



THROUGH OUR LENS:

**AN EXPLORATION OF MENTAL HEALTH WHILE LEARNING ONLINE AS A
TRAINING DRAMA THERAPIST DURING A GLOBAL PANDEMIC**

BY

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Submitted in Partial Fulfillment of the Requirements for the degree

MASTER OF ARTS IN DRAMA THERAPY

By coursework and research report

In the Faculty of Humanities

University of the Witwatersrand

April 2021.

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ACKNOWLEDGEMENTS

I give thanks to The Almighty, Haile I, Selassie I, King Rastafari my strength and my redeemer. I give thanks to my family, my children and my life partner Bibi Hlatshwayo. Their support throughout this journey has been more than amazing.

I am grateful to Linda (Mdena) Thibedi my supervisor whose patience and wisdom saw me through this research.

Thank you to the National Arts Council of South Africa for funding my studies in the year 2020.

ABSTRACT

This research is a qualitative exploration of the mental health of the Master of Arts in Drama Therapy (MADT) students at Drama for Life of which I am part of. The MADT class is based at the University of the Witwatersrand and the exploration includes both the students and lecturers while learning online during the COVID-19 global pandemic of 2020 in South Africa. This exploration is founded on the backdrop of social justice due to the limitations of accessing online learning during a global pandemic and how this is a contributory factor to mental wellness in both students and lecturers. 2020 has come and gone and the students have continued with their studies under the circumstances. Unfortunately some are still struggling with access learning and learning resources. This research is framed by Maslow's theory of self-actualisation. This theory underpins that when one is healthy mentally which is an individual experience; one is able to function better and develop themselves. We develop ourselves and self-actualise through learning and taking care of ourselves. With all the challenges caused by the pandemic, online learning, and limited access, the MADT students and the lecturers have found ways to manage their mental health. The evidence from this qualitative exploration utilised Data Analysis Triangulation to arrive at the above conclusions. Through the conclusions made, aspects of the Omega Transpersonal approach to Drama Therapy are recommended as activities to include in one's self-care routine to aid with mental wellness while learning online during and post the pandemic.

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CHAPTER 1: BACKGROUND AND OVERVIEW

1.1 INTRODUCTION

The year 2020 proved to be a challenge globally because of the COVID-19 (also known as coronavirus) outbreak (Shah et.al 2020). I am of the opinion that South Africa has not been immune; it appears that as the people living in this country we have been deeply affected in all aspects of our lives. These aspects vary from social, health, economical, educational to psychological effects (Shah et.al 2020 and Zhou et.al 2020). According to published literature, coronaviruses are a group of viruses that infect both humans and animals while affecting the respiratory system (Marra et.al 2003; Cavanagh, 2007; Weiss and Navas-Martin, 2005). In the first quarter of 2020 after COVID-19 spread from Wuhan in China to other countries; the World Health Organisation declared it a global pandemic (Zhou et.al 2020; Cyrus et.al 2020; Haider et.al 2020; Marcinko et.al 2020; Shuja et.al 2020). This pandemic has unfortunately resulted in many governments globally enforcing social distancing and lockdown laws as a strategy to flatten the curve to manage the infection rate. All these, as related to the pandemic, have caused mental health challenges for adults and children alike (Aufderheide and Gondles, 2020; Shah et.al 2020; Zhou et.al 2020).

During the year 2020 since the breakout of the COVID-19 virus in South Africa, the government has set up a National Command Council which is chaired by the President of the country and it is responsible for implementing the National State of Disaster Act of 2002 (Sekyere et.al 2020). According to Sekyere et.al (2020) as part of the implementation of the National State of Disaster Act, lockdown and social distancing laws were enforced. The lockdown policy according to the Act states that the country's borders are to remain closed, and citizens are encouraged to stay at home while the social distancing policy states that there should be a distance of at least one 1.5 meters between people including limiting funeral and church gatherings to 50 people (Sekyere et.al 2020). Higher education institutions also had to abide by these laws and consequently all campuses were to remain closed until further notice to prevent the spread of the virus. It has now been more than 12 months since the first case of COVID-19 in South Africa, but we are still experiencing what one deems as the hard realities of the pandemic. The festive season (December) was unlike any other, South Africa was faced with many different restrictions at the time while we were going through what was known as the second wave of the pandemic. As a result of this at the beginning of 2021 the

government published a notification to extend The National State of Disaster from the year 2020 to the year 2021 (Department of Co-operative Governance, 2021:03).

I have always been passionate about utilising the creative arts in general as part of healing to inspire change in the lives or circumstances of the community I live in. I followed this dream by pursuing a qualification in Drama Therapy and because of my love for drama as an embodied expressive art. I am currently a Master of Arts student at the University of Witwatersrand in Johannesburg, South Africa. I am currently completing my research report after successfully completing coursework for Drama Therapy in the year 2019. Prior to the COVID-19 pandemic, as a student I accessed all academic and technological resources on campus. This soon changed as the University sent out its first email communication to students in relation to the COVID-19 outbreak on the 12th March 2020. Within less than two weeks of receiving this email, the President of South Africa had declared a National State of Disaster resulting in a national lockdown. In April 2020, the University implemented an emergency online learning plan by ensuring that students who lacked access receive 30GB of internet data monthly and by availing loan laptop devices which the students in need had to apply for. This was part of the University's plan to assist students during this period and to ensure that we were all afforded an opportunity to learn. I am one of the students who have benefitted from this assistance from the University, by getting a loan laptop. The plan to assist students also included the services of the Career, Counselling and Development Unit (CCDU). The CCDU is a unit based at the University that provides career guidance and counselling services for students on campus. Due to the sudden lockdown, students were not allowed on campus therefore not able to access campus facilities like the CCDU. The CCDU therefore opened up its services by availing telephone consultations to students who were struggling mentally, due to this sudden educational shift caused by the pandemic.

Change came faster than we expected, and the country was on lockdown level 5. Students had to leave residences and were no longer allowed on campus. From our homes or off campus residencies, we patiently waited for communication from the University as to what the way forward was going to be. One of the emails from the senior executive team sent in April 2020 stated "Our academics and professional, administrative and support staff have worked tirelessly over the past few weeks to prepare to go online... We accept that this is a new learning experience and that there may be some challenges, but we are on hand to solve them together." It was then my hypothesis that the above challenges mentioned in the email

would not only relate to accessing online learning, but they would also affect the mental health of both students and lecturers due to this sudden change.

1.2 DEFINITION OF KEYWORDS

Throughout this research report the reader will come across certain key words. I have chosen to define each key word below and encourage the reader to read the given words with these definitions in mind.

Drama Therapy

Landy (2005) defines Drama therapy as one of the expressive or creative arts therapies that make use of drama and theatre in an attempt by the client and therapist to make sense of their life experiences. In my understanding, this means that drama therapy is an embodied practice used in the therapy space as a method by both the client and the therapist.

Pandemic

A pandemic is defined as any infectious disease that extends over large geographical areas, in most cases it is usually contagious and severe (Morens et.al 2009). This research will be foregrounded by the coronavirus (COVID-19) pandemic of 2020 as the contributing factor to the sudden shift to learning online.

Mental Health

The World Health Organisation defines mental health as well-being where the individual can cope with the normal life stresses, realise their abilities, and work productively and fruitfully (WHO, 2001). With this in mind, this research will therefore explore this definition of well-being from the perspectives of students who are completing their drama therapy MA qualifications and their module lecturers.

Omega Transpersonal Drama Therapy

The Omega Transpersonal approach to drama therapy is founded on the experimental theatre movement of the 1960s when creatives had the intention to create new ways and forms of exploring human consciousness while raising awareness about the social issues of the time by breaking down the barriers between the observer and observed, the performer and the audience (Linden, 2013). Linden (2013:3) states that it is an embodied practice that helps people get in touch with their “source of strength, uncovering their most authentic and

essential Selves”. For the purposes of this research report, it refers to any traditional or therapeutic activity that is grounded on spiritual practices that contribute to self-actualisation.

Online Learning

Online learning or digital learning is defined as the practice of distance teaching and learning remotely over the internet using computers or mobile devices (Anderson and Elloumi, 2004). At the University of Witwatersrand and other learning institutions globally, this form of learning has taken precedence over the traditional classroom or face-to-face learning due to the COVID-19 global pandemic (Lobo et.al 2020 and Hodges et.al 2020). With this definition in mind, this research report will draw from the experiences of online learning as implemented by the University of Witwatersrand. Social online platforms such as *Zoom*, *WhatsApp*, *Microsoft Teams*, and educational platforms such as *Sakai* and other applications used in online learning were used to engage with students.

Social Justice

Social justice is a situation where benefits and burdens are distributed fairly in a society (Chipkin and Meny-Gilbert, 2013). The social justice lens in this report will allow for the exploration of inequalities in relation to access to education, technology that enables online learning and mental health during the COVID-19 pandemic.

Self-Actualisation

Abraham Maslow is well known for his work on self-actualisation, and he stated that humans are motivated to self-actualise through the hierarchy of needs which is presented in a triangle (Huitt, 2007). For the purposes of this report, self-actualisation is defined as living up to one’s potential (Ruf, 2009; D’sa, 2014; Du Toit, 2001) and some have compared and likened it to self-transcendence (Buckler, 2011a; Du Toit, 2001). There are many parallels between self-actualisation and the transpersonal (Buckler, 2011a; Buckler, 2011b; D’sa, 2014; Du Toit, 2001) and they relate to human beings developing their potential.

1.3 PROBLEM STATEMENT

As mentioned above I completed my drama therapy coursework in the year 2019. In that year I was offered the opportunity to engage with clients on-site in the therapy space for clinical practice and to take my learning into groups and one on one sessions with a supervisor. As a student I engaged in experiential learning which included weekly embodied laboratory work

on campus. I learnt to hold the role of facilitator and participant in group settings, and I was able to embody different drama therapy tools and techniques as written in literature (Emunah, 2019 and Jennings, 1983 and 1987). I grew close to my classmates and built long lasting relationships, but I have come to see that due to the pandemic, the above may not have been possible for coursework students in the year 2020. Relating face-to-face with my classmates offered a form of support system both personally and academically which is limited with online learning. Shuja et.al (2020) state that the implementation of isolation, social distancing and lockdown strategies by many governments has provoked fear and anxiety in individuals. The impact of any pandemic is not only physical, but it also affects mental health (Shuja et.al 2020; Fiorillo and Gorwood, 2020). In my opinion, since we are required to practice social distancing during the COVID-19 pandemic, students have not been able to learn face-to-face nor practice embodied work in group settings; this seems to have an effect on mental health.

The Dean in the faculty of humanities at the University of Witwatersrand confirmed in an email sent to students in July 2020 that a significant number of students continue to struggle with the capacity to learn in the online learning mode and that there are psychosocial effects which may be caused by being in an extended lockdown. In the same email, the Dean also acknowledged that even though the university had done all it could to provide support to students in need, it was not always sufficient for a range of reasons including non-conducive living conditions. A peer posted on Facebook that in 2020 students might have to deregister from University due to data shortage. I believe this is a cause for concern in a country where inequality is so rife. Muffoletto (1994) argues that utilising technology to access information in a social context where historically access has been limited by the wealth, gender, and race of the individual or community is not enough. It is my assumption that falling behind on your studies or being unable to access learning due to constraints of resources can take a toll on one's mental health and therefore negatively affect one's academic performance which makes it a social justice issue. This is my personal experience, but I suspect it may be true for other students as well.

“Clearly, the knee-jerk reaction to online teaching and learning by universities during the national state of disaster was prompted by the decisions made by international universities” (Mashau and Ravhuhali, 2020:15195). The “knee-jerk” reaction referred to by Mashau and Ravhulali (2020) did not allow enough time for lecturers to be trained on the online learning pedagogy. Adedoyin and Soykan (2020) have termed this “knee-jerk” reaction a “crisis-

response” migration to online learning which they say lacked adequate planning, design, and it was done without considering appropriate learning theories for learning online.

From what I have observed, since the global pandemic has caused a disruption in the approach to education, drama therapy learning was halted and then shifted to online learning. I believe that learning online limits person to person contact, clinical practice, and experiential learning. Clinical practice is limited because students have limited exposure to clients onsite due to COVID-19 regulations. Experiential learning and group work are at the core of drama therapy training programmes (Butler, 2017). During this pandemic, classmates have not been permitted to be in the same space due to lockdown and social distancing laws, this might limit how students engage and reflect on each other’s processes. This limits experiential, embodied, laboratory and group reflective work. In South Africa and possibly around the world drama therapy lecturers and drama therapists have been innovative in moving to online platforms but there are still challenges such as limited access to technology, and limited research concerning how better online tools translate to better learning and care (Sajnani, 2020).

1.4 RATIONALE

The Master’s in drama therapy degree at Drama for Life which is based at the University of Witwatersrand’s School of Arts is often made up of a small group of students no larger than 10 students per year. The degree has students who are currently completing both their coursework and research in the same year, others like me are only completing research while others are engaging with or are awaiting to start the clinical internship. In finding a research topic I became curious about other students’ experiences of the drama therapy training now that it is being offered online with limited contact learning. I became curious about the discipline, its execution and its effects on students’ mental health and wellness. This is what sparked my curiosity and motivated the chosen research.

Whilst reflecting on my experience as a coursework student in 2019 I have come to learn that the other students have a different experience from mine, and we have all been impacted differently. “The coronavirus pandemic has several diverse implications, and it impacts the South African society in the social, economic, health, environmental, and technological realms” (Sekyere et.al 2020:2). From the research I have gathered it is clear that the delivery of education has changed due to social distancing and most institutions like the University of Witwatersrand have resorted to online or digital learning. According to Sajnani (2020: 03)

there has been “an unprecedented shift to online platforms for nearly all spheres of social life including work, schooling and healthcare”. However, there are those who do not have access (Sajjani, 2020).

Drama therapy in South Africa is a fairly new practice. My supervisor and others have been lecturing various students through the practice over the years, but most of the teaching staff have not found gaps to publish literature about the training of drama therapists in South Africa. Butler (2017) states that it has been forty years since the drama therapy profession was established as a field yet generally there are few papers written about educating drama therapists. In my view it is now imperative to publish more papers about how drama therapy is taught especially now that we are faced with a global pandemic and the mode of learning has shifted online. It would be worth exploring the differences and similarities in pedagogy for future research explorations. Butler (2017) also highlights that the available literature on drama therapy training focuses on the perspective of the lecturer which limits emphasis on student experience. The students’ experiences are pivotal to this research exploration, but the lecturer’s experiences are not negated.

I too as a drama therapy student in 2020 have been deeply affected by this pandemic. The impact of the pandemic on my finances and studies has had some negative emotional, physical, and mental health effects. The loan laptop device from the University has assisted me but I have never been able to utilise the free 30GB monthly internet data to access online resources to complete this research report due to lack of infrastructure and network limitations in my residential area which is in a township. Upon engaging with some of my peers from the university I realised that there are several students who are unable to utilise the free 30GB monthly internet data that is provided to assist access to online learning.

As stated by Sahu (2020), some aspects of the arts are part of those learning programmes that are difficult to conduct online. Drama therapy is situated in both the psychology field as well as the arts so there may be aspects that are difficult to conduct online. This means that the theoretical aspects of the curriculum can be delivered online while other strategies need to be innovated for the practical, clinical, and especially the experiential aspect during and post the COVID-19 pandemic. Johnson et.al (2009) mentioned that drama therapy and the digital or online space would possibly merge, and in 2020 going forward this is becoming a reality.

The mental health of individuals has also taken its toll due to the pandemic (Shah et.al 2020 and Zhou et.al 2020). It is my view that the potential shift in the drama therapy curriculum or

way of learning can also impact student's mental health negatively on top of dealing with the pandemic and possible family deaths. Filho et.al (2020) outline that universities globally are concerned about how long the pandemic will last and how it might impact the mental health of students. Though self-care is taught in the drama therapy course, students are no different in their experience of mental health challenges that are affecting other students. Many students from African universities are reported to be suffering from anxiety making it vital to constantly monitor their mental health state during the pandemic (Rakhmanov and Dane, 2020; Aristovnik, 2020).

This is a necessary exploration at a time where there has been a sudden change in people's lives and the possibility of mental health being affected negatively exists. It is also important to note that history has shown us that human beings have the ability to thrive in the most difficult of circumstances. I therefore envision that this exploration will be applicable beyond the pandemic. It is also my hope that it will inform future drama therapy training should there exist another global crisis which might require less contact from humans (social distancing).

1.5 RESEARCH AIMS, OBJECTIVES AND QUESTIONS

1.5.1 AIMS AND OBJECTIVES

The aim of this research is to explore the mental health of the MADT students as they were adapting to emergency online learning with their module lecturers during the COVID-19 global pandemic focusing on the year 2020. This report aims to look at this exploration from a South African perspective. This research exploration aims to include views from the drama therapy module lecturers to understand how they have adapted to the online learning mode as well. This I believe has allowed for a well-rounded exploration that includes views from both drama therapy students and their lecturers.

The objective of this research is to explore my experiences in relation to my mental health as the researcher and those of other MADT students since the adaptation to online learning especially because the other students began the first semester face-to-face a month before the pandemic was declared, and then they had to shift to online learning to complete coursework. I too as an MADT student only engaged with the research module online because I had already completed the coursework in 2019 (as previously stated). Since the outbreak of the pandemic, there has been research classes that have been hosted on *Zoom*, but I unfortunately could not participate sometimes due to lack of data, no stable connection, and electricity

challenges (loadshedding). This sparked a curiosity in me to explore perspectives from my classmates about their experiences in terms of what is different and what is the same in their way of learning. This allowed me to compile and review the perspectives from myself, my classmates and the module lecturers on mental health considering the social justice issue of access to equal opportunities to learn.

1.5.2 QUESTIONS

Having been a drama therapy student in training for the past few years, I thought it was important to reflect on my journey as part of this research report. Therefore, the types of questions posed by this research have enabled me as the researcher to gain insights into my own and other students' experiences in adapting to emergency online learning and how we have been affected mentally. This includes the experiences of the drama therapy module lecturers. Good qualitative questions are developed and refined in all levels of a reflexive journey (Agee, 2009). This means that the questions at the onset of the research process were not final, but a question was added during the exploration of the reflective and reflexive process.

- To what extent are the MADT students and their module lecturers at Drama for Life adapting to online learning?
 - What are the differences and similarities between traditional Drama therapy training and Drama therapy learning online at Drama for Life?
 - Has the online learning mode affected the mental health state of MA Drama therapy students and lecturers? If so, how?

Upon further exploration during the research journey, I uncovered another question which is answered in the discussion and recommendations section of this research report in relation to the findings from the dataset.

- What was the role of transpersonal drama therapy in the self-care routines of the MADT students and their lecturers during the 2020 pandemic to aid with mental health?

1.6 THEORETICAL ORIENTATION

This research is explored through the lens of education and learning and therefore the theoretical framework mainly stems from this sector. The focus is on the mental health of

drama therapy students studying at Drama for Life in South Africa in the year 2020 while learning online learning and the views from their module lecturers.

Learning Theories

This research has employed learning theories from the field of psychology, since it is exploring students learning journeys through online platforms and it includes the mental health experiences during a global pandemic. According to Ashworth et.al (2004) there are five overarching theories of learning namely, behaviourism, humanist, constructivist, cognitivism, and social learning. In behaviourism learning is manifested in changed behaviour while emphasising the connection between a stimulus and response (Ashworth et.al 2004). Ashworth et.al (2004) states that in cognitivism it is recognised that much of learning involves associations through contiguity and repetition while in constructivism learning is viewed as a process of meaning making.

Johnson (2014) states that the humanist learning theory pertains to the personal development of each human's potential on an intellectual, psychological, emotional, creative, social, physical, and even the spiritual level. It is also assumed that all humans have a natural inclination towards growth, learning and to develop fully (Johnson, 2014). The connectivism learning theory is described as a learning theory for the digital age where the starting point of learning occurs when knowledge is activated by learners connecting to and participating in a learning community through the use of multimedia and online technology (Goldie, 2016).

For the purposes of this research the humanist and connectivism learning theories were applied. Connectivism enabled the researcher to understand how learning is achieved using technology and the related challenges and successes. It is through this theory that I advocate for social justice because if connectivism states that learning happens through the use of technology and certain students are unable to access this technology; this makes it unjust.

The theory of self-actualisation by Abraham Maslow, which is a humanist theory as well, served to explain how students were able to perform academically even though the learning had been disrupted and their mental health affected. As mentioned above Johnson (2014) refers to the development of each human's potential which can be defined as self-actualisation. Greene and Burke (2007) concur with the notion of human potential when they explain that the goal of self-actualisation is to "better" the self. This theory explains how students continued learning and succeeded under extremely difficult circumstances. It has its

origins in counselling psychology, and it focuses on how humans acquire emotions, values, attitudes, and interpersonal skills (Ashworth et.al 2004).

Living Theory

Living theory is a theory that is grounded in education research (Wood et.al 2007).

According to Whitehead (2015) in employing the living theory in research; individuals produce validated explanations of their educational influence in their own learning, in the learning of others and in the learning of the social formations in which the research lives, works and researches. Coghlan (2010) states that there is a relationship between practical knowing and theory in that the pursuance for general theories typically begins from the practical reality of individual persons. The living theory necessitates that I reflect on my own experiences and meaning to understand how my peers and I are experiencing the adaptation of drama therapy training online. The living theory is a theory that allows for practical knowing (Coghlan, 2010). My peers and I have lived and are still living through the pandemic, so our experiences of learning online are a “practical knowing” as stated by Coghlan (2010).

Interiority

Coghlan (2010) states that in applying interiority “It is going beyond practical knowing and theory, not by negating them or leaving them behind, but by appreciating them and recognizing their limitations”. Interiority is defined as the theory about theories, and it is a shift to a new perspective in education (Coghlan, 2010). It is my intention to understand the research I am conducting at a deeper level to arrive at explanations with meaning especially in relation to self-actualisation and the transpersonal approach. Both are concerned with higher dimensions of being (Buckler, 2011a; Buckler, 2011b; D’sa, 2014; Du Toit, 2001). This research benefitted greatly from interiority because it allowed for a more in-depth engagement with the research data. Interiority also inspired the exploration and it resulted in the recommendations made in the last section of this report.

Interiority in education is about developing spaciousness within us in order that we may meet and take in the world that is before us. The greater the information, technology, and demands from the world around us, the more essential the interiority; that is, the inner capacities for discernment, imagination, virtue, reflection, balance, and presence (Hart, 2008:235).

CHAPTER 2: LITERATURE REVIEW

2.1 MENTAL HEALTH

2.1.1 MENTAL HEALTH DURING A PANDEMIC

Health emergencies such as pandemics may affect the health, safety, and well-being of individuals; and these effects because of fear, may cause a range of emotional reactions and unhealthy behaviours (Pfefferbaum et.al 2020; Cyrus et.al 2020; Haider et.al 2020; Shuja et.al 2020). Schimmenti et.al (2020) refer to the four horsemen of fear namely the bodily, interpersonal, behavioural, and cognitive. In my understanding these are factors that assist in understanding how a pandemic may result in affecting the mental health of the general population negatively, and in this case students. The coronavirus (COVID-19) spreads through person to person contact and human touch (Cyrus et.al 2020). Human beings thrive on contact, and without it many may succumb to distress and even depression (Cyrus et.al 2020 and Heidar et.al 2020). In my experience, mental health services are offered face to face but due to the pandemic, social distancing, and lockdown laws by the government; online services have become a norm. Cyrus et.al (2020); Fiorillo and Gorwood (2020); Pfefferbaum et.al (2020); Zhou et.al (2020) have shared that many who work in the field are advocating for online based psychological and therapeutic services; but I am of the opinion and based on my experience with issues of access, many may not be able to reach such services.

As mentioned in the introduction section of this research report, the pandemic has caused many governments to enforce lockdown and social distancing laws to combat the spread of the coronavirus, and these have led to a national closure of educational institutions which were later opened but remote or online learning is encouraged. “This has also inhibited educational activities that exist throughout the world... This national closure has an impact on more than 91% of the world's student population” (Pragholapati, 2020:2). Filho et.al (2020) concluded that current research puts a spotlight on anxiety and depression amongst students during the COVID-19 pandemic. The pandemic may cause loneliness, which seems to be increasing as students learn online (physically away from their peers), having a negative effect on education and therefore on psychological pain and suffering (Filho et.al 2020). Rakhmanov and Dane (2020) concur with the notion that students are struggling mentally during this pandemic and their mental health should be monitored. UNESCO released statistics that the pandemic is affecting half of the world's students which equates to 890 million students in approximately 114 countries. Pragholapati (2020) states that the university

closures are expected to affect the mental health of students. There are other possible stressors that affect the mental health of students and these include access to mental healthcare, a COVID-19 infection at home which sometimes leads to the death of a family member, financial difficulties, and others (Pragholapati, 2020). It is evident that the pandemic and learning online has affected students' mental health globally even though some are affected more than others.

2.1.2 MENTAL HEALTH AND LEARNING

As mentioned in the definition of key words, the World Health Organisation defines mental health as well-being where the individual can cope with the normal life stresses, realise their abilities, and work productively and fruitfully (WHO, 2001). Learning is defined using learning theories which are available under the theoretical orientation section of this report. Rakhmanov and Dane (2020) conducted a study which confirmed that mental health problems during this pandemic are higher with female students than male students. The 2020 drama therapy class at Drama for Life at the University of Witwatersrand was made up of only females but I did not unpack this further in the report due to scope. Weare (2010) states that promoting positive mental well-being may, incidentally, often improve academic learning. Effective programmes for mental health include explicit work on the development of the relevant mental health skills in students and staff (Weare, 2010). Unfortunately, these types of programmes have also been affected by the pandemic and some have moved their services online like the previously mentioned CCDU at the University of Witwatersrand.

It is evident that a healthy mental state is necessary for academic functioning and success. Eisenberg et.al (2009) conducted a study with students where they confirmed the hypothesis that mental health problems are associated with lower scores academically. Suldo and Shaunessy-Dedrick (2013) agree with the notion that student's mental health affects academic outcomes. There are certain critical conditions that ensure learning takes place successfully (Salomon and Perkins, 1998) and in my view mental health is a critical condition that is required for effective learning. Individuals who have stayed in formal education for longer and have gained higher qualifications tend to enjoy better mental and psychological health than their less well-educated counterparts (Hammond, 2004). This makes learning, access to learning and technology to be social justice issues that need to be explored especially now that students are required to practice social distancing and learn online.

2.1.3 MENTAL HEALTH AND SOCIAL JUSTICE

There is adequate evidence that outlines the mental health effects of being in a disadvantaged position. The literature highlights that psychological distress can be induced by social inequities such as poverty, racism, and inequalities in how certain groups of people are treated (Morrow and Weisser 2012; Boyer et.al 1997; Kirmayer et.al 2001). These inequalities such as access to education and resources for learning are exacerbated by the COVID-19 pandemic and some students are negatively impacted. The pandemic affects mental health because of fear and isolation (Shuja et.al 2020; Fiorillo and Gorwood, 2020). It has also exacerbated some social justice issues such as access to adequate healthcare and education due to online learning. “The ongoing worldwide pandemic is colliding with unprecedented social injustice and unrest, wreaking havoc on our hearts and minds...we need to take action” (Gowdy, 2020:1). Ormistin et.al (2021) agree that mental health should be treated as a social justice issue citing reasons such as those mentioned previously which include access to mental health services and technological resources for the purposes of learning online further providing motivation for this research. As stated in the rationale section of this report and as a student myself, I have first-hand experience of limited access to technology and mental health services. This is one of the vital factors that necessitated this research. Mental health and social justice are interlinked, and they are a global phenomenon especially during the 2020 COVID-19 pandemic (Gowdy, 2020; Ormistin et.al 2021) and this sudden shift to learning online is a contributory factor to the mental health state and social justice issues of students.

Hasan and Bao (2020) confirm that students are experiencing psychological distress due to costs associated with learning online and the fear of losing the academic year. The demographics of students from the MADT class of 2020 belong to the “previously disadvantaged” or “previously racially marginalised” group. Experiences of living through a pandemic while lacking access to services such as education and mental healthcare tend to cause psychological distress and they affect mental health negatively (Gowdy, 2020).

2.2 SOCIAL JUSTICE

2.2.1 SOCIAL JUSTICE AND ACCESS TO TECHNOLOGY (ONLINE LEARNING)

Even though learning is continuing online during the pandemic, there are still many who have limited access to be able to learn online (Sajnani, 2020). Adam Habib, the outgoing vice

chancellor of Wits University was quoted at the Digital Economy Summit held in July 2020, saying that the discussion around 4IR should not only be a technology discussion, but also a socioeconomic one, with the end goal being how to create a more inclusive, fair and just society. This statement further iterates the connection between social justice and access to technological resources for online learning or 4IR. 4IR stands for the 4th Industrial Revolution and according to Davis (cited in Mhlanga and Moloi, 2020) it is defined as the fusion of technologies that is obscuring the lines between the physical, digital, and biological planes.

Mhlanga and Moloi (2020) state that Universities and ordinary schools that did not have 4IR tools in place to access learning online had to shut down at the start of the lockdown in South Africa because there was no preparation, and this is expected to be a common feature in the African continent due to challenges of infrastructure, the cost of data, and broadband. Students who lack infrastructure and data are left behind in the process of learning while others who have access are continuing with their learning without any disturbances except maybe for interrupted electricity supply which is commonly known as loadshedding here in South Africa (Mhlanga and Moloi, 2020). The study conducted by Mhlanga and Moloi (2020) confirms that for some students in Universities in South Africa, learning is currently non-existent because of the challenges relating to access to technology. They also confirm that the technology needs do not supersede the food and safety needs of the students.

Many students acquire knowledge prominently; some do not. This knowledge acquiring procedure depends on how they are treated by resource availability or access to learning tools. Due to social and economic dividends, many students suffer from access to new technology resources. At the same time, a lack of IT knowledge was identified as a significant impediment to non-technical instructors. Moreover, the nature of e-Learning (limited time, interpretation, and assessment methods) compared to traditional classroom methods, make students dissatisfied (Hasan and Bao, 2020:2).

Chipkin and Meny-Gilbert (2013:3) define social justice as a “situation where there is a fair distribution of benefits and burdens in society” and that it is “a combination of economic justice, public participation and social cohesion”. According to this definition there is clear evidence that online learning and access to technological resources are social justice issues. The available literature confirms that there is inequality in accessing and using technology especially for learning purposes during the current pandemic (Sajnani, 2020; Mhlanga and Moloi 2020).

2.2.2 SOCIAL JUSTICE AND SELF-ACTUALISATION

Morris (2002) cites Rawl's social justice framework which comprises of material and social goods to satisfy basic needs and points out to it being myopic. The capabilities perspective by Amartya Sen which is founded on the concept of human dignity is then offered alongside Rawl's social justice framework for a more rounded approach. According to Morris (2002) Martha Nussbaum built on Sen's work and argued that issues of justice and well-being go hand in hand. In my view Sen's capabilities perspective is similar to self-actualisation in that they both focus on self-determination to achieve personal wellbeing. Leclerc et.al (1998) conducted a study to verify if consensus could be reached by self-actualisation experts on its definition and meaning. The study confirmed that self-actualisation is a process and not an end while the capabilities perspective sees social primary goods for well-being as a means to an end and not an end in itself. In my understanding this means that both self-actualisation and the capabilities perspective are about the process, not an end. The study also confirms that it is an impossible task to define what the ideal human is but there is some consensus in the findings from the experts. These similarities are that "they describe the basic characteristics of people who function well, that is people who act in congruence with their self-structures and are open to all aspects of reality" Leclerc et.al (1998:np). Based on Morris's (2002) description of Rawl, Nussbaum and Sen's work; there are similarities between self-actualisation and the capabilities perspective while there is a clear link between self-actualisation and social justice.

2.3 DRAMA THERAPY

2.3.1 THE TRANSPERSONAL APPROACH AND SELF-ACTUALISATION

The Omega Transpersonal Approach to drama therapy was developed by Saphira Barbara Linden around the 60s. Penny Lewis and Saphira Barbara Linden eventually co-created the Omega Transpersonal Drama Therapy certificate programme in the 90s (Linden, 2013). Linden (2009) recalls how she connected with the light from a lamp in the room she was in with her eyes closed. From this experience she was able to become the voice of the light through role play, which she later acknowledged to be the voice of her soul or the higher wisdom within the self that is always clear. She states that this allowed her to view her life from a higher perspective. Other origins of this approach stem from Sufi practices termed "The Path of the Heart" which is often expressed through music, visual art, poetry, dance,

and architecture (Linden, 2009). According to Linden (2009) the format of the therapeutic session is fluid, and it takes on many forms.

The transpersonal approach to drama therapy developed from psychodrama and the need to explore emotional issues that were highly charged by its founders. It was developed by Linden (2009) who defines it as a way to access the oneness of creation and being one with it. According to Linden (2009) the omega transpersonal approach to drama therapy makes use of meditation, breathing, sacred dancing, drumming, walking, light work, and sound vibrations to shift an individual to their “pure” or “higher” self. This approach is underpinned by the transpersonal theory which is part of humanistic psychology (Hutchins, 2013). In my research this theory was first introduced in humanistic psychology as an idea by William James over nine decades ago and the work of Jung and Maslow is often categorised under this psychology. Jung, as cited by Hutchins (2013) validated transpersonal psychology as a clinical concept, and he referred to it as transpersonal (*uberpersönlich*) when he used the phrase 'transpersonal unconscious' as a synonym for 'collective unconscious' (Hutchins, 2013).

Wilber (1982) developed the “spectrum of consciousness” which is said to be useful in differentiating transpersonal psychotherapy from other therapies. Wilber (1982) indicates that the different levels of the spectrum represent differences not only in self-identity; but they also distinguish the various schools of psychotherapy and religion that represent not so much contradictory approaches to individuals and their problems but, as complementary approaches to different levels of the individual. Boorstein (1994) expresses how when she was training as a psychotherapist, she learned that the key to curing emotional problems was the insight into the cause of conflict in the unconscious. She also states that the key to spiritual freedom is having insight into the essence of all that we experience. It is important to understand our experience even more so now with the global pandemic that we are currently living through. I used reflective journaling to understand the current pandemic experience. Boorstein (1994) advocates for the transpersonal approach because she has been both receiver and provider and this has enabled her to appreciate it from both ends. As a receiver it has provided her with symptom relief and enabled her to have more ease in her life. Sylvia Boorstein is a psychotherapist, author and Buddhist who suggests that when the ego is developed, an individual can make conscious effort in integrating insights received into one’s lifestyle. This is an integral part of the transpersonal approach.

The table below is a summary of the 11 principles of the Omega Transpersonal Approach to drama therapy according to my understanding:

1	Assuming health rather than pathology	Innate health and wholeness is assumed instead of pathology. The therapist supports the individual's transcendence.
2	Shifting the identity from the limited sense of self to the essential Self	Human experience is not denied but instead emphasis is placed on the higher Self instead of the wounded, victim self. Clients heal quicker when they realize that they are a soul with limitless potential.
3	Embodying the therapeutic issues	Action methods through movement enable clients to recall memories through feedback from the body. This approach works with the clients' body in relation to the mind and soul.
4	Working with archetypes	The 4 archetypal roles explored usually include the healer, artist, educator and shaman or spiritual guide. Some of these archetypes are based on mythological characters including the archetypal elements of nature known as air, fire, earth and water and totems as used in certain cultures.
5	Embracing love while holding all emotions as sacred.	It is important to embrace the totality of the heart's experience by acknowledging that at the basis of all emotions is love which calls us back to our higher Self. We cannot love others if we do not love ourselves, so the transpersonal therapist works with the client to facilitate the clients' return to love.
6	Creating a sacred space	The sacred space allows one to reconnect with their soul. "Beauty in the therapeutic environment helps to transmute the ugliness of emotional trauma" (Linden, 2009:215). The creation of simple warm up activities also awaken the body, mind, heart, and soul to help build trust and develop a readiness for the session to work as a group. This allows for the client's higher Self to emerge.
7	Fostering an experience of interconnectedness and unity	This connection is not just between the client and therapist, but it is also for the client to realise their own interconnectedness with others, nature, and animals. It is about holistic healing that considers the body, mind, heart, and soul. This helps with understanding conflict and different points of views from others.

8	Seeking mastery through self-discipline	The ability to manifest our greatest potential in our lives depends on our conscious thoughts and action. One needs to still the mind in order to direct the energy to what one wants to manifest.
9	Achieving balance	In my understanding this is balance between the dualities of life such as the yin and the yang, energy and matter, the masculine and the feminine etc. With mastery, self-discipline, and balance; the therapist can work together with the client in facilitating the client's evolution.
10	Identifying and achieving our life purpose	Therapists assist clients to identify their life's purpose so they may use their gifts to serve humanity.
11	Creating life as a work of art	The ultimate goal of transpersonal work is that life becomes a work of art when we live from our inner light which is connected to our "higher source" and it is reflected in our families and communities.

In a nutshell according to Linden (2009:232) "transpersonal drama therapy is the process through which individuals transform their identity from a limited history-based sense of self to an experience of their essential soul self". In my view there are parallels between the transpersonal approach to drama therapy and what is defined as self-actualisation because they are both concerned with the best of human potential and how it can be achieved. These parallels between the transpersonal and self-actualisation have also been drawn by many scholars such as Buckler, 2011a; Shorrocks, 2008; Ivtzan et.al 2011 in that both are about human potential how one develops it (Bradley, 2018). Stork (2019) states that humanistic and positive psychology have helped shift the focus from pathology to foster wellbeing and flourishing by acknowledging the role played by spirituality in mental health and wellness.

CHAPTER 3: (METHODOLOGY)

3.1 RESEARCH APPROACH

This is a qualitative research exploration of the adaptation to online learning and its effects on mental health during a global pandemic while training to be a drama therapist in South Africa, 2020. Hancock et.al (2007) describe qualitative research as an attempt to expand and/or heighten our understanding of how things have come to be the way they are in our social world, it is expanding one's understanding of a social phenomenon. In my understanding, this means that it is about how people experience something, or it explores a phenomenon where issues are not yet understood. In this case it is about understanding how the MADT students, and their module lecturers have experienced the adaptation to emergency online learning and its effects on their mental health during the 2020 global pandemic.

Hancock et.al (2007) state that some scholars have criticized qualitative research because the results of the study may not be generalisable to a larger population due to a small sample group and participants not being randomly chosen. Hancock et.al (2007) argue that it should not matter if the sample is small, and it was not randomly selected if that is what was required by the research question. In this case, the sample was not randomly selected but it was required by the exploration which researches a specific group of students engaging with a particular qualification. Palinka et.al (2016) states that with qualitative research we can be chronological in our approach to identify which events led to which consequences. The sudden change to learning online is a direct consequence of the COVID-19 pandemic. When we view it chronologically, the pandemic was declared, educational institutions were shut down, online learning was introduced as a solution. The inception of the qualitative research inquiry usually begins with a general area of inquiry which then becomes more focused as the process progresses. I began with the general exploration of the experiences of adapting to this new mode of learning then it became more focused when I explored mental health and the self-care routines engaged with during the lockdown. Qualitative research is expansive and continuously evolving, covering a range of approaches to research and there are several perspectives on the nature of the research itself (Brinkmann et.al 2014).

This qualitative research exploration applies mixed methods; they are defined as the use of multiple research approaches to improve the reliability and validity of findings while increasing the depth of understanding of the research project (Green et.al 2015). Green et.al

(2015) states that mixed methods make use of both qualitative and quantitative approaches but Morse (2010:483) on the other hand argues that “there is no real consensus regarding mixed methods design-not even about what it is”. With the above said, this research exploration has adapted the classical qualitative research method and aspects of autoethnography to ensure a well-rounded encounter with the data collected and to ensure the reliability of the research report. Powell et.al (2008) confirm that by applying mixed methods in research, the researcher is able to gather denser data which results in a greater comprehension of the underlying phenomena. This is what has motivated the mixing of the classical qualitative method and aspects of autoethnography through the online questionnaire, the researcher’s journal, reviewed literature, and the reflexive notes to collect the data. It is an adaptation of autoethnography in that the researcher is researching herself and others who belong to a similar context but because there is no observation of the other research participants in their natural environment, the method used in this research cannot be called purely autoethnography. One must acknowledge that multiple data analysis tools such as thematic analysis and content analysis were also used to ensure validity and reliability of the findings and interpretation thereof.

My perspective as the researcher could not be omitted because one provides a specific view in light of the experiences which are in many ways different from those of the other MADT students. As a student registered in 2020, I too struggled with similar challenges of access, lack of data and electricity, but to a lesser extent because my focus was only on the research module which is often self-lead. The research module rarely requires students to attend classes online except when there are presentations and special classes for specific topics according to the needs of the students at that particular time.

3.2 ETHICAL CONSIDERATIONS

In my understanding, ethics concern how well or badly a researcher treats their research participants before, during and after the research inquiry that they are conducting. It is my belief that it is important to consider the human rights that might be violated by ones’ study as a researcher. According to the Belmont Report (1979) medical research which includes biomedical research must be conducted in an ethical way because many of the experiments conducted on humans during World War II violated human rights. I understand this to have had a direct result in the development of the various codes which outline the ethics involved when conducting medical experiments or research with human beings. Since this research

involves human participants the ethics clearance application was approved by the University of the Witwatersrand ethics committee. As a qualitative inquiry that involves human beings as research participants, it was important to note the power dynamics between the researcher (myself) and the participants (MADT students and the module lecturers). This I believe was also important because the research is foregrounded by social justice.

Roth (2008) argues that it is a symbolic violent act against the condition that comes with being human to write the ‘Self’ without acknowledging the ‘Other’. In my opinion it would have been unethical to conduct this research without considering the actual opinions and views of the Drama therapy module lecturers and the MADT class of 2020. Considering the above, I thought it important to explore whether my experiences of training as drama therapist doing coursework in 2019 was the same or different with the other students (class of 2020) since there was no pandemic when I completed my studies and therefore online learning was not a norm.

As part of the ethics process, the MADT students and their module lecturers were provided with participant information sheets and consent forms which they signed prior to participating. These documents were approved by the Wits Ethics Committee and they outlined the purpose of the research and how the data collected would be utilised. This was done so the participants would understand what was required of them pertaining to their partaking in the research. Pseudonyms have been utilised in this report to best protect the identities of the participants as outlined in the information sheet.

3.3 DATA COLLECTION

The global pandemic has necessitated that researchers be cognizant of the health of the participants amid the virus. To comply with the “COVID-19 research protocol” the choice for data collection selected was the use of the internet through the online questionnaires. This choice was made because at the onset of the ethics application and data collection processes, as a country we were still on hard lockdown. This meant that we were not allowed to move around except when seeking medical attention or purchasing necessities. The use of the internet also ensured the health and safety of the research participants. Hewson (2014) has termed the use of the internet in the research method for collecting data as “Qualitative Internet Mediated Research”. In my understanding this term describes the kind of research where the internet is used to collect data or to interact with the participants through differing platforms like *Zoom*, *Facebook*, *Microsoft Teams* etc. The research data discussed in this

report was collected utilising the convenience of answering online questionnaires by the MADT module lecturers and the students at Drama for Life. The online questionnaire completed by the participants (found in the appendix) consisted of both open and closed questions. The questionnaire was designed through Google Forms and distributed via emails to the selected sample group.

The initial intention was to have participants answer an online questionnaire and then participate in an online focus group. Unfortunately, only the online questionnaire was utilised in this research report due to challenges with communication, access, resources, and infrastructure from both the side of the researcher and research participants. This challenge is evidence of one of the arguments of this research report, that access to technological resources and infrastructure is a challenge for students, especially here in Africa (Aristovnik et.al 2020). I was not able to provide data for myself as well as the research participants to respond to the questionnaire online and this brought about a new dynamic to consider when engaging participants online as opposed to face-to-face. There were two categories of questions when the questionnaire was designed according to the model by Biaisutti (2011). Closed questions were utilised to conduct a quantitative evaluation of the challenges with accessing learning online. Open questions were used to conduct a qualitative evaluation that allowed for detailed responses about the experience of learning or lecturing online and the effect it had on mental health during the pandemic. This included detailing the self-care routine if there was any that was engaged with in the year 2020. From my experience the use of the online questionnaire as a data collection method was cost effective, flexible, and convenient for research participants (Mandefield, 2017; Granello and Wheaton, 2004; Johnson et.al 2014) but Lefever et.al (2007) argue that online questionnaires may not be as universally appealing as before for academic research due to the turnaround time (which I also experienced). For different reasons (workload, mental health, data access etc.), it took just over 3 months for the student participants to complete the questionnaire; but the drama therapy module lecturers responded almost immediately. With limited face-to-face contact, the choice of using online questionnaires has simplified the research process while considering the health and safety of the research participants and the researcher due to the COVID-19 pandemic.

Other data reviewed includes literature that was published online during 2020 and early 2021 in relation to accessing online learning and mental health during the COVID-19 pandemic. This included the literature reviews from other researchers collected through online journals

ranging from medical, educational, social, and psychological fields. For this purpose, data was collected through the reflexive notes and reflective journal entries captured during the lockdown period in 2020. It is always challenging to be both researcher and participant due to the different focus that is required for each role (Unluer, 2012). Unluer (2012) outlines that since educational research involves several players (in this case the MADT module lecturers and the students), and the researcher's perspective; a more balanced and objective account of the development of the research can be produced.

3.4 SAMPLING

The data was collected from female lecturers who all lecturer different drama therapy modules according to the curriculum. They all have the experience of face-to-face lecturing of the MADT students prior to the pandemic and they have been involved in the adaptation to emergency online learning in the year 2020 after the lockdown was announced. There were three out of the four students who participated in the study, who are all females and two of them lived in the campus residences prior to the pandemic. Since I am also part of the class of 2020, I am part of the sample as the researcher. The gender specification was not intentional, but it is important because there have been some studies that confirm that females are more prone to mental health challenges than their male counterparts (Rakhmanov and Dane, 2020; Birhanu and Hassein, 2016). The students had to go back home at the beginning of the lockdown, and they only returned to campus after the lower levels of the lockdown were announced by the President. Upon following up, students confirmed that when they were at home, it was difficult to access resources to connect online. This was partly the cause of the delayed response time in answering the online questionnaire.

The type of sampling used for this research report is called "purposive sampling". "Purposive sampling" is when the specific sampling is 'hand-picked', and it is used when the researcher is familiar with the case being researched (Robinson, 2014). In this case, I as the researcher belong to the context (drama therapy training class of 2020) that is being researched which means I am familiar with the case. All the student participants had just completed their honours degree in drama therapy the previous year (2019) while I was completing the MADT coursework (2019). When they started their master's degree at the beginning of 2020, I was only engaging with the research module.

3.5 DATA ANALYSIS

In my understanding data analysis is one of the most important aspects of the research journey because this is where the researcher makes sense of all the data that has been collected throughout the different stages of the process. Hatch (2002) defines data analysis as a systematic exploration for meaning, a way to process qualitative data so that the insights that have been discovered can be shared with others. Data collected through a qualitative inquiry is genuine and valid and it does not need to be paired with anything else (Yeh and Inman, 2007). Yeh and Inman (2007) also state that the objective of analysing qualitative research is to establish patterns, themes, relationships and assumptions through categorising or coding. As the researcher I have explored different data analysis techniques, and they are presented below with a motive behind the choice of tool used to categorise, group and code the data.

3.5.1 QUESTIONNAIRE ANALYSIS

Analysing the open questions

The choice to begin the data analysis process of this research with the use of Thematic Analysis (TA as it is sometimes termed), was made because of the systematic coding framework which enabled identification of patterns in the collected data in relation to the research question “How are the MADT students and their drama therapy module lecturers at Drama for Life adapting to online learning?”; including the mental health effects and self-care practices that were engaged with. According to Braun and Clarke (2014) utilising TA enables qualitative research that is reflective, deliberate, and thorough. This is evident in the responses from the open questions which have given in-depth insights that respond to the overall main question of online adaptation. By utilising TA, the dataset was thoroughly categorised by grouping responses with similar statements. There were clear emergent themes which were then coded from both the students and the lecturers in relation to how they have adapted to online learning during the current pandemic. All the data was collected first and then it was grouped by categorising and coding according to the patterns and similarities from the experiences of online learning according to the dataset. There is little ground to conduct qualitative work if the researcher does not want to draw on the realistically occurring themes evident in the dataset, “so one utilises the two together – one goes to the data with certain preconceived categories derived from theories, yet one also remains open to new concepts that emerge” (Joffe, 2012:211).

Analysing the closed questions

As mentioned previously, Google Forms was used to design the questionnaire, to collect the data and to partly analyse the data. The partly analysed data from Google Forms was extracted from the closed questions which only allowed for three choices of responses. This is the data that allowed for a quantitative analysis of the specific topic of “access to online learning” and the required resources for effective learning online. Bhalerao (2015) confirms that Google Forms are an effective way to collect data because they allow for authentic analysis of the responses without any manual formulation and coding, especially for closed questions which can be represented in graph and pie charts. The questionnaire consisted of five closed questions for the lecturers and four for the students. The responses from these questions assisted in gaining insights about the challenges and successes of adapting to learning online. The following graphs are extracted from the responses of the Google Form and they represent the time when both the lecturers and students began engaging with training in drama therapy at Masters’ level. It was important to ask this question to ascertain whether both lecturers and students experienced drama therapy training prior to the pandemic which is the main cause of the shift to learning online.

3.5.2 DATA ANALYSIS TRIANGULATION

The data collected through the adaptation of autoethnography for the research was utilised to provide further insights as to how I as the researcher have adapted to online learning and my own mental health during the pandemic while training to be a drama therapist. This data was collected from the self-reflective journal entries, reflexive notes, and other published literature from March 2020 to February 2021. Subjectivity and self-reflexivity have been identified as major threats that influence the data collection and data analysis processes (Yeh and Inman, 2007; Morrow, 2005; Miles and Huberman, 1994) but recently it has become important for the hidden voice of the researcher to be drawn out to recognise the subjectivity of the researcher (Park, 2014). Leech and Onwuegbuzie (2007:557) offer a variety of tools for data analysis and argue for the importance of applying more than one tool “thus utilising data analysis triangulation”. They also argue that applying an all-purpose approach to analyse qualitative data will sometimes lead to interpretations that are not consistent with the underlying data which will affect the legitimacy of the validity of the study (Leech and Onwuegbuzie, 2007). To ensure triangulation the data collected from the students and

lecturers through the online questionnaire were juxtaposed with the data collected from the researcher through the adaptation of autoethnography.

Self-Reflective Journal Entries/Reflexive Notes Analysis

The self-reflective journal entries and reflexive notes were analysed through inductive content analysis. This aspect of the research was conducted to answer the general question because as the researcher, even though I am part of the community being researched; my experiences were slightly different from the other students because of the coursework component. I completed coursework at the end of 2019 while the students that completed the questionnaire began their coursework about seven weeks before the global pandemic was declared by the World Health Organisation. I did not experience the difference between the embodied and online learning. Content analysis allows for a three-phase process of preparing, organising, and reporting the data collected and linking the findings to previous knowledge (Crowe et.al 2015). Content analysis was applied in analysing the data collected through my self-reflective journal notes. Elo and Kyngäs (2008) state that there are no systematic rules for analysing data, but the researcher must classify the many words of the text into much smaller content categories which is what I went about doing.

CHAPTER 4: (PRESENTATION AND DISCUSSION OF THE RESEARCH FINDINGS)

4.1 FINDINGS

Below are identified themes emerging from the open question datasets collected through the usage of an online questionnaire from both the students and their lecturers:

Table 1. *Summary of themes about how students are adapting to online learning.*

Overall Theme	Supporting Quote and Organising Theme	Emergent Theme
<i>Experiences of adapting to online learning</i>	<i>“Challenging because our work is embodied”: Differences between traditional drama therapy training and learning online</i>	<i>Embodied versus online learning</i>
	<i>“Children and adults in a shared space”: Unfavourable learning space</i>	<i>Learning space challenges</i>
	<i>“If students and lecturers could both talk about their wins and losses of online learning”: Communication between students and lecturers</i>	<i>Communication</i>
	<i>“online learning has taught me to be more independent and take agency of my learning”: Taking agency for one’s learning</i>	<i>Positive difference</i>

Table 1. represents the summary of themes about MADT students’ experiences of adapting to online learning. The dataset has four clearly defined codes based on the responses to the online questionnaire. The themes are coded as *Embodied versus online learning*; *Learning space challenges*; *Communication*, *Positive difference*.

Table 2. *Summary of themes about how lecturers are adapting to online learning.*

Overall Theme	Supporting Quote and Organising Theme	Emergent Theme
<i>Experiences of adapting to lecturing online</i>	<i>“I have had to learn to use Sakai”: Adapting to lecturing online (Sakai is an online portal used to post academic work for students)</i>	<i>Lecturer skills to lecture online</i>
	<i>“Data issues for some students”: Concern for students accessing online learning</i>	<i>Concern for students regarding access</i>
	<i>“students mental health and social circumstances were impacting their performance and academic outcomes significantly”: Concern for student’s wellbeing</i>	<i>Concern for students’ wellbeing</i>

<i>“inter-activeness, laboratory experience and practical application were not really adequate”: Concern regarding how learning takes place</i>	<i>Embodied versus online learning</i>
<i>“DSM Case Study explorations were on a deeper level than 2019”: Exploring learning content is deeper</i>	<i>Positive difference</i>

Table 2. represents the summary of themes about MADT lecturer’s experiences of adapting to online learning or rather online lecturing in their case. The dataset has five clearly defined codes based on the responses to the online questionnaire. The themes are coded as *Lecturer skills to lecture online*; *Concern for students regarding access*; *Concern for students’ wellbeing*; *Embodied versus online learning*; *Positive difference*.

Table 3. Summary of themes about students’ mental health and self-care when learning online during the pandemic.

Overall Theme	Supporting Quotes and Organising Theme	Emergent Theme
<i>Experiences of mental health and self-care during the pandemic while learning online</i>	<i>“I have not found time to take time out as the online learning has been very demanding”: No time because of demands of online learning</i>	<i>No time</i> <i>Online learning is demanding</i>
	<i>“I experienced exacerbated depression and anxiety symptoms”: Worsened mental health problems</i>	<i>Mental health problems</i>
	<i>“Yes, I have learned to consciously make the decision to make time”: Making time for self-care</i>	<i>Make self-care time</i>

Table 3. represents the summary of themes about MADT students’ mental health and self-care when learning online during the pandemic. The dataset has four clearly defined codes based on the responses to the online questionnaire. The themes are coded as *No time*; *Online learning is demanding*; *Mental health problems*; *Make self-care time*.

Table 4. Summary of themes about lecturer’s mental health and self-care when learning online during the pandemic.

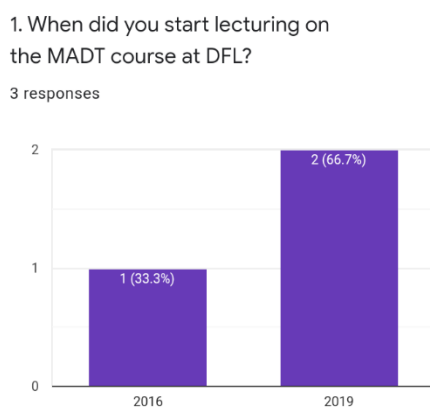
Overall Theme	Supporting Quotes and Organising Theme	Emergent Theme
<i>Experiences of mental health and self-care during the pandemic while lecturing online</i>	<i>“Moments of great peace and calm, followed by intense anxiety”: Mental health ups and downs</i>	<i>Fluctuating mental state</i>
	<i>“I was more prone to triggers”:</i>	<i>Mental health problems (triggers, anxiety, burnout, grief, loss)</i>
	<i>“start my day by taking my shoes off and walking barefoot in my garden”: Grounding in nature</i>	<i>Contemplative practices (garden, yoga, silence)</i>

Table 4. represents the summary of themes about MADT lecturer’s mental health and self-care when learning online during the pandemic. The dataset has three clearly defined codes based on the

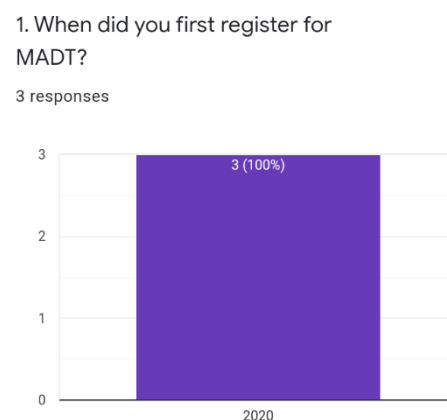
responses to the online questionnaire. The themes are coded as *Fluctuating mental state*; *Mental health problems*; *Contemplative practices*.

According to Glaser and Strauss (1967) coding is about deconstructing the data to develop broad patterns and themes that naturally occur in the dataset as evident in the second column of **Table 1**, **Table 2**, **Table 3**, and **Table 4**. One of the areas of focus in qualitative data analysis might include an understanding of the philosophical perspectives behind the approach, particularly; understanding how individuals experience a phenomenon (Yeh and Inman, 2007). In the first two tables provided in this section of the research report, the experiences of the individuals (MADT students and their lecturers) and how they have experienced a phenomenon (learning online during a global pandemic) are outlined. The dataset from the online questionnaire includes responses for both the open and closed questions. **Table 1**, **Table 2**, **Table 3**, and **Table 4** reflect the responses from the open questions regarding the experiences of learning and lecturing online, and the mental health of the research participants in relation to this. The data analysis conducted for the closed questions follows. Verbatim quotes extracted from the responses of the online questionnaire were utilised to highlight the essence of the established codes so as to reduce bias in interpreting the data.

Graph 1. Year that lecturers commenced lecturing MADT



Graph 2. Year that students commenced the MADT studies



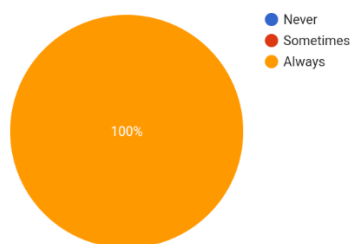
According to the collected data which is represented in **Graph 1**. One (33.3%) of the lecturers began lecturing on the MADT course in 2016 and two (67.7%) began lecturing on this course in 2019.

Graph 2. Indicates that all the students (100%) began their MADT studies in 2020, a month before the coronavirus outbreak in South Africa which then necessitated a shift in the approach to learning to save lives.

The pie charts were also extracted from the responses of the Google Form and they represent the ability to access resources that enable MADT lecturers to lecture online and MADT students to learn online during the pandemic. These resources include devices, access to the internet or data and a constant supply of electricity.

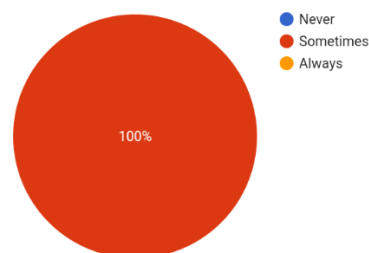
Pie Chart 1. Lecturers' ability to access data/WiFi/Internet access to lecture online

10. Do you always have data for lecturing?
3 responses



Pie Chart 2. Students' ability to access data/WiFi/Internet access to learn online

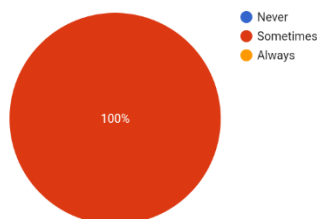
8. Do you always have data for online learning?
3 responses



According to the collected data which is represented in **Pie Chart 1.** All (100%) of the lecturers **always** had data to lecture online while in **Pie Chart 2.** It is evident that all (100%) of the students **did not always** have data to access online learning.

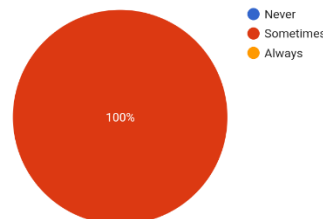
Pie Chart 3. Lecturers' ability to access electricity to lecture online

11. Do you always have electricity while engaging students with their MADT module?
3 responses



Pie Chart 4. Students' ability to access electricity to learn online

9. Do you always have electricity whilst engaging with online learning?
3 responses

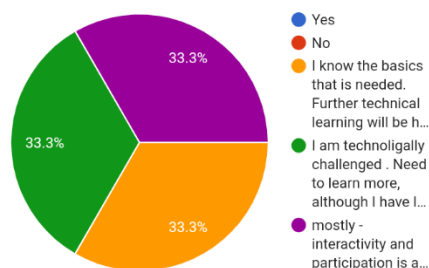


According to the collected data which is represented in **Pie Chart 3. and Pie Chart 4.** All (100%) of the lecturers and all (100%) of the students **did not always** have electricity to access online learning.

Pie Chart 5. Lecturers' ability to access and use resources to lecture online

12. Do you have all the required resources to lecture online?

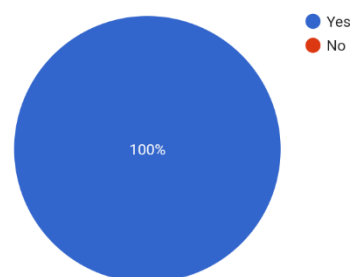
3 responses



Pie Chart 6. Students' ability to access devices to learn online

10. Do you have a device to access online learning?

3 responses



According to the collected data which is represented in **Pie Chart 5**. All (100%) of the lecturers **always had** resources to lecture online but they had different challenges regarding skills required to lecture online. In **Pie Chart 6**. it is evident that all (100%) of the students had devices to access online learning.

Table 5. List of categories extracted from the self-reflective journal and reflexive notes

Meaning Unit	Code	Category
<i>Never imagining living through a pandemic but finding ways to cope through journaling, spending time in nature, being intentional and through contemplative practices.</i>	<i>Coping (n=22)</i>	<i>Mental Health and Self-Care</i>
<i>The pandemic has disrupted how people connect limiting it to the digital space but there are still frustrations with limited resources, means to connect and electricity problems.</i>	<i>Technology (n=3)</i>	<i>Access</i>

Table 5 represents the meaning units, the identified codes and the extracted categories from my self-reflective journal and reflective notes. Extracted categories are: *Mental health and self-care*, and *access*.

4.2 DISCUSSION

At the onset of this research project, I was interested in exploring the adaptation to online learning and how drama therapists in training in South Africa are experiencing it during the COVID-19 pandemic. With the pandemic, it is difficult to conduct practical and experiential lessons which require human contact as evident in the collected dataset. Unfortunately, we cannot ignore the current legislation which states that we should limit human contact as much

as possible (Sekyere et.al 2020). Experiential learning and practical labs are at the core of the training of drama therapists globally (Butler, 2017) and it mostly requires human contact. Available literature and the data collected through the online questionnaire confirm that the pedagogy has shifted with online learning and both MADT students and their module lecturers have been impacted.

Upon further reading of available literature, it became apparent that since we are currently experiencing a pandemic, and students have had to adapt to online learning; it is vital to explore issues of access and the mental health of students while considering the views of the lecturers as well. This is important because the mental health state of an individual determines their academic success rate (Weare, 2010). Topics about access to learning and the right to learn relate to social justice especially when there is lack due to economic status or historical positioning which is the case in South Africa (Mhlanga and Moloi, 2020).

Annesley (2010) states that the function of the discussion section in a research report is to interpret and describe in detail the significance of the findings about the research problem, and to explicate any new insights emerging as a result of the study. In this section of the research report I will discuss the data, the identified themes, and some verbatim quotes in relation to the research questions and the findings from the dataset. In **Table 1.**, **Table 2.** and **Table 5.** of the findings section I present a summary of the identified themes in relation to how the MADT students and their module lecturers have adapted to online learning. Three out of four students completed the online questionnaire, and three out of three lecturers completed it, through Google Forms. The three tables mentioned above outline the identified themes in relation to the main research question which seeks to understand how both the students (which includes me) and the lecturers have adapted online. The main research question is followed by two sub-questions. The first sub-question has attempted to explore what the differences and similarities are between the experience of learning and lecturing online; and the experience of the traditional face-to-face approach to learning drama therapy at master's level at Drama for Life. (The main research question and the first sub-question are underpinned by the theory of learning called connectivism). This theory aided in the exploration of literature, and in the analysis of the dataset from the online questionnaire and researcher's journal to clarify what is involved when one is learning online, remotely or in the digital space. This includes understanding the student's views about what is working and not working while learning online. The full description of this theory is outlined in the theoretical orientation in the first chapter of this report.

The second sub-question has attempted to confirm that learning online during a pandemic has affected the mental health state of the MADT students and lecturers in South Africa and it answers how they have been affected. Within this sub-question, the research participants have also shared whether they were able to implement a self-care routine in the year 2020 or not and exploring what was involved in this routine. This data is presented in **Table 3.**, **Table 4.** and **Table 5.** in the findings section of this report. Those research participants amongst the MADT students and their lecturers who have been engaging with self-care, their routines included aspects of the omega transpersonal approach to drama therapy and so did mine as the researcher. This is what prompted the addition and exploration of the last research question which aims to explore the role of the transpersonal approach to drama therapy in the self-care routines of the MADT students and their lectures while learning online during the pandemic. This question is underpinned by the humanist learning theory which is explained in full in the theoretical orientation section of the first chapter in this report, self-actualisation is an aspect of this humanist theory. It is deepened by interiority because I as the researcher immersed myself in the deeper meaning of the data especially in relation to the transpersonal approach to drama therapy. The MADT lecturers and students also confirm that the self-care routines have been helpful in aiding with mental health and wellness in 2020 when we were first introduced to the pandemic and our reality had to shift so abruptly. This finding is one of the key and unexpected insights that has emerged from this research which I would like to explore further in future research projects because it relates directly to Maslow's theory of self-actualisation and the transpersonal approach.

4.2.1 THE DIFFERENCES AND SIMILARITIES BETWEEN EXPERIENCING TRADITIONAL MADT TRAINING AND ONLINE LEARNING

(These differences and similarities outline the experiences of both MADT students and the module lecturers while learning online in 2020; they are a response to the main question of this research report which seeks to explore the experiences of the students and their lecturers in relation to learning online, not the drama therapy pedagogy).

Differences between experiencing traditional MADT training and online learning

The Approach to learning or the pedagogy is different

Student 1: *“It was challenging as our practice is an embodied practice hence the shift questioned whether we are receiving equivalent training as those that were taken through in-person training.”*

Student 2: *“I find it very challenging because our work is embodied and with the online learning, I feel disconnected.”*

Student 3: *“The difference is that I feel there is no authenticity in applying the theory online as opposed to doing it practically.”*

Lecturer 1: *“Interaction and lecture style. I have had to adapt by recording videos of myself modelling musical resources instead of last year's in-person practical experientials.”*

Lecturer 2: *“Due to the many layers of the effect of the pandemic on students, the course content and delivery had to change to a less dense, more discussion-based format.”*

Lecturer 3: *“The inter-activeness, laboratory experience and practical application were not really adequate.”*

The above verbatim quotes point to the gaps that have now been created due to adapting to online lecturing and learning of drama therapy which has been exposed by the pandemic. Both the students and their lecturers are concerned with the lack of practicality and the experiential aspect of the training and how it is now delivered online. Hougham (2012) states that a good proportion of arts therapy clinical practice happens in groups and the training of arts therapists takes place mainly in groups where the students reflect within the group experience. Experiential learning is at the core of drama therapy training programmes and this includes student's role-playing to each other; while also reflecting on personal process and the process of classmates (Butler, 2017) which has now shifted due to the pandemic.

Drama therapy trainers or lecturers and drama therapists have been innovative in moving to online platforms during this pandemic (Hill, 2020) but there are still challenges such as limited access to technology, challenges with embodiment and engagement, and limited research concerning how better digital tools translate to better learning and care (Sajnani, 2020). In my exploration of available literature, there are adequate studies done on the innovation of drama therapy in the online space during this pandemic but there is little to no available literature on how drama therapy is lectured or how drama therapists are currently being trained considering that the training is practical and experiential. It must now be

delivered online where it is difficult to deliver the practical and experiential components of the modules. This gap in literature also includes writings on the experiences of both students and lecturers. As a student in 2019, my main challenge then was ensuring that I had transport funds to get to campus, but I did not have to worry about access to learning or the lack of it except when I could not get to campus for various reasons. According to my findings both the students and their lecturers feel that there is a lack of the practical and experiential aspects in the approach to training drama therapists since adapting to online learning especially for coursework.

Lecturers were not adequately trained and supported to deliver online learning

According to Hedding et.al (2020) in 2020 Universities in South Africa have had to adapt to online learning and to find innovative and creative ways of delivering both the theory, experiential, and practical aspects of the modules to students. Hedding et.al (2020) also argue that many academic staff are not skilled or experienced in delivering the online learning pedagogy to their students which means they have had to upskill themselves or they must still be trained. Gilbert (2015) confirms that lecturing and developing course content for online consumption which is beneficial to students is a complicated task. Due to the scope of this research, it was not possible to explore the drama therapy pedagogy and how it has shifted except for pointing out the difference which is the lack of the practical and experiential aspects including the experiences of lecturers and students in relation to these differences. In response to how she has adapted online, one of the MADT lecturers stated that she had to learn other online related skills to effectively present the module she lectures to the students. Most students depend on financial support for their daily needs and do not have access to data let alone a laptop or a computer while some cannot even access a mobile connection (Hedding et.al 2020). Lecturers showed concern for their students in relation to accessing online learning in their responses to the online questionnaire and most of these students depend on financial support too. One of the lecturers reported being tired after having to follow-up individually with each student who could not access online learning for various reasons. It is my assumption based on the evidence of her concern for the wellbeing of the students otherwise she would not have gone out of her way to follow up with them.

It is my view that in the case where the Department of Higher Education was better resourced, the pandemic response would have been applied immediately and effectively, but Universities were left to implement their own strategies aligned with the National State of

Disaster regulations. When the President of South Africa declared the National State of Disaster as a response to the pandemic, disaster centers were overlooked when they were supposed to offer strategy, mitigation, and recovery plans to universities (Mashau and Ravhuhali, 2020). It is also my wish that higher education institutions would implement a “professional development program” which can enable lecturers to learn the appropriate skills to lecturer online and acquire professional or CPD points. In South Africa, the professional development program of any profession is called “Continuous Professional Development” or “CPD”. This program is governed by the South African Qualifications Authority (SAQA) which is lifelong learning and development where professionals earn points towards their development through the accumulation of CPD points (le Grange et.al 2006). The CPD program is an approach to staff development that should consider “not only the needs of the institution and the individual should be borne in mind, but also that of the broader higher education environment and students” le Grange et.al (2006:76). Trained lecturers will be able to take better care of their students and themselves, so it is essential that they receive adequate training.

Limited access to resources limits access to consistent learning

As mentioned earlier in this report and in this chapter, issues of online learning relate to social justice in that those students who are less privileged may miss out on opportunities to learn. In my experience this is because in order to access online learning according to the learning theory of connectivism, a student requires certain resources and infrastructure to consistently access the digital space. It is evident that this is a concern when one of the MADT students in response to the main research question states that it is hard to be consistently present for lectures when they are delivered online due to challenges with electricity outages. The findings from this dataset are presented in the **Pie Charts 1 - 6** found in the findings section of this report. Even prior to the pandemic, Muffoletto (1994) stated that educational technology which online learning is part of, should consider what is being created and will be created in relation to social justice and democratic principles. It is my opinion that we cannot separate online learning (access to resources and infrastructure to learn online) and social justice especially here in South Africa where many have no access to resources.

In instances when individuals do have access to resources, there may unfortunately be challenges with infrastructure development in their community which may make it hard to

connect to the internet for learning or any other purpose. Like in the case of the MADT students, they were allocated 30GB of data and loan laptop devices by the university but as per **Pie Chart 4.**, the students did not always have access to electricity, and this limited their learning. **Pie Chart 3.**, shows that even though the lecturers had access to all the required resources to deliver online learning, the consistent availability of electricity affected them negatively too. The responses to the questionnaires confirm that one of the differences in the experiences of learning online and the traditional face-to-face approach before the pandemic is that there are concerns regarding access and connectivity during online learning, which was not a factor before the pandemic, when all classes were conducted face-to-face. All that students needed to do was show up for class prepared to learn but now there are issues with data, devices and loadshedding which affects access to electricity supply in South Africa. The collected data confirms that one of the difficulties with online learning is access and consistent attendance of lectures by students.

Student 1: *“Power outages also posed a problem in consistently attending classes.”*

Student 2: *“Having to at times worry and stress about data, connectivity and electricity. The struggle has also shifted to being mental and physically available to learn but also worrying about your device being able to handle the pressure of online learning.”*

Lecturer 1: *“Attendance, students experienced struggles to connect due to loadshedding and devices running out of battery and students experienced more illness as immune systems were more compromised.”*

Lecturer 2: *“Connectivity comes and goes which means students may come and go during classes. A lot of repetition happens as a result.”*

It is my view based on the above evidence that social justice is at the core of online learning because when students do not have resources or they lack access, their right to access learning is negatively impacted. The data from available literature confirms that students who rely on financial aid are the ones who suffer the most and this can affect their academic outcomes (Hedding et.al 2020; Mhlanga and Moloi, 2020; Hasan and Bao, 2020; Gowdy, 2020; Ormiston et.al 2021). The government should take a more active role in planning and implementing strategies to assist higher education institutions during the current pandemic (Simamora, 2020; Mashau and Ravhuhali, 2020; Hedding et.al 2020) without being prompted by international universities (Mashau and Ravhuhali, 2020).

Positive experience differences for some students and lecturers

Lecturer 1: *“Firstly, I got the chance to know each student more intimately. It is easier to track where each student is at academically and emotionally. I learnt more about each of their struggles.”*

One of the lecturers found more ease in her experience of the differences associated with online learning notwithstanding the lack of practicality and the experiential components of the modules. The ease is a result of having more intimate relations with the students and learning more about their struggles on a more personal level. There exists a gap in literature that explores the impact of learning online on the lecturer-student relationship that is specific to drama therapy in South Africa especially during a pandemic. It is my view that further research should be conducted in the area of relationship building between MADT students and their lecturers which might be similar to the relationship between therapists and their clients. This is to enable researchers to understand the framework of learning online for better understanding of the factors that contribute to conducive learning and contribute to the mental wellness and academic success of the students. One of these factors that contribute to conducive learning whether online or face-to-face according to my findings, is the relationship between students and lecturers (Jawadi et.al 2013 and Zelihic, 2013).

The building of relationships deepens the learning experience, it allows for clearer communication while promoting a conducive learning environment where students can achieve course objectives successfully (Zelihic, 2013; Alshahrani et.al 2017; Gilbert, 2015). Building relationships with students in an online setting may require the lecturer to be creative, flexible, persistent and it requires a completely different framework (Jawadi et.al 2013 and Zelihic, 2013). This also relates to the notion that some of the lecturers need to upskill themselves to be able to deliver the online pedagogy (Hedding et.al 2020). I imagine that it will be simpler for the lecturer to be creative and flexible when they are familiar and knowledgeable on the delivery of online learning. This is why lecturer training should be consistently prioritised because their knowledge and ease in lecturing online contributes to a positive experience and the academic success of students. This is because when lecturers are trained, they can be better able to support their students.

Student 2: *“However online learning has taught me to be more independent and take agency of my learning and development as a student and individual.”*

“Self-regulation and motivation have been identified as two critical factors for determining success in online courses” Matuga cited by Gilbert (2015:8). One of the MADT students reported positive insights about learning online because it enabled her to take agency in her academic work despite all the challenges with access, space, and electricity. The above quote reflects the self-regulation and motivation which Gilbert (2015) refers to when he states that it is necessary for students’ success. This self-regulation and motivation can also be influenced by the relationship which has been built between the lecturer and the student (Zelihic, 2013; Alshahrani et.al 2017). Student motivation can also be influenced by self-actualisation (Neto, 2015) which is about the need for a human being to constantly improve themselves.

As much as there are plenty areas that still need to be improved, it is clear that there are also some positive benefits to learning online such as students taking agency for their own learning, the enhanced relationships between lecturers and students in some cases, and the depth of engagement with the content of the module (Zelihic, 2015; Simamora, 2020, Hedding et.al 2020) as revealed by the dataset from the online questionnaire. These findings about how this particular student and lecturer experienced the positives of adapting to online learning were surprising and unexpected because available literature confirms the dissatisfaction students have experienced with online learning. Nambiar (2020) confirms that students prefer the classroom to the online mode of learning due to technical issues which affect access; and because learning online takes away from the face-to-face impact which then affects learning in general. This means the success of online learning is debatable because of the absence of the face-to-face engagement amongst students and their lecturers (Adedoyin and Soykan, 2020). According to Zhang (2020) the key to successful online learning is bridging the gap between the physical and online spaces by expanding the learning beyond physical classrooms. Panitsides and Karapistola (2020); Pavlis-Korres, (2017); Karalis and Raikou (2020) show contradicting results in that the students only had negative experiences at the beginning of the transition to online learning, but this improved over the months. One can only hope that the same would prove possible for future students who might have to continue taking this training course online until the national lockdown has moved to level 0. It appears that available literature confirms that taking agency in one’s learning is a necessary competency for “encouraging lifelong learning among health professionals” (Mukhtar et.al 2020:30).

Similarities between the experience of traditional MADT training and online learning

Even though the lecturers were not trained in delivering their modules online when the pandemic was declared and emergency online learning was introduced, I believe the fact that it was the same lecturers who lectured traditionally in person and online benefited the students to some degree. A student reported that this familiarity with the lecturers made it simpler to navigate online learning so one could assume that trust had been built with the student group and lecturers in the first block which is the first few weeks of in person teaching at the beginning of the school year at Wits University. According to the results of the data collected for this research, the care and concern shown by the lecturers towards their students contributed positively to the students thriving under the difficult circumstances caused by the pandemic.

Both lecturers and students agree that the content, timetable, and the theory of the modules was similar during the emergency online learning. Simamora (2020) states that a continuity of a learning array is much needed especially amidst the current pandemic. I understand this to mean that students need some form of a familiar routine to achieve the module outcomes while learning online. This is due to the mental health effects that have already been exacerbated by the pandemic, learning online should not increase the stress and anxiety caused by lack of access. Instead, it should aid students and simplify access to learning and the learning process in general. The routine and structural similarities experienced by both lecturers and students also contributed to the positive experiences of online learning.

4.2.2 SELF-CARE AND MENTAL HEALTH DURING THE PANDEMIC

Pandemics have several effects on society and these effects include mental health which often is impacted negatively (Pfefferbaum et.al 2020; Cyrus et.al 2020; Shuja et.al 2020; Haider et.al 2020; Schimmenti et.al 2020). Javed et.al (2020) argue that the current pandemic's mental health effects have not been studied in-depth and are still unknown because the focus has been on understanding the clinical and epidemiological factors of the COVID-19 on individuals. One could say that one of the reasons that have caused a strain on mental wellness in individuals are the restrictive measures implemented by governments worldwide that require isolation and social distancing (Javed et.al 2020; Aufderheide and Gondles, 2020; Shah et.al 2020, Zhou et.al 2020).

In 2020, UNESCO released statistics which confirmed that a great number of students have been affected by the pandemic due to the closure of educational institutions. Rakhmanov and Dane (2020) and Pragholaapati (2020) confirm that many students suffer mentally due to

varied reasons, some are directly related to the pandemic and others are related to the academic studies and outcomes thereof. The responses to the online questionnaire by both lecturers and students also confirm that they have been negatively affected mentally. One of the students stated that she is overwhelmed by everything lately and that she has a lot of withdrawals and anxiety attacks which she did not have before the pandemic and learning online. A lecturer on the other hand stated that despite her best efforts to engage in self-care activities, she still felt burnt out. It is not just the students who have been affected mentally, it is their lecturers too while they are supposed to hold the space for their students as well. Another lecturer stated that it was tiresome to follow up individually with students when they would miss lectures due to data shortages, no electricity and compromised immune systems. This means that the COVID-19 pandemic has not only affected people clinically/medically through weakened immune systems by contracting the virus, but also through mental health challenges. “Understanding the effects of the COVID-19 outbreak on the mental health of various populations are as important as understanding its clinical features, transmission features, transmission patterns, and management” (Javed et.al 2020:3).

Lecturers reported concern for the wellbeing of their students due to various reasons relating to the pandemic. The responses to the online questionnaire confirm that the immune systems of the students were compromised as a result of the pandemic. The immune system’s function is to protect the individuals from infection and disease (Simpson, 2020). Simpson (2020) states that it is now more pertinent to engage in some form of exercise to boost our immune systems because we have limited access to gyms and parks while having to confine and isolate ourselves, all which compromise the immune system. In one of my journal entries which was captured on the 13th of April 2020 I noted that:

All of this has limited our body’s physical movement and activities, and sadly this may affect the body negatively with the possibility of atrophy. Doctors and healthcare workers always encourage us stay active by walking and exercising regularly but when living through a pandemic, it is not always possible to follow a routine consistently. In my limited capacity to move I know that I can move my breath to shift my focus from binging or to begin tendering the wounds I have accumulated over the years.

I adopted breathing exercises as part of my self-care routine because of my knowledge of the benefits of contemplative practices. Contemplative practices were a regular component of the practical and experiential aspects of the “Reflexive Praxis” module when I was completing coursework for MADT in 2019. Draper-Clarke (2019:12) states that “contemplation helps prevent burnout...but also has the potential to convert the accumulation of knowledge into

wisdom and skillful action”. I was not always consistent with these exercises but whenever I would feel like I was being consumed by the negative news about the pandemic or I felt like I was not coping, I needed time out; I would do a breathing exercise. I would do this while visualising whatever the issue is, leaving my body as I was exhaling. This assisted me greatly when almost everyone around me was stressed by this “new reality”. The omega transpersonal approach to drama therapy sometimes involves “stilling the mind in order to direct energy to what one wants to manifest” Linden (2009:00). Often my wish was to experience peace of mind amidst panic from family members and neighbours. When I would engage with breathing exercises while visualising, my intention was to manifest the issue leaving my body, mind, and soul. I usually feel lighter, and my focus is increased after this. This is one of the reasons why I resonate with transpersonal psychotherapy because it enables me to trust that I can be a self-actualising individual. This is still to be tested in the field with research participants present in the near future as an extension to this research to test my hypothesis and its validity.

Academics who have conducted research in relation to mental health during this pandemic confirm that eating healthy, boosting the immune system, having support and physical exercise or sports are vital to maintaining a healthy lifestyle (Simpson, 2020; Javed et.al 2020). The immune system is one of the main components of maintaining a healthy lifestyle and it cannot be separated from mental health. Students globally, and not just the MADT class of 2020 are concerned with their wellness during the current pandemic (Simamora, 2020). This includes how the pandemic and online learning are affecting their mental health. Simamora (2020) conducted a study of the challenges of online learning during the COVID-19 pandemic from the perspective of the performing arts students in Indonesia. The results through the verbatim quotes of the performing arts students in Indonesia are similar to those of the MADT students in South Africa. A student from the study by Simamora was quoted saying:

This is due to the teaching and learning activities which should be replaced by online lectures but only replaced by the accumulation of assignments that make me dizzy. I'm not complaining, but I'm just asking how we can strengthen the body's immunity if we are always haunted by tasks that can sometimes make us sleep late at night. I feel sorry for this online learning because it is not effective, and it should be that in this pandemic we should maintain our endurance but be disturbed by the accumulation of existing tasks (Simamora 2020:92).

4.2.3 SELF-CARE AND MENTAL HEALTH WHILE LEARNING ONLINE

The collected data from all the various sources post the data analysis triangulation process, confirms that many students lack access to either resources or infrastructure to enable them to be constantly present for their lectures. Unfortunately, this is often the case, students are unable to be consistently present and this can result in mental health problems which affect academic outcomes (Filho et.al 2020; Rakhmanov and Dane, 2020; Weare, 2010; Suldo and Shaunessy-Dedrick, 2013). Falling behind with your studies affects overall academic performance in students and most of the students that are falling behind are from low-income households (Hedding et.al 2020) which may mean that some of them would not have the luxury of repeating an academic year due to financial challenges. The students may feel the frustration to connect alone online for learning. During this pandemic; the student could be dealing with many other pressures from home including a coronavirus infection, a death in the family or a changed socio-economic status (Simamora, 2020). One of the students in response to the online questionnaire stated that she had not been able to engage with self-care practices because of her limited budget which is caused by the lockdown restrictions. This is what I am referring to when I state that changed economic socio-economic statuses can affect mental health or its management e.g., engaging with a self-care routine as in the case of this student. Most self-care routines hosted online have a financial cost attached to them which means the student may have to pay to access these services.

A student reported that she would attend drumming circles to ground herself in 2020 while a lecturer reported that she spends plenty of time in nature connecting, breathing, and grounding. The student refers to specifically engaging with contemplative practices which drumming is part of. Drumming, spending time in nature, breathing and grounding are all examples that are aligned with the Omega transpersonal approach to drama therapy due to its Sufi origins (Linden, 2009; Wolf, 2006; Pedri-Space, 2016; Stigsdotter, 2011). Makhanya (2014) confirms that the transpersonal approach to drama therapy is suitable for the South African due to its parallels with African healing practices which sometimes makes use of modalities such as drumming and spending time in nature. This is extra evidence that this approach to drama therapy may be used by MADT students and their lecturers during and post the pandemic to enable them to connect with their actualised selves without the guidance of a physically present therapist as part of their self-care routines. This is suited for the pandemic since person-to-person contact is limited. It is an approach that can be delivered online with minimal or no contact at all. Harrichand et.al (2021) recommend that self-care and wellness should be infused into the pedagogy for counselor educators and counselors

during the current pandemic. I agree with this notion too and believe self-care and wellness should be infused into the MADT course too. I propose a deeper engagement with the transpersonal approach as a self-care support mechanism under the pressures of this pandemic to aid MADT students and their lecturers while learning online. Transpersonal drama therapy could possibly be the driving principle throughout the MADT degree as opposed to it being something the students are introduced to just in the laboratory space, but do not fully invest in as an approach throughout the students' practice.

4.2.4 OMEGA TRANSPERSONAL APPROACH TO DRAMA THERAPY AND SELF-ACTUALISATION (SELF-CARE)

In my understanding from engaging with literature around transpersonal psychology and transpersonal psychotherapy it is clear that the transpersonal approach works best when the client has a higher level of ego development otherwise spiritual insights can be misinterpreted and not properly represented. In compiling this report, I have also learned that transpersonal psychology is spiritual psychology (Hutchins, 2013) and since at the core of African healing methodologies is spirituality, this simply means that African Psychology is Spiritual Psychology or Transpersonal Psychology. "Whether it's medicine, psychiatry, psychotherapy, counselling or life coaching, the concept and practices of spirituality are increasingly being recognized as important, if not necessary, aspects of mental health and wellbeing" (Stork, 2019:6). It is vital though to note that the transpersonal is not extra-personal, the right brain, new age or even religion but it includes experiences of intuition, inner voices, creativity, and peak experiences (Rowan, 1993).

The MADT student and lecturer that experienced the positive experiences in the differences caused by online learning under the discussion section, are the same ones who engaged with self-care rituals that draw from the omega transpersonal approach to drama therapy (Linden, 2009; Wolf, 2006; Pedri-Space, 2016; Stigsdotter, 2011). Based on my experience and their experience in 2020, I can confirm that engaging with self-care routines that are grounded in the transpersonal approach to drama therapy has enabled us (those that engaged in self-care routines) to continue thriving even with all the challenges caused by the pandemic and online learning. Drumming which one of the students engaged with, and spending time in nature as on lecturer reported; aligns with the Omega Transpersonal Approach to Drama Therapy. "Self-actualising individuals live in the present as opposed to the past or the future, function relatively autonomously, and tend to have a more benevolent outlook on life and human

nature” (Ivtzan et.al 2011:np). This explains the logic behind the positive results from the dataset which pointed to some of the positive experiences caused by the self-care routine in relation to adapting to online learning. The lecturer felt more intimate with her students while one of the students on the other hand was able to take agency for her academic work without any encouragement from anyone. This student and the lecturer found a silver lining in this situation we are all living through by seeing and bringing out the positives among the negatives.

I too went through a process of self-actualisation while I was busy gathering data for this research. This data included my own journal notes which I wrote as a way to process what was happening and to make sense of the pandemic and the lockdown legislation. I did not realise that in the process of trying to make sense of the new reality while engaging in a self-care routine that includes aspects of the transpersonal approach to drama therapy, I was producing a book. One particular morning I noted that “... at 08:00, not realising that the date is the 8th of July, and that the days’ numerology is 1; I started my long-forgotten morning ritual which includes connecting, breathing, qi gong, yoga, water, fire, earth, air, ether, and the four cardinal points”. This relates to what Boorstein (1994) suggested about using insights gained to integrate into one’s life. The number and the use of the cardinal points and other aspects of the rituals enabled me to gain important insights which assisted with mental stability in my own life.

The transpersonal approach to drama therapy has 11 principles and it uses a variety of techniques, some are influenced by the Eastern Sufi practices (Linden, 2009). The techniques include psychodrama, storytelling, breath meditation, sound and music, archetypal exercises, and performance within a transformational theatre context (Linden, 2009). In her book “The Heart and Soul of Psychotherapy” Linden shares the work of other therapists and coaches who have the transpersonal orientation, it is clear that not all of them use all the principles as outlined by Linden in 2009. Therapists use some of the principles according to their work and their background (Linden, 2013).

Omega Transpersonal Approach to Drama Therapy Principles

As mentioned previously in the literature review section, there are 11 principles as outlined by Linden (2009), however here I will only list the ones that are specific to the findings and the recommendations of this research report which are:

Shifting the identity from the limited sense of self to the essential Self

According to Linden (2009) human experience is not denied but instead emphasis is placed on the higher self instead of the wounded, victim self. She states that clients heal quicker when they realise that they are a soul with limitless potential. One of the MADT students reported using a drum as part of her contemplative practices for self-care. The drum has the ability to shift a person from the limited sense of self to the essential self. Bokor (2014) and Wolf (2006) agree that drums can be used to influence human behaviour and to connect spiritually. This explains how she was able to find agency to learn online with all the challenges she was facing, she was able to motivate herself. Further studies should be conducted to ascertain and clarify how the student's sense of agency was in any way influenced by her use of the drum for self-care.

Embodying the therapeutic issues

Action methods through movement enable clients to recall memories through feedback from the body. This approach works with the clients' body in relation to mind and soul. My self-care routine included body stretches yoga and sometimes the "sun salutation" routine which are all movement modalities that relate to the transpersonal approach to healing. It has been important for me to keep moving so that my spiritual energy or vibration moves too; and when I am unable to move my body, I move my breath. This helps me to regulate myself because my breath is also regulated.

Embracing love while holding all emotions as sacred

Linden (2009) states that it is important to embrace the totality of the heart's experience by acknowledging that at the basis of all emotions is love which calls us back to our essential "Self" or higher self. She further adds that we cannot love others if we do not love ourselves, so the transpersonal therapist works to facilitate the clients' return to love. I experienced this return to love by embracing to totality of the heart's experience and it is depicted in the journal entry below:

She taught us about hop'onopo which is an approach originating from the native American Indians in their healing practices. She has developed an approach that was inspired by hop'onopo. This approach is a song that is sung after a guided visualisation. I remember when we were in class, she guided us in a visualisation that led us to our hearts before we could sing the song. The feeling I felt during that process in class and the feelings that I have felt in the past during my moments of spiritual ascension is very similar. It is this feeling that I refer to as settling in one's heart. In my experience

whenever I have settled in my heart, life seems to make better sense whether it is good or bad.

In the above-quoted journal entry written on the 25th of January 2020, I express that settling in my heart has enabled me to accept both bad and good things in my life without allowing them to affect how I feel. Since engaging with the practice of settling in the heart as mentioned in the quote above, I have had less conflicts in my life. I am happier and more productive because every day I grow into the best version of myself which is what I understand self-actualisation and the transpersonal approach to be about.

Creating a sacred space

The sacred space allows one to reconnect with their soul and in my view, spending time in nature is a form of sacred space. In the dataset, there is a lecturer who stated that she spent time in nature grounding herself as part of her regular self-care routine. “Beauty in the therapeutic environment helps to transmute the ugliness of emotional trauma” (Linden, 2009:215) and nature is therapeutic because its restorative power and contribution to the promotion and improvement of health (Lea, 2008 and Stigsdotter et.al, 2011). The creation of simple warm up activities also awaken the body, mind, heart, and soul help build trust to allow for the client’s deepest “Self” to surface (Linden, 2009). I too have found solace in nature when I have needed a space where I can reconnect and center myself.

Fostering an experience of interconnectedness and unity

This connection is not just between the client and therapist, but it is also for the client to realise their interconnectedness with others, nature and animals which is about holistic healing (Linden, 2009). This interconnectedness can also be established by spending time in nature because of its power to replenish and connect us. Stigsdotter et.al (2011) confirms that nature is therapeutic, and it has positive effects on mental health and well-being while Lea (2008) proposes retreating to a natural setting away from home to recuperate. Another way interconnectedness can be established is through playing traditional music instruments and doing breath meditation exercises (Wiand, 2001) and drums are traditional music instruments. According to the data set, drums were used effectively as part of a self-care routine.

Seeking mastery through self-discipline

The ability to manifest our greatest potential in our lives depends on our conscious thoughts and action (Gilbert, 2013). One needs to still the mind in order to direct the energy to what one wants to manifest, and a still mind can be achieved through meditation (Draper-Clarke, 2019). The dataset confirms that it is possible to develop agency and independence. This is the same dataset that advocates for drumming as part of self-care. In my experience when one's mind is still and calm through the drum or other activities, one tends to achieve mastery and this is evident when instead of being angry at someone, you remain calm instead. I also believe that when we are not swayed by our emotions in daily situations, for me this is true self-mastery. Walking in nature is one way to calm ourselves.

Identifying and achieving our life purpose

Therapists assist clients to identify their life's purpose so they may use their gifts to serve humanity (Linden, 2009 and 2013). The reflective and reflexive moments relating to the contemplative work done during the 2020 lockdown enabled me to take steps towards achieving my life purpose. In my view, my life purpose is to use the creative arts to inspire change in the narrative of people in my community through programmes that begin to plant the seed of change and transformation. I know this because of what I was able to achieve in the past 12 months alone. This is a clear indication of the direction towards achieving my life purpose and one day share what I have learnt through the practice of transpersonal drama therapy as a healing tool.

4.2.5 RELIABILITY AND VALIDITY OF THE TRANSPERSONAL APPROACH

In a nutshell according to Linden (2009:232) “transpersonal drama therapy is the process through which individuals transform their identity from a limited history-based sense of self to an experience of their essential soul self”. Stork (2019) emphasises the importance and necessity to recognise spiritual practices as aspects of mental health and wellbeing. Buckler (2011b) states that Rothberg, Cunningham and Jingna agree with him regarding the need to include what is transpersonal in education but Buckler (2011b:np) further adds that including the transpersonal in education promotes “learner autonomy through a process of self-discovery”. This makes me believe that what is termed transpersonal is necessary for our wellbeing as humanity especially while living through a global pandemic because we are not only physical, but we are spiritual beings too (Stork, 2019). The transpersonal is categorised under integrative medicine in that it is holistic and considers the whole person for healing. This is because of the recognition that for a person to be regarded as “well”, the healing

process must be person-centered (Stork, 2019; Sue and Sue, 2007; Van Dyk and Nefale, 2005). The principles of the transpersonal approach to drama therapy that have been mentioned validate the connection between mental health, the transpersonal and an individual that is able to self-actualise. There have been some scholars such as Wilber, (1980); Alexander et.al (1991); Shostrom, (1974 and 1975); Jones and Crandall, (1986); who have developed measurement scales and assessment models to measure the transpersonal experiences, self-actualisation, and self-transcendence.

4.2.6 CRITICISM OF THE TRANSPERSONAL APPROACH

Unfortunately, even with all the positive aspects as pointed out previously regarding the application of the transpersonal orientation to mental health, wellness, and education; there have been several critics. Most of the criticism stems from the availability of measurement scales to measure what is transpersonal and what self-actualisation looks like. Some have even suggested that more empirical research should be conducted to validate and assess the spiritual experience possibly using psychometrics (Friedman and Macdonald, 1997; Tsagaris and Holland, 1994, Edwards, 2003; Buckler, 2011b). I am in complete agreement with this because the criticism also includes the measurement scales and assessment models themselves which means further research in this area is necessary. Even with all this criticism, people like me are still devoted to exploring and researching the transpersonal approach to psychology, psychotherapy, drama therapy and healing in general especially within an African context (Sue and Sue, 2007; Van Dyk and Nefale, 2005); and as a self-care tool for students and lecturers while learning online during a pandemic. This is important because the students and lecturers that were least affected mentally by the shift to learning online are the same that engaged with aspects of the Onega Transpersonal Approach to Drama Therapy in their self-care routines.

4.3 RECOMMENDATIONS

After full engagement with the dataset from the online questionnaire, available literature and the researcher's reflective journal, themes, and findings in relation to the research questions, I make the following recommendations: (These recommendations are based on what is required in order for students to effectively learn online and for the lecturers to adequately lecture online with the necessary support).

4.3.1 RECOMMENDATIONS TO SUPPORT STUDENTS

The South African government needs to play an active role

Students from countries where infrastructure and resources are readily available for online learning had a better experience academically and mentally when they were adapting to the new way of learning caused by the pandemic (Hedding et.al 2020; Mhlanga and Moloi, 2020; Hasan and Bao, 2020; Gowdy, 2020; Ormiston et.al 2021). Unfortunately, students who have been negatively affected the most are from African countries (Mhlanga and Moloi, 2020) and the effects have been mental as well because the governments have not supported the higher education institutions in their efforts to shift to online learning. I recommend the following should be addressed by authorities:

- Infrastructure development (internet network access nationally including rural areas, supporting Eskom to eradicate or reduce loadshedding so that there can be a consistent supply of electricity).
- Availing resources (Setting up a fund to assist higher education institutions to avail more resources for online learning and mental health even post the pandemic).
- Establishing disaster centers that can provide extra support to distraught students and also serve as central points to report areas where there is still a need for infrastructure development.

The training of lecturers to support students for online learning

The MADT lecturers and students of 2020 at Drama for Life which is based at the University of Witwatersrand in South Africa have found many difficulties as they were adapting to emergency online learning. In relation to this, I recommend that the lecturers be adequately trained on how to deliver online learning while accumulating CPD points. This includes topics such as:

- Navigating the online space
- Creating online learning content that is applicable theoretically, practically, and experientially
- Building and maintaining relationships with students in an online environment
- Self-care that has a transpersonal orientation for holistic wellness during and post the pandemic and online learning to support students more efficiently

4.3.2 RECOMMENDATIONS FOR SELF-CARE, MENTAL HEALTH AND WELLNESS

The omega transpersonal approach to be used as a self-care tool for lecturers and students

The positive experiences from the feedback that was received from the responses of the online questionnaire from both MADT lecturers and students came from a student and a lecturer who were engaging with self-care routines that are grounded in the transpersonal approach to drama therapy. I as the researcher too, through researching myself alongside my lecturers and classmates realised that all the self-care rituals I engaged with were transpersonal. Even with this recommendation I do however feel that this should be researched further by testing its effects with a larger sample in the field or online. This approach is recommended as a tool that is focused on in the training of drama therapists because of its underlying benefits to wellbeing. The relevant self-care tools that I recommend can be offered online considering the COVID-19 protocols, but they can also be offered face-to-face. They are:

- Breathing exercises
- Drumming
- Spending time in nature
- Guided visualisations
- Reflective journaling

4.4 LIMITATIONS OF THIS STUDY

This is the first time I have been exposed to a pandemic of this nature. I do not have insights of what lecturers and their drama therapy students did during other global outbreaks so I can only speak back to this current pandemic. I as the researcher therefore acknowledge that the scope of this research is limited due to the number of participants, but it is a true representation of the landscape of drama therapy master's in South Africa in the year the pandemic was declared. Students who chose to pursue drama therapy choose it as a specialisation and career path and often the lecturers are therapists who too have gone through the same training. This is because Drama for Life is the only institution that offers this postgraduate qualification in Africa.

I am not a social justice expert, so my positioning is in relation to the mental health of the students alongside their module lecturers as they grapple with the pandemic and online learning. The recommendations based on the transpersonal approach to drama therapy that have been outlined have not been adequately tested yet, they are based on the researcher's experiences and the findings from the dataset. Further research on this is necessary to validate the recommendations made.

CONCLUSION

Throughout this research report I have outlined the relationship between social justice, learning online and mental health. Some of the challenges faced by MADT lecturers and students are directly related to policy. Peters et.al (2020) state that the current pandemic and its related issues including various policy responses do not relate to economic and health issues alone but also to how we evolve socially. It is clear that access to learning should be equally made available to everyone who needs it. This is one of the ways we can ensure that we evolve socially as stated by Peters et.al (2020) while promoting social justice. Globally, students have been least satisfied with universities and governments due to policy and how they have responded during this pandemic while the challenges of learning online have affected their mental health (Kedra and Kaltsidis, 2020). Kedra and Kaltsidis (2020) also confirm that policy makers should consider the training of academic staff on the online learning pedagogy and the improvement of online learning by ensuring equal access to all. With this improvement to policy, it is possible to improve the experience and attitudes of students towards learning online. It is not surprising that students from Greece reported less challenges with online learning and it has become a preferred method for learning especially considering the pandemic (Karalis and Raikou, 2020) while African students have been reported to be under strain and not coping due to lack of resources and infrastructure affecting their academic work (Aristovnik et.al 2020). I do believe based on my exploration of available literature that online learning will be improved over time, it just needs to be adequately planned for while ensuring that the necessary resources are available, and the infrastructure is also improved.

The University of the Witwatersrand, even though it availed resources to the MADT students in need, this did not solve the issues of infrastructure caused by socio-economic conditions. This meant that students could not always access learning. When students did access learning, they were often worried about electricity supply which validates the findings by (Aristovnik et.al 2020) when they state that African students are not coping with online learning. The European students are coping better because they have resources and infrastructure (Karalis and Raikou, 2020). “Differential redistribution must define our equity approach to address the seemingly intractable divides in South African society” (Motala and Menon, 2020:96). Resources should be made available to students, especially those who are from low-income families. The South African government in my opinion should also ensure that there is a plan to develop infrastructure in all corners of society and to ensure a consistent

supply of electricity to alleviate the potential mental health pressures on students due to having to catch up on missed classes or working late in the morning hours when power is restored giving the student little time to rest and prepare for the next day of lectures.

It is my hope that this research will not be viewed as a self-serving piece of work but rather an exploration of the self in relation to a phenomenon and how others from a similar context have navigated and adapted to this phenomenon. Based on this report's research findings, it confirms that it is not easy navigating online learning with limited resources and infrastructure. This makes it difficult for students to constantly and consistently be available for lectures. Lecturers are also needing to play their role as lecturers while also providing extra support to students but they themselves have their own challenges relating to the pandemic and learning online. This qualitative exploration has confirmed that it is difficult adapting to emergency online learning, and that this and the pandemic have affected mental health and wellness of MADT students at Drama for Life which is based at the University of Witwatersrand. It also suggests that there are mental health and general wellbeing benefits when one engages with some of the activities mentioned in the recommendations that are related to the transpersonal approach for self-care, mental health, and wellness.

I have observed that even in 2021 after 12 months of online learning, students who are from low-income backgrounds continue to struggle with access. The University of Witwatersrand from which this research was conducted, experienced a few demonstrations by those who were excluded due to previous debt, this led to the shooting and killing of an unarmed man (News24, 2021). This relates to issues of social justice for the excluded students. There are still many issues besides the recent violence that can affect the mental health of students considering that we are still experiencing the pandemic. I believe that the South African government can assist in alleviating some of the struggles faced by higher learning institutions in supporting students with access to online learning. I also believe that those students who are struggling with mental health can make use of the transpersonal approach to drama therapy in their self-care routines to alleviate the pressure caused by the pandemic and other challenges.

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7. APPENDICES

ETHICS

CERTIFICATE OF COMPETENCE IN RESEARCH ETHICS

Full Name: Phindile F Suntuha

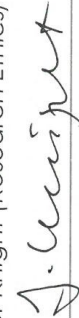
Student No: 1791417

Date of Certification: 17 July 2019 – 16 July 2022

TRAINED BY:

Professor Jasper Knight (Research Ethics)

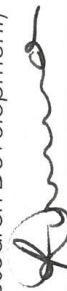
Signed:



ACKNOWLEDGED BY:

Dr Robin Drennan
(Director: Research Development)

Signed:



This certificate is confirmation of successful completion of a training course in Research Ethics for Non-Medical Human Research, based upon achieving a minimum level of competence in different assessment tasks. This certificate is valid for a period of three years from the date given above.



Student Participation Information Sheet

Dear Sir/Madam

My name is Phindile Suntsha, well known as Tallowah and I am a Master of Arts student in drama therapy at the University of Witwatersrand, Johannesburg. As part of my studies, I have to undertake a research project, and I am investigating the adaptation to online learning and the mental health of MA drama therapy students during the current pandemic under the supervision of Linda Mdena. The aim of this research is to explore the adaptation of drama therapy training online during the current coronavirus global pandemic of 2020 in South Africa and the mental health of Master of Arts students and Drama Therapy lecturers at Drama for Life.

As part of this project, I would like to invite you take part in answering a questionnaire online and taking part in a focus group discussion on the zoom online platform. These activities will be once-off and the focus group is meant to help the researcher to gain more insight based on the questionnaire that was answered. It will take no longer than 30 minutes to complete the questionnaire and about 30 to 45 minutes for the focus group.

You will not receive any direct benefits from participation but there are no disadvantages or penalties if you do not choose to participate or if you withdraw from the study. You may withdraw at any time or not answer any question if you do not want to. The questionnaire will be completely confidential and anonymous as I will not be asking for your name or any identifying information, and the focus group will remain confidential to those who will be participating. The information you give to me will be held securely and not disclosed to anyone else outside the focus group. I will be using a pseudonym to represent your participation in my final research report to ensure anonymity. If you experience any discomfort or distress at any point in this process, we will stop and resume another time. If you need some support or counselling services following the questionnaire and focus group, a drama therapist will be made available to you free of charge. The name of the drama therapist is Lireko Qhobela and the contact details are lirekoqhobela@gmail.com.

If you have any questions during or afterwards about this research, feel free to contact me or my supervisor on the details listed below. This study will be written up as a research report. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Your sincerely,
Phindile Suntsha



Researcher: Phindile Suntsha, 1791417@students.wits.ac.za

Supervisor: Linda Mdena, Linda.Mdena@wits.ac.za, +27 (0)78 285 8174

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STUDENT CONSENT FORM

Title of Project: *Through our lens: An exploration of the adaptation to online learning and mental health during a global pandemic whilst training to be a drama therapist in South Africa.*

Researcher: Phindile Suntsha

I.....agree to participate in this research project. The research has been explained to me and I understand what my participation will involve.

(Please circle either 'yes' or 'no')

I agree that my participation will remain anonymous outside of the group Yes No

I agree that the researcher may use anonymous quotes in her research report Yes No

I agree to answer the online questionnaire Yes No

I agree to participate in the focus group Yes No

I agree for the Zoom focus group session to be audio and video recorded Yes No

.....(Signature)

.....(Name of Participant)

.....(Date)

Student Questionnaire

Title of project: *Through our lens: An exploration of the adaptation to online learning and mental health during a global pandemic whilst training to be a drama therapist in South Africa.*

Based on the title of this project you will see that the focus of this paper involves community hence the research is done as an ethnographic study. Therefore, your opinion and experience is valid and valuable to this research. In looking at our experiences through different lens' it would be great to read about things through your lens. Below you will find a set of questions, please take time in answering them with as much detail as possible. Thank you.

1. When did you first register for MADT?
2. What modules did you study or are you studying?
3. How are/were these modules delivered? i.e.: online, in person, or both?
4. How have you adapted to online learning?
5. What is the same?
6. What is different?
7. How can the online learning experience be improved?
8. Do you always have data for online learning (never, sometimes, always)
9. Do you always have electricity whilst engaging with online learning? (never, sometimes, always)
10. Do you have a device to access online learning?
11. Did you always have a device or are you using the loan device from the University?
12. What can others learn from your experience of learning online as a training drama therapist?
13. Have you been able to engage with self-care during this time?
14. What has been the state of your mental health during this time? Have you noticed any changes? Please elaborate.

Thank you for taking time to engage with this questionnaire.

Your time and inputs are much appreciated!

Researcher:

Phindile Suntsha



By Phindile Suntsha



Lecturer Participant Information Sheet

Dear Sir/Madam

My name is Phindile Suntsha, well known as Tallowah and I am a Master of Arts student in drama therapy at the University of Witwatersrand, Johannesburg. As part of my studies, I have to undertake a research project, and I am investigating the adaptation to online learning and the mental health of MA drama therapy students during the current pandemic under the supervision of Linda Mdena. The aim of this research is to explore the adaptation of drama therapy training online during the current coronavirus global pandemic of 2020 in South Africa and the mental health of Master of Arts students and Drama Therapy lecturers at Drama for Life.

As part of this project, I would like to invite you take part in answering a questionnaire and this will be a once-off activity that will take no longer than 30 minutes to complete.

You will not receive any direct benefits from participation but there are no disadvantages or penalties if you do not choose to participate or if you withdraw from the study. You may withdraw at any time or not answer any question if you do not want to. The questionnaire will be completely confidential and anonymous as I will not be asking for your name or any identifying information, and the information you give to me will be held securely and not disclosed to anyone else outside. I will be using a pseudonym to represent your participation in my final research report. If you experience any discomfort or distress at any point in this process, we will stop and resume another time. If you need some support or counselling services following the questionnaire, a drama therapist will be made available to you free of charge. The name of the drama therapist is Lireko Qhobela and the contact details are lirekogqhobela@gmail.com.

If you have any questions during or afterwards about this research, feel free to contact me or my supervisor on the details listed below. This study will be written up as a research report. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Your sincerely,
Phindile Suntsha



Researcher: Phindile Suntsha, 1791417@students.wits.ac.za

Supervisor: Linda Mdena, Linda.Mdena@wits.ac.za, +27 (0)78 285 8174

LECTURER CONSENT FORM

Title of Project: *Through our lens: An exploration of the adaptation to online learning and mental health during a global pandemic whilst training to be a drama therapist in South Africa.*

Researcher: Phindile Suntsha

I.....agree to participate in this research project. The research has been explained to me and I understand what my participation will involve.

(Please circle either 'yes' or 'no')

I agree that my participation will remain anonymous Yes No

I agree that the researcher may use anonymous quotes in her research report Yes No

I agree to answer the online questionnaire Yes No

.....(Signature)

.....(Name of Participant)

.....(Date)

Master of Arts in Drama Therapy

Lecturer Questionnaire

Title of project: *Through our lens: An exploration of the adaptation to online learning and mental health during a global pandemic whilst training to be a drama therapist in South Africa.*

Based on the title of this project you will see that the focus of this paper involves community hence the research is done as an ethnographic study. Therefore, your opinion and experience is valid and valuable to this research. In looking at our experiences through a different lens' it would be great to read about things through your lens. Below you will find a set of questions, please take time in answering them with as much detail as possible. Thank you.

1. When did you start lecturing on the MADT course at DFL?
2. What modules do/did you lecture?
3. How are/were these modules delivered? i.e. Online, in person or both?
4. How are these modules delivered during the pandemic?
5. How have you adapted to online lecturing?
6. What is the same?
7. What is different?
8. What are you struggling with in relation to online lecturing?
9. How can the online lecturing experience be improved?
10. Do you always have data for lecturing (never, sometimes, always)
11. Do you always have electricity while engaging students with their MADT module?
(never, sometimes, always)
12. Do you have all the required resources to lecture online?
13. What can others learn from your experience of lecturing online during a pandemic?
14. Have you been able to engage with self-care during this time? Please elaborate.
15. What has been the state of your mental health during this time? Have you noticed any changes? Please elaborate.

Thank you for taking time to engage with this questionnaire.

Your time and inputs are much appreciated!

Researcher:

Phindile Suntsha

to progress as my self and reclaiming
my self with purpose; is that I have
my soul's purpose; is that I have
decreased the frequency of bringing
on negative things. I am learning
to allow, observe, learn and
let it pass so that the lessons
remain embedded at the core
of soul. I have binged on all
^{pm} sorts of negative things but
my biggest weakness has been
food. The food I eat has provided
me with comfort ~~and~~ during the most
trying of times. I would even eat
at night while everyone was
asleep. (Unhelpful song lyrics). I
wrote this song to give myself
some perspective so I can be
to trust my soul. That which

is deep within my soul which is manifested in this third dimension as "BREATH". In Zulu we have umoya and umphofumulo which for me are different yet the same. I can say "Ngisemoyeni" or "Ngingenwa umoya" but you can't say "ngise-umphofumulweni" or "ngingenwa umphofumulo". In my understanding umphofumulo is within, it is our essence and umoya is the spiritual energy which connects umphofumulo with the outside world and both can be ^{defined} ~~interpreted~~ as ~~that~~ "BREATH". I would be interested to hear how you understand ~~my~~ ~~pro~~ this difference. Please share your thoughts on whatsapp 0732156990

The living provides comfort and is an escape from feeling. It all

was no covid¹⁹ in South Africa.
I had just completed 3 years of
full time studying at Wits University
and I was only left with academic
research to finally receive my master's
degree in Drama Therapy. ~~While~~ I
was preparing for this research
journey where I wanted to
explore transgenerational trauma in

10

FEBRUARY

Sunday

Week 6 41-324

young people and how
it affects how they relate.
My intention was to explore Drama
Therapy from a transpersonal perspective
to address the relational gap between
boys and girls. While I was preparing
the proposal for this research, I
heard on the news about a virus
^{called covid 19 which was} ^{apparently dying from it.}
that was spreading globally. I was
not bordered because it seemed

Elegant Notebook

2019

FEBRUARY

Monday

11

Week 7 42-323

plus it seemed to much like a hollywood movie. so far away. I don't think anyone was prepared for what transpired since then. By ~~the~~ March 2020, the President had ~~declared~~ ~~announced~~ a national state of disaster. A few days later a National lockdown was announced. ~~It felt surreal~~ I remember feeling chills down my spine & while my heartbeat felt like ~~the~~ seconds in a clock. It was beating so fast and everything felt surreal. I wondered if I had somehow fell into a deep sleep and I am experiencing the horror of the dream I was dreaming. No, it wasn't a dream because I was not sleeping but it was happening. I felt anxious but my anxiety was not unfounded. We are living in a global pandemic.

As a mother of 5 I have always dreaded the horrific scenes from paradise movies as depicted by Hollywood. I was always horrified of being separated from my children ~~the~~ much that my subconscious mind would replay these scenarios in my dreams. The future ^(add how I would make up details of dream) has become uncertain. I thought to myself so my family and I ~~began~~ ^{started} a herb & veggie garden to ensure food security in the coming months. We felt prepared as a family, we did activities together such as telling stories, playing games, chores and the garden of course. We were comfortable and thriving under the circumstances, we even drew up a timetable ^{to ensure consistency}. Whether we followed this timetable

	S	M	T	W	T	F	S
1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	

Elegant Notebook

2019

FEBRUARY

Wednesday

Week 7 44-321

13

or not is a story for another day.
As time went by, ~~the reality~~
of Covid 19 was becoming more of
a reality for many and I too
was not immune to this reality.
I had not touched ~~this~~ book
since the lockdown and before this,
I wrote at least ~~two~~ 2 days every
week consistently. It has taken me 3 months
to find my flow again.

pm

The decision to remind myself of
the ^{best for life and} energy I had in the beginning
of the year was necessary. It's this
decision that settled me in my
heart again and I regained the
gratitude I had for all ~~that is~~ my life
good and bad in my life. Everyday
I am seeing the value of settling
in one's heart especially now
during this global pandemic.

2020/07/08

1 / reset / on / early morning
why synchronicity not coincidental

The thing about settling in one's heart is that life become 1 big synchronised machine. I say this because this is the week I took a conscious decision to go back to my heart and as much as there were many synchronicities in my life, this week they seem to have multiplied ten fold. This morning at 08:00 not realising at the date is the 8th and at the day's numerology is 1; I had my long forgotten morning ritual which includes connecting