DECISION OF THE COMMITTEE	Approved
EXPIRY DATE	11 December 2020

DATE 12 December 2017 CHAIRPERSON (Professor J Knight)

cc: Supervisor : Mr W Nebe

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES