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Theatre Therapy for Children with Autism

Abstract

This research study considers the idea that theatre can be used to help children with Autism with their social-emotional development. There has not been a lot of research conducted on this subject so when reviewing the literature, the topic must be considered from the perspectives of Autism, theatre, theatre-therapy, and theatre-therapy for children with Autism. The literature that has been reviewed has all supported the idea that theatre could be used to help children with Autism develop their social and emotional skills. A study was then conducted in which a group of students with Autism engaged in theatre games and activities and their social-emotional development was tracked, supporting the idea that theatre can be used to help these students.

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Theatre Therapy for Children with Autism

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Abstract

This research study considers the idea that theatre can be used to help children with Autism with their social-emotional development. There has not been a lot of research conducted on this subject so when reviewing the literature, the topic must be considered from the perspectives of Autism, theatre, theatre-therapy, and theatre-therapy for children with Autism. The literature that has been reviewed has all supported the idea that theatre could be used to help children with Autism develop their social and emotional skills. A study was then conducted in which a group of students with Autism engaged in theatre games and activities and their social-emotional development was tracked, supporting the idea that theatre can be used to help these students.

Autism and Theatre

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Children with autism struggle with many of the daily routines and skill sets required to function in mainstream society. It is important that children with Autism Spectrum Disorders are given the opportunity to develop these social, emotional, and life skills as much as possible in order to ensure their success in life.

Autism, or Pervasive Developmental Disorder (PDD), is a large umbrella term that encompasses a number of different neurological disorders. Autism affects the way that individuals relate to and interact with others; their ability to maintain relationships, to hold eye contact, and to understand different perspectives. People with autism tend to struggle with abstract thinking and with understanding and expressing emotions and/or needs.

Theatre, meanwhile, has been used since the times of the ancient Greeks in order to help people achieve catharsis, or a state of emotional purification. Theatre allows people to explore emotions in a safe place because the emotions being experienced do not belong to the audience or even to the actors. Theatre is a creative and abstract way to bring people across different walks of life together in a shared experience and to allow them to interact and relate to one another.

Theatre has been used as a form of therapy for people with mental illnesses for decades. Within the past decade, however, it has started to be considered as therapy for children with autism. This use of theatre could greatly impact the social and emotional development of children with autism as well as revolutionize theatre therapy and autism therapy models. Theatre therapy is a highly beneficial approach for children with autism as it aids in the development of social, emotional, communicative, and language skills.

Although the idea of theatre therapy as it relates to autism is a relatively new concept, there have been a few programs that been developed to study the relationship and determine the benefits. Students have been engaged in improvisational and scripted activities, through both random play and structured interactions. While every study and every program has been unique, they have all come to the same initial result; the use of theatre can be beneficial in the social and emotional development of children with autism.

Theoretical Framework

Theoretical framing drives educational practices. It is through the multitude of theories regarding education that different approaches and models are formed and it is through a personal connection with one or two particular theories that a professional philosophy is developed. It is important, therefore, to be aware and knowledgeable of the many different theories, whether you agree with them or not, in order to formulate a comprehensive and critically considered personal philosophy. Not every theoretical framework will align with or support a particular approach in education; it is important to think critically about these theories, as well as the ones that support the approach, in order to truly determine whether the approach is valid or not.

Culture as disability

The “Culture as Disability” approach asserts that “disabilities are less the property of persons than they are moments in a cultural focus” (McDermott & Varenne, 1995, p. 1). This theory claims that disabilities are created by culture in one of three ways; through a deprivation approach, a difference approach, and a ‘culture-as-disability’ approach.

The deprivation approach suggests that people from different cultures develop differently and have their own sets of milestones but that all cultures are judged on the same tasks. As a result, people from some cultures do not perform as well at certain tasks and are, therefore,

viewed as inferior or less able (McDermott & Varenne, 1995). For example, if one culture were to place a great value on survival skills, such as hunting, and another culture were to place more emphasis on academic skills, such as literacy and mathematics, and those two cultures were then judged on the same skill, such as hunting skills, one culture would appear superior to the other. This is not because this culture is in actuality superior, but rather because the skill being considered is more highly valued in that culture than in the other. If the assessment was altered, however, and the skill being judged was reading ability, the second culture would outperform the first. It is important for educators to keep this in mind as they encounter children from different cultures and ability levels; all children should not be judged on the same skill set.

The difference approach, meanwhile, is more understanding of the differences in culture and development amongst children. The difference approach asserts that people develop differently based on the needs and expectations of their culture, but that all development is equal; no culture is more advanced than another (McDermott & Varenne, 1995). This approach is much more sensitive to the special skill sets that different groups might be in need of. It is through the difference approach that teachers and society members can begin to free people from stereotypes and oppressive cultural norms and find value in the differences that exposure to new cultures present.

In the 'culture-as-disability' approach, it is society that determines what 'normal' development is and who is successful. This approach suggests that our culture has determined what skills are valued and the behaviors that are normal (McDermott & Varenne, 1995). Children with autism, however, are determined to have a disability because of our culture. Our culture has decided what the appropriate way to think and communicate is and because children with autism do not fit that mold, they are considered disabled. It is through more sensitive

schools of thought, such as the difference approach, that these individuals can be valued in our society because this approach sees worth in a range of skill sets, not just the 'normal' ones.

Inclusion theory

The inclusion theory of Special Education asserts that all children should be welcomed into the same community. In the inclusion theory all children are valued members of the same community with something valuable to offer. The inclusion theory is not a favor to children with disabilities, it is the recognition that all children can learn from one another and the opportunity for children with disabilities and children without disabilities to learn from one another and further develop (Sapon-Shevin, 2008). The inclusion theory asserts that all children can benefit from one another and that no child should be left out of the community due to perceived 'disabilities.'

Vygotsky's Sociocultural theory

Lev Vygotsky's Sociocultural theory of education has a number of premises. First, the sociocultural theory asserts that social interaction is critical to development. Second, self-regulation is developed through consideration of actions and thoughts in a social manner. Third, language is a critical component to the social and intellectual development of children. Finally, Vygotsky introduces the Zone of Proximal Development. The zone of proximal development is the level at which a student can be challenged without reaching a level of frustration. The task of the teacher is to help the students by scaffolding their learning, or providing just enough support to push the students further, slowly lessening the support until the child is completing the task on his or her own (Trawick-Smith, 2006). Vygotsky's theory emphasizes the importance of language and communication, as well as cooperation and support, in a child's development.

Research Question

The question to be considered is whether theatre can be used as an effective therapy for children with autism. Theatre has been used for therapy with patients with mental illnesses and has always been considered as an excellent source for social and emotional development, since the times of the Ancient Greeks (Lancaster, 1997). As children with autism struggle with social and emotional skills, it makes sense to question if theatre therapy would benefit these children, as well.

Synthesis of Research

As theatre therapy for children with autism is a new concept in the field of education and there is not a great deal of research on the topic, it is important to move backwards and consider it from a variety of angles. The research, therefore, can be broken into four main themes; the characteristics of autism, the psychological effects of theatre, theatre therapy, and theatre programs for children with autism.

Autism

Autism, or Pervasive Developmental Disorder, is a neurological disorder that is rapidly increasing in prevalence and is characterized by difficulties with communicating and interacting with others, as well as with daily life skills, among other struggles. In order to understand how theatre may be useful in helping children with autism further develop, it is important to gain a thorough understanding of what Autism Spectrum Disorders are and their prevalence in today's society.

Autism Spectrum Disorders are listed in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) and will be revised in the DSM-V, to be released in May 2013 (American Psychiatric Association, 2012). The DSM currently lists five disorders under the title of

‘Pervasive Developmental Disorders.’ These disorders include Autistic Disorder, Asperger Disorder/Syndrome, Pervasive Developmental Disorder- Not Otherwise Specified, Childhood Disintegrative Disorder, and Rett Syndrome (Rosenberg, Daniels, Law, Law, & Kaufman, 2009). Pervasive Developmental Disorder, or PDD, is not considered to be a diagnosis of its own, but rather acts as a general term which encompasses the five more specific diagnoses. Children with a PDD diagnosis can be given a specific diagnosis with any one of the five specific disorders and can have symptoms that range from mild to severe, creating a large spectrum on which children with PDD may fall (Autism Society, n.d.). The DSM IV (American Psychiatric Association, 2000) defines Autistic Disorder (299.00) as having at least six of the following traits,

- (1) Qualitative impairment in social interaction... [such as] (a) Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures... (b) Failure to develop peer relationships appropriate to developmental level, (c) A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people... (d) Lack of social or emotional reciprocity. (2) Qualitative impairments in communication... [such as] (a) Delay in, or total lack of the development of spoken language... (b)... impairment in the ability to initiate or sustain a conversation with others, (c) Stereotyped and repetitive use of language or idiosyncratic language, (d) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level. (3) Restricted, repetitive, and stereotyped patterns of behavior, interests, and activities... [such as] (a)...preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus, (b)...inflexible adherence to specific, nonfunctional routines or rituals, (c) Stereotyped and repetitive motor mannerisms...(d) Persistent preoccupation with parts of objects.

[Individuals with autism also have] delays or abnormal functioning in...with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play. (p. 70)

Autistic disorder exhibits a great deal of impairment in social interaction, communication, and language skills. It is also key that the characteristics of Autistic Disorder are observable before the age of three.

The DSM IV (American Psychiatric Association, 2000) defines Pervasive Developmental Disorder, Not Otherwise Specified (299.80) as,

a severe and pervasive impairment in the development of reciprocal social interaction or verbal and nonverbal communication skills, or when stereotyped behavior, interests, and activities are present, but the criteria are not met for a specific pervasive developmental disorder, schizophrenia, schizotypal personality disorder, or avoidant personality disorder. (p. 70)

The big difference between PDD-NOS and Autistic Disorder is that PDD-NOS allows for a later onset of symptoms or characteristics. Otherwise, PDD-NOS and Autistic Disorder are very similar.

Asperger's Disorder (299.80), also very similar, is marked as

A. Qualitative impairment in social interaction... [such as] (1) marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction, (2) failure to develop peer relationships appropriate to developmental level, (3) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people... (4) lack of social or emotional reciprocity. B. Restricted, repetitive, and stereotyped patterns of behavior,

interests, and activities... [such as] (1) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus, (2)...inflexible adherence to specific, nonfunctional routines or rituals, (3) stereotyped and repetitive motor mannerisms, (4) persistent preoccupation with parts of objects. C. ...clinically significant impairment in social, occupational, or other important areas of functioning. D.... no clinically significant general delay in language....E....no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior...and curiosity. (American Psychiatric Association, 2000, p. 70)

Asperger's Disorder is clearly very similar to Autistic Disorder, as much of the definition is shared between the two. The big difference in the classifications of the two disorders is the lack of delay in language and cognitive skills in children with Asperger's Disorder. The language and cognitive development of children being evaluated for PDD is a significant factor in the determination of the specific diagnosis.

Rett's Disorder is different from the previous three diagnoses in that children with Rett's Disorder (299.80) have normal development for the first few months of their lives and then lose much of their developmental gains. American Psychiatric Association (2000) lists the symptoms as

(1) apparently normal prenatal and perinatal development, (2) apparently normal psychomotor development through the first 5 months after birth, (3) normal head circumference at birth... [After months of normal development] (1) deceleration of head growth..., (2) loss of previously acquired purposeful hand skills... with the subsequent development of stereotyped hand movements..., (3) loss of social engagement..., (4)

appearance of poorly coordinated gait or trunk movements, (5) severely impaired expressive and receptive language development with severe psychomotor retardation.

(p. 71)

Finally, Childhood Disintegrative Disorder (CDD) is very similar to Rett's Disorder in that both see normal development for a period of time before a slowing down or even loss of development. Children with CDD do experience typical development until the age of two, which is significantly longer than children with Rett's Disorder. Also, CDD is marked by a greater impairment in social and communicative functioning than Rett's Disorder. The American Psychiatric Association (2000) defines Childhood Disintegrative Disorder (299.10) as

A. Apparently normal development for at least the first two years [of life]... manifested by the presence of age-appropriate verbal and nonverbal communication, social relationships, play, and adaptive behavior. B. Clinically significant loss of previously acquired skills... [such as] (1) expressive or receptive language, (2) social skills or adaptive behavior, (3) bowel or bladder control, (4) play, (5) motor skills. C. Abnormalities of functioning... [such as] (1) qualitative impairment in social interaction..., (2) qualitative impairments in communication..., (3) restricted, repetitive and stereotyped patterns of behavior, interests, and activities, including motor stereotypes, and mannerisms. D. The disturbance is not better accounted for by another specific pervasive developmental disorder or by schizophrenia. (p. 71)

Although the umbrella term of Pervasive Developmental Disorder leads to a large definition, it is clear that there is a wide range of individuals and developmental levels that would fit into the Autism Spectrum. There is a great deal of overlap in the definition of the various disorders, which can easily lead to a lack of consistency in diagnosis. For this reason, a

large goal of those researching these disorders is to create a uniform diagnosis, which would help with advancing research and therapies (Rosenberg, et al., 2009).

Over the past few decades, the number of cases of Autism Spectrum Disorders has risen exponentially. From approximately 39 out of 10,000 people diagnosed with ASD in 1979 to approximately 116/10,000 in 2006 and still rising, as evidence and public consciousness rises, so does the number of diagnoses (Mockett, Kinton, & Theodosiou, 2012). Since 2001, Autistic Disorder and Asperger Syndrome diagnoses have remained constant while PDD-NOS has decreased in commonality, and other PDD diagnoses have increased (Rosenberg, et al., 2009). This is, in part, due to the constant changing of the definition and parameters of the various Pervasive Developmental Disorders and, in part, to the increase in the public consciousness of these disorders, which allows parents, teachers, and other professionals to be more aware of the symptoms and signs related to PDD.

Autism Spectrum Disorders can, and do, affect people from all ethnicities, either gender, and any age, although trends do suggest that specific diagnosis is affected by the age, gender, and ethnicity of the individual, among other factors (Rosenberg, et al., 2009). A study completed by Mockett, Kinton, and Theodosiou (2012) suggests that males are more often diagnosed with Autism Spectrum Disorders, as 57 out of their 69 participants were male. The same study also suggests that Asperger's Disorder is recognized later in girls than in boys. As a result of the ever-changing definitions and the subjective terms used in the DSM-IV, individual diagnoses are greatly affected by the interpretation of the evaluators and one child could receive a different diagnosis from a few different professionals (Rosenberg, et al., 2009). A few trends have surfaced in the patterns of PDD diagnoses, however. For example, there tends to be an over-diagnosis of Asperger's syndrome and PDD-NOS tends to be used for the less severe cases

(Rosenberg, et al., 2009). Autism Spectrum Disorders have come to be quite prevalent in today's society. This is due to a number of factors including the rise in evidence and research that has led to an increase in public awareness. It is unclear if there has been an increase in public consciousness because more people have ASD or if more people have been diagnosed with ASD because there is an increase in public consciousness and it has led to debate within the psychological and educational communities. This 'chicken-and-egg' theory could be an ongoing debate but either way, there has been an increase in the number of diagnosed cases of ASD/PDD and it is important to find more ways to help these individuals, starting with understanding the characteristics of people with these disorders.

Autism, in many ways, "functions as a culture" (Mesibov & Shea, n.d., p. 1). Culture is, simply put, the ways in which groups of people think, communicate, and function in the world. Culture defines a group and separates it from others. Autism affects the way that individuals function in the world, just as culture would (Mesibov & Shea, n.d.). It is clear, in this way, that the differences of the culture of Autism create a definition of disability because people with autism think and behave differently. The difference approach to the 'culture as a disability' theory suggests that despite the differences in the ways that different cultures or individuals develop, no one group is superior to the other (McDermott & Varenne, 1995). It is important for anyone working with children with autism to remember this, to work to understand and appreciate the differences that children with autism present, and to aim to help these individuals in the best possible way for the individuals.

Pervasive Developmental Disorders have a very long, technical definition. These disorders are also marked by a number of more easily relatable characteristics. Although the cause of Autism Spectrum Disorders has yet to be determined, it is generally accepted that there

is a genetic component involved which affects neurological functioning (Mockett, et al., 2012). Further, the diagnosis of ASD is a life-long diagnosis (Mockett, et al., 2012). Autism is something that individuals, and their families, will live with for the rest of their lives. This can, at the time of diagnosis and at other monumental moments in an individual's life, be something that is very difficult to accept.

The thinking of individuals with autism is often marked by a number of traits, including a lack of concept meaning, strong focus on detail without the ability to prioritize the importance of those details, very distractible, very concrete thinking, difficulty with integrating ideas, difficulty with organizing and sequencing, and difficulty with generalizing (Mesibov & Shea, n.d.). These traits all suggest a thinker that is very literal, very detailed, and struggles to 'think outside the box,' so to speak. Individuals with autism tend to focus heavily on specific details and tends to have heightened senses, which can make it overwhelming or difficult to try to 'step back' and see the big picture, rather than just the minute details. Individuals with autism are also characterized as having strong impulses, a great deal of anxiety, and sensory or perceptual abnormalities (Mesibov & Shea, n.d.). These behavioral patterns may make it very difficult for individuals with autism to be taken out of their routine or brought into new situations, which can make leading a 'normal' life very difficult. It is important that the education and therapies of individuals with autism focus on the strengths and interests of the individual (Mesibov & Shea, n.d.), because it allows for an increased level of engagement and motivation, as it true of all people.

Being diagnosed with an Autism Spectrum Disorder can be very overwhelming for both the individual and his/her family. It is important for the professionals working with these individuals to have a thorough and deep understanding of both Autism Spectrum Disorders and

the individual(s) that they are working with. Especially as new therapies and methods are being explored and researched, it is important to keep the disorder in the forefront while determining whether a model would be effective or not.

Theatre

Theatre has been instrumental to the political, cultural, and economic growth of society since the ancient Greeks. Theatre is a very emotional and transcendent experience that can be accessed by all in society; whether rich or poor, educated or not, male or female, young or old. As theatre has been recently increasing in use in therapeutic settings, it is important to understand that cultural and psychological effects that theatre can have.

Theatre can be used as a tool to help people learn and develop cognitive skills. The way that people interact with the script; through reading the text, being audience to the show, or enacting the roles, changes the meaning of the text (Jensen, 2008). The script, both in its written and expressed forms, can be interpreted in a number of ways. Those who participate in theatrical experiences, in any number of ways, are given the opportunity to consider and interpret the text in the way that makes most sense to them, as an individual and as a collective group. John Dewey's philosophy of education involves practical and experiential education, in which people learn by doing (Jensen, 2008). Theatre, in the educational setting, provides students with a great deal of experiential learning; the students can experience a text from the standpoint of an audience member as well as an actor, as a part of the show. Theatre also allows students experience with problem solving and a creative outlet (Jensen, 2008) while the students are exploring issues of the past, dealing with the conflict within the play, and issues with staging and other practical issues, while putting the show together.

Theatre is a very social experience; theatre can bring people together, allows for the opportunity to have new and foreign experiences, and to see the world from a new perspective. Theatrical experiences allow individuals to notice and evaluate social interactions (Jensen, 2008). Plays and other theatrical works revolve around social interactions and often these exchanges are dysfunctional in some way. These experiences allow children, including children with autism, to observe an interaction from the outside and determine if said interaction is functional or not and how it may be improved upon; this would be a valuable experience, especially for children that struggle with these interactions on their own. Theatre also exposed the motivation and differences such as gender, race, and class that influences the interactions amongst individuals (Jensen, 2008). These experiences offer a great deal, again, to the individuals who are in need of learning to assess and learn from various types of interactions. Theatrical events encourage active participation from audience members, (Lancaster, 1997) through applause, laughter, and emotional responses the audience affects the way that the show is performed. Theatre also allows people the opportunity to break out of their typical social roles and engage in behaviors that they would not be able to in their normal daily lives (Lancaster, 1997). Through theatrical experiences, a person can be anybody and have any experience, which allows for an increase in compassion, empathy, and the ability to see from someone else's perspective.

Theatre can also influence moral development as participants experience a problem being solved, see an issue from multiple points of view, and gain insight on cultural phenomena. Theatre creates a space that allows people to question, define, and reform personal belief systems as they are presented and manipulated (Jensen, 2008). Theatrical experiences often force people to reconsider the beliefs that they once had as the show opens minds to various perspectives.

Theatre is also known to exhibit the cultural values of society (Lancaster, 1997) as the theatrical experiences are reflective of the cultures that they were created for. These experiences often push people to confront their human identities (Lancaster, 1997). As performers and audience members are exposed to various stories, characters, and problems, they are given the opportunity to consider how they would respond to a particular situation and their moral identities.

Finally, theatre is also a very emotional experience. Theatre has been used since the times of the ancient Greeks to bring about catharsis, or to purify and relieve emotions (Lancaster, 1997). Theatre exposes performers and audience members alike to very emotional experiences and it is through riding the emotions that come with these experiences that individuals can be purified of the fear and sadness of their own lives, if only for a little while. It is this cathartic experience that makes theatre a great form of therapy. Theatre creates a safe environment, framed within the arena of theatre, in which individuals can experience emotions that do not truly belong to them (Lancaster, 1997). While in a theatrical experience, individuals can experience the emotional responses of people that are not real from situations that are not their own. Theatre is safe because it is not real and yet, it allows individuals to experiment with the emotional responses that these situations would create.

Theatre has been a safe space to experiment with social and emotional issues for thousands of years. It allows people to experience emotions and consider issues from the protected spot as an observer. It is for this reason that theatre has been increasing in prevalence as a form of therapy.

Theatre therapy

Theatre Therapy has been gaining in popularity within the field of psychotherapy over the past few decades. There are a number of different forms that theatre or drama therapy has

taken. For example, the use of improvisation, puppets, and clowns have become popular to address a range of psychological and emotional issues among patients.

First, it is important to understand why psychologists and therapists are choosing to use theatre as a form of therapy for their patients. Recovery from any sort of illness or struggle is a highly individual and subjective process (Moran & Alon, 2011). Every person needs something different in his or her recovery process and it is important that the therapeutic process is open and flexible to those individual needs. Theatre processes and improvisational techniques, such as guided sensory experiences in which free association allows the mind to travel without restrictions (Kindler & Gray, 2010), allows for individuals to follow a unique path towards the heart of the problem and find a solution or recovery process that is specifically for them. Drama therapy creates an inclusive, appreciative, and playful atmosphere in which all feel welcome and that promotes self-expression (Moran & Alon, 2011), as drama therapy groups are no-judgment arenas where anyone can go to seek help.

It is important in drama therapy that individuals are able to view themselves as being separate from the problem; they are not the problem (Butler, Guterman, & Rudes, 2009). When people view themselves as the problem or as being inherently attached to the problem, it is easy for the issue at hand to become overwhelming; if the person is the problem then how can it be fixed? Theatre therapy, however, allows people to use their imaginations to create a dramatic reality, a reality that is *almost* true, in order to see outside of themselves, confront stressful situations, and form the positive attitudes necessary for growth (Pendzik & Raviv, 2011). Drama therapy allows people to use language to redefine the problem and create a story, so as to externalize the problem and make it easier to deal with (Butler, et al., 2009). When individuals are given the opportunity to define the problem and to create their own story, they gain a sense of

control and safety over the situation; *they* have defined the problem as opposed to the other way around and now *they* can control the problem instead of being controlled by it (Pendzik & Raviv, 2011). The narrative of drama therapy allows the patient to define the problem, identify the causes and effects of the problem in terms of the individual's life, evaluate the effects of the problem to decide if it is truly an issue in his or her life, identify a new outcome to the story, and then write a new story that allows for empowerment, hope, and a sense of control over the problem (Butler, et al., 2009). The stories that individuals create and experiment with in theatre therapy programs allow people to create a safe distance between them and their problem (Pendzik & Raviv, 2011), which allows the individual to take a more objective and detached look at the issue and confront their most painful and deep-seeded problems.

Improvisation is a tool used by actors to stay 'in the moment,' or to be actively present, open, and flexible to anything that is coming next. Improvisational therapy is used in the same spirit. Improvisational therapy forces the patient to be and stay in the moment, to listen and respond to the other members of the moment, and to be able to constantly evolve (Kindler & Gray, 2010). It is easy to get lost in even the minutest problems of the day, let alone to get utterly wrapped up in the most conflicting of our problems, but improvisation forces people to be present because there is no expected script to follow and there are many factors influencing the creation of the story. This experience allows people to learn to cope with the give-and-take of control that comes both with improvisational experiences and daily life. Improvisational therapy allows the patient to share his or her story and then watch as it is enacted by peers. This technique not only gives the patient dignity by allowing him or her to know that peers are listening, but it also creates the much-needed distance from the problem and allows patient to become spectator while gaining the advantage of observer (Moran & Alon, 2011). This process

of sharing and showing the problems that are presented, creates a sense of connection and intimacy among the members of the group, that is quite beneficial to the recovery process (Kindler & Gray, 2010). Improvisational therapy comes with a great number of benefits; it helps people improve their creativity, self-esteem, self-expression, and self-knowledge (Moran & Alon, 2011). By forcing people out of their comfort zones and giving them a set of peers with whom they can relate with, support, and be supported by, these individuals are able to feel welcomed and encouraged to explore some of their deepest conflicts.

Puppets are a very useful tool in theatre therapies. As much of theatre therapy revolves around externalizing the problem, puppets give patients, particularly children, an object on which to project the problem (Butler, et al., 2009). To 'externalize the problem' is a very abstract idea; if the problem is festering so deeply inside of me, how do I separate myself from it? The puppets, however, provide patients with the ability to view their problem as a separate thing, with a name, a personality, and a voice. The patients can talk to the puppet and react to the puppet, the patients can push the puppet aside and decide to not have any more to do with it, because it is outside of themselves. The puppet is a symbol of the problem and makes it much less overwhelming to deal with.

Medical clowning is another avenue through which drama therapy can take form. Clowning, as a tool in medicine, has been around since ancient times but is now rapidly growing in hospital pediatric units around the world (Pendzik & Raviv, 2011). Clowns are a fantastic tool through which professionals can reach children. Clowns are presented as fools, which creates an innate sense of vulnerability within the clown as someone who cannot take care of him or herself. The vulnerability of the clown allows the patient to feel more comfortable as it gives the individual a comrade in the feeling of being out of place (Pendzik & Raviv, 2011). Clowning

therapy is so successful because of the link between laughter and health (Pendzik & Raviv, 2011). The common adage of 'laughter is the best medicine,' supports the use of medical clowns; sometimes all that is needed for a person to feel better physically and psychologically is to laugh and clowns allow for that. Clowns are very useful in stressful moments, when a person is in a state of shock or is overwhelmed by the reality of a traumatic experience, such as in refugee camps, because the presence of a clown becomes so absurdly shocking that it has the ability to shake people out of the shock from the traumatic experience. The clown is such an illogical presence that it legitimizes the disjointed feelings of those involved (Pendzik & Raviv, 2011). Clowns are of great use in therapy because they have the ability to connect with people across all boundaries; despite class, gender, race, religious beliefs, and even age (Pendzik & Raviv, 2011). Clown therapy is different from improvisational therapy in that there is no active work that needs to be done by the patient in clown therapy. Clown therapy is used more for immediate relief rather than long-term guidance. Still, clowns are of great use in allowing people to experience the absurd and remove themselves from stressful situations.

Theatre therapy is a great tool in the world of psychology. Theatre therapy allows people to separate themselves from their problems and deal with them as a story, or a play. Theatre creates a safe space through which people may explore a range of emotions and theatre therapy is simply a formalized way of using this to cope with life's issues.

Autism theatre therapy programs

Theatre therapy has been used for emotional and psychological assistance for years. Recently, theatre therapy has been explored as a tool for children with autism. The goal of the newly developing programs is primarily to help children with autism develop their social-emotional skills, a main concern of people with an Autism Spectrum Disorder diagnosis.

Although theatre therapy for children with autism is a new concept, recent research has been very promising for the positive effects that such programs can have. Theatre programs for children with autism are developed with the goal in mind of improving social-emotional functioning and reducing stress towards new situations (Corbett, et al., 2010). The various programs and studies have children moving through different theatre and acting exercises to help them understand emotions; by both allowing the students to express their emotions and understand the emotions of others (Post, 2007). Improvisational and scripted techniques help children with these tasks as improvisation forces participants to be 'in the moment' and scripted techniques allow for the opportunity to analyze and consider the motives and perspectives of the characters. These programs also provide children with the opportunity to increase their confidence and develop passions (Post, 2007) as they practice to improve their skills, feel a sense of community, and have a means for self-expression. Further, theatre helps children with autism to practice real-life situations and conflicts in a safe environment as there are no true consequences and a lack of pressure to react 'correctly' to a certain situation (Loper, 2010). Children with autism struggle with their reactions to difficult or tense situations and these theatrical experiences allow them the opportunity to experiment with different responses without any lasting consequences.

Theatrical programs allow children the opportunity to work with other children in a creative and highly social way. This is a great benefit to children with autism who struggle with peer interactions. Theatre programs are a type of group therapy that help all members improve their socialization skills (Loper, 2010). Many of these programs allow for children with autism to work with their typically developing peers. These models follow the inclusion theory in which it is believed that all children should be welcomed into the community and can learn from

one another. One recent study used typically developing peers as models for the children with autism. In this study, the typically developing students videotaped themselves performing the roles of the children with autism so that the latter students could bring the tapes home, study, and imitate the behaviors (Corbett, et al., 2010). Modeling techniques are widely used techniques in helping children with autism learn appropriate behaviors and this study was able to utilize those techniques. Not only were the children with autism able to observe and imitate the pro-social behaviors and appropriate representations of characters of their peers, the typically developing students were also able to gain a great deal in terms of empathy and communicating towards the children with autism (Corbett, et al., 2010).

Not only does theatre help children with autism improve upon their socialization skills, but it also helps them to improve upon their communication and theory of mind, or perspective-taking, skills. Being an actor takes much more than delivering the lines, it takes a great deal of nonverbal expression such as gestures and facial cues, as well as empathy and large-group skills (Loper, 2010). Theatre programs exercise these skills amongst individuals and, as children with autism struggle with these skills, the practice is very helpful. In these programs, the intervention is embedded in the fun and creative activity of practicing and performing a theatrical production (Corbett, et al, 2010). These programs help the children to improve their skills by making it necessary that the children identify key social cues in a situation, developing skills in the way that they communicate, move, pretend, and interact socially (Corbett, et al., 2010). The children are given the opportunity, as is with social stories, to consider a situation, the reaction a person has, and the perspectives of everyone involved while the story is externalized, or not their own. These skills are very difficult for anyone when there is a personal attachment to the situation, by

using a theatrical approach, the children are able to practice these skills on a situation that they have no true attachment to.

These theatre programs showed that the children had great improvements in many specific areas. For example, the children involved showed a great improvement in face identification skills, which children with autism often struggle with (Corbett, et al., 2010). This could be because there is such an emphasis on facial expressions in theatre that when the children are forced to pay more attention to faces, they are able to recognize familiar faces more readily. Theory of mind skills, or the ability to recognize the thoughts, feelings, and beliefs of yourself and others, were also greatly improved (Corbett, et al., 2010). Again, recognizing the perspectives and motives of yourself and others is a large part of theatrical performances and it is the inherent emphasis on this that theatre provides that would naturally lead to an improvement in this skill set.

Theatre also places a huge emphasis on the use of voice and vocal tone. The three modes of communication include vocal tone and volume, body language, and facial expression (Loper, 2010). Theatre programs force participants to carefully consider the way that they are going to use each one of those modes of communication. These programs help children to recognize that your volume and tone of voice, as well as emotion and timing, greatly impact the way that people react to what is being said (Kordt-Thomas & Lee, 2006). Theatre emphasizes the subtleties of communication that children with autism often struggle with.

These programs often work through a scaffolding approach, as related by Lev Vygotsky of the Sociocultural Theory of education. For example, the rehearsals and meetings might begin with one session a week before slowly increasing to finally reach three or four a week (Corbett, et al., 2010). Also, the program might begin with some simple name games before increasing in

difficulty to free association techniques, improvisation games, script writing, and, finally, scripted performances (Regan, 2008). The idea behind slowly increasing in difficulty and intensity is that the children are beginning the program with very low skill, comfort, and tolerance levels. As the children gain in skills and confidence, however, they are able to endure more time spent and more challenging tasks.

Dr. Stanley Greenspan has developed a very specific program using theatrical techniques to help children with autism increase their social-emotional skills. Dr. Greenspan's technique is based off of the belief that play is a useful tool in developing a child's emotional and social skills (Kordt-Thomas & Lee, 2006). The Floortime approach, as coined by Dr. Greenspan, uses make-believe as a coping mechanism (Loper, 2010). This principle relates directly back to the dramatic reality discussed by theatre therapists.

Play has a significant role in the development of young children. The symbolic thought and language necessary for play greatly advances a child's cognitive development (Trawick-Smith, 2006). In order for a child to successfully engage in play, he or she must be able to use symbols or representations of items, such as a tree representing the meeting place of a team of super-heroes, and use language to negotiate and communicate with the other players. Play provides children with the opportunity to problem-solve and think creatively, as well as practice social skills (Trawick-Smith, 2006). Children with autism struggle with these concepts. Children with autism often struggle to share a script with other children and to engage in make-believe, which is not a concrete way of thought (Trawick-Smith, 2006). It is important that the adults in these children's lives make an effort to help children improve upon these skills, in order to improve social and cognitive skills, and the Floortime approach provides guidelines for such intervention.

The Floortime approach is used to help develop a child's relationships with others (Kordt-Thomas & Lee, 2006). This approach is very individualized and is designed to improve social skills and language (Soloman, Necheles, Ferch, & Bruckman, 2007). The Floortime approach is designed to follow the child's lead and to relate to the child on his or her developmental level (Wieder & Greenspan, 2003). For example, if the child's play routine is to run around the playground flapping his arms, the interventionist is to follow him around the playground with flapping arms. The idea is to use the child's choices to bring pleasure and comfort while encouraging the child to interact with you (Kordt-Thomas & Lee, 2006). By beginning on the child's level, you are ensuring that the child feels safe and supported in what is happening and is able to feel comfortable with taking a risk in his or her play, moving beyond the current developmental boundaries (Wieder & Greenspan, 2003). Floortime teaches the child to interact with peers in a number of ways; by sharing attention, reading social and emotional cues, solving problems, and thinking creatively (Kordt-Thomas & Lee, 2006). This process has a foundational principle that all behavior has a purpose (Kordt-Thomas & Lee, 2006) and it is through these behaviors that we can understand the motives and thoughts of the child and teach him or her to interact and relate with peers, as well as understand the motives and perspectives of said peers.

Floortime intervention is structured in brief sessions throughout the day and takes advantage of daily activities, such as bedtime (Soloman, et al., 2007). By integrating this therapy throughout a child's day and keeping it brief, the child is able to see that these skills are for daily life, not just for use in the therapist's office. Floortime follows a set of basic principles including, following the child's lead, joining in at child's developmental level and with child's interests, having a circle of communication with child, creating an appropriate environment, and

opening the child to new experiences (Kordt-Thomas & Lee, 2006). This approach allows for child and adult to develop a very personal and unique relationship that follows its own sets of rules. As long as the adult is following the lead of the child and always encouraging expansion and growth, the child is making progress. Greenspan also emphasizes a number of developmental levels; “self-regulation and shared attention,” keeping the child calm; “engagement and relating,” having the child engage directly with the adult; “two-way intentional communication,” when the child communicates through gestures and emotional signals; “purposeful complex problem solving communication;” “creating and elaborating symbols;” and “bridges between symbols” (Wieder & Greenspan, 2003, pp. 427-429). This technique is like other theatre therapy programs in that it uses imaginative realities to help improve language, social, and emotional skills but it is unlike the other programs in that it is not a group therapy approach and there is no creation of a theatrical end-product. This program is used on a day-to-day level and is used for young children to learn to relate to the people in his or her life.

The Miracle Project, on the other hand, is a theatrical program designed for older children in which a production is the end goal. Children engaged in the Miracle Project, developed by Elaine Hall, the mother of a child with autism, work together to write and perform a play vested in their interests (Regan, 2008). The Miracle Project begins with very easy and low-stress activities such as yoga and breathing exercises before eventually using the children’s improvisation experiences to develop an original musical (Loper, 2010). Many of the children who entered the Miracle Project started the experience by refusing to interact with the other children and showing signs of great distress, by the end of the experience, however, the children had developed friendships and showed great pride in their hard work (Regan, 2008). The Miracle Project is one example of many that gives children with autism the experience of being

involved in a group project that allows for creativity and self-expression while improving upon social, emotional, and communicative skills.

Theatre therapy programs are an excellent tool for children with autism. These programs allow children the experience of being involved with peers and working towards a creative end. These programs allow children to express themselves, develop passions, and increase their confidence levels. These experiences also give children with autism an outlet for practicing social, emotional, and language skills in a natural and inclusive setting.

Implications and Conclusions

The findings from recent research on the use of theatre as therapy for children with autism can greatly impact the way that we teach all children, not just children with autism. Theatrical experiences are wonderful for teaching a wide range of skills, both academic and of a social-emotional nature. All students can benefit from being given the opportunity to step outside of their personal perspectives and states of mind to explore the situations, conflicts, beliefs, behaviors, and motives of others. These experiences allow children to explore a range of emotions in a safe environment, to think creatively, problem solve, and to pay attention to the subtle nuances of nonverbal communication. These experiences provide children with the opportunity to work cooperatively and engage in social experiences. Theatrical experiences are greatly beneficial to all children, especially children who struggle with relating and communicating with others, such as children with autism.

Most of the research done on theatre therapy for children with autism relates to the social-emotional benefits. There is not a great deal done regarding the cognitive or academic benefits of integrating theatre into therapy programs and classrooms. Further investigation into the subject should consider these aspects of children's development.

Methodology

Context

This study took place in two Intermediate classrooms for children with Autism Spectrum Disorder in upstate New York. These two classrooms are in the same school and the teachers collaborate often. After sending out numerous invitations to a variety of different locations in the area, this school and these two teachers, in particular, expressed a great deal of interest in the project.

Time was split between working with the two different classrooms. Each class received equal time and engaged in a variety of different theatre activities and games. Further, all of the students involved took both a pre-assessment and a post-assessment to determine how much growth was made. Finally, two case study children were chosen to focus on. I engaged the classroom teacher in pre- and post-interviews regarding these students and field notes and observations were taken while the children were engaged in the activities.

Participants

There were seven students, all in the Intermediate age range, participating in this study. All of the students were boys as the two participating classes had no girls. The students were referred to and their data tracked as Students A-G.

All of the participants were diagnosed with an Autism Spectrum Disorder and they all were considered to be 'low-functioning.' Many of the students were non-verbal or had just recently begun to communicate. A few of the students spoke primarily in scripts or repeated the words that were spoken to them. Very few of the students regularly produced unprovoked or original speech with the intention of communicating with others.

Commented [S2]: put this in past tense also

Method

This study has been designed to determine if theatre can be used to aid in the social and emotional development of students with Autism Spectrum Disorders. This study, based on the participant pool, focused on boys who are considered to be 'low-functioning' or have moderate to severe ASD.

Data was found in this study through a variety of means. Two case study students were chosen. The two case study children were members of the same classroom, as that particular teacher had expressed interest in the idea of the case studies. The classroom teacher of these students was interviewed both in the beginning and ending of this study, to determine what growth and improvement, if any, they observed in their students. These two students were also observed throughout the study and field notes were kept on them. In addition, all seven of the participating boys were 'assessed' at the beginning and ending of the study, using the same assessment, to see how their responses changed. The activities that the students were engaged in were planned the night before the next session in order to be flexible to the needs, interests, and progress that the students were demonstrating.

Researcher stance

Throughout the course of this study, I acted as both participant and observer. I began by interviewing the classroom teacher regarding the two case study students. I also worked individually with the students to help them complete the pre-assessment. As the study progressed, however, I took on a role of leader; as I worked directly with the students to teach and lead them in the activities that I planned for that day, as well as observing all of the students, particularly the four case study students. At the end of the study, I interviewed the teacher and helped the students to complete the post-assessment.

Commented [S3]: same classroom or one from each classroom?

I graduated from SUNY Geneseo in 2011 with a Bachelor of Science in Early Childhood and Childhood Education and a concentration in Theatre. I am currently certified in both Early Childhood Education and Childhood Education with the state of New York and I am a substitute teacher in a suburban district in Upstate New York. I am currently working towards earning a Master's of Science in Special Education.

Informed consent and protecting the rights of the participants

Meetings were held prior to the beginning of the study so that the classroom teachers who chose to participate were informed of all of the methods and intentions of the study. Further, the parents of the students involved were all made aware of the study and asked for permission to work with their children through a consent form. The teachers involved were aware of all of the processes and were always present when the students were being worked with.

Data collection

Data was collected in a variety of ways. Data on the two case study students was collected via pre- and post-interviews with the classroom teacher and through field notes and observations. More quantitative data on the whole participant pool was collected through pre- and post-assessments.

Results and Discussion

The study lasted for four weeks; visiting the two classrooms on Mondays and Fridays for a half an hour each time. Over the course of the four weeks, the students engaged in activities including games, puppet-making, and role-playing. The students pretended to be different animals, studying the movement and sounds that different animals make. The students considered different features that they have in various improvisation games. The students allowed themselves to move freely to music, reacting in whatever way felt most appropriate to

them. Finally, the students made and explored with puppets (Appendix A). The activities were presented and engaged in in a very positive and fun atmosphere; this was not presented as “work time,” but rather, as games.

Quantitative Data

The students were given a pre-assessment at the beginning of the study and then the same test as a post-assessment at the end. The students were asked multiple choice questions in which they were to identify the emotions that a person was showing on his face or was expressing verbally. The students were then asked to give verbal or facial responses to a series of questions in which they were to express their own feelings. A number of questions were asked in the pre-assessment but were left out in the post-assessment due to the lack of ability of the students to spontaneously produce expressive speech. Pre-assessments can be seen in Appendix H and post-assessments can be seen in Appendix I.

The data has been recorded in two separate charts. The first chart considers the multiple choice questions, in which students were asked to identify the emotions of others.

Objective Questions Regarding the Emotions of Others

	Pre-Assessment	Post-Assessment	Growth
Student A	2/6	2/6 (Same)	0%
Student B	5/6	6/6	17%
Student C	3/6	5/6	33%
Student D	4/6	5/6	17%
Student E	1/6	5/6	66%
Student F	2/6	4/6	33%
Student G	2/6	5/6	50%

This chart represents the students’ responses to the multiple choice questions in which they were asked to identify the emotions of other people. Every student either maintained their pre-assessment score or improved. Only one student maintained his score, everyone else

improved by at least one question. Student B was able to obtain a perfect score on his assessment. Student E made the most progress, increasing his score from 1/6 to 5/6, a 66% increase. The improvement in the scores to the questions regarding the emotions of other people can be attributed to the fact that the activities that the students engaged in helped the students to understand the emotions of other people. The animal role-playing forced the students to think about the ways that other creatures move, express themselves, and behave. The use of puppets allowed the students to have a safe method through which they might express the thoughts and emotions of another being. Finally, practicing different faces (“show me happy,” “show me sad,”) allowed the students to experiment with different facial expressions; they practiced these expressions on their own and watched as their peers and adults in the room did the same. All of the activities that the students engaged in allowed the students to slow down the process of expressing and perceiving emotions; instead of instantaneous responses in the heat of the moment, the students were observing in a calm and safe setting, which allowed them to pick up on new subtleties of the facial and verbal expressions that they normally would not have noticed.

Expressive Questions (Show Happy, Show Sad, Show Angry)

	Pre-assessment	Post-assessment
Student A	Repeats prompts	Accurately shows facial expressions
Student B	No response	Accurately shows facial expressions with verbal expression
Student C	Scripting	No response
Student D	Repeat prompts	Accurately shows facial expressions
Student E	No response	Accurately shows happy and angry
Student F	Accurately shows happy and sad	Accurately shows all three facial expressions
Student G	Repeats prompts	Verbally expresses emotions

This second chart considers the second set of questions asked on the pre- and post-assessments. This set of questions considers the students’ abilities to express themselves, either

verbally or physically. During the pre-assessment, with the exception of Student F, none of the students were able to express themselves. When asked to “show me happy,” “show me sad,” or “show me angry,” the students would either give me no response, repeat the prompt back, or start their own script. By the post- assessment, however, all students, with the exception of Student C, were able to accurately express some or all of the emotions either physically or verbally. Student F, the only student who responded in the pre-assessment, improved from being able to show happy and sad emotions, to being able to express angry, as well. Student B had originally given no response and, by the post-assessment, was able to express all three emotions both physically and verbally. Every student made progress in their ability to express their own emotions. This can be attributed, again, to the types of activities that the students were asked to engage in. The students were asked to role-play in activities that asked them to consider how a situation would make them feel, they were given the opportunity to dance to classical music according to how it made them feel and talk about those feelings, they spent a great deal of time expressing themselves as different animals, and were asked to “show me” many different emotions. These activities gave students a safe space through which they could practice expressing themselves and they learned to do so in a fun and engaging way. The students were able to pretend, which meant that they did not actually need to feel sad or angry in order to express those feelings, which meant that they were able to see and feel what that expression felt like without having the negative emotions attached. Finally, the students were given many opportunities to simply become more self-aware of the way that their body moves and the features that they have, which allowed them to become more self-aware in their expressions, as well.

Case Studies

Based on observations made throughout the study, it was clear that all of the students enjoyed the activities that were presented throughout the program. Two students were chosen at the beginning of the study to act as case studies. The teacher and the researcher chose the two students together, based on the students' interest in theatre and dramatic activities. Information was collected for these students through pre- and post-interviews conducted with the classroom teacher, as well as field notes taken throughout the study. Students B and D were the two case study students.

Student D made a good deal of progress throughout the study. His score on the pre-assessment improved from a 4/6 to a 5/6 on the multiple choice questions, a 17% increase, and from repeating the prompts to accurately showing facial expressions on the second set of questions. Student D has always been more verbal than many of his peers and showed a great deal of excitement throughout the program (Appendix F, field notes). Student D's two interviews can be seen in Appendices E and G. The two interviews with his classroom teacher show that while she did not see progress in every area that the researcher was hoping for, Student D did display progress. For example, Student D has always been more likely than his peers to reach out and attempt interaction with others, but he has been displaying more use of facial expressions to interact with others since the beginning of the program. Further, when trying to cope with difficult situations, Student D is now less prone to using self-stimulation to calm himself down and more likely to use facial expressions to convey his feelings. Student D's teacher, in the post-interview, expressed that he did enjoy the program and is displaying his increased awareness of how his body moves and is able to express himself in a more mature and controlled manner, using facial expressions conscientiously and being less reliant on self-stimulation to calm himself

Commented [S4]: How were they chosen? did the teacher pick them? Randomly? Parent permission?

down or express himself. The program has helped Student D learn to express himself and increased his ability to communicate with others.

Student B, the other case study student, showed even more progress. Student B improved his score from 5/6 to 6/6. While this is the same 17% increase as Student D made, Student B was able to obtain a 100% on his assessment. Further, Student B originally gave no response to the second set of questions on the pre-assessment, but was able to not only physically express emotions but was able to verbally express them on the post-assessment, as well. The interviews (Appendices B and D) also exhibited a significant amount of progress for Student B. Originally, Student B was described as being very complex and stuck in his own world. During the post-interview, however, Student B's teacher explained that he was far more likely to reach out and attempt to interact with his peers at the end of the program. Like Student D, Student B has improved in his ability to cope with difficult situations. Student B exhibits more of an understanding of difficult situations and has been utilizing less self-stimulation to cope. Further, Student B's behavior has improved significantly. He has become much more animated throughout the school day, much more interactive with the rest of the class community, and much more likely to express his feelings with facial expressions. Student B's speech has improved significantly, as well. At the beginning of the program, Student B's speech was described as minimal and slow; Student B did not communicate often and when he did, it was with a very limited vocabulary and with very slow response time. His speech has increased in frequency, his vocabulary has increased and become more varied, and his response time has shortened. Student B has always enjoyed drama, dance, and make-believe. The classroom teacher explained that Student B was her original motivation for engaging in the project. Since

the project began, Student B became even more likely to engage in pretend activities, had been more animated, and participated more in class and school activities.

This program has helped both Students B and D to identify and express emotions. This program has helped the students to improve their behavior and increase their peer interaction and communication skills. The activities that the students engaged in during this program allowed the students to express themselves through the eyes of someone else; they expressed themselves as a cow or as their puppets, taking some of the pressure off expressing their own personal feelings. This allows a person to become more comfortable with expressing emotions and, therefore, more likely to be able to do so for themselves. When the classroom teacher was asked if this was something that she would continue to integrate into her classroom, she explained that she has already started to implement some of these activities and techniques into her classroom and has been focusing more on these skills during reading and writing instruction, as well. These skills are easy to integrate into the classroom and serve as a constructive yet fun break for the students to take throughout the day.

Every student that engaged in the activities showed progress, despite the short period of time that the program lasted. The students enjoyed the activities and their abilities to respond to difficult situations, perceive the emotions of others, and express their own emotions, have all improved.

Conclusion

This study has helped to prove the research done previously. Similar studies have found that theatre can help to make progress with the social and emotional development of children with autism. This study has helped to support those findings. This study, however, worked with a slightly different demographic than many of the programs completed before. Many of the

other programs have worked with children with Asperger's or are considered to be more high-functioning on the Autism Spectrum. This study helped to show that the same theatrical techniques can be used to aid children who are considered to be more low-functioning on the Autism Spectrum.

Ideally this study would have lasted for at least six months and there would have been more participants involved. The lack of time that there was to devote to the study was a definite limitation. The next steps would be to work with similar demographics but on a more long-term basis. By having more time to devote to the program, it would be easier to see further development and to reach more domains. More evidence could be collected, which would help to further validate the findings from this study.

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