

University of the Witwatersrand  
School of the Arts- Drama for life programme

**Fostering roles and adopting identities: Exploring the effect of drama therapy on  
the sense of identity of Muslim orphaned and vulnerable adolescents**

**NAADIYA SHAIK OMAR**

A Research Report submitted to the Wits School of Arts,  
Faculty of Humanities, University of the Witwatersrand, in Partial Fulfilment  
Of the Requirements for the degree of Master of Art,  
(Drama therapy)

Johannesburg, South Africa

2015

## **ABSTRACT**

Parent mortality in South Africa is increasing, resulting in the rise of orphaned children. There is a lack of intervention and psychological support available to orphans in South Africa. Furthermore, there has been no research conducted in the field of drama therapy and its use in South Africa with Muslim adolescent orphans and identity. The research study investigates the relevance and efficacy of drama-therapeutic methodologies in the formation of communal identity and self-concept among Muslim adolescent orphans in South Africa. The study involves eight adolescent orphan participants that underwent a series of three drama therapy group sessions focused on identity. Using thematic content analysis the study found that the participants were able to use role as a therapeutic measure and to strengthen their Muslim identities. The drama therapy methodologies empowered participants and enabled them to think about themselves and their behaviour in a different way. It further enabled unconscious material to surface to the conscious mind, thereby evoking introspection and reflection. These are steps towards transformation and the conception of ultimate self that the participants have defined for themselves. This study also has implications for the adoption and adaption of drama therapy methodology in South Africa.

## **DECLARATION**

I declare that this research project entitled “Fostering roles and adopting identities: Exploring the effect of drama therapy on the sense of identity of Muslim orphaned and vulnerable adolescents” is my own, unaided work. It is submitted in partial fulfilment of the requirements for the degree of Master of Art in Drama Therapy by Coursework and Research Report (Full-Time) at the University of the Witwatersrand. It has not been submitted before for any other degree or examination, at this, or any other university.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## **DEDICATION**

This thesis is dedicated to my grandmother, who is living proof that angels walk among us. Ma, thank you for all of your prayers, for constantly checking up on me and for loving me so much. Your wisdom is beyond your years. You are an inspiration to me and I couldn't love you more!

This thesis is further dedicated to anyone who has ever lost a mother, father or child. I hope this research helps in your journey.

## ACKNOWLEDGMENTS

This book tells a story that the words on the pages do not show. This book is the culmination of my academic career. It is proof that all of my all-nighters, midnight calls to friends, study groups, driving across Johannesburg to get notes, lying on the floor at 3am in tears from the fear of failure, arguments with classmates and lecturers, and burn-outs were worth it!

Of course there were good times too. I have marvelled in the delight of new knowledge. I have formed lasting friendships through bonding over not knowing what's going on in class or being the one who knows what's going on in class. There have been lecturers who have touched my heart by showing me humility in this sometimes-ruthless field. In the past seven years of student-hood I have expanded my consciousness to an extent that cannot be measured and critically thought far beyond what I believed I am capable of. This book is a symbol of my story, which has been changed and shaped through academia.

I wish to thank the friends who have assisted me or supported me in some way in my undergrad years: Jessica Musnitzky, Vivek Mehta, Ronja Zysk, Mishal Jugjivan, Mellissa Fisher and Arushani Govender.

My family have of course contributed to my being as an academic and a human (which have fed into each other). I thank my grandmothers, aunts, uncles and cousins for merely being the people they are, which in turn has taught me so much about life and relationships. Ma, Mamoo, Davina, Sarah-, Essop-, Tasneem-, and double thanks to Zain Khan, Cheryl-, Michael-, Colleen- and Keshan Gopalan- I thank you all! I wish to honour my cousin, Melanie, whose death made me realise how important psychological services are in the bereavement process, and who motivated me to write my thesis.

There have been many people who have inspired, motivated, supported or assisted me specifically in my masters year or during the development of this thesis, and I wish to express to my sincere gratitude to them:

To my father, Goolam Mahomed Shaik Omar, thank you for your unyielding support and for accepting me for who I am. You are such an inspirational leader and have taught me that hard work pays off. To my mother, Shamima Omar, for being an incredibly influential woman whose drive has rubbed off on me- tenfold! Thank you for your advice and contribution on this project, Mummy. I am so proud to call you both my parents and owe everything I am today to you. I thank you both for doing everything you have done to keep me alive and happy. In your two roles combined I have learnt invaluable lessons on love, life, work, attitude, patience, determination, humility, compassion, service (those last two were especially for you, Daddy) peace and happiness.

To Shenaaz Patel, Zafeer Omar Patel, Zidane Mahomed Patel and Margaret Pule, thank you for the panic food on my freaked-out whims, for the firm push in the right direction, for the pep talks when I didn't need it and for leaving me alone when I did. I thank my sister particularly; who has helped me write so many essays in the past and even helped me correct this thesis. I can write an entire thesis on the way my sister has touched my life, instead I will just provide the title: An exploration of why Shenaaz is my hero and I love her so much.

To Arushani, I cannot thank you enough for your support on this project. You have helped me so much and made it seem effortless. Thanks for making me schedules and keeping me focused. If it weren't for you I would still be writing my literature review right now.

To my supportive, insightful, enthusiastic, patient, strict, tough and pretty cool supervisor, Ella. Thanks for making this project a really pleasant one. Reading your feedback would make me wail aloud from the sting, giggle in shock and then motivate me to push further. I am grateful for your assistance and guidance.

To Tammy and Warren who have worked so hard to make this degree possible in South Africa, thank you for the guidance, push and mentorship over the years.

And to my nine classmates- we did it! Pearl Qhobela, Rafaela Dennill, Rozanne Myburgh, Faith Busika, Mmabatho Mogomotsi, Hanna Yarmarkov, Linda Mdena, Yaela Orelowitz and Monique Hill, I am so proud to be part of the first class of drama therapists in South Africa with you! I am honoured to have studied with you and will forever treasure our moments of tears, joy and playing together.

To the participants in this study and the managers at *The Foundation of Love*, thank you for being so eager to have me dig into your hearts and pick at your brain. May you be richly blessed.

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# Chapter 1: Introduction

## 1.1. Definition of Terms

*Communal Identity*- A part of one's identity concerned with her attachments and perceptions toward belonging to a group. One's social identity and sense of personhood within a community (Misra & Preston, 1978).

*Culture*- A belief system predicated on the one's values and norms that have been passed down to them from generation to generation (Samovar *et al*, 2007).

*Identity*- "the idea of identity refers to a sense of being at one with oneself as one grows and develops, and to an affinity between the individual and his or her social roles and community ties" (Hook *et al*, 2002: 279). It is the subjective concept of oneself as an individual (Reber & Reber, 2001).

*Muslim*- "Islam is to submit to Allah in His Oneness (monotheism), to be subservient to Him in obedience and not to associate any partners, rivals and intercessors with Him" (Ibrahim, 1996: 2).

*Orphan and vulnerable children (OVC)*- The term OVC may refer to a child who has lost one or both of her parents, is neglected, living with terminally ill parents, unemployed parents or parents unfit to take care of her, or is ill-treated or abused by her parents (Jooste, 2006).

*Self Concept*- A complete and thorough description of one's concept of oneself (Reber & Reber, 2001).

*Sufism*- A sect in Islam. "Sufism is the path followed by Sufis to reach the Truth-God. While Sufism usually expresses the theoretical or philosophical aspect of this search, the

practical aspect [incorporates] the annihilation of the individual's ego, will and self-centredness by God and the subsequent spiritual revival with the light of His essence. [...] It can be viewed as a] continuous striving to cleanse one's self of all that is bad or evil in order to acquire virtue" (Gülen, 2009: xi)

## 1.2. Introduction

In South Africa there has been an increase in the number of children affected by the death of a parent because of the rise in HIV/AIDS-related deaths and death as a result of violence (Burns, 2011). This has resulted in an increase in orphaned and vulnerable children (OVCs) in the country. The term OVC may refer to a child who has lost one or both of her parents, is neglected, living with terminally ill parents, unemployed parents or parents unfit to take care of her, or is ill-treated or abused by her parents (Jooste, 2006).

According to Miller, when a child experiences loss she needs to be able to grieve (Miller, 1990). The child may express varied emotions related to grief, such as anger, sorrow, jealousy, joy and guilt, and Miller emphasises the accommodation and acceptance of these feelings by guardians (Miller, 1990). If the child does not feel the emotions that she needs to and if these are suppressed, the emotional wound will never heal and the child loses herself (Miller, 1990). Miller advocates for group therapy as a possible way back to the self. The current research extends this idea to include the use of group drama therapy sessions.

There is a lack of interventions in the mental healthcare sector for children who are orphaned (Bee, 2000, Erikson, 1968, Bronfenbrenner, 1986, Donald et al, 2006, Hook *et al*, 2002). As a result the OVC population of South Africa is one that is often left with a confused sense of identity and self-concept, which in turn has a negative impact on the psychological well being of the adolescent (Ngcobo & Edwards, 2012). Erikson (1963) understood identity to be concerned with a sense of wholeness as one matures and to the connection between the individual and her social roles and community attachment. Erikson also believed that adolescent identity relies on support structures (Erikson, 1963). There is much evidence to support that without adequate social and familial support, the adolescent may go through an identity crisis and, as Miller points out, lose her sense of self (Erikson, 1963, Nyasani *et al*, 2009, Leick & Davidsen-Nielsen, 1991, Miller, 1990).

The context of orphanages in South Africa is not one that is highly researched (Cluver & Gardner: 2006) and the inclusion of Muslim adolescents in this field is even more so neglected. Many people view religion as a basis of personal and social identity (Peek, 2005). There is a complex and unclear definition of Muslim social (or communal) identity and the formation of this identity is a dynamic and ongoing process (Tayob, 2002, Peek, 2005). The same is true for the adolescent Muslim's self-concept or sense of self in South Africa. According to Matsumoto and Juang "A sense of self is critically important and integral to determining our own thoughts, feelings, and actions, and how we view the world and ourselves and others in that world" (Matsumoto & Juang, 2004: 300).

Implicit in our self-concept and communal identity are the roles we play. Theorists on identity have asserted that our identity comprises of a myriad of roles that we play in different circumstances and in relation to others (Erikson, 1963, Bronfenbrenner, 1979, Hormuth, 1990, Misra, 1978, Baumeister, 1986, Castells, 2001, Landy, 1994). Based on Erikson's fifth stage of psychosocial development- identity versus role confusion, and Landy's role theory this study attempts to understand the link between drama-therapeutic role play and identity development in Muslim adolescents (Erikson, 1963, 1968, Landy, 1994, 2009). Drama therapy methods have been proven useful in identity formation, and role play in particular can provide one with the opportunity to explore states of being, diversify the self-concept, and form empathy for another (Landy, 1994, 2009, Baumeister, 1986, Knio, 2008, Lumbi, 2006, Jones, 2007).

The current research explores the use of drama therapy methodology in consolidating a sense of identity in members of an orphanage in the South of Johannesburg- *The Foundation of Love*. This will be referred to as *The Foundation* henceforth. The researcher has conducted a study with this group previously, which led to the conceptualisation of this study, as the participants had shown an intense desire to make contact with their self and their diverse sense of identity. In the current study, participants underwent three drama therapy sessions focused on the theme of identity. Data collected

from these sessions on a group of Muslim, adolescent, OVCs were analysed in relation to the efficacy of role theory in the fostering of a healthy sense of self with the participants.

*The Foundation* practises a specific movement of Islam called Sufism. Children are placed at *The Foundation* regardless of their religion and *The Foundation* supports them in continuing to practise their respective religion (7<sup>th</sup> June 2014). Upon being placed at *The Foundation* children are aware that it is based on Islamic principles. *The Foundation* accommodates new children coming into the orphanage who are not Muslim (new children are either Christian or Muslim), by teaching them according to what they know about religion. Thus, during their religious teachings the caregivers will refer to ‘Allah’ as ‘God’ (7<sup>th</sup> June 2014). Muslims respect and admire Christ (Ibrahim, 1996), therefore *The Foundation* is able to teach the children about God incorporating Christian beliefs (7<sup>th</sup> June 2014). At the time of this study all of the participants had long since reverted to Islam. All of the children in the orphanage are Muslim and have made the choice to revert to the religion after between three months and a year of having lived there (7<sup>th</sup> June 2014).

*The Foundation* can be described as well-resourced in that it can provide for the primary financial and material needs of the thirteen OVCs living there and has a well-stocked library and computer room on the premises. All of the participants are home-schooled via an online interactive schooling system that takes place in their computer room. The eight adolescents participating in this study range from 13 to 19 years of age and are diverse in terms of their race, culture, and geographical location of origin. This diversity might play a role in the way they perceive themselves within the context of the home, possibly resulting in the formation of distorted images of the self (Rogers, 1961, Hormuth, 1990, Muthal, 2010, Ryan, 2014, Singh, 2008). By means of the drama-therapeutic use of role this study addresses the diverse nature of the participants’ identity and locates the value of the participants’ Sufi belief system within their communal identity and conception of self.

### **1.3. Rationale for the study**

A literature review on the mental health care needs of OVCs in South Africa reveals that interventions focus mostly on basic needs of orphans, such as nutrition, and neglect psychological needs (Dlamini, 2004). Familial and social support structures are widely regarded as important in the formation of self-concept and identity as a whole (Erikson, 1963). Research done with adolescent orphans in South Africa has reported on the negative impact of a lack of support structures (Nyasani *et al*, 2009). This points to the need to develop an orphan's communal identity, and there seems to be a complete lack of research on the efficacy of interventions aimed at addressing this gap.

Drama therapy methodologies have the ability to focus on the self and guide people towards a healthy self-concept (Jones, 2007). It is thus proposed that drama therapy methodologies be applied in the psychotherapeutic interventions of orphan adolescents. There are many drama therapeutic techniques that can be used to develop, expand and explore identity (Johnson & Emunah, 2009), one in particular being role theory (Landy, 1994, Landy 2009). Role theory can be used in various ways and different contexts (Landy, 2009). Given that the Muslim social identity is complex as it stands (if one is born a Muslim), it may be beneficial to determine the effects drama therapeutic interventions may have on the identity of adolescents who have reverted to the religion and have a more malleable communal identity that they are actively constructing (Peek, 2005).

It is hoped that this research will contribute to providing insight on the negotiation of different identities within an orphanage and the potential of drama therapy to facilitate the transformation of identity (Jones, 2007). Further, this study explores a context that has seemingly never before been explored in relation to drama therapy, namely the South African Muslim context. This work adds to scholarship on the relevance of drama therapy in South Africa.

#### **1.4. Aim**

This study aims to explore the relevance and efficacy of the drama-therapeutic methodology of role theory in the formation of self-concept and communal identity among adolescent Muslim OVC identity. In so doing, it aims to answer the following questions:

- How can drama therapy methodology assist in the development of a robust self identity among Muslim, adolescent OVCs?
- How can role theory be used effectively in the formation of self-concept and communal identity among Muslim, adolescent OVCs?

#### **1.5. Chapter Outline**

Chapter 2 provides an overview of key theoretical contributions to the main aspects of this study, deconstructing and unpacking the components related to the case study. This is done firstly through taking a look at the nature of identity and theories of how it is constructed, specifically focused on adolescent identity. The literature then splits into defining the self-concept and aspects that relate to the communal identity of Muslim OVCs. Here, with the adolescent in mind the literature explores avenues related to the Muslim orphan, that is, the politics of religion, being an orphan in South Africa, being an adolescent orphan and belonging to a diverse community.

Chapter 3 describes the research design used in this study. This chapter provides insight on the processes that were undergone in order to investigate identity development in a group of Muslim OVCs. The session outlines are given as well as ethical considerations that were adhered to when working with this population.

Chapter 4 provides an overview of each session, including key moments in the sessions that are set out. As the chapter progresses it develops an assimilation of what the material evoked and what this could mean in relation to self-concept and communal identity.

These findings reveal much about the dramatherapy approach used in the study- role theory.

Chapter 5 provides the main conclusions reached in the study. The limitations of the study are then explored, ending in recommendations for further research.



## **Chapter 2: Literature Review**

### **2.1 Understanding Adolescent Identity – Erikson’s model**

The “invention” of the adolescent dates back to the Victorian era when society attempted to mould young people into a preconceived stereotype of what they wanted the adolescent to embody (Baumeister, 1986). In the nineteenth century the myth arose of the troublesome teenager, which, in the words of Shakespeare, was a time of “getting wenches with child, wronging the ancients, stealing, fighting” (Shakespeare, 1918: 54). Though this time of rebellious mischief has long been attributed to an identity crisis (Baumeister, 1986), there is much more to adolescence than “acting out” (Erikson, 1968). Adolescence marks a time of puberty, emotional instability and a rite of passage into traditions that mark the adult world. The journey of identity that marks adolescence is not consistent. It can either be smooth and well-defined or problematic and uncertain (Baumeister, 1986).

Erikson (1963) linked biological maturation to psychological development and socialisation. This prompted his stages of psychosocial development being based on a maturational timetable that marries physiological growth with key social life challenges or crises (Erikson, 1963). He identified eight stages of psychosocial development in the life span that relate to the human’s progressive emotional needs (Donald *et al*, 2006). The stage of adolescence is marked by the challenge of identity versus role confusion (Erikson, 1963). The mastery of this stage successfully leads the adolescent from puberty to adulthood. During this stage the main task of the adolescent is to come to terms with who she is and to search for her own role and place in the world (Donald *et al*, 2006). Inclusive in this search is the establishment of self-image and communal identity. Communal identity incorporates connections with a larger societal and cultural network wherein one encounters a set of values and norms (Samovar *et al*, 2007). It is the successful negotiation of certainty and confusion that results in the emergence of a sense of identity (Donald *et al*, 2006).

According to Hook *et al* (2002), “For Erikson (1963) the idea of identity refers to a sense of being at one with oneself as one grows and develops, and to an affinity between the individual and his or her social roles and community ties” (Hook *et al*, 2002: 279). This encompasses previous identifications and social roles in addition to skills and technical competencies gathered hitherto (Hook *et al*, 2002). Thus the integration of all aspects of self, which incorporates an array of identifications and roles, some disparate in nature forms the core of this stage (Hook *et al*, 2002). Peers constitute the major identification through which adolescents form their identity, as well as family, neighbourhood, school, ethnic, national or community ties (Hook *et al*, 2002). Thus, identity development is both psychological and social.

Erikson identifies the stage of identity versus role confusion to be one where adolescents are extremely impressionable and susceptible to the influence of others. Erikson deems the adolescent mind an “ideological mind” such that one is “eager to be affirmed by his peers, and is ready to be confirmed by rituals, creeds, and programs which at the same time define what is evil, uncanny and inimical” (Erikson, 1963: 263). Adolescents at this time tend to form cliques, stereotype themselves, be cruel to youths in the out-group and appoint well-meaning people in the role of adversaries (Erikson, 1963). Erikson goes on to say, “they are ever ready to install lasting idols and ideals as guardians of a final identity” (Erikson, 1963: 261). Role models play an influential role in the adolescent’s life that like Dube & Ross explain: “so that they can shape and make informed choices about their future” (Dube & Ross, 2012: 207).

There is much strain in being an orphan, which may complicate relationships with important players in this stage and potential role models- friends, family and peers (Dube & Ross, 2012, Erikson, 1963, Meyer *et al*, 1997, Cluver & Gardner, 2006, Jooste, 2006). Having a poor communal bond or familial attachment may prevent an orphan from constructing a solid identity (Erikson, 1963, Leick & Davidsen-Nielsen, 1991, Worden, 1991, Umberson, 2003). Failure to form a consolidated identity in adolescence can lead to role confusion or uncertainty thereby hindering the ability to form a secure identity and self-image (Erikson, 1963, Laubscher *et al*, 1997, Hergenbahn, 1994, Meyer *et al*, 1997).

Erikson defines role confusion as “the inability to settle on an occupational identity” or a fundamental social role (Erikson, 1963: 262). Role confusion further results in the inability to choose a role in life. One may begin to lack a sense of continuity and thereby experience incongruence between her self-image and the expectations of society (Meyer *et al*, 1997).

Cultural meaning plays a fundamental role in self-esteem because one aims towards a defined self within a social reality (Erikson, 1963). Erikson asserts “The growing child must, at every step, derive a vitalizing sense of actuality from the awareness that his individual way of mastering experience is a successful variant of a group identity and is in accord with its space-time and life plan” (Erikson, 1963: 235). One masters certain skills by virtue of one’s culture, as one’s identity gains strength from achievement that has meaning in the culture (Erikson, 1963). Erikson alludes to play as an “early source of a sense of identity” and that children use play to demonstrate their right to find an identity within our world (Erikson, 1963: 237, Grainger, 1990, Makanya, 2014, Baumeister, 1986, Berk, 2006). Play can be intimately linked with the development of identity because games are based on an assignment of roles and each person has a specific role to enact (Baumeister, 1986, Grainger, 1990, Berk, 2006). The nature of playing thus incorporates two criteria of identity: continuity of action and differentiation (Baumeister, 1986). This is relevant to this study as play forms one of the core processes in drama therapy and will be elicited in the therapeutic intervention (Jones, 2007).

During adolescence one may also consider and start forming a stronger sense of identity in terms of the following: gender roles, occupation, political beliefs, and religious and moral values (Bee, 2000, Erikson, 1968, Bronfenbrenner, 1986, Donald *et al*, 2006, Hook *et al*, 2002, Peek, 2005). As the society replaces a childhood milieu it becomes easier for an individual to go through a term Erikson coined-“identity crisis” (Erikson, 1968). There are a number of roles an adolescent may play: friend, sibling, girlfriend, daughter and student for example. Sorting out these roles in some consistent way according to the similarity of attitudes and values proves to be a difficult task (Hook *et al*, 2002, Landy, 1994). This is exacerbated by an adolescent’s effort to co-ordinate a feeling of wholeness

and self-consistency with the increasing perception of self as separate and distinct from the social world (Hook *et al*, 2002; Erikson, 1963, 1968). Adolescents are sensitive to and conscious of how they appear in the eyes of others, especially in comparison with how they see themselves (Erikson, 1963, 1968). Overall during this stage a quest for self-image, continuity in life and congruence between the self-image and the role expectations of society mark the search for identity (Meyer *et al*, 1997, Erikson, 1963, 1968, Hook *et al*, 2002). Adolescents begin to make meaning of their experiences in relationship to their self-concept.

Critiques of Erikson's theory span an array of issues. Erikson's theory provides a description of development, but not an explanation of why changes occur (Hook *et al*, 2002). It does not account for personality differences and is limited in the degree to which it can be applied in specific or atypical contexts (Hook *et al*, 2002). This is because the theory has been found to be culturally biased. Assumptions in the theory are inclined toward an American, capitalistic society whose idealisations are individualism and self-responsibility (Hook *et al*, 2002). One needs to question the applicability of this in some South African cultures that idealise collectivism. Erikson outlines a virtue such as independence, rather than universal virtues of healthy developing children. The theory has also been noted to be sexist and includes a demeaning account of female development (Hook *et al*, 2002). This is because in Erikson's account of a woman's identity, he states that it is developed through intimate interactions with men, however the same cannot be said for the male identity. Erikson's theory has been said to be too optimistic in that it is seen to idealise descriptions of typical development rather than reflect realistic and pragmatic accounts of it (Hook *et al*, 2002). Erikson himself noted that the developmental values outlined in his theory have an inherent danger, that of being taken too prescriptively and that this was not his intention (Erikson, 1964).

## **2.2. An Ecological Approach**

Even though Erikson's model does acknowledge society and culture, it focuses more on the individual. This is in contrast with Bronfenbrenner's (1979, 1986) model that sketches out each level of society and its relationship with the developing child, which is

useful when one tries to understand how an adolescent's identity is shaped by their social context. Bronfenbrenner accords relatively equal importance to both the socio-political context in which development occurs and the developing person (Bronfenbrenner, 1979, Berk, 2006, Hook *et al*, 2002). He understands the evolving interaction between these two variables to be at the core of development. Here, the individual is a growing, dynamic entity constantly restructuring her social milieu (Bronfenbrenner, 1979, Berk, 2006). It follows that individuals are capable of being an agent of change within a given environment and may refashion their environment to suit their abilities, needs and desires (Hook *et al*, 2002). Overall it is clear to see that while individual development and one's perceived environment is important, no child exists in isolation nor develops in isolation. The words of poet John Donne (1988) certainly ring true for the developing orphan; "no man is an island" (1). Bronfenbrenner explores multiperson systems of interaction that takes into account aspects of the environment, beyond the immediate surroundings of the individual (Bronfenbrenner, 1979).

Central in this model are four interacting dimensions: person factors (for example parent or child temperament), process factors (familial interactions), contexts (including families, schools and communities) and time (the changes that occur to the child or the environment) (Donald *et al*, 2006, Berk, 2006). These all change over time as the child matures. Proximal relationships (face-to-face interactions) are the most important in shaping lasting aspects of development and are affected by person factors and the social contexts they occur in. Drama affords one the opportunity to rehearse and reimagine these interactions, which is beneficial especially if the proximal relationships are problematic to begin with or have changed over time (Boal, 1992, Landy, 1994, Jones, 2007).

The ecosystemic model allows for change, development and possibly healing (Donald *et al*, 2006). According to Bronfenbrenner's ecology of human development, child development happens within four nested systems namely the micro-, the meso-, the exo- and the macrosystem (Bronfenbrenner, 1979, Donald *et al*, 2006, Berk, 2006). At the core of this model lies the microsystem that focuses on the proximal interactions with

familial others. The microsystem comprises of the roles, relationships and daily activities that shape many aspects of cognitive, emotional and spiritual development. The mesosystem is a set of microsystems interacting with each other. This is often deemed to be the neighbourhood or local community. At the exosystemic level lies systems the child is not necessarily directly involved with, but may influence the people she has proximal relationships with in her microsystem (for example a parent's workplace). The macrosystem incorporates the structures that influence other social systems. This includes dominant social and economic structures in addition to values, beliefs and practices. Thus, this system is inclusive of cultural factors and is often deemed as the whole society. These all interact with the chronosystem wherein their continuous change and development influences the child's development (Bronfenbrenner, 1979, Donald *et al*, 2006, Berk, 2006). This model connects individual psychological development to the social context.

Bronfenbrenner (1979) suggests that a developmental intervention should occur at the macrosystemic level because changes here impact on all the lower levels of development. The ecological systems theory is useful to this study as it accounts for the social identity influence on orphans. It is necessary to therefore examine the values, beliefs and practices that influence the OVCs in this study as it infiltrates right down to their being as an individual. The theory also notes what is called ecological transitions, which is the alteration of a person's position in their ecological environment owing to either a change in role or setting, or both simultaneously (Bronfenbrenner, 1979). This is something familiar to OVCs as they are often rerouted, have to stay at relatives or different foster homes, and may even become the head of their household as a result of parental mortality (Cluver & Gardner, 2006, Dlamini, 2004, Jooste, 2006, Kostopoulos, 2014, Lipinski, 2008, Lumbi, 2007, Marovatsanga, 2010). Role changes as a result of ecological transitions (such as the death of a parent) may have a phenomenal impact on the development of the individual because it coincides with changes in self-perception and the behaviours that are socially expected from that individual (Bronfenbrenner, 1979, Erikson, 1968, Hook *et al*, 2002). Bronfenbrenner saw role changes to hold an almost magical quality that alters "how a person is treated, how they act, what they do, and even

what they think and feel. The social influence and presence of others is also paramount in tracing an individual's development process" (Hook *et al*, 2002: 320).

### **2.3. Attachment Theory**

Continuing with the importance of environmental influence in psychological development, attachment theory can provide one with information needed to understand the importance of a mother or primary caregiver, and why children experience loss in a certain way. Bowlby theorises that early in life human beings form strong emotional bonds with others that derives from a need for security and safety (Bowlby, 1977). According to attachment theorists, the relationship between a parent and child in early childhood contributes to personality development, interpersonal functioning and has implications for psychopathology (Bowlby, 1977, Hook *et al*, 2002). Bowlby believed that disruptions in this relationship could result in a range of behavioural, emotional and mental health problems (Bowlby, 1977, Hook *et al*, 2002). Bowlby viewed attachment as "a special type of social relationship involving an affectional bond between infant and caregiver" (Hook *et al*, 2002: 248). This bond developed as a response to an infant's need for protection to ensure survival. Infant attachment behaviour is therefore geared towards assuring proximity to their protective attachment figure.

Infant attachment behaviours express a need for their attachment figure or caregiver to be physically present, emotionally accessible and responsive (Bowlby, 1977, Hook *et al*, 2002). According to Bowlby's theory, attachment behaviour occurs by means of a system within the central nervous system (Bowlby, 1977). This means that there are certain triggers likely to activate the attachment system and prompt specific behaviours and emotions (Bowlby, 1977, Bowlby, 1980). As an example, a situation of anxiety or distress such as the caregiver being absent, unresponsive, rejecting or hostile of the infant may lead to attachment behaviours such as crying, angry protests or detachment (Hook *et al*, 2002). The dynamics between the attachment figure and child is thought to be crucial in development, as a child needs to experience her attachment figure as being available emotionally and physically, in order for her to be able to explore the environment and gain independence from the attachment figure (Bowlby, 1977, Hook *et al*, 2002).

A basic assumption of attachment theory is that critical variations in the quality of one's early experiences with attachment figures mould the formation of internal working models in close relationships (Hook *et al*, 2002). Internal working models are concerned with the mental representations of the self and other. The self-model is inclusive of one's perception of her own worth and lovability, whereas the other-model involves one's expectations of the trustworthiness, dependability and essential goodness of important others in her social world (Hook *et al*, 2002). Therefore, having an emotionally available caregiver results in an individual perceiving others as dependable and supportive, and perceiving herself as competent and worthy of attention and affection. On the other hand, if one receives inadequate caregiving, she develops deficiencies in her feelings about herself and others (Hook *et al*, 2002). Once formed in early childhood these internal working models tend to persist throughout adulthood, become a central aspect of personality and come to operate at an unconscious level (Bowlby, 1977, Bowlby, 1980). Noteworthy is the idea that internal working models can be stable and resistant to change, thereby limiting an individual's capacity to learn from interpersonal relationships.

Hook *et al* outline the effects that having an HIV positive parent can have on the South African child (2002). HIV/AIDS has rendered many children orphaned or without consistently available physical and emotional care. This is because caregivers living with HIV/AIDS are more at risk for depression, prolonged debilitation and separations owing to hospitalisation, which all interfere with the development of an attachment bond (Hook *et al*, 2002). This often results in an inverted parenting structure whereby children take on the role of caregiver to their parents and parents perceive their children as a source of support. Moreover, children who are HIV positive themselves have been found to have attachment difficulties (Hook *et al*, 2002). According to Hook *et al*, "Insecure attachment puts these children at risk of developing behavioural and social problems, poor self-esteem, and general adjustment difficulties, particularly when there is no improvement in the subsequent care-giving environment" (Hook *et al*, 2002: 261).



## 2.4. Self-concept- The Meaning of Person

In the quest to answer the primordial question of “Who am I” one comes to face their identity and self-concept (Hormuth, 1990, Erikson, 1963, 1968, Rogers 1951, 1954, 1961, Castells, 2001, Baumeister, 1986, Babad *et al*, 1983, Misra & Preston, 1978). Many have attempted to provide a generalisable answer to this question. The early philosophical stance- “I think therefore I am” (Vaughn, 2008), the South African proverbial stance “I am because we are” (Battle & Tutu, 2009) and the hip hop culture’s stance provided by Eminem “I am whatever you say I am” (Lee, 2008) all provide a possible answer to this question. Theories on self-concept state that the answer to this question varies throughout the life cycle (Hormuth, 1990, Erikson, 1963, 1968, Rogers 1951, 1954, 1961, Baumeister, 1986, Babad *et al*, 1983, Misra & Preston, 1978). A basic definition of identity provided by the Dictionary of Psychology states that it is the subjective concept of oneself as an individual; the definition of self-concept is: a complete and thorough description of one’s concept of oneself (Reber & Reber, 2001). Moving closer into these terms, Hormuth outlines that loss of another person, a change in living conditions, or entering into a new life stage, such as adolescence can radically change self-concept (Hormuth, 1990).

Modern psychology embeds the concept of identity in the question of what makes one unique, which is not that far removed from the components of identity that includes a differentiation and distinction of self from other (Baumeister, 1986, Hormuth, 1990). This articulation of identity parallels that of Cheek (1989). He sees identity as not being a purely internal construct or only being socially determined. Instead he posits that for some people the “self” may best be described through introspection, such as “I am someone who believes in making a difference in the world” or “I am very forgiving”. For other individuals however, the most important part of the self is who they are in relation to others, for example “I am a good daughter”.

A constituent for the ecology of self is *others* (Baumeister, 1986, Hormuth, 1990). Others are a reflection of and reaction to one’s verbal and non-verbal actions (Hormuth, 1990, Baumeister, 1986). People also define themselves by how they get along with others

(Baumeister, 1986). This is predicated on two main points: the reactions of others to one's own actions serve as a mirror for the self and the self develops by mirroring society (Hormuth, 1990, Bronfenbrenner, 1979). It is conclusive that the self and societal rules, expectations and reactions are dependent upon each other, for it is after all a number of selves that make up a society. Hormuth asserts: "Exchange with others is therefore the central process by which the self can be maintained as well as changed" (Hormuth, 1990). However, this can be seen as an obstacle too as living in a modern, collective society makes the thirst for differentiation difficult to quench (Baumeister, 1986).

Roles play an important part of self-concept as many theorists associate the roles people play with aspects of their identity (Hormuth, 1990, Erikson, 1963, Bronfenbrenner, 1979, Rogers, 1951, Becker, 1968, Baumeister, 1986, Landy, 1994, Jones, 2007, Jennings, 1992, Boal, 1992). A source of self-definition is participation in an activity insofar as one's leisurely activities, hobbies and memberships (Baumeister, 1986, Friedman & Schustack, 2006). For example, a person is not just a student; she is also a jogger and a dancer. Becker's (1968) definition of self uses the role concept to link individual changes and social relationships: "The self consists, from one point of view, of all the roles we are prepared to take in formulating our own line of action, both the roles of individuals and of generalized others. From another and complimentary view, the self is best conceived of as a process in which the roles of others are taken and made use of in organising our own activities. [...] the self is not static, but rather changes as we interact with change" (Becker, 1968: 197). In this definition we see that role transitions and changes in self-concept are linked. Taking on a new role diversifies the self-concept and on the corollary to change the self requires the ability and readiness to take on new and different roles (Hormuth, 1990, Landy, 1994). To change self-concept new roles need to be taken on. However, it is finding unity among these roles that establishes a clear sense of identity (Baumeister, 1986, Landy, 1994, 2009).

Stryker's (1987) identity theory focuses on the relationship between commitment to an identity and behaviour. In this theory the self-concept consists of a hierarchically organised set of multiple identities. The identity assumes its place in the hierarchy by

virtue of the person's commitment to that identity. The specific content of the self-concept can be seen as an identity and is understood as an internalised role: role identities (Stryker, 1987). The difference here however, is that roles are actively made as opposed to passively played. This alludes to a central concept of identity theory- choice. Identities and roles are chosen (Stryker, 1987). There are many accounts of what could constitute self-concept, as there are many categories people view themselves according to (Donald *et al*, 2006). Some choose to define self-concept via the affect associated with it (Hormuth, 1990). These are measures of self-worth, satisfaction with self or self-esteem and are beyond the scope of this research study.

In another approach, Snyder (1987) postulates the concept of self-monitoring that is present in our social interactions, which includes one's ability to behave in a way that is socially expected. He further maintains that our environments help determine our behaviours and thoughts thus ultimately shaping our identities. In order to be able to ascertain what kind of person one is, Snyder deems it important to consider the people that the individual spends time with and the kind of hobbies she enjoys because these are choices that she has control over (Snyder, 1987). According to Snyder these say a lot about who one is and how she views herself. Viewing one's influential others can be useful in understanding her identity. In a different and modern approach to identity, psychologists do not focus on tracing adult motivations back to childhood traumas but rather focus on the present, this includes: "Who are we today? What defines us? What influences us? What do we hope to become? and, How do our aims for the future help us to create our present identities" (Friedman & Schustack, 2006: 151-152).

A study conducted in the self-concept of South African adolescents includes the notion of self-concept identified in this research study. Self-concept was defined in relationship to two areas; social self-concept, which are "adolescents' interest and enjoyment in school, relationships with peers and relationships with family" and presentation self-concept which are "students' perceptions of their physical abilities, physical appearance, emotional stability and health" (Marjoribanks & Mboya, 2001: 338). With the exception of physical appearance, these are inclined towards the areas of self-concept that will be

explored in this study. Marjoribanks and Mboya found that family human capital moderates the relationships between the two areas of self-concept defined and differs within males and females. These relationships are mediated by the adolescents' perception of their family social capital (Marjoribanks & Mboya, 2001). The implications of this study note the importance of family and community networks in an adolescent's life and question how to handle the effects that the absence of the aforementioned could have on an adolescent.

## **2.5. Towards an Ideal Self**

Rogers (1951, 1954, 1961) views the person as being essentially positive and geared towards self-actualisation. He contends that the need for positive regard or approval (to be loved unconditionally) from others is overwhelming and is present from infancy (McLeod, 2009). Unconditional love means that the child feels free to express her real self. Conditional love is premised on behaving a certain way and will be withdrawn when unacceptable behaviour is exhibited. The child therefore defines herself according to parental values. This sets up conditions of worth: a healthy condition of worth would be if one feels that she is worthy because of herself, an unhealthy condition of worth on the other hand is when one feels that she is worthy when she does what others want of her. If behaviour that arises from the real self is not met with approval, an immediate conflict is established. The voice of the real self is silenced and a self-concept is developed which is incongruent with the real self. The self-concept represents an organised and consistent pattern of perceptions that may change. If there is incongruence, the individual will rely too heavily on external sets of beliefs and attitudes- rather than her internal gut feeling- when making evaluations or judgments about issues (Rogers 1951, 1954, 1961, McLeod, 2009, Pervin & John, 2001, Friedman & Schustack, 2006).

Self-concept can be understood as the descriptions one may provide for the latter part of the sentence "I am...". This includes abilities and feelings (Rogers 1951, 1954, 1961, McLeod, 2009, Pervin & John, 2001, Friedman & Schustack, 2006). For instance a client saying, "I feel hurt about the loss of my mother and I can be angry" is indicative of this person including grief and anger as parts of her self-concept. From a Rogerian

perspective it is important that we come to terms with our own nature and “become one’s self” (Rogers, 1961). The self-concept is primarily conscious and available to awareness. Rogers proposed an ideal self, which is the self-concept that an individual would most like to inhabit. One of the aims of Rogerian psychotherapy is to be able to move from the current self to the ideal self (Rogers 1951, 1954, 1961, McLeod, 2009, Pervin & John, 2001, Friedman & Schustack, 2006). This notion places emphasis on the future and is similar to a way modern researchers are defining identity functionally.

Identity can also be viewed by means of an individual’s personal goals or what she finds important (Friedman & Schustack, 2006). Goals are tasks that motivate people on a daily basis and could be abstract such as what Emmons calls “personal strivings” (Friedman & Schustack, 2006). These are satisfied by personal behaviours and come to define one. For instance a personal striving may be to impress one’s peers. This may be satisfied by a number of behaviours such as receiving straight A’s in school or by working towards becoming a doctor. Looking at people’s goals provides valuable insight into their identity, as it provides a clue of who one’s ideal self is and what they are motivated by in life (Friedman & Schustack, 2006). Rogers noted in light of his concept of an ideal self, that in the work of therapy should focus on who one is at the present (Rogers, 1961).

As a critique on Rogers’ theory some argue that people have many self-concepts as opposed to just one (Pervin & John, 2001). In the South African definition of self, the self is made up of a community of selves (Mkhize, 2004, Makanya, 2014). Thus “each person carries with them an ancestral (spiritual) component, the present self, as well as selves yet to be born” (Mkhize, 2004: 80). The self here emerges from the exposure to others’ voices and once internalised are in constant dialogue with one another (Mkhize, 2004). Once more, there is a fusion of self-concept with communal identity wherein the self and community are in an inter-dependent relationship with one another. According to Makanya “In order for someone to be a true member of their community, they need to go through a process of attaining personhood. Personhood is a continuous process of becoming [...and one] attains this personhood through interactions with others and one’s community” (Makanya, 2014: 303). The notion of self and other becomes very important

in African identity, specifically South African as the concept of Ubuntu promotes deepening one's self-understanding through recognition and interaction with the other (Mkhize, 2004). With the South African notion of personhood, individual identity is formed and understood collectively through the community (Battle & Tutu, 2009).

## **2.6. Islam and the Adolescent Identity**

There are very few texts available on the topic of the Muslim adolescent's identity, especially with the focus on Muslim adolescents in South Africa. Tayob argues that the negative view in which the Muslim has been perceived since the 9/11 terrorist attacks have spread to South Africa (Tayob, 2002). There seems to be a correlation between the "Islamohobia" in the global North and that of South Africa. Islam has been in South Africa for over 350 years (McDonald, 2010). Muslims in South Africa constitute a heterogeneous group with different ethnicities and races who are diverse in socio-historical backgrounds (Khan, 2009, Muthal 2010, Ryan, 2014, Mandivenga, 2000, Haron, 2005). This results in the groups being different although they follow the same faith (Khan, 2009, Muthal 2010, Ryan, 2014, Mandivenga, 2000, Haron, 2005). On a whole the groups draw from normative and value systems of the universal principles of Islam, yet each group may vary and follow different traditions (Khan, 2009, Mandivenga, 2000). This is certainly true for the Sufi movement, which has its focus on self-formation, as opposed to praising God by living an Islamic lifestyle as other Muslims do (Ingram, 2011).

Defining the self and community as constructed by the Islamic view becomes imperative in this study because the participants are practising Muslims. It is important to note that the Islamic account that appears in this literature review has been chosen so that it is applicable to the Sufi perspective, as it is the one practised by the participants. An aspect of Muslim youth identity formation is predicated on the interaction with specific others (Ryan, 2014). The implication of this is that one cannot form an identity alone or in isolation- one needs an audience to validate it (Ryan, 2014, Hormuth, 1990, Baumeister, 1986, Bronfenbrenner, 1979). It is a rather complex process to define what Islamic identity in South Africa is. "The idea of a Muslim community as a clearly identified

social group is not in principle a social fiction, but is an extremely complex construction” (Tayob, 2002: 1). Muslim people define themselves as belonging to the religion among a spectrum of standards encompassing orthodox Islamic tenets, Islamic practice, religious beliefs and heritage (Muthal, 2010). Muthal argues that Muslim identification is not clear and that an operationalised definition of Muslim social identity does not exist (Muthal, 2010).

There are many facets of Islamic identity, including dress, philosophy and practice (Muthal, 2010, Rafia, 2006, Rosander *et al*, 1997). With regards to practice, free choice and autonomy play a profound role in the identity formation of Muslim adolescents (Ryan, 2014). Free choice in this case tends towards “a positive identity ‘choice’ untainted by the negative images of specific, oppressive regimes” (Ryan, 2014: 458). Muslim adolescents interviewed on their Islamic identity explained their identities through stories of places and movement between places, thus highlighting the notion that social environment and geographical location have a profound influence on identity and link to the concept of home (Ryan, 2014, Singh, 2008). Further literature in the field of identity states that lack of continuity results in lack of a stable identity, the home being a source of identity (Baumeister, 1986). Thus moving homes has the ability to destabilise identity (Baumeister, 1986, Bronfenbrenner, 1979). The younger generation of Muslims seem to be geographically mobile, nationally and internationally, in pursuit of better economic opportunities and women have advanced in professional careers owing to being well educated (Khan, 2009, Muthal, 2010).

Gender is a prominent subject in both the religion of Islam as well as the concept of identity formation. Islam defines clear views of how both sexes should behave and be treated. Islam gives high regard to women (Ibrahim, 1996) yet allocates financial responsibility to men, which according to Rafia gives way to the view that women are dependent beings (Rafia, 2006). However, as each Muslim community is different and with the growing financial instability in South Africa, Muslim women often work in order to give their family a better lifestyle. Rosander *et al* argues that Islamism in Sub-Saharan Africa “has its own modernity which is embraced by women” (Rosander *et al*,

1997: 284). This means that the gender identity of Muslim females varies from community to community. Having said that Islam sets up certain expectations of both sexes, it is unclear as to how this role expectation affects adolescents' self-concept from the participants in the 'modern' society within which they live and how this role (and a culmination of others) plays out in their identity formation.

At the centre of Sufi teachings, is the model that we are all one adamic self (Haeri, 1989). According to Haeri, "The basis of this knowledge of the self is that all humanity is one in its essence and origin. There is a primal or basic self, which is the same in all human beings. We may differ biologically but the root of our motivations in life is similar" (Haeri, 1989: 1). In the drama therapist, Linden's account of this core self one may see the benefits such a belief may have for an OVC who has been abused. According to Linden, "Sufi healers and guides help others recover the essential Self, or divine nature, which is not affected by the trauma and abuses of life" (Linden, 2013: 8). Ingram (2011) expands on this notion of the self, such that he explains that Sufis see the self as a project. Here, the self needs the constant work of stripping away the negative qualities, or "*nafs*", that humans possess in order to achieve the goal of self-mastery (Ingram, 2011). On a communal level it is part of the Sufi perspective to serve others, because by virtue of serving God's greatest creation, humans, they inevitably serve God. Also, one needs to pass on the message of unity, and live in society with others in as unified a way as possible (Haeri, 1987). This is a tenet that stems from Islam as a whole and emphasises brotherhood. Mandivenga emphasises this: "Positively, Muslims of South Africa subscribe to the unity and equality of all brothers in Islam" (Mandivenga, 2000: 350). There seem to be similarities between this Islamic tenet with the South African concept of Ubuntu. Ubuntu is a term used in South Africa that in essence is personhood and prioritises togetherness (Tom, 2010; Mkhize, 2004). The old African proverb "I am because we are" is exemplary of this concept (Battle & Tutu, 2009).

Haeri identifies the significance of the individual within a larger societal context when he says, "the real wealth and potential of a society is measured by the potential of the individuals within it" (Haeri, 1987: 146). This is because human resources keep a nation



functioning (Haeri, 1987). It follows then that the focus of leaders should be in unlocking the potential of individuals and promoting harmony amongst diverse individuals (Haeri, 1987). All people should strive towards self-actualisation, flourish and create an environment that nurtures their values (Haeri, 1987). Finding one's purpose is a fundamental principle in Sufism. The Sufi perspectives outlined above fall in line with the Eriksonian view of identity in several aspects; they are both positive in nature and they both identify the human's quest to find her place in the world. A further similarity that lies in the Eriksonian view is the allocation of phases that one passes through in order to come into full personhood and reach independence (Erikson, 1963, 1968). The journey to the self contains nine phases that prepare the individual for independence and to reach her full potential so that she may reach the point of realisation and awakening (Haeri, 1989).

Identity construction theory argues that identity is constructed through meaning derived from shared experience and similar interrelations (McDonald, 2010, Castells, 2001, Stryker, 1987, Hormuth, 1990, Samovar *et al*, 2007, Friedman & Schustack, 2006, Snyder, 1987). In an article about contemporary Muslim identity in Johannesburg, McDonald (2010) attributes identity to being a social construct, thus individuals in relation to one another create it over time. This falls in line with Castells' (2001) view on identity. In Castells' account of identity he attributes the main constructions to be that of culture and shared experience. Similarly McDonald emphasises: "For a social identity to be successfully constructed, shared experiences must be enhanced and differences of experience reduced. Shared experiences allow individuals to draw similar meanings out of life. In so doing they could come to identify with the same construct" (McDonald, 2010: 272). With regards to Islam, following the fundamental tenets as a group, and the sense of community that comes with being a Muslim, contributes to a firm Muslim identity as a people (McDonald, 2010, Ryan, 2014, Haeri, 1989, Duderija, 2010, Goga, 2014). In light of this theory, having similar experiences of parental loss could also contribute to a unified feeling among orphans (Lipinski, 2008, Fainstein, 2008, Lumbi, 2007, Kostopoulos, 2008, Castells, 2001). This can be seen as a positive aspect of the OVCs lives: they are placed in a special community of people who have had similar

experiences to theirs (Lumbi, 2007). This is because difficult life circumstances or events have been known to pool people with similar experiences together in supportive social networks- even if those circumstances are negative (Lipinski, 2008, Fainstein, 2008, Lumbi, 2007, Kostopoulos, 2008, Castells, 2001).

Muslim identity is based on a particular group's assumptions when conceptualising, understanding and interpreting the Quran that then translates into the Islamic philosophy or worldview (Duderija, 2010). The sample group engages arts and culture, which is encouraged by the Sufi tradition. The Tabligh tradition, on the other hand, condemns the performing arts, (Mandivenga, 2000, Ghani, 2009, Harris, 2000, 2002, Brennan, 2001, Knio, 2008). The Sufi strand of Islam permits the use of the arts for self-expression as it is seen as a means to unlock one's potential. There are other values in Sufism that are foremost in the religion and are worthwhile mentioning. These include: peace, love, forgiveness, unity, humility, respect, compassion and kindness (Gülen, 2009). Once more there is a similarity between Sufi principles and the principles associated with Ubuntu, namely respect, dignity, equality, empathy, the ideal of compassion, humanity and group solidarity (Battle & Tutu, 2009, Van Binsbergen, 2003, Mpofu, 2011).

In a documentary program entitled *Muslim Identity in South Africa* (produced by Asmal in 2012) one may see that young Muslims are using the Internet and social media to seek out knowledge pertaining to alternative and progressive Islamic perspectives (Goga, 2014). Muslim women in South Africa are requesting to be given equal rights with regards to traditions wherein only males may participate such as access to mosques and there are institutions that provide spaces where Muslim men and women may attend prayers as equals (Goga, 2014). Young Muslims in South Africa are in support of movements that allocate equal rights to males and females and that are predicated in a 'purified' Islam free of prejudices (Goga, 2014). Asmal describes what it means to be a Muslim based on the essence of Islam, which is "justice, and non-racism, and spirituality, and love, and being humanitarian and being socially responsible" (Interview with Asmal as cited in Goga, 2014). Once more the spirit of brotherhood as a firm sense of communal identity are evident and promoted (McDonald, 2010, Ryan, 2014, Haeri, 1989, Duderija,

2010, Goga, 2014). Thematically and in terms of values there is a common thread between the principles that contribute to confirming a communal identity in the overarching view of Islam, the Sufi view, and the South African perspective. Values such as non-racism, love, unity and humanitarianism are evident across the field.

## **2.7. OVC Adolescents in South Africa**

It is estimated that there are 3.1 million children orphaned in South Africa. This number is estimated to peak at 5.7 million in 2015 (Cluver & Gardner, 2006). Several studies have identified the need for psychological and emotional support and an absence of this owing to a focus on financial needs. In a study conducted by the Human Sciences Research Council (HSRC) on the interventions for the care of OVCs in South Africa, of the 14 NGOs that were investigated only two organisations offered counselling (Dlamini, 2004). This points to the lack of emotional and mental support available to OVCs (Dlamini, 2004, Cluver & Gardner, 2006, Jooste, 2006, Lumbi, 2006, Kostopoulos, 2014, Lipinski, 2008, Fainstein, 2008, Marovatsanga, 2010, Nyasani *et al*, 2009). Most of the interventions aimed at OVC care focuses on nutritional, medical and financial support in addition to skills development.

In a later study by Jooste, psychological distress is included in the common impacts on OVCs in South Africa (Jooste, 2006, Dlamini, 2004, Cluver & Gardner, 2006, Lumbi, 2006, Kostopoulos, 2014, Fainstein, 2008, Marovatsanga, 2010, Nyasani *et al*, 2009). This includes “anxiety, loss of parental love and nurture, depression, grief, and separation of siblings” (Williamson as cited in Jooste, 2006: 3). Jooste also notes that the levels of mental illness reported were relatively high (Jooste, 2006). The psychological well-being of orphans in Cape Town exposes frequent somatic symptoms and they were more likely to view themselves as having no good friends (Cluver & Gardner, 2006). The findings suggest that South Africa’s orphans have unmet psychological needs (Cluver & Gardner, 2006, Dlamini, 2004, Jooste, 2006, Lumbi, 2006, Kostopoulos, 2014, Fainstein, 2008, Marovatsanga, 2010, Nyasani *et al*, 2009). Jooste (2006) further identifies a high prevalence of orphaning occurring among children between the ages of 15 and 18. Children in vulnerable groups are more emotionally distressed and are made more

vulnerable as a result of their inability to access support (Killian and Durrheim, 2008). This alludes to the need for psychological interventions for adolescents who are orphaned as well as social support (Dlamini, 2004, Cluver & Gardner, 2006, Jooste, 2006, Lumbi, 2006, Kostopoulos, 2014, Lipinski, 2008, Fainstein, 2008).

OVCs affected by HIV/Aids have poor emotional well-being, social adjustment and coping strategies. According to Lumbi (2007) “children experience socioeconomic difficulties, psychosocial deprivations, and insecurity as a result of parental death or illness” (4). Lumbi found that that adolescents experience extreme emotional suffering as a result of the impact of the loss of their parents (Lumbi, 2007). He goes on to say “participants repeatedly expressed feeling abandoned and unloved, feelings of being isolated, feeling unsafe, and being apprehensive without the security of their parents” (Lumbi, 2007: 28). The issue of feeling isolated from the outside world stretches into the fact that OVCs have few or no friends outside of the confines of the orphanage (Lumbi, 2007, Fainstein, 2008, Kostopoulos, 2014). Social isolation is an issue perturbing the OVCs as they experience themselves as being cut off from familiar contacts and often feel alone (Lumbi, 2007, Dlamini, 2004, Kostopoulos, 2014, Lipinski, 2008, Fainstein, 2008). Some children report being left in the care of extended family, immediately after the loss of their parent, and being ill-treated. Research also indicates that children are facing rejection and neglect by family members who used to show love and concern.

The impact of early childhood loss is detrimental on these children such that orphanages studied report that none of their high school graduates went on to tertiary education, thus the emotional suffering associated with losing a parent can negatively affect academic achievement (Lumbi, 2007, Lipinski, 2008, Fainstein, 2008, Marovatsanga, 2010). Because of the lack of skills orphans have an academic inferiority owing to poor recovery from having missed months and even years of schooling when their parents passed away, orphans do not easily attain jobs when they are old enough to leave the orphanage and go out into society (Case & Ardington, 2006, Marovatsanga, 2010). In some cases the impact of life after living in an orphanage is destructive to the orphan and vulnerable young adult, and impacts society. Without food, shelter, health and emotional support

some female orphans fall through the cracks in social welfare systems and subsequently become involved in prostitution and substance addiction (Marovatsanga, 2010).

After the loss of a parent OVCs have been found to question their usefulness, and express feelings of helplessness and hopelessness (Lumbi, 2007). Moreover they later find it difficult to relate to the outside world, struggle to communicate and express their emotions, struggle to deal with the past and are apprehensive towards the future (Kostopoulos, 2014, Lumbi, 2007, Fainstein, 2008). This, as well as the above-mentioned issues, corresponds to the process of bereavement. Grief can be understood in terms of attachment. Attachment behaviour persists with the goal that the affectional bond will be maintained; therefore a threat to this bond presents great potential for loss (Bowlby, 1977). Bowlby suggests that when the attachment figure disappears the child may respond with intense anxiety and strong emotional protest (Bowlby, 1977). He remarks on the experience of death such that: “The loss of a loved person is one of the most intensely painful experiences any human being can suffer” (Bowlby, 1980: p7).

Worden notes: “When this [losing a parent] occurs in childhood or adolescence, the child may fail to adequately mourn and later in life may often present with symptoms of depression or the inability to form close relationships during adult years” (Worden, 1991: p123). Worden maintains that people need a certain level of cognitive development to understand death therefore making this integration a confusing process for children (Worden, 1991). If a child is at the age of understanding death from a cognitive perspective, they may still lack the ego skills needed to deal with the intensity of feelings (Worden, 1991). The effects of not being given the adequate space to mourn have been noted in studies with OVCs. Lumbi asserts “Several of the participants articulated their lack of connectedness to people that loved them, and this appeared to have had an impact on their perception of their own self worth” (Lumbi, 2007: 30).

The inability to express and process their grief later obstructs OVCs from accessing the protection that a family environment provides. They are left insecure and without effective guidance thereby denying them the potential to be nurtured by someone who

loves them. As is evident from studies on identity, this type of environment is fundamental in identity development (Bronfenbrenner, 1979, Erikson, 1963, Hormuth, 1990, Baumeister, 1986, Snyder, 1987, Castells, 2001). This hinders their acquisition of things a family can provide such as an understanding of the world, moral standards and establishing a place for themselves in the world (Lumbi, 2007, Dlamini, 2004, Jooste, 2006, Kostopoulos, 2014, Lipinski, 2008, Fainstein, 2008). Often this leads to the feeling of being alone, unloved and rejected (Kostopoulos, 2014, Lumbi, 2007, Fainstein, 2008). Institutional care then becomes the safest for vulnerable children as it provides a relatively high degree of protection and structure, yet this alone cannot solve the problem posed in this section.

Because of a lack of familial support available to OVCs they rely on friends within the orphanage in an attempt to fulfil the function of family. In an exploration of young OVCs perceptions of living in a shelter in Johannesburg and how they make sense of their experiences, relationships and social support, the participants' ability to cope in an orphanage and their views of the future were explored (Kostopoulos, 2014). Though some participants had already left childcare institutions as they had outgrown it they reported to still be struggling with unresolved emotional issues of the past (Kostopoulos, 2014, Lumbi, 2007). It takes OVCs between one and nine months to adjust to life in a shelter and cultural differences can make this more difficult (Kostopoulos, 2014, Lumbi, 2007, Dlamini, 2004, Jooste, 2006, Lipinski, 2008, Fainstein, 2008).

New OVCs initially struggle to make friends in a shelter and Kostopoulos expressed one participant's stance: "it was easier to adapt to life in the shelter after having made an ally who helped him to become familiarised with the underlying dynamics of the institution" (Kostopoulos, 2014: 62). This method of making friends is seen by the OVC youths as a 'survival' strategy (Kostopoulos, 2014, Lumbi, 2007). This study alludes to the fact that receiving adequate psychosocial support may enable OVCs to form meaningful relationships with others, and because this was not provided, OVCs find it difficult to trust others and may find it challenging to develop intimate relationships in the future (Kostopoulos, 2014, Lumbi, 2007, Fainstein, 2008, Marovatsanga, 2010). As a result

OVCs feel that most friendships within a shelter feel superficial and insincere therefore they opt for one close confidant than several friends. This means they somewhat fall short in their attempt to forge family structures; one close friend does not equate to a family.

As explored previously, after experiencing death there is a tendency toward a hopeless outlook on life (Worden, 1991, Leick & Davidsen-Nielsen, 1991, Jooste, 2006, Lumbi, 2007, Kostopoulos, 2014). There is a common thread among OVCs who have a positive outlook for the future and God. OVCs who practised their faith- as a result of being in an orphanage that focuses on or incorporates religious and spiritual teachings- seem to display resilience and hope for the future (Kostopoulos, 2014, Lumbi, 2007, Fainstein, 2008, Marovatsanga, 2010, Lipinski, 2008). Many of the participants in Kostopoulos' study say that they draw strength from God, who also gives them meaning and purpose in life in addition to hope (Kostopoulos, 2014). Not only do faith-based organisations provide a sense of hope to OVCs, they have also been found to have hope for the OVCs' future (Lipinski, 2008). Some managers at faith-based organisations believe, in accordance with the Eriksonian stance, that if they are provided with the right environment children can reach their full potential (Lipinski, 2008, Erikson, 1963). According to Lipinski religious organisations take an extended interest in the life of the children such that Muslim and Jewish homes had a history of aftercare programs for their children to facilitate the over 18-year-old's independence and integration into society (Lipinski, 2008). They also arrange jobs and maintain an interest many years after the children have left the homes (Lipinski, 2008). This is true for *The Foundation* as well, being that *The Foundation* has arranged weekend jobs for the four adolescent females at a local butchery. They have since have stopped working there and are now attending weekly cooking lessons by their spiritual master's wife, to gain a life skill and increase their potential for earning a wage once they leave school (14<sup>th</sup> January 2015).

## **2.8. Adopting an Identity**

Foster parents in urban areas feel pressure to provide emotional and psychological support for adolescent orphans (Nyasani *et al*, 2009). There is a lack of knowledge available to foster parents, specifically grandparents, pertaining to adolescent issues and

they thus do not understand their adolescent children (Nyasani *et al*, 2009). Interventions are not only needed for the OVCs but for their caregivers too (Nyasani *et al*, 2009, Lumbi, 2007, Fainstein, 2008, Lipinski, 2008, Ngcobo & Edwards, 2012). Ngcobo and Edwards (2012) identify the complexities linked to identity and the extent that it becomes evident that multicultural issues affect ones formulation of self. It becomes evident that OVCs experiencing identity conflicts do not know where they belong, feel lost, and express anger, depression and suicidal behaviour (Ngcobo & Edwards, 2012). Ngcobo and Edwards conclude that enormous effort and intervention is needed in instances of role confusion and identity conflicts, and in order to embark on such a journey, one needs to find courage within oneself and support from others (Ngcobo & Edwards, 2012). In this case study identity was deemed important, however the authors fail to identify a clear method as to how such work may be undergone.

Overall, while recent literature in the field of psychological and emotional support for adolescents does indicate an inclination towards such support, often this support lacking in some area. An example of this is neglecting to acknowledge the difference between child and adolescent orphans (Nyasani *et al*, 2009). In order for adolescents to feel as though they are part of a community, acknowledgement of identity needs to be incorporated (Ngcobo & Edwards, 2012, Lumbi, 2007, Kostopoulos, 2014, Fainstein, 2008, Marovatsanga, 2010) because identity forms part of social stratifications (Erikson, 1963, Bronfenbrenner, 1986, Hormuth, 1990, Rogers 1951, 195, Castells, 2001). According to Rooth (1995) self-concept enhancement is a life skill and enhancing self-concept enhances quality of life and prevents dysfunctional behaviour. This appears to be a blind spot in emotional interventions for adolescents. Orphans have a fractured sense of identity owing to constant changes in their social situations (Ngcobo & Edwards, 2012, Lumbi, 2007, Kostopoulos, 2014, Fainstein, 2008, Marovatsanga, 2010). It seems as though there is not enough time focused on integration of orphans to the new society, thus leaving a space for orphans to experience role confusion and identity crises. Those who do identify identity importance, do so mainly in relationship to HIV/Aids. As can be seen from the literature, adolescent orphans are in need of social and emotional support (such as friends, family and peers), which is imperative for identity development.



## 2.9. The Multiple Identity

In an exploration of the identity formation with South Africans of Indian descent emigrating overseas: individuals tend to honour their Indian heritage for sentimental reasons, cling to a South African identity as it is their place of birth, and develop an affinity to their new home country (Singh, 2008). Singh deems this the “triple identity”. People entering into a new society tend to gravitate towards others of a similar background, their identities can be viewed against an intermingling with people of similar historical experiences, and that labelling of oneself to be of double, triple or multiple identity is socially and politically embedded (Singh, 2008). It is clear that because of the loss of their parents OVCs relocate many times and may not be placed in an orphanage immediately (Cluver & Gardner, 2006, Dlamini, 2004, Jooste, 2006, Fainstein, 2008, Lumbi, 2007). Relocation or migration implores an individual to “renegotiate their identities in order to adapt and settle in accordance with their newly adopted host territories” (Singh, 2008: 5, Ryan, 2014).

In his exploration of a *triple identity* Singh finds that people of this kind are diverse in their origins, language, religion, customs and family values, and retain some of their old identity in the emergence of a new one (Singh, 2008, Hormuth, 1990, Becker, 1968, Baumeister, 1986). It can be argued that this is true for the sample group in this study as they too may be seen to have a triple identity; their racial identity, the identity attached to the geographical location they are born in and their new religious and geographical identity. In terms of racial identity the participants are now being raised by Indian caregivers, are being taught to make samosas and cocktail pies (a traditionally Indian food) and in the previous study conducted with this group they sang Hindi songs in a drama therapy session. With regards to their geographical identity, in previous sessions (2014) a participant mentioned longing to be in her hometown- Cape Town. It is important to note that some of the OVCs at *The Foundation* have immigrated from Botswana and Malawi. Whilst the focus of this study is on their religious identity, one cannot neglect their racial and locational one. They still speak Sotho and Zulu in addition to English and treasure their places of birth. The therapy space thus becomes a melting pot of cultures. The diversity at *The Foundation* alone adds to the mix of identities in the

pot, as participants are now implicit in another social membership- being a part of a diverse family (Baumeister, 1986).

When thinking about the South African- and Muslim identity in a post-apartheid context, there is an on-going negotiation with culture, religion, ethnicity and race (Goga, 2014). There are Muslims in all of these categories that perform their Islamic identity differently. There is an attempt in the country to fuse these identities because aspects of the South African identity and Muslim identity share many similarities, such as gender, nationhood and religious subjectivity (Goga, 2014). A movement in Durban founded by Asmal, advocates for a Muslim identity that can thrive in a multicultural society, such as South Africa, where the religion is shared across community borders, as opposed to being insular and bound within a particular community (Goga, 2014). With and without this movement of the Islamic community, the notion of brotherhood that has been inherent throughout the various strands of Islam resembles South African values as a whole. This both adds to and justifies the multiple identities inherent in one Muslim within this study.

## **2.10. Drama Therapy: A Contextual Overview**

Drama therapy is a relatively new field in South Africa, and this is reflected in the paucity of research on its effects and efficacy in the country. The context of South Africa is one rife in poverty, violence, HIV and mental illnesses (Burns, 2011). According to Burns, “Real life factors such as poverty, illiteracy, income inequality, homelessness, war and displacement, discrimination based on ethnicity, race, and gender, social exclusion, stigma, and abuse all impact the mentally ill individual’s ability to access services and realise full personhood within their communities” (Burns, 2011: 109-110). Meyer acknowledges this in her drama-therapeutic work with adolescents in South Africa wherein she poses the pivotal question “when such basic needs are not met how does one begin to work with emotions?” (Meyer in Jones, 2007: 19).

Jones identifies core principles in drama therapy that make it effective (2007). These are: dramatic projection, drama-therapeutic empathy and distancing, interactive audience and witnessing, embodiment: dramatizing the body, playing, life-drama connection,

transformation, and role playing and personification (Jones, 2007: 81). The specific approaches and methods of drama therapy (such as role theory and Sesame) employ these fundamental processes in their work. It is the researcher's contention that there are several areas in South African society; OVC adolescence and Islamic being that could benefit from this. These notions will be integrated into the discussion of the nine core principles demonstrate how these could be effective in South Africa.

Dramatic projection involves a psychological process that happens when one takes on a role or a character. During this time, aspects of oneself are projected into the dramatic material thereby externalising (through action) inner conflicts and feelings. It is as though parts of the self are being lived out through the dramatic material (Jones, 2007). This is done either by playing with objects or playing roles. Meyer's work with HIV-positive adolescents in South Africa highlights that OVCs are robbed of their opportunities to play. This prompts the question of the impact HIV status has on an individual in a time when they should be playing with identity (Meyer in Jones, 2007). Jones exemplifies the benefits of dramatic projection: "The dramatic expression enables change through the creation of perspective, along with the opportunity for exploration and insight through the enactment of the projected material" (Jones, 2007:84). It is clear to see that not only would giving adolescents an opportunity to play allow for them to explore their HIV status and identity, but also the dramatic expression contained within the play could prompt change and insight for the OVC.

Empathy may encourage emotional resonance, identification and high emotional involvement in dramatic work and could result in showing empathy towards others in real life situations (Jones, 2007). Distancing is more orientated towards thought, reflection and perspective. This engages the reader of the material from a different perspective and helps people create perspective and understanding on themselves or issues (Jones, 2007). Distancing was found to be effective by Meyer to tackle the difficult issue of HIV with her group. In working with orphans in Cape Town, Bester observed that the theme of identity is prominent in therapeutic work (Bester, 2005). This serves as an example of the safety in drama-therapeutic work with sensitive topics such that it is in the playing that

death and HIV can be processed (Bester, 2005). Children and adults often find it difficult and very painful to talk about loss (Worden, 1991) and play can assist in expressing vulnerable material (Grainger, 1990). Play contains symbol and metaphor (Emunah, 1994), which creates distance from reality, thereby making it easier to understand or tolerate a difficult situation (Jones, 2007). Dramatic work creates this distance, allowing emotional expression to be manageable for the child (Bester, 2005). Evoking distance through the dramatic work is useful for OVCs in South Africa to approach difficult subjects, to process loss and to bring about empathy for others and the self (Meyer in Jones, 2007, Bester, 2005). This is particularly useful for OVCs who in some way blame themselves for their life circumstances.

Witnessing refers to the act of being an observer, of others or oneself, in a drama therapy session (Jones, 2007). A client can observe herself by means of using objects to represent parts of her or through role reversal. The act of being witnessed translates into being acknowledged and supported, and has the ability to form within a client. Here she can become conscious of the 'audience' aspect of herself towards her experience. She may be able to see herself as others see her and address this perception of her, which is a step in therapy according to Rogers (Rogers, 1951, 1954). Witnessing enhances one's ability to engage differently with oneself and life events (Jones, 2007).

Another core principle is embodiment. Jones asserts: embodiment "involves the way the self is realised by and through the body. The body is described as the primary means by which communication occurs between self and other" (Jones, 2007: 113). Embodiment therefore plays a critical hand in the formation of identity as it expresses the self in a physical form. In all cultures the body is the main vessel of communication, making use of the face, voice and hands to express ideas, roles and relationship (Jones, 2007). It is through our bodies that we express who we are, not our words. If it is through our words, remember that our words are delivered by means of this vessel that is the body. We embody our values and live by them. Embodiment has been found useful with a South African, OVC clientele. Meyer notes that the embodiment and distance of the drama

therapy enabled her group to summon the courage needed to disclose their HIV status and promoted resilience (Jones, 2007).

Using the body via dramatic embodiment has several consequences for identity. Firstly, when the client takes on a different identity within the drama therapy, she also takes on a different bodily identity. This results in insight, new perspective and release, which have the potential to transform the client's life outside of this identity (Jones, 2007). Secondly, Jones sums the importance of body in that the self "arrives at a sense of identity through bodily expression and behaviour in relationship with others [...] When an individual is involved in drama, knowledge is gained primarily by and through the body in action" (Jones, 2007: 114). As has been contended, there is a relationship between self-concept and behaviour (Rooth, 1995, Snyder, 1987, Cheek, 1989, Baumeister, 1986, Berk, 2006, Rogers, 1961, Hormuth, 1990). Our identity is represented through our behaviour. If our behaviour is our actions, then surely acting speaks back to our behaviour that speaks back to who we are as a person. It is the researcher's postulation from this that by means of embodiment the sample group can gain an idea of who they are and interrogate this in terms of questioning who they want to be. This idea alone is testament to the usefulness of embodiment in South Africa and globally. Finally, because knowledge is gained through the senses, embodiment in drama therapy combines the knowledge gained through the sensory experience of the body with the insight gained from reflection (Jones, 2007).

Playing has had major implications for identity for as long as identity has been considered (Erikson, 1963, 1968, Bronfenbrenner, 1979, 1986, Baumeister, 1986, Grainger, 1990, Slade, 1954, Berk, 2006). Playing in drama therapy refers to the process undergone by both children and adults, via the body or use of imagination, wherein there is a more creative and flexible attitude towards time, space, boundaries, events, consequences and ideas (Jones, 2007). According to Emunah, play allows for us to express our feelings and the parts of ourselves that we do not openly expose to society (Emunah, 1994). She specifies the role of play when she says: "Dramatic play is the child's method of: symbolically expressing and resolving internal conflict; assimilating

reality [...] expressing unacceptable parts of the self; practising for real-life events; expressing hopes and wishes; experimenting with new roles and situations; and developing a sense of identity” (Emunah, 1994: 4). All of these functions can be linked back to notions of identity explored and can be beneficial to the OVC identity in particular.

Through play, Bester used drama therapy to help children at an orphanage process having HIV in addition to dealing with the loss of their parents and other children in the home (Bester, 2005). This can be seen as contributing to individual identity or self-concept in the form of integrating one’s identity as an HIV positive person as well as communal identity whereby the children were able to gain insight on who they are as a community through dramas that explored the loss of a roommate for example. Drama therapy may therefore address an image of self-concept that is ever present in the South African- the idea that others are included in our internalisation of self (Mkhize, 2004, Makanya, 2014). Drama therapy allows for individuals to play, which is an effective means of communicating because play is universal (Bester, 2005, Makanya, 2014, Grainger, 1990, Erikson, 1963, Samovar *et al*, 2007, Bronfenbrenner, 1979, Baumeister, 1986, Slade, 1954, Berk, 2006). Regardless of culture, children use play as a language. South Africa is a diverse country with eleven official languages. The average citizen (or clinician) can only speak one of these. Play is able to cut through language barriers thereby making the use of play in therapeutic interventions in South Africa beneficial. Among the array of achievements of play, which all contribute to identity, lies the securing of a sense of identity.

The life-drama continuum refers to how the occurrences in the therapy space relates to the real-life world outside of the drama therapy space (Jones, 2007). This continuum enables clients to bring real life experiences into the drama therapy space and to take experiences within the drama therapy into their life outside of therapy. It further allows for clients to enact a dramatic representation of their everyday life (Jones, 2007), for example re-enacting the funeral of their father. The life-drama continuum allowed for a

group of HIV positive adolescents in South Africa to speak about real life topics such as romance, bodily changes, mood swings and status disclosure (Meyer in Jones, 2007).

Jones defines transformation as “the changes in state which the client experiences through the enactments in drama therapy” (Jones, 2007: 120). The mere act of being involved in making drama can be transformative owing to a transformation of *identity*- in this case the artist in the client (Jones, 2007). The thinking, feeling and creativity that is elicited for a drama therapy session draws toward it the different aspects of a client’s way of apprehending and responding to themselves and the world (Jones, 2007). Often these are separated and drama therapy brings these elements together, which is an important aspect of stabilising identity (Baumeister, 1986).

Role playing can be in conjunction with distancing whereby a person takes on the role of an imaginary character. Role playing may also include a person playing herself or a person taken from life experience in a play/improvisation (Jones, 2007). Personification involves the act of ascribing human qualities to inanimate objects. This technique is effective if a client needs to represent a feeling, issue or person, herself or parts of herself through role taking. Moreover, role playing points to the distinction of self. Playing with other identities and roles, according to Grainger, brings awareness that one is significantly different from that character (Grainger, 1990).

In its simplest form role playing enables one to metaphorically put themselves in another person’s shoes and to play with an alternative identity. Role playing can contribute to the principle of empathy and assists in developing ways in which a client relates to others (Jones, 2007). Role play promotes a recognition of ones identity, develops it further, and expands ones ability to play in the role of the other, which in effect is the role of the self too (Jones, 2007, Hormuth 1990, Baumeister, 1986). As one expands their horizon of roles so too do they expand their self-concept. Emunah provides testament to this statement in that she asserts that in drama therapy, role play can help the client unravel and discover the many roles we play and achieve a synthesis in our inner cast of characters (Emunah, 1994). Now, not only is this horizon expanding, but also these roles

are pitted in relationship to one another in an attempt to have them live together harmoniously. This could foster a stable sense of identity (Baumeister, 1986).

In Bester's drama-therapeutic use of role she found that it created challenging situations for children and in taking on the roles of people in these situations they manage to build resilience (Bester, 2005). As stated previously, there is a paucity of drama therapy research in South Africa. There have been few other studies investigating the use of role specifically within drama therapy in South Africa. There have however been studies investigating or incorporating the use of role from the applied drama pedagogy in South Africa. There are certain inferences that may be fairly drawn here, however, it is explicitly stated that there are several psychological and therapeutic principles that are devoid in an applied drama approach. This is not to say that applied drama is of no value in this study, it certainly is. Applied drama focuses on development and transformation. It is not therapy per se but it can be therapeutic.

Marovatsanga utilised role through applied drama with teenage orphan and abused girls in Johannesburg. This resulted in pro-social behaviour such that participants were able to find ways to get along with the roles of others, and improved their self-image substantially (Marovatsanga, 2010). She notes: "They also developed the skill to ask themselves questions that would help them continuously reflect on their way of life, their conduct, their interactions with the self, their environments and with others" (Marovatsanga, 2010: 71). From this it is evident that role play can improve the relationship with one's self and others amongst OVCs in South Africa. Marovatsanga goes on to recommend drama therapy for her participants so that they may gain an emotional release, owing to the stresses caused by orphanhood and the social problems that perturb them.

### **2.11. Role Theory**

Some roots of role in identity can be traced to theatre (Friedman & Schustack, 2006, Zarrilli *et al*, 2010). Shakespeare wrote "All the world's a stage, and all the men and women merely players [...] one man in his time plays many parts" (Shakespeare, 1810:



44). In the metaphor of the stage as life, and people as actors, men and women take on many roles throughout. Further, the many actors assuming the same role could occupy it in similar ways. Through Shakespeare's work it is clear that there was already an archetypal description of a type of person that can be recognized across time and place (Friedman & Schustack, 2006). As social philosophers began to consider the idea of a relative self it was theorised that the "true" self is comprised merely of roles (Friedman & Schustack, 2006). This is an idea that was held by Mead and spurred Landy's conception of role (Landy, 1994). In Landy's view there is no core self upon which we hang roles because the personality consists of personae and a system of interrelated roles (Landy, 1994, Landy & Montgomery, 2012).

In his role theory, Landy (1994) identifies the general, more philosophical goal of drama therapy as increasing a client's role repertoire and her ability to play one role more fully. He notes that embedded in this is a change in consciousness on both a personal and social level (Landy, 1994). As alluded to, and held implicit in their title; the orphaned and vulnerable Muslim adolescents have a variety of roles to play. Therefore attempting to address some of these roles may prove helpful and could bring consciousness to the multifaceted nature of their role repertoire. At its core lies the idea that "the dramatic metaphor of life as theatre and people as actors could be applied to analysis of social and cultural life and inner psychological processes" (Landy: 2009. 65). The approach therefore identifies archetypal roles that a participant might choose to play and explore (Landy: 2009).

Landy sees the self as comprising of several roles that we all play. These roles are often in conflict with one another and the job of the healthy person is to then acknowledge and come to terms with the inconsistency in all of these roles (Landy, 1994, Baumeister, 1986). Role theory assumes that human beings are role takers and players by nature and the ability to act and imagine oneself as another is unlearned. It also assumes that personality is an interactive system of roles akin to the archetypal system posed by Jung (Landy: 2009). The basic concepts in role theory include: role, counterrole (CR) and guide, role types and taxonomy of roles, role systems, story, and distancing theory, which

will be discussed respectively (Landy, 2009). Role can be seen as the discrete patterns of behaviour that suggest a way of thinking, feeling or acting. Each role, although it is related to other roles, has a unique quality, function and style, and is recognisable (like Jung's notion of the archetype) by its unique characteristics. Role is not fixed and changes with the role player (Landy, 2009). The CR represents not the opposite of a role, but the other sides of the role that are frequently avoided or denied because people hope to play one role effectively. Without role the CR cannot exist. The concept of the guide functions similar to the self; it leads one on a journey towards awareness and provides integration (Landy, 2009).

It is assumed that at least one role that the client needs to play in life is poorly developed, unavailable, or not aligned with the roles other people play in life (Landy, 2009). Therefore the task of therapy is to provide a space for the client to access these roles and identify them. The taxonomy of roles is a system of categorising certain personality characteristics (Landy, 1994). In our attempt as humans to understand the entirety of others we tend to type them- the orphan, the victim, the abuser and so on. This enables us to limit their complexity and recognize particular aspects of the human condition in others that are embodied through distinguishing characteristics (Landy, 1994). Landy asserts: "Derived from theatre, this is often a stock character [...] who reflects the characteristics of all people who behave in similar ways" (Landy, 1994: 103). Following on, role system applies to the totality of one's roles available at any one moment (Landy, 2009). These are inferred as one plays out roles from their everyday life. Landy explains "Theoretically, a role system develops as people take on roles from their social environments and generate new roles through constructing versions of their identity" (Landy, 1994: 105). It follows then that as a role system develops (in the playing out of paired roles and counterroles) so too does the identity.

Once more, a goal of role theory is to enable clients to find a balance between roles, for it is in this that they can grow psychologically. It should be noted that this balance is not easily achievable, but it is the work herein that contributes to being able to play out roles in ones real life more competently (Landy, 2009). The work that is being referred to here

incorporates engaging in role systems and playing with role, which are fundamental principles found in the application of role theory- Role Method. Story is a component of role theory and gives role content (Landy, 2009). In role the client tells and/or enacts a story, which is mostly fictional and is indicative of actual life conflicts (Landy, 2009). According to Landy, in drama therapy role is the form contained within the outer shell that is story (Landy, 2009). Landy describes aesthetic distance as an imaginary realm between everyday reality and dramatic expression, which the therapist uses according to the client's emotional ability ensuring that she does not become overwhelmed or shut down emotionally (Landy, 2009).

### **2.12. Using Role as a Stepping Stone Toward a Healthy Identity**

As stated previously, in order to establish a clear, defined sense of identity one needs to find unity among- and come to terms with their roles. The drama-therapeutic use of role dictates that the healthy person is able to live with the contradictions and ambivalent qualities of their roles (Landy, 2009). Landy states: "The healthy person is also noted by an ability to take on many, if not most, of the roles in the taxonomy and to play them out in everyday life with some degree of proficiency" (Landy, 2009: 73). Because proficiency is hard to measure, one should note the person's ability to behave in role and reflect upon that behaviour with feeling and understanding; this equates to balance (Landy, 2009). The competent role player is able to identify the intricacies of a role, such as its qualities, style and functions. Possessing a firm sense of identity then encompasses both quantity and quality of roles. Health is a measure of the amount of roles one is able to internalise and play out (Landy, 2009) and how dynamically one is able to engage in a role she is playing out. It is not to be forgotten that exploring these roles for one's self has an impact on one's ability to engage with the other. In sum, Landy says: "From a social point of view, the unhealthy person is marked by the inability to take on the role of the other and thus to empathize with another" (Landy, 2009: 73).

### **2.13. Role Method**

Role Method is predicated on the theory and principles of role. Landy specifies his method as proceeding through eight steps:

- “1. Invoking the role.
2. Naming the role.
3. Playing out/ working through the role.
4. Expanding alternative qualities in sub-roles.
5. Reflecting upon the role play: discovering role qualities, functions and styles inherent in the role.
6. Relating the fictional role to everyday life.
7. Integrating roles to create a functional role system.
8. Social modeling: discovering ways that clients’ behaviour in role affects others in their social environments.”

(Landy, 2009: 75)

At Step Three, it is preferred that one works with a single role that the client has identified and named. The current model has been altered since the conception of the above to include counterrole and guide in Step Four. A clear structure for the role-CR-guide model is posed in *The Hero’s Journey* (Landy & Montgomery, 2012), which was used in this study. De-roling is an important step in the method and occurs between Steps Three, Four and Five. De-roling distinguishes the actor in relation to the role. The process of de-roling is not geared toward fully transcending one’s personae, but rather to shift from one reality (the imagination) to another (everyday life) for reflection (Landy, 2009). Reflection points are important and allow for clients to link the roles they played to their everyday lives. The final step of social modelling has the implications that once change has been achieved through role, the client can become a model for others in her home, work or play environment (Landy, 2009). Overall, Landy’s work evidences that role theory can be helpful in revising self-conceptions, integrating a fragmented sense of self, and examining one’s social influence.

## **2.14. The Sesame Approach**

The Sesame approach incorporates two different ways of looking at human experience: an understanding of the symbol's ability to heal embedded in Jungian psychology, and Laban's analysis of movement wherein it is understood that people's movement patterns express underlying feelings and attitudes (Pearson: 1996). According to Pearson, these two paradigms combine well, with "one speaking in verbal and imagistic terms of the psyche while the other is about body language and the language of physical movement" (Pearson: 1996, 2). This approach allows for a broad projection of identity to emerge, through the symbols and metaphors contained in the drama. According to Pearson, Sesame helps people recover the "unacceptable aspects of the self that get repressed in the course of creating the 'false self' that the world seems to require of us. The choice to take on angry, negative roles in the drama [...] provides an outlet for these dark, negative feelings within the holding of the story" (Pearson, 1996, 13).

Jung believed that our personal and collective unconscious metaphorically expresses itself through symbols (Jung, 1933). According to Jung, symbols stem from the unconscious materials of the psyche that then symbolise a variation of archetypal images (Jung, 1964). To Jung, symbols express something that is not yet consciously known, therefore the symbolic image is representative of something unknown, unrecognised and not entirely determined (Jung, 1933). Thompson asserts that in the bereavement process we cannot neglect the spirit and focus solely on the body. She names symbols as an important part of this recognition of spirit: "Symbols, of course, evolve from and represent massive social forces and human fears and anxieties, as well as aspirations and hopes" (Thompson, 1994: 177).

Jung believed that there is therapeutic power in creative processes, such as listening to and telling stories, as it allows for symbolic images from the unconscious to be brought to the conscious and engaged with (Jung: 1933). He further identifies the process involved in art making whereby the artist projects part of their psyche into inanimate objects (Jung, 1964). In this act the artist projects his own darkness and "earthly shadow" onto the object of his creation (Jung, 1964: 254). Thus aspects of one's unconscious emerge and

may, through the art, be brought into the conscious. Jung recognised the ability of creative and imaginative play to voice the psyche. Dekker outlines this in his writing “Play, as a structured art form, acts as a vessel wherein many healing transformations can occur [...]. Jung always recommended the practice of an art form to the analysand” (Dekker, 1996: 42).

Symbol may translate into drama therapy theory in several ways. For Jung, the unconscious and dreams provide a source of symbols that may provide insight into trauma and distress (Jung, 1964). The task of drama therapy then is to allow for one to play out emerging roles, stressful situations and roles premised on archetypes (Johnson & Emunah, 2009). It is also to make the unconscious conscious (Johnson & Emunah, 2009). Landy, acknowledges Jung in his assumptions about his role theory stating that it is similar to Jung’s notion of the archetype (Landy, 2009). According to Landy, “In adapting Jung’s perspective, the drama therapist [...] would aim toward helping his client see that his unconscious imagery is not neurotic or perverse but, rather, connected to the normal interplay of opposites” (Landy, 1994: 120).

## Chapter 3: Method

This qualitative study provides a summative evaluation of the efficacy of the drama-therapeutic use of role (via the use of role theory) within the context of a group of OVCs in Johannesburg, South Africa. An intervention conducted with a community of orphaned and vulnerable adolescents served as the focus of the project.

### 3.1. Session plans

Three workshops were conducted around the broader theme of identity. These workshops employed role theory and the Sesame approach, and as such were structured as follows:

<b>Session &amp; Motivation</b>	<b>Questions of focus</b>	<b>Methods</b>
<b>Session 1</b> Exploring aspects of the communal identity	What has made me who I am today? Who are the most influential people in my life?	A method of role theory, The Hero's Journey, was used to explore the archetypes of the self, the role of the helper and influential others.
<b>Session 2</b> Exploring the individual identity. Brings in religious beliefs.	What are the parts of me that will never change? What do I value and believe in?	The Sesame Approach was employed to explore, through story and enactment, core roles and attributes that participants relate to.
<b>Session 3</b> Exploring aspects of self-concept in addition to addressing role confusion.	What kind of a person do I want to be? How will I go about working towards becoming this?	Role theory was employed to explore current and potential future roles. Inner resources that could move them from current to ideal self were named.

Participants were encouraged to create their own stories about a Hero, which mirror archetypes that they themselves wish to play out or do play out on a regular basis (Landy, 1994). Participants were also told a story that is around the theme of the Self and a journey hereto. This was enacted by the participants and reflected upon after the enactment.

The drama therapy group sessions included the use of play, creativity, imagination, storytelling, embodiment and art making. A more specific focus was the exploration of the self and other: Who am I? Who do I want to be? The questions explored here and in the table above incorporate attributes of identity that have been named in the literature review. The sessions were held in English, as all participants understand and speak English on a daily basis at the participants' home. Sessions were two hours long and took place a week apart to allow for them to have time to assimilate and internalise our work together. The sessions were designed to fit the needs of the participants in terms of the timing. This is as the participants were already far along in the bereavement process as they had received counselling from the lay counsellor at the orphanage (7<sup>th</sup> June 2014). Caregivers and the participants themselves had identified that they are ready for an intervention of this sort (7<sup>th</sup> June 2014).

The themes of each session respectively were resilience, hope and looking forward. These themes were chosen so that the researcher could enable the participants to work through the various parts of their identity through the safety brought in by the lens of the generalised themes. The researcher identified that it would be difficult for participants to return to their past and the issues evoked through the material, hence she ensured that each session incorporated a distanced way to look at what the participants had experienced in their lives. The sessions drew upon the more distanced and oblique methods of drama therapy so as not to delve too much into real experiences, but rather use the fiction to find a connection to, or relate it back to their real experiences (Landy, 1994, Pearson, 1996).



### **3.2. Sampling**

The sample is drawn purposively from a group of adolescents living in an orphanage in Ormonde. The selection is based on worldview/perspective, that is people who share a culture and common experience or perspective (Patton, 2002). In this case that perspective is of orphanhood, bereavement, age and religion. A drama therapy intervention was done with this group in 2014, prior to the current research. The intervention was for a mini-research project and was also three, two-hour sessions. Working with this group previously may have had several implications for the group and therapeutic relationship. On the one hand it may have enabled the researcher to go in to the community with a pre-existing relationship and rapport with the participants, which could enable relaxed participation on their part. On the other hand, the researcher not seeing participants for a long period of time may have impeded their progress, lost the relationship that she had established by the end of her previous sessions with them, and caused animosity or resentment toward the researcher for leaving the group to begin with.

The orphanage consisted of 13 children- of these 8 are adolescents ranging from 13 to 19 years of age. Of the 8 participants, 4 are male and 4 are female. In addition, 5 of them are Black, 2 are Coloured and 1 is Indian. They are being raised by Indian caregivers- or parents as they see them. The participants in the group have been at the orphanage for 3 to 6 years. All of the participants' mothers died, except for one who was taken away from her mother because the environment was not suitable for her well-being. This sample group is diverse in race, gender, religious backgrounds and psychosocial conditions. This holds implications for the study that are twofold. Because the participants have many facets to their identity, they may be seen to provide insight on the development of a robust sense of identity. Also, having a diverse group for this study could allow for a wider variety of material to emerge thus deeming it applicable to a larger population going forward. The opposing view would argue that having a diverse sample group might not make it easy to generalise findings as findings can be seen to be specific to this study. As contexts may vary one would find that other orphanages consist of children who are similar in race, thus making the applicability of this study in other contexts questionable.

### **3.3. Data Collection**

Data was collected by means of four qualitative methods to elicit the lived experiences of the participants; voice recordings of the workshop sessions and interviews with the legal guardians, photographs from the installations and objects participants created in the sessions, journals the group was asked to keep, and the researcher's field notes and post-workshop self-reflective video diary.

As part of her baseline research, the researcher interviewed the legal guardians of the participants and manager of the orphanage. One of these interviews was conducted in 2014 and the other in 2015. These were influential in the analysis of the data because it provided valuable insight on the participants, their background, the values their guardians instil in them, and the Islamic principles that feature prominently in the participants' upbringing. Voice recordings enabled the researcher to go back and analyse the outcome of what transpired in this interview and especially in sessions so as not to miss anything. Photographs of participants' artwork provided information on the prominent themes in a creative manner. The participants' journals elicited the personal responses and feelings that were held in the process in a non-intrusive manner. According to Thupayagale-Tshweneagae "Diaries are a useful tool for studying any phenomenon in qualitative research, as they reflect the research participants' subjective knowledge of the experiences, emotions and meanings associated with the phenomenon under study" (Thupayagale-Tshweneagae, 2011: 133). The researcher's field notes enabled her to observe phenomena or trends on location that the voice recordings would not account for. This includes body language and visual cues. The self-reflective video diary allowed for the researcher to realise her role and influence in the process of the sessions.

Patton highlights the importance of collecting data in these various ways when he says: "Different kinds of data may yield somewhat different results. [...] Finding [...] inconsistencies ought not be viewed as weakening the credibility of results, but rather as offering opportunities for deeper insight into the relationship between inquiry approach and the phenomenon under study" (Patton, 2002: 248). All the data gathered was saved on a cd and stored in a fireproof cabinet with a combination lock. A further copy was

saved on an external hard-drive and housed off site. All the information was password protected. The data will be stored for a period of six years as this data could be referred to at a later stage to verify, validate and interpret possible new information. Thereafter the data will be destroyed.

### **3.4. Data Analysis**

All recorded data was transcribed. The researcher then used the transcribed data, photographs of artworks and participant journals and subjected them to a thematic content analysis. This was done according to Braun and Clarke's (2006) six phases for conducting thematic content analysis. This method spurs a broad spectrum of analytic options wherein data-driven themes can be identified (Braun & Clarke, 2006). Braun and Clarke suggest that themes capture what is important about data and "meaning within the data set" (Braun & Clarke, 2006: 82). The six phases that were followed include: familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Braun & Clarke, 2006). The fifth phase in this process dictates that one should "refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme" (Braun & Clarke, 2006: 87), while in the sixth phase one relates the analysis back to the research question and literature (Braun & Clarke, 2006). Overall this method of analysis was chosen for this study as it provides a flexible approach in determining themes (Braun & Clarke, 2006).

More specifically, this was achieved by identifying prevalent and recurring themes related to communal identity and self-concept found in this study's data sets. This analysis was inclusive of the observed material from the drama and play. Themes relating to identity and self-concept were thereby noted and explored in relationship to the related drama therapy methodology. In specific, during this time transcripts were read and re-read so that the researcher attained a firm understanding of the sessions (Braun & Clarke, 2006). Significant and recurring statements were then extracted that pertained directly to the study's research questions. From this the researcher formulated meanings. This entailed using psychological theories to attribute behaviour or attitudes (Smith, 1992).

These meanings were then clustered into repetitive meanings that occurred, or themes. This was then described in relationship to role theory thus resulting in the identified themes brought about by the work (Thupayagale-Tshweneagae, 2011). The themes and patterns the researcher was looking for in relation to this are the patterns of individual experiences of participants and patterns of personal change that were reported by or observed in participants (Patton, 2002).

### **3.5. Reflexivity**

The study in its entirety was influenced by the researcher's views and assumptions with regards to the topic and process. As Banister *et al.* state "The ways in which we theorize a problem will affect the ways we examine it, and the ways we explore a problem will affect the explanation we give" (Banister *et al.*, 1994: 13). Thus one should acknowledge that objectivity in empirical research is insurmountable because in the choice of one's observations alone one may see subjectivity, for it is the subjective world of the researcher that deemed a particular action worthy of observation or salient in the observation process. This means that the researcher is indistinguishably linked to the research itself. Blommaert and Jie (2010) define reflexivity as "the way in which the observer has an impact on what is observed, and the way in which the observation events themselves are captured in a real historical context, from which they derive meaning and salience" (Blommaert & Jie: 2010, 66). They further state that what becomes 'objective' as a scientific result is subjective as a scientific process and "in order to be objective one must be subjective" (Blommaert & Jie: 2010: 66).

In light of this, the researcher took measures to avoid theorising from her circumscribed point of view and consulted with her supervisor to avoid leaving blind spots in the research. The researcher kept a journal and video diary wherein she reflected on her thoughts, opinions, feelings and perceptions of the participants and the work throughout the study. This enabled her to be aware of her biases, identify the assumptions that stem from a non-theoretical channel, make these transparent and place them appropriately. The researcher's own view on Islamic identity could have influenced the exploration of data. Because of this, the researcher used theory to investigate her subjective account of

meanings inferred through the data and then used several different lenses to view the data. These lenses come in the form of both Western and Sufi perspectives so as not to produce a one-sided account of the data or unintentionally ignore significant factors affecting analysis. Moreover, the researcher held her medium- drama therapy with high regard, remembering the embodied nature of the work. She therefore avoided relying on transcripts, which can result in the shortcomings of analysis (Thupayagale-Tshweneagae, 2011). In this respect she was careful of how she read the body language of participants and noted that meanings of signs and gestures differ according to culture (Samovar *et al*, 2007).

With one's Western tinted glasses it is easy to mistake the true essence of identity. Identity is not essential or static. It is informed by many facets- race, religion, geographical background, values and socialisation to name a few. It is important to familiarise oneself with these facets so as not to squeeze participants of a Muslim culture in a white-painted box that is loaded with negative assumptions pertaining to the mark of the healthy person as defined in a Western culture. The researcher gained a heightened awareness of this in the practical component of her research, as it became evident that certain signs and symbols connoted different concepts in the Sufi tradition. Gestures that the researcher was accustomed to marking negative qualities, as inherited from the Western society, could mark healthy characteristics viewed with a Sufi lens. A case example of this is provided in the results and discussion section below. What is true of health in one culture may not necessarily be the same for another. Clinicians need to be aware of this in terms of culture and performance. If one is using the performing arts for its healing or therapeutic abilities, she needs to be conscious of the semantics in the performative linguistic means or she may face the danger of being counter-productive in her therapeutic work.

As a Muslim engaging in the arts herself, the researcher was careful not to over-identify with the participants. The researcher has worked with this group before and was aware of her own assumptions with regards to the group, in addition to what could be previous knowledge of the group infiltrating her understanding of the current work. This allowed

her to consciously navigate through the data with a keen eye for new and different ways of probing it. Furthermore, the researcher was aware of the relationship that had formed with these participants and the power dynamics implicit herein owing to the nature of research. The researcher observed that the formalities that needed to be undergone before the drama therapy sessions could begin, such as going through the participant information sheet (Appendix A), put the researcher in a position of power and made her seem like an outsider. This had somewhat diminished the rapport she had formed with the group and required a full session with the participants to regain. She notes that this can also be attributed to the six-month-long break between the interventions with the group.

The above process draws attention to the dual role that the “researcher” played. There is an inherent contradiction in the duties of a researcher and that of a drama therapist. The researcher exists to observe and report on her findings whilst the drama therapist establishes herself as one of the group members and engages in play on a mutual level. There were tensions between these roles in that on the one hand the researcher was purporting to be on the same level as the participants with regards to play, rights and freedom, yet on the other hand it was clear that the researcher is in a position of power in that she is the one evaluating and judging the play. Issues of this arose, for instance, when participants became aware of the recording device and would ask if they should repeat something for the dictionaphone. The tensions between the roles may have restricted the participants’ willingness or ability to engage in free play. Even though the researcher was able to quickly adapt to the polarity in her roles, she took note of the influence it had on the participants.

### **3.6. Ethical Considerations**

Participants’ identity remained anonymous from the time of transcription, when all identifying characteristics were removed and/or disguised. Participants were given a participant information sheet (Appendix A) containing details of the study; an explanation of what is required of them and the researcher’s contact details. Both the participants and their guardians had to provide their written consent (Appendix B and C) for participation in the workshops. Any material emerging from the sessions were

handled with the utmost care and sensitivity, such that the researcher was conscious of the issues that might emerge through the work and when problems did arise, she addressed it so as not to leave participants with an open wound. Another step taken towards handling emergent material with care was through forming a working alliance. Here participants were asked what they think would help us work better together and if there is anything that they would like to give or receive from each other in the space. Participants did not bring up confidentiality on their own, prompting the researcher to do so. She thus explained to them that confidentiality in a group setting like ours includes not talking about what other people have shared outside of the group, but it cannot be guaranteed as one does not have control over the actions of others. They may talk about feelings that may have come up for them in their own experience. Furthermore, she encouraged respect for others, which means that she (or they) would not giggle or tease anyone because of their contributions in the space and that she (or they) will not force anyone to share information or artistic creations if they did not want to.

During the sessions the participants' emotional safety and containment were foremost and nothing was done to compromise this. It is in the interest of this that the researcher discounted one of the sessions she ran with the group. In the second session during a bridge-in activity to the main exercise one of the participants revealed that he wishes his mother would come back. The researcher then deviated from the main activity that was planned for the session and instead employed psychodramatic techniques (a method of drama therapy) to honour the clients' deceased parents. Ethically it was the researchers responsibility to look after the participants' well being and continuing with the planned activity (Sesame) in that moment would not have been appropriate or helpful to the participants. Because psychodrama is beyond the scope of this research, the initial second session held with the clients was struck from the record and a new session was devised and held the next day. Furthermore, the researcher monitored the use of dramatic techniques, to ensure that no participant gets carried away in the drama. She also was conscious of not pushing the participants, or allowing them to get pushed by peers, to reveal too much of information in the reflection sessions.

Participants had the right to decline participation in the study as well as pull out of the study if ever they wished. Non-medical ethical procedures were granted through the University of Witwatersrand's Ethics Committee (Non-Medical). The consent forms were read to the participants by the researcher and the uncertainties were explained further. All participants were notified in advance of the use of voice recordings and were asked for permission to record the sessions (Appendix D). Any photographs taken did not contain the faces of those involved in the project, and were only of their artworks. Furthermore the researcher stands firm in the principles of non-maleficence and beneficence. Being so, she minimised any risks or harms that came to participants through her work- this is inclusive of psychological or emotional harm and is evidenced above. All work done was in the participants' best interests.



## **Chapter 4: Results and Discussion**

“No man can reveal to you aught but that which already lies half asleep in the dawning of your knowledge” (Gibran, 1923: 76).

The following section is an exploration of the results the three drama therapy sessions yielded. The exploration first takes the reader through the sessions in terms of their aims and the material; brought to- and received in, the therapy space. This material is then categorised according to the emergent themes therein. The aim of this study was to explore role within drama therapy in terms of the two outlined facets of identity: self-concept and communal identity. A fundamental part of self-concept has been identified as the relationship between self and other. The second section in this chapter explores the dynamics of self and other, as reflected in the work with role. Following this is a discussion on communal identity that takes the form of analysing the various communities the participants’ dramatic material relates to. In the final section one might find discourse on role within drama therapy and the potential it had for achieving transformation for the Muslim OVCs in this study.

In this chapter, the eight participants will be referred to by their pseudonyms. They are:

Yasmeen: a Coloured female, 13-years-old.

Junaid: an Indian male, 14-years-old.

Zahra: a Black female, 15-years-old.

Ameer: a Black male, 16-years-old.

Irfaan: a Coloured male, 16-years-old.

Faheem: a Black male, 16-years-old.

Ayesha: a Black female, 17-years-old.

Saria: a Black female, 19-years-old.

#### **4.1. Acting Out and Acting Up: An Overview of the Sessions**

The aim of this research study was not to determine the effectivity of role alone, but to measure it within the confines of drama therapy. This means that other drama-therapeutic techniques were employed in the application of role theory and worked alongside Role Method. The basic structure of every drama therapy session stays the same: there is a beginning, middle, and end (Jennings, 1992, Emunah, 1994, Landy, 1994, Jones, 2007). The structure serves to warm up participants for action, engage them in drama, delve into the unconscious, bring consciousness to unconscious material, de-role, reflect on the dramatic material and translate this to everyday living (Jennings, 1992, Emunah, 1994, Landy, 1994, Jones, 2007, Pearson, 1996). In the following section each session will be briefly explained in terms of aim, the material brought by the researcher and the material that emerged. Appendix E, Appendix F and Appendix G comprise of a detailed and tabulated breakdown of the different drama therapy techniques applied and their function in the work. Appendix H provides a brief yet detailed account of the emergent material in chronology.

##### *Session 1*

The first session primarily made use of the Hero's Journey (Landy, 2009) method of role to explore aspects of communal identity. The core questions of focus were: *Who am I?*, *What has made me who I am today?* and *Who are the most influential people in my life?* These questions give rise to facets of the identity pertaining to introspection, past experiences and significant players in one's development (Erikson, 1963, Bronfenbrenner, 1979, Berk, 2006, Stryker, 1987, Cheek, 1989, Friedman & Schustack, 2006). The primary materials brought by the researcher included a guided imagery exercise on grief and hardship accompanied by art-making, and the creation of stories as per Landy's Hero's Journey (Landy & Montgomery, 2012). The Sufi community practise meditation as a means to connect with one's self (Linden, 2013). For this reason the researcher incorporated meditation and guided imagery exercises into her work with the participants. The Hero's Journey was chosen as a method because the role of the hero is one of the foremost archetypes (Jung, 1933). In the Hero's Journey, participants created a story of a hero on a journey towards a specific destination. The hero encounters an

obstacle, but has a guide to aid her in negotiating the obstacle. Appendix H details the participants' stories. Enactments of an individual's story, as chosen by each group, followed. While the participants did not want to share the images they created from the guided imagery, they responded well to the devising of stories and enactment. Participants made use of their creativity and devised stories containing aliens, poison apples, family disputes and spiritual masters/Sheikhs. The two stories chosen to be enacted involved the latter three subjects.

In acting out their stories, participants were given an appropriate space to act up. The participants acted out a situation that happens in their daily lives in which they are being difficult or demanding according to their paternal guardian. In this scene the participants wanted to go see their Sheikh but their father belligerently refused. The enactment allowed the participants to explore the feelings associated with their response to their adamant father. According to Landy, the healthy person "has found a way to live with the contradictory tendencies to act up like a child and act out like an adolescent" (Landy, 2009: 73). The situation represented in the scene may have evoked these two types of behaviours for the participants, and through the enactment the participants were able to negotiate these two ways of being. The story of wanting to go to one's Sheikh but not being permitted to by the male figure of the family emerged in two participants stories. In addition to this being a prime example of dramatic projection (Jones, 2007), it also gave the participants a chance to express their feelings on the topic.

A notable moment in this session includes the participants' unwillingness to share their art at the beginning of the session, but feeling comfortable enough to do so at the end of the session. This resistance can be seen as a sign that the material that had come up in this exercise was too difficult to deal with, especially in front of others, and some participants noted this in their journals. Resistance in drama therapy can also be attributed to a reluctance to be in therapy, wariness about the method, or lack of support by the group or therapist (Emunah, 1994). In Moreno's view what seems like resistance is actually the result of participants not being warmed up adequately (Sternberg & Garcia, 2009). This serves as a critique to the researcher that it was perhaps too early in the intervention to

address material pertaining to loss, and perhaps the participants had not formed a strong enough relationship- necessary for trust and sharing. The researcher veered off the session plan and responded to the participants' resistance with a sociometric exercise- a technique of dramatherapy. This allowed for the group to form a connection and to see the similarities between them and in their experiences (Sternberg & Garcia, 2009).

### *Session 2*

The second session primarily made use of story as posed by the Sesame approach. The core questions of focus were: *What are the parts of me that will never change?* and *What do I value and believe in?* This relates to ideas of identity linked to values and worldview (Erikson, 1968, Bronfenbrenner, 1979, Rogers, 1961, Haeri, 1989). Materials brought by the researcher include image theatre games (Boal, 1992), the story of *Sealskin Soulskin*<sup>1</sup> (Estes, 1992), and cloth and musical instruments for an enactment of the story. The story itself played a prominent role in much of the findings in this study. It is a story about manipulation of power, abuse, familial love and the loss of a parent, and was chosen because it is also a story about finding one's way back home/to the self (Estes, 1992). According to Estes, "The story tells about where we truly come from, what we are made of, and how we must all, on a regular basis, use our instincts and find our way back home" (Estes, 1992).

There were some significant moments in this session, which all encompass the material the participants brought to the discussion. The discussion led to a contextualisation of the story in relation to the participants' world and the reality of being orphaned. The researcher guided the discussion to a reflection about the participants' feelings and then opinions on matters of the story. We thought about the story critically through an analysis of the characters or roles, their qualities, their actions, and their feelings as a consequence of those actions. This reflection allowed for the participants to think about the meaning of the story and metaphors held within. It also expanded on role system as per Landy's theory (1994). In the discussion the participants seemed to see no contest in the characters' decisions or actions, it was as though everything in the story happened as it

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<sup>1</sup> Appendix H provides a detailed description of the story.

should have. This story is used in other settings to spark debate on a controversial issue: abuse and parental abandonment (because the mother chooses to leave her son). This can be accounted for by the participants' values such that in the Sufi way of living one needs to accept the situations she finds herself in (albeit undesirable) as a lesson from God (Gülen, 2009, 14<sup>th</sup> January 2015).

### *Session 3*

The third session's material brought a fusion of the metaphorical elements predominantly used in Sesame and the enactment of roles from role theory. Its aim was to explore aspects of self-concept and address role confusion through the use of role theory. Core questions of focus were: *What kind of person do I want to be?* and *How will I go about working towards becoming this?* This brings in notions of identity that are concerned with the future (Friedman & Schustack, 2006). In addressing this question participants were asked to build a symbolic home for two objects each representing themselves now and in the future. The home serves as a metaphor for the self (Landy, 2009, Jung, 1933, Estes, 1992). Creating a home for these two parts of oneself serves as a metaphor for integrating them into the self. This exercise also pointed to the relationship between the current self and ideal self (Rogers, 1961). After briefly enacting one of the roles they play currently and spending time enacting a role they would like to play in the future, participants returned to their creations and named attributes they possess that will help them in this goal. This enabled participants to envision the future role as being achievable through a quality they already have. The instillation holds many associations to the participant's inner world and emotions.

This brought about several key lessons from the session. The enactment part of the session prompted the emergence of many roles that the participants play currently: boy, brother, sister, daughter, student and chef. This information reveals that all of the roles the participants play currently are set in the home and it mirrors the participants' social life and extracurricular activities. The participants are all home-schooled using an interactive online schooling system. After school, the male participants spend their leisure time on the social media site Facebook and surfing the Internet, while the female

participants go to their Sheikh for free cooking lessons. According to their male guardian this is part of grooming the children in terms of skills so that once they finish school, if they decide that they do not want to study further, they can open a bakery or have the ability to cook for their family (14<sup>th</sup> January 2015). It is interesting to note that he did not mention the males' "grooming" and it seems as though the males do not engage in any extra-curricular activities but the females do. The roles that the participants want to play in the future included a dance choreographer, an owner/guardian at an orphanage, a therapist and a doctor. Two participants chose the role of a father and two others chose the role of a boss. These will be discussed shortly in relation to moments in the enactment. What is also interesting to note is that among these roles it was mostly the males who chose the domestic related roles such as being a father whereas all the females chose the more occupational roles including a boss.

#### **4.1.1. Emergent Themes**

Material generated in the sessions were analysed in terms of expression in the dramatic material, expression in reflection about everyday life and from the participants' journals. In no particular order, the themes to emerge from this were: spirituality, family, death, grief, violence, compassion and forgiveness, opening up, power, values and the self. In the following section, each theme is explored further. Excerpts from their journals and examples from the sessions serve to further illustrate the themes.

Spirituality was a prominent theme throughout the sessions. Participants would frequently name inner peace as something that they strive toward. Spiritual masters or Sheikhs were a common concept throughout the sessions. Almost all participants reported that God helped in them or took them out of their lowest points in their life. God was also mentioned frequently, especially in reflection of the dramatic work. This is not to say that the dramatic work itself was devoid of God's presence – the participants infused God in the dramatic work by means of characters. In the Hero's Journey, God was put either in the role of the guide or the destination. This was not always done directly as often the character would contain Godly associations or mystical characteristics. For example, two

participants named talking animals as their guides; an all-seeing talking bird who is the guide's helper and a talking dog, which as one will come to see has spiritual associations.

Many of the characters the participants created were related by familial relationship as opposed to platonic or romantic ones. Some characters were related via marriage, but a romantic element was missing from the relationship because they were fighting. In Ameer's installation representing the future he explains: "And then I got married but I stress a lot because my wife gives me a hard time". This impression of marriage as tension-laden was a common thread through the stories.

Noteworthy is that the story wherein the participants stand up against their paternal guardian because he refuses to let them go to their Sheikh, is one of the stories the participants chose to act out. It seems as though this is in fulfilment of a need the participants have to confront their guardian. This seems to correlate with Erikson's stage of adolescence in that the adolescents are trying to assert themselves as adults (1963). Further, seeing their spiritual master seems to be very important to them. This can be explained by their "ideological minds" seeking to be confirmed by the ritual of seeing a Sheikh and creed of being a Sufi, in an attempt to find their own place in the world (Erikson, 1963). Despite this necessary tension, when creating stories most participants used their guardians as characters to base their stories on, alluding to the importance the participants ascribe to their two guardians. In addition, the majority of the current roles the participants play, identified by the participants themselves, were roles synonymous with family roles, that is, the brother, daughter and sister. Some of the participants also expressed a longing to form a family of their own one-day.

The theme of death was prominent and participants seemed to frequently and easily kill off characters within their stories. They also confronted the death of their parents as a result of engaging with the dramatic material. For example, in his journal Faheem reflects on his mother's passing:

"When my mom past away I was shocked I did not know what to do to myself coz she was like my friend, my sister, my everything".

Linked to death, arose the theme of grief. Participants identify their parents as the most influential people in their lives and expressed feeling hurt because of their parents' death. In her journal, Ayesha reflected on the difficulty she still experiences when thinking about her deceased mother:

“this time I was very open with How i feel, but not with How i feel about my parents coz is not a feeling I can deal with in front of everyone, I have never spoke about How I feel apart my parents for 10 years so ya, if very difficult for me”.

It seems as though the drama therapy session permitted her to confront the difficult feelings associated with the loss of her parents. This applies to Zahra as well, who seems to have come to a realisation about her mother. Zahra, unlike Ayesha, expressed being eager to move forward with her life:

“wen I was talking about my mom I was so sad but now I know it is time to get over it”.

Participants however, seem to understand mourning and grief as being a part of life, and one participant integrated it in his representation of what his future will look like. Ameer was attracted to a picture of a dog and included it in his installation because when he grows old he will go through emotions and proclaimed that the dog represented mourning and suffering. The dog in Sufism is a symbol of knowledge through suffering (Nurbakhsh, 1989). Dogs demonstrate a sense of patience, service, gratitude and self-sacrifice, which are all qualities that the Sufi individual strives for in her endeavour to be closer to God (Nurbakhsh, 1989, Nurbakhsh, 1992, Gülen, 2009, Ingram, 2011). Given the literature on OVCs one may have assumed that because this participant has envisioned mourning and suffering in his future he is hopeless for the future. On the contrary, for the Sufi OVC, it seems as though imagining one's future to contain suffering indicates the acceptance of a situation and the ability to grow from it (Nurbakhsh, 1992, Ingram, 2011). Further, as Linden outlines, Sufi concepts include befriending your pain, transforming it into a work of art and offering it back to the community (Linden, 2013).



All the stories from the Hero's Journey portrayed violence to some degree, ranging from violent arguing to killing off characters. On paper, an argument might seem trivial, however, when enacted by the participants, through intonation and body language it was clear that these arguments are experienced as hurtful or influential in the character's lives. In the baseline research of the group it was discovered that a few of the participants were abused in their previous homes after their parents' passing. This information provides the grounds to consider that their stories can be seen as a dramatic projection from their own lives (Jones, 2007). If this is the case then not only do the characters in the story experience arguments as scary, but the participants do too. Perhaps it is because their previous encounters of arguments resulted in violence, which struck fear in them. Counter to this lies the theme of compassion and forgiveness. Whilst as a researcher it would seem rather biased to identify one's participants as being compassionate and forgiving, there were many instances of conflict that arose in the drama and the participants' responses to it were to be understanding. In the most impressionable instance of this, the participants were very forgiving and compassionate towards the lonely man in the *Sealskin Soulskin* story, who held the woman captive.

Participants reported finding it difficult to reflect on their feelings and "open up" at the beginning of the first session. Most of them expressed being nervous or struggling to communicate at the beginning, but by the end of our first session they were, as Irfaan puts it: "feeling nice". They also showed an improvement in self-esteem. As Ayesha's journal entry shows:

"after doing drama therapy with miss Nadia I felt like I can take on the world. you feel better about yourself".

Power was a subtheme with a few participants displaying a desire to be in positions of power. For instance a few participants wanted to be in the occupation of a boss one-day, even though they did not know in which field. They could identify with the role of the boss, one of whose traits is to have power and take charge. This is in contrast to their own position of relative powerlessness as OVCs.

Moral values would appear in almost every exercise in the intervention as a whole. The material expressed in their journals reveals that the general values they stand by are unity, love, peace, wisdom, kindness, forgiveness, honesty and humility. For example, love was a prominent theme for one participant and in her journal Saria writes:

“Love is to see what is good and beautiful in everything it is to see the gift of Allah and the generosity of Allah in everything”.

This extract illustrates how participants’ values are influenced and guided by their religion.

The self is another religiously influenced theme. Several participants listed “myself” as a role that they play currently and wish to play in the future. In elaborating on principles that he bestows upon the children, the male guardian at *The Foundation* stated that in Sufism there is a distinct relationship between the self and Allah and “He who knows his self knows his Allah, the journey of Sufism is a journey of the self” (14<sup>th</sup> January 2015). Here, the self is indicative of a self untainted by jealousy, malice, disobedience, hurt or an ego, which are examples of *nafs* (Haeri, 1989). It is clear that religion is the driving force behind the participants’ connection or quest for a relationship with their self. An example of this can be seen in Ameer’s journal:

“The one thing that didn’t change in me was being myself which means what was my purpose in life and it was finding the real me wich is finding God.”

#### **4.2. The Work of the Self: self and (m)other**

The following section is an analysis of the material’s contribution to the self-concept. It begins by outlining the means in which the Hero’s Journey impacted the participants. This leads to a discussion of how the use of role from a different approach- Sesame, brought about an articulation of self-concept. The discussion then delves deep into the use of role drawing upon examples from the play to illustrate how participants were able to foster a new identity for a brief period of time. This section makes use of detailed examples from the play<sup>2</sup>.

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<sup>2</sup> See Appendix H for a detailed description of the play

By virtue of the participants playing out the roles that they did, namely the roles of father and vulnerable girl, they engaged in a psychological struggle and took the first step towards learning to live with one's role ambivalences (Landy, 2009). Landy explains this process through his concept of role systems wherein by playing out a role, one inevitably wrestles with the counter-role (Landy, 1994). In the enactment based on the Hero's Journey, the participants wrestled with avoiding playing out the calm father, while simultaneously playing out the angry father. By playing out the girl who could easily fall victim to being poisoned, Yasmeen considered what it meant to be the girl who would not take an apple from a stranger.

The stories acted out hold themes from the clients' own lives and can be seen as a representation of the participants' life conflicts. Landy states: "in Role Method, the client most often creates a fictional story, which eventually becomes a mirror reflecting actual life dilemmas" (Landy, 2009: 72). Even though one group did create a fictional scenario that was seemingly far removed from reality, the other group played out the story of not being able to see their Sheikh, which holds the dilemma of dependence and restrictions. This dilemma is evident in the participants' life and naming the dilemma is useful in naming the roles that accompany it. Naming the roles in itself is therapeutic as it helps the person access that part of their identity (Landy, 1994, 2009, Stryker, 1987). In enacting this particular scenario participants were able to explore ways of being in a situation that they find themselves in in everyday life.

#### **4.2.1. Western Guide and Sufi God**

The enactments provided participants the opportunity to explore emotional states and behaviours that they do not get to encounter in everyday life. Being in the role of the angry father afforded Ameer the chance to see the point of view of the other. This can be said for all of the roles played. Those who played the role of the helper, hero, obstacle or guide gained perspective, and could see the perspective of the wicked witch and her motivations for example. However, it is worthwhile to note that in the participants' stories it was not easy for the hero to access the guide. In Ayesha's story the destination and the guide are one in the same -the spiritual master. In her story, the guide could only

be accessed after overcoming the obstacle. In Saria's story the guide was easily accessible, but she is married to the obstacle, who did not want her to access her guide. In Ameer's story the guide had majestic qualities and wanted a reward before helping the hero. The hero had to persuade the guide to help her. The role of the guide is seen as significant in Landy's theory and the difficulty accessing the guide is representative of something more (Landy, 2009).

Landy saw the guide as existing in the world outside of the client. He proposes that the drama therapist will play the role of the guide and it is hoped that as time goes by the client will internalise the guide and find a way to guide herself (Landy, 2009). From this point of view the group has a long way to go before they can become their own guides. They struggle to access help from the outside world, and it will take a while before they can summon the courage to elicit this help from within. Many of the participants reveal that their Sheikh aids them in this quest of self-knowledge. Their female guardian is of the opinion, however, that the children are too dependent on their guardians and even though they do have the potential, they stray away from independence. If this was indeed the case, it would make sense as these are children whose primary attachment relationships have been interrupted by the death of their biological parents. Such interrupted attachments often lead to a sense of being overly dependent (Bowlby, 1980, Leick & Davidsen-Nielsen, 1991). Note that the role-storming exercise in their journal reveals that several of the participants think of themselves as currently playing the role of the helper. Even though there is a discrepancy here, between guide and helper, dependence and independence, needing help and being the helper, this could be accounted for by means of the role theory. Perhaps the clients are trying to master one or both of these roles but are not playing out the role fully in their lives (Landy, 2009).

It is the researcher's contention that the view that the clients are struggling to access the guide from the outside, and therefore will take a while before they can internalise it is a Western argument and is analysed from a Western point of view. As asserted earlier, the role of the guide in the participants' stories almost always had spiritual or Godly qualities. This is because in Sufism the word "guide" is synonymous with "God", as God

is seen to be a guide. For Landy, the guide, this externally existing presence, could take the form of a religious leader or God, and it is hoped that as time goes by the client will internalise the guide and find a way to guide herself (Landy, 2009). While there is evidence to support that in a Western world this assertion holds truth- as illustrated above, the data also suggests that this is not applicable in a South African Sufi orphanage.

If we view Landy's assertion from a Sufi perspective the aim is not to internalise God and to guide oneself. If anything, for the Sufi the internalising of the guide role is not to become independent and guide oneself, but to realise the guidance of God as coming from within. From a Sufi point of view, the participants' struggle to access the guide can be explained by the view that one needs to suffer and rid herself of her *nafs* in order to reach the pure state of the self in which God (the guide) can be found (Ingram, 2011). Therefore the act of them not accessing the guide from outside is an act of reaching for the guide from within. It does not mean that they will take longer to internalise this role, on the contrary, it means that it looks different when they internalise this role, which is something they are already doing.

Landy's theory accounts for mind and body mainly and barely touches on spirit. According to Landy the centrality of role does not negate the spiritual or sacred life (Landy, 1994). In his view the human personality is a system of interrelated roles, and each domain of human life, such as spiritual, cognitive and social, is expressed through role (Landy, 1994). There is a gap in his assumption however. In the South African view (Makanya, 2014, Mkhize, 2004) and in the Sufi view (Haeri, 1989, Nurbakhsh, 1992, Ingram, 2011), a person consists of mind, body and spirit, and the spirit is central to the self. According to the Sufi perspective in specific, the self in its purest form is the spirit (Ingram, 2011, Haeri, 1989, Nurbakhsh, 1992). The spirit is not a domain of the self, but the self itself. Perhaps roles explored are roles within the spiritual self as opposed to one's spiritual self being seen as a role. This begs the question of whether spirituality is the sum of the parts or just one of the parts of the self.

If we look at the participants' spirituality as being the self they explored through role, then it is clear that they ended up adopting a firm sense of identity as a whole. They did not choose to play out roles that express their spiritual self, but rather roles that can contribute to their self-concept, as they want it. Landy's account of spirituality and that of the Sufi's is at loggerheads. This is exacerbated by the role of the guide, as it could account for the self in its purest form or God. The struggle to access the guide is seen as the struggle to access the self because all of the roles, which have certain characteristics and *nafs* attached to them, are in the way. In playing out roles in drama therapy, the Sufi client is negotiating the ways in which she can eliminate the *nafs* and get closer to her self and God. This accounts for why the clients could be seen as compassionate and forgiving. These are values that eliminate *nafs* such as hatred and anger.

The implications of these contradictions are set out and are clear. The lens through which one views events with may evoke different results. Viewing the data from a Western perspective has the potential to paint the participants in a negative light and problematise the normalised within a specific culture. It seemingly takes the power out of the participants' hands and places it in the hands of he who comes into a strange and foreign community with his drama tools ready to fix. Viewing the data with the lens of the participants, from a Sufi perspective, puts the power back in the hands of the participants. Though it does empower the participants, this should not be mistaken for idealising them. Some of the participants do have significant work to do with their guide/God/self. Some of the participants seemed to forget a value that is instilled in them on a daily basis by their parents "Allah gives you guidance but with this he gives you free choice" (14<sup>th</sup> January 2015). In light of their own values the participants are falling short. It was observed that once the guide was accessed and steps in, some of the participants did not work with the guide, but instead allowed the guide to solve their problem. It seems as though they are not exercising the free choice Sufism encourages, or employing critical thought and debate that accompanies the decision making process (Case & Ardington, 2006). The process of bereavement with OVCs can account for this as it once more illustrates an over-dependency on those in the position to help (Bowlby, 1980, Leick & Davidsen-Nielsen, 1991, Case & Ardington, 2006).

The participants' African identity, the identity they inherited from their parents, is still embodied. They are still embodying African ways of being, which was ever present in their play and body language. In one of the enactments, the participants who interacted with the old wise grandfather did not stand up straight and look him in the eye. The grandfather was sitting on the floor, and those who interacted with him did not do so standing up. They got down on the floor, knelt in a way that allowed for them to be positioned lower than the old wise man and did not make direct eye contact. This is accordance with some traditional black cultures in South Africa (Samovar *et al*, 2007). A clinician viewing this from a Western point of view may deduce that the clients are shy and suffer from low self-esteem, or that authority intimidates them and they submit easily to people in power (Samovar *et al*, 2007).

#### **4.2.2. Exploring the Unknown**

Landy advocates for the use of stories as he found that they provide a clear structure that clients can locate and work with their roles, counterroles and guides (Landy, 2012). The story of *Sealskin Soulskin* provided several roles the participants could enact. In taking on these roles the participants embodied several qualities that are suppressed in their own lives or unavailable to them (Pearson, 1994, Landy, 2009). Through the story, participants experienced grief and played with several qualities related to their identity. In taking on the role of Ooruk, Junaid embodied the experience of having to lose a mother, which gave him the chance to process his feelings of losing his mother, in a contained and distanced way. Through the role of the mother, Ayesha embodied having to leave a child behind. From this she may have gained the perspective of realising that it was also hard for her mother to leave her. Yasmeen, Zahra and Saria embodied sealwomen who possess majestic qualities and exist in dual worlds. This may have allowed for these participants to unconsciously explore their own states of having dual or multiple identities.

Faheem represented the woman's skin that gets stolen and holds a lot of power in the woman's life. This is empowering for Faheem and could perhaps relate to him understanding his mother's need for him and that he formed part of her. He also explored

the pain of not being able to be with his mother. The enactment allowed him the chance to experience this pain in a different way and thus explore his own feelings. Later the group relayed that the skin represented life, beauty, joy and comfort. Irfaan took on the role of the grandfather, who is basically the king of the underwater world. This afforded him the opportunity to be in a position of power and explore different ways of being in power. In Ameer taking on the role of the husband he encountered an array of emotions- loneliness, joy, love and loss. These are emotions that Ameer has experienced in his past, and like Irfaan, he was now faced with experiencing different ways of being in each of these states. In each participant's engagement with their role, human attributes that form part of their identity were embodied. This further allowed them to take on a different identity and gain knowledge of this (Jones, 2007).

#### **4.2.3. The Safety of Symbols**

Sesame enabled the clients to open up, as it is in the metaphor that they were able to talk about a role or an archetype without feeling shy or uncomfortable (Pearson, 1994, Landy, 2009, Jones, 2007). The metaphor meant that they could talk about their role without the exposure and vulnerability of revealing too much about themselves that comes with reflecting directly on the self. This links to self-concept because it worked on the perceptions of self that these individuals had and could eradicate their incongruent sense of self. Sesame was effective in affording an opportunity to introspect and look at the role of the self in relationship to the other (that they enacted)- perhaps in this case the mother who had to leave her child. In the enactments they were able to discern how they are different or similar to their character.

The symbolic exercises seemed to turn the natural order of what had come before, upside down. They prompted Zahra and Faheem to volunteer and participate more than ever before. Ayesha now, who normally was the first to participate for any exercise, wanted to go last. This illustrates that some methods are more effective with some people than others. This is important, especially when working in a group as it allows for one to reach different members of the group with different strategies. Perhaps Ayesha found it difficult to go to metaphor because she has not been afforded many opportunities to think



in an abstract manner. This can be linked to her stages of play as a child (Jones, 2007). There is the possibility that she may have not engaged in pretend play with objects-where the object is used to represent something other than the object, earlier on in her life, owing to the loss of her parents. This speaks back to the impact losing a parent early on in life has on a child (Hook *et al*, 2002). Ayesha later reveals in her journal that she struggled to translate metaphor into representation, or the chosen object into words. Sesame uses metaphor and symbolic representations. This is in contrast to methods like the mindmap where the participants had to be grounded in their everyday realities and state roles from their lives.

On a whole, the use of two different approaches to drama therapy in the last session seemed to elicit a wider projection of identity. Some found it easier to represent parts of themselves in the objects and symbolic material, while others participated more in the role exercises. The symbolic work allowed for the participants to gain a different perspective on parts of their identity. The exercise required that one represent herself through objects, which caused her to view her life in miniature from a Birdseye view. Saria chose to represent herself through a tiny birdcage because she felt safe. By holding the objects in her hand and engaging with them through her senses Saria drew similarities between the objects and herself (Pearson, 1996). Saria used the objects to project her internal state onto it and created a home that could provide what she needed (Jones, 2007, Landy, 1994). When explaining her home Saria exclaimed “And this is my safest place where I can put all my stuff in”.

According to Landy “In categorizing human thought and behavior into role types, we have a dramatic way of making sense of existence” (Landy, 1994: 103). With many of the participants taking on the role of a parent, one may see their endeavour to make sense of their existence. Being that some of them were robbed of their time with their parent they were unable to fully understand the role of a parent (Umberson, 2003). By participants taking on the role of the parent they were able to explore the complexities of this role and embody a role model that they would have liked to experience. In encountering other roles, participants were able to internalise their conception of that

role. For instance Saria said to Irfaan: “you’re a father but you don’t even know your kids”. This gave Saria a chance to think of what a father should do and the qualities of a father. The counterrole of the dad could arguably that of the mother.

The researcher also participated in the role playing exercise. The researcher took on the role of a struggling mother. In conversation with this role, when the mother was expressing her struggles having to do several things at once, Yasmeen compared her role to the researcher’s and said, “it’s the same as dancing”. In order to do this she had to imagine herself in the role of the other, or mother in this case, and for a brief minute consider the experiences she has. It can be argued that in role most of the participants encountered the role of the mother by means of the role of the other. Junaid and Irfaan played the role of the father, whose counterrole could be the mother. Yasmeen played the role of the dance choreographer, Zahra the guardian and Saria, the doctor. They all spoke of having children that they needed to look after. This implies the concept of the “working mother”, and represents an understanding of the complexities of women’s roles. Ameer took on the role of the psychologist, a nurturing role akin to that of a mother. In the taking on of roles, participants were able to confront their real life roles as well as roles that were absent in their lives.

Attachment theory can be used to further understand this. According to Haen, “Attachment theorists believe that reflection function is developed in part through the process of pretend play” (Haen, 2008: 258). The OVCs were using role as a means to express and reflect on their feelings about parents. The fact that the role of the caregiver was so prominent is indicative of a wanting to be close or connected to this role. This may in some way compensate for the lack of a consistent attachment figure earlier on in their lives. It seems as though they are acting out their innate need to have a caregiver be physically present, responsive and emotionally available (Bowlby, 1977, Bowlby, 1980). Many of the participants chose to participate in the exercise when the researcher was in role. Once more, this could be representative of their unfulfilled desire to be in proximity of a primary attachment figure (as that was the role the researcher took on). According to Berk, securely attached babies show more elaborate pretend play later in life, flexibility,

high self-esteem, social competency, empathy, closer friendships and better social skills at later stages in life (Berk, 2006). Babies who did not have a consistent attachment figure tend to grow up as isolated, disconnected and disruptive (Berk, 2006). This leads ones to deduce that the participants who were more trusting of the researcher (Bowlby, 1970), played more elaborately in the pretend plays, and had high self-esteem (Berk, 2006) had consistent caregivers earlier on in life.

The researcher noticed that two of the participants were performing for her and sought her approval in the play, and outside of it. Ameer would often write directly to the researcher in his journal and drew the therapist a gift (a picture of a car) stating that he does not have anything to give her but if he could give her something it would be this. It seems as though this participant sees the researcher as a vehicle driving him closer to his mother (in that she fills the role of the mother to him). In her journal Saria would write poems and abstract writing. The researcher mentioned to Saria that she should continue to engage with poetry in her journal, as it seems as though she is able to express herself well through that. Since then Saria's journal became more elaborate. She decorated every page and wrote only through poetry and quotes from books. This may have been her attempt to become more seen and acknowledged by the researcher. It seems as though in these two participants seeking the researcher's approval what they were really seeking is the approval of a mother. They were using the transferential relationship of therapy to address their emptiness relating to the loss of their mother.

As it happens, these two participants are also among those who were closest to their mothers before they died. (Some participants were abused by their mothers). According to Berk, "an early warm, positive, parent-child tie, sustained over time, promotes many aspects of children's development- a more confident and complex self-concept, more advanced emotional understanding, more favourable and supportive relationships with teachers and peers, more effective social skills, a stronger sense of moral responsibility, and higher motivation to achieve in school" (Berk, 2006: 430). This may explain why these two participants in particular chose the most social roles (both a psychologist and a doctor engage with people for a living and have a strong sense of moral responsibility to

help others), were more confident and had complex self-concepts (both were not harsh on themselves in their journals nor judged their process of drama therapy, while some other participants did), demonstrated a more advanced understanding of their emotions (their journals represented a self-reflexive ability and understanding of how the play made related to them particularly), and were motivated to keep neat and impressive journals (like one might do with their books for school).

Because it seemed as though these two participants were performing for the researcher it can be concluded that they also took on the role of the performer. It would be useful to apply role theory to consider this metaphor. The qualities of this role encompass being seen and witnessed, and being cheered for or encouraged, which leads to the outcome of validation, approval, a boost in one's self-esteem and a feeling of wholeness. This correlates with Erikson's notion of identity for the adolescent such that the adolescent seeks feeling whole (Erikson, 1963), and also links back to the power of witness (Jones, 2007). Given the literature on OVCs in South Africa, this seems like a legitimate and important thing for an adolescent OVC to be seeking- approval and a feeling of wholeness (Hook *et al*, 2002; Erikson, 1963; Erikson, 1968, Ngcobo & Edwards, 2012). Perhaps they do not feel seen anymore, seeing as how they are sharing caregivers with several other children. It seems as though they feel fractured or as though something is missing, which is in truth their mother. The act of these participants performing for the researcher is indicative of a wanting of the researcher to fill this gap. It seems as though the therapy space allowed these two participants to explore who they would be if they had a mother.

Ameer was ever so eager to explore the role of the psychologist. The role counter to this is the client. Perhaps he is interested in exploring his own psychological states as a client. In order to be one thing you wrestle with the role that you are not (Landy, 2009). Engaging in this role also aided Ameer in learning about this role and its complexities. Although he was keen to keep playing out this role, his group members tended to avoid him. He thus got to experience what it is like to have people shut down at the thought of having to engage with or talk about their feelings. This subsequently readied him to the

experience of having people not want to engage with their feelings in real life and to explore how he can respond to that. On the corollary, those who were visiting the psychologist, and did engage, were afforded the opportunity to reflect on their feelings in role.

Zahra, who wanted to be a guardian in an orphanage, also wrestled with the role of the other. In her exploration of the counterrole to what she currently is in in her everyday situation, she came face to face with the role she plays everyday- the orphan. As a guardian of 13 children (the same number of children in *The Foundation*) she expressed having to make pies and samoosa's for the children. In conversation with the doctor-Saria, Zahra proclaimed that the children drive her mad and give her headaches everyday. Here we see dramatic projection such that she was representing aspects of her own life and inner psychological states (Jones, 2007). She was expressing the role of the guardian in a way that possibly her guardian does, or she believes should do. Zahra is portraying how she feels she is experienced as an orphan too. She has a negative outlook of having headaches, which makes reference to her anxiety about how her guardian may view her. It appears she fears being seen as rowdy and contributing to her guardian's pain or frustration. By Zahra implying that she is unsure of how her caregiver at the home views her one may see that she is insecure. This may have stemmed from the treatment she received from her mother earlier on. It also draws inference to her other-internal working model as posed in attachment theory in that she views her caregiver as having a deficiency in her feelings towards her (Bowlby, 1977). This scene thereby represents the frustrations she experiences as being a child of 13 others. This scene also reflects Zahra's desire for power and to be in charge of herself- she is playing out the role of the person who is in charge of her currently. This speaks back to her asserting herself as an adult, which according to Erikson is the process she is negotiating as an adolescent (Erikson, 1963). This struggle shows how she is trying to grasp her own sense of identity.

In the enactment, Yasmeen had a chance to play out an adult role. Her visit to the doctor displayed adult qualities when she negotiated with the doctor as to a time of consultation. This displays the ability of role to enable one to rehearse a particular identity, in this case

that of the responsible adult, and expand their role repertoire (Landy, 2009). After some time of the role playing, players began to identify how they may use another person's roles to their benefit. Zahra stepped in when the boss was in the circle and said "I see you have a company, I run an organisation and need funds". By exploring their roles in relationship to other roles they came to see the complexity of their role. For instance at the beginning Yasmeen could only think of giving dance lessons to those who could not dance. When faced with the role of the boss, she now could see her role in a more dynamic sense and offered his staff dance lessons because they are stressed. Coming into contact with the other made her interrogate the self. This is also empowering as she moved from wanting to help others to helping herself.

#### **4.2.4. Uncovering the Hidden Roles**

The drama therapy sessions gave the participants the opportunity to engage with their role system. The role system includes roles that are unavailable or unconscious. Often society, those in our microsystem, or even we ourselves suppress these roles. We have perceptions of what others think of us and this leads us to behaving a certain way (Rogers, 1961). We thus neglect and ignore the role that could exist (Landy, 2009). Behind these roles lie the dormant counterroles. These dormant roles will not be played out, for they are not called out (Landy, 2009). For instance, in believing we are stupid we do not engage with or entertain the intelligent parts of our identity, role or ourselves. Given the proper social circumstance or environment the dormant roles will be activated (Landy, 2009). This became increasingly evident with one participant as the sessions progressed. Consider the case of one member of the group, Irfaan.

Irfaan was having a difficult time engaging in the first session. He did not participate as much as the others in the group or write in his journal. In a conversation with the housemother it came to light that this individual believed he is stupid and less than the others in the group. The drama therapy sessions lead to providing the fictional social circumstance of going to a Sheikh (spiritual master) and of him playing a role where he is in a position of knowledge. In Session 1 he took on the role of a Sheikh, comforting and giving advice to another. This role evoked qualities of being wise and enabled him to

access a quality in himself that he was afraid to access. He returned to the next session more willing to participate and seemingly less shy. In the second session Irfaan was the first to volunteer to take on the role of the wise old grandfather. This role included qualities of wisdom and power. In the third session, Irfaan chose to play out the role of a father- something he aspires to be. This is also a position of authority and care. It seems that Irfaan took on roles that he does not have the confidence to embody in his everyday life. Notably, Irfaan was one of the people who did not want to share his picture at the beginning of the first session but after the enactment did. In his journal he commented

“at first I didn’t want to say anything at all. because I was scared and I find it difficult to reflect on myself. Then Naadiya shaik omar Helped me to reflect on myself. I enjoyed the acting and story-telling. after all that i expressed myself.”

This evidences not only the power of the dramatic medium but also Landy’s assertion: “When one role is called into the foreground, others fade into the background” (Landy, 2009: 71).

Irfaan brings to light the manifestation of insecure attachment in early childhood (Bowlby, 1980). Irfaan had an unstable background in the sense that after his mother passed away his caregivers abused him. In light of attachment theory intermittent caregiver responses such as the one Irfaan probably experienced can be the reason why he struggled to open up to the researcher in therapy and seemingly did not trust her (Bowlby, 1980). Further, Irfaan taking on the role of a father illustrates Hook *et al*’s assertion about OVCs related to HIV/AIDS (2002). Firstly, in his desire to play out the role of a father it is indicated that he may want to explore the dynamics of this role because to a certain extent he has had to take on this role when his mother died. Irfaan had to take care of his younger sister (who now also lives in *The Foundation*) when his mother was sick (Hook *et al*, 2002). Further, his early attachment patterns may be the reason he now has low self-esteem (Bowlby, 1977, Bowlby, 1980, 7<sup>th</sup> June 2014).

### **4.3. Living with a Community of Selves**

If everyone holds the potential to take on the role or archetype of the hero, then the orphan has an advantage of experiencing this role in a more dynamic way than most

others. “As an orphan, the hero learns to mourn and to confront the reality of the fall. The recognition of the orphan state [...] represents a first step forward on a continuing pathway through life. If the first step is not taken, we remain innocent and in a sense, never begin the heroic journey at all” (Ngcobo & Edwards, 2012: 114). As is illustrated through the roles explored, during the process, the state of orphanhood surfaced from the unconscious. Through the use of role and engaging in the method of the Hero’s Journey the participants were empowered in their communal identity of being orphans and were able to shift that identity through role. Participants were able to explore what it means to be an orphan and did this together. Even in their dramatic roles they were confronted with the role of an orphan. In role, when Zahra, the guardian asked Yasmeen if she can send her children to dancing classes, Yasmeen’s immediate response was “can you afford it”? This can be seen as a dramatic projection of their experience of wanting things they cannot afford. They have learnt that everything has a price and there are some things they just cannot have.

In role, participants were able to address the identity of wanting things they cannot have, further illustrated when Saria from outside the action commented “Shame, orphans”. The roles allowed the participants to explore ways around these limitations. Examples of this can be seen in Zahra asking the corporate manager for funding and when, in role, participants reacted to not being able to go see their Sheikh by responding differently. In the enactment the hero cried because her father refused to allow her to see her Sheikh, but when she goes to her Sheikh crying because she and her male guardian “had a fight at home. He didn’t wanted to bring me and I had to walk from home to here”, her Sheikh tells her not to worry because Allah will help her. She accepts this and wipes her tears. This is indicative of a new response to their reprimanding male guardian.

The story of the *Sealskin Soulskin* is one of abuse, heartache and the loss of a parent. In the discussion and reflection after the enactment all of the participants were empathetic towards the characters in the story. While some of this compassion might be the result of the drama therapy process, the group’s Sufi belief system doubtless contributed to their ability to put themselves in the shoes of each of the characters in the story, even though



they did not enact that specific role. Notably, they all showed compassion to the violent, abusive, untruthful character in the story- the father. The participants' belief system advocates for unity and brotherhood. In order for this to happen, one should be forgiving, modest and seek peace (Gülen, 2009). Thus drama therapy gave participants a chance to embody their beliefs and put them in a situation that tested their values. The work evoked qualities from them that are already imbued in them. The work with role here allowed for continuity of role (Baumeister, 1986, Hormuth, 1990). Furthermore, participants could relate to the story being that almost all of them lost their mother. Talking about the story brought them together emotionally, as a community. Enacting stories via the Sesame approach afforded them an opportunity to work together as a team and to work in relationship to one another. As a whole Sesame was effective in promoting group morale.

The discussion about the story, demonstrated a lack of identification with the ambivalences in the characters' motivations. The participants did not object to any of the characters' decisions and could defend any of the characters' negative actions. This could be because the participants are emerged in Sufism all the time. As they are home-schooled, they do not engage with a broader community of adolescents and they consequently are not exposed to alternative worldviews. The work of adolescence is identity versus role confusion, so their work is to solidify their identity, and if you are giving them only one role to experience, that is what will be solidified (Erikson, 1963). Children who engage in several different contexts through hobbies and social cliques will have a more diverse worldview because they engage in many different aspects of society (Friedman & Schustack, 2006). This group seem to only be encountering facets of society linked to their spirituality, thus their roles connected to their social and affectional identity is limited. While their identity as a spiritual being may be diverse and dynamic, the researcher argues that their identity as a diverse being is somewhat lacking. This lack should not be attributed to the participants or even *The Foundation* at which they are housed, but rather to the inadequacy of systems to accommodate the various needs of OVCs in South Africa (Burns, 2011). The participants did display an interest in extracurricular activities, however they are aware that they cannot afford these activities – an issue that has penetrated their unconscious and came out in their play.

In an interview with the female guardian, she referenced a quote that represents *The Foundation's* view on the nature of person, which she refers the OVCs at her home to frequently: "We are not human beings having a spiritual experience, but spiritual beings having a human experience" (7<sup>th</sup> June 2014). While role theory seems to be relevant for the South African context, some considerations need to be made. An expanded role theory that accommodates the spiritual self in a significant way might make it more appropriate for people whose lives are predicated on the spiritual self, whose lives are centred on God and whose lives are lived embodying their religious values. For these people, it is not enough to limit the spiritual self to a role that may be played alongside the student and the daughter. Identity has many layers to it, and from this study it is clear that role does too.

#### **4.4. On a Role with Drama therapy**

According to Hormuth, "A study of changes in the self-concept must be a study of changes of the interactions a person has, the continuity and change in these interactions, and the relationships with the roles of the interaction partner" (Hormuth, 1990: 74). With this in mind the study has enabled the participants to explore different interactions with their peers and alter these interactions from one enactment to the next. In some instances the role stayed the same throughout its interactions with different roles- for instance Ameer's articulation of the role of the therapist was constant no matter who he interacted with. Yasmeen, on the other hand, changed and grew her articulation of the role of the dance choreographer in her interactions with other role-players. It may thus be deduced that her self-concept expanded. Because she was able to put forth the various perceptions she had of the part of herself who wants to be in the role of the dance choreographer, and the qualities she attached to this role, exploring the qualities of the role allowed for her to expand these qualities of her self-concept. This is not to say that Ameer experienced no growth. The evidence of continuity in his role play displays elements of his self-concept being strengthened. Baumeister verifies this quality of role play in his statement: "'pretend' games are nothing more than the adoption and enactment of identities for short periods of time. They are exercises in continuity and differentiation of roles" (Baumeister, 1986: 188).

The drama-therapeutic use of role allowed for several ways for one to develop, strengthen and alter their identity. Engaging in various situations has the ability to transform an individual's identity. Role play allows for such social situations to be simulated. Role play afforded individuals the opportunity to rehearse required performance for real life. According to Becker, "The person, as he moves in and out of a variety of social situations, learns the requirements of continuing in each situation and of success in it. If he has a strong desire to continue, the ability to assess accurately what is required, and can deliver the required performance, the individual turns himself into the kind of person the situation demands" (Becker, 1964: 44). Not only did the drama therapy intervention allow for participants to do this, but it also allowed for participants to process their feelings while doing it. Psychological processes such as projection and transference enabled clients to work through their emotions by means of acting.

The participants can be seen to have a dynamic identity- if one considers that they define themselves according to their spiritual self. They are faced with their religious principles during their school day and through their recreational time with their Sheikh. The question has to be asked, however, whether OVCs in South Africa who are living in under-resourced and under-staffed facilities have the opportunity to engage in and explore many roles inside and outside of their home, that expands to include religious, social, academic and other identities. If OVCs do not get this opportunity, the impact on their readiness to engage in roles and situations they might encounter outside of the orphanage needs to be explored.

The work of role on the final day achieved similar results to Marovatsanga: "Giving the participants the opportunity to create their own role models was a huge step towards helping them re-imagine themselves by identify personalities and human traits or behaviours they would like to be associated with" (Marovatsanga, 2010: 71). However, the context of the Muslim OVC and the inclusion of the drama therapy medium provides for certain differences from Marovatsanga's (2010) study. The third session served as a combination between the metaphoric material drawn on for Sesame and the archetypal material for Role Method. Via the drama-therapeutic work it is clear that the participants

were able to reimagine themselves as being not only in the role of the orphan who cannot get transportation to see their spiritual master- dependent beings, but as someone who can act out against their paternal guardian. Landy lays out the process of taking on a role as being as such: one sees a role, she gravitates towards the role, she tries to put on the role, she practices the role and if she is comfortable with the role, the role becomes second nature and therefore she takes on the role (Landy, 1994). It is clear that participants reached different stages in this process.

Some participants indicated that Sesame had a remarkable impact on them and they gained more through Sesame than they did through role. Because of the story, Irfaan, who engaged in his journal the least out of all the participants and whose usual diary entries would include just one line: “I enjoyed it very much”, reflected on the role of the mother: “I loved the love the mother had for the child”. This shows growth for this participant, as he would seldom participate in the discussions. He participated more than the others did in the discussion about the story. It seems as though the story allowed Irfaan to engage with the dramatic material more than the other methods did. This engagement and reflection can be accredited to the use of story. The drama therapy intervention as a whole showed development and transformation for two participants in particular: Ayesha and Ameer. Ayesha was able to translate principles from our drama therapy sessions to her everyday life. This is evident in her comment:

“Miss Nadia don’t give you time to feel sorry for yourself (eg) I cant do it im going to sit and do nothing. that what I like about miss Nadia. Miss Nadia says “get up and do” don’t sit and think, (eg) I’m going to cook. Just get up and go do it, I tried it a couple of time it worked for me”.

#### **4.5. Ameer’s Journey**

Ameer’s journey in therapy shows much growth and transformation. In the first session, for the Hero’s Journey, Ameer created a story about a girl (Nadia) whose destiny was to play soccer. A stone came in the way when she was kicking the ball, which redirected it to the neighbour’s yard. This girl could speak to animals and asked a dog to retrieve her ball but the dog refused unless the girl gave him bones. The girl then asked again, the dog

fetches it, and then she gave him food. In classical Sufi literature the dog is also associated with loyalty and the taming of unruly qualities or *nafs* (Nurbakhsh, 1989). Ameer's placing of a dog in the role of the guide could be indicative of several things. The researcher and his female guardian are both named Nadia. Him putting one of them (both female maternal figures to him) in the role of the hero may represent his extreme desire to find his way back to his self. According to Lahad and Dent-Brown "The hero can be described as a role model, urging each of us to pursue our own quest" (Lahad and Dent-Brown, 2012: 126). This coupled with Ameer stating in his journal that he has lost his sense of self indicates this desire. Baring this in mind, one may view the ball as his self that has gone astray, but not far. In order for him to retrieve his self he sees the help of his role model and his spiritual practice or God (the dog) imperative. It seems as though Ameer understands that in order for him to find his way back to himself he would have to work at it. Thus tame his unruly qualities through spiritual practice and engage in therapy. Note also that Ameer was one of the participants who shared his picture the first time- whereas others did not want to, showed signs of seeing the therapist as a mother figure and took on the role of the therapist in the enactment.

In the second session Ameer took on the role as the father in the story. The role of the father here was a powerful one, especially for this participant. After the death of his biological parents the father figure in his life abused him. The father figure in this story is a controversial one because he steals, holds a woman against her will and refused to let her go when he promised. Ameer playing this role allowed him the chance to explore the perspective of his oppressor. In addition to this, the man in the story experiences loneliness, joy and shows love for his son. According to Estes the lonely man is representative of the ego and longs to participate in the life of the soul, but he tries to grab at the soul or spirit instead of develop a relationship with it (Estes, 1992). As he goes on to procreate with the seal woman/soul-woman one finds that the ego cannot dominate forever and once it submits to the soul it is gratified, enriched and humbled (Estes, 1992). In Sufism, "the *nafs* constitute the ego and its tendencies" (Nurbakhsh, 1992: 11). The similarities here mean much for Ameer as this is the journey he describes himself as being on- a journey to his soul/self. In the enactment Ameer's everyday life

parallels the story in that both the lonely man and Ameer are left gratified and humbled after their encounter with the soul. At the end of the session Ameer indicated that he would like to take/keep ‘compassion’ from the session. On an unconscious level, via the enactment Ameer was afforded the opportunity to meet the soul/self that he so longs to be reunited with in reality.

Ameer taking on the role of the therapist can be a sign of him feeling helpless himself, or needing to work through these confusions he has about his roles (Emunah, 1994). The enactment of this role empowered him whereby he had control and could address the emotions of others. In respect to the life-drama continuum it is hoped that this control could translate to the participant’s own life and that he would be able to do this with his own emotions (Jones, 2007). Ameer is one of the participants who put the researcher in the role of the mother. This could also be his attempt to form a role model who can guide him and be a guardian of his final identity (Erikson, 1963). Looking at Ameer’s relationship with his metaphorical dog, it can be said that our sessions together enabled him to nurture and feed his dog. He went from struggling to make contact with the dog to placing the dog close to him in the future. Ameer’s journey in therapy is marked by an exploration of a role he finds himself somewhat playing- the father. According to the Sufi tradition, it is not belief, discussion or persuasion that transforms a person, but rather practice: action and repetitive behaviour (Ingram, 2011). On two occasions Ameer took on the role of the father. Not only did this allow him to explore feelings related to his father figures, and put him in the role of the adult and juxtaposed this with the counterrole of the child, but it also gave him the opportunity to practice actions and repeat behaviour. The father and the son are roles that Ameer has been oscillating between in his everyday life and by practicing the actions of these roles he further attained insight into these roles and himself (Landy, 2009). Drama therapy provided him the chance to solidify his self-concept by means of examining that of the roles he played.

In the third session, in his mindmap, Ameer listed one of the roles he plays currently as “a cat or a dog”. In contrast other roles he listed were “a baby”, “a gentleman” and “a father sometimes”. In this regard, the dog is arguably is a symbol of Ameer’s journey

through adolescence and the crises that come with it. Like the confusion that is associated with adolescence and is followed by a firm sense of identity (Erikson, 1968), Ameer is also exploring his hardships before he finds his way back to his self. This is in line with the Sufi view of the dog. Looking at the roles Ameer listed, it is clear that there is some disparity between them. It seems as though he is negotiating being a baby and being an adult, or being taken care of and taking care of others. This is representative of Ameer's transition into adulthood (Erikson, 1963). Health for Landy, involves being able to live with the ambivalences implicit in role (Landy, 2009). Health in Sufism involves a journey to the self and subsequently God (Haeri, 1989, Gülen, 2009). It appears that drama therapy allowed for the ambivalences present in Ameer's role as an adolescent to come into his consciousness, solidified his self-concept, and served as a vehicle driving him on his journey towards his self and God.

As the quote this chapter opens with by the Sufi poet- Khalil Gibran suggests, knowledge of self exists already within, albeit it dormant or half asleep. The work of drama therapy and role nurtures the self and identity. If it is true that we entail a collection of roles and perceptions within our identity and self-concept (Baumeister, 1986, Rogers, 1954 Erikson, 1968, Landy, 1994) then the work of role only teases out what already exists in the self. It further develops and awakens the roles implicit in our identity. These "new roles" that have been provided by the work of role theory mentioned in this chapter, are not new to the self, but are new to the consciousness. While the work has not provided participants with a new identity, it certainly seems to have allowed for them to find a path back to the self. As illustrated by Ameer:

"i can't really say thank you that much for helping me find the real me. Well it's not like it's something new coz i learnt this already so it's a revision for me wichi've lost and here it is right in my face".

## **Chapter 5: Conclusions, Limitations and Recommendations**

### **5.1. Conclusions- Performing Identities**

Through the use of role it was found that participants could reimagine themselves and the way they inhabit their bodies. Through an interrogation of the roles they played, they were able to infer similarities and differences between themselves and the role they took on. The participants were able to reflect upon their behaviour in role with feeling and understanding. This led them toward the creation of a firm sense of identity. The drama therapy intervention afforded participants the opportunity to expand their role repertoire and explore their current roles.

With regard to the participants' Islamic identity, the work with role further entrenched the participants ideals, such as compassion for others and brotherhood, disseminated by their religion. Taking on several roles enabled new information to form part of their identity and challenged their perceptions of several roles, such as the parent. There has been much contention in Islamic communities all over the world as to whether Muslims should engage with the arts and this study adds a new dimension to this debate. Drama therapy can reinforce ones spiritual beliefs and conserve values. The drama-therapeutic work in this study sustained Islamic ideals and further solidified the Islamic identity of Muslims.

Drama therapy was useful for this population because it gave them a space to think about the self, in a context where orphans are just given the bare necessities and are expected to live without much thought to their inner beings (Dlamini, 2004, Cluver& Gardner, 2006, Jooste, 2006, Lumbi, 2006, Kostopoulos, 2014, Lipinski, 2008, Fainstein, 2008, Marovatsanga, 2010, Nyasani *et al*, 2009). Drama therapy sessions such as the intervention in this study can prove to be useful to OVCs just coming into orphanhood or a home, or who have long since been living in an orphanage. It allows them to think of life events in relationship to themselves and think of its influence on them and a way forward. Whilst this intervention came years after all the participants have been living at the orphanage, it could also be useful to one leaving the orphanage and about to start their



own life. It provides OVCs with the opportunity to consider themselves as an orphan yet in the larger scheme of society and the world that often seems isolated from him/her.

Role theory was effective in creating group cohesion as much as allowing reflection on one's self. Role theory has the ability to improve the collective sense of communal identity and self-concept. Using symbolic work in conjunction with role theory influenced different areas of identity and allowed for participants to be able to think about themselves in different ways. Altogether this deems drama therapy an effective means for working through identity crises. In the taking on of several roles, in the fostering of roles, the participants adopted identities desirable to them. Drama therapy can aid in creating a new identity, by bringing consciousness to aspects that were previously unconscious. In the emergence of unconscious material the participants' current concept of self was disrupted and challenged. It is in the acceptance, tension and fight of the challenge that participants were able to emerge with their sense of self-concept strengthened.

This study has clarified many concerns with regards to the applicability of role theory with Muslims and other spiritually inclined groups of South Africa. At first, it seemed as though role theory did not provide adequate space for spirituality and did not acknowledge the full extent and dynamic nature of spirituality. However, as one integrates the spiritual aspect of the specific population she is working with, she may come to find that the theory can indeed be combined with the beliefs of the group to facilitate change and growth. Further, it is important to know the beliefs of a community, especially given the depth and diversity of spiritual practices in South Africa. This is because drama therapy theories, such as role theory, exist within the often-westernised framework the theory was conceptualised in. Therefore in order for one to utilise such theories, one should know the community she is working with and their worldviews. Once one has truly grasped the culture of the community, she should analyse their therapeutic work in terms of this community and not in terms of the theory solely, but should take the theory into account.

As is evident from the study, we behave differently and according to our culture. It is not fair to make assumptions about a community from a perspective other than its own because that does not mark growth as defined by the people themselves. Judging a community according to its own perspective may provide for a more accurate account of growth and change because a single symbol may signify a different meaning in two different cultures. An example of this is evidenced in this study; what is respect in the African culture reads as low self-esteem in the Western culture.

This study has been proving that role theory does work but there is also a place where it the theory underpinning it does not fit in, in South Africa. This is what Sufism brings to the theory. The Sufi OVCs in Johannesburg serve as a different and unique context to apply role within drama therapy, as it has not been explored before. It can be said too, that the context provides a snapshot of South African communities who prioritise the spirit in their everyday lives. The values may not be the same but the principle is. Those who live their lives primarily for God, or through God, give a different value to roles within the role taxonomy than the people the theory was created out of did.

In Sufism spirituality is not an entity that is applied but is an essence that is part of one. Landy looks only at mind and body, but does not fully consider the dynamics and robustness of the spirit in his conception of role (Landy, 1994). This gives rise to the question of how to navigate the spirit in role theory. From this study it is apparent that when working with groups one must be conscious of the several factors attached to identity. The sum of these factors account for the whole person and amount to their spirituality as seen in the South African and Sufi view (Haeri, 1989, Ingram, 2011, Makanya, 2014, Mkhize, 2004, Nurbakhsh, 1992). It is the researcher's contention that the practising South African drama therapist should challenge longstanding drama therapy methods coming from the West. Drama therapy is a relatively new field in South Africa and its use with the South African clientele should be adapted appropriately.

## 5.2. Strengths and Limitations

While the length of the intervention was short, it does seem as if the participants in the study made great strides. This serves as a strength of the study as it creates some legitimacy for short-term interventions. Funding does not always allow for emotional interventions and the government seems to prioritise providing only the basics for OVCs (Dlamini, 2004, Cluver& Gardner, 2006, Jooste, 2006, Lumbi, 2006, Kostopoulos, 2014, Lipinski, 2008, Fainstein, 2008, Marovatsanga, 2010, Nyasani *et al*, 2009). Implementing short-term interventions such as this one can have a remarkable impact on participants and may assist in addressing several psychosocial problems faced by the OVC population in South Africa (Lipinski, 2008). Role within drama therapy has been effective with the Muslim population and has allowed them to play with their identities- as Muslims and as OVCs. If OVCs do not get the opportunity to play with identities in their adolescent years, the impact on their self-concept when they leave the orphanage may be to their detriment.

It is important to note that these participants are all Muslim. Their diverse nature in terms of difference in race and socio-economic circumstances can provide depth in the field of Islamic studies with the arts such that the participants have an interpretation of the religion that is not of the mainstream- Sufism. There have not been many studies in relation to drama and Muslims in South Africa, and none with drama therapy and Muslims. This study shows the worth and value of drama therapy with Muslims and implies the applicability of this medium with Muslims. As is evident the medium further solidified a sense of Islamic identity.

A limitation of this study, however, is that there was no follow up since the intervention therefore long-term effects of the work cannot be evaluated. The recommendations section that follows provides suggestions of how this can be done. In addition, another limitation is that the research was conducted with one small group. This is just one group and results cannot easily be generalised, as the context is very specific. However, one may use the information gained on this group to make inferences about other diverse groups, such as multiracial people living in the same faith-based home or of the same

religion. This is because the contexts are similar and identities of OVCs within that context are likely to be similar as well.

### **5.3. Recommendations**

Having established the limitations of this study it then follows that it would be useful to replicate this study with other populations, including different faith-based organisations or a different group of OVCs. This may yield information that can be used to compare and contrast the findings of the present study thereby evaluating its results and concretising it in the field of drama therapy.

In light of this research, the question has to be asked whether OVCs in South Africa who are living in under-resourced and under-staffed facilities (unlike the one in this study) have the opportunity to engage in and explore many roles inside and outside of their home, that expands to include religious, social, academic and other identities. If OVCs do not get this opportunity, the impact on their readiness to engage in roles and situations they might encounter outside of the orphanage needs to be explored. The drama therapy sessions arguably prepared them for such encounters. It would be useful then to investigate the long-term effects of the drama therapy with OVCs and the researcher suggests that this work be embarked on.

This could be done using several research and drama therapy assessment tools. One could conduct a post-intervention test in the form of a questionnaire wherein participants evaluate the effectiveness of the intervention and state what, if any, results they feel the intervention has brought about for them. Further, one could use drama therapy assessment methods such as the 6-Key Model as an intervention tool in drama therapy (Johnson *et al*, 2012, Pendzik, 2008). Here, the drama therapist can survey her work by means of form, content and occurrences that take place outside of the dramatic reality (Pendzik, 2008). Another method is play and story attachment assessment (PASAA), which involves observation, information gathering, discursive questionnaires and story sharing (Jennings, 2011). PASAA enables a drama therapist to determine attachment

needs that could be addressed through dramatherapy or play therapy, which as can be seen in this study, is relevant and beneficial to OVCs (Jennings, 2011).

From this study it becomes clear that the Sesame approach and drama-therapeutic use of role are effective each on their own, but when working such a diverse population it may be useful to integrate and fuse methods. This is as some OVCs may have skipped a stage of play as a result of losing a parent at a crucial time in their development, and not having a stable home. In as much as South Africa is adopting these methods from the global North, we should also adapt these to serve our people. It is therefore recommended, that like the people of South Africa, the methods of drama therapy be combined in the metaphorical pot of development, and in the colloquial words used by South Africans to imply diversity: become a “mixed masala” of methods.

## **Bibliography**

Babad, E. Y., Birnbaum, M. & Benne, K. D. 1983. *The Social Self: Group Influences on Personal Identity*. London: Sage Publications.

Banister, P., Burman, E., Parker, I. *et al.* 1994. *Qualitative Methods in Psychology A Researchers Guide*. USA: Open University Press.

Battle, M., and Tutu, D. 2009. *Ubuntu: I in You and You in Me*. New York: Church Publishing, Inc.

Baumeister, R. F. 1986. *Identity Cultural Change and the Struggle for Self*. New York: Oxford University Press.

Bee, H.L. 2000. *The journey of adulthood*. New Jersey: Prentice Hall.

Becker, H. S. 1968. The self and adult socialization  
In: Norbeck, E., Prince-Williams, D & McCord, W. M. (eds.). *The study of personality: an interdisciplinary appraisal*. New York: Holt, Rinehart & Winston.

Berk, L. E. 2006. *Child Development Seventh Edition*. New York: Pearson Education.

Bester, L. 2005. Kutala's Story (case study). *Sesame Journal*. Autumn Issue, pg 23-32.

Blommaert, J and Jie, D. 2010. *Ethnographic Fieldwork A beginners guide*. USA: Multilingual Matters.

Boal, A. 1992. *Games for Actors and Non-Actors*. London: Routledge.

Bowlby, J. 1977. The making and breaking of affectional bonds, I and II. *British Journal of Psychiatry*, 130, 201-210; 421-431.

Bowlby, J. 1980. *Attachment and Loss: Loss, sadness and depression* (vol III). New York: Basic Books.

Braun, V., and Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77- 101.

Brennan, C. 2001. Religious Discourses of the State. Religion, Cultural Identity and Kelantan's Dikir Barat. *The Australian Journal of Anthropology*. 12: 3, 302-311.

Bronfenbrenner, U. 1979. *The Ecology of Human Development*. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. 1986. Ecology of the Family as a Context for Human Development: Research Perspectives. *Developmental Psychology* Vol. 22, No. 6, 723-742.

Burns, J. K. 2011. The Mental Health Gap in South Africa; A Human Rights Issue. *The Equal Rights Review*. 6: 99-116.

Case, A. and Ardington, C. 2006. The impact of parental death on school outcomes: Longitudinal evidence from South Africa. *Demography*, Vol. 43, No. 3, 401–420.

Castells, M. 2001. Growing identity organically.  
In: Muller, J., Cloete, N. and Badat, S. (eds.). *Challenges of globalisation*. Cape Town: Maskew Miller/Longman, 114–125.

Cheek, J. M. 1989. *Conquering shyness: The battle anyone can win*. New York: Putnam.

Cluver, L. and Gardner, F. 2006. The psychological well-being of children orphaned by AIDS in Cape Town, South Africa. *Annals of General Psychiatry* 5:8.

Dayton, T. 1994. *The Drama Within Psychodrama and Experiential Therapy*. Chapter 7: Grief and Mourning Games. Florida: Health Communications Inc.

Dekker, K. 1996. Why Oblique and Why Jung?  
In: Pearson, J. (ed.). *Discovering the Self through Drama and Movement The Sesame Approach*. London: Jessica Kingsley Publishers.

Dlamini, P. K. 2004. *A description of selected interventions for the care of orphans and vulnerable children in Botswana, South Africa and Zimbabwe*. Cape Town: HSRC Press.

Donald, D., Lazarus, S & Lolwana, P. 2006. *Educational Psychology in Social Context*. South Africa: Oxford University Press.

Donne, J. 1988. *No Man Is an Island*. New York: Souvenir.

Dube, N and Ross, E. 2012. Sanctuary or double-edged sword? Challenges confronting adolescents living at Nkosi's Haven in Johannesburg, South Africa, *SAHARA-J: Journal of Social Aspects of HIV/AIDS: An Open Access Journal*, 9:4, 200-209.

Duderija, A. 2010. Progressive Muslims—Defining and Delineating Identities and Ways of Being a Muslim, *Journal of Muslim Minority Affairs*, 30:1, 127-136.

Emunah, R. 1994. *Acting for Real Drama Therapy Process, Technique, and Performance*. New York: Routledge.

Erikson, E. H. 1963. *Childhood and Society Second Edition*. New York: W. W. Norton & Company INC.



Erikson, E. H. 1968. *Identity: youth and Crisis*. New York: W. W. Norton & Company INC.

Estes, C. P. 1992. *Women Who Run With The Wolves*. United Kingdom: CPI Group.

Fainstein, S. 2008. *An investigation of caregivers' perceptions regarding emotional and behavioral development of twelve to eighteen year old adolescents who are living in a well-resourced South African children's home*. M.A. Thesis. South Africa: University of Witwatersrand.

Friedman, H. S. and Schustack, M. W. 2006. *Personality Classic Theories and Modern Research Third Edition*. U.S.A: Allyn and Bacon.

Galia S. 2011. Playback Theatre and recovery in mental health: preliminary evidence. *The Arts in Psychotherapy*. Volume 38, Issue 5. 318-324.

Ghani, Z. B. A. 2009. Entertainment in Muslim Media: Unsettled Problem? *Journal Hadhari* Vol. 2 53-63.

Gibran, K. 1923. *The Prophet*. New York: Alfred A. Knopf Publisher.

Goga, S. 2014. "We're all finding places": ILM-SA and middle-class, Indian, Muslim women in post-apartheid South Africa, *Agenda: Empowering women for gender equity*, 28:1, 104-109

Grainger, R. 1990. *Drama and Healing The Roots of Drama Therapy*. United Kingdom: Jessica Kingsley Publishers.

Gülen, M. F. 2009. *Key concepts in the practice of Sufism Emerald Hills of the Heart*. New Jersey: Tughra Books.

Haen, C. 2008. Vanquishing Monsters: Drama Therapy for Treating Childhood Trauma in the Group Setting

In: Malchiodi, C. A. (ed.). *Creative Interventions with Traumatized Children*. New York: The Guilford Press.

Haeri, S. F. 1987. *Beginning's End*. Great Britain and South Africa: Zahra Publications.

Haeri, S. F. 1989. *The Journey of the Self, A Sufi Guide to Personality*. New York: HarperCollins Publishers.

Haron, M. 2005. Da'wah Movements and Sufi Tariqahs: Competing for Spiritual Spaces in Contemporary South(ern) Africa. *Journal of Muslim Minority Affairs*, Vol. 25, No. 2.

Harris, D. 2000. Limited Access Only: the problems of researching performing arts in a Muslim Pakistani community. *Music Education Research*, Vol. 2, No. 2.

Harris, D. 2002. A report on the situation regarding teaching music to Muslims in an inner- city school. *British Journal of Music Education*, 19, 49-60

Hergenhahn, B.R. 1994. *An introduction to theories of personality fourth edition*. New Jersey: Prentice Hall.

Hook, D., Watts, J. and Cockcroft, K. 2002. *Developmental Psychology*. South Africa: UCT Press.

Hormuth, S. E. 1990. *The ecology of the self, Relocation and self-concept change*. Cambridge: Cambridge University Press.

Ibrahim, I. A. 1996. *A brief illustrated guide to understanding Islam Second Edition*. ISBN: 9960-34-011-2.

Ingram, B. D. 2011. *Deobandis Abroad: Sufism, Ethics and Polemics in a Global Islamic Movement*. Doctorate Dissertation. Chapel Hill: University of North Carolina.

Jennings, S. 1992. *Drama therapy Theory and Practice 2*. London and New York: Routledge.

Jennings, S. 2011. Play and story attachment assessment (PASAA), *Dramatherapy* 33: 1, 45–57.

Johnson, D. R. and Emunah, R. (eds.). 2009. *Current Approaches in Drama Therapy Second Edition*. U.S.A: Charles C Thomas Publisher.

Jones, P. 2007. *Drama as Therapy Theory Practice and Research Second Edition*. London and New York: Routledge.

Jooste, S. 2006. *A census of orphans and vulnerable children in two South African communities*. Cape Town: HSRC Press.

Khan, S. 2009. ‘Children of a Lesser God’: Contesting South Indian Muslim Identities in KwaZulu-Natal, *South African Historical Journal*, 61: 1, 86- 102.

Jung, C. G. 1933. *Modern Man in Search of a Soul*. London: Routledge.

Jung, C. G. 1964. *Man and his symbols*. London: Aldus Books.

Killian, B and Durrheim, K. 2008. Psychological Distress in Orphan, Vulnerable Children and Non- Vulnerable Children in High Prevalence HIV/AIDS Communities. *Journal of Psychology in Africa*, 18:3, 421-429.

Knio, M. 2008. The “New Woman” of the Interwar Period: Performance, Identity, and Performative Act of Everyday Life in Egypt and Iran. The Institute for Women’s Studies in the Arab World Lebanese American University. *The Pioneer*. issue 122 – 123.

Kostopoulos, A. 2014. *Getting Their Stories: Narratives of Youths in a Shelter for Orphaned and Vulnerable Children*. M.A. Thesis. South Africa: University of Witwatersrand.

Lahad, M. and Dent-Brown, K. 2012

In: Johnson, D. R., Pendzik, S. & Snow, S. (eds.). 2012. *Assessment in Drama Therapy*. Springfield: Charles C Thomas Publisher LTD.

Landy, R. 1994. *Drama Therapy Concepts, Theories and Practices Second Edition*. Illinois: Charles C Thomas Publishers.

Landy, R. 2009.

In: Johnson, D. R. & Emunah, R. (eds.). *Current Approaches in Drama Therapy Second Edition*. U.S.A: Charles C Thomas Publisher.

Landy, R. & Montgomery, D. T. 2012. *Theatre for Change Education, Social Action and Therapy*. United States: Palgrave Macmillan.

Laubscher, L. & Klinger, J. 1997. Story and the making of the self.

In: de la Rey, C., Duncan, N., Shefer, T. & van Niekerk, A. (eds.). *Contemporary issues in human development: A South African focus*. South Africa: Thompson.

Lee, K. 2008. Reconsidering Rap's “I”: Eminem's Autobiographical Postures and the Construction of Identity Authenticity. *Canadian Review of American Studies*. Vol 38. No. 3.

Leick, N and Davidsen-Nielsen, M. 1991. *Healing Pain Attachment, Loss and Grief Therapy*. London and New York: Routledge.

Lengel, L. and Warren, J. (eds.). 2005. *Casting gender: Women and performance in intercultural contexts*. New York: Peter Lang.

Linden, S. B. (ed.). 2013. *The Heart and Soul of Psychotherapy A Transpersonal Approach Through Theater Arts Drama Therapy, Psychodrama, Transformational Theater*. United States: Trafford Publishing.

Lipinski, T. A. 2008. *The meaning of Heart "Faith, Charity and Children" An analysis of Faith Based Foster Care Homes in Cape Town, South Africa*. M.A. Thesis. South Africa: University of Witwatersrand.

Lumbi, P. C. 2007. *The emotional well-being, social adjustment and coping strategies of orphans and vulnerable children affected by HIV/AIDS*. M.A. Thesis. South Africa: University of Witwatersrand.

Makanya, S. 2014. The missing links: A South African perspective on the theories of health in drama therapy. *The Arts in Psychotherapy* 41, 302–306

Mandivenga, E. C. 2000. The Cape Muslims and the Indian Muslims of South Africa: A Comparative Analysis. *Journal of Muslim Minority Affairs*, Vol. 20, No. 2.

Marjoribanks, K & Mboya, M. 2001. Family Capital, Goal Orientations and South African Adolescents' Self-concept: A moderation–mediation model. *Educational Psychology: An International Journal of Experimental Educational Psychology*, 21:3, 333-350.

Marovatsanga, G. T. 2010. *Re-imagining the Self: An exploration of the Applied Drama technique Role Play in the development of life skills amongst orphaned and abused teenage girls. The case study of orphaned teenagers at 'The House' Shelter, Berea, Johannesburg.* M.A. Thesis. South Africa: University of Witwatersrand.

Matsumoto, D & Juang, L. 2004. *Culture and Psychology 3rd edition.* United States: Thomson Wadsworth.

McDonald, Z. 2010. Legitimate practice constructs a contemporary Muslim identity in South Africa: the case of the Tablighi Jam at in Johannesburg, *African Identities*, 8:3, 267-280.

McLeod, J. 2009. *An Introduction to Counselling Fourth Edition.* New York: McGraw Hill.

Meyer, W. F., Moore, C., & Viljoen, H. G. 1997. *Personology: From Individual to Ecosystem.* Johannesburg: Lexicon.

Mkhize, N. 2004. Psychology: An African perspective.

In: D. Hook (ed.). *Critical psychology* (pp. 24–52). Cape Town: UCT Press.

Miller, A. 1990. *The Untouched Key. Tracing childhood trauma in creativity and destructiveness.* New York: First Anchor Books Edition.

Misra, B. & Preston, J. (eds.). 1978. *Community, Self, and Identity.* Paris: Mouton Publishers.

Mpofu, E. 2011. *Counseling People of African Ancestry.* Cambridge: Cambridge University Press.

Muthal, S. 2010. *The Subjective Meanings attached to Muslim Social Identity in South Africa.* Durban: B. K. Bookbinders.

Ngcobo, H and Edwards, S. 2012. Depression as a Creative Illness: A South African Case Study. *Journal of Psychology in Africa*, 22:1, 114-119.

Nurbakhsh, J. 1989. *Dogs from the Sufi Point of View*. London and New York: Khaniqahi-Nimatullahi Publications.

Nurbakhsh, J. 1992. *The Psychology of Sufism*. London and New York: Khaniqahi-Nimatullahi Publications.

Nyasani, E., Sterberg, E., & Smith, H. 2009. Fostering children affected by AIDS in Richards Bay, South Africa: a qualitative study of grandparents' experiences. *African Journal of AIDS Research*, 8:2, 181-192.

Patton, M. Q. 2002. *Qualitative Research and Evaluation Methods, Edition 3*. London: Sage Publications.

Pearson, J. (ed.). 1996. *Discovering the Self through Drama and Movement The Sesame Approach*. London: Jessica Kingsley Publishers.

Peek, L. 2005. Becoming Muslim: The Development of a Religious Identity. *Sociology of Religion*, 66:3, 215-242.

Pendzik, S. 2008. Using the 6-Key Model as an intervention tool in drama therapy, *The Arts in Psychotherapy* 35, 349–354.

Pervin, L. A. and John, O. P. 2001. *Personality theory and research eighth edition*. U.S. A: John Wiley & Sons, Inc.

Rafia, Z. 2006. Encyclopedia of women in Islamic cultures. Vols. 1 & 2. *NWSA Journal*. 18: 3, 202.

Reber, A. S and Reber, E. S. 2001. *Dictionary of Psychology Third Edition*. New York: Penguin Books.

Rogers, C. R. 1951. *Client-Centred Therapy, Its Current Practice*. New York: The Riverside Press.

Rogers, C. R. 1954. *Psychotherapy and Personality Change*. U.S.A: The University of Chicago Press.

Rogers, C. R. 1961. *On Becoming a Person*. London: Constable & Company Ltd.

Rooth, E. 1995. *Life Skills: A Resource Book for Facilitators*. South Africa. Nolwazi Educational Publishers.

Rosander, Evers, E. and Westerlund, D. (eds.). 1997. *African Islam and Islam in Africa: Encounters between Sufis and Islamists*. Athens, OH.: Ohio University Press.

Ryan, L. 2014. 'Islam does not change': young people narrating negotiations of religion and identity, *Journal of Youth Studies*, 17:4, 446-460.

Samovar, L. A., Porter, R. E. and McDaniel, E. R. 2007. *Communication between cultures sixth edition*. USA: Thomson Wadsworth.

Shakespeare, W. 1810. *As you like it: A comedy*. London: S. Gosnell Printer.

Shakespeare, W. 1918. *The Winter's Tale*. United Kingdom: Yale University Press.

Silverstone, L. 2009. *Art Therapy Exercises Inspirational and Practical Ideas to Stimulate the Imagination*. London: Jessica Kinsley Publishers



Slade, P. 1954. *Childs play: Its importance for human development*. London: Jessica Kingsley Publishers.

Singh, A. 2008. South African Indian migration in the twenty-first century: towards a theory of 'triple identity', *Asian Ethnicity*, 9:1, 5-16.

Smith, C. P. (ed.). 1992. *Handbook of Thematic Content Analysis*. New York: Cambridge University Press.

Snyder, M. 1987. *Public appearances, private realities: The psychology of self-monitoring*. New York: Freeman.

Sternberg P, & Garcia, A. 2009

In: Johnson, D. R. and Emunah, R. 2009. *Current Approaches in Drama Therapy Second Edition*. U.S.A: Charles C Thomas Publisher.

Stryker, S. 1987. Identity theory: developments and extensions

In: Yardley, K. & Honess, T. (eds.). *Personality, Roles and Social Behavior*. New York: Springer-Verlag.

Tayob, A. 2002. *The South African Muslim communities response to September 11<sup>th</sup>*. Annual Review of Islam in South Africa, 5.n.p. Retrieved August 25, 2009, from [http://web.uct.ac.za/depts/religion/documents/ARISA/2002\\_M2\\_toyob.pdf](http://web.uct.ac.za/depts/religion/documents/ARISA/2002_M2_toyob.pdf).

Thompson, L. M. 1994. The Future of Death: Death in the Hands of Science. *Nursing Outlook* 42: 175-80.

Thupayagale-Tshweneagae, G. 2011. Development and implementation of a peer-based mental health support programme for adolescents orphaned by HIV/ AIDS in South Africa, *Journal of Child & Adolescent Mental Health*, 23:2, 129-141.

Tom, C. L. 2010. *Raising a child with Attention Deficit/Hyperactivity Disorder: exploring the experience of black parent*. Masters in Clinical Psychology: Thesis. Pretoria: University of Pretoria.

Umberson, D. 2003. *Death of a Parent Transition to a New Adult Identity*. United Kingdom: Cambridge University Press.

Van Binsbergen, W. M. 2003. *Intercultural Encounters: African and Anthropological Lessons Towards a Philosophy of Interculturality*. Münster: LIT Verlag Münster.

Vaughn, L. 2008. *The Power of Critical Thinking Effective Reasoning About Ordinary and Extraordinary Claims Second Edition*. New York: Oxford University Press.

Worden, J. W. 1991. *Grief Counselling and Grief Therapy A handbook for the mental health practitioner Second Edition*. London: Routledge.

Zarrilli, P. B., McConachie, B., Williams, G. J *et al.* 2010. *Theatre Histories An Introduction*. New York: Routledge.

### **Interviews:**

Kajee, N. Interviewed by: Shaik Omar, N. (7<sup>th</sup> June 2014).

Kajee, N. Interviewed by: Shaik Omar, N. (14<sup>th</sup> January 2015).

## **Appendix A**

### Participant Information Sheet

Dear \_\_\_\_\_

My name is Naadiya Shaik Omar. I am presently completing my Master's degree in Drama therapy at the University of the Witwatersrand. Part of the course requirement is the completion of a Research Report. My area of research is to explore the effect of drama therapy on the sense of identity of orphan adolescents.

In order to complete this research I would like to invite you to participate in the 3 drama therapy sessions I hold. These sessions may be beneficial to you as it will provide you with the space to explore your identity and self. The core question of "Who am I" will be worked through using drama. I have chosen to do these workshops with you because the last time we worked together we started touching on the topic of identity and you mentioned that you would like to do more drama. Your participation in this study involves engaging in acting and story-telling processes. These workshops will be held at your home and a time will be negotiated with your mother so we can find the most convenient time for us all. Participation does not involve any risk for you and is voluntary. If you choose not to participate you will not lose any of your current benefits at home. If you do not feel comfortable sharing anything, you do not have to and if you would like to withdraw from the group you are free to do so at any time.

Any personal material shared in the sessions will remain anonymous (your identity and name will not be revealed). The information gained will be accessible to only my supervisor and myself, and is protected by a password. Once it is written up in a report and your names have been removed, anyone may have access to this. If you would like a copy of this or a summary of the research I will provide this to you. Should you have any questions or concerns do not hesitate to contact me, or my supervisor.

If the process brings up issues from your past that you feel are overwhelming, please call this free counselling number: **Childline 08000 555 55.**

Many thanks,

Naadiya Shaik Omar

**Supervisor:** Ella Kotze

072 523 4417

[naadiyaso@hotmail.com](mailto:naadiyaso@hotmail.com)

[ella.kotze@gmail.com](mailto:ella.kotze@gmail.com)

## Appendix B

### Permission Request:

Dear \_\_\_\_\_

My name is Naadiya Shaik Omar. I am presently completing my Master's degree in Drama therapy at the University of the Witwatersrand. I am currently in the stage of completing my academic year. Part of the course requirement is the completion of a Research Report. My area of research is to explore the effect of drama therapy on the sense of identity of orphan and vulnerable adolescents.

In order to complete this research I would appreciate it if your children could form part of the drama therapy sessions I hold. Participation does not involve any risk for your children and is voluntary. If you or any of the children in the group would like to withdraw from the group you are free to do so at any time.

All information shared in processes will remain anonymous and participant's names will be changed for the documentation.

If you acknowledge the above mentioned and wish to form part of this study, please complete the form below.

Many thanks,

Naadiya Shaik Omar

072 523 4417

[naadiyaso@hotmail.com](mailto:naadiyaso@hotmail.com)

I \_\_\_\_\_ (name) agree to let my children participate in this study.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix C

### Assent Form:

To whom it may concern:

This letter serves to inform you that I have been informed about the workshops I am about to participate in and I agree to my participation in these workshops.

- I have been told that I can share only as much as I want to and can stop participating in the workshops if I want to.
- I have been explained what confidentiality means and even though I cannot control what others say, I will try uphold this principle for my fellow peers in this workshop.
- The research has been explained to me and I understand what it is about.
- I understand that my involvement in the research means that I will be part of drama therapy workshops that will be facilitated by Naadiya.

I \_\_\_\_\_ (name) agree to participate  
in the drama therapy sessions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix D

### Permission to tape record interviews:

Dear \_\_\_\_\_

I would like to request your permission to tape-record the sessions. Any names mentioned will be excluded from the data and no personal information will be divulged.

Thank you for granting your permission to tape-record the sessions.

Naadiya Shaik Omar

I \_\_\_\_\_ (name) hereby grant permission for the interviews to be tape-recorded.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix E

### Session Plan 1

#### *Foundation of Love*

**Theme:** Identity

**Aim:** Explore aspects of communal identity via role play and The Hero's Journey.

**Questions of focus:** Who am I? What has made me who I am today? Who are the most influential people in my life?

**Participants:** A group of 8 adolescents between the ages of 14-20. 4 female and 4 male.

Activity	Description	Motivation	Materials
Introduction	Go through the participant information sheet once more. Ask if they have any questions.	To remind the participants of my obligations to them and their rights in the study. To clarify any misconceptions or confusion.	Participant information Sheet
Name Game	Standing in a circle one person says the name of another then walks to them, that person does the same. As the game progresses the pace is sped up. The objective is not to get caught walking without having called a name.	To get to know one another. The pace being sped up adds pressure. The making of mistakes and giggling breaks the ice and allows for the forming of a fun environment.	None
Warm-up Game: "The Sun Shines On...."	One person stands in the middle of the circle and asks the group to switch places if they share a certain common element. E.g. the sun shines on everyone wearing black shoes. The objective is to try find a place within the circle and avoid being in the middle. The therapist will guide the game from being mainly tangible elements to personal qualities e.g. the sun	For participants to warm up to movement. Calling out personal qualities reminds them of the things they share in common and introduces a degree of group cohesion. Allows participants to relate to one another.	None

	shines on everybody who likes being alone.		
Group Alliance	Participants are asked to picture a zoo in the middle of the circle and name things that they would like to either contribute or receive in our group space within the context of a zoo. E.g. meercats for listening. This “zoo” can be revisited in our time together.	A group alliance gives voice to the participants in the group. It allows for them to set the rules. It empowers the group and sets boundaries. Warms up the imagination.	None
Guided Imagery	Each participant finds a space in the room and a comfortable position. The therapist guides them into relaxation via breathing. They are asked to remember a time of extreme suffering and hardship. They then have to remember how they got out of this situation; who or what helped them, how they regained their strength and what they learnt. They are finally asked to consider the 3 questions (stated in the focus of this document) and when they are ready open their eyes.	This exercise is a variation of Dayton’s Grief and mourning game- guided imagery for loss (Dayton: 1994). It enables one to trace past issues, investigate the messages received (Dayton, 1994) and perceive the effect past experiences or states of being has on their current identity. This exercise makes use of the imagination and is a natural warm up to action (Dayton, 1994).	None
Picture and Reflection	Participants are asked to visually represent an image that came to them in the visualisation exercise that speaks to any of the last three questions: -Who am I? -What has made me who I am today? -Who are the most influential people in my life? We then reflect on the exercise in a group.	“Images are extensions of the self- made visible in symbolic art form. To have dialogue with such an image in a person-centred way, to reflect back aspects of the image- size, colour, position of shapes, use of material, the process of image-making, that which is missing- can help the client to connect, make bridges between the image and	Paper, Crayons, Kokis, Colour pencils, Pastels.



		the self. Healing, growth and integration can occur at every level of development” (Silverstone, 2009: 19).	
The Hero’s Journey	<p>Participants are asked to pair up and each creates a story that contains a hero on a journey, a destination, an obstacle and a guide. In these pairs one person tells their story while the other merely listens. Then the other tells it back to the person. Once both people have told they join with another pair and all four tell their story. They then pick a story that they feel comfortable embodying.</p> <p>Each group is given 5-10 minutes to rehearse their play and then have to show it to the audience (the rest of the group). The audience are asked if there are any comments or observations about the story.</p> <p>The group is asked how the process was</p>	To listen without commenting allows the teller to be able to formulate their ideas without interruption or judgement. Hearing one’s story told back is therapeutic allows for the person to feel witnessed and heard (Galia, 2011). Telling the stories in pairs before a group of 4 allows for tellers to get used to the symbols in their stories and leaves them feeling part of an interconnected community (Galia: 2011). The stories help in identifying archetypal roles that a participant might choose to play and explore (Dunne in Johnson and Emunah: 2009).	None
Derole	Countdown Shakedown	Allows for participants to let go of the roles they may still be holding in their bodies.	None
Closing	Pass a pulse	Serves as a visual cue for the connections that have been formed in the session and sharing that was done.	None

## Appendix F

### Session Plan 2

#### *Foundation of Love*

**Theme:** Identity

**Aim:** Explore individual identity through story as per the Sesame Approach

**Questions of focus:** What are the parts of me that will never change? What do I value and believe in?

**Participants:** A group of 8 adolescents between the ages of 14-20. 4 female and 4 male.

<b>Activity</b>	<b>Description</b>	<b>Motivation</b>	<b>Materials</b>
Check-in	Each participant says their name and gives an action of how they are feeling today	Allows for the client to establish presence in the space and for the group to gauge how the individual is feeling	None
Warm-up	One person initiates a repetitive movement and sound and the group mirrors it. When they are content they make eye contact and the next person initiates a new movement.	Call and response games allow each individual a space to be creative within the group. It also establishes the group as equal partners	None
Bridge-in	Participants walk around the space. When the therapist calls out a word the participants make a still image of the word: -Wild -Home -Violent -Love -Lonely -Soul	The words chosen are the themes within the story. This exercise gently warms them up for embodiment and the act of having to make a still image immediately allows for a non-judgemental articulation of the theme (as they do not have time to process the word).	None
Main Event: story and enactment	The therapist tells the group the story- <i>Sealskin Soulskin</i> . Participants	Tales of creatures with human kinship represent an archetype	Materials and various coloured

	<p>choose a role from the story they would like to re-enact and using materials and musical instruments we recreate the story.</p> <p>We then derole by taking off our material costumes, putting the instruments back and coming back to a circle for reflection.</p>	<p>of the universal knowing of the issue of soul (Estes, 1992). "The story tells about where we truly come from, what we are made of, and how we must all, on a regular basis, use our instincts and find our way back home" (Estes, 1992). This story also contains the theme of parental loss.</p>	<p>cloths, Kalimba, Shakers, Miniature drum, Xylophone, Pipe whistle.</p>
Reflection and Discussion	<p>Participants are asked to first reflect on the story and enactment on a feeling level. We then think about the story critically through an analysis of the characters, their actions and their feelings as a consequence of those actions.</p>	<p>The reflection allows for the participants to think about the meaning of the story and metaphors held within. The discussion allows for a contextualisation of the story in relation to our current society.</p>	<p>None</p>
Bridge-Out	<p>An imaginary treasure box is placed in the centre of a now standing circle and participants are invited to take something from this box that they would like to receive from the session or put something in the box that they would like to leave.</p>	<p>Brings participants out of the story world and back into the real world. Helps them internalise their experience of the workshop.</p>	<p>None</p>
Closing	<p>We close with our ritual of passing a pulse.</p>	<p>Allows for the group to gain closure in the ending of the session.</p>	<p>None</p>

**Reference:**

Estes, C. P. 1992. *Women Who Run With The Wolves*. United Kingdom: CPI Group.

## Appendix G

### Session Plan 3

#### *Foundation of Love*

**Theme:** Identity

**Aim:** Explore aspects of self-concept and address role confusion through the use of role theory. This session uses a combination of the metaphorical focus of Sesame and the focus on roles from role theory.

**Questions of focus:** What kind of a person do I want to be? How will I go about working towards becoming this?

**Participants:** A group of 8 adolescents between the ages of 14-20. 4 female and 4 male.

<b>Activity</b>	<b>Description</b>	<b>Motivation</b>	<b>Materials</b>
Check in,	Pick an object that represents something about you now. Going around the circle we say our names and why we chose that object.	Gently brings participants into the session. Allows for therapist and participants to gage how they are feeling. Draws focus to the self immediately.	Tiny Objects, Trinkets
Bridge in: Symbolic representation	Pick an object that represents a wish you have for yourself in the future. Choose cloths and find a place you would like to work. Make a home for these two objects; placing them in relationship to one another.	The home serves as a metaphor for the self (Landy, 2009). Creating a home for these two parts of oneself serves as a metaphor for integrating them into the self. Allows one to see the relationship between the current self and ideal self.	Tiny Objects, Trinkets, Cloths, Various textures of materials
Role-storming	In their journals participants make a mind map of all the roles they play in their lives currently. They then brainstorm the	Brings the participants role repertoire to their consciousness. Allows for them to physically see aspects of their identity before them	Participants' Journals, Pencils

	roles they would want to play in the future.	and henceforth choose roles from this list.	
Warm up game	Miss Ruby _____. Participants Sing a song wherein they determine the actions Miss Ruby did, and we all do it.	Gets participants in their bodies as they have been in a rather headspace throughout the session. Warms them up for action.	
Role Enactment	Therapist asks the group to consider their mindmaps. Going around the circle each participant says their name and a role they currently play in their lives. Then they say their name and a role they would like to someday play. We walk around the space and participants get into the role they play and choose a phrase that is common to this role or they would say in this role. Find one other person and interact with this person in this role.  Walk around the space and get into the role of the future. Choose a phrase, find your partner and interact with this partner using only that phrase. View each pair.	Identifies a role for the participant to name and embody. Choosing a phrase for the role prompts one to start thinking about the qualities of this specific role and how it pans out in everyday life.	
Role enactment cont.	We form a circle and within this circle role-players are invited to engage in a conversation with any of the other characters present. Working with the role of the future participants interact with one	The circle serves as a holding container for those within it. Allows for roles to be explored and expanded. Gives participants the chance to experience a certain role in relation to another.	

	another.		
Establishing a way forward.	We go back to the place where our instillations are and choose a picture that represents an inner resource you have (a quality or ability). Could be something they do well. Place this picture in relationship to how close or far your present object is from utilising this resource to get you to the future object. We then visit each person's "home" and participants find a way of safely packing this away.	Enables participants to envision the future role as being achievable through a quality they have. Leaves participants on a positive note. The instillation holds many associations to the participant's inner world and emotions. Packing this away with thought enables them to safely internalise these formed associations.	Pictures
Closing	Come back inside, put an imaginary treasure box in the middle and take things out from the treasure box that they wish to keep from the past 3 sessions we had. They may also put anything into the box that they want to leave behind.  Hold hands and pass a pulse.	Serves as a way to reflect on our time together and the work achieved in the past. Safely allows participants to let go of anything they feel uneasy about that they may be holding from our sessions.  The familiarity of the ritual is comforting and does not end the session in an abrupt manner.	

## **Appendix H**

### **The three sessions**

#### *Session 1*

To begin this session, as an introduction, we went through the participant information sheet. This reminded the participants of the researcher's obligations to them and their rights in the study. Any misconceptions or uncertainties were clarified. We then played a name game, to get to know one another again, to break the ice and create a fun environment. A warm-up game followed. This particular game (detailed in Appendix E) was aimed at guiding participants toward thinking about their personal traits in a fun way and to introduce a degree of group cohesion through relating to one another.

A working contract or a group alliance is often necessary when working in groups as it sets rules for the group- and allows them to set it, gives voice to the participants, empowers the group and sets boundaries. Contract drafting with orphans proves to be an empowering experience as they are rarely consulted on decision-making processes (Marovatsanga, 2010). The way this specific group alliance was set up elicited the clients' creativity and warmed up their imagination. A key component that came about from the group alliance is the participants' fear of being judged or laughed at by their peers. As a group we agreed not to do this. The next exercise, guided imagery, was a bridge-in to the main event of the session. Here, the researcher/therapist guided participants into relaxation via breathing. They were asked to remember a time of extreme suffering and hardship. They then had to remember how they got out of this situation; who or what helped them, how they regained their strength and what they learnt. They were finally asked to consider the 3 core questions stated below.

This exercise is a variation of Dayton's Grief and mourning game- guided imagery for loss (Dayton: 1994). It enables one to trace past issues, investigate the messages received (Dayton, 1994) and perceive the effect past experiences or states of being has on their current identity. This exercise made use of the imagination and is a natural warm up to

action (Dayton, 1994). Participants were then asked to draw an image that came to them in the visualisation exercise that speaks to any of the last three questions:

- Who am I?
- What has made me who I am today?
- Who are the most influential people in my life?

The act of drawing in itself can be therapeutic and in drama therapy image-making is used to aid the therapeutic work. According to Silverstone, “Images are extensions of the self- made visible in symbolic art form. To have dialogue with such an image in a person-centred way [...] can help the client to connect, make bridges between the image and the self. Healing, growth and integration can occur at every level of development” (Silverstone, 2009: 19). As a group we then attempted to share our pictures and reflect but this proved to be a difficult task. Participants closed up and some did not want to share. This exercise revealed that most participants reported having God help them or take them out their lowest points in their lives. Those who did not name God, named their mother. Saria in particular named her deceased mother and God as the beings who took her out of her hardship, as well as knowledge and her Sheikh (spiritual master). A sociometric exercise was utilised to break the ice with participants and address their silence and reluctance to share. They all revealed that they are afraid of what others might think of them if they share information about themselves.

After a brief break we embarked on the Hero’s Journey (Landy, 2009). Participants were asked to pair up and each created a story that contains a hero on a journey towards a destination, who meets an obstacle (the obstacle becomes the CR) and gets help from a guide (Landy, 2012). The stories help in identifying archetypal roles that a participant might choose to play and explore (Dunne in Johnson and Emunah: 2009). In these pairs one person told their story while the other merely listened. Then the other told it back to the person. Once both people have told, they join with another pair and all four tell their story. Hearing one’s story told back is therapeutic and allows for the person to feel witnessed and heard (Galia, 2011, Jones, 2007). Telling the stories in pairs before a group



of 4 allows for tellers to get used to the symbols in their stories and leaves them feeling part of an interconnected community (Galia: 2011).

Various stories emerged here. In short, Irfaan's story was about a boy who wanted to go to New York, but encountered an alien on his way. He could not fight this alien but then "the master taught him some styles and then he went where he wanted to go". In Saria's story she named her two guardians at the home. The story was about a girl who wanted to relax but was accused by her father of doing something that she did not do. Her mother (guardian) helped her when her father was fighting with her. Ayesha's story was about a lady who wanted to learn about God and go to her Sheikh, her husband however, did not want her to go because he believed that he knew more than her and could teach her himself. He fought with her on the topic. Yasmeen created a story about a girl who wanted sweet apples. She stumbles across a witch in the woods who gives her an apple and she shares this apple with the witch. A talking bird sees this and goes to tell his master. His master comes to the girl in the woods and tells her that the apple is poisonous. The witch dies but the girl is saved.

They then picked a story that they felt comfortable embodying and each group was given 5-10 minutes to rehearse their play. This led to a showing for the audience (the rest of the group). After the enactments the audience were asked if there are any comments or observations about the characters. This served as the reflection portion of the session and incorporates what Landy identified in his Role Method as naming the role, reflecting upon the role play: discovering role qualities, functions and styles inherent in the role, and relating the fictional role to everyday life (Landy, 2009). We sat in a circle after both groups presented and reflected on the first session in its entirety. The reflection also serves as a de-role, but in addition, we did a physical shakedown that allowed for participants to let go of the roles they may still have been holding in their bodies. Finally, we closed by passing a pulse, which is a visual cue and metaphor for the connections that have been formed in the session and sharing that was done.

## *Session 2*

This session started with a check in by means of the participant saying their name and giving an action of how they feel. This allowed for the client to establish presence in the space and for the group (and researcher) to gauge how the individual is feeling. As a warm-up we did a call and response game which uses mirroring. Call and response games allow each individual a space to be creative within the group. It also establishes the group as equal partners. As a bridge-in to the main event (the story) participants embodied the themes from the story. On the cue of the researcher participants made a still image (a technique used in image theatre (Boal, 1992)) of the word called out: wild, home, violent, love, lonely and soul. This exercise gently warmed them up for embodiment and the act of having to make a still image immediately, allows for a non-judgemental articulation of the theme (as they do not have time to process the word).

For the main-event of the story and enactment, the researcher told the group a story- *Sealskin Soulskin* (Estes, 1992). This is a story about a beautiful woman who is half seal half woman. She takes off her skin to dance with others like her, but needs her skin to go back into the ocean and be who she is meant to be. A lonely man sees this and steals her skin. He promises her that if she agrees to be his wife he will give her back her skin after 7 years. She agrees to this and they have a son together named Ooruk. After 8 years she begins to wither and grow ill. Her skin dries up and she goes blind. She fights with her husband for her skin back but he refuses to give it back, as he does not want her to leave him and their son. Her son overhears this argument. At night he gets called to the water and finds the skin his father was hiding. He gives this back to his mother and goes on a journey with her underwater to where she once lived. She regains her health and happiness. The son returns to land and the Sealwoman leaves him and goes back into the ocean forever.

Tales of creatures with human kinship represent an archetype of the universal knowing of the issue of soul (Estes, 1992). This story also contains the theme of parental loss, which the participants connected to. Participants chose a role from the story they liked to re-enact, and using materials and musical instruments recreated the story. After the

enactment the participants de-rolled by taking off the material costumes, putting the instruments back and coming back to a circle for reflection. For the reflection and discussion the researcher deviated from the traditional way of Sesame and took on a more Role Methodological stance wherein she focused on role. Participants were asked to first reflect on the story and enactment on a feeling level, which is inclined to Sesame's organic way of reflecting. We then spoke in terms of the characters and the participants' opinions thereof.

As a bridge-out, an imaginary treasure box was placed in the centre of a now standing circle and participants were invited to take something from this box that they would like to receive from the session or put something in the box that they would like to leave behind. This brought participants out of the story world and back into the real world, and helped them internalise their experience of the workshop. In accordance with our ritual we closed with the passing of a pulse, which is for the group to gain closure. This session sparked emotions about the participants' past and parents. In their reflection of the session in their journals some participants refer directly to their parents and others refer to the mother in the story. Ayesha wrote about taking on the role of the seal in the story. She claims it gave her the chance to be the centre of attraction, which she likes but does not show.

Some participants spoke of the story of the *Sealskin Soulskin* in their journal. Although they do not directly reference their own lives, this shows some thought on the role of the mother. It seems as though the story allowed Junaid to engage with the dramatic material more than other methods did. He engaged and reflected more because of the story. In his journal Junaid wrote "The story was really sad cause the mother had no choice to stay with the son although she really wanted to stay but even if she stayed she was gonna die". Saria on the other hand internalised the story by means of reflecting on the role of choice in human life, and states that it is the decisions that we make that determine our fate.

### *Session 3*

To begin, the check-in had participants pick an object that represented something about them now. Going around the circle we said our names and why we chose that object. This gently brought participants into the session, allowed for the researcher and participants to gauge how they are feeling and drew focus to the self immediately. The bridge-in to the main event was a symbolic representation whereby participants chose an object that represents a wish they have for themselves in the future. They then chose cloths and made a home for these two objects (including the one from the check-in) by placing them in relationship to one another. The session then led to something more in the conscious field- role storming. In their journals participants made a mind map of all the roles they play in their lives currently and the ones they would want to play in the future. This brought the participants role repertoire to their consciousness so that they could physically see aspects of their identity before them and henceforth chose roles from this list to enact. A warm-up game prepared their bodies for action and then they began enacting these roles.

Each participant chose one role that they currently play in life, they then chose a word or a phrase that would mark this role and acted these out respectively. Roles that were chosen are: boy, brother, daughter, student and chef. They had to find a partner and interact with this partner using only their one word or phrase. They did the same with roles that they would like to play someday. These included a dance choreographer, an owner of an orphanage or guardian, a therapist, a doctor, a father and a boss. Choosing a phrase for the role prompted one to start thinking about the qualities of this specific role and how it pans out in everyday life (Landy, 2009). Following this we formed a circle and within this circle role-players were invited to engage in a conversation with any of the other roles present, working with the role of the future. The circle served as a holding container for those within it. The exercise as a whole allowed for roles to be explored and expanded, and gave participants the chance to experience a certain role in relation to another.

Upon completing this task we went back to the place where our instillations were (outside) and chose a picture that represents an inner resource we have (a quality or ability). Their inner resources represented physical attributes such as being fast and loud as well as spiritual ones such as praying. They placed this picture in relationship to how close or far their present object is from utilising this resource to get them to the future object. This was a means to establish a way forward. We visited each person's "home" and participants found a way of safely packing this away. Packing this away with thought helped them safely internalise these formed associations.

To end and close, the researcher put an imaginary treasure box in the middle of the space and encouraged participants to take things out from the treasure box that they wish to keep from the past 3 sessions we had. They may also put anything into the box that they want to leave behind. This served as a way to reflect on our time together and the work achieved in the past. It also safely allowed participants to let go of anything they felt uneasy about that they might have been holding from our sessions. For the last time we passed a pulse. The familiarity of this ritual was comforting and ensured that we end the session safely. The participants' journals indicate that this session was the most enjoyable of them all.