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Strategies for inclusion through play among disabled and abled children: An integrative review of role-theory's effect on inclusive practice

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A research report submitted to the Wits School of Arts in partial fulfillment of the requirements for the degree of Masters of Arts by coursework and research report in the field of dramatherapy, in the faculty of Humanities, University of the Witwatersrand, Johannesburg.

March 2019

Declaration:

University of the Witwatersrand, Johannesburg School of Arts, Drama for Life
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Signature: Bianca Isaac

Date: March 2019

Acknowledgments:

- Jehovah Jireh, my provider, Your grace has always been sufficient for me. Thank you for planting this purpose in my vision and seeing me through light and darkness.

- My husband Claude, thank you for giving up your dreams so that I can achieve mine. You've emptied all of you to fill my journey with rigor, patience and sanity. Thank you for unconditionally giving me the space to sew into this crazy vision.

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Abstract

Drawing from a drama therapeutic perspective, this study explores the notion of using play and role-play for the purpose of developing inclusive thinking among differently and typically abled grade two and three leaners in South Africa. It first provides an understanding of how role theory has evolved over time and explains how the drama therapeutic understanding of role-theory can stimulate inclusive practice. Via an extensive theoretical review, it critically analyses the use of play and role-play in the light of projection, embodiment and storytelling.

The findings posit that through role-play, children can start to familiarise themselves with the idea of difference. Role-play provides a platform to identify and understand idiosyncratic differences which may not be evident through separation or merely meeting in one space. Via a case study analysis, this report also refines aspects of exclusion that propagate damaging consequences such as peer rejection and low self-esteem. It postulates that through play-based techniques it could be possible to begin fundamental conversations and create a deeper understanding around the differences which children carry.

The idea of difference is nuanced in ways which we would not be able to understand if we remain ideologically and practically separated. Consequently, the selected material provides impetus for a play-based, inclusive intervention for foundation phase learners, when children are beginning to form and interpret notions of themselves and others. Ultimately the paper acts as a primary resource tool which speaks to the necessity for inclusive based practice specifically with grade two and three learners, and delineates ways in which current play-strategies can be practically augmented to promote holistic inclusive thinking.

Key words: Differently and typically abled; inclusivity; role theory and role-play; drama therapy; notions of self, self esteem, peer rejection, play, exclusion, inclusion.

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1. Introduction

1.1. Brief overview of study

A recent article in the *Mail and Guardian* states that, “About 2.9-million South Africans (roughly 7.5% of the population) live with some form of disability. Yet those with disabilities make up less than 1% of the total student population, a group that struggles to enjoy fairness and justice in the way in which they are treated at universities,” (Matunga, 2017:1). This exclusionary reality has implications beyond young adults being potentially deprived of education. Implicit in the segregation is a social reality of unfamiliarity and exclusion which can breed multiple forms of bias which are covered in this study.

1.2. Rationale

This rationale begins with a personal vignette.

It is 2002 and I am entering a special school for disabilities for the first time. At seventeen it is my first exposure to the reality of different abilities, or perhaps I have been ignorant of it. Although the school was neighbouring to mine, almost none of us knew what existed beyond the boundary. A group of children living with profound physical disabilities come running to me and almost intrinsically expect hugs and love. Of course they do, they are children.

These students are capable of significance in many contexts, yet my ignorance denies them this. The poignant evidence of their ‘disability’ trumps their ability. I feel awkward and uncomfortable at their disability. I feel awkward and uncomfortable at their disability. I feel awkward and uncomfortable at their disability. I replay the irony and absorb a myriad of emotions, most of which is shameful ignorance. I embrace the hugs and reciprocate the love. My understanding of ‘normal’ and ‘ability’ will never be the same.

My entrance into the school was part of a project on inclusion which my peer had arranged. I was one of three girls who were appointed to choreograph a dance with three boys in wheelchairs. One group member exited the project due to her discomfort with the disabilities. Therein began my journey towards understanding why we were raised in a society which was so far from justice, acceptance and truth.

Five years later, as part of an honours degree, I worked with deaf and hard of hearing youth to implement a HIV/AIDS awareness drive which was accessible and relevant to the students. The process alluded to gaps in the majority of existing campaigns as the campaigns mainly employed audio means of communication. The gaps in HIV/AIDS education for the deaf/hard of hearing were numerous. Adoyo (2007) explains,

> Since communication is the most salient area in deaf education, a focus on the same should provide a good platform from which to build inclusive teaching practices with the deaf. Because deaf children may have poor spoken language skills, clear communication in a language they understand with ease and comfort is of paramount importance for the comprehension of the curriculum content (Adoyo 2007:12).

This reality bolstered my desire to investigate solutions towards inclusion. At the very least, I aimed to familiarise children with the idea of difference so they can potentially create inclusive cultures as they develop.

Through focus groups and discussions, I eventually discovered that drama and performance was a 'language' (as Adoyo (2007) mentioned) which could cross boundaries. It provided a flexible platform for communication and allowed the youth I worked with to employ a holistic means of teaching and learning – using body, mind and emotion. Ewa, Olayi, Ashi, and Agba emphasise, "When practically involved in lessons with pictures displayed, memory remains fresh and recall of information is facilitated, thereby enhancing effective learning in an inclusive classroom environment", (Ewa *et al,* 2015:35-43). In the context of drama, these 'pictures' were created by the students themselves. However, there was a need to contextualise the choices. We needed a basis and context from which we drew material to create the stories for teaching, learning and feeling.

During my course of study for both honours and masters degrees, I discovered an effective context to draw from in a theory called 'role theory'. Within clinical practice and my practical learning, I have witnessed and experienced how exercises based on role-play foster empathy, increase self-esteem and provide a relevant language for individuals to engage with. However, the available information on this seemed scattered and only indirectly proved what I had envisioned for inclusion. This technique, together with the exposure of working with both special needs and typically able learners in one space, could possibly prevent bias stemming from unfamiliarity. The material in this report will examine the notion of inclusion and investigate

[1]if play and role-play could be employed with primary school learners as this is a time during which stereotypes and cultural understanding is shaped (Bergen,2001:1).

The broad perspective is to establish a society which does not perceive biological difference as grotesque, subordinate or inconvenient to accommodate. Specifically, it is aimed at creating the right circumstances for differently abled children to flourish as a part of mainstream society despite their disability, and for mainstream learners to understand the nuances of disability without negating the commonality and which exists between both worlds.

1.3. Aims

This research report at aims at strengthening the social fibres of our society by exploring how we can establish strategies which prevent harmful exclusionary cultures. The prevalence of inclusion-based interventions are frequently linked with inclusive schooling and often bring notions of privilege, fragmentation or lack of resources. Whilst this is a tangible and urgent problem in South Africa (Donahue and Bornman, 2014:1-4), we cannot allow these problems to deter our investigation into developing inclusive social practices which will hopefully negate cultural bias and hatred based simply on unfamiliarity.

The themes and topics selected align with inhibiting nuances and idiosyncrasies of unfamiliarity which exist mostly in deep and invisible moments -where people steer away from a sensitive subject, are unable to assist someone in need, develop silent bias, believe stereotypes or unknowingly become the oppressor. These experiences are prevalent in both childhood and adulthood.

The primary methods / techniques of inquiry chosen to prevent the mentioned biases, are: 1) play as a whole and 2) role-play in particular. The study aims at researching whether these techniques can augment current practices of inclusion among differently able and typically able learners and suggests preferred methods from its findings. Choosing play as a learning pedagogy, may proffer effective results as it is an intrinsic human process, present especially in childhood (Piaget 1962 in Hoffmann, 2012:14).

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[1] "A role is a comprehensive pattern of behaviour that is socially recognised, providing a means of identifying and placing an individual in a society. It also serves as a strategy for coping with recurrent situations and dealing with the roles of others (*e.g.,* parent–child roles)" www.britannica.com

The basis of our ignorance as human beings can possibly be distilled to the roles we assume or do not assume because of lack of exposure or opportunity. Roles of victim, victor, teacher, role model, marginalised, popular, disabled, abled, ill, healthy, child, parent, oppressor, dependant, clever-student, 'stupid'-student etc. form a definitive and definite part of our self-worth and worldview.

This study approaches these role constructs using Jacob Moreno (1934) and Robert Landy's (1993) explanation of role theory. As drama therapists, their approaches do not delineate fixed roles, but open up the possibility of taking a base role (as a catalyst, not as a prescribed norm), and reworking it through an embodied, dramatic experience. The intention of the research is to probe the relevant forms of role-theory to establish if Moreno and Landy's techniques are theoretically sound for a play-based, inclusive intervention among primary school learners. The research also investigates which level of primary school would be more suitable for the intervention.

Role based work has been used successfully with typically and differently able children (Crimmens, 2006:33), but a limited published amount was found on its use for inclusivity in the context of eliminating bias and promoting familiarity. The literature in this study consequently ties together a plethora of research to form a basis of inquiry which will hopefully inform inclusive social strategies among children in time to come.

1.4. Research Question

What is the potential integrative effect of play and role theory on inclusive practice in relation to differently and typically abled children?

There are several sub questions which need to be presented to contextualise this study:

- What do existing bodies of research say about:
  - -play and role-play
  - - notions of the self
  - -different and typical ability?

- Why are socially inclusive interventions necessary in primary school settings?
- What is the aim of an inclusive intervention?
- Why is a drama therapeutic approach of value?
- What are the core aspects of role-theory and role-play in the context of inclusive practice?
- Given the focus on the self, what does drama and drama therapy do for self-esteem?

1.5. Research design

Due to limitations in the original plan for executing a practical intervention, this qualitative study has taken a desktop approach. After my literature review, I begin with a section on peer rejection which informs the necessity of this study on a global level, painting the practical picture of exclusion and its consequences. This section can also be seen as an extension of the rationale as it in essence, explains what I am referring to when I advocate for social inclusion. I have included three profiles from a personal social media study I conducted in 2017. The profiles offer insight into different disabilities and the effect of unfamiliarity in adulthood.

To assist with understanding of whether inclusive contexts are healthy or damaging, there are three case studies affording the reader a glimpse of how inclusivity may augment or catalyse a healthy sense of self-worth in children. This choice was informed by the converse of this study, i.e.: that social exclusion may result in a low self-worth. The studies were chosen because of the variation in testing methods and results, and because they allowed for balanced representation. They were three of the most accessible studies which provided organic results (not related specifically to any influencing interventions) to outline what effect inclusion can have on children's self-worth. It felt relevant to offer this insight so that the reader understands the full rationale before reading the main sections on play and role.

The introductive sections mentioned above, include:

a) A literature review
b) A section on peer rejection and
b) Three short case studies on different ability and self-worth

After assembling an extensive literature review, I established that there is limited information on this particular topic, but instead separate bodies of published work which form part of the answer. I have subsequently decided to simplify the structure by arranging the remaining information pertaining to the main topic under the umbrellas of

1) role and

2) play.

This was executed by researching the foundation of each concept and expanding the knowledge to contemporary findings in relation to differently abled people. These sections offer information which assists the reader to understand which mechanisms of play (and role-play) are beneficial to children in general and how they relate to inclusive contexts.

1.6. Ethical considerations

No human subjects were used in this study. No permission was required for any new work conducted. Any mention of human subjects was taken from research conducted prior to this, where full consent was given and achieved ethically. The ethical consideration for this paper thus lay in the writing itself, being mindful of representing both typically and differently abled parties equally and being careful not to wrongfully victimise or implicate any population group.

1.7. Limitations

I initially began with the intention of implementing a practical component to the study, using role-play with differently and typically abled grade two and three learners. Throughout January to June 2018, I worked with three schools to finalise processes and protocols, however, gaining entry into the schools proved to be incredibly challenging. In June 2018, I made a decision to switch the methodology to a desktop-based study to review existing bodies of work and establish what knowledge is currently available, and to frame the results in a way which attempts to answer my question.

The switch to a purely theoretical study was, for the most part, perplexing and monotonous. I found a plethora of information on individual components but little to none on the drama therapeutic workings of role-play related to inclusivity. I had to dissect the elements and distil the components such that the reader understands the elements in isolation before locating them under inclusion. After this clarification the process became more organic.

In November I cancelled the questionnaire and interview portion of the work (aimed at understanding the effects of drama related activities and children's awareness of others) due to setbacks in accessing ethical clearance. This was a small but disappointing setback as I was counting on this data to offer a different dimension to my research: offering insight beyond what was already published.

Apart from these logistical complications, my health regressed throughout 2018. I am currently balancing multiple cognitive and intestinal symptoms which deter me from sitting for a designated period of time and from reading and typing. These symptoms defined my capacity to work and compromised the majority of my output. My offering is thus a portion of what I originally planned, however hopefully still a substantial piece of work. My health condition also influenced my decision to halt the data capturing portion of the research.

1.8. Conclusion

The research premises on the possibility of creating a platform which allows typical and different ability to coexist in social and academic spaces without stigma. Personally, I have dealt with exclusionary realities tucked safely and quietly under the monster of ignorance for six years. I have an auto-immune condition and a host of other related complications. My condition is chronic; however, it does not carry a familiar terminal label, nor is it something people understand and respect. It was triggered by a motor-vehicle accident in 2007 and has been a silent vulture ever since. My journey in advocating for inclusion transcended from public to personal when I quit my job in 2012 due to the chronic condition. I began to research and experience the effects of exclusion and what it means to normalise disability whilst simultaneously acknowledging its positive characteristics.

This paper is a consequence of a myriad of experiences and will hopefully be continued in practical spaces as the gap between academia and practical solutions still remains. Beginning exposure among learners from foundation phase may allow learners to readily grasp psychosocial skills and develop a deeper understanding of difference, as opposed to navigating through difference for the first time as teenagers and adults.

2. Conceptual Framework

This literature review encompasses different concepts which help inform and guide our understanding of play, role and role-play from both a general and drama therapeutic lens.

Besides discussing theory which links directly to these core concepts, the review offers insight on different facets which may influence these techniques and the context in which we view them. Whilst the overarching context for this study is inclusion, the study calls on a need to explore child development and play as a whole. I also view inclusion in an educational context as this provides indicators to what we should explore socially. The concepts of inclusion and rejection are loaded with dense layers of reality which need to be deconstructed before discussing how to promote and prevent them accordingly.

2.1. Identity

Identity has been described as the empirically verifiable aspect of the self-concept that arises through social interaction. In the case of individuals living with disabilities, two major different ability-related identities have received attention in the literature: shame and pride. Shame presumably develops in response to interaction in a stigmatising society (Darling, 2003:9).

Identity for differently abled individuals has previously been framed under separate models. The Medical Model holds that, “disability results from an individual person’s physical or mental limitations, and is largely unconnected to the social or geographical environments. It is sometimes referred to as the Biological-Inferiority or Functional-Limitation Model” (Michigan Disability Rights Coalition, 2017: np). This model places the source of the problem within a single impaired person, and concludes that solutions are found by focusing on the individual. A more sophisticated version allows for economic factors, and recognises that a poor economic climate will adversely affect a ‘disabled’ person’s work opportunities. Regardless of the adaption, it still seeks a solution within the individual by helping him or her overcome personal impairment to cope with a flawed cultural system, (Michigan Disability Rights Coalition, 2017: np). The medical model places emphasis on the individual without acknowledging that part of the ‘disability’ is born out of a society which has for years treated it like a problem which needs to be solved as opposed to a culture which needs to be accommodated.

This model refers to a paradigm or perspective related to a social condition such as different ability (Parsons, 1951). What is important for this study, is that this model has been associated with the sick role (Parsons 1951). In exploring this role, we see that it is an, “undesirable state that requires the patient to cooperate with medical treatment in order to return to full participation in society**.”** (Darling, 2003:9). This role focuses on individual action for medical assistance, rather than on social change. Important here is the stigma associated with the word “sick”, it implies pity and reliance as opposed to autonomy provided by societal understanding and accommodation.

The other model is the social model (Oliver, 1998) and focuses on society’s role**.** The social model views differently able as, “a consequence of environmental, social and attitudinal barriers that prevent people with impairments from maximum participation in society. It is best summarised in the definition from the Disabled Peoples’ International: "the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others, due to physical or social barriers,” (Oliver, 1998:1447).

In this view, the locus of disability can be found in a society that fails to accommodate the diverse needs of individuals with different abilities. This model calls for social change in the form of physical changes to the environment, such as curb cuts and ramps, as well as changes in attitudes away from stigma and toward acceptance. Again, the medical and social models are ideal types that only approximate the views of actual individuals (Darling, 2003:10).

2.2. Role choices and adaptation of models

The above does not consider individual lived experience. This research study rests on the premise that, individuals could adopt and operate within a balanced view of these models for a healthy role repertoire. The idea of role is embedded in each model as role makes up a component of different ability orientation, which encompasses the cluster of different ability-related behaviours in which people with different abilities engage.

The role an individual takes as he/she adopts a stance and functions within the models, is informed by a myriad of factors. This reality has also given rise to other models which have branched out as hybrids.

Some individuals may play the classic sick role and continue to search for cures for their impairments, whereas others may choose to relinquish rehabilitative services. Role choices are closely related to opportunities (Darling, 2003), which, in turn, are associated with one's location in society in terms of socioeconomic (SES) and other statuses. Those who have been exposed only to the medical model may play the sick role because they are not aware of other behavioural options. Another role that has received considerable attention in the literature is disability rights activism (Darling, 2013:10).

When activists engage in activities intended to increase opportunities for people with different abilities it typically suggests that they advocate the social model of disability and advocate to have disability pride; however, identity and role are not always associated in expected ways (Darling, 2013:10). "For example, some people with pride in their identities as individuals with disabilities reject activism and play a more passive role with respect to disability rights. The concept of disability orientation enables the exploration of other factors that may or may not be associated with disability identity" (Darling, 2013:10)

In summary, the medical model allows the individual to accept and understand illness from a medical perspective and utilise the medical resources available. The social model advocates that whilst medical structures are available, they only form one strand of what an individual requires to successfully navigate and assume various roles successfully. The onus on society to provide mechanisms, resources and mindsets is compelling and necessary. This study consequently explores the idea of role-play and play as a platform for children to face the idea of inclusion and explore the concepts of identity, inclusion, autonomy, perceptions, potential bias, difference and similarity. Creating exposure to these concepts in school and social settings may help to inform children's perceptions and choices as they develop.

2.3. Self-concept

A review on self-concept is an integral part of our understanding of child development as it informs which part of self-concept we need to target. It also assists us to understand how role-based techniques may fit into a child's world. A child's self-concept is influenced by external and internal factors. Internally, according to Cambra (2002), the many factors involved in the building of self-concept will influence a child's process of socialization and moulding of her personality, and can be divided into two separate sections: namely intrinsic and extrinsic factors; which impact on the formation of a child's self-concept. Intrinsic factors include the child's

degree of disability, communication skills, academic ability, social skills, age, sex and personality (Peel, 2004:42). Extrinsic factors are formed by variables related to the child's school and classroom, attitude of classmates, school, interpreters, teachers, availability and degree of educational support, parental involvement and acceptance of the child's different ability, social environment and acceptance, and lastly the availability of assistive devices (Cambra, 2002:38). Intrinsic and extrinsic factors are co-dependent and not mutually exclusive (Collair, 2001:38 in Peel, 2004:42)

One barrier to the study of children's self-concepts has involved the various ways in which this construct has been conceptualised. An important and well-developed distinction in terminology in this field is that between self-esteem and other aspects of the self-concept (Damon & Hart, 1982; Harter, 2006). Self-esteem refers to the evaluative aspects of the self- concept (i.e., how good or bad children are in a particular domain; Harter, 1998), and has received the most attention in the self-development literature (Brown *et el*, 2009:3). Self-esteem refers to a sense of personal self-worth - the sense of one's own value as a person - and abilities that are fundamental to the development and maintenance of one's identity, whereas self-confidence is the belief in one's ability to succeed. These develop as one relates to and receives feedback from one's environment and affects self-concept. In turn, self-concept is a system of beliefs about oneself, which, in themselves, follow "similar patterns and trajectories" (Cole *et al*., 200:2). A person's self-concept is therefore affected by self-esteem and self-confidence, as these develop during childhood (Harter, 1996; Stone & May, 2002 in Antonelli *et el*, 2014**:** 2).

The characteristics associated with self-concept based on Shavelson, Hubner, and Stanton's (1976) model:

- It is multifaceted, as people categorise the vast amount of information they have about themselves, establishing relationships with peers.
- It is organised hierarchically with perceptions of self across different subareas (academic self-concept in language, mathematics, etc.).
- General self-concept is stable, but as one goes down the hierarchy, self-concept becomes increasingly more situation-specific and, as a result, less stable.
- As people grow and develop, self-concept takes on a more complex, multifaceted structure.

(Carmen & Palomino, 2017:1).

2.3.1. Self-esteem

Drawing from various theoretical perspectives (e.g. social comparison theory, symbolic interaction theory) research has validated the assumption that high self-esteem is associated with educational achievement (Marsh et al, 1996a). Humphrey et al (2004) concur that ability levels may influence depressive symptoms and levels of self-esteem. Branden (1994) also agrees that a positive self-concept is advantageous for children's personal development. Evidence for the reciprocal nature of self-esteem and adolescent academic achievement has been found by some researchers, but findings are not consistent across studies nor documented. "The bi-directional influence between domain specific self-concept and academic achievement is not clear. For instance, a study of 838 secondary students in the United States has found a significant relationship between self-esteem and academic achievement for seventh-grade students, but not for ninth-grade" (Alves-Martin et al cited in Booth and Gerard 2013:10).

The study of young children's self-concepts has been characterised by methodological challenges. "The most prominent problem stems from the fact that young children often lack the cognitive and linguistic ability to accurately and coherently describe certain aspects of their self-concepts" (Brown *et el*, 2009:3). This brings light to the need for a vehicle or platform to assist with expression.

It may be beneficial for individuals to explore different roles and engage in the composites of each [2]role from a young age. Starting young may allow for easier building in terms of self-esteem, identity and self-worth. In terms of working with role, an individual is allowed the platform to engage with different roles which form part of their worlds. This platform may allow them to express themselves as they take on roles they currently play and even ones they dream of playing. Together they experience different emotions, witness each other in different capacities, and potentially bridge the gaps which may exist via a richer understanding of each "other". Through drama, children can provide themselves and audiences with greater insight into possibilities and challenges (Burden & Burdett, 2007; Eaden & BDA, 2005 in Brown *et el*, 2009:3). A critical analysis of the components of drama, role and its function in play could assist towards more effective application for inclusive social encounters.

2.3.2. Self-concept and stigma

The America Psychology Association carried out a study on, “Perceived stigma toward children with emotional and behavioral problems and their families”. The study documented the presence of “stigma by association” for families of children with emotional behavioural challenges with strong stigma by association reported for school settings, and the least for church settings (Heflinger *et el,* 2014:1).

According to the World Health Organisation, worldwide 10-20% of children and adolescents experience mental illness. Half of all mental illnesses begin by the age of 14 and three-quarters by the mid-20s. In addition, the National Youth at Risk Survey conducted in South Africa, which focuses on children and adolescents between Grade 8 and Grade 11 highlighted that 24% of the youth surveyed had experienced feelings of depression, hopelessness and sadness while a further 21% had attempted suicide at least once (Johnson, 2014:1).

According to labelling theory, stigmatization is largely a sequential process that begins with labelling and (negative) stereotyping by others, leading to separation and status loss (devaluation) of the labelled entity, and subsequently to discrimination (Link & Phelan, 2001:3).

The data indicates a need for intervention in early childhood to prevent stigma and depression. Other derivatives of the self-concept, such as self-perceptions and self-understanding refer to less balanced evaluations of the self, i.e., how children view themselves, largely independent of their subjective evaluations (Brown *et el*, 2009:3). These views are shaped by external elements such as school, family and social contexts**.**

2.3.3. Self-concept in a school context

Current education systems propose an education model focused not only on developing students’ cognitive capabilities but also their emotional skills. Given that school is about equipping students with the skills, knowledge, and attitudes to facilitate their autonomy and inclusion in school and social settings, it also contributes toward enhancing personality development (Carmen & Palomino, 2017:1). As such, education should embrace and protect students’ feelings, emotions, and self-esteem; widen the choices available to them; and

acknowledge their uniqueness, collective identity, individual personality, and cultural specificities (Fernández & Terrén, 2008 in Carmen & Palomino,2017:1).

The South African schooling context provides an added challenge of mixed languages and cultures. After a study on the effect of life-orientation in the South African school system, Professor Erna Prinsloo wrote, “The opportunities to create sympathy, understanding and co-operation among the people of different cultures in South Africa are manifold. Sport, cultural, social, and religious activities can all be employed to achieve this ideal”, (Prinsloo, 2017:168). Teachers and principals should be trained to use all possible opportunities to create social cohesion amongst learners from different cultures and to achieve successful teaching and learning in the life orientation periods and in the whole school system as well (Prinsloo, 2017:168-169).

“The importance of self-concept lies in the significant role it plays in character formation,” (Carmen & Palomino, 2017:1). According to Musitu, García, and Gutiérrez (1994), self-concept is understood as the notion an individual has of himself or herself, based on experiences with others and on how they evaluate their own behaviour; this encompasses emotional, social, physical, family, and academic aspects, (Carmen & Palomino, 2017:1).

Primary school years are of great importance when it comes to developing self-concept, given that this is a time when children become aware of their academic achievements, popularity among peers, and how teachers react to attitudes, successes, and failures. Thus, the individual’s sense of identity increases, which in turn has an impact on self-acceptance, building character, and strengthening one’s self-esteem, (Cardenal,1999 in Carmen & Palomino, 2017:1).

2.3.4. Drama in relation to developing self-concept

Through exploring conditions (the situation) that lead to particular thinking influencing the behaviour (Eadon, 2005), drama has potential for reflective learning. For instance, in drama, children are taught different ways of saying a word. They explore the different reactions to the tonality, emphasis, and pitch used. Through the use of storytelling, participants are also made aware of the importance of listening skills incorporating powerful themes such as jealousy,

rivalry, revenge, and reconciliation; encouraging emotional intelligence, (Turner *et al*., 2004 in Antonelli *et el.,* 2014: 5) and reflective learning.

A Maltese study (Debono, 2011) exploring whether persons with dyslexia who have experienced drama managed to improve their self-esteem concluded that being artistic was not only about being creative, "but was in itself a wholesome activity in which they truly committed themselves and revealed who they were," (Turner *et al.,* 2004 in Antonelli *et el*., 2014: 5). The group work offered, through dramatic means, an opportunity to reveal creativity to peers. Participants reported that it helped them gain self-confidence. When comparing the effects of drama on self-concept, it was noted that drama had a long-term effect and helped the core self-confidence which led to improvement in other areas, more limited to self-esteem. Thus, a broader perspective of drama and its therapeutic aspects emerged as part of the results. (Debono, 2011: 45-46). "Through drama, children can provide themselves and audiences with greater insight into possibilities and challenges," (Burden & Burdett, 2007:34, Eaden & BDA, 2005 in Antonelli *et el*., 2014: 1).

In an American study on inclusion between Deaf/Hard of Hearing (D/HH) students at a French university, it was found that one of the essential purposes of drama therapy was to make the deaf aware of their own individual needs and how to respond to external or internal stimuli (Camacho, 2011:10). This approach was based on theatrical games taken from various theatrical models. Techniques included were: role-playing, improvisation, working with costumes, puppets, music and dances (Camacho, 2011:10).

After two years of drama therapeutic interventions, the study facilitated the integration of the deaf at the university and helped change the perception that hearing people had of the deaf. By teaching the deaf how to express their needs, it also succeeded in improving their perceptions of self, and how others view them. Theatrical game sessions shared by the group created a shared experience that built and strengthened relationships and group cohesion (Camacho, 2011:3-10).

Other art-based research exploring the effects of drama indicate that academic self-concept, self-concept, self-worth, and self-esteem may be improved, especially if exploring effective coping strategies are included. Scott (2004) finds that, in most research studies, the majority of coping strategies suggested are based on social support and encouragement, effort, parental

modelling, and using adversity as a tool to feel stronger and more in control. Martin (2004) reports positive effects of drama on children in several studies carried out in the United Kingdom and Roche (1996a, 1996b) suggests that it is important that performing arts is applied as an effective tool for understanding, monitoring, and maintaining or enhancing self-concept in specific domains in education. The different activities involved in drama offer the opportunity for students to become more aware of who they are and of their feelings. Being in touch with one's reality is the first step toward building one's self- esteem and self-concept (Braden, 1997 in Antonelli *et el*., 2014: 3).

Eadon (2005) notes that children perceive drama as helping them gain self-confidence, coordination, and social skills. Via drama, they do not experience the frustration felt in class because they can express their abilities more freely and in a "safer" non-judgmental environment (Turner *et al.,* 2004 in Antonelli *et el.,* 2014: 5). Children are able to express themselves more and become less shy; whereas with their teammates, they may learn to accept others' mistakes and develop communication skills, concentration, enthusiasm, cooperation, dedication, responsibility, ability not to lose control, and even literacy skills. Some learn that they are skilful at looking after each other, (Antonelli *et el*., 2014: 5). All these skills are vital skills for development and may assist in creating an inclusive environment.

2.4. Drama therapy as an approach for play and inclusion

Drama therapy draws on imagination and harnessing emotions, opinions and actions via various techniques which do not rely on expensive equipment, to inculcate a sense of self-worth. This approach sets out to develop communication skills through creative methods in a safe, structured environment (Corbett et al.; McCarthy & Light, 2001; Wilmer-Barbrook, 2013; Peter, 2003).

According to Wilmer-Barbrook (2013), typical drama therapy sessions begin with an icebreaker game in order to help learners focus and encourage eye contact, flexibility of thought, spontaneity and use of gestures. Immediately following the icebreaker is the physical warm-up which stimulates the imagination. The main part of the session could be improvisation, role-play, story, myth, or movement work; exploring group and/or individual themes, allowing opportunities for experimenting with social interaction (North American Drama Therapy Association, 2014; Wilmer-Barbrook, 2013:43-56).

Drama therapy is action-oriented, aiming toward not only insight and emotional maturation, but also practical change: communication skills, interpersonal dynamics, and habitual responses are all actively examined. Change is not only envisioned but literally practiced. (Emunah, 1994: 31). These are salient in relation to special needs learners.

In a Slovakian study on interdisciplinary inclusive education, teachers where interviewed to assess the needs of inclusive education for typically and differently abled children and solved a fictional case to asses best practices for inclusion. The purpose was to focus on strategies which the teachers propose and adopt when they discover that some children have difficulty learning. The participants were seven primary school teachers from four different schools from the capital of Slovakia. The results showed that the teachers rely on traditional, formal methods of education which do not make room for inclusion (Listiakova, 2014:95). Helping special needs children in their classes was seen as a task for specialists as teachers do not feel equipped to intervene using the formalised techniques they are aware of (Listiakova, 2014:97.) Drawing from their past experience with drama and performance, Listiakova, (2014) claims that methods like role-play, embodiment, witnessing and personification, were suggested by teachers as strategies beneficial to social inclusion (Listiakova, 2014:97). The results also revealed the strengths of "interdisciplinary assistive approaches and strategies" such as using therapeutic techniques in educational settings. (Listiakova, 2014:97).

2.4.1. The life-drama connection

The life-drama connection is described by Phil Jones (1996) as one of his nine core principles. He explains that drama therapy refers to the process where clients can apply their life experience without creating serious consequences. The client is separated from the reality and receives satisfaction from exploring the unconscious. The life-drama connection reflects the real life of the client through constructed drama. Dramatic representation flows between the objective and subjective, making real life more comfortable and safe while enabling the client to go on a 'creative adventure' (Jones, 1996:118).

In her paper on drama therapy and inclusive practice, Listiakova demonstrates how therapeutic education (special school education), includes effective factors in drama therapy especially via including Jones' core processes. This further extends the real-life connection. She says, "They [special school settings] include projection into the story of a hero, empathy and aesthetic

distance achieved by a metaphor, role play and personification, interactive audience and the presence of a witness, embodiment, play, and the connection between drama and everyday reality that allows for transformation" (Listiakova 2014:97). In terms of real life school settings, she claims that many of these techniques appear in educational situations, but their potential is not realised or used (Listiakova 2014:97).

2.5. Play

This section is broken down into the various components which fall under play. The content justifies and challenges the choice of play and role-play in different contexts.

The four criteria of Krasnor and Pepler (1980) will define play for this writing: flexibility, positive affect, non-literality, and intrinsic motivation (cf. Sutton-Smith & Kelly-Byrne, 1984). Flexibility denotes that play behaviours vary from real ones in form (they might be exaggerated, or truncated) and/or content (using a pencil as a knife to cut a sandwich). Positive affect touches on the idea that people look like they are having fun when they play (Lillard *et el.,* 2013:2). Non-literality refers to the fact that, in play, behaviours lack their usual meaning while paradoxically retaining it; Bateson (1972) famously pointed out that, "the playful nip denotes the bite, but it does not denote what would be denoted by the bite" (p. 317). Intrinsic motivation suggests voluntariness: one engages in the activity by choice for its own sake (Lillard *et el.,* 2013.2).

Pretend play involves both cognitive and affective processes which can be observed, such as the organization of a story's plot or the expression of emotion during play. Pretend play also involves interpersonal processes such as empathy and communication. Through play, researchers have found that children display cognitive skills: the ability to organise thoughts into logical sequences with cause and effect relationships, creativity (Russ, Robins & Christiano, 1999 in Hoffmann, 2012:14), abstract thought (Saltz, Dixon & Johnson, 1977 Hoffmann, 2014:14) and perspective-taking (Fisher, 1992). Piaget (1962) emphasised play as an important way for children to make sense of new experiences and integrate this information into their conceptualization of the world (Hoffmann, 2012:14).

Imaginative play is therefore an important means by which cognitive skills and social competencies are developed (Singer & Rummo, 1973 in Hoffmann, 2012:14). A great value of

pretend play is the disconnection from real-world consequences. Pretence frees children to creatively experiment with emotional expression and social relationships (Johnson et al., 2005 Hoffmann, 2012:14).

In terms of cognitive development, there is classic and contemporary evidence that pretend play and role-play can have a significant effect on children's cognitive development. The assumption of a connection between pretend play and language rest, historically on the theoretical ideas of Bruner (1972), Vygotsy (1967) and Piaget (19962) which show that pretend play is related to, and a necessary ingredient of, cognitive development (Yawkey,1983:4). The development of pretend play, like thinking, evolves from birth and continues across the life span (Piaget, 1962 in Yawkey, 1983:4).

Role-play comprises of what author and theorist Peter Slade (1995) referred to as personal play. He explains that personal play (role-play) differs from projected play which is where children play using objects or an art form like clay or drawing to represent characters in their internal world, in that it is a lot more active. We become imaginative characters and can interact with others and so the whole person is used in a broader sense. Both types of play are important at different times, but Slade stresses the importance of action. Creativity is an outflow of energy during which interest must manifest itself outside of the self and explode into action (Crimmens, 2006:40).

2.5.1. Pretend play

Children have different capacities in their ability to pretend-play and this may prove problematic in an inclusion space when consciously used as an intervention. Using simple activities to develop a baseline of the children's' capabilities and to introduce the concepts may assist in a more accurate planning of sessions when the actual narrative based role-play begins. Lillard (1998) has pointed out that pretend play involves negotiation between players with differing views, simultaneous representation of objects in two ways (real and pretend): 1) role-play requiring acting out others' thoughts and actions, and 2) portrayal of emotions appropriate to varied situations and actors: actions that suggest that the pretenders have mental representation abilities (Bergen,2001:1).

Role-play is thus a crucial component of pretend play, so pretend play can be used as a warm up in and be used in sessions leading up to the actual role-play. A pre-activity period using

puzzles, conversation pieces and toys may assist in building a relationship among the participants before the more complex work begins. This may initiate conversations and negotiations as the learners develop their own language and means of communication whilst being introduced to the idea of creative play. Strategic edits can be made, such as placing fewer crayons in the second or third session to promote sharing.

Many cognitive strategies are demonstrated when children pretend, including joint planning, negotiation, problem solving, and goal seeking. Researchers have questioned whether the co-occurrence of these developing abilities is evidence of a reciprocal or of a cause-effect relationship. Although the answer to this question is still under study, it is clear that pretend play has a vital role in young children's lives, and that its importance extends through the primary school years (Bergen, 2001:1). Substantial research on how children understand the thinking of others indicates that even though children can pretend through actions earlier, they do not gain the ability to understand that others may not know what they know until they are age 4 or 5 (Bergen, 2001:1). Conducting social encounters at primary school level may consequently be more effective as children are developmentally more aware of the realities of pretend play.

Children begin to engage in pretend play, develop receptive and expressive language, and use mental representation at approximately the same time in their development (Bergen, 2001:1). Thus, researchers have hypothesized strong relationships among these processes.

Bodrova and Leong claim that play interventions relate to emotional functioning in school, showing a direct link between play ability in young children and school adjustment, oral language development, improved social skills and self-regulation (Bodrova & Leong, 2003 in Hoffman, 2014:13). However, these results are not consistent with other studies which posit that the casual approach of such research skews the results in favour of a somewhat biased outcome. The inconsistency in correlational studies argues against a general causal account. Without further research, there is no basis to determine if equifinality[3] is supported; the direct path might not exist, and other paths have been examined. Epiphenomenalism[4] arises when

[3]Equifinality: the property of allowing or having the same effect or result from different events (n.d www.merriam-webster.com)

[4]Epiphenomenalism: "Epiphenomenalism is the view that mental events are caused by physical events in the brain, but have no effects upon any physical events", (n.d. plato.stanford.edu).

there are inconsistent correlations. Lillard et el found in numerous studies that correlations were so sparse there might be nothing congruent to explain (Lillard *et el.,* 2013:24-28).

An extensive theoretical review of 40 studies examined evidence to support claims that pretend play is a crucial engine of child development. The researchers considered two alternative possibilities: “that pretending is one of several possible routes to development, or that pretending is merely an epiphenomenon, something that often goes along with important developments, but does not cause them,” (Lillard et el., 2013:24-25). The overriding conclusion from this review is that there is currently not enough evidence to support the first position and that more and better research is needed to clarify pretend play’s possible role in children’s development (Lillard et el., 2013:24-25).

Lillard et el postulate that the methodological problems must be remedied with sound experiments and longitudinal studies before we can know whether and how pretend play helps development (Lillard et el., 2013:27). However, they advise that, “lack of existing evidence that pretend play helps development should not be taken as an allowance for school programmes to employ traditional teacher-centered instructional approaches that research has clearly shown are inferior for young children. The hands-on, child-driven educational methods sometimes referred to as “playful learning” (Hirsh-Pasek et al., 2009) are the most positive means yet known to help young children’s development,” (Lillard et el., 2013:27).

More recently, research has examined affective processes in creative production (Bass, DeDreu, and Nijstad 2008; Isen, Daubman, and Nowicki 1987; Russ 1993; Shaw and Runco 1994 in Russ and Wallace, 2013:37). Important affective processes that occur in both pretend play and creativity include producing affect themes in fantasy and memory, experiencing emotion (especially positive emotion), cognitive integration of affect, and experiencing joy in creative expression (Russ and Wallace, 2013:137).

According to Fein (1987), pretend play enables the expression of many cognitive abilities and affective processes important in creativity. Pretend play embodies symbolic behaviour in which “one thing is playfully treated ‘as if ’it were something else,” (Feib, 1987:282). Fein stresses that pretence involves feelings and emotional intensity, making affect entwine with pretend play.

Fein also regards play as a natural form of creativity. Her view agrees with the concept presented by Richard of everyday creativity (Richard, 1990 in Russ and Wallace, 2013:137). For children, creativity in daily life often takes the form of pretend play.

"Pretend play becomes, then, a child's creative product. Thus, researchers might study pretend play as either a measure of creativity or as an outlet for it; it can be a predictor of creativity or a measured outcome, depending on the nature of the study," (Russ and Wallace, 2013:137). Theoretically, play should facilitate imaginativeness and creative problem-solving, identity and self-expression, and social belonging. Johnson et al. (2005) maintain that children's play should contribute to flexibility and thus a better ability to maintain multiple identities, multicultural or otherwise. As children develop problem-solving abilities and creative thinking, they should also demonstrate better coping strategies and improved adjustment (Christiano & Russ, 1996 in Russ and Wallace 2013).

Katz and McClellan (1979) assert that play in school may have a significant impact on bullying behaviour; children who do not build appropriate social skills are at risk for becoming bullies and failing academically. Singer, Golinkoff and Hirsh-Pasek (2006) also emphasise the importance of play for cognitive and socio-emotional development, (Hoffman, 2014:13). Problem-solving processes can also be observed as a child uses play to find solutions to problems as they arise (Russ, 2004 in Hoffman, 2014:13).

Over the years, pretend play has been linked to assisting emotion regulation which may assist both the child being bullied and the child who is bullying. Freud (1955) saw all play as releasing tension, and Erikson (1950) believed children could master disturbing events through play. Fein (1989) and Bretherton (1989) claimed that regulation is the primary function of pretend play (Lillard et el., 2013,23). However, after viewing four studies focused on pretend play and emotion regulation, Lillard et el. found that this possible function of play relates closely to pretend play therapy. An extensive review from within the field considered two recent meta-analyses, concluding that evidence for play therapy's efficacy is "largely inadequate" (Phillips, 2010:13) and that the strongest effects are seen in studies of children who play out theme-specific issues concerning medical treatment (Phillips, 2010:13). Thus, pretending about specific content might help children cope with that content in real life, but, "in general we lack good evidence for the efficacy of pretend play therapy," (Lillard et el., 13).

There is a clear link between role-play and pretend play as they co-exist in many activities and yield positive results. Pretend play should be an intrinsic part of a child's life and we can consequently not negate its creative benefits for the purpose of inclusive practice. I have tried to find negative reports of pretend play, however, nothing significant was accessible in the context of this study.

I can account (based on personal experiences with pretend play) instances where children may accentuate the role of bully or drown a child's voice if the rest of the children do not acknowledge him/her. This may result in developing an unhealthy self-worth, or alternatively allow the affected children to develop coping mechanisms as he/she grows up. The intervention I am exploring in this study involves gentle facilitation from a trained facilitator so potential gaps are steered towards understanding difference in a positive way, as opposed to the play being detrimental to any child.

2.5.2. Divergent thinking

This explanation is discussed in the context of stimulating thinking which is cognisant of stereotypical bias and cultures which breed exclusion. Because play orientated activities can provide benefits such as divergent thinking, children may be able to develop thinking which (coupled with familiarity) propagates including individuals who society would ordinarily (overtly or subtly) exclude. Varied benefits of divergent thinking are discussed below as motivation for creative, play-based initiatives for both typically and differently able children.

Divergent thinking is one type of creativity with the ability to generate a variety of ideas and associations to a problem (Guilford, 1968). There have been numerous positive reports on pretend play and divergent thinking, but also some reports which claim that the link is casual and studies by Pepler and Ross (1981) claimed to have presented evidence that free play promotes divergent thinking, but the inconsistent findings within the study and the use of less rigorous statistical methods made Lillard et el (2013) view this as an unreliable result.

Divergent thinking, an important ingredient of creative production, involves the ability to generate a variety of ideas. It also involves free association, broad scanning ability, and fluidity of thinking. It has been found to be relatively independent of intelligence (Runco, 1991 in Hoffman, 2014:17). Pretend play and role-play may facilitate many of the same processes involved with divergent thinking as participants create alternate story endings, using the same

object as multiple props, and access affect-laden associations. This divergent thinking process may lead to solution building and effective problem solving when presented with a challenge.

Affective expression in play has been shown to positively relate to divergent thinking (Hoffmann & Russ, 2012; Russ & Grossman-McKee, 1990 in Hoffman, 2014:17). For example, Lieberman (1977) focused on playfulness which included affective components of spontaneity and joy, and found that playful children performed better on divergent thinking tasks than non-playful children. Using a larger sample, the relationship between affect expression in play and divergent thinking was also shown to be independent of intelligence (Russ & Peterson, 1990 in Hoffman, 2014:17). A later study found that negative affect expression in pretend play was related to both the child's fluency and originality in divergent thinking (Russ & Schafer, 2006). Similar findings relating this link have also been shown in a preschool sample (Kaugars & Russ, 2009 in Hoffman, 2014:17).

Aside from divergent thinking, a second form of creative production is storytelling. A recent meta-analysis on mood and creativity divided creativity into three domains: open-ended tasks such as divergent thinking, tasks with a single correct answer such as insight tasks, and creative performance tasks such as storytelling (Baas, De Dreu & Nijstad, 2008: 779-806). The authors asserted that it is important to distinguish between these different facets of creativity, as each may be the function of different psychological processes (Hoffman, 2014:17).

2.5.3. Affect and communication

Similarly, in a study of pretend play, creativity and emotion regulation, children who included more emotion words during their storytelling displayed more affect expression in their pretend play (Hoffman, 2014:18). The affective component of well-being includes the pleasant and unpleasant emotions that an individual associate with different experiences (Lee & Browne, 2008 in Hoffman, 2014:19).

King (1979) showed that, while fifth graders distinguished play from work by the amount of pleasure they experienced, kindergarteners identified play by their sense of free choice. For example, building with blocks is considered work when it is assigned by a teacher, but would be considered play if a child chose to do it on their own. This implies that adults can act in ways that promote play: modelling, prompting, verbally reinforcing and providing access to a variety of

play materials, or adult's actions can limit play, through interrupting, correcting, and directing (Malone & Langone, 1999 in Hoffman, 2014:24).

A successful play intervention should therefore be mostly child-directed to enhance the child's sense of enjoyment and free choice. A play intervention can incorporate free choice in many ways including allowing the children to choose the story, develop the plot independently or choose which toys to use (Hoffman, 2014:24).

The relationship between play and creativity is evidently robust. Since the cognitive and affective processes involved in play overlap with those used in creativity, it makes theoretical sense that improved play ability might also facilitate creativity (Hoffman, 2014:29).

2.6. Role

Role theory has been developed by numerous disciplines in the human sciences, but for the purpose of this research I am focusing specifically on the drama therapeutic understanding of role.

Definition of role: Landy (1993) defines role as "a basic unit of personality containing specific qualities that provide uniqueness and coherence to that unit. . . [it is] the container of all the thoughts and feelings we have about ourselves and others in our social and imaginary worlds," (Landy, 1993:102).

2.6.1. Psychosocial link: executive function and role

As a compilation of mental tools, executive function (EF) refers to cognitive or supervisory processes associated with the active maintenance of information in working memory, the appropriate shifting and sustaining of attention among goal relevant aspects of a given task or problem, and the inhibition of proponent or extraneous information, and responding with a given task context (Blair *et el*, 2007: 151).

Thus, from a social context, executive functions work to supervise behaviour, healthily incorporate and reconcile incoming information with established data, and regulate attention in order to generate situation specific functioning. As a descriptor, EF operates as an umbrella

term, encompassing a multitude of functions which work to facilitate identity in a social context (Lewis& Carpendale, 2009). This contextual understanding of personality, both from an internal and external perspective, allows the individual to create and recreate themselves according to their ever-shifting environmental reality (McConnell, 2010; Suchy, 2009 in Frydman, J, 2015).

In terms of EF's place in role, it is linked to Landy's framing of role as a personality concept. He says, "Human experience, according to role theory, can be conceptualised in terms of discrete patterns of behavior that suggest a particular way of thinking, feeling, or acting. Role is one name for these patterns", (Landy, 2009:67). Landy suggests that role is an organising construct, helping to define the individual's personality (Landy, 2009:67).

In understanding role as foundational to social being, its function can be identified within the use of EF operations to access and perform congruent, efficacious, and desirable roles (Frydman,J,2015).

2.6.2. Role as seen in a drama therapeutic context

According to the North American Drama Therapy Association (2014), Drama therapy offers a space in which participants can tell stories, set and achieve personal goals, express feelings, and solve problems. Participants are able to practice roles they can play in real life, "becoming more flexible and spontaneous in their life choices and interactions", (North American Drama Therapy Association, 2014:1) and gaining the "ability to move from one role to another", (Meldrum, 1994:25).

Landy's role theory delineates the core attributes of role-play exercises used in a drama therapeutic context. Landy (2009) explains that that role, in its triadic expression, is the form of one's dramatic expression and story is its content. While in role, an individual can tell or enact a story in both verbal and non-verbal forms. The story is the client's narrative and can be both presentational and representational where role is the essential form preceding the story (Landy cited in Johnson and Johnson, 2009:75).

Drama and Drama Therapy in particular draw on fantasy to achieve the above. According to Moyles (1998), Freud saw fantasy as a way to gain access to the psyche. Emphasising the

function of the child's instincts in fantasy play, he suggested that through play, children will show their inner selves. Linking it to classroom practice, Kitson saw a need for adult intervention in children's play. He found that children began to lose interest in their play activities after a short time if there was a lack of tension (Kitson, 1994). Moyles says, "Such adult participation . . . allows for the structuring of learning areas for the children through the selection of themes or stimulus area," very much like the drama facilitator (Kiston, N in Moyles, J 1998:88). Bolton supports this by saying that dramatic play is a metaphor for children's lives (Bolton 1978).

2.6.3. Role-taking

The mechanism through which interaction occurs is "taking the role of the other" (Mead 1934) or "role-taking", the process of understanding and internalizing the messages one receives in the course of interaction. Shared language makes role-taking possible. The symbolic interactionist view of the self begins with the premise that individuals receive definitions of themselves in the course of interacting with others. Through the mechanism of role-taking, they understand and internalize these definitions, incorporating them into their beliefs about themselves (Mead 1934). For example, a child is more likely to repeat a certain behaviour if she is rewarded by an adult figure (Landy, 2003:151-161).

Johnson says

> The taking on of roles can be seen as a capability which marks the development of certain social and psychological processes. These include the ability to develop relationships, the ability to identify with the others and their emotional perspective. It can mark the development of social skills, cognitive perspective taking and moral reasoning. The act of consciously transforming their own identities into a variety of make-believe identities may hasten the decentralisation process, thereby promoting perspective taking and a number of other cognitive skills, (Johnson et al, 1987).

2.6.4. Role-play in a drama therapeutic context

Drama therapeutic role-play exercises have been found to assist special needs learners as it can be executed via embodiment and with either limited or full dialogue thus creating a platform for all learners to express themselves. Through this expression, he/she can communicate needs and emotions which are present in their roles as typically or differently able learners. Feelings of

isolation, judgment and misunderstanding may begin to be explored as the learners enact roles which are a projected and distanced: a mirror of their real life.

Crimmens (2006) explains that in drama therapy, what constitutes role-play is very wide and inclusive: it may be someone who is profoundly differently able wearing a costume and being integrated within role, or a student being able to remember a simple line and deliver it on cue, or a group of students in role as insects all interacting with one another in role. She notes that the key element is flexibility (Crimmens, 2006:36).

There are various roles which participants can present from their own narratives, some roles which they will identify in stories and roles which they may identify in others' narratives. Role-play involves processes in which participants play out these roles either verbally, physically or both at the same time. Phil Jones explains role-playing as a therapeutic performance process which allows participants to express their unresolved issues. He says that participants identify problems and realise their issues through different role-playing. During the process, participants change their perception and search for solutions to their problem or choose a new direction in which to go (Jones, 1996:94).

According to Crimmens, "Role-play is involved in playing with props and doing tasks, especially if the student can convey some of the emotional tone of the character. Many students have difficulty using their face and posture to convey emotion. They cannot do it on command the way many non-learning disabled children can. They may be described as lacking affect," (Crimmens, 2006:36).

2.7. Inclusion through an educational lens

Besides its social benefit, it is helpful to view inclusion as seen in the educational landscape. This helps us frame the challenges and successes of inclusion and can inform future strategies. The following section includes research which touches on aspects which speak indirectly to social development and integration.

2.7.1. Definition of education

Piaget provides the following holistic definition of education, “The principal goal of education is to create men who are capable of doing new things, not simply of repeating what other generations have done-men who are creative, inventive, and discoverers. The second goal of education is to form minds that can be critical, can verify, and not accept everything they are offered…. We need pupils who are active, who learn early to find out by themselves…”, (Piaget 1964:97). Achieving an education which embraces Piaget’s holistic definition is consequently challenging. Teacher education programmes often provide teachers with survival skills to handle and cope with contained didactic teaching as opposed to verified, holistic teaching. Reflections on teacher education and classroom activities underscore the need for teachers to often respond to prescriptions with little attention to equity, quality interactions and learning outcomes.

Regarding inclusive education, The South African Education White Paper six reflects that, “inclusive education is the value of accommodating all learners in a unified system of education, empowering them to become caring, competent and contributing citizens in an inclusive, changing and diverse society”, (Department of National Education 2001:176), (Swart, Engelbrecht, Eloff & Pettipher 2006:176). However, it also states that “it will not be possible to provide relatively expensive equipment and other resources, particularly for blind and deaf students, at all higher education institutions”, (Department of National Education, 2001:176).

This study coincides with the following emphasis by the UN Convention on the Rights of Persons with Disabilities (UNCRPD):

> The UNCRPD emphasises respect, support and celebration of human diversity by creating conditions that allow meaningful participation by a wide range of people, including adults and children with disabilities. Promoting and protecting the rights of people with disabilities is not limited to the provision of disability-related services; it includes introducing measures to change attitudes and practices that stigmatise and marginalise people with disabilities. The UNCRPD places an obligation on governments to remove the barriers that currently prevent the realisation of the rights of adults and children with disabilities (UNICEF; 2012:9).

2.7.2. Status of special education in South Africa

“In South Africa, up to 70% of children of school-going age with disabilities are out of school. Of those who do attend, most are still in separate, "special" schools for learners with disabilities.

This situation prevails despite the push for the educational inclusion of learners with disabilities over twelve years ago by the South African policy document, the Education White Paper 6", (Donohue & Bornman, 2014:1).

Besides the negative effect this incongruity has on a differently abled child's academic life, the segregation prevents access to daily inclusive encounters with typically able children. Both typically and differently able learners may not fully engage with each other in a public context until they are adults. Consequently, stigma and misunderstanding may arise causing exclusive mindsets in society. If inclusive education poses problems regarding curriculum, teacher training, resources and social cohesion, a solution needs to be created to at least eradicate social exclusion. This study aims at testing role-play's effect as an inclusionary technique to assist in managing possible psychosocial problems which may develop as a result of exclusion. The findings will indicate if the theory is suitable for inclusion for the chosen population and recommend how/if this technique can be used in a school or extracurricular community setting.

The South African White Paper on the rights of Persons with Disabilities emphasises the social rights of persons with disabilities: critical to building social cohesion is enabling persons with disabilities to live in barrier free environments within their communities. Social cohesion should also provide individuals requiring support with the means to participate in community life, and expanding Early Childhood Development (ECD) programmes[5], to reach all vulnerable, including children with disabilities (Department of National Education, 2015:5).

Views on education include a holistic stance. The National Development Plan (NDP) (approved in 2012), promotes accelerated roll-out of inclusive education which will enable everyone to participate effectively in a free society. It acknowledges that education provides knowledge and skills that differently able persons can use to exercise a range of human rights, such as the rights to political participation, work, live independently, contribute to the community, participate in cultural life, and to raise a family (Department of National Education, 2015:33).

2.7.3. General challenges with inclusive education

[5]The composite cognitive, emotional, physical, mental, communicational, social and spiritual development of children that takes place from conception until they enter formal schooling or reach the age of 8 years with government support, (Department of National Education, 2015:33).

Despite the possible successes inclusive education may bring, not every parent or teacher is comfortable with the concept. Tornillo (1994) president of the Florida Education Association United, stated that “inclusion as it all too frequently is being implemented, leaves classroom teachers without the resources, training, and other supports necessary to teach students with disabilities in their classrooms. Consequently, the disabled children are not getting appropriate, specialised attention and care, and the regular students' education are disrupted constantly", (Tompkins and Deloney, 1995:1).

It will take time for attitudes towards inclusive education to change completely. For now, poor structures and ill-equipped teaching methods pose a challenge in terms of promoting the model. The discussion in this section poses a few hurdles which stimulate debate against a seemingly utopian idea of inclusive education. A study which appeared in the 2011 South African Journal of Education compared South African and Swedish teacher training attitudes towards inclusive education. The study found that in South Africa in particular, where inclusive education has not been part of the pre-1994 school system, teachers often felt threatened and unsure about inclusive practices in their classrooms. Teachers from both countries were mixed in opinion with South Africa leaning significantly towards disagreement. The researchers of this study were of the opinion that teachers’ attitudes in this regard are informed by a lack of knowledge, training and eventually a lack of support services. The specific needs of teachers with regard to inclusive education in mainstream schools therefore need to be researched: “more information should be obtained at national and district levels in order to establish a clear picture of teachers’ needs and attitudes”, (Nel et al, 2011:31).

Given this hesitancy to include new support structures to maintain inclusive education, there is an urgent need for an intervention to bridge the gap. Subsequently, an additional need arises to establish support structures that will assist teachers by employing practitioners who can implement inclusive exercises with typically and differently abled children. These practitioners may provide support by equipping the teacher to conduct tailored exercises which augment the idea of inclusivity via dealing with the social challenges of inclusive education.

In a study on inclusivity in Irish schools, a teacher outlined her predicament in a school where children were ‘streamed’ (categorised according to skill). She discussed the unfortunate segregation between special needs classes in her school and the majority of classes with ‘able’ children. A notable concern was firstly the vulnerability of the children in the special needs class. The idea of inclusivity was challenged at the very notion of the children being in separate

classes. Secondly, she explained that should the classes be combined, the differently abled children will be ostracised. She asked, “If children were spread around in mixed ability classes would they be more ignored in a class? If a teacher felt, they were moving on with the work could two or three children be ignored? That is a huge educational debate”, (Joseph et al, 2010:193).

Prevalent themes in the inclusive, educational area are: segregation, education and awareness around different abilities, exclusion, difference and traditional versus contemporary methods.

These themes inform our approach in the social domain in an attempt to alleviate pressure in the educational sector. Inclusion methods, once established and refined can be tailored and utilised among teaching staff and parents.

2.8. Empathy

A part of integrating individuals with different cultures draws on a need for empathy. The next section explores empathy as a necessary emotion for development and how / if empathy can be developed using role-play and play.

Kohut (1984:82) defines empathy as “... the capacity to think and feel oneself into the inner life of another person.” Rogers’ and Kohut’s definitions emphasise two important aspects of empathy. First, empathy has both emotional and cognitive aspects; it involves the ability to tune into the emotions experienced, and to derive meanings associated with the emotions. Most definitions of empathy within psychotherapy have emphasised the cognitive or perspective-taking component of empathy, understanding the client’s frame of reference (Bohart et al., 2002:14).

In contrast, writers from a developmental perspective have tended to see empathy largely as an emotional response. For example, Hoffman (2000) describes empathy as “an affective response more appropriate to another’s situation than one’s own”. Eisenberg and Fabes (1998:702) similarly suggest that empathy is “an affective response that stems from the apprehension or comprehension of another’s emotional state or condition, and that is identical or very similar to what the other person is feeling or would be expected to feel”, (Thwaites and Bennett-Levy, 2007*:* 593-594).

Social cognitive skills such as empathy and theory of mind (discussed later), are crucial for everyday interactions, cooperation, and cultural learning, and deficits in these skills have been implicated in pathologies such as autism spectrum disorder, sociopathy, and nonverbal learning disorders. The success of the integration of children living with developmental disabilities depends on the established special conditions, as well as on the psychological climate of the educational environment. Researchers noted that in classes of integrated education healthy peers do not show explicit insulation and striving for superiority, but they lack the social interest, cooperation and empathy towards children with disabilities (Tarabaeva, 2014:114-120 in Zvoleyko et el.,2016:6478).

The researchers stated that for these children it is necessary to create an environment where they will feel safety, acceptance, and comfort without any discrimination (Zvoleyko et al., 2016:6478).

2.8.1. Developing Theory of Mind via pretend-play and role-play

Theory of Mind (ToM) refers to the coherent network of interrelated concepts people use to explain and predict behaviour (Wellman, 1990 in Goldstein&Weiner,2012:20). Developmental psychologists have shown that role-playing and pretence, (activities linked to acting), predict performance on early ToM tasks and that imitation, the embodiment of an actual person (like the embodiment of an imagined person in acting), is critical for the emergence of empathy and ToM (Jackson et el., 2006: Meltzoff & Decety, 2003 in Goldstein&Weiner, 2012:20).

Derived from the view that pretence involves mental representation (Leslie, 1987) and from the study of role-play as a form of perspective taking (Rubin & Howe, 1986), a series of experimental studies using children's understanding of false belief (i.e., inaccurate beliefs held by others) have explored pretence and ToM issues (Bergan, 2002:3). Lillard (1998) pointed out that pretence involves "out of play frame" negotiation between players with differing views, simultaneous representation of objects in two ways (real and pretend), role-play requiring acting out others' thoughts and actions, and portrayal of emotions appropriate to varied situations and actors. All of which suggest that individuals who are capable of pretending have mental representation abilities, (Bergan, 2002:3).

Leslie (1987) claimed that the cognitive architecture that supports understanding that someone can have a false belief is the same architecture needed to understand pretence, so pretending facilitates use of those cognitive structures (Flavell, 1988; Forguson & Gopnik, 1988; Moses & Chandler, 1992 in Lillard et el., 2013:13). From this reasoning, all pretending should be related to ToM. Simulation theory suggests that children come to perceive others' mental states by analogy to the self, imagining oneself in another's shoes (Harris, 1995 in Lillard et el., 2013:13). Role-play provides children with practice at such simulations, so for simulation theorists, sociodramatic play should particularly assist ToM, (Lillard et el., 2013:13).

These ideas support the possibility of role-play enhancing the development of language and comprehension skills. Whilst in isolation this may infer that children who are not born with speech ability would be at a disadvantage, we can study elements of role-play in an effort towards enabling a new language to emerge, one that may allow children to understand each other better from their foundation years.

In the field of speech-language pathology, role-play has been used along with other methods to target social communication skills; however, there is no study that investigates the effectiveness of role-play itself as an intervention approach (Gerber, et el., 2012 in Abdoola et el.,2017:2). A recent study found that theatre-based intervention with children with autism spectrum disorder resulted in improvements in social cognition, social interaction and social communication (Corbett et al., 2015 in Abdoola et el.,2017:2). This randomised trial made use of peer-mediated learning and acting in a theatre context to target social competence and has provided initial evidence supporting theatre-based interventions (Corbett et al., 2015 in Abdoola et el.,2017:2). This relates closely to the use of role-play as a therapeutic approach as it required the participants to take on the role of another in a given scenario, thereby providing a naturalistic context for learning social skills (Abdoola et el., 2017 in Abdoola et el.,2017:2). From a constructivist's point of view, "on-going" pretend play in social context is one of the richest settings for studying and aiding children's growth and use of language (Fein,1981; Nicolich, 1981 in Yawkey,1983:4).

2.8.2. Empathy and role-play within a drama therapeutic context

In a drama therapeutic framework, a drama therapist may use a mask, improvisation, script writing, the use of existing scripts, and performance of a play, costume and making of scenery building as a means to enable the client to explore or resolve a problem. The presenting issue

might be explored firstly through play orientated activity and then in role-play. This in turn could lead to the creation of a piece of work based in performance art (Jones, 1996:14).

Drama therapeutic role-play exercises may assist special needs learners as it can be executed via embodiment and either limited or full dialogue thus creating a platform for all learners to express themselves. Through this expression, he/she can communicate needs and emotions which are present in their roles as differently or typically abled learners. Feelings of isolation, judgment and misunderstanding may begin to be explored as the learners enact roles which are a projected and distanced mirror of their real life.

Jones (1996) has developed definitions for nine core processes for therapeutic purposes in drama therapy. Two processes namely, therapeutic performance process and drama-therapeutic empathy and distancing, are central to this bridging. Therapeutic performance allows learners to express their unresolved issues. Learners identify problems and realise their issues through different role-playing. During the process, learners may change their perception and search for solutions to their problem or choose a new direction in which to go. Empathy encourages emotional resonance, identification and emotional involvement. During the therapeutic process, learners could develop their empathic response and improve their relationships with others. Distancing in role-play encourages an involvement which is more orientated towards creative thought, reflection and perception. Gradually, the learners can possibly develop and transform between these two processes (Jones, 1996:14).

By encouraging empathy, these processes could work towards preventing bullying and allow schools to begin a dialogue of understanding difference. However, we need to understand more about the intricacies of the technique in different contexts to understand if a shared medium, cultural understanding, tolerance and even appreciation may be fostered.

2.9. Conclusion

This literature review provides a mixed response to the idea of play and role-play as a tool for inclusion. Whilst the dominant opinion seems positive, there is room for further investigation into the accuracy of what works and does not work, and how this information can be utilised for different needs.

Despite over 40 years of research examining how pretend play might help development, Lillard *et el* concluded that there is little evidence that it has a crucial role. Equifinality is supported only

for reasoning, for which epiphenomenalism is also possible. For creativity, intelligence, and conservation, epiphenomenalism is best supported, because of the combination of inconsistent/null findings from correlational studies and the elimination of training results when experimenters were masked or interactions made more equal. For problem solving, the relationship appears to concern construction and exploration but not pretend play. Taken together and examined closely, these studies present a dim view for the often-made claim that pretend play importantly enhances cognitive development. Perhaps further and better research will show otherwise, but existing evidence is not supportive, (Lillard, 2013:13).

“Correlations have been examined for all domains except reasoning and are inconsistent for creativity, null for conservation, and for problem solving are to construction play, not pretend play”, (Lillard et el.,2013:13).

This information has fed my approach of reviewing different case studies, interpretations, integrated research patterns and qualitative interviews to ascertain if pretend play and role-play can augment current structures to enhance inclusive practices.

3. Peer Rejection and the Notion of Self

This chapter includes various aspects of rejection and its' effects on adults and children. The type of rejection is specifically focused on bias, judgement and ignorance. This short exploration will discuss the possibility of role-play initiatives as preventative tools at primary school level. This section emphasises the different forms and impacts of rejection including a review on the notion of self worth in educational, inclusive settings. The choice to begin with this content is for the reader to understand the reality which has triggered a need for inclusive social encounters before discussing the actual techniques.

Due to the lack of a practical execution, I am limited in my ability to explore more profound symbolisms and intricate techniques which are suited to resilience and inclusion. Whilst anti-bullying campaigns have their place, children can still easily slip through the cracks and either fall privy to feeling invisible, or indirectly/directly cause a peer to feel invisible. Bridging the exclusion gap with adults is fundamentally more difficult, and with series released such as 13 Reasons Why (Netflix),[6] we are reminded that exclusion may be seemingly innocuous but essentially detrimental. Thematically it focuses on suicide and bullying only among physically typical teenagers, however, there is a clear narrative of difference, low self-esteem, inability to communicate and dominating status privileges. It tells the tale of Hannah Baker who, after committing suicide, leaves a box of tapes behind for every person who has directly or indirectly informed the decision to end her life. I am quoting this series as it highlights bullying (subtle and overt) as a major form of rejection in school for typically abled learners, avoiding the assumption that these are challenges only between typical and differently abled learners' relationships.

As the series unfolds, we are exposed to a critical lack of empathy and a deep desire to assimilate and belong, despite the cost. The teenagers completely negated their silent empathic emotions resulting in a wide gap between the masses and the marginalised. The wounds of their actions become being deep and irreparable. The series was critiqued for many reasons (Campo, *et el*, 2018:547) but its portrayal of realities which exist within a high-school framework cannot be ignored. The challenge to fit-in despite the cost pursues throughout the series,

[6] A series created by Netflix based on Jay Asher's Novel, *Thirteen Reasons Why.* "After a teenage girl's perplexing suicide, a classmate receives a series of tapes that unravel the mystery of her tragic choice." (www.netflix.com:1).

portraying how different forms of bullying lead to the systemic, psychological downfall of a minimum of seven students. If this heightened injustice is prevalent among typically abled learners in high schools, it brings to the fore the question of what is happening in situations where there is the added difference of ability. Whilst it is not guaranteed that a differently abled child will assume the role of a victim or develop low self-esteem, the trajectory of research on peer relations thus far provides impetus for (at the very least), an exploration of empathic, social interventions.

Research on peer rejection indicates the profound importance for better understanding social development (Reijntjes , Stegge, Terwogt and Kamphuis, 2006:90). Peer rejection ranks as a frequently experienced emotion-eliciting event in childhood (Nolan *et al*., 2003; Spirito et al., 1991) and is capable of invoking strong negative affect, feelings of loneliness, and social anxiety (Asher and Wheeler, 1985; Boivin *et al*., 1994 in Reijntjes *et el*, 2006:90). Peer acceptance/rejection thus act as powerful influencers of a child's happiness and development and as a catalyst for the development of social competence. It is considered a psychological risk factor for behavioural and emotional problems in adulthood (Parker & Asher 1987; Roberts & Zubrick 1992). In particular, earlier studies have suggested that peer acceptance of children living with disabilities depends heavily on the success of early childhood inclusion practices (Bricker, 1995 in Küçüker and Erdoğan :164). Because of their differences, these children were less accepted as playmates than typically developing children (Bakkaloğlu, 2010; Baydık & Inal, 2006; Rotheram- Fuller, Kasari, Chamberlain & Locke, 2010; Vuran, 2005). "Similarly, recent studies document that children with disabilities have fewer interactions with their classmates, experience difficulties in social participation, have significantly fewer friends than their typically developing peers and participate less often as members of a subgroup" (Koster, Pijl, Nakken & Van Houten, 2010; Pijl, Frostad & Flem, 2008; Rotheram-Fuller *et al*., 2010 in Küçüker and Erdoğan :164).

As outlined above, research points to a general challenge in the inclusion of children whose different abilities prevent social adaptability. Developmentally delayed children for example are more likely to experience rejection when they fail to meet standards of expectations with their chronological age. According to Aldridge *et al*, this rejection can lead to behavioural disturbances (Aldridge *et al*, 1995:190). The following section discusses a case study involving a group of learners who entered a drama therapeutic based intervention in Taiwan. The learners

were diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and reportedly displayed problematic behaviour (such as constant disruption in class).

3.1. Case study: Building social skills in Kaohsiung (Taiwan).

I have chosen this case study because of the notable effect the intervention had on inclusion, and because it is one of two inclusion-based studies using drama therapy which were accessible to me (the other, by Listiakova is cited in this paper in the conceptual framework and challenges chapter). It also specifically focuses on building social skills which is pivotal in a conversation on being differentially able in typically able contexts.

Attention Deficit Hyperactivity Disorder (ADHD) indicates that a student's lack of attention, hyperactivity, and inability to control compulsion has become significant thereby affecting development (Hon, 1998 in Chang and Liu, 2006:38). The study chose to focus on the following symptoms which can result in peer rejection: lack of attention, lack of durability, inability to listen carefully and complete a task, being distracted easily, hyperactivity (unable to sit down for a long period), and impulsivity (Hon, 1998 in Chang and Liu, 2006:38).

The purpose was to apply drama therapeutic techniques in[7] resource-room classes for ADHD students in an elementary school in Kaohsiung (Taiwan). The intervention aimed at testing if the techniques improve the social skills of these children. Three children who were reported to have the most problems were tested pre, during and post the intervention. A Social Status Assessment was conducted in order to compare social status changes in the regular class and in the resource-room class (Chang and Liu, 2006:36-38).

The three students (two 10 year-olds and one 11 year-old) attended 90 minute sessions for 8 weeks. The plan was carefully constructed and audited by professionals who are proficient in special needs learning (Chang and Liu, 2006:44). I have included a table from the study in appendix A outlining the rationale of the trajectory for the treatment plan. It highlights an integrated drama therapeutic approach indicating how games and other techniques can be used as a build up towards role-play exercises.

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A resource room is a separate, remedial classroom in a school where students with educational disabilities, such as specific learning disabilities, are given direct, specialised instruction and academic remediation and assistance with homework and related assignments as individuals or in groups

The results varied among the three students. Two were reported to have improved drastically in being accepted by other children and in their behaviour. One child however was reported to have regressed in his behaviour. The results are included in appendix B in a table (note that English is not the writer's first language).

For student one, the teaching style of his tutor was such that he encouraged students "to do what they should do well" (Chang and Liu, 2006:50). For student two (the student who reportedly did not change), his tutor emphasised students' "academic performances and the honor of the class" and believed that students' demeanours are predestined and unchangeable (Chang and Liu, 2006:50). The researcher claims that the tutor would "send the bad students out of her class" and the rest of the students where "deemed perfect" (Chang and Liu, 2006:50). For student three, "her tutor takes every matter in the class seriously. She would try to cultivate every student as much possible" (Chang & Liu, 2006:51).

These comments relate to Carl Rogers' philosophy of unconditional positive regard[8] (Joseph, 2012:1), for supporting an individual despite what he/she has done. According to the study, student two had a tutor who excluded him from the class and favoured the rest of the class, causing him to feel less than perfect. This approach negated any effects which the intervention may have had. Whilst this opinion may be slanted by the researchers' bias, we cannot ignore that if a child's every day regime consists of didactic, exclusive approaches, any inclusive student-centred intervention will be challenging.

Roger's philosophy of unconditional support resonates strongly with drama therapeutic based interventions. The aim is not to change or fix disability such that the individual conforms to what is known as neurotypical behaviour. Neurotypical is a recently developed term which is mostly used in the context of autistic individuals, but also applies to ADHD. It refers to an individual who is not affected with a developmental disorder (especially autism spectrum disorder) and is exhibiting or characteristic of typical neurological development (www.merriam-webster.com, 2019:1). The terms atypical and neurotypical alone indicate that normative values are what different children should ascribe too. The concept of unconditional positive regard negates this, emphasising that we need to understand and respect difference. The aim of acceptance and

[8] "…you respect the person as a human being with agency to choose how to respond to their situation and that no matter how dangerous or dysfunctional they seem to be they are doing their best. This rests on the particular philosophical view of human nature associated with the psychologist Carl Rogers, the founder of client-centered therapy" (Joseph, 2012:1).

behavioural adaptation is instead aimed at assisting the learner to remove problematic behaviours which may cause harm/damage to him/her. Peer acceptance doesn't necessarily limit itself to being part of a group. If we question the underlying assumption of inclusion, it may wrongly suggest that all social traits in differently abled children are inherently negative. However, the drama therapeutic approach does not subscribe to a fixed definition of normal. It is acceptable for a child to be alone if solitude is not a product of being ostracised or harmfully rejected. The aim of developing inclusive thinking is to encourage a culture of understanding and respect and develop a communication medium which prevents learners from being silenced. The depth of this can only be achieved by associating with one's peer via an approach that maintains equality. This type of communication and inclusion should challenge notions of able-privilege, which is also at times wrought with deficiencies and bias.

In terms of adult participants, there were two researchers involved in the study. One is a dramatic education teacher who holds a Ph.D. degree and "more than fifteen-year experience" in teaching, drama therapeutic related work (Chang and Liu, 2006:42). The other is a certified special education teacher who specialised in performance art. His experience is in special education (more than ten years) and various therapies (psychology, game therapy, drama therapy, and psychological drama) for four years (Chang and Liu, 2006:42). A trained drama therapist was not involved in executing the session plans. It is unclear if the learners' tutors were involved in the actual practice, but it would appear possible since they were implicated in the final results. This indicates that:

1) There is a possibility that teachers can be trained to facilitate drama therapeutic sessions towards better social skills to avoid peer rejection.
2) It appears vital to get a therapist on board for training and if possible, for execution. This point is based on the difference in the tutor's approaches and that an extensive plan was designed using activities which may yield sensitive outcomes if not managed adequately. Adequate training should be accompanied by a qualified therapist's input. The aim of the inclusive session is not only to use playful techniques among children, but to begin conversations and cultivate acceptance-based-thinking.

3.2. A broader picture

Peer rejection is unfortunately very much part of our broader reality. After searching for different perspectives, it was evident that the prominence of peer rejection clearly dominated the

research landscape. According to Buysse and Bailey (1993) studies have concluded that integrated school environments have promoted social interactions between children living with disabilities and typically developing children (Kinsley, 2001:5). The next step is to concentrate on the quality of those interactions to understand the effect of the interaction (if any) (Buysse and Bailey, 1993 in Kinsley, 2001:5).

In April 2017, I began collating real life stories from individuals who represent different cohorts of society. These have been made public on: Instagram (threaded_humanity) and Facebook (Bee Original). Peer exclusion is not limited to a basic action of a child not participating in a game. Its effects are far reaching and manifest in a range of teenage and adult related injustices. I have selected three stories based on difference in race and disability to outline the subtle and overt effects of peer rejection.

(Written permission was received in April 2017 for use of content towards any research conducted by myself, either publicly or for academic purposes).

3.2.1. Disability profiles

***Person A has a condition called albinism.** The condition affected his sight and skin pigmentation.

Gender: Male

Age: 25

Race and nationality: Black, South African

Q: Has your condition inhibited you from joining any engagements?

A: Growing up, I always looked for answers. My parents never spoke to me about my condition. The term ‘exclusion’ is interesting. I was never excluded as in ‘left out’ but I was highly doubted by the people around me. So I felt excluded because of their attitudes. One can be included physically and excluded emotionally. I never uttered this to anyone. Many men don’t see me as a real man due to my condition up until they have a talk with me. Many women whom I have dated told me that they were just taking a chance and were never fond of me from the beginning.

Q: Why?

A: I cannot run away from the fact that I am a black man covered in "white" skin. This makes it hard for people to accept me and my appearance is sometimes new to people. There are many African superstitions which also play a vital role in excluding people with albinism.

***Person B was born profoundly deaf** (total deafness in both ears).

- **Gender:** Female
- **Age** 26
- **Race and nationality:** Indian, South African

Q: How has your condition affected your life?

A: Usually people are tolerant; they try to help and to understand you by communicating through written notes. One of the biggest problems, I think, is that people stare at you in public. Now that I'm older, it's not much of an issue, but imagine growing up and being afraid to talk sign language in public because people stare and point.

Q: What can society do to make it easier for you?

A: I would like society to be aware of and promote the concept of deaf-friendliness; whether it's emotional: empathy and patience; interpersonal: eye contact, clear speech and the willingness to accommodate a variety of communication needs; or providing accessibility to services and opportunities through technology that suits our needs.

Person C has Bipolar affective order type II (a chronic mood disorder).

- **Gender:** Male
- **Age:** 33
- **Race and nationality:** White South African

Q: Are people tolerant / accepting / accommodating of your condition?

A: Bipolar is so poorly understood by the general public that you're likely to encounter intolerance because of it. In a way I understand this, because untreated bipolar can be a nightmare for the sufferer and those around them, but on the other hand, responsible bipolar sufferers are more likely to be well-regulated people, with healthy habits and increased self-awareness and empathy.

Q: What can society do to make it easier for you?

A: Believe me when I say I am suffering. If I can't push myself as hard as everyone else, trust me that I will make it up in some other way. Sufferers of these disorders tend, on the whole, to be highly creative people, whose contributions can be incredibly valuable to everyone. Believe

me when I state my limits. They are not arbitrary, and adherence to them can often be life-saving.

3.2.2. Discussion

These comments form part of a larger, complex conversation on inclusion. I acknowledge that the solution cannot be simplified into one technique. If we distil the underlying notions of unfamiliarity and exclusion, the profiles open up debate around awareness and rejection. Although the content is contextualised in adulthood, we cannot overlook what was possibly contrived to be an acceptable norm in each individual's childhood.

These individuals, all different in race, age and socioeconomic status have alluded to a childhood and current reality which could have been more supportive via a deeper understanding of disability. It is evident thus far, throughout this study, that interventions around awareness are best fostered during childhood to mitigate against exclusion and ignorance. The challenges are multifaceted. What I am proposing from these profiles is that misconceptions and themes of unfamiliarity start with peer acceptance across the board at foundation phase level. The old saying 'prevention is better than cure" holds true as we should not be responsible for continually yielding generations of exclusionary thinkers and doers.

3.2.3. South African context

Person A's discussion of struggle in a black community emphasised the added challenge of racial and cultural misconceptions. Race and culture can become contentious in a South African context due to a past of historical and systemic injustice. Communities have experienced life from different lenses and in terms of peer rejection and childhood play, this reality bears significance (Aubrey, 2016:1).

This compounds the dynamic of peer rejection as South African children are vastly different in their socio-economic and ability status. Carol Aubrey directed an in-depth study on play in Early Childhood Development from the perspective of ECD practitioners and children by conducting a range of ECD practitioner interviews and video-recorded observations of daily routines in a range of preschool urban and rural settings. "Children's views on preschool were noted through

a trusted adult, who also acted as interpreter where necessary" (Aubrey, 2016:4). This study sought to critically examine the role of play in young South African children's ECD experiences and ascertain sources of inequality (if any) in such play experiences (Aubrey, 2016:3). It was chosen as it includes a number of pertinent themes which need to be explored in the context of play in South Africa. Inclusion is a broad topic which extends the bounds of ability into issues of race and culture. A complete discussion of play needs to encompass these notions and this study allows for an eclectic mix of topics for discussion.

The study was extensive and complex, yielding intricate results around play in ECD. For the purposes of this section, the focus will be on the emerging theme of power and inequality in play and how this affects rejection and acceptance. The following excerpt is taken directly from the paper:

> The focus on educational play in the private preschool, for instance, revealed how some children positioned themselves more powerfully at the expense of others (Sutton-Smith 1997 in Aubrey, 2016:11). This was illustrated most tellingly in the contrast between snack time and free play. During snack time, the preschool teacher organised the seating arrangements so that there was one "African orphan child" sitting with each group of Indian children. When the children moved into a free-play session, however, the Indian children reconstituted their small-group cooperative activity, excluding the "African children", who sat isolated at a separate table. In the NGO-supported preschool, an underage child observed in the preschool group drifted on the margins of the activities, looking, listening and waiting, and at lunch time, whilst the rest of the children ate in small groups chatting noisily, he sat on the floor alone, with a large bowl of food on his knee (Aubrey, 2016:11).

Themes of power, race and socioeconomic inequalities dominate what should be a simple picture of interactive play among children. I doubt, given the context that the segregation did not have an effect on the group of "African children", especially since they were first placed in a group and then eliminated. The reality of this scene stresses that peer-rejection based activities need to be present and culturally relevant. "As noted by Ryan and Grieshaber (2005), injustice can be maintained through everyday assumptions in structures and practices, social relationships and discourses that serve to privilege some groups and exclude others" (Aubrey, 2016:2). Using techniques which aren't conducive to a child's language and competence level is ultimately exclusionary. The environment and techniques need to both accommodate and invite learners to operate as their organic selves. This is challenging with children who are not only different in ability, but also confidence.

Based on this research and experience, I have deduced that in certain situations, flexibility of the faciliator can define the success or failure of the intention. I've often co-facilitated interventions where we conducted adequate prior research of the target group which informed the session plan, but edited it to suit the participants after meeting them. I've found that arriving early to meet the participants informally is crucial to the success of being relevant. During my Masters year in February 2017, I co-facilitated a session with my peers at a hostel. in Mpumalanga. After talking to the teenage participants briefly before we commenced, I discovered their love for music and performance and quickly adapted my portion of the session to include their passion and strengths. The adaptation proved to be successful, although one of my peers struggled with the change and broke down during the debrief session. Despite her anxiety around the changes, she still managed her emotions during the session and only broke down afterwards. It was a lesson for all of us to: identify the capacity of our facilitators before making amendments, to be planned in our approach but flexible in our execution and to never allow our emotions to deter the actual work whilst in-session.

This experience was a strong indication that flexibility is especially integral when dealing with participants who fall out of the ambit of our cultural circle or with whom we have not worked before. Understanding language, hobbies, desires, dreams and personal challenges which are specific to the target group, is an undeniable key towards building bridges. If facilitators/teachers/therapists model this approach, it may eventually become intrinsic and not forced.

This relativity places emphasis on the type of stories and games we choose for a session. Western narratives have in the past, dominated media and traditional school curriculum. "All too often, library shelves and school bags are filled with Western stories that have little to no relevance to the reality of a primary school student in Africa" (The Ducere Foundation, ducerefoundation.org). There are many African stories which are relevant to local participants and will frame the session towards inclusion for the "African child" (which in essence, is every child in South Africa regardless of race), and open up dialogue towards what it is to be African. Augusto Boal, aptly points out that, "dialogue is the most common and healthy dynamic between humans, and all humans desire and are capable of participating in dialogue" (Schrowange, 2015:np).

Working together, sharing narratives, role-play work, gestures and games should form a participant-driven session. Participants should eventually work together to steer content with guidance from the facilitator. "Studies indicate that teachers find it challenging to adapt the curriculum in an appropriate manner where the classroom environment often consists of large student groups from various diverse backgrounds, age groups and religious affiliations" (Ahmed 2009, 51).

Using traditional games which all children can participate in and using vernacular words in stories and activities is a start in bridging cultural gaps. From a disability perspective, using stories which represent the differently abled is also significant, allowing peer acceptance to form organically as the students enact or speak about the narrative.

Drama therapeutic play in general is known to be flexible, crossing language barriers as it does not rely exclusively on verbal and cognitive skills (Crimmens, 2006:161-162). This makes it relevant for different cultures or for non-verbal students.

Role-play can be simplified and executed in ways which do not have to rely particularly on verbal language. Below Crimmens describes a technique called 'sculpting' to explore feelings with a group of children with Asperger's syndrome. This can be used to generate conversations or used pre/post role-play to build communication mechanisms and familiarise participants with the idea of working together. She says,

> I chose an easy one (emotion) like 'happy' and deliberately made her facial expression and posture very exaggerated so that it would be easier to see. One student picked the right answer straightaway, while others offered words like 'sick' or 'angry'. The students were very keen to have a turn themselves. We made it into a game where whoever guessed what someone was trying to sculpt had the next go and could choose the person he wanted to be his 'clay' (Crimmens, 2006:162).

This is just one example which can be used as an abstract activity. It may become demanding to explain the instructions and relate the students' answers (if they are non-verbal or speak a different language), making it vital for an interpreter to be present from each group. Ideally one teacher from each group who knows the students should be present as the translator and facilitator. Aubrey (2016) maintains that, "If Early Childhood development (ECD) is to contribute to a more equitable future it will need to avoid practices that merely privilege those children already positioned more powerfully by social and cultural capital, race, gender, age and access

to English language proficiency" (Aubrey, 2016:2). Grieshaber (2008) points out that, "Socio-economic, religious and cultural differences, as well as varying levels of education in families of young children, challenge ECD practitioners to create environments that incorporate diversity and more equitable strategies" (Grieshaber 2008 in Aubrey, 2016:2).

This section is part of a much deeper argument and reality. The complexities of current developments have been omitted due to the scope of this research. There are numerous contexts which have different implications regarding acceptance and rejection. Essentially, the idea of rejection and inclusion (despite the context) links to our notion of self worth. Our environments largely inform the manner in which we view ourselves and can dictate how we develop self confidence, self esteem and build relationships. The next section starts to interrogate this reality.

3.3. Exploring the notion of self in inclusive, educational settings

This section aims to explore the notion of self in educational inclusive settings and thereafter discusses the outcomes using a drama therapeutic framework. The three selected case studies offer varied outcomes for discussion in relation to self-image and self-concept. The results specifically allow for a discussion on how the effects of inclusion give rise to the concept of group-work. The implication is that although children in inclusive settings may be exposed to more diversity, there is no utopian answer to an ideal schooling situation – one which provides appropriate and sufficient academic and social support for all children.

3.3.1. Case study 1

This study was selected because of its thorough investigation and the fact that the sample population were placed in four different settings allowing the researcher to view more than one combination of inclusive practice. By widening the possibilities, we can view a different combination of effects. Although the study only involves children with and without hearing impairments, it provides pertinent research points to consider when looking at different abilities in general.

In a study conducted by Judith Wiener (University of Toronto) and Christine Y. Tardif (Brock

University) children living with learning disabilities were enrolled in four different special education placements. It is critical to understand the distinctions as it effects the results of the study. I have colour coded each throughout the discussion for ease of reference.

1) In-Class Support programmes involved placing children in the general education classroom for the entire school day and with assistance from a special education teacher who comes into this classroom for up to 90 minutes per day.

2) Resource Room Support programmes involved placing children in the general education classroom for most of the school day and withdrawing them to a separate room for special education assistance for up to 90 minutes per day.

3) Inclusion programmes spent the entire day in a general education class with two teachers who typically team-taught.

4) Self-Contained Special Education programmes: children spent at least half the school day in self-contained special education classes with some integration into general education classrooms.

(Wiener and Tardif, 2004:1).

3.3.2. Objectives

The first objective was to compare the social and emotional functioning of children living with learning disabilities who received in-class versus resource room support. The second objective was to compare the social and emotional functioning of children living with learning disabilities who received their special education in inclusive programmes versus self-contained class-rooms.

3.3.3. Salient results

For purposes of this paper, only the relevant outcomes will be listed.

Results which argue for inclusionary practice and specialised teacher intervention:

> "When differences between placement groups occurred, it was always the children in the more inclusive settings who fared better" (Wiener and Tardif, 2004:27).

- The teachers concurred that the children in inclusion programmes had fewer problem behaviours than children in self-contained classes (Wiener and Tardif, 2004:27). Children receiving in-class support were better accepted by peers than children receiving special education support in a resource room (Wiener and Tardif, 2004:27).

- Children with special needs in classrooms with interventionist teachers had a higher self-concept and were better accepted by peers than children in classrooms with teachers who were not interventionist in terms of their beliefs and practices (Jordan & Stanovich, 2001; P. J. Stanovich, 1994).

-Children living with learning disabilities presented poorer social skills, and higher levels of loneliness, depression, and problem behaviours than children without learning disabilities (Wiener & Schneider, 2002; Wiener, 2002 in Wiener and Tardif, 2004:27).

-Students living with learning disabilities were less accepted by peers, teachers rated them as having fewer social skills and more problem behaviours, the children reported themselves to have lower academic achievement and greater loneliness and depression (Wiener and Tardif, 2004:22).

However, there were few differences within the sample of children living with learning disabilities on these variables as a function of special education placement. This may suggest that for many children living with learning disabilities, the social and emotional problems they experience are not associated with the type of special education they receive.

Neutral results

-Children with and without disabilities did not report significant differences in global self-esteem and non-academic self-concepts. (Wiener and Tardif, 2004:22). There was no difference between the number of friends between all the children, but children living with learning disabilities were more likely to have friends who also have similar challenges, are younger and do not go to the same school. (Wiener and Tardif, 2004:21). Learners living with learning disability also reported more conflict, less validation and more difficulties in repairing relationships (Wiener and Tardif, 2004:22).

There is possibly bias across the four groups which we are not privy too, but the general outcome of the study suggests that in terms of loneliness, children living with learning disabilities seemed to experience more challenges. Although the structures were tailored for academic efficiency, children in inclusive settings indicated better social development (Wiener and Tardif, 2004:21,27). The different locations and models for each group seem complex for children who are not comfortable to move in and out of one classroom. However, it does allow for exposure to other roles, mindsets and personalities. There were some instances where children living with learning disabilities were still more likely to have friends who also have learning difficulties, are younger and do not go to the same school (Wiener and Tardif, 2004:21).

These findings open up a plethora of possibilities in terms of role development and how this will inform learners' self-concept. The role of a bully, victim, teacher, child, learner, helper, friend and enemy could be explored as they are present in and out of the classroom (e.g. the learner with the highest grades as the expert/teacher's pet versus the weak learner with little self-esteem as victim). The idea of being a part of a class and then excluded to receive special learning mirrors the exclusion children may feel in society – feeling accepted at home and misunderstood in public or amongst extended family and friends. In a qualitative study involving intensive interviews with children living with learning disabilities in self-contained special education settings, Demchuk (2000) found that many of the children were angry about their situation, felt powerless, and described themselves as being "educated in exile" (Wiener and Tardif, 2004:29).

Role exploration in a playful context may help rework typical norms and propel learners to befriend each other in an attempt to understand each other beyond physical looks and brief conversation. If relationships are already established, the exercises may assist to deepen understanding and explore difference through new lenses. Despite the obvious differences between typically and differently abled leaners, there are inherent differences which exist in each of us, regardless of ability. Consequently, even the typically abled child may learn more about a similar peer.

Ideally, the interaction should yield friendships and understanding between peers. "For children in the age group studied (Grades 4–8), this type of companionship is often the essence of friendship. Only in adolescence do issues such as intimacy assume greater importance (Schneider et al., 1994). Furthermore, loneliness in children is highly correlated with quality of friendship in children with and without learning disabilities" (Parker & Asher, 1993, Margalit, Tur-Kaspa, & Most, 1999 in Wiener and Tardif, 2004:28). A vital point is that the children living with learning disabilities in the inclusion programmes were "not so easily identified as being different, so they may not have been labelled" (Wiener and Tardif, 2004:29).

Another finding was that, children with learning disabilities in self-contained special education classes had more problem behaviours than children with learning disabilities in inclusion programmes (Wiener and Tardif, 2004:29). The study offers several possible interpretations, one of which suggests that, "it is likely that the proximity of positive peer models in the inclusion classes was a positive influence on the behavior of the children with LD and possibly that

children with LD in self-contained classes are labelled as troublemakers in the school" (Wiener and Tardif, 2004:29).

The idea of "peer models" in the inclusive classrooms is problematic as it generates the assumption that if learners with LD are included with typically abled leaners, they may learn how to behave. In terms of role development this concept yields exclusionary thinking and may indirectly set up roles of the bully and the victim. It may also set the typically abled learner up as having a healthy role in class and the learner with LD assuming an unhealthy role. If there is evidence that inclusion can promote social wellbeing, measures need to be in place to balance both academic (already in place in some settings) and social wellbeing (mostly lacking from all the studies referenced in this paper).

The findings are mixed and sometimes contradictory with regards to whether inclusion can support self-concept (Wiener and Tardif,2004:21). It is possible that contextual factors might be influencing findings. The authors recommend "comparisons across several different placement settings in terms of the social and emotional functioning of students with LD" (Wiener and Tardif, 2004:21).

The overall sentiment of the study was that children in the more inclusive placements had more positive social and emotional functioning. Children receiving in-class support were more accepted by peers, had higher self-perceptions of mathematics competence, and fewer problem behaviours than children receiving resource room support. Children in inclusive classes had more satisfying relationships with their best school friends, were less lonely, and had fewer problem behaviours than children in self-contained special education classes" (Wiener and Tardif, 2004:20).

Positive social and emotional functioning can also be attributed to exposure to different roles. As the role-theory suggests, a large role repertoire can lead to a healthy individual and consequently may lead to an inclusive society. This study gives us a snapshot of different facets of society. Different pockets have different types of support for differently abled people and some have none. Socially, the type of context which seems to be effective is one in which children are in one setting and supported accordingly despite their different needs. If this cannot occur academically due to logistical challenges, inclusive social contexts are imperative.

3.3.4. Case study 2

This study indicates that difference may not necessarily be a negative factor to a child's worth-concept and raises issues of physical disability versus invisible disability. The study was selected as it allows for more than one perspective on self worth and provided the most comprehensive data for discussion. The data indicates clearly how complex and non-linear it is to measure self-worth or provide one definite solution to inclusion. It highlights crucial points on how necessary inclusive practice is in terms of exposure, thus affirming that a social inclusive intervention may be something to consider.

The sample for the study was two grade seven classes from a primary school that started implementation of the project entitled, "Integration of Children with Hearing Impairments into the Regular Primary School in the year 1997/1998" done by Majda Schmidt and Branka Čagran from the University of Maribor in Slovenia. An evaluative case study was conducted with a sample of 42 children from the project. This number included 22 hearing children in a non-inclusive classroom as control group. A rigorous self-concept scale by the authors Cambra and Silvestre (2003) was used. The scale consists of 23 statements (is or isn't true/so), which are connected to the academic, social and physical dimension of self-concept (Schmidt and Čagran, 2008: 10).

Self-concept in this study is positioned as the effect significant others have on an individual. This places emphasis on the environments which they enter and whether they are accepted or rejected. The study postulates that, "feeling accepted or rejected by one's significant others will affect the way a person views and evaluates oneself and the world. Feeling rejected by others will lead to greater hostility, low self-respect, emotional instability and unresponsiveness, and a negative view of the world" (Schmidt and Čagran, 2008: 10), whereas feeling accepted by others will lead to a lower feelings of hostility, higher self-concept, emotional stability and responsiveness, and a positive view of the world (Schmidt and Čagran, 2008: 8).

Whilst it is an assumption that differently abled learners may feel rejected by typically abled learners, there are many instances in which this was proved wrong. These are cases in which schools have resources to integrate learners smoothly and disability awareness is heightened.

For example, Schmidt and Čagran stated that, “It is very convenient that students with a hearing impairment have a relatively similar, quite high level of self perception in the field of school work compared to their hearing peers. This evidently shows that integrated students achieve, with *the necessary accommodations*, the set teaching aims along with their hearing peers and hereby experience the feeling of success, which provides important experience for the formation of a positive self-concept (Schmidt and Čagran, 2008: 12)”.

The social self-concept of integrated students with a hearing impairment was however, lower than the academic self-concept. The outcomes suggested that communication problems, as a secondary consequence of the loss of hearing, present more obstacles in establishing social relationships than in achieving the learning aims. Nevertheless, the average level of social self-concept was relatively high (Schmidt and Čagran, 2008:12).

The final results of the study concluded that there were no statistically significant differences between the class of integrated hearing impaired students, on the one hand, and the class without them; however, there is a noticeable advantage among students from the class with integrated learners over the other class, which served as control group in all three individual dimensions (academic, social and physical), as well as in general self-concept (Schmidt and Čagran, 2008:15). “The results of effective inclusive practice lead to the conclusion that inclusive classrooms do not hinder the academic achievement of typical students and may have many social and developmental advantages for students with or without disabilities” (Peltier, 1997; Staub, Peck, 1995 in Schmidt and Čagran, 2008: 8).

What may inform this reality is 1) the nature of disabilities – hard of hearing individuals may not have physical insecurities and may consequently be considered visually “normal” and 2) affluence of education: the schools in this study were developed enough to cater for the needs of all learners despite disabilities. It appears that in an environment which is better equipped to cater for inclusion, successful social development becomes possible.

However, the possibility and reality of rejection was not absent from the schools in question. The study focused intently on the concept of rejection in different spheres. Whilst it is not conclusive that social and academic confidence are linked, they are not mutually exclusive. Difference in both arenas can be supported by edifying either one. Rejection due to difference is often characterised by low self-worth and can fast lead to stigmatisation and labelling. Deaf and

hard of hearing children face communication challenges and if they have other disabilities it may heighten the difference barrier. The study centred around the thinking that, “compared to their hearing peers, integrated learners have a lower academic and social self-concept, as well as general self-concept, but a higher physical self-concept” (Schmidt and Čagran, 2008:15).

This niche integration specifically highlights the communication barrier which may be a barrier to healthy self-concept. Because most studies are limited and varied, it is challenging to conclusively state if social inclusion alone can boost self-esteem. There also may be a myriad of contextual factors which are unseen or acknowledged. What we can extrapolate from the studies in this section is a trend which postulates that exposure to a wider range of peers has and can equip a child to positively shape her self-concept.

3.3.5. Case study 3

The last study is a literature review by Liza van den Bosch (2011) entitled “Students with Disabilities: How their Self-image changes due to the Transfer from Regular Education to Special Education.” The study provided an overview of literature around inclusion and exclusion of students living with disabilities in regular education, with specific reference to students’ changing image of the self. I have chosen it because it includes findings from multiple papers thus allowing for a more substantial outcome as opposed to drawing conclusions from one study. It highlights pertinent topics around stigma, labels and inclusion.

The results found that a distinction can be drawn between components of children with learning disabilities and regular students’ self-image (van den Bosch, 2011:119). The most important aspect for both was relationship with peers. The study suggests that, children living with learning disabilities are generally less accepted and thus have a more negative self-concept (Pijl and Frostad, 2010 in van den Bosch,2011:119). “Koster, Pjil and Nakken (2010) state that children with learning disabilities have less social interaction and participation, fewer friends and are less likely to have a group of friends” (van den Bosch, 2011:119). They also display less class interaction, but high teacher interaction. However, Bakker and Bosman (2003) suggest that there is a difference for children living with learning disabilities in special versus inclusive systems as they have higher peer acceptance and better self-image. Their personal experience of failure is less because they receive specialised education (van den Bosch, 2011:119). Inclusion, however, offers them the opportunity for comparison with both better achieving and

similar achieving others. Their lower social-emotional levels might be due to the status assigned to them rather than personal achievement (van den Bosch,2011:119). Again, the label is known to be what marginalises them (van den Bosch, 2011:119) and should possibly be explored in a social context.

Weiner, Tardif and Van den Bosch mentioned that apart from academic and logistical complexity, labelling and stigmatising is one of the most damaging challenges in mixed student populations. As stated in the literature review, labelling theory explains that stigmatisation is largely a sequential process that begins with labelling and (negative) stereotyping by others, which leads to separation and status loss (devaluation) of the labelled entity, and subsequently discrimination, (Link & Phelan, 2001:27). The absence of labelling reportedly resulted in higher peer acceptance and a healthier self-image (van den Bosch, 2011:119). This could also be due to ease of association with peers and specialised attention from teachers. The ultimate conundrum in inclusive debates is whether to respect this exclusive schooling model by advocating for separate schooling or create inclusive schooling solutions. My purpose is not to answer this but rather suggest that if specialised schooling is chosen as a preferred option for a specific child, a social play-based intervention may be necessary to prepare the learner for interaction with typically abled learners outside of school.

In cases where learners have developed a good self-image because of high peer acceptance in specialised classes (Baker and Bossman 2003 in van den Bosch, 2011:119), it may be challenging to engage in role-based exercises with learners whom they are not familiar with. The idea of working with difference thus becomes integral and the facilitators job will be to gently catalyse the process. This suggestion does not negate the fact that being alone (for example as autistic children sometimes prefer) is to be respected, but rather proposes preparation for university and work environments, building social networks and developing effective communication. There are other derivatives of self-concept such as self-perceptions and self-understanding which refer to less balanced evaluations of the self, i.e., how children view themselves largely independent of their subjective evaluations, (Brown *et el*, 2009:3). Effective integration may challenge the typically able child to adapt accordingly and view the idea of self-concept via a more integrated lens.

This case study and the two preceding it allude to various realities with regards to inclusion. The study raises pertinent realities on how imperative empathy development is. Given the goal of

exposure to different roles and realities, empathy building is fundamental as exposure alone is insufficient. After being exposed to different realities, empathy building is the next step towards bridging gaps of difference as children can create a healthy association with difference as opposed to creating unhealthy labels.

3.4. Role and drama therapy in the context of the self

In terms of role development, the security of a child's role as an academic and a social being are both crucial components of her schooling life. In many instances, inclusion yielded positive effects due to the smooth integration of differently abled students and an assumed balance in both arenas. In Schmidt and Čagran's study, it appeared that students were aware of their strengths, weaknesses and positions in and out of class despite possible communication barriers (especially in the case of D/HH learners). This is a strong indication of what role security can offer. Communication barriers can become strong barriers to inclusion and threats to a learner's self-worth, especially if the cause of the lack already excludes the learner from other biological and societal benefits such as music, television and radio. Integration and acceptance in and out of the classroom then becomes paramount.

Drama therapeutic exercises which propagate communication allow for role exploration using movement, body expressions, drawing, writing and story using sign language (if available). For purposes of inclusion, the goal is for learners to interact and eventually form their own language/means of communication by becoming familiar with the nuances of their peers.

3.5. In conclusion: experience with group work

Whilst working with a group of secondary school learners at the V.N. Naik School for the Deaf in 2007, I discovered that the learners were aware of themselves as teenagers and aware of the opportunities available to them in terms of career. However, they were excluded from global dialogues including discussions on HIV/AIDS and other social problems. This resulted in a confidence which peaked among their peers but dwindled in the face of the mainstream population. Through relaxed focus groups and the eventual conception of a play, we began to reveal truths about the virus and target relative gaps in knowledge. Although the school included HIV/AIDS teachings in their curriculum, most of the mainstream campaigns were limited to television and radio mediums. The print mediums were only available in the form of posters and

flyers which seemed to be static in comparison to the more interactive offerings on radio and television.

As we developed the play, the learners offered insights in terms of role development and each character was based on experiences in their reality. Using the characters' roles, we developed a plot which mirrored their lives. The play was performed in sign language for their peers and finally offered an interactive, live method of learning. Through the journey they often echoed desires to interact with other learners beyond their perimeters but appeared to be anxious at the thought of engaging with learners who could not understand their reality. The particular group of learners I worked with resided in the school's dormitory and hardly ventured into public spaces. Inclusive practices in a controlled environment as Crimmens (2006) explained would have possibly benefited them.

Small group work such as this, is effective for children and adolescents as it resembles the natural peer group and the age and status difference between facilitator and group is not as obvious (Koekemoer, 2006:21). The group also allows for interaction with a range of others which is helpful for exploration of self (Koekemoer, 2006:22). The intimate size of the group can allow for integration of new discoveries more easily. Dwivedi believes that, "Effective group work can enhance social skills, self-esteem and reality testing" (Dwivedi, 1993: 9). Group therapy (this study is exploring the use of therapeutic tools which can be used by a facilitator or therapist) has been found to be effective in improving problems of disruptive behaviour, increasing social acceptance and in enhancing the self-concept (Dwivedi & Mymin,1993: 47). This can be achieved by "…reducing the sense of isolation, normalising responses and mobilising mutual support and acknowledgement of each other's needs and experiences" (Dwivedi, 1993:9).

An example of a story vehicle which uses role awareness to explore the issues mentioned above is included in two session plans as Appendix C and D. The driving force in the role allocation process is freedom of choice. The role-play is an opportunity for students to explore metaphorically unconscious as well as conscious issues. It is vital that students choose for themselves what role, if any, they want to play and are never, even subtly coerced. In the case of hearing impaired students, an interpreter could be present to clarify bits of the story whilst the teacher speaks. This story making and storytelling process could be crucial in allowing the learners to enrol themselves in a story and through lip-reading, movement and sound; they

could possibly explore ways of communication. The students' understanding of the story can be enhanced by breaking down parts of the story which can be performed in front of their classmates. Props can be used to increase student participation and increase the entertainment factor when performing for the class.

This process coincides with Carmen & Palomino who maintain that the "importance of self-concept lies in the significant role it plays in character formation," (Carmen & Palomino, 2017:1). According to Musitu, García, and Gutiérrez (1994), self-concept is understood as the notion an individual has of himself or herself, based on experiences with others and on how they evaluate their own behaviour; this encompasses emotional, social, physical, family, and academic aspects, (Carmen & Palomino, 2017:1). This role exploration, character formation and interactive experience provides a platform in which learners can develop communication methods and create experiences before they venture outside of the school environment where they may engage with different individuals for the first time, or where engagement opportunities do not proffer any substantial conversation due to communication barriers. The next chapter extends this thinking into a more specific discussion on role.

4. Role-theory

The concept of role-theory (RT) has been used in multiple disciplines and has been critiqued and supported accordingly. There are versions and branches of the theory adapted and embedded in several contexts. For purposes of this paper I begin directly with the theories which inform role-theory as seen in a drama therapeutic context. In appendix E I provide overviews of theories which formed the early foundations of role development and are rooted in traditional definitions. There is an essential shift from archaic thinking towards contemporary thinking which is fundamental for the concept of inclusion.

The work of Bruce. J Biddle is one of the foremost works which offers an eclectic look at role. It will serve as an umbrella to house these theories, catalyse new ideas and more contemporary role related theoretical offerings.

4.1. Cognitive Role Theory (CRT)

A cognitive social psychology theory which offers a directly relevant understanding of roles is that of Cognitive Role Theory (CRT)**.** CRT focuses on the relationship between role expectation and behaviour (Biddle,1986:74). Central to this is the way in which a person "perceives the expectations of others and the effects of those perceptions on behaviour", (Biddle, 1986:74).

4.1.1. CRT subfields

There are several subfields which fall within the ambit of CRT. Jacob Moreno's (1934) earlier concept of role-playing integrates this thinking as individual attempts to imitate the role(s) of somebody else (Biddle, 1986:74). Within an initiated therapeutic role-play environment, the benefits have proven to be effective in shifting expectations of the individual (Biddle, 1986:74). There have been scores of studies on the efficiency of therapeutic role-play which confirm the value of the technique (McNamara & Blumer 1982 in Biddle 1986:74). In a therapeutic context, Landy explains that role is the form of one's dramatic expression and story is its content. While in role, the learners can tell or enact a story in both verbal and non-verbal forms. The story becomes the learners' narrative and can be both presentational and representational where their roles as characters are the essential form preceding the story (Landy cited in Johnson and Johnson, 2009:75), which takes shape as their choices drive each step in the story.

Most significantly, for the purposes of this study, Moreno's role-playing is said to "appear naturally in the behaviour of children and can be practiced as an aid in both education and therapy", (Biddle, 1986:74).

Moreno's stance on role-play as an intrinsic factor in the development of a child is a critical reality in terms of how we approach the technique and how it is executed. Role-play comprises of what author and theorist Peter Slade (1995) referred to as personal play. He explains that personal play differs from projected play (where children use objects or art - clay or drawing - to represent characters in their internal world) in that it is a lot more active. They become imaginative characters and can interact with others and in this the whole person is used in a broader sense. Both types of play are important at different times, but Slade stresses the importance of action. Creativity is an outflow of energy during which interest must manifest itself

outside of the self and explode into action (Crimmens, 2006:40). These ideas will be crystallised in the further discussion on role-play in an educational and inclusive context.

The core attribute role-play provides is that if it is intrinsic and organic, using it to generate another biologically natural attribute such as empathy should be possible if administered in a way which enhances / prompts empathic feelings. Landy, Slade and Moreno all allude to the reality of role-play-based story exercises possibly becoming a tool which can be honed for different child-centred demands.

The relevance of early theorists in outlining role compliance and stimulating controversial conversations regarding normalcy, is undeniable. What is interesting is the reality of our current struggle with conventional role expectations which has shifted considerably, albeit not nearly enough. Race, different ability and gender injustices are still present in our socio-economic fabric despite the early prevalence of role awareness. Early conversations could have led to more widespread education and paradigm shifts in marginalised communities. If we perpetuate the cycle by preventing practical inclusive encounters with marginalised communities, the privilege of these early theories is rendered almost null and void.

Mead's ideas on role-taking (RT) are still widely used. Parsons (1951), Moreno (1934), and Goffman (1959), have gained considerable currency. "For instance, functionalist role theory has proved useful as an analytic framework for describing alterations in emerging democracies", (Parsons, Moreno & Goffman in Biddle, 1986:75).

Similar practices were developed at the same time as Parson's discovery, but were unacceptable in terms of the values of a democratic culture (Keller, 1997:67). Keller states that there was "hidden suitable alibi in concept of roles for anyone who was called to meet the expectations connected with her/his position in the interest of society", (Keller, 1997: 67).

Moreno's emphasis on role-playing has found its way into pedagogy in the form of classroom exercises to illustrate concepts and executive workshops for skill development, as well as a fruitful method for therapeutic intervention (Biddle, 1986:76).

There is a belief that successful RT depends on "…the accuracy of attributed expectations," (Biddle, 1986: 84). That is, people are better at RT when the expectations they attribute to others are actually correct. Others attribute successful RT to sophistication of social thought.

“…. the person is a better role taker if he or she presumes that others also hold expectations that map the thoughts and actions of other persons”, (Biddle, 1986: 84). What these have in common is a belief that role-theory is a positive force in terms of successful personal development and social integration. (Biddle, 1986:84).

What remains problematic is that our identity is confirmed and validated by the expectations of others, and sophistication of social thought is not always prevalent among individuals with different abilities. Perhaps with repetitive practice, individuals can develop this sophistication and challenge expectations to be more flexible and permeable.

4.2. Role in context of the self

This research premises the conviction that it is critical to engage with the idea of role and its relationship with a concept of self. The idea of role has for decades been an integral part of the self. We assume roles from birth and the evolution of our roles define our self-image and representation to the outer world (Chelser and Fox, 1966:5).

Chelser and Fox write that human maturation is more than a process of learning "things"; it involves the gradual creation of a role," a unique and accustomed manner of relating to "others"- persons, things, situations outside the self that will determine and characterise all of a person's social behaviour (Chelser and Fox, 1966:5).

Role is a set of archetypal qualities representing one aspect of a person, an aspect that relates to others and when taken together, provides a meaningful and coherent view of self (Landy, 1993:1). A human personality, in turn, is essentially an amalgamation of the roles a person takes on and plays out.

The human maturation process results in an individual who carries multiple realities / role experiences which is often invisible to others. Whilst some role experiences may be kept private, there are many definitive roles which need to be understood / made visible, especially to the community we associate with. In appendix E I discuss organisational role theory and provide a personal account of how the reality of having an invisible disability was challenging due to unfamiliarity and lack of education among my colleagues.

According to Landy, the self is “the source of which, in the opinion of many, all roles flow” (Landy, 1993:19). He suggests that role is at the core of the personality and that the self is a social construct, built upon an individual’s repertoire of roles which can be chosen and adapted to fit the given social situation (Landy *et el*, 1993:19). Whilst Jung posited that we are born with a whole self, Landy posits that the self is composed through environmental, social and cultural experiences. This places emphasis on role as a social concept understood and evolved through social interaction and most significantly, in reference to others (Landy *et el*, 1993:19-23).

Over the years, many studies have explored the nature of the process of internalisation and have shown that not all definitions have equal weight in determining a person’s self-concept; however, the general association between the appraisals of others and self-appraisals has been supported (Lundgren 2004 in Darling, 2013:6).

This transferal and internalisation process places meaningful emphasis on the type of interaction and the type of individual we engage with from our early years. For young differently abled individuals, engaging with a community who understands the complications and reality of disability is essential. If appraisals from others are tainted with ignorance, stigma formation and alienation, it may have a negative effect on self-appraisal and identity building.

This emphasises the need for an understanding of self and other in social relationships so that social interactions are not based on impersonation or the projecting of our own identity onto others and vice versa, but with the knowledge that the interaction relies on two separate identities coming together without losing either individual identity in the self-hood of the other.

Stryker and Burke (2000) discuss the concept of commitment, which “refers to the degree to which persons’ relationships to others in their networks depend on possessing a particular identity and role”, (Stryker and Burke, 2000:286 in Darling,2013:8). Interactions in some social groups are more valued (and often more frequent) than interactions in others. Commitment to the role relationships in these groups produces salient identities (Stryker and Burke 2000:286 in Darling, 2013:1).

If identity formation is fundamentally dependent on social imprints, our focus should ideally be on affording children a holistic experience in their schooling years. This can be viewed through multiple frames:

1) **Children exposed to a negative environment.** If a child is bullied, the experience could either build her resilience and allow her to develop coping mechanisms, or the concepts of internalisation and role-commitment may begin to be shaped from her experience of bias, alienation and ridicule.
2) **Limited worldview:** If an able child only views disability outside the ambit of his personal environment, his development of social cues will be limited to media messages and the people in the environment he operates in. To recognise either common or shared meanings implicit in another's behaviour, a person should ideally be able to put himself in another's place and attempt to appreciate the other's feelings and thoughts. If interaction between typically and differently abled children only occurs in public or at a later stage in life, it makes shared knowledge inherently difficult on both ends.

4.2.1. The self within identity and role development

From these concepts, we can deduce that the nature of a social structure may be important in determining development of self, identity and roles. Stryker and Burke (2000) note that the density of ties within a social network may be significant (Stryker and Burke, 2000: 286 in Darling, 2013:1).

To understand our own identity and sense of self, social interaction is necessary in order to perceive the self in relation to others and understand how they perceive you. Duggan and Grainger (1997) explain that, "human consciousness loses its separate identity in the moment of encounter with whatever is not itself, but immediately withdraws from the other so that it may interiorise and 'understand' what has just happened before venturing forth to repeat the process, (Duggan & Grainger, 1997:7)".

For children with different abilities, the processes of encountering difference, interiorising and understanding seem crucial as it is where they may form perceptions and understandings around dissimilarity.

A related concept called significant others (Sullivan, 1947: 233), refers to those people whose opinions are most important to an individual. Interactions with significant others result in definitions that are more likely to be incorporated into a person's self-concept. In terms of role-taking, the messages we internalise from significant others may shape both self-concept and identity. T. Shibutani (1961), "uses the term reference groups to describe those groups that are most important in shaping their members' perspectives", (Shibutani 1961 in Darling in 2013:8).

Part of navigating through childhood is developing roles and role-taking in relation to these reference groups as a matter of personal identity. A person's role is not only his patterned way of evaluating and behaving toward the world of others; it is also his way of evaluating and behaving toward himself (Chelser and Fox, 1996:5). Negative or positive evaluating of self, is thus based on the nature of our social interaction or lack thereof. In these terms all behaviour is the reflection of a role, and all social interaction is a continuous sequence of interacting roles, or role-playing episodes. The quality of early relationships is critical to the development of self-regulation, the sense of self, understanding of others and the conduct of social relationships (Howe, 2013:53).

All of these concepts and realities indicate that we read off external realities to develop internal concepts such as identity and self-concept. Whilst these are delicate concepts which are constantly reworked based on experience and environment, they are only manifested and apparent when a person plays out a role. Darling explains that, "Behaviour, or role-playing, is the external manifestation of identity and the means by which others become aware of a person's identities and self-concept", (Darling, 2013:9).

Stryker and Burke (2000) argue that, through a process called self-verification, individuals maintain their existing identities or identity standards (Darling, 2013:9). "However, when individuals find themselves in new situations, new relationships may become significant to them", (Darling, 2013:9). "A. Strauss (1962) uses the phrase *turning points* to describe the times in people's lives when they encounter new groups, leading to relationships that change their identities", (Darling, 2013:9). Role choices are closely related to opportunities, which, in turn, are associated with one's location in society in terms of socioeconomic status and other statuses.

When typically and differently abled individuals have one-on-one encounters for the first time, the new relationship dynamic becomes significant. Their previous role-awareness may be

challenged by new concepts and ideas. Without these encounters, individuals may remain locked in limited roles and by inference this may cause limited self-concept and identity.

Disability maybe be the most prominent part of some individuals identity, whereas for others it may just be a part of it. Some may play the classic sick role and continue to search for cures for their impairments, whereas others may choose to forgo rehabilitative services (Darling, 2013:3). Those who have been exposed only to the medical model may play the sick role because they are not aware of other behavioural options or possibly have not had an opportunity to assume them. Alternatively, an individual may allow another marginalised part of her reality to overshadow her ability. For example, race, femininity or poverty may be more prominent in defining one's self-identity.

The results of effective communication then have a deeper purpose as it promotes a healthy perception of self, and that in return has a broader impact in shaping the individual to face the world around them. Below, Johnson (1987) explains how finding the self via role-play has been known to develop relationships and worldviews. He says,

> The taking on of roles can be seen as a capability which marks the development of certain social and psychological processes. These include the ability to develop relationships with another, the ability to identify with the others and their emotional perceptive. It can mark the development of social skills, cognitive perspective taking and moral reasoning. The act of consciously transforming their own identities into a variety of make believe identities may hasten the decentralisation process, thereby promoting perspective taking and a number of other cognitive skills (Johnson *et al,* 1987).

4.3. Criticism of role theories

Whilst these concepts and discussions may be valid in their support of role-play as a means of inclusive practice, there are alternative views which offer challenging perspectives. Jeanne Jackson argues that, "role theories are predominantly concerned with describing the mechanisms by which individuals are socialised to assume congruous societal roles in a manner that sustains a stable social order", (Jackson, 1998:50). She explains that as a role occupant, one not only endorses normative behavioural expectations for oneself, but also holds expectations for those individuals occupying counter-positions (Jackson, 1998:50).

The idea of having normative behavioural expectations for ourselves, clients or children in a school environment can illicit numerous problems, especially with regards to differently abled children or what is commonly termed as abnormal behaviour. The term abnormal itself speaks to the idea that the norm is absolute and anything contradictory is in need of fixing. Expectations for those individuals occupying counter-positions are what dictate the norm. Differently abled behaviour can be perceived as working against the norm, making the idea of role-congruity challenging to maintain.

One of the root problems may lie in the fact that we are socialised into certain roles and behaviours since birth. According to Mead, children "internalise expectations associated with adult roles.' (Jackson, 2013:50). Jackson elaborates by saying that, "Perhaps a more subtle, but equally powerful, notion of role theory is that social integration is to be valued and that personal satisfaction is intricately tied to one's acceptance and fits within the existing social structures" (Jackson, 1998:50).

The salient part for the intent of this report is that role-taking is a shared language. Lundgren describes the symbolic interactionist view of the self is based on the idea that individuals "receive definitions of themselves in the course of interacting with others" (Lundgren, 2004 in Darling, 2013:6). He says, "through the mechanism of role-taking, they understand and internalise these definitions, incorporating them into their beliefs about themselves (Lundgren 2004 in Darling, 2013:6).

According to role theorists if an individual fails to conform, role conflict exists (Jackson, 1998:51). The idea that an individual should change to fit the status quo is in direct contrast to the idea of empathy and adaption towards social cohesion. "Focusing the responsibility for correcting deviant behaviour on the person obscures the possible power relations and inequalities based on race, class, gender, sexual orientation, or physical ability that are part of the social system and contribute to the problem", (Jackson, 1998:52).

4.4. Role theory and socialisation

Role theory delineates the process of socialisation as the mechanism for intergenerational transfer of so-called normative values and behaviours (Connell, 1983,1987 in Jackson, 1998:52). Jackson expands on this, explaining that "Socialization in this sense is most often

based on the notion that through the process of modelling other people's behaviours, psychological mechanisms are developed within the individual which internally represent the accepted social norms", (Jackson, 1998:52).

What may be useful is a development of a role dynamic based on moral and ethical integrity, rather than stereotypes which outline and inform what is accepted. Roles of a helper, a fixer, a friend and a peace maker may be a beneficial addition into the role network. However, because there is no absolute inherit moral benchmark, this may pose similar problems. It also becomes problematic if the actual moral roles become absolute. Power relations need to be taken into account when speaking of norms, conformity and cohesion (Jackson, 1998:52). These risks render the new roles counter-productive, and negate the idea of adaptation and evolution of self. In relation to disability and inclusion, the idea of morality can possibly then be viewed through the lens of justice.

To reiterate, the South African White Paper on the rights of Persons with Disabilities states that, critical to building social cohesion is enabling persons with different abilities to live in barrier free environments within their communities. Social cohesion should also provide individuals requiring support with the means to participate in community life, and expanding Early Childhood Development (ECD) programmes[9], to reach all vulnerable, including children living with disabilities (Department of National Education, 2015:5).

Justice in this sense is embedded in the idea of social cohesion, enablement and inclusion. It may be possible to therefore develop and build on roles which are in keeping with the idea of helper, friend, peace-maker and perhaps even partner if we stick to an overall aim of justice and inclusion.

This idea is conducive to the idea of role in the context of drama therapy. Moreno concluded that "role" does not have its origins in sociology or psychiatry, but in drama (Moreno 1946:8). Moreno argued that the, "sociological concepts of role in the writings of G. H. Mead (1934) and R. Linton (1936) did not include and were not aware of the dependence of the process of role

[9]The composite cognitive, emotional, physical, mental, communicational, social and spiritual development of children that takes place from conception until they enter formal schooling or reach the age of 8 years with government support, (Department of National Education, 2015:33).

upon drama", (Moreno:1946:8). He also posited that psychodramatic role theory could be a bridge between psychiatry and sociology (Moreno in Fox, 1987:60-66).

Moreno's argument that role theory cannot be reduced only to social roles presents a strong context for this study. He claimed that role theory has to include the three aspects of the role namely, *social roles* that reflect the social dimensions; *psychosomatic roles* that reflect the psychosomatic dimension; and *psycho-dramatic roles* that express the psychological dimension of the self (Moreno, 1961/1987 in Fox, 1987:60-66).

He saw psychodramatic role theory, (with its foundations in dramaturgical actions and operating with a psychiatric orientation), as more inclusive than a sociological or psychological concept (Moreno, 1961/1987 in Fox,1987:60-66). He explained that roles are:

> ...the actual and tangible forms which the self takes. We thus define the role as the functioning form, the individual assumes in the specific moment he reacts to a special situation in which other persons or objects are involved. The symbolic representation of this functioning form, perceived by the individual and others, is called the role (Moreno, 1961/1987:62 in Fox, 1987:60-66).

He thus claims that roles are a combination of past experience and social patterns, and of individual and collective moments, however, sociological and psychological perspectives are inadequate. Moreno insisted that there is something more in between the societal and the psychological, something that is dedicated to practice and even therapeutic (Žurić Jakovina and T. Jakovina, 2017: 156).

It is significant that he argued that the psychodramatic concept of the role is more inclusive than the sociological or psychological one. By seeing role as a combination of past experiences and social patterns, it places emphasis on the quality of our experiences and what we shape as a society.

He found this in psychodrama, since it covers certain forms of role-playing: role identification, role naming, role training, role reversal, mirroring and a double, which offer individuals a chance for mental growth and change. I will expand on these concepts when discussing role-play techniques.

4.5. Moreno and Landy's psycho-dramatic approach

Moreno's view of the self and child development, presents three stages of development in psychodrama: a) development of identity-the child cannot see him/herself as separate from the mother, so mother and child share one identity; b) development of the self-the child is able to distinguish him/herself from the mother, and becomes aware of their own self; c) recognition of the other-after being able to see him/herself as separate from the mother, the child can put him/herself in the place of the other and play their role, e.g. play doctors, teachers, etc. (Kellermann, 2007 in Žurić Jakovina and T. Jakovina, 2017: 157).

The last stage engages imaginary play and is the crucial phase in which children begin to absorb and integrate themes, concepts, perceptions and worldviews. Moreno does not explain or propose this from the perspective of role ideals (as discussed earlier) but rather from a perspective of balance.

These stages correspond with three central techniques in psychodrama. Although this is explained from a therapeutic perspective, we can possibly extract the role-reversal element and develop it for social cohesive purposes. It is also helpful to understand the theory as a whole for contextual purposes.

Moreno's three core techniques (taken from *Role Theory and Role Analysis in Psychodrama: A Contribution to Sociology* in Žurić Jakovina and T. Jakovina, 2017:157).):

> a) The double– This is where the therapist or a member of the group stands behind a protagonist and speaks his or her unconscious thoughts, giving them voice, thus corresponding with the mother being a double for the child; b) *the mirror* -where the protagonist comes out of the scene and sees himself being played by his double, thus corresponding with the child being aware of him- or herself as being separate from the mother; c) *role reversal* – where the protagonist reverses roles with the supporting role, thus corresponding with the final stage of child development where the child is able to be someone else without losing touch with his or her own self (Žurić Jakovina and T. Jakovina, 2017:157).

Jakovina and T. Jakovina find role reversal to be the most important technique in psychodrama, since it is "a technique of socialization and self-integration", (Blatner and Cukier, 2007 in Žurić

Jakovina and T. Jakovina, 2017:158). Moreno encouraged people to mentally and practically exercise role reversal with others as he believed it creates empathy, compassion and self-reflection (Žurić Jakovina and T. Jakovina, 2017:158). Psychodramatist, Peter Felix Kellermann, explains that through role reversal, each person is encouraged to understand the perspective of the other and to view oneself from the outside (Kellermann, 1994: 187-201). He says that taking on someone else's role, a person uses empathic, cognitive and behavioural skills to credibly play the role of the other (Kellermann,1994: 187-201).

Following this thinking, Moreno also coined Role Method. This concept and its theoretical rationale is central to the suggested intervention in this study. According to Role Method, psychological and behavioural change can occur by increasing the number of roles that a person can effectively take on and play out, increasing the depth or quality of such roles, and helping the client move more flexibly from one role to another (Meldrum, 1994). Because ordinary life may not offer the ideal opportunity for individuals to assume multiple roles, the therapy room or classroom can become a space in which individuals can explore roles. Optimal state of balance is achieved as the client is able to integrate a problematic role with its counter role by means of a transitional guide figure (Landy, 2001:9).

The guide is essentially a transitional figure, providing context, motivation, and clarity for the role and counter-role to negotiate with one another (Landy, 2001:171-187). This includes standing between role and counter-role and is used by either one as bridge to the other (Landy 2001:171-187). Viewed in a non-therapeutic context, one primary function of the guide (implemented by a facilitator/therapist), could be that of integration. Whilst in therapy the guide helps clients find their own way via self-discovery, in a social setting, a guide figure can act as a facilitator by supporting the group and assisting them to negotiate roles and role-play. At the outset of the journey the individual uses the therapist as the guide figure until they are ready to formulate an organically constructed guide from their own experience (Landy, 2001:171-187). Thus, the paradox of role and counter-role finds a bridge in the form of guide, played originally by an external force and eventually integrated into the internal negotiation between role and counter-role (Landy, 2001:171-187).

Since we are not investigating this in a clinical therapeutic context, the guide can also possibly become a mediator or teacher-in-role as seen in numerous applied drama contexts. His/her role is more to facilitate role-play and steer the narratives and play sessions such that

participants are playing together, and through narrative, they discover new ideas and concepts about themselves and each other. I will elaborate on this position with examples in the execution part of the report.

Landy's theory and his portrayal of the guide figure was drawn from Jacob Moreno's Role Method where the story mirrors the client's actual life. The process also involves distancing theory, derived from sociology where the optimal form of expression is the midpoint of aesthetic[10] dissonance. This point is noted by one's ability to express feeling without the fear of becoming overwhelmed, and to reflect on experience without the fear of completely shutting down emotionally, (Landy, 2009:275-292). This ability can be helpful in a context in which children are scared of unfamiliarity and connecting socially with each other. The narrative with characters, story lines and plots may help distance their feelings as they begin to project into the characters and stories. The guide can be in the story or act neutrally as a facilitator.

Role theory in a drama therapeutic context thus views human beings in terms of their behaviours in role. Implicit here is the notion that humans have access to an internal system of roles and that they may call upon those roles as they are needed.

During my masters year I treated a young girl at a school for differently abled. She was referred to me for 'disruptive and inappropriate behaviour'. She has cerebral palsy and her home situation was volatile. Her character was complex and she displayed subtle forms of aggression, tucked under an extremely happy persona. Through role related activities such as storytelling and projection, the polarity in which she existed started to unravel. She was bullied at school because of her learning challenges, but still remained very sociable. Roles of a victim, bully, parent, sister, student, patient, underdog and trickster where constantly at play and often suffocated the innocent simplicity which exists with being a child.

Through these role-based activities, she appeared to had problems with boundaries. She began to push them subtly but frequently to gain control because she lacked a sense of control in almost all other areas of her life. She began to assume roles of a bully and a victim. What was evident throughout this journey and other work with children at the school, was that children were going through similar experiences, but were unable to communicate it or were unable to

[10]a state in which there is a difference between your experiences or behaviour and your beliefs about what is true (www.dictionary.cambridge.org).

communicate to each other. This was not a case of unfamiliarity with disability, but more with the psychological effects which different disabilities have on each child. I envisioned a space in which, like this young girl, children could engage in role-related activities together. The bully needed to meet the victim, and vice versa. Children needed to see both commonalities and differences in the different roles they assume.

4.6. Role-playing in a school context

Whilst role theory in a traditional sense has garnered varied viewpoints, it is evident that these perspectives are largely based on context and application. The common thread has arguably been a pressing truth that the more we are exposed to different roles and worldviews, the more we can rid ourselves of bias and stagnation. Neither special needs schools nor exclusively mainstream schools afford this diversity by nature of them being traditionally exclusive. Whilst separate schooling may afford academic benefits as the teaching methods and curriculum can be tailored, it negates the need for social integration.

As opposed to special needs education which keeps children in separate schools, inclusive education “means that the education system as a whole, takes into account the measures needed to provide an appropriate education to all children learning together. Links are created with specialist and regular support services. An inclusive education system follows a systematic approach to change rather than a school by school approach” (Handicap International, 2012: 8). The idea of inclusive schooling encounters underpins the necessity of promoting tolerance, understanding and diversity towards strengthening self-esteem, self-concept and identity, all of which influences our role-choices and role manifestations.

However, the South African schooling context provides an added challenge of mixed languages and cultures. After a study on the effect of life-orientation in the South African school system, Erna Prinsloo, Associate Professor at the University of South Africa wrote, “The opportunities to create sympathy, understanding and co-operation among the people of different cultures in South Africa are manifold. Sport, cultural, social, and religious activities can all be employed to achieve this ideal”, (Prinsloo, 2017:168). Teachers and principals should be trained to use all possible opportunities to create social cohesion amongst learners from different cultures and to achieve successful teaching and learning in the life orientation periods and in the whole school system as well (Prinsloo, 2017:168-169).

From my personal experience of working within Non-Profit Organisations, schools and communities, making this cultural integration practically possible in a South African schooling context has been seemingly challenging over the years. Through an interview with Natachja Pinto, a former drama educator at Close the Gap educational support centre in Bryanston, Johannesburg, I established that, “Inclusive teaching is very important. All students who arrive at class show willingness to learn, and as the educator you are responsible for teaching them what they need to know in such a way that you do not exclude any of them from the process. Whether accidental, or not, many children with physical or learning disabilities are excluded from the learning process from a young age and this makes it difficult for them to even want to learn moving forward”, (Pinto 2016).

This study is not primarily aimed at researching the academic challenges of inclusive education, however it will touch on a few challenges within the school context which may prevent the logistical prevalence of inclusive social encounters and also give us insight into potential problems in a social inclusive setting.

Martin (2013) ran a study on role-play amongst student teachers to ascertain if the technique will assist with differentiated learning. Differentiated learning steers away from “the collective needs of a group of students and, instead, toward attention to individual learning needs, processes and behaviour, knowing that this entails an in-the-moment attentiveness to children’s reactions and a readiness to address learning requirements as they manifest themselves”, (Martin, 2013: 102).

The study involved two groups of student-teachers. One group acted as learners and one group acted as teachers. Prior to the role-play, all student-teachers developed learning plans for a variety of fictitious learners, to acquaint themselves with the idea of differentiated learning (teaching and learning which accommodates the different learning capacities of each child). The individuals who played the learners were given name tags and coloured cards to indicate when they think that the specific child they are role-playing would be either off-task (e.g. a blue card) or disruptive (e.g. a purple card).

Individuals who role-played the teachers and those who role-played the learners had the opportunity to "puzzle, make attempts, reflect on, and experience for themselves what effective and ineffective instruction looks like and their consequences" (Martin, 2013:104).

This exercise demonstrated the possible effect of role-play for the use of understanding difference in an experiential way. It also introduced the idea of role-play for teachers so they can 1) understand the needs of different learners and 2) administer role-play as a technique more effectively among varied learner populations.

Whilst there is no longitudinal data to determine the long-term effect of this activity on students' future teaching, the reflections from the group confirmed how these lessons changed students' outlooks (Martin, 2013:110). A few principles which these student-teachers emphasised were social-emotional well-being and equitable academic challenge and engagement, which echoes Tomlinson's (1999) views and research on social-emotional learning (Rimm-Kaufman et al., 2006; Weismann et al., 2008).

"This is tied in to Anderson's (2007) emphasis on how instruction needs to be based on the fact that each child, and, therefore, each child's learning process, is unique", (Martin, 2013, 110).

By playing the roles of the students, student-teachers experienced how instruction felt and worked, given the individual characteristics that they had been assigned. Role-playing can possibly assist teachers to understand students more holistically and execute the process more effectively. However, what may be difficult in terms of empathy and simulation, is accuracy. Whilst role-playing a student, a teacher can possibly misinterpret the experience of a particular ability. In essence what the teacher will be doing is assuming what a learner will feel. A process of research and perhaps a focus group will be necessary to support the teachers' lesson plan and understanding.

Another concept which is crucial to explore in schooling context is the reality of mixed abilities. Typically able learners need to be accommodated to ensure that their educational experience is not compromised.

By playing the roles of the learners, student-teachers experienced how instruction felt and worked. This level of experience in which one can feel deeper by embodying the experience,

extends to a physical emergence into the roles of learners as opposed to a relationship wherein the teacher is separated from the learner by the boundary of “them” and “me”.

A number of themes emerged from the peer feedback, which provided an understanding of which areas of differentiated instruction were of significance. Ensuring student engagement, addressing learning styles, and providing scaffolding instruction were singled out as positive features in individual lessons and, as such, as important features of instruction (Martin, 2013:106). This is in keeping with other such literature (Anderson, 2007; McTighe & Brown, 2005; Tomlinson, 1999).

4.7. **Role-play as a learning experience**

What makes role-play a viable option for simulation exercises and possible empathy creation is that part of it is intrinsic to our human experience. With regards to a child’s general development, skills in behavioural patterns throughout this trajectory are a fundamental part of their learning experience. Lantieri, Nagier, Harnett, and Malkmus (2011) posit that the growing recognition of socio-emotional development is conducive to improved school and life achievements in children. They focus on self-awareness, self-management, social awareness, and relational skills based on cooperation and responsible decision-making (del Carmen and Palomino, 2017:1).

Other studies presented several additions in role theory (Chowdhry and Newcomb, 1952; Slyker 1956; Wheeler,1961, Biddle *et al.* 1966; Preiss and Ehrlich,1966; Howells and Brosnan, 1972; Thomaset al, 1972; Kandel,1974). These reported considerable variation in subjects' role-taking ability. Variations were found to be associated with contextual conditions. One of the results relative to the idea of social cohesion included, “Persons who interact regularly or have similar backgrounds were found to take one another’s roles more accurately than those who do not”, (Biddle, 1986:85). This indicates a necessity for balance in terms of the type of roles we associate with to prevent role stagnation and to ensure a community culture which varies in mind-sets. From the perspective of inclusion, it stimulates thinking around differently and typically abled communities being separate and only being exposed to a limited number of role profiles.

“Persons of low status were also found to be more accurate role takers (possibly because they have greater need to predict others' conduct), although greater role-taking accuracy was also found among those chosen for group leadership”, (Biddle, 1986: 85). This finding may position differently abled individuals as readily able to take on other roles, but places typically able people in a probable position of being less able to transition into other roles. Biddle concludes that, “these findings imply that accurate role taking is neither universal nor requisite for successful interaction in all cases”, (Biddle, 1986:85).

The next finding supports the idea of introducing role-awareness from a younger age. Research conducted by cognitive and developmental psychology suggests considerable variation between people in terms of successful role-taking. These seem to be dependent on personal variations. Biddle explained that, “role-taking sophistication is greater among older and more mature subjects, and role-taking correlates positively with altruism”, (Biddle, 1986:85).

Role-play exercises specifically target emotional and mental processes by placing one in different roles which demand decision making, emotions and actions. Chelser and Fox posit that, once an individual is able to step into, and act upon another's role, they may be able to see themselves as others see them. They claim that this may assist an individual to attain a clearer understanding of how they affect other people and why they behave as they do (Chelser and Fox, 1966:7).

Chelser and Fox further elaborate that becoming aware of our roles may enable us to effect necessary changes in our roles that can improve the nature of our social interaction and our feelings about ourselves and others (Chelser and Fox, 1966:11).

What needs to be added to this natural imitative process, is a conscious awareness that it is being done and the time, energy, and ability to discuss its implications. They explain that,

> The natural imitative and dramatic abilities of children can be translated into a systematic and fruitful educational experience if such awareness and discussion are made available to them. Role-playing is a method of instruction that meets these needs; individuals take on the roles of other people and act out the others' feelings, thoughts, and behaviour (Chelser and Fox, 1966:9).

With regards to its effect on the typically abled child, it is apparent thus far that exposure and interaction with different individuals can be a positive element in childhood. Role-play as

described by Johnson (1987), stimulates insight on how human beings, regardless of their ability, can benefit through role-playing. Simulation is aimed at empathic exchange and gaining perspective on life and relationships. Questions to be explored can include, “How can I respond to her action now that I know how she feels?" or "What does she think I really meant?" an individual can begin to measure themselves from the vantage point of a different understanding of, and relation to the world.

It is critical to manage the role-play content and facilitation such that it prevents sympathetic (instead of empathetic) engagement or alternatively does not enforce the idea of difference, thus making the exercise counterproductive. This aspect will be clarified in the execution portion of this report by means of exploring methods, content and facilitation strategies which are tailored to allow children to experience a variety of emotions.

The consequences of effective communication then have a deeper purpose as it promotes a healthy perception of self, and that in return has a broader impact in equipping a child to face the world more holistically. However, given the challenges of logistics and implementation, it may present as a simplistic offering. It can become highly demanding in educational spaces when teachers are not equipped to facilitate or when differently and typically abled children are not physically located in the same spaces. Additionally, with vast differences in the nature of different abilities, it brings about challenges in content creation as different activities demand different abilities (such as language, ability to communicate verbally, mobility, cognitive comprehension and ability to engage in abstract thinking). In the execution section of this paper I will offer possible activities for different types of abilities based on the information discovered through research. It is unfortunate that all different abilities cannot be included in this medium as some result in deep cognitive deficiencies. There are other drama-therapy based activities which are conducive to multiple abilities.

4.8. Role-play, Communication and Self Esteem

The ability to express freely is a fundamental characteristic in effective communication and communication in turn is a key element in inclusive education. In a Kenyan study on inclusive education among deaf or hard of hearing (D/HH) and hearing learners, Adoyo explains, “Since communication is the most salient area in deaf education, a focus on the same should provide a good platform from which to build inclusive teaching practices with the deaf. Because deaf

children may have poor spoken language skills, clear communication in a language they understand with ease and comfort is of paramount importance for the comprehension of the curriculum content", (Adoyo, 2007: 12).

Whilst this reality is written in the context of deafness alone, it brings to the fore the challenge of communication and by implication, the compromised experience a differently abled learner may encounter if her disability results in communication challenges. The link between communication and self-esteem becomes apparent when we consider the communication challenge as a barrier to academic and social circles. This section will address deafness in particular as it generates multiple discussion points which allow us to explore the concept of communication, disability and self-esteem.

The significant distinction between difference and disability is marked by the level of understanding between both typically and differently abled communities. Continuing with the example of deafness, if both communities understand that deafness is a way of life, deaf culture becomes a difference instead of a disability. This by no means a conclusive truth as many deaf communities may still regard deafness as a disability. Awareness, understanding and the ability to communicate give all parties the opportunity to express how they would like to be considered and treated.

It is important to note that students with hearing impairments rely mostly on visual cues for getting information and learning, (Ewa *et al,* 2015: 35-43). "When practically involved in lessons, with pictures displayed, memory remains fresh and recall of information is facilitated, thereby enhancing effective learning in an inclusive classroom environment", (Ewa *et al,* 2015: 35-43).

By employing body language and visual cues, role-based exercises can potentially create the same language for learners in an inclusive context and thus move towards a more unified understanding of both hearing and D/HH culture. The challenge then lies in creating a tool for both groups to communicate effectively. The tool would have to allow for expression via body, sound and words so all learners can participate. As the learners communicate, the tool should ideally be designed to contain learners' emotional and cognitive capacities.

The ability to express feelings without fear is fundamental in the process of building self-esteem. In this regard, Edwards and Croker state that, "it can be readily hypothesised that deaf children

are at increased risk of having poor self-esteem as a result of their experiences of isolation, difficulty communicating, learning to read and write and interacting with hearing peers", (Edwards and Crocker, 2008). "In deaf children, the language deficits and communication difficulties typically experienced, particularly in early childhood, will affect their awareness of what other people experience and hence their understanding of their own internal world", (Edwards and Crocker 2008).

Drama therapeutic role-play exercises have been found to assist the D/HH learners as it can be executed via embodiment and either limited or full dialogue thus creating a platform for the D/HH and hearing learner to express themselves. Through this expression, he/she can communicate needs and emotions which are present in their roles as typically or differently abled learners. Feelings of isolation, judgement and misunderstanding may begin to be explored as the learners enact roles which are a mirror of their real life.

In an American study on inclusion between D/HH students at a French university, it was found that one of the essential purposes of drama therapy was to make the deaf aware of their own individual needs and how to respond to external or internal stimuli (Camacho, 2011:10). This approach was based on theatrical games taken from various models. Some of the techniques used included: role-playing, improvisation, working with costumes, puppets, music and dances (Camacho, 2011:10).

After two years of drama therapeutic interventions, the study facilitated the integration of D/HH at the university and helped change the perception that hearing had of the deaf. By teaching D/HH students how to express their needs, it also succeeded in improving their perceptions of self, and how others view them. Theatrical game sessions shared by the group created a shared experience that built and strengthened relationships and group cohesion (Camacho, 2011:3-10).

4.9. Conclusion

The purpose of this section was to collate relevant pieces of information which offer the reader an understanding of role from a drama therapeutic lens. This chapter particularly emphasises that inclusive thinking could be generated by encouraging self esteem and empathy through role related activities. It is intended to begin a discussion on how we can possibly distil, and apply

these theories perhaps first in classrooms as a test, then develop them to inclusive practices across differently and typically able circles.

5. Play, Drama Therapy and its Possible Use in Inclusive Contexts

The definition of play is problematic if approached as a fixed, definitive concept. It may look different to different people, take different forms and be understood differently in varied contexts. Nachmanovitch (1990) maintains that, play cannot be defined because in play, all definitions slither, dance, combine, break apart, and recombine. He says that "play is the free spirit of exploration, doing and being for its own pure joy" (Nachmanovitch, 1990:43). In accordance to the idea of play being a fluid concept and without having the luxury to practically collect data, I have selected targeted, published information which, in accumulation build an understanding of the concepts which are specifically applicable to this study.. The chapter begins with a crucial understanding of play as a necessity for every child (both abled and differently abled) followed by an exploration of different strategies such as (embodiment, projection and storytelling) which link to the outlined notions of play and drama therapy. It ends with practical discussion around implementation of play based initiatives.

5.1. Play

Play allows for an individual to explore and find their identity via navigating through ebb's and flows, multifaceted emotional experiences and different levels of catharsis. Krasnor & Pepler outline criteria for play as, "flexibility, positive affect, intrinsic motivation, and non-literality," (1980:86). Rubin, Fein, & Vandenberg (1983) and Sarach o& Spodek, (1998) concur with the following criteria which are integral to a drama therapeutic context of play, "personal motivation, spontaneity over goals, the use and manipulation of familiar or explored objects invested with meaning, non-literality, flexible rules created within the play, and active engagement of players" (Powell, 2014:6).

Several ideal conditions for play seem to be necessary, including: “an atmosphere that is familiar (in terms of props and people), safe and friendly, a minimally intrusive adult, and children who are free from stress, hunger, and fatigue” (Pellegrini&Smith,1998:52 in Powell, 2014: 1). These ideal conditions are unfortunately not always met. A safe play space for some children may only be accessible in a school environment. Affording them a healthy space in which they can interact with learners who are different may provide an opportunity for them to be exposed to divergent thinking and new concepts related to Theory of Mind (discussed in literature review). Healthy play is pivotal for human development and necessary for optimal growth. Play helps “…shape the rest of our developmental experiences, either through its own features and content, or through the environment and conditions it creates, allowing for flexibility, experimentation, and growth” (Powell, 2014:1). Growth in school is often centred around achievement (in the classroom, sports field and in some extracurricular activities). Every child attends school with different strengths, weaknesses and emotions and it seems paramount in this regard to devise a space which focuses on growth in terms of spirit, understanding, thinking, decision making and co-existing with kindness (not limited to tolerating).

5.1.1. Drama therapy and play

“Play is defined by drama therapists as: “the laboratory for spontaneous experimentation within the transitional space of the imagination” (Lewis & Johnson, 2000: 459), and by play therapists as: “A process in which children discharge energy, express emotions and thoughts, prepare for life’s duties, exert their will, achieve difficult goals, and relieve frustrations” (Landreth, Homeyer and Morrison, 2006:47). These definitions highlight the developmental and explorative aspects of play, making the revelations which children experience and its’ impact crucial to social and personal development. A child’s explorative and expressive processes are different in personal and social capacities. Whilst organic play is essential for natural development, the effects of rejection, exclusion and social inaptness indicate that perhaps social interventions of play are lacking or inadequate. The section on peer rejection will provide a more substantial context on the deficit of healthy play.

Jennings (1995) explains that play develops from embodied[11] play, to projective play, to role- or dramatic play (Jennings, 1995:20). These processes facilitate the development and awareness of self to help a child think abstractly beyond what they are told, thus accessing their imagination, choice and inner being.

However, there are recent views which postulate that pretend play is not as completely beneficial to a child's development. Angeline Lillard (Professor of psychology at the University of Virginia) conducted research which reviewed more than 150 studies, looking for clearly delineated contributions of pretend play to children's mental development, and found little or no correlation (Lillard, 2012:1).

She says, "Much of the previously presented "evidence" for the vitality of pretend play to development is derived from flawed methodology" (Lillard, 2012:2). "We found no good evidence that pretend play contributes to creativity, intelligence or problem-solving…however, we did find evidence that it just might be a factor contributing to language, storytelling, social development and self-regulation (Lillard, 2012:2)".

Lillard also emphasised that, "freedom to make choices and pursue one's own interests, negotiation with peers and physical interaction with real objects – are valuable, especially with appropriate levels of adult guidance" (Lillard, 2012:2).

Although divergent thinking, theory of mind and problem solving have been discussed earlier as possible results of pretend play, the central aim of the research is to explore social benefits in reference to role-playing, in and out of the play space. Lillard's emphasis on freedom of choice and negotiation with peers is especially significant as role-playing allows for both of these as participants interact.

Young children use play to expand their role repertoire. However, BanNister points out that children who have been emotionally deprived may also have been deprived of the opportunity to play, receiving limited encouragement to experiment with roles (Bannister,1995: 172). Landy (1994) explains that one of the reasons clients are supported through drama is because through their play and past dramatisations, they may have created a dysfunctional image of themselves

[11]Using sensors, body and mind in one holistic action

in the world (Landy1994: 48). Although this may/may not be the case for all children, it is healthy to begin to work with the awareness of self so that the development of their self-images is potentially healthy as they grow. It is possible however, that through play, a child may encounter a negative experience which in turn may negatively define his/her self-image. He/she may be bullied, rejected or alternatively assume a role of excessive dictatorship causing his/her counterparts to be constantly submissive. The context and content of play is definitive, but unfortunately not always controllable. Children should ideally use these experiences to develop their own coping mechanisms as they navigate through choices, options and emotions. By offering choice to a child, they gain a sense of control (Jennings, 1995:98). This can be done through dramatic play, or by the use of stories and myths which thematically explore choice.

Roles are varied in accordance to the type of characters present in a story. The first choice in a role is whether to participate or witness. Eventually, over a series, all children would have to participate as this is where most of the interaction, exposure and exploration occurs.

5.2. Applications and benefits

This section explains how these concepts are applied and will outline pertinent benefits of these strategies. An Israeli case study is discussed, together with the work of Paula Crimmens. According to my exploration of published work, Crimmens is one of the most well-versed drama therapists in relation to disability and inclusion in a drama therapeutic context.

A study conducted in Israel entitled, “In a Safe Place: ways in which nature, play and creativity can help children cope with stress and crisis”, used play, story and role to encourage resilience in children. The study refers to the Safe Place programme that took place in 110 Israeli kindergartens, helping over 6000 children after the Second Lebanese War. It is based on Ayalon and Lahad’s 2000 BASIC PH integrative model of resiliency (discussed later in this section) (Berget & Lahad, 2009:1). The study indicates ways in which nature therapy, coupled with drama therapeutic methods can support children’s ability to cope with uncertainty and stress.

The programme used a framework story and healing metaphor which assisted children to connect with their own strengths. The chosen story (appendix F) used the forest as a metaphor. The trees represented individuals and the forest represented the community. The children role-

played and embodied the story choosing different animals and creatures, drawing on various ways in which the animals cope and linking this to their personal stories of coping (Berget and Lahad, 2009:1).

“Using dramatic ritual, props and costumes, the children became forest rangers. They moved from being animals and plants (the victims) to being involved in restoration (the rangers). They then moved out into the real forest and the children were tasked with building the rangers’ camp (creating a safe place)” (Berget and Lahad, 2009:3). By building the camps themselves, the experience became real and tangible for the participants. At the end of the process, they returned to their community where they celebrated their achievement as a team.

This study and thematic content indicate how story and role-play can provide a platform for children to integrate metaphors of safety, healing, community and inclusion. It makes manifest the idea of the weak becoming strong as ‘the victim becomes protector’ (Berget & Lahad, 2009:1). In an inclusive setting, the facilitator can work with these metaphors or other themes which emanate from the play session. Using these characters, participants can:

-Enter into dialogues in-character with partners on a chosen topic and
-Sit in a circle and speak about the themes which have emerged from the play (out of character). It is expected that the role-play would ignite themes and interactive moments for the participants to now converse with as themselves.

5.2.1. Resilience in play

The study above (Berget and Lahad, 2009) described resiliency according to theorist, psychologist and drama therapist Mooli Lahad’s (1993) view that humans have an innate quality to assist in stressful (complex) situations (Berget&Lahad, 2009:2).Lahad defines resilience as, “…the resources that help people regulate disturbing emotions and adjust their reactions to the new reality” (Lahad, 2008). According to Lahad’s BASIC PH theory, there are 6 modalities/channels at play: Beliefs, Affect, Social Functioning, Imagination, Cognition and Physiology (Berget & Lahad, 2009:2). It is each individual’s unique balance of these that impacts on ability to cope.

BASIC PH was originally formulated for work with children in times of distress to help them articulate and express their experience and was envisioned as a drawing exercise with pen and paper (Crimmens, 2006:30) However, the six stages provide an outline of almost all of the stories one can use in work with children. The model takes as it's starting point the reality of challenge as part of an overall experience of life. What determines success is the balance between obstacles and support (Crimmens, 2006:30). With sufficient support, we can meet and achieve our goals and move on. With too many obstacles we can flounder. "The model has similarities with what Vygotsky termed the proximal zone"[12] (Crimmens, 2006:30).

Although building resilience through play is not the core aim of this paper, it is a fundamental benefit of healthy play activity and can benefit children in an inclusive environment. When achieved through play, resilience can, in effect:

1) Assist learners to withstand bullying and rejection
2) Make healthy decisions despite adverse circumstances and
3) Manage emotions – whether familiar or unfamiliar. In an inclusive setting this may build maturity when encountering difference.

From 2002 to 2005 I aided a school for physically differently abled children in Durban to create awareness on inclusion via drama and dance. On entering the school, my latent bias became apparent to me. The learners had severe physical disabilities and the picture I witnessed as they came running towards me was not one which was integrated into mainstream society. In that moment I realised how sheltered and ignorant my upbringing was with regards to disability and the notion of 'normal'. As we travelled to schools to perform, my journey was characterised by a myriad of epiphanies. The experience ultimately spurred my desire to build resilience in children to embrace change by bridging gaps between the familiar and unfamiliar, and moreover, to build resilience in children who were subjects of exclusion and ridicule because of difference. I knew I had to investigate a method which crossed cultural boundaries using tools which are intrinsic to a child's development.

[12]"the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem-solving under adult guidance, or in collaboration with more capable peers" (Vygotsky, 1978:86).

The methods discussed in this paper are discussed in the context of shaping inclusive practice but are also geared towards developing core competencies for adaption to life in general. In this way both the typically and differently abled child may benefit from the said activities. The techniques and activities mentioned in the next section have been used successfully to develop such competencies and form part of the core techniques which are used in a drama therapy informed session.

5.3. Drama therapeutic techniques suggested for inclusive interventions

The following techniques are essential for role-play related work, especially with children who experience disabilities (Crimmens, 2006: 27-147). I am exploring each technique to ascertain the rationale behind its use with different ability and assess its relevance to inclusive social strategies.

5.3.1. Storytelling

Crimmens (2006) explains that some students have difficulty using their face and posture to convey emotion. Giving them a context and a series of actions linked to a specific emotion is an effective way to help them practice what they look and feel like (Crimmens, 2006:36). Working with stories as a student and as an intern channelled my interest in role development because of its use of characters and metaphors. Stories provide plots which give groups a context to begin in situations of unfamiliarity. It allows the participants to join a narrative and rework it, thus affording them choice. Once the participants choose their characters, the facilitator narrates the story and the characters play it out by verbally and physically acting out the scene. However, the facilitator's narration does not contain any descriptive details, she only gives the 'bare bones' of the story, meaning she only provides action points to take the characters from one point to another. Landy (1993), sees roles as a form of expression in which real life content can be expressed. He explains that individuals bring up feelings, emotions, opinions or desires whilst in character (Landy *et el,* 1993:26). The narrator then tells the story again, but this time provides even less narration, allowing the characters to take the story where they choose via creating dialogue and action. The facilitator can intervene if she feels it is necessary to achieve a certain aim (such as inclusion, anti-bullying or self-confidence building). This can take place in the form of a 'teacher-in-role', meaning the facilitator adopts a character from the story and

behaves accordingly. Alternatively, as the narrator she can change the course of the story if need be.

Crimmens (2006) suggests the use of traditional stories when working with groups of "developmentally and chronologically younger students as traditional stories employ a simple structure and narrative, which can teach students about the consequences of actions and help demystify complexities of human behaviour and emotions" (Crimmens, 2006:29). Crimmens (2006) also explains that with groups where students need the additional distancing of the 'long ago and far away' aspect, the traditional story with fictional content is more appropriate (Crimmens, 2006:30).

The interventions suggested in this study may not be led by a qualified therapist and the participants may come with history which the facilitator has no knowledge off. It is thus advisable to choose a story that is purely fictional and distanced from reality. Crimmens (2006) explains that she had occasionally worked with children who have the dual diagnosis of a learning disability and Post Traumatic Stress Disorder. In these cases, she advises that it is crucial to be aware of the possibility of triggering past trauma and to avoid scenarios close to the students' own experience by using distanced, fictional material (Crimmens, 2006:30).

The stories I have chosen in the past have had no moral lesson as such (to avoid being didactic), but included solid themes such as bravery. However, before wholly entering a field which allowed children choices, I found it difficult to avoid using stories with clear moral lessons. I come from a culture which prioritised discipline above choice. Choice on a child's part was limited due to fitting into a satisfactory mould. Whilst the culture in my home allowed for liberties and was pro-choice, the voice of the community was louder. It took a process of witnessing children in different arenas, with different challenges (particular with disabilities), to shape a new understanding which allows children the space to grow and develop whilst not compromising healthy discipline. I have witnessed and experienced how storytelling with secure themes help gently steer children from insecurity to stability. I initially found it challenging to maintain boundaries because of the gentle, safe environment, but using fictional material allowed for the introduction of barriers. One example of this would be: 'In this magic land we cannot scream at each other or step out of this circle. If we do, we will no longer be able to be part of the magic'. If children deliberately defy the play-rules, the facilitator can decide if they stay out or if/how the magic land is affected by the resistance. The group may react to the resistance and the story will then take a new form.

I am contextualising this point specifically because my study is aimed at school environments where most learning is rigid. The space in which learners are engaging in play should sensitively allow for containment and freedom to coexist despite a culture of strict rules.

Another central guideline is to choose a story which is rich in action. Crimmens (2006) explains that, "a story with too much description and dialogue is not suitable. A learning disability generally makes words problematic. It is where drama's power of 'show me' rather than 'tell me' comes into its own" (Crimmens, 2006:30). It is essential for the facilitator to know the group she is working whilst planning a session. Although, this study suggests a group with mixed ability, the story should be chosen based on the child with most demanding needs, i.e. a story that can serve him/her and the rest of the group. "Sometimes the presence of a physical disability means that historically these students have been discouraged from moving due to anxiety for their safety" (Crimmens, 2006:36). Or, the students may be prone to moving too much and the active nature of the group propagates this.

In terms of role-taking, this structure of storytelling and role-play allow for participants to explore different roles whilst in character. As adults, everyday reality is characterised by contradictions and paradoxes which individuals try to balance. Landy's (2008) approach to a healthy individual is one who has the ability to bear the ambivalence and to live in the polarity of multiple roles at the same time. An expanded role repertoire allows for experience with a wider variety of emotions. Having the opportunity to discover different roles from a young age may propel the development of balance, a healthy self-image and the ability to live in the polarity.

5.3.2. Embodiment [13]

The characters in drama therapeutic play are often presented in an embodied role. The characterisation is the particular way in which an individual personifies or incarnates a given role (Pendzik, 1999 in Pendzik 2003:95). This form of role exploration acts as a tool for safe distance as it utilises the metaphor of story and the role of a character instead of the participants' actual identities and real-life content. The safety lies in the distance between the participant's reality and the fictitious role and plot. This serves as a way of making connections and building proximity when dealing with a sensitive topic or in cases of unfamiliarity.

Via acting out the scenes, the participants enter into an embodied experience. Embodiment as a

[13] Using the body as well as the mind to explore and learn. A holistic way of learning and being

therapeutic principle is also found in the drama therapeutic approach of Sue Jennings (1998). Jennings (1998) developed a model called Embodiment-Projection-Role (EPR).

EPR is primarily a developmental model that describes the natural stages of dramatic play development in infancy. “The first year of an infant’s life is characterized by embodiment play; projective play (see the section which follows) evolves around the ages 1–3, followed by role. By the age of six to seven the development of dramatic play is usually completed. E, P, and R then become *modes* that the person is able to re-visit throughout life. The basic assumption of the EPR theory is that a fully developed individual would be able to operate in any of these modes, according to the circumstances” (Penzick, 2003:92). In therapeutic contexts, one would visit the mode he/she is deficient in based on assessment outcomes. In storytelling, participants visit all three modes simultaneously.

The notion of embodiment alludes to a holistic experience of using all senses including bodily functions as opposed to a singular verbal or physical experience. Embodiment play, “using movement and sensory exploration of the environment, supports emotion regulation, helping the child explore physiological and emotional experiences and practice coping and regulation” (Penzick, 2003:95). By means of employing both physical, cognitive and psychological factors, the experience becomes richer and emotions do not only remain as psychological concepts. According to Jenning’s (1998) model, ages six to seven are the stage in which dramatic play develops. This is also an age in which children are more vulnerable, flexible and willing to take risks. It therefore seems appropriate that a programme aimed at introducing inclusive thinking using embodiment is introduced at grade two and three levels.

5.3.3. **Projection**

Dramatic projection helps clients to realise their inner conflicts, enable change, create new relationships with others, and eventually readjust their inner world (Jones, 1996:139). Dramatic projection can take the form of clients projecting their emotions onto a role, an object, a drawing or via visual imaginary. Projective play, externalises ideas and experiences onto toys, objects or characters to manipulate them and supports emotional expression. “It assists in the expression and mastery of emotional content for children through symbols” (Powell, 2014:1). Role play in particular requires the ability to take the perspective of another, decode emotions and project them onto a character.

Projective play in the form of role-play is reportedly linked to theory of mind (Lillard et

el.,2013:13) discussed earlier. The theory is based on abstract thinking and may be a challenging task for children in primary school, especially at grade two and three levels. Some children may be predisposed to develop theory of mind related tasks easier than others, however it typically takes several practice attempts to get any group of young children to project their emotions onto characters or objects at the same time. Starting with an object may ease this transition as they would not need to develop a character. Projecting a feeling onto an object such as a stone, a piece of cloth, a toy or plant can assist in employing abstract thinking. Facilitators may need to provide a few basic emotions for children to choose from if they appear stuck and allow them to build from there onwards. For example:

-*This yellow cloth makes me feel happy because it is bright.*

-*This stone makes me feel 'funny' because…(conversation begins to start)*

-*This toy makes me feel scared because…(conversation begins to start)*

This can be done in pairs, small groups or as a whole group.

With certain cognitive disabilities, imagination may be compromised. Crimmens (2006) advises that we become literal and provide concreteness in order to understand. She explains that,

> A story is an abstract concept couched in language. In order to make it accessible for students with impaired cognitive abilities we have to include 'props' which assist understanding and stimulate participation. Props are never chosen randomly. They must always link with the story and are used selectively and economically. It is usually better to have two or three well-chosen props that students must share and wait to use than a whole bag full of props which lose their significance and dramatic intensity. (Crimmens, 2006:32).

5.3.4. Role-play

Through pretending to be someone else, children strengthen their abilities to role reverse, empathise, and understand the emotions of others (Penzick, 2003:29-32). This is the underlying reasoning which this study and its propositions are based on. However, it is acknowledged that the reality of role-based sessions is not as simplistic given the diverse population in question. Whilst recognising that success depends on managing the nature of different abilities, type of personalities and the proficiency of the facilitator, the content thus far has indicated that if the facilitator undergoes training (a drama teacher for example already has the aptitude required for

the creative tasks). Almost everything in a role-based play process can enhance communication and begin to weave threads of inclusive practice.

Jones confirms that clients identify problems and realise their issues through different role-playing. During the process, clients change their perception and search for solutions or choose a new direction in which to go (Jones,1996:94). The detail of the inclusive practice can perhaps begin as participants start to problem solve together in a communal space.

There are only a few practitioners or theorists who describe using drama therapeutic techniques in a school setting (for inclusive purposes) as Crimmens (2006) does. She has also experienced the proposed techniques in and out of a therapeutic environment and can attest to what works and what fails. In this light, she explains that what constitutes role-play is very wide, “it may be someone who is profoundly disabled wearing a costume and being interacted with ‘in role’, or a student being able to remember a simple line and deliver it on cue, or a group of students in role as insects all interacting with one another in role” (Crimmens, 2006:33).

In summary, Crimmens advises the following for inclusive role-based activities:

1) Flexibility: Find a way to facilitate a student’s taking of a role, regardless of his/her ability. Fixed approaches may hinder the participant (Crimmens, 2014:21-25).
2) Use props, particularly if the student can convey some of the emotional tones of the character. A disabled learner may be seen as lacking affect if he/she cannot use facial expressions or posture (Crimmens, 2014:32-33).
3) As mentioned in the storytelling section, provide a series of actions linked to a specific emotion to assist participants to practice what they look and feel like.
4) The importance of choice. “Because the role-play is an opportunity for students to explore metaphorically unconscious as well as conscious issues, it is vital that students choose for themselves what role, if any, they want to play and are never, even subtly, coerced” (Crimmens, 2014:21-25).
5) Breakdown of story into tasks which participants can conduct in front of their peers. The task should be modelled by a facilitator/aid and is often comprised of a sequence of simple, connected actions. “Sequences are often problematic for students with an intellectual disability. Sequences usually fall naturally into three stages. They require attention and the ability to remember the sequence correctly” (Crimmens, 2014:30).

These tasks involve rehearsal and repetition.

5.4. Possible limitations in inclusive settings

This study is limited to the use of role-based exercises as a technique for inclusive social interventions. Whilst the technique is limited to learners who have a certain ability to communicate, there are other drama therapeutic techniques which can be tailored for different disabilities. In her book, *Drama Therapy and Storymaking in Special Education,* Crimmens (2006) provides other techniques suited to different abilities.

Role-based work can be adapted based on the availability of resources in an institution and based on the method of communication the participant relies on. In terms of non-verbal learners who use sign language, a translator can be present to begin the activity and stop as it gains momentum. Although specialised practitioners like Crimmens (2006) have the skills to work with both non-verbal learners and verbal learners, this takes training and practice. During my BA honours year in 2007, I worked with deaf youth to promote HIV/AIDS awareness. I could not speak sign language and did not have an interpreter. Eventually, the only hard of hearing participant in the group and I devised a method of using him as my interpreter. The experience forced me to be present and mindful of my lip movements as I would explain a concept to him and he would interpret this to the group. I held focus groups and directed a play using this method and learnt a limited amount of sign language in the process. This journey indicated that we are socialised to rely on predisposed, mainstream codes to communicate (such as speaking in English), and neglect the intrinsic communication tools of body, presence and action.

Nonverbal learners and verbal learners both make use of toys and objects to play in their natural play spaces. This can be employed in the initial sessions to establish contact and familiarise the participants with the creative content. Hearing children can eventually learn sign language over time and cultivate cues from each other whilst playing. Practical exposure on both ends of the spectrum transcends any theoretical based assumptions we may posit or affirm.

5.5. Appreciative inquiry (AI)

Most of my development in working with groups of learners has emanated from an applied drama term called “Appreciative Inquiry”. Kessler explains, “Appreciative Inquiry (AI) is a method for studying and changing social systems (groups, organisations, communities) that

advocates collective inquiry into the best of what is in order to imagine what could be, followed by collective design of a desired future state that is compelling and thus, does not require the use of incentives, coercion or persuasion for planned change to occur" (Kessler, 2013, page no). Essentially it proposes a method which seeks to extrapolate the best out of a group and work with their strengths to edify their qualities as opposed to imposing new, forced ideas which may manifest in a saviour driven mentality. Seeing myself as a part of the learning whilst still maintaining my role as facilitator/therapist positioned my practice as a learning space for both the participant and for myself. The originator of AI, David Cooperrider, emphasises the limitations of problem solving for expanding human horizons and possibilities. "Pointing out that the most powerful force for change is usually a new idea, Cooperrider argues that we need forms of inquiry and change that are generative: they help us discover what could be, rather than try to fix what is" (Kessler, 2013:1).

These suggestions are however only effective if conducted by a trained facilitator. Below I have outlined a few attributes which a facilitator needs to develop and maintain an inclusive, dramatic space.

5.6. Core drama therapeutic factors for a trained facilitator

5.6.1. Presence

It is undoubtedly challenging for a group of mixed grade 2 and 3 children to remain present and engaged for a full session. The facilitator is tasked with an added focus of eliminating personal or external thoughts and emotions which may compromise the facilitation. Her presence, choice of words and threading of one activity to the next informs the ambiance of the session. Her choices are often what defines the participants' focus and pace. In all sessions it is advisable to have 2 to 3 adults in the room depending on the size of the group. The skill of co-facilitation is attained by repeatedly working with practitioners who are suited to the work itself and to working together.

5.6.2. Team work

The concept of team work is emphasised in corporate companies in the form of team-building to strengthen the bond between employees. Trying to stimulate effective communication networks with adults can be a tedious task if adults have not been adequately socialised from a young age and if their self-image is dysfunctional due to a tainted childhood experience. Developing healthy communication skills, a rounded worldview and enhancing intuition can be achieved

amongst children by engaging in thematic content such as: winning, losing, compassion empathy, sharing, embracing difference, shame and inadequacy (these themes are also prevalent in adulthood).

Team work can be developed through acting out stories, having conversations with a person in character, engaging in improvisation[14] creating fluid sculptures[15], creating movement or artwork with materials and engaging with projective objects. These activities can take the form of games prior to the actual storytelling. The initial interaction may present as fragmented if the typically able learner has not interacted with anyone who is vastly different in appearance, speech or cognition, or the differently abled learner may feel uncomfortable if he/she cannot engage in the task as efficiently as his/her peer.

These challenges need to be exposed so children can ultimately pilot new courses of opinion and social cohesion. The aim is to subtly encourage learners to conquer their hesitancy by finding common ground and/or using the gaps to adapt the desired outcome. As a collaborative approach, the drama therapeutic informed session should form a microcosm of a world which may be too confusing or unfamiliar for a child to steer. During these building stages the rationale which regularly underpins my methodology is that the process is of higher value than the final product.

5.6.3. Establishing safety

Drama therapeutic techniques serve as containers, establishing safety in and out of the dramatic activity. This will be necessary in a space which aims to build trust and allow children to engage with each other despite unfamiliarity. According to Emunah (2013), “drama allows individuals a safe (non-disclosed) portal for expression and exploration of different roles before stepping into reality” (Emunnah,2013:21). School years can be used for preventive and proactive measures to ensure that children mature into healthy and balanced adults (Emunnah,2013:21). Establishing safety includes the following: creating an environment, activities and content which allow for trust to cultivate among participants and the facilitator. Choosing themes and activities which are in keeping with the age group and ability of the

[14]In a drama therapeutic context, individuals pair up and are given an action, scene or emotion to portray via acting.
[15]fluid sculpture (moment): The actors build a moving image with their bodies “each adding her or his sound and movement to what is already there” (Sanders, 2008:10).

participants. Offering steady encouragement throughout the session, not such that it disturbs the flow, but such that the participants feel secure. The following quote from Yalom (2002) resonates to facilitators practice as well as a therapists':

> Often the therapist is the only audience viewing great dramas and acts of courage. Such privilege demands a response to the actor. Though patients may have other confidants, none is likely to have the therapist's comprehensive appreciation of certain momentous acts (Yalom, 2002:13).

Maintaining a safe and contained environment may be challenging if uncomfortable emotions arise and the facilitator is at loss to manage the group or the affected learner. These complications will be discussed in the challenges section.

Part of establishing safety also takes the form of developing a communally constructed group contract. Essentially this documents the decided rules which will apply in all the sessions. The rules are formed through democratic agreement as each child offers what he/she would like to maintain in the space. The participant then adds their value/rule in a creative manner: by drawing a picture, writing a colourful word or simply sticking a sticker on the paper. Should a participant contravene a rule, the group can hold him/her accountable by referring to the contract. By maintaining the play space, the participants should feel safe to enter and remain in it.

5.6.4. Choice and control

In a therapeutic context, the sessions are described as client-lead. The clients use their own ideas and the therapist steers the session based on the ideas which the client offer. Through choice in drama processes, "we can explore back and forth along this life-line [of experience] finding images, symbols, stories, texts to discover who we are or what we might have been. We can create fictional lives, perhaps a childhood we would like to have lived or one we are thankful we didn't live" (Cattanach in Cattanach *et el* 1994:28).

If we apply this concept to a student-lead session, it may allow for:

1) building self esteem
2) a more organic interaction (as opposed to instructed activity related to traditional academic achievement)
3) building of analytic and reasoning skills and

4) a ‘language’/communication mechanism to emerge, one which the participants can use intrinsically given that they’ve created it.

Choices may take the form: choosing to witness or participate, choosing which role to play, choosing a colour, choosing an emotion, choosing a change of plot, choosing an item of costume, choosing a partner, choosing a physical action in or out of role.

However, given the need for boundaries, Crimmens indicates that there are situations where she limits the choice, perhaps in early work with students who are “oppositional in behaviour” (Crimmens, 2006:37) or when students interpret greater flexibility from facilitators as an “abdication of control” (Crimmens, 2006: 37) from the facilitator and assumes that they are in control. She advises, “When this happens, I am more concerned about the student listening and performing tasks as they have been demonstrated, until I can see that he has accepted my leadership and then I can allow more flexibility” (Crimmens, 2006: 37).

5.7. Cultural context

Developing a working knowledge of the participants’ health difficulties, severity of symptoms and wider cultural context inform the decisions which the facilitator makes. This understanding is not only pertinent to the facilitator’s work in a session, but is a representation of how we approach society in general. The facilitator’s knowledge, awareness and choices will inform a culture which the participants are prone to emulate in and out of a session. Inclusive practice transcends being in a room with an individual who is different. It entails making an effort to understand where the person comes from, their challenges, illnesses and the nuances of their cultural background. Ultimately it means forming respect, kindness and an inclusive mind-set despite any differences which may exist.

The reality of the children’s disabilities demands that the facilitator does not overlook activities which may not be possible for a participant to execute. As opposed to a drama therapeutic setting where the therapist will gain basic information about the client beforehand and gather further understanding as the session progresses, a facilitator in this context should have a deeper understanding of the participants which will inform her approach.

5.8. Inclusion

It is vital for the facilitator to display inclusive thinking and assure that he / she attends to all the learners' questions and offerings. It also necessary for him / her to comment equally on the activities of the whole class such that no child feels left out. This is a demanding task and sometimes not always possible. Adequate training should equip a facilitator to manage the situation even in these circumstances. Having a conversation with a child after the moment has past can save him / her from leaving the session feels excluded. The main aim is to develop a sense of overall inclusion in the manner in which the facilitator speaks, the words he / she choses and the detail he / she highlights. The intention of the session should be made clear from the onset so the children can work in the respective framework.

5.9. Conclusion

Although it may be difficult to simplify the depth of drama therapy techniques used outside of a therapy room, the concept of using its principles to develop techniques towards inclusiveness, may be effective if executed with caution. Given the economic concerns of a developing country, not every child may be granted the opportunity to attend a group therapy session, and the idea of an inclusive therapy session with typically and differently abled children is currently rare. From the current South African studies which I have gained access too, the offering in this section appears to be a viable continuation / edification of strategies in the field. This short exploration presents information towards practical work using play and role-play for social adhesion and inclusivity.

6. Challenges and Conclusion

There are many potential challenges which an inclusive social intervention may present. In this section, I have chosen to highlight a few salient challenges which may exist in educational settings. These are summarised as potential indicators, not a comprehensive list of challenges as this will differ per institution and an analysis of each is beyond the scope of this report. I've also included insight on creative behaviours for practitioners, and drama therapy work in inclusive educational settings to contextualise my suggestions. Lastly, I conclude by summarising my research informed suggestions for the way forward.

6.1. Challenges:

6.1.1. **Logistics** :

Logistics include:

- Physically getting the students together in one space.

  Schools would need to be in close proximity for the learners to travel to the school / institution which is hosting the session. Government support in this regard would be ideal, but may present as ambitious. A probable solution would be if schools establish a rapport in which they take turns in hosting the sessions. Two schools who displayed interest in my research last year were willing to do this. The one school was a boys' school for typically abled learners and the other school was a co-ed school for learners living with disability. The boys' school was willing to allow me to take the learners to the co-ed school once a week to host role-play-based sessions. Unfortunately, one of the schools withdrew from the agreement due to their full curriculum.

- Space

  Children with certain disabilities may require wheelchairs or other apparatus to assist them. The space needs to be large, comfortable and physically inclusive enough to accommodate individual leaner needs.

6.1.2. **Training**

As mentioned in previous sections, the training of the facilitator is mandatory. Dealing with subject matter which may arise in the session demands for accurate and intuitive facilitation. Whilst the content should not be designed for clinical therapeutic value, it is not guaranteed that sensitive subject matter may be presented.

Suggestions deducted from this study:

1) Ideally a therapist and teacher should facilitate in tandem

2) If a teacher facilitates without a therapist, then he/she should be supported by another trained member for more effective facilitation and outcome.

3) All content should be designed by a therapist and checked by a trained facilitator before execution.

In her study on drama therapy and inclusive settings, Listiakova posits that the drama therapeutic approach is very linked to educational practice, (e.g.: children get some opportunities to speak about their feelings associated with the literature they are reading and projecting) (Listiakova, 2014:98) so the principles and practice should be adaptable for teachers. The potential of these drama therapeutic principles is however sometimes not recognised by teachers, feedback of the classroom teacher changes from a witness to an accusatory or the movement of children in the classroom applying embodied strategies is considered misbehaviour (Listiakova, 2014:98).

Being aware of the value of these processes may lead to the supportive practice of inclusive education. Listiokova's claims are based in part on her own experiences and mostly around feedback from teachers who work in inclusive settings. Her findings and suggestions are central to this research as it narrows the lens to focus on how and why teachers should specifically use drama therapeutic techniques in educational practice. She continues to highlight that,

> Drama therapy is inherently inclusive and applying some of its principles may lead to higher acceptance of the differentness and appreciation of diversity in the classroom. It can create space for expression by offering expression in appropriate situations. It

supports different learning styles, also the kinaesthetic learners that will benefit from embodied activities. The close association of emotionality and rationality is another benefit of applying therapeutic concepts in education (Listiakova, 2014:98)".

6.1.2.1. Barron's creative principles

Frank Barron's (1998) delineation of the behaviours needed for creativity have valuable ethical implications for practitioners. I am suggesting them as five core principles for a facilitator in an inclusive setting as they provide a balanced approach between sentiment and boundary.

1) "A preference for complexity, balanced by a need to find simple and elegant order" (Barron,1998: 264). For inclusive settings the complexity exists in the fact that differently and typically abled children will be engaging in activities together. The preference is that the content and practice allow for different abilities to co-exist and for all children to be seen and heard.
2) "A tolerance for ambiguity and the parallel tension that comes from not knowing" (Barron,1998: 264). In a class of mixed ability students who are conducting improvised drama related activities, "not knowing" will be an intrinsic part of the process as the facilitator cannot assume the outcome. Clarity, although present in the planning, may dissolve as the facilitator operates in ambiguous thematic content and ambiguity in children's actions / choices.
3) "The ability to accept that there may be a multiplicity of right answers" (Barron,1998: 264). This point brings with it a loaded, complex reality. There is no right answer as to how a just, inclusive society should look. The facilitator will learn with the children as much as the children learn with him/her.
4) "Independence of judgement that requires us to think critically and creatively; to suspend judgement and make up our own minds' (Barron,1998: 264). Separating societal or experiential bias is a compounded concept, but necessary to allow organic content to flow in this type of work. The children's choices in and out of role may present a variety of realities which the facilitator would need to facilitate neutrally, suppressing his / her personal beliefs.
5) "Ego strength: the ability to remain open to input without fear of being overwhelmed, to rally from setback and not to succumb to discouragement" (Barron,1998: 264). There were instances in which either myself or a facilitator have dealt with outcomes which where contradictory to what we had desired. Whilst in session, we had to immediately

supress the disappointment and intuitively decide how to use the content which the children provided. Remaining open to input from co-facilitators, other professionals and even participants has proven to be a humbling and developing part of my professional journey.

6.2. Discussion

As mentioned in previous sections, training and logistical planning for this work is extensive, but once established, the trained facilitator can proceed with a minimum amount of resources. The nature of drama therapeutic exercises does not always rely on physical resources. The process will also differ per institution, per target group and per facilitator. There may also be various content challenges which professionals may hone in on as they read the session plans. This study merely serves as a point of discussion based on existing research on how we can begin to develop inclusive thinking as opposed to a bulletproof model.

6.3. Recommendations for inclusive practice:

This summary is a short presentation of what the research motivates for and concludes. The chapters preceding this include motivation and theoretical explanation for these suggestions, the rest are born out of my personal experience. The suggestions are basic, as it leaves room for the practitioner to build and adapt the intervention based on the needs of the group or available resources.

6.3.1. Suggestions:

- Initial session in which the participants get to know each other and the facilitator. This session's activity can be chosen by the facilitator. It can be games in which the children and facilitator play together, or a simple communication exercise in which the learners speak about themselves. The facilitator should find a way to gain a sense of the participants' interests / hobbies and abilities in this session.
- Two sessions of creative activities as a build up to the main story session. These sessions will be aimed at acquainting the learners to the idea of creative play and abstract thinking using activities such as mirroring (explained in session plan C) /

drawing a picture or picking a colour which represents how they feel / playing drama based games according to the participant's abilities.

Develop a contract in which all learners agree on principles to be upheld in the group.

Form an image or picture (using methods best suited to abilities within the group)

- Conduct a story telling session
  (two plans attached as Appendix C and D as examples)
- Conduct two follow up sessions of role-play work which are based on the story.
  Activities can be: conversations in pairs in character, swopping characters and choosing emotions based on conversations.
- Discussion sessions:
  Based on the ability of the group, conducting discussion sessions on how the activities felt could be useful (exploring emotions such as: anger, hurt, exclusion, excitement, differences, pain, similarities etc.).

It is important to create a sense of fun in the sessions, allowing the learners to feel comfortable and look forward to coming again. The facilitators approach prescribes the tone and ambiance of the session, and the participants follow in that regard. In a class of mixed abilities where children do not know each other, the anxiety to come each time to a foreign class may accumulate. If the sessions are fun and hold an element of interest, this should motivate the learners to attend and participate.

6.3.2. Suggested Requirements:

-Trained facilitators (chosen by the school) or / and drama therapists.
-Foundation phase target: grade two and three learners of different abilities.
-Tailored approaches to suit all learners.
-Facilitator to have previous experience with chosen level of learners
-Session plans developed by a qualified drama therapist and edited by trained facilitators to accommodate specific target group / participant.

These requirements ensure that the interventions are safe and accurately developed. It also ensures that the facilitator is equipped for any shifts which may occur during the session. Intuition is paramount as the the learners' choices are not guaranteed. This places demands on

the facilitator to think promptly whilst still holding the session together. Role-play work is flexible and adaptable so the facilitator can tweak activities to suit abilities or circumstances.

6.4. Conclusion

The paradox of living with an invisible chronic condition which impairs the cognitive ability to write a paper on understanding, empathy and inclusion proved to be a profoundly complex task. My suggestions in this report are thus a mixture of a personal struggle for nuanced inclusivity and the product of eclectic research.

What started out as a research project aimed at practically testing how / if drama therapeutic role based activities could propagate inclusive social engagements, turned out to something more akin to an information resource. The process of researching these theories to understand where we are in terms of inclusion, and how play is used in and out of inclusive contexts, validates the necessity of both role-play and inclusion in our current and future discussions.

The next critical step of this research is to generate *practical* findings which analyse the efficiency of role based activities among differently and typically abled children in grade two / three learners with the aim of inclusion. Practical interventions will assist us in understanding the intricacies and details of how role-play based activities work / do not work to develop more conclusive tools for inclusive practice in foundation phase. I hope that this report will serve as a study of traditional play methods and contemporary therapeutic tools to advocate for informed, empathic thinking around the silent idiosyncrasies of what it is to be inclusive, as opposed to a generic understanding of inclusivity (e.g.: inclusion is simply that we are all in one space). The specifics of inclusion differ per disability and per individual. Respectively, we cannot move forward with any manner of inclusive thinking without familiarity. The motivation for a deliberate intervention also strongly lies in starting young, making play a viable and accessible vehicle to steer the process.

The process of attaining inclusion is a complex, layered process embedded with disparate sensitivities and narratives. We cannot claim to be in a inclusive society if silent differences are not addressed because our children are kept separate from playing with each other. Ultimately, I

hope that this research catalyses multifaceted conversations around inclusion which extends to our communities, families, friends and institutions.

Ends/

Reference List

1. Abdoola, F., Flack, P. and Karrim, S. (2017). Facilitating pragmatic skills through role-play in learners with language learning disability. *South African Journal of Communication Disorders*, 64(1), p.2.
2. Aldridge, D., Gustorff, D. and Neugebauer, L. (1995). A preliminary study of creative music therapy in the treatment of children with developmental delay. *The Arts in Psychotherapy*, 22(3), p.190.
3. Antonelli, L., Bilocca, S., Borg, D., Borg, S., Boxall, M., Briffa, L., Debono, C., Falzon, R., Farrugia, V., Gatt, L., Formosa, M., Mifsud, D., Mizzi, K., Scurfield, L., Scurfield, M. and Vella, G. (2014). Drama, Performance Ethnography, and Self-Esteem. *Sage Open*, 4(2). pp:1-5.
4. Asher, S. and Wheeler, V. (1985). Children's loneliness: A comparison of rejected and neglected peer status. *Journal of Consulting and Clinical Psychology*, 53(4), pp.500-505.
5. Author, N. (2019). *Role Theory | Encyclopedia.com*. [online] Encyclopedia.com. Available at: https://www.encyclopedia.com/social-sciences-and-law/sociology-and-social-reform/sociology-general-terms-and-concepts/role-theory [Accessed 12 Mar. 2018].
6. Baas, M., De Dreu, C. and Nijstad, B. (2008). A meta-analysis of 25 years of mood-creativity research: Hedonic tone, activation, or regulatory focus?. *Psychological Bulletin*, 134(6), pp:779-806.
7. Bannister, A. (1995). Images and Action: Dramatherapy and Psychodrama with Sexually Abused Adolescents. In Jennings, S. (ed.) *Dramatherapy with children and adolescents.* London: Routledge. P:172
8. Bass, DeDreu, and Nijstad 2008; Isen, Daubman, and Nowicki 1987; Russ 1993; Shaw and Runco 1994 In Lillard, A., Lerner, M., Hopkins, E., Dore, R., Smith, E. and Palmquist, C. (2013). The impact of pretend play on children's development: A review of the evidence. *Psychological Bulletin*, 139(1), pp.1-34.

9. Barbrook, W. (2013). *North American Drama Therapy Association*. [online] Nadta.org. Available at: http://www.nadta.org/ [Accessed 11 Mar. 2018]. p:1
10. Beres, M. (2011). *Role theory in the social work- in the context of gender stereotypes*. (Unpublished dissertation). Prešov: University of Prešov. pp:177.
11. Bergen, D. (2001). Pretend Play and Young Children's Development. *ERIC Digest*. Illinois. IL 61820-7469(217) 333-1386 • (800) 583-4135). p:1.
12. Berghs, M., Atkin, K., Graham, H., Hatton, C. and Thomas, C. (2016). Implications for public health research of models and theories of disability: a scoping study and evidence synthesis. *Public Health Research*, 4(8), pp.1-166.
13. Biddle, B. (1986). Recent Developments in Role Theory. *Annual Review of Sociology*, 12(1), pp.67-92.
14. Biddle, B.I., Rosencranz, H.A., Tomich, E., Twyman, I. P. (1966). Shared inaccuracies in the role of the teacher. *In Role Theory: Concepts and Research*, ed. B. I. Biddle, E. I. Thomas. New York: Wiley. n. p.
15. Blatner, A. (2007). The role of the meta-role: An integrative element in psychology. In: Baim, C., Burmeister, J. and Maciel, M. (eds.), *Psychodrama: Advances in theory and Practice.* London: Routledge. pp:53-67.
16. Booth, M. and Gerard, J. (2011). Self-esteem and academic achievement: a comparative study of adolescent students in England and the United States. *Compare: A Journal of Comparative and International Education*, 41(5), p:10.
17. Bottomley, A.Z. (2016). *The Use of Dramatherapy Techniques Including Role, Play, Movement and Touch in Developing and Extending a Sense of Self and Identity in Young Autistic Adults*. (Unpublished desertion). University of Hull. n.p.
18. Burden, R. and Burdett, J. (2007). What's in a name? Students with dyslexia: their use of metaphor in making sense of their disability. *British Journal of Special Education*, 34(2), p:32
19. Campo, J. and Bridge, J. (2018). Exploring the Impact of 13 Reasons Why: Looking for Light Amidst the Heat . . . *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(8), pp.547-549.
20. Camacho, J.,(2011), *Dramatherapy, a therapeutic process that facilitates the integration of deaf people at the University*. (Unpublished undergraduate dissertation). University of Toulouse II - Le Mirail. France. p3-10.

21. Cattanach, A. (1994). The developmental model of dramatherapy in S. Jennings, A. Cattanach, S. Mitchell, A. Chesner, & B. Meldrum (Eds.), *The Handbook of Dramatherapy*. London: Routledge. p. 28.
22. Carmen, M. D., and Palomino, M. (2017). An Analysis of Self-Concept in Students with Compensatory Education Needs for Developing a Mindfulness-Based Psychoeducational Program. *SAGE Open*, 7(2), p:1.
23. Chelser, M. and Fox, R. (1966). *Role Playing Methods in the Classroom*. Unites States of America: Science Research Associates, pp.5-11.
24. Chowdhry, K. and Newcomb, T. (1952). The relative abilities of leaders and non-leaders to estimate opinions of their own groups. *The Journal of Abnormal and Social Psychology*, 47(1), pp.51-57.
25. Christian, K., Russ, S. and Short, E. (2011). Pretend play processes and anxiety: Considerations for the play therapist. *International Journal of Play Therapy*, 20(4), pp.179-192.
26. Collair, L. (2019). *Indicators of successful inclusion of a learner who is deaf in a mainstream class*. [online] Scholar.sun.ac.za. Available at: http://scholar.sun.ac.za/handle/10019.1/52305 [Accessed 11 Mar. 2019].
27. Corbett, B. and Abdullah, M. (2005). Video modeling: Why does it work for children with autism? *Journal of Early and Intensive Behavior Intervention*, 2(1), pp:2-8.
28. Corbett, B., Mendoza, S., Abdullah, M., Wegelin, J. And Levine, S. (2006). Cortisol circadian rhythms and response to stress in children with autism. *Journal of Psychiatry and Neuroscience*, 31(1), pp.59-68.
29. Corbett, B., Swain, D., Coke, C., Simon, D., Newsom, C., Houchins-Juarez, N., Jenson, A., Wang, L. and Song, Y. (2013). Improvement in Social Deficits in Autism Spectrum Disorders Using a Theatre-Based, Peer-Mediated Intervention. *Autism Research*, 7(1), pp.4-16.
30. Darling, R. (2019). *Disability and Identity*. [S.L.]: Lynne Rienner. p:1-9.
31. Debono, C. (2011). *Raising self-esteem through drama: The experience of persons with a dyslexic profile.* (Unpublished undergraduate dissertation). Department of Psychology, University of Malta, Msida. pp: 45-46.
32. Donohue, D. and Bornman, J. (2014). The challenges of realising inclusive education in South Africa. *South African Journal of Education*, 34(2), pp.1-14.
33. Doyle, C. (1998). A self psychology theory of role in drama therapy. *The Arts in Psychotherapy*, 25(4), pp.223-235.

34. Dwivedi, K. (1993). *Group work with children and adolescents*. London: Jessica Kingsley Publishers, p.47.
35. Department of National Education. (2015). *White Paper On the Rights of Persons with Disabilities*. [online] Available at: http://ecdeet.co.za/wp-content/uploads/2017/08/White-Paper-on-the-Rights-of-Persons-with-Disabilities-Cabinet-Approved.pdf [Accessed 11 Mar. 2018].
36. Eisenberg, N., & Fabes, R. A. (1998). Prosocial development. In W. Damon & N. Eisenberg (Ed.), *Handbook of child psychology: Social, emotional, and personality development.* Hoboken, NJ, US: John Wiley & Sons Inc. pp:701-778.
37. Jones, P. (1996). Drama as Therapy: Theatre as Living, Brunner-Routledge, Hove & N.Y. p:14-15.
38. Emunah, R. (1994). *Acting for real*. New York: Brunner/Mazel Publishers. pp:21-31.
39. Erdoğan, N.I., Küçüker, S., Çürük, C. (2014). Peer Acceptance of Children with Disabilities In Inclusive Kindergarten Classrooms. *Pamukkale Üniversitesi Eğitim Fakültesi Dergisi, Sayı,* 36.p:164.
40. Brown, G., Mangelsdorf, S., Neff, C., Schoppe-Sullivan, S. and Frosch, C. (2009). Young Children's Self-Concepts: Associations with Child Temperament, Mothers' and Fathers' Parenting, and Triadic Family Interaction. *Merrill-Palmer Quarterly*, 55(2), pp:84-216.
41. Ewa, J. A, Olayi, J. E, Ashi, M.M, and Agba, J. U., (2015), Drama: A Strategy Facilitating Equal Access and Enablement for Students with Hearing Impairment in an Inclusive School Environment. *British Journal of Education.* 3(10). European Centre for Research Training and Development UK. p:43.
42. Goldstein, T. and Winner, E. (2012). Enhancing Empathy and Theory of Mind. *Journal of Cognition and Development*, 13(1), pp:19-37.
43. Heflinger, C., Wallston, K., Mukolo, A. and Brannan, A. (2015). Perceived stigma toward children with emotional and behavioral problems and their families: The Attitudes about Child Mental Health Questionnaire (ACMHQ). *Stigma and Health*, 1(S), pp.75-85.
44. Heflinger, C., Wallston, K., Mukolo, A. and Brannan, A. (2014). Perceived stigma toward children with emotional and behavioral problems and their families: The Attitudes about Child Mental Health Questionnaire (ACMHQ). *Journal of Rural Mental Health*, 38(1), pp.9-19.
45. Heward, W., Alber, S. and Konrad, M. (2017). *Exceptional children*. Pearson Education. pp:5-600

46. Hirsh-Pasek, K., Golinkoff, R., Berk, L., & Singer, D. (2009). *A mandate for playful learning in preschool: Presenting the evidence.* New York, NY: Oxford University Press.n.p.
47. Hoffmann, J. and Russ, S. (2012). Pretend play, creativity, and emotion regulation in children. *Psychology of Aesthetics, Creativity, and the Arts*, 6(2), pp.175-184
48. Holmes, P., Karp, M. and Watson, M. (1995). Psychodrama since Moreno: innovations in theory and practice. Holmesp., Karpm., & Watsonm. (Eds.) Psychodrama since Moreno: innovations in theory and practice. New York, NY: Routledge, 1994. 81(2), pp.703-703.
49. Howells, J. and Brosnan, P. (1972). The Ability to Predict Workers' Preferences: A Research Exercise. *Human Relations*, 25(3), pp.265-281.
50. J. Landy, R. (1991). The dramatic basis of role theory. *The Arts in Psychotherapy*, 18(1), pp.29-41.
51. Jackson, J. (1998). Contemporary criticisms of role theory. *Journal of Occupational Science*, 5(2), pp.49-55.
52. Jackson, P., Brunet, E., Meltzoff, A. and Decety, J. (2006). Empathy examined through the neural mechanisms involved in imagining how I feel versus how you feel pain. *Neuropsychology*, 44(5), pp:752-761.
53. Jennings, S. (1995). Dramatherapy for survival: some thoughts on transitions and choices for children and adolescents. **in** Jennings, S. (ed.). *Dramatherapy with children and adolescents.* London: Routledge: pp:90-106.
54. Johnson, S. (2019). *'Shattering stigma starts with simple conversations': tackling the child mental health crisis*. [online] the Guardian. Available at: https://www.theguardian.com/healthcare-network/2017/may/10/the-child-mental-health-crisis-and-how-to-solve-it [Accessed 11 Mar. 2019].
55. Journals.sagepub.com. (2019). *SAGE Journals: Your gateway to world-class journal research*. [online] Available at: https://journals.sagepub.com/doi/abs/10.1177/2158244017708818 [Accessed 11 Mar. 2019].
56. Kinsley, J. (2001). *A comparison of the social interactions in children with developmental disabilities and their typically developing peers*. [online] Digitalcommons.ithaca.edu. Available at: http://digitalcommons.ithaca.edu/cgi/viewcontent.cgi?article=1152&context=ic_theses [Accessed 12 Mar. 2018].

57. Koekemoer, K. (2006). *"…we must not hold our fears…" A Case Study exploring the use of Group Dramatherapy as a Therapeutic Intervention with Children and Adolescents Living in Poverty.* [online] Scholar.sun.ac.za. Available at: https://scholar.sun.ac.za/handle/10019.1/3080 [Accessed 12 Mar. 2016]. pp:21-22.
58. Krasnor, L. and Pepler, D. (1980). The study of children's play: Some suggested future directions. *New Directions for Child and Adolescent Development*, 1980(9), pp.85-95.
59. Lahad, M. (2008). Post traumatic responses in disasters: A community perspective. In K. Gow & D. Paton (Eds.), *Resilience: The Phoenix of Natural Disasters.* New York: Nova Science. pp: 33-45.
60. Landreth, G., Homeyer, L., & Morrison, M. (2006). Play as the language of children's feelings. In D. P. Fromberg & D. Bergen (Eds.) *Play from birth to twelve: Contexts, perspectives, and meanings.* New York, NY: Routledge: Taylor and Francis Group. pp: 47-52.
61. Landy, R. (1993). *Persona and performance: The meaning of role in drama, therapy, and everyday life*. New York: Guilford Press. pp:1-23.
62. Landy, R. (1994). *Drama Therapy, Concepts, Theories and Practices.* Charles, C. Thomas. Springfield, Illinois, USA. p:48.
63. Landy, R. (1995). Persona and Performance: The Meaning of Role in Drama, Therapy and Everday Life. By Robert Landy. London & Bristol, PA: Jessica Kingsley Publishers, 1993. Pp. x + 288. £19.95. *Theatre Research International*, 20(02), pp.178-179.
64. Landy, R. J. (2001). Role model of drama therapy supervision. New essays in drama therapy: Unfinished business. Springfield, IL: Charles C. Thomas. pp:9, 171:187
65. Landy, R., Luck, B., Conner, E. and McMullian, S. (2003). Role Profiles: A drama therapy assessment instrument. *The Arts in Psychotherapy*, 30(3), pp.151-161.
66. Landy, R. J. (2008). The couch and the Stage. Lanham, Boulder, New York, Toronto, Plymouth, U.K: Jason Aronson. P:1-20,66,248,104.
67. Lewis, C. and Carpendale, J. (2009). Introduction: Links between social interaction and executive function. *New Directions for Child and Adolescent Development*, 2009(123), pp.1-15.
68. Lewis, P. and Johnson, D. (2000). *Current approaches in drama therapy*. Springfield, Ill: Thomas. p:459.
69. Lillard, A. (2012). *Pretend play may not be as vital as believed*. [online] Health24. Available at: https://www.health24.com/Parenting/Child/News/Pretend-play-may-not-be-as-vital-as-believed-20130210 [Accessed 12 Jan. 2019]. pp:1-2.

70. Lillard, A., Lerner, M., Hopkins, E., Dore, R., Smith, E. and Palmquist, C. (2013). The impact of pretend play on children's development: A review of the evidence. *Psychological Bulletin*, 139(1), pp.1-34.
71. Link, B. and Phelan, J. (2001). Conceptualizing Stigma. *Annual Review of Sociology*, 27(1), pp.363-385.
72. Liu, W., Chang. W. (2006). A Study of the Application of the Drama Therapy on ADHD Students' Social Abilities at the Resource Class of the Elementary School. *The International Journal of Arts Education,* 4(2). pp:38-50
73. Marsh, H. W., and Roche, L. A. (1996a). Academic self-concept: Theory measurement and research. In J. M. Suls (Ed.), *Psychological perspectives on the self.* 4. Hillsdale, NJ: Lawrence Erlbaum. pp. 59-98.
74. Martin, J. (2019). *Drama improves pupils' self-esteem, study finds*. [online] the Guardian. Available at: https://www.theguardian.com/education/2004/oct/06/schools.primaryeducation [Accessed 11 Mar. 2019].
75. Martin, P. (2019). *Role-Playing in an Inclusive Classroom: Using Realistic Simulation to Explore Differentiated Instruction.* [online] Eric.ed.gov. Available at: https://eric.ed.gov/?id=EJ1014042 [Accessed 11 Mar. 2019].
76. Martin-Wilson, D., Janelle L. (2005). Role Theory. s. 651 – 655. In Ritzer, George (ed.). (2005.) *Encyclopedia of Social Theory*. Volume II. Thousand Oaks – London – New Delhi:Sage Publications, 982 s. ISBN 0- 7619-2611-9.
77. Mead, G.H. (1934). *Mind, Self and Society.* Chicago: University of Chicago Press. n.p.
78. Michael, J. and Michael, W. (1969). Book Reviews: J. P. Guilford. Intelligence, Creativity, and Their Educational Implications. San Diego, Cal.: Robert R. Knapp, Publisher, 1968. Pp. viii + 229. $7.95. *Educational and Psychological Measurement*, 29(4), pp.1013-1015.
79. Moreno, J. (1946). MORENO, J. L.: Psychodrama. New York, Beacon House, 1946, 429 pp. $6.00. *Psychosomatic Medicine*, 9(3), pp.221-221.
80. Moreno, J. (1961). The Role Concept, A Bridge Between Psychiatry And Sociology. *American Journal of Psychiatry*, 118(6), pp.518-523.
81. Mukolo, A., Heflinger, C. and Wallston, K. (2010). The Stigma of Childhood Mental Disorders: A Conceptual Framework. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(2), pp.92-103.

82. Mutanga, O. (2019). *Universities' inclusion of disabled students is limited*. [online] The M&G Online. Available at: https://mg.co.za/article/2017-01-27-00-universities-inclusion-of-disabled-students-is-limited [Accessed 14 Mar. 2019].
83. Nachmanovitch, S. (1990). *Free play*. New York: G.P. Putnam's Sons, p.43.
84. Netflix.com. (2018). *13 Reasons Why | Netflix Official Site*. [online] Available at: https://www.netflix.com/title/80117470 [Accessed 9 Nov. 2018].
85. Nolan, S., Flynn, C. and Garber, J. (2003). Prospective relations between rejection and depression in young adolescents. *Journal of Personality and Social Psychology*, 85(4), pp.745-755.
86. Oliver, M. (1998). Theories in health care and research: Theories of disability in health practice and research. *BMJ*, 317(7170), pp.1447.
87. P.F, K. (1994). *Role reversal in psychodrama - Psychodrama Australia*. [online] Psychodramaaustralia.edu.au. Available at: https://psychodramaaustralia.edu.au/role-reversal-psychodrama [Accessed 12 Mar. 2019].
88. Pendzik, S. (2003). Six keys for assessment in drama therapy. *The Arts in Psychotherapy*, 30(2), p.95.
89. Pepler, D. and Ross, H. (1981). The Effects of Play on Convergent and Divergent Problem Solving. *Child Development*, 52(4), p.1202.
90. Phillips, R. D. (2010). How firm is our foundation? Current play therapy research. *International Journal of Play Therapy, 1.* doi:10.1037/a0017340.pp:13–25.
91. Powell, M. (2014). *Using the Embodiment-Projection-Role Paradigm within Drama.* (Unpublished Research). Montreal, Cananda. p:1-6.
92. Preiss, J., and Ehrlich, H. (1968). An Examination of Role Theory: The Case of the State Police. *Administrative Science Quarterly*, 13(1), p.197.
93. Prinsloo, E. (2007). Implementation of Life Orientation Programmes in the New Curriculum in South African Schools: Perceptions of Principals and Life Orientation teachers. *South African Journal of Education*. 27(1), pp:155–170
94. Reijntjes, A., Stegge, H. and Meerum Terwogt, M. (2006). Children's coping with peer rejection: the role of depressive symptoms, social competence, and gender. *Infant and Child Development*, 15(1), pp.89-107.
95. Reijntjes, A., Stegge, H., Terwogt, M., Kamphuis, J. and Telch, M. (2006). Emotion regulation and its effects on mood improvement in response to an in vivo peer rejection challenge. *Emotion*, 6(4), p.90.
96. Saxena, D.P. (1971). The "Reference Group" Concept. *Social Science.* 46(3).n.p.

97. Samarrai, F. and Joseph, S. (2012). *Unconditional Positive Regard: If you think it's about smiling and nodding you are doing it wrong*. [online] Psychology Today. Available at: https://www.psychologytoday.com/gb/blog/what-doesnt-kill-us/201210/unconditional-positive-regard [Accessed 12 Feb. 2019].
98. Sanders, L. (2008). Raising Consciousness and Examining Values Through Playback Theatre. *Journal of College and Character*, 9(3), p.10.
99. Schmidt M., and Čagran. B. (2008). Self-Concept of Students in Inclusive Settings. University of Maribor. *International Journal of Special Education*. 23(1). pp:8,10.12,15
100. Schrowang, C. (2015). *Art and Conscientization. Forum Theatre in Uganda, Rwanda, DR Congo, and South Sudan*. [online] Columbia University Press. Available at: https://cup.columbia.edu/book/art-and-conscientization/9783838208176 [Accessed 12 Mar. 2019].
101. Sprague, J. and Connell, R. (1985). Which Way Is Up? Essays on Sex, Class, and Culture. *Contemporary Sociology*, 14(3), p.383
102. Sutton-Smith, B., & Kelly-Byrne, D. (1984). The idealization of play. In P. K. Smith (Ed.), *Play in animals and humans.* Oxford, England: Blackwell. pp:305–321
103. Tarabayeva, V. (2014). Inclusive education as a factor of socialization of children with disabilities at schools of Belgorod region. *Research Result. Pedagogics and Psychology of Education Series*, 1(2).
104. The web.ngo. (2019). *Models of Disability: Key to Perspective*. [online] Available at: https://www.theweb.ngo/history/ncarticles/models_of_disability.htm [Accessed 11 Mar. 2019].
105. Thwaites, R. and Bennett-Levy, J. (2007). Conceptualizing Empathy in Cognitive Behaviour Therapy: Making the Implicit Explicit. *Behavioural and Cognitive Psychotherapy*, 35(05).
106. The Gale Group (2003). *Role Theory*. [online] www.encyclopedia.com. Available at: https://www.encyclopedia.com/social-sciences-and-law/sociology-and-social-reform/sociology-general-terms-and-concepts/role-theory [Accessed 15 Jul. 2018].
107. Turner, J. (2003). *Handbook of sociological theory*. New York: Springer. n.p
108. Van den Bosch, L. (2011). *Students with Disabilities: How their Self-image changes due to the Transfer from Regular Education to Special Education*. [online] Core.ac.uk. Available at: https://core.ac.uk/display/39740101 [Accessed 12 Mar. 2018].
109. Vygotsky, L. (1978). *Mind in Society*. Cambridge, MA: Harvard University Press, p.86.

110. Wallace, S. and Russ, C. (2013). Pretend Play and Creative Processes. *American Journal of Play*, 6(1), p.137.
111. Wheeler, S. (1961). Socialization in Correctional Communities. *American Sociological Review*, 26(5), p.697.
112. Wiener, J. and Tardif, C. (2004). Social and Emotional Functioning of Children with Learning Disabilities: Does Special Education Placement Make a Difference? *Learning Disabilities Research and Practice*, 19(1), pp.20-32.
113. Williams, M. (1970). Reference Groups: A Review and Commentary. *The Sociological Quarterly*, 11(4), pp.545-554.
114. Yawkey, T. (2019). *Pretend Play and Language Growth in Young Children.* [online] Eric.ed.gov. Available at: https://eric.ed.gov/?id=ED231552 [Accessed 11 Mar. 2019]. p:4
115. Yalom, I. (2002). The Gift of Therapy. United Sates of America. Harper Collins Publishes Inc. p: 13
116. Žurić Jakovina, I. and Jakovina, T. (2017). Role Theory and Role Analysis in Psychodrama. *Socijalna Ekologija*, 26(3), pp.151-169.
117. Zvoleyko, E.V., Kalashnikova, S.A., Klimenko.T.K. (2016). Socialisation of Students with Disabilities in an Inclusive Educational Environment. *International Journal of Environmental & Science Education.* Transbaikal State University,Russia. 11(14). pp: 6469-6481