THE UNIVERSITY OF HULL

The Use of Dramatherapy Techniques Including Role, Play, Movement and Touch in Developing and Extending a Sense of Self and Identity in Young Autistic Adults

being a Thesis submitted for the Degree of PhD

in the University of Hull

by

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April 2016

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Introduction

This research seeks to establish the ways in which dramatherapy can be an effective approach for the development of a sense of self, other and identity in autistic people. Through an understanding of the characteristics of autism and the part that an underdeveloped sense of self plays in autistic behaviours, and consideration of autistic expressions of self, fundamental connections are made between the autistic self and key elements of dramatherapy. Consideration of existing autistic self-expressions and the experiences and perspectives of autistic research participants, parents of autistic individuals, and dramatherapists who work with autistic clients, allows for further understanding of the way autistic people choose to express a sense of self, the characteristics of autism and the main features of dramatherapy. Dramatherapy as an oblique approach that offers the opportunity for creative modes of self-expression, and puts the autistic client in the centre of the therapeutic process, allows for exploration of key characteristics of autism, and the acknowledgment and extension of the existing sense of self in autistic individuals, in accordance with the social model of disability.

Dramatherapy and Autism

Dramatherapy is a relatively new area, particularly from a theoretical point of view, growing in popularity and recognition since the 1960's when it was first founded. Despite this, the amount of research being done in this area has increased in the past two decades, with many publications from practitioners such as Sue Jennings (1992, 1993, 1994, 1997, 1998, 2009), Phil Jones (1996, 2005,

2007, 2008), Ann Cattanach (1992, 1994), Anna Chesner (1995, 1998), Jenny Pearson (1996), Robert Landy (1994, 1996, 2008) and Renée Emunah (1994, 2000, 2009). The majority of research carried out is done by practising dramatherapists and is largely based on practice. Little research into dramatherapy as an approach has been undertaken by academics who are not registered as trained dramatherapists. This has arguably led to much practice based knowledge to the detriment of the consideration of dramatherapy as a concept from an outside academic point of view, from which both the positive and negative aspects of the approach can be reflected upon. Autism is, in contrast, a more widely researched area, with the amount of research steadily increasing since the publication of Leo Kanner's paper *Autistic Disturbances of Affective Contact* (1943) in which he became the first person to define the term infantile autism, which then became a classic feature in clinical psychiatry. Much of the literature surrounding autism focuses on scientific and clinical research, and the symptoms that autistic people present from a diagnostic point of view, which suggests that existing research is geared towards recognising the causes of, and finding a cure for, autism.

This thesis, however, focuses less on the scientific and clinical aspects of autism, and instead aims to begin to understand autism as a developmental condition that causes an underdevelopment of a sense of self, and how this affects, and is affected by, the main features of autism, such as communication difficulties, problems with social skills and social awareness, sensory sensitivities and special interests and repetitive movements. The research focuses on the understanding of autism not only from the outside in, but also from the perspective of those who are diagnosed as autistic. In order to gain an insight into the world of autistic

people, who are described as living within their own inner worlds and experiencing the outside world in a different way to neurotypicals, the views, opinions and experiences of autistic adults are considered through autistic expressions of self and interviews with autistic adults. By so doing, key aspects of autism according to autistic people can be highlighted, including the ways in which they choose to express themselves, which allows for fundamental connections to be made between the autistic self and aspects of dramatherapy in order to argue for the therapeutic potential of dramatherapy for autistic individuals. This research focuses specifically on autistic adults as much research on autism tends to be focused on autistic children. As Howlin (2014) states,

> it is crucial to recognise that autism is not a childhood disorder. Individuals are adults with autism much longer than they are children with autism. Autism does not disappear at age 18, but unfortunately most interventions and support networks do! Several recent studies and systematic reviews have highlighted both the scarcity of studies of adults with autism and the poor quality of what little intervention research does exist (798).

Therefore, it is important to represent autistic adults who cannot conduct their own research, hence why autistic adults have been interviewed within this thesis. This gives autistic participants the opportunity to express themselves within research geared towards a possible intervention through which to develop their sense of self and identity.

In view of the above, it is important to represent autistic adults who cannot conduct their own research, and thus autistic adults have been interviewed within this thesis. This gives autistic participants the opportunity to express themselves within research geared towards a possible intervention through which to develop their sense of self and identity. The rationale for this researcher stems from a

variety of personal and professional experiences. Having parents who are psychologists who have worked with autistic people in educational settings, an interest in working with autistic individuals was established early in my undergraduate years in university when I volunteered with adolescents who had a range of learning disabilities and special needs. During the three years of my degree in drama, I undertook projects within many of my modules that centred on drama with vulnerable adults, including those with autism, as it had occurred to me that drama was a potentially powerful vehicle for self-expression for such individuals who may have limited options for effective communication. Although at that time dramatherapy was no longer offered as a module as part of my course, the premise of the approach appealed to me as a form of therapy for adults who may have limited social skills and social awareness.

After university, I worked as a drama specialist in a centre for expressive arts for vulnerable adults. Although not trained as a dramatherapist, and not working within a strict dramatherapy framework, here I used drama techniques as a way to encourage social interaction and self-development with adults with learning disabilities and autism. It was at this time that I began to appreciate the enjoyment and opportunities for self-expression that drama can offer such adults. I witnessed significant personal changes and development in many of the people I worked with through the establishment of a close working relationship and provision of the opportunity and encouragement to express elements of the self within a safe space. Although often assumed to be trapped in their own world, when working with autistic people in this environment there were moments of enlightenment in which a real connection was made between myself and an autistic client, largely through play, movement and touch. This led to a growing interest and enthusiasm in dramatherapy, a person-centred approach and a

unique model of therapy that offers the client control over his/her own experience and sense of self. This was reinforced by my strong personal belief that autistic people should be given a voice and control over their own experiences and choices, in accordance with the social model of disability. Although not a dramatherapist myself, I have taken part in practical dramatherapy courses with the Sesame approach to dramatherapy and experienced for myself, despite previous scepticism about the benefits of dramatherapy, the transformation and growth that can occur within a dramatherapeutic environment. Although these experiences have been significant in confirming my interest in dramatherapy, the fact that I am not formally trained in the approach allows me to critically analyse both the benefits and limitations of dramatherapy from an outside perspective. These experiences and personal convictions shaped the research into the use of drama as a therapeutic medium for autistic adults wishing to explore their sense of self and identity, and influenced the methodological approach employed within this thesis.

Despite the fact that both dramatherapy and autism respectively are areas that generate much interest in terms of research, there appears to be relatively little past and current research that combines the two areas. The existing research surrounding dramatherapy with autistic individuals is fairly recent, which suggests that it is an area that currently creates much interest. Existing research considered within this thesis includes Lee R Chasen's *Social Skills, Emotional Growth and Dramatherapy* (2011), Jeremy Carrette's article 'Autism and Dramatherapy' (1992) in the *Journal of the British Association of Dramatherapists*, and, perhaps most significantly, the April 2013 special issue of the *Journal of the British Association of Dramatherapists* based around different

areas of dramatherapy with autistic clients. The publication of the special issue is evidence that these areas are presently of particular interest, and lends a good foundation for the majority of the research for this thesis, although much of this research was undertaken before the special edition of the journal was published.

Although dramatherapy with learning disabled clients is a popular area, and does feature information surrounding dramatherapy with autistic clients, the information is often limited to focusing on dramatherapy practice from a practitioner's point of view, rather than the concepts of dramatherapy in relation to a certain area of autism, such as the underdevelopment of a sense of self and other. It is also rare that the views of autistic people themselves are represented in research surrounding dramatherapy for this client group. The voices and points of view of autistic clients within research are largely unrepresented.

The Concept of a Sense of Self

Throughout the first section of the thesis, the development of a sense of self is considered. A developed sense of self shapes our identity, ability to relate to others, and the way we behave in society, therefore section one explores these themes so that the reader can begin to comprehend what affects the development of a sense of self in autistic people, and the problems that this causes autistic individuals. The concept of self is a complex one, with many theories from a number of different psychologists and psychoanalysts such as Sigmund Freud (1920), Carl Rogers (1959), Heinz Kohut (1971-1978) and Donald Winnicott (1949-1986) proposing the elements that make up the self. The concept of the self recognised within this research is based on the theories of Carl Gustav Jung

and Robert Landy[1]. These particular researchers are relevant as much dramatherapy theory is based around these two figures. Jung's theories of psyche and soma are important concepts in the Sesame Approach of dramatherapy; Sesame bases its theories on Jung's concept of the collective unconscious within the psyche and the archetypes that exist within it, and aims to connect the conscious and unconscious as a way to achieve wholeness and psychological development. Jung's theories of persona and the way that this is used as a form of protection from the hostilities of the social world are particularly relevant in terms of autistic people. Landy's theory of role and the development of a functioning role repertoire in order to construct the self is prevalent in dramatherapy practice and his role model, in which roles are comprehensively explored through the protagonist, counterrole and guide, is recognised as a significant model of dramatherapy. The extension of the authentic role repertoire in the development of a sense of self and identity is a key aim of dramatherapy for autistic individuals within this research. The self is the inner part of ourselves in which we hold our personal beliefs, attitudes and values. Through taking on different roles and adapting them to suit our own understanding of ourselves, we choose which part of the self we portray in different social situations, therefore creating our own identity and representation of the self. The self is constructed through normal psychological developmental stages and role repertoires, which expand over time and through social understanding.

Landy's concept of the constructed self supports the theory of self adhered to within the thesis. He defines the self as a social construct, an identity is created

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[1] Robert Landy is dramatherapist and a Professor of Educational Theatre and Applied Psychology and Director of the Drama Therapy Program. He is a key figure in dramatherapy research, particularly in terms of role and dramatherapy. Within his work into role in dramatherapy, he has built a theory of the constructed social self.

in society that is based on the way others see us, 'self becomes a social construct, and human beings build their identities on the ways they are seen by others' (Landy, 1993:20). He suggests that people have many social selves, but that they also have some permanent attributes that remain the same due to the individuals' beliefs and personal characteristics, which relates to the idea of the mind as the container of the inner self. His theory also implies that roles form the personality, and that a limited role repertoire affects the development of a sense of self. Landy dismisses the idea that humans are born with a whole sense of self, stating, '[d]espite the moral weight of many theologians, philosophers, poets and humanistic psychologists, the concept of self as monolithic, monotheistic, and authentic oversimplifies human existence' (1993:21). Jung, however, suggests that the psyche is the centre of the personality, the container of all thought, feeling and behaviour, and that it is split into different sections such as the consciousness, personal unconscious and collective unconscious. The presence of the psyche in Jung's theory suggests that people are born whole, rather than acquiring personality or roles through learning and experiences. Jung believes, as we are born whole, the goal of life is to guard against the psyche and the whole self breaking into separate and conflicting systems, which affects self-knowledge,

> Separation from his instinctual nature inevitably plunges civilised man into the conflict between conscious and unconscious, spirit and nature, knowledge and faith, a split that becomes pathological the moment his consciousness is no longer able to neglect or supress his instinctual side (Jung, 1958:58).

In Landy's theories, there appears to be more element of choice in how the self is presented, whereas Jung suggests the personality is inherent and whole within us from the beginning of our lives, and that in psychologically healthy people the process of individuation can be reached and individuals can become self-aware

and reach self-realisation. Jung's concept is somewhat outdated and does not recognise the vital part that social experiences play on the development of self and identity. In relation to the way we consciously choose to play out some aspects of certain roles in different social situations, Jung's concept of persona is favourable to Landy's suggestion of the false self. Landy refers to the concept of a false self, or the development of inauthentic roles that contrast to the other roles within our repertoire. In Jungian terminology, this is referred to as the persona; the mask we sometimes wear to portray ourselves in a different way to achieve social acceptance,

> The persona is a complicated system of relations between individual consciousness and society, fittingly enough a kind of mask, designed on the one hand to make a definite impression upon others, and, on the other, to conceal the true nature of the individual (Jung, 1928:305).

Both Landy and Jung's concepts suggest that if we become too immersed in the roles that make up the false self or persona, other authentic roles that help to make up the self or role repertoire become lost or dormant, which limits our role repertoire and our representation of the constructed self. Within this thesis the concept of persona is particularly relevant in terms of an underdevelopment of a sense of self in autistic people, as the persona is largely developed through impersonation of neurotypical behaviour in response to neurotypical societal expectations.

Terminology Surrounding the Self

When discussing a sense of self within this research, many terms relating to Jung and Landy's concept of self are used and it is vital that the reader understands

what is meant by certain terms. Jung's belief in the true and whole self that we are born with is dismissed as the idea of a whole self that is inherent to all individuals is too simplistic to describe human experience, and implies lack of individual choice, as well as minimising the part that society plays in the construction of the self. Used instead is the **constructed self**, which refers to the self being made up of a range of different roles that exist within our role repertoires that can be chosen in different social situations. Jung refers to archetypes that are universal patterns of behaviour, which relates to Landy's role types outlined within his taxonomy of roles. Within this research, roles that make up the self are referred to rather than Jung's theory of archetypes but the similarities between the two are acknowledged.

When the terms authentic self and authentic roles are used, the implication is that authentic roles are those that fit within our role repertoire and are understood and used with ease, rather than roles that are at odds with the rest of the roles that make up our personality and are based upon impersonation of others. Within this research it is accepted that the taking on of a persona is, at times, essential in order to protect ourselves from external pressures of the social world, but, as Jung asserts, it is important not to rely too much on the persona to the detriment of the authentic roles within our repertoire, which is arguably the reason for an underdeveloped sense of self in autistic people. This implies that persona relies on impersonation, the adoption of roles based on how others are behaving in the given social situation, rather than the roles that we feel comfortable with and which come naturally to us. As will be discussed throughout section one, a certain level of imitation is vital as it is an important part of our development. We learn about different roles, particularly those which do not come naturally to us, through the imitation of others. However as these roles are explored, we rely less on

imitation and learn to adapt elements of the role in a way that fits in with our role repertoire and identity rather than relying solely on mimicry of others. When imitation replaces expression of authentic roles that make up the self and identity, this is referred to within this thesis as impersonation. The implications of this term are negative. Whilst elements of **imitation** are vital in the development of a sense of self and identity, reliance on **impersonation** causes the real self to be repressed.

Terminology Surrounding Autism

There are many differences of opinion, from autistic self-advocates and parents of autistic children, such as Jim Sinclair (1999), Alyssa Hillary (2012), Mary Tobin (2010), Nick Walker (2012) and Kathie Snow (2009-13), in the discussion of terminology surrounding autism. Terminology in this area is of particular importance due to the sensitive nature of the subject of autism. In this research, the aim is to adopt terminology that is ethically sound in the opinion of the majority of autistic people, which can be difficult as there are evidently elements of debate within autistic groups as to the terms that they prefer. Some autistic self-advocates such as Tobin and Snow, argue for the use of person first language as they believe that the term person with autism emphasises the fact that the individual should be considered before the disability. However, many autistic self-advocates such as Sinclair and blogger Julia argue for the use of the term autistic person as they feel that autism makes up a large part of their identity, 'I don't *have autism*. I *am autistic*. This is important to me. It also doesn't mean that I "see myself as a disability first and a person second," whatever that is supposed to mean' (Julia, juststimming.wordpress.com, 2011). Throughout this research,

'autistic person' will be used to convey that autism should be accepted as a part of an individual's identity. Using the phrase 'autistic person' also corresponds with the way we generally speak about people; as Walker states, for example, 'when a person is a member of a minority group, we don't talk about their minority status as though it were a disease. We say "she's Black" or "she's a lesbian"' (2012:157). Through using these phrases we acknowledge that these attributes are part of the person's identity, rather than implying that ethnic origin or homosexuality is something that the person has or suffers from. Similarly, by using 'autistic person', we make an observation of one part of their identity, we do not assume that because we know about autism we know exactly what that person is like, as we do not make that assumption about a black person or a homosexual person just because we observe one area of their cultural identity.

Terms for learning disabilities have been, and are being, constantly changed and adapted, throughout different time periods and in different parts of the world as society becomes increasingly concerned with equal rights. For example, the term 'handicapped' was used in England from the late nineteenth century but was replaced by 'disabled' in the 1980's, however the former term is still used at times in America; for example, handicapped parking rather than disabled parking. Similarly, the term 'mentally retarded' was commonly used in England from the mid-twentieth century but by the end of the twentieth century the term began to be regarded as offensive as it was often used as an insult. However the term is still used in America to describe people with learning disabilities. Language describing minority groups, for example ethnic and racial minorities, often changes throughout different periods of time as sensitivities change. Some terms become a used form of insult, therefore the meaning of the word is changed, and

advocates from minority groups increasingly now have equal rights and have more say in the language used in reference to them than in past decades. The current terms that are widely used are person with learning difficulties, intellectual disabilities and learning disabilities. Throughout this thesis, the term learning disability is used as the term learning difficulties does not hold enough power, as most neurotypicals have some area of difficulty with learning but are not considered disabled. Intellectually disabled is also avoided as it implies that the person is stupid, whereas learning disabled suggests only that some areas of learning may take more time than in those without learning disabilities. Words such as impairment, normal and abnormal are particularly difficult to avoid as they are used in much of the literature around autism, but they are used hesitantly in this research with no intention of negative implications. The term neurotypical in itself holds some, if unintentional, negative connotations. It implies that people who are not autistic are normal or typical, and that autistic people are functionally different. To begin with, there are many non-autistic people who would argue against being labelled neurotypical as the term does belittle neurodiversity and the fact that individuals are all unique. Secondly, suggesting that autistic people are abnormal is to alienate them from society as it implies that they are so radically different from others that they are referred to, and viewed, as an entirely different group which should behave more typically in order to fit in. In contrast, Sami Timimi et al state that '[a]utism is best understood as a social construct' (2011:161), which reiterates the fact that behaviours associated with autism are part of normal human variation rather than a deviation from the norm or a pathology. Neurotypical is a term that became recognised after the 1993 International Conference on Autism, in which the chairperson opined, 'I think we need a word for "close enough to the alleged norm to get privilege from it"'

(Sinclair, 2013), and is defined in the Oxford English Dictionary as '[n]eurologically typical; *spec.* exhibiting ordinary, as opposed to autistic, thinking and behaviour' (2015). Although the unsatisfactory elements of the term neurotypical are recognised within this research, it is used throughout as it has become a recognisable term within research and society, and is also acknowledged by autistic people such as Sinclair, Walker (2015), Michael Barton (2014) and the autistic research participants represented in Section Two of this thesis. It must also be acknowledged that although Sinclair, an autistic man, founded the term neurotypical, there is debate amongst the autistic community in relation to the term due to its problematic nature. Some autistic bloggers, such as Savannah Logsdon-Breakstone (2013), Musingsofanaspie (2013) and Sidneyia (2012), prefer the term 'Allistic' to mean non-autistic, as they believe neurotypical to be misleading as there is no typical human neurology. As Sidneyia argues, 'I like [allistic] better than neurotypical, which has the problem of essentially being a synonym for "normal" dressed up in fancy language. Allistic, whatever its etymological problems, does *not* have that one' (writingfromfactorx.tumblr.com, 2012). However, neurotypical is still the most recognised term, as stated by blogger Sharon Morris, 'the term Neurotypical was and remains the most pervasive descriptor online of the non autistic mind' (theawfultruth.blogspot.co.uk, 2013). The term allistic is also criticised within some blogs written by autistic individuals, as some believe that it, too, suggests that autistic people are 'other' to anyone else and enforces a self/other dichotomy. Although the term allistic is used by many individuals within the autistic community, within this research the term neurotypical, although problematic in some ways, is used as it is the most recognised term within wider society and within literature and research in the field of autism. The term neurotypical is often

used to convey non-autistic people with little understanding of autism or the social barriers that exist for autistic people in the neurotypical world due to social expectations. The author of this thesis neither identifies with being autistic nor fully identifies as neurotypical with all the connotations it holds, but attempts to find a middle ground from which autistic people and neurotypical people are equally considered.

In 2012, the DSM-V (American Psychiatric Association) ended the diagnostic label of Asperger syndrome, instead including it in the bracket of an autism spectrum disorder rather than a separate condition. The difference between the two is a matter of severity. Asperger's has often been viewed as a high-functioning form of autism as it does not include the language delays that are characteristic of autism. Lorna Wing describes Digby Tantam's initial description of the difference between autism and Asperger's, '[he] emphasised the close relationship between autism and Asperger's syndrome. He considered these conditions to lie on a continuum of severity' (1991:101), therefore, as the autistic spectrum is already acknowledged to include a large variety of differing behaviours and ability, perhaps it makes sense that the diagnosis of Asperger's as a separate entity no longer exists. Timimi et al. criticise the different diagnostic frames for Asperger syndrome, '[i]f none of the diagnostic frames have much in common then it is hard to argue that AS as a concept has any diagnostic validity or reliability' (2011:152). Although people will no longer be diagnosed with Asperger syndrome, the label is still recognised in society, as Francesca Happé suggests, '[p]eople will still use Asperger's as a descriptive, but it doesn't work as a diagnostic category because it doesn't have any clear boundaries or anything that qualitatively distinguishes it from autism' (2014:764). Although there is

debate over removing Asperger syndrome from the DSM, in terms of what this means for individuals who already have a diagnosis of Asperger's, some Aspergic individuals agree with this decision, 'I'm a proud Aspie, but I accept the term 'Asperger's Syndrome' has had its day. At first, I didn't like the idea of Asperger's being subsumed within 'autism spectrum disorder'. But it makes sense' (Muggleton, theguardian.com, 2012). The implications for this research are that when the term Asperger syndrome is used, as it may be when considering research written before the diagnostic label was removed, it is not used as a separate label to autism but as part of the umbrella term of autism spectrum disorder.

Perceptions of Disability and Normalisation

Autism has historically been viewed in society as a disability. Colin Barnes and Geof Mercer, authors of *Exploring Disability, 2nd Edition* (2010), outline the three main models of disability, which present disabilities in different ways and can guide the way we understand autism. These models are the medical model, the social model and the biopsychosocial model. The medical model views disability as an illness that someone has that must be treated and sees it as 'part of a person [that] needs to be fixed, and medical interventions try to address the difference' (Kuppers, 2007:72). The focus is on diagnosis and the normalisation of disabled people through medication and interventions. This is the model that those focused on finding a biological basis and a cure for autism relate to. According to Cage (2014), who refers to research from Liz Pellicano et al (2013), many autistic people themselves do not support this model and view of autism, believing instead that research should be geared towards increasing neurotypical

understanding and the ways public services can be adapted to the needs of autistic people,

> Autism has a real impact on people's lives, and its incredibly important research helps gives those with autism the best chance at life. However, a recent survey of autism research in the UK from my research centre found that many people with autism and their families report a discrepancy between what they want to be researched and what British researchers are actually researching (761).

There is a range of ethical questions to consider on the subject of research concerning groups of people that are considered vulnerable, such as those with disabilities and autistic people. In the past, academics undertaking research involving disabled people have been criticised as exploitative. In such research there is often a power imbalance; the researcher as all-knowing and the participants as objects in need of learning 'normal' behaviour. A power imbalance between researcher and 'subject' is common in therapies and treatments that neurotypicals have founded and offer to people with autism, such as the Early Start Denver Model[2] and the Lovaas programme[3], which is an intense form of Applied Behavioural Analysis, aim to teach neurotypical social conventions in order to help autistic people fit into the neurotypical world. The participants behave differently to the way that is expected in the neurotypical world and therefore must be changed so that they can interact normally with the rest of

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[2] The Early Start Denver Model (ESDM) began to be developed in 1981 and is a comprehensive behavioral early intervention approach for children with autism, ages 12 to 48 months. The program encompasses a developmental curriculum that defines the skills to be taught at any given time and a set of teaching procedures used to deliver this content (autismspeaks.org).

[3] Lovaas therapy, which was founded in the 1950's by Dr. O. Ivor Lovaas, is a model of Applied Behavioural Analysis and an intensive behavioural treatment model undertaken with young autistic children. Lovaas treatment focuses on the teaching of a range of neurotypical skills through prompting and rewarding, and was adapted according to the medical model of disability, which assumes that people with impairments must be 'cured'.

society. Damian Milton (2012) relates Lovaas' theories to the medical model of disability,

> The ontology of autism, for Lovaas (1987), suggested that autism was a chronic disability without a known cure, defined by pathological behaviours that deviated from the psychological norm. The aim of the intervention being to make autistic children indistinguishable from their peers. Lovaas (1987) referenced Lotter (1967) in suggesting that higher scores on IQ tests, communicative speech, and appropriate play were prognostic of better outcomes (no pagination).

It is unjust that rather than beginning to understand the world from the perspective of an autistic individual and the autistic self and identity, we assume they are impaired, as they don't suitably fit into 'our world'. Normalisation as a concept is largely disregarded as an appropriate goal within this research due to the ethical implications surrounding it. As Grandin suggests, changing the outer identity of autistic people for the ease of neurotypicals in society is not a satisfactory aim,

> The way I see it, the goal in teaching children with autism is not to turn them into clones of their typical peers. When you think about it, not all characteristics exhibited by typical (i.e., "normal") people are worthy of being modelled (2008:no pagination).

Diagnosis of autism is often sought in order to get access to interventions to help autistic people and their families to cope with the external symptoms of autism. The theory behind the medical model of disability is somewhat old-fashioned; the assumption being that disabled people desire to be 'fixed', and that society must strive to find medical interventions to successfully 'fix' these people in order for them to be accepted which, as will be explored in Chapter Five, is not necessarily the case.

The social model of disability represents the opposite viewpoint, focusing on the environmental and cultural barriers encountered by people considered impaired, and the belief that society disables those with perceived impairments. It is worth considering whether the person with the social differences is the person with whom the impairment lies or whether society creates the impairment as a result of strict social rules and expectations, and the concept of normalcy. As Debby Hamilton argues, 'it is arguably the rest of us who need to show more understanding of what the world is like from the perspective of a person with autism' (Jarrett, 2014:747). The social model represents the idea that social change and civil rights can help the impaired participate in the public sphere. Many self-advocates, such as Bascom (2012), Amanda Baggs (2012) and Sinclair (1993), support the need for more neurotypical understanding of autism and for autistic people to be considered part of the movement for increased understanding, which is in keeping with points emphasised within the social model of disability. These points are valid; if societal views are to change towards autistic people, we must first acknowledge the perspectives of autistic people. However, it cannot be forgotten that medical diagnosis is important in terms of receiving support that may be necessary, or at least welcome for autistic people. This is discussed within Section Two, where autistic research participants express that diagnosis was important for them as it led to an understanding of their own sense of self and identity. This does not, however, suggest that autistic people are affiliated with the medical model of disability, rather it emphasises the value of therapies, such as dramatherapy, that work with the social model of disability as a way to take control over their own experiences and develop the autistic self.

The biopsychosocial model, as outlined by Barnes and Mercer (2010) and S. C. Smeltzer (2007), addresses the need for medical diagnosis whilst recognising the effect of social restrictions on those with impairments. This model acknowledges that the medical model diverts interest away from social barriers but that the social model alone does not acknowledge empirical research and validation. The biopsychosocial model explores the relationship between individual's health conditions and personal factors, in a way that neither of the former models do. Social factors have a great impact on people with impairments such as autism. The social rules that the majority of people in society rely on in order to be accepted present limitations to those with social impairments due to the expectation of behaviour that is deemed normal, and the alienation of anyone who does not follow these social norms. It seems unjust to describe normality based on how our society is constructed, as it is very alienating to those with functional disabilities. Alternatively, it can be argued that the social model alone belittles a part of what it is to be disabled and how it affects the identity of those with the impairment or disability. This research favours the biopsychosocial model of disability as it suggests that social factors are significant in the construction of disability, but that there is some value in the medical model in terms of diagnosis and support for autistic people, which will be explored further in Chapters Six and Seven. The biopsychosocial model represents a good balance between the medical and social model of disability and this is reflected in research into autism, which tends to argue that neither the medical or social model alone are satisfactory,

> Many theorists have questioned the applicability of either [the medical model or the social model] in their respective extreme forms, but much like the nature vs. nurture debate, narratives tend to arrive at a preference for one or the other (Milton, 2012:no pagination).

Within this research, dramatherapy is argued to be linked to the social model of disability, as it focuses on the selfhood of the person undertaking therapy, rather than merely being taught the correct way to behave in a neurotypical society, as in ABA approaches such as Lovaas Therapy. Dramatherapy does not work with the assumption that the autistic person is impaired and needs to be fixed, as suggested in interventions that focus on the medical model of disability, instead it works with the autistic person's existing sense of self and ways of experiencing the world in order to encourage and adapt alternative forms of self-expression.

Terminology Surrounding Interventions and Dramatherapy in Relation to Autism

As previously stated, many behavioural interventions offered to autistic people aim to normalise the individual in order to help them to fit into the neurotypical world. Normalisation is a concept that invites debate over the ethical implications involved. According to Raymond Lemay (1995), the practice of normalisation began in Scandinavia in the eighteenth century but became popular after World War Two. Nirje Bengt defined the principle of normalisation relating to disabled people as, 'making available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society' (1969:19). This principle was further developed by academic Wolf Wolfensberger, who suggested that,

> poor attitudes towards people with learning disabilities could be countered through inclusion and creating opportunities to take on valued social roles […] This would help to see people with learning disabilities as valued individuals, changing the presumption that those with learning disabilities are fundamentally 'different' (Debenham, aboutlearningdisabilities.com, 2012).

Wolfensberger's use of the term normalisation challenged practices in line with the medical model of disability (as will be further discussed in Chapter Two), such as institutionalisation of disabled people, instead aiming to improve services for those with disabilities so that they could integrate into the community, which is more in line with the social model of disability. In terms of autism, and this research, normalisation is understood differently to the way in which Wolfenberger defined it. Whereas Wolfensberger's normalisation in regard to learning disabled individuals refers to normalising the environment rather than the individual, normalisation in terms of autism and this research suggests instead that the autistic person is taught the behaviours that are considered socially appropriate by the majority of neurotypicals in an attempt to make them widely accepted as 'normal'.

Although normalisation may be desirable for some autistic people, the approach of normalisation as it is understood in terms of autism relies on autistic people impersonating neurotypical behaviour with little understanding of the reasons for neurotypical conventions, such as eye contact and small talk, which encourages autistic people to rely on a persona rather than developing their role repertoire in order to build a real sense of self and other. Normalisation implies that the way neurotypicals behave is normal and that in order to be accepted into the neurotypical social world, autistic people must alter their behaviour so that neurotypicals can begin to relate to them, despite the fact that the roles and behaviour they learn to impersonate are not necessarily authentic to their sense of self and identity. Normalisation as an approach suggests that autistic people are impaired and require curing, and does not address the need for society more broadly to try to understand the way autistic people understand the world and choose to express themselves. Therefore the approach is one-sided and does

not attempt to understand and accept the reasons behind autistic behaviour, such as repetitive movements, limited interests and reactions to sensory sensitivities. Some autistic people may welcome the chance to learn neurotypical skills, but for others such as autistic authors Julia Bascom (2012), Sinclair (1999), Temple Grandin (1999, 2008), and father of an autistic son, Paul Collins (2014), the concept is ethically unsound as it is carried out with the expectation that autistic people should change in order to make it easier for neurotypicals to accept them into their society, which may be damaging to the self-esteem and the development of an authentic sense of self in autistic people, '[a]utists are the ultimate square pegs, and the problem with pounding a square peg into a round hole is not that the hammering is hard work. It's that you're destroying the peg' (Collins, goodreads.com, 2014).

Dramatherapy, although to some extent designed to encourage social interaction and knowledge of neurotypical social conventions, is not necessarily a means of normalisation. This thesis considers particular techniques employed in dramatherapy sessions with autistic clients, such as play, role, masks, movement and touch, that are used in order to extend a sense of self, other and identity in autistic people with an underdeveloped sense of self. These techniques are used to explore roles and the physical self and other in order to build the client's role repertoire and begin to understand their own identity in order to be better equipped to express themselves within the neurotypical world, rather than reducing autistic behaviours in individuals and focusing on impersonation of neurotypical social conventions as is the intention in approaches that aim to normalise. In this way, dramatherapy conforms to the social model of disability, assuming that autism is a different way of being rather than a disability, and works with the client's existing sense of self, allowing them to take control over their own

experiences, rather than aiming to fundamentally change the individual to fit in with a neurotypical view of normalcy.

According to Jennings (1998) and Roger Grainger (1990), dramatherapy aims to heal clients. The word healing in relation to therapy implies that autistic people have an illness that must be cured; the expressed aim to heal autistic people appears to hold negative connotations and suggest elements of normalisation, in that it implies that autistic people are somehow broken and must be fixed. However, within this thesis, healing when referred to in terms of dramatherapy is used not as an implication of curing an illness but in terms of inner healing, which may be beneficial for autistic people who have an underdeveloped sense of self and identity, and therefore struggle to understand the world around them and their place within it. Rather than focusing on teaching autistic clients to adopt neurotypical behaviour through impersonation and learning the basics of neurotypical social conventions as in Lovaas theory, in this research the healing quality of dramatherapy is the use of dramatic techniques to help autistic clients to find a way to express themselves and begin to relate to others through developing an understanding of their own sense of self and identity.

Ethical Considerations

Due to the sensitive nature of autism as an area of research, it is important to explore the ethical implications involved. In the past, academics undertaking research into drama and theatre involving people who are labelled as disabled have been criticised in terms of ethics by researchers such as Helen Nicholson (2005), who describes some as exploitative, in financial terms and in terms of

status. Research surrounding autism may be viewed as exploitative if the research is done solely for the gain of the researcher rather than for both the researcher and autistic people. However, this research includes the opinions and expressions of autistic people, both from existing accounts and from original material gained through interviews and questionnaires. Although there are many ethical concerns when working with a potentially vulnerable group such as autistic individuals, measures have been taken to ensure that this research is ethically sound. Rather than focusing only on autism from a neurotypical viewpoint, the aim of this research is to consider also the thoughts, feelings and experiences of autistic individuals. Through this, the intention is to create a mouthpiece for autistic people who may not be able to, or may not be given the chance to, carry out this form of research themselves. Within this research there is no attempt to create a division between 'us' and 'them' (neurotypicals and people diagnosed as autistic), but to strive to acknowledge the viewpoints of both neurotypicals and autistic people in relation to one another. Autistic people are not represented as research subjects but as research participants, hence information given by autistic people in the form of essays, autobiographies, interviews and videos is given as much consideration as information from neurotypical sources. The research represents equal opportunities for both neurotypical and autistic individuals and groups.

Section Two of the thesis reflects upon information gained from interviews and questionnaires with autistic individuals, parents of autistic people, and dramatherapists who have a degree of personal experience of working with autistic clients. There are many ethical considerations involved in this particular part of the research, which will also be discussed in terms of methodology further

in this introduction. To begin with, the questionnaires were designed with equal opportunities in mind in order to eradicate any suggestion of power imbalance or implication that the researcher holds all the power. The research was carried out on the basis that the participant was allowing their own voice to be heard and having their say fairly and willingly. The questionnaires were deemed ethically sound by the University of Hull. It is integral to the research that these questionnaires were carried out as little of the existing literature focuses on the viewpoints of the client groups that dramatherapy aims to work with; it would have been irresponsible to undertake this research without focusing on the viewpoints of all groups involved, especially the group who do not often have the opportunity to speak out about their experiences and what they want and feel is beneficial for them. By focusing on the experiences and difficulties of autistic people, the research aims to create understanding of the way that autistic people interpret the world around them and to begin to understand the limitations of current interventions, including dramatherapy, in order to establish a way of working that may prove beneficial to the development of a sense of self in autistic people.

Methodology

The first part of the thesis is based upon past and current literature that helps the reader to understand the issues surrounding identity, the concept of a sense of self; autism and how an underdeveloped sense of self affects autistic people; dramatherapy as a general approach, and dramatherapy techniques that aid the development of a sense of self in autistic clients. This is important as it establishes current issues within autism and dramatherapy research and outlines the basis for this research in terms of how dramatherapy may be a particularly

fitting, and more preferable, approach for autistic adults wishing to develop a sense of self and identity rather than focusing on interventions that aim to teach neurotypical social skills in accordance with the medical model of disability. Chapters one to four use past and current research in order to increase understanding of a sense of self, autism, dramatherapy theory and dramatherapy practice. In Chapter Five, autistic expressions of self and the views and opinions of autistic people through autobiographies, blogs, videos and self-advocacy essays are considered, before the contents of interviews and questionnaires with autistic people, parents of autistic people, and dramatherapists are reflected upon in the second part of the research. Section Two presents information given by eleven willing research participants: four autistic adults, four parents of autistic adults and three trained dramatherapists who have experience working with autistic clients. The recruitment and interviewing process is described in detail at the beginning of Section Two, and the benefits and potential limitations of this form of data collection, and how this affects the conclusions reached within the thesis, will be recognised and discussed.

Autistic Participants

All autistic participants in this research have entered the process willingly and have a clear understanding of the aims of the research and how their input will be used. They have also had the chance to read the final input that they have had in the research. Clearly, in order to take part in the research in this format, participants will mostly be high-functioning as they must have the level of understanding that allows them to make clear choices about their participation. Interviews and questionnaires have only been carried out if the participant has

given informed consent. They understand the process and the research and are keen to participate with an understanding of all the important information regarding the subject, research and format. The term high-functioning lacks definition as it is not always clear what abilities constitute high-functioning, '[h]igh-functioning autism (HFA) is an informal term applied to autistic people who are deemed to be "higher-functioning" than other autistic people, by one or more metrics. There is no consensus as to the definition' (disabled-world.com, no date). In terms of autistic participants in this research it means that they had to have the ability to make informed decisions and to express this through communication, therefore all the autistic individuals had the ability to verbalise their decisions and opinions and to understand simple questions and explanations. The questionnaires used for this group of individuals were designed using language that was easy to understand, and involved questions surrounding experiences of diagnosis and the options of interventions and support services that this has brought, the difficulties the autistic person may face in society, and their views and experiences with drama, particularly dramatherapy, as an intervention. Not all autistic participants have experienced dramatherapy but the process has been explained in detail so as to encourage opinions on the matter in terms of their own feelings and experiences of being autistic. Most of the participants have experiences with drama on which they based their understanding and views.

Parents of Autistic Individuals

It is vital to note that the inclusion of this group is not an alternative to speaking directly to the autistic person in question, but to consider the viewpoints and experiences of people with a close connection to the autistic person. In other

words, this section does not rely on the close family member or friend of an autistic person to speak for that person, but to collect another perspective of the effects of autism based on personal experience. The information collected from this sample group is considered in relation to the information given by autistic people, in order to see if the different interpretations match up and to aid understanding of both perspectives. There is only one pair of related participants represented within the thesis, and both took part individually so as not to affect the information given or the rights of each participant. Questionnaires for parents of autistic people are structured almost identically to those written for autistic participants, but anticipate responses from a different perspective. Questions, therefore, focus again on the diagnosis process, the opportunities that a diagnosis has opened up for the autistic person, and thoughts on current interventions, including dramatherapy. From this the research aims to bring together ideas based on personal knowledge of autism and the principle of dramatherapy, as much literature focused on dramatherapy does not include information and acknowledgement of autism, which makes it difficult to evaluate whether the therapy sessions are carried out with a good understanding of the perspectives of autistic people.

Dramatherapists

The questionnaires for this group focused on personal experience and opinions surrounding the effectiveness of dramatherapy with autistic people. The information focuses on the referral process, the key principles of the approach and the techniques that are used with autistic people. Case studies and opinions of individual dramatherapists were sought out, along with their first hand

experiences and background. These questionnaires encourage the dramatherapists in the sample group to consider and acknowledge possible limitations of dramatherapy with autistic people and key techniques that do not work with this client group, along with the difficulties in evaluation of the effect of therapy. The questions were intended to encourage participants to consider the aims of dramatherapy with this client group, for example if the aim is to heal or normalise, and the ethical implications of these potential aims. All participants were questioned individually rather than as a group so that each participant can share their own experiences and so that confidentiality is upheld and all participants in each sample group had equal opportunities.

Structure of the thesis

Section One

Chapter One: Identity, Self-Awareness and Development

The first chapter establishes what is meant by a sense of self and how it is usually developed from a young age in neurotypicals. The components that are important in the development of a sense self are outlined, including the mind, the inner self, identity and physical self in relation to others, and what happens when these components are lacking or disconnected. Existing literature is used in order for the reader to gain an insight into the way that these concepts have been developed and are currently understood. The importance of social interaction in the development of sense of self and the ability to understand another person's perception of the self and identity within social interactions is highlighted. The

relationship between empathy, a sense of self and social interaction will be considered along with how these are usually developed from childhood, and the possible reasons for empathy and a sense of self to be underdeveloped or lowered in particular situations are explored.

Chapter Two: Autism, Identity and the Self

In this chapter, autism is explored as a diagnosed condition in order for the reader to begin to understand the symptoms of autism from a diagnostic and observational point of view. The characteristics of autism are discussed largely through analysis of literature written by researchers and practitioners. However there are also a small number of accounts describing some characteristics from an autistic experience, using information from key names in the field of autism, such as Grandin and Donna Williams, who have been diagnosed as autistic themselves. These accounts aid understanding of the early symptoms of autism. The elements discussed in Chapter One will be looked at in relation to autism in order to compare the differences between the development of a sense of self in neurotypicals and in autistic people. The main symptoms and characteristics of autism are considered in order to understand how they relate to, or perhaps cause, an underdeveloped sense of self. Stereotypes surrounding autism, such as the perception that autistic people lack empathy, which is necessary in order to develop a sense of self and other, will be considered drawing on research paralleled by neurotypical researchers and practitioners in the field of autism.

This chapter gives a comprehensive explanation of autism; the diagnosis process, the triad of impairments and symptoms of autism that are not included within the triad of impairments (created by Lorna Wing and Judith Gould in 1979),

and the developmental delays that characterise autism and could contribute to an underdeveloped sense of self and identity. The triad of impairments is a central element in research into autism, as it succinctly identifies the three most recognisable characteristics of autism. The chapter acts as an explanation of autism, so that an underdeveloped sense of self in terms of social interaction can be explored further in the following chapter. Certain common perceptions of autistic people are disputed, such as the fact that autism is a disability, and that autistic people should be taught how to behave in a conventionally 'normal' way in society, with alternative views outlined, such as the possibility that autism is an important part of a person's identity and merely a different way of being. It is debated whether the recognised elements of autism, such as social interaction and limited empathy skills, cause an underdeveloped sense of self, or whether an underdeveloped sense of self causes the perceived impairments in autistic people. Autism is discussed within this chapter in relation to models of disability and the different approaches that interventions for autistic people take. For example it will be argued that ABA approaches such as Lovaas therapy are constructed in accordance to the medical model of disability whilst dramatherapy works largely with the social model of disability, which is argued to be preferable within this research.

Chapter Three: Dramatherapy: Key Principles for the Development of a Sense of Self

Chapter Three begins to explore dramatherapy as a general approach through use of literature written by practising dramatherapists in order to explore how dramatherapy is presently used with autistic clients, and the key principles that appear to be, or could be, useful when working to aid development in autistic

clients, namely those of role and play. The experiences and practice of dramatherapists such as Jennings (1992, 1993, 1994, 1997, 1998, 2009), Jones (1996, 2005, 2007, 2008), Marian Lindkvist (ed. Pearson, 1996), Cattanach (1992, 1994), Emunah (1994, 2000, 2009) and Chesner (1995, 1998), will be considered in relation to dramatherapy for development, particularly in the area of a sense of self and other.

This chapter helps the reader to understand how dramatherapy was established, and the key principles such as role and play that may aid the development of a sense of self, identity and other. The reasons why dramatherapy may be useful in the development of imagination, empathy and social skills, including theories surrounding dramatic development, are explored in terms of the opinions and theories of key practitioners and the literature surrounding dramatherapy. This contributes to the argument that a creative approach such as dramatherapy that aims for development in an individual may be more effective for some people than therapy with an emphasis on verbal communication, such as psychotherapy. It appears that dramatherapy is still not largely recognised in general society as a key approach, particularly for autistic individuals. The reasons for this, such as a lack of structured evaluation methods and a general distrust for creative methods of therapy, are considered within this chapter.

Chapter Four: Dramatherapy Practice: Masks, Movement and Touch

Chapter Four draws on the information given in Chapter Three in order to outline the particular techniques that can be potentially useful in dramatherapy practice specifically with autistic people who want to develop their sense of self. The experiences and techniques employed by practising dramatherapists are

considered in order to develop an understanding of the way dramatherapy is currently used with autistic clients, case studies and current theories are considered and analysed from existing literature written by the most highly recognised names in dramatherapy theory and practice, particularly those who are trained in, and practice, the Sesame Approach. Many of these studies and theories come from accounts within the book *Discovering the Self through Drama and Movement: The Sesame Approach,* edited by Jenny Pearson (1996), and editions of the *Journal of the British Association of Dramatherapists.*

Chapter Four concentrates further on specific dramatherapy activities and practice that are often used when working with autistic clients. The techniques that will be focused on in particular are masks, touch, and movement, as these are elements used within the Sesame Approach to dramatherapy that are used with non-verbal clients and believed to aid people in the exploration of the inner self and understanding of other. Such techniques are explored in detail so that the reader can begin to understand exactly why these particular ways of working are suitable for autistic people lacking a strong sense of self, identity and other.

Chapter Five: Autistic Expressions of Self

Chapter Five reflects upon different forms of self-expression made by autistic individuals in order to begin to understand autistic perspectives of living with autism, being autistic in a neurotypical society, and the issues that create the most problems for autistic individuals. This allows us to appreciate the ways in which many autistic people choose to express themselves and helps to form conclusions surrounding the benefits of approaches, such as dramatherapy, that work with the assumption that autism is not so much a disability as a different

way of being, and that much of the autistic person's suffering stems from societal attitudes, as outlined in the social model of disability. Different formats of self-expression are considered, such as autobiographies written by autistic people, poetry written by autistic people and posted online, blogs written by autistic people, and videos posted on Youtube by autistic users, in order to represent the different ways that autistic people choose to express themselves. Many essays and articles written by autistic self-advocates such as Sinclair (1999), Bascom (2012) Paul Isaacs (2014) and Ari Ne'eman (2010) are included within this chapter, which show evidence not only of self-expression but also a call for change in our current neurotypical society in relation to perceptions of autism.

This chapter focuses on the rise of autistic self-advocacy, which allows for consideration of the viewpoints of autistic people and the effect that autism has had on their lives. Autobiographies, research, essays and articles are used in order to present the experiences of autistic people in terms of a sense of self and identity, relationships and understanding of other, empathy, social situations and the treatment and understanding of autistic people in neurotypical society. Dramatherapy as a possible approach is considered in relation to the points raised from the autistic expressions of self and to argue for the possible benefits of the approach in order to aid the development of a sense of self and encourage self-expression in people with limited means of communication. Fundamental connections are made between the ways that autistic people choose to express the self and key dramatherapy techniques, which contribute largely to the conclusions reached within this research surrounding the suitability and benefits of the approach for autistic adults.

Section Two

The aim of Section Two is to begin to understand the perspectives of autistic people, parents of autistic people, and dramatherapists who have some experience of working with autistic clients in order to support or refute the arguments and information presented in section one. It is inadequate to conduct research surrounding autism without the inclusion of autistic perspectives as their experiences, wishes and needs must be acknowledged so that further research can be geared towards beneficial areas for autistic individuals. As parents of autistic people also have support needs when it comes to raising an autistic child, these must also be acknowledged along with past experiences that have proved difficult. Although there is much literature surrounding dramatherapy written by dramatherapists, this research considers the viewpoints of three dramatherapists with experience of working with autistic individuals so that key areas can be discussed in detail, along with any potential limitations of some areas of practice. It is important to consider the opinions and experiences of all three groups of people in order to fairly and equally represent each area of the research.

Chapter Six: Perspective of Autistic Participants

This chapter uses the original information gained from interviews and questionnaires carried out with autistic participants. The questionnaires used involve questions surrounding experiences of diagnosis and the options of interventions and for support services that this has brought, the difficulties autistic people face in society, and their views and experiences with drama, particularly dramatherapy, as an intervention. Not all the autistic participants have

experienced dramatherapy but the process is explained so as to encourage opinions on the matter in terms of their own feelings and experiences of being autistic. Most of the participants have experiences with drama on which they based their understanding and views. Other interventions and personal subjects of interest are also discussed. Within this chapter, the information from each individual is contrasted and compared, and considered in relation to the content of previous chapters in section one.

Chapter Seven: Perspectives of Parents of Autistic Individuals

This chapter represents the information gained from interviews and questionnaires carried out by parents of autistic adults. Through parent responses, an understanding of the way that parents view their child's diagnosis of autism can be gained, along with parental attitudes surrounding the way autism is viewed in society. The responses from parents are compared and contrasted to autistic participant responses in order to explore how autism is understood by both groups. Support services and interventions are discussed in terms of the approaches that parents feel were the most useful for their autistic children. Although none of the parents represented arranged for their autistic children to undertake dramatherapy as an intervention, some of them do have previous understanding of the approach and are able to discuss potential benefits and limitations of dramatherapy from their personal beliefs and experiences of how autism presents.

Chapter Eight: Perspectives of Dramatherapists

Chapter Eight focuses on the experiences of trained dramatherapists that have worked with autistic clients. The main aims and techniques within dramatherapy are discussed in relation to autistic people, along with the potential benefits and limitations of the approach. The questionnaires used with this group included sections surrounding dramatherapist backgrounds, the main techniques used in dramatherapy for autistic people, and evaluation and current recognition of the approach for this client group. Within this chapter, individual professional experiences are represented in order to reflect upon the benefits of dramatherapy for autistic people.

Chapter Nine- Conclusion: Dramatherapy and the Autistic Self

The concluding chapter considers current research surrounding dramatherapy for autistic clients in order to place the issues raised within this research in the context of other research being done in the field. Chapter Nine refers to information gained from all previous chapters from sections one and two and relates all the issues presented throughout the research with the original accounts of the research participants in order to reach a conclusion about the possible causes for an underdevelopment of a sense of self in autistic people and the effectiveness of dramatherapy as an approach to aid development and encourage self-expression in autistic individuals. The conclusion is also based on other current research and the existing state of play of dramatherapy and autism, and theorises the possible advances in understanding and awareness of autism, and dramatherapy theory and practice to be made in the future. The conclusion

is based upon not only neurotypical expectations and perspectives but also the opinions and experiences of autistic people, both those explored within Chapter Five, Autistic Expressions of Self, and within Chapter Six, Autistic Perspectives. This ensures that the arguments and conclusions are inclusive in the fact that the group of people on whom the research is based also have their voices heard and their needs and desires acknowledged, rather than relying on existing research carried out from a neurotypical point of view. Through consideration of the views and experiences of autistic participants in relation to existing research surrounding autism and dramatherapy, more balanced conclusions can be made that substantiate the original connections between autism and dramatherapy that are identified within this thesis.

This research sets out to establish a comprehensive view of autism and the underdevelopment of a sense of self and identity through both a wide-ranging analysis of existing literature, and an exploration of the autistic self through autistic self-expressions and participant information. In order to establish the most beneficial ways of working to extend the sense of self and identity in autistic people, the autistic self and the part that autism plays in a person's identity must be considered. This can be achieved through exploration of autistic expressions of self. Although it is clear from existing research, explored within the body of this thesis, that dramatherapy for autistic people is an area of increasing interest for researchers and practitioners in dramatherapy, little evidence is available which examines the potential connections between the approach and autism. The lack of evidence for the suitability of dramatherapy in the development and extension of self in autistic people means that dramatherapy is rarely considered as a significant intervention or support service to be offered to those with a diagnosis

of autism. However, when exploring both autism and dramatherapy in depth and through use of existing research and information from the key groups of research participants, it becomes possible to identify clear connections between the autistic self and central elements of dramatherapy. By doing this, not only can particular dramatherapy techniques for the extension of a sense of self and identity in autistic people be highlighted, but dramatherapy can be presented as an approach that is fundamentally suited to the existing autistic self.

Chapter One

Identity, Self Awareness and Development (Empathy, Social Skills and Sense of Self)

In order to explore the underdevelopment of a sense of self and identity in autistic people, an understanding of what is meant by the concept of self and how a sense of self and identity typically develops is vital. Within this chapter, the self concepts of Landy and Jung are used as a central point in the understanding of self and the development of a sense of self in fully functioning individuals. Elements that are significant in the development of a sense of self and identity are: an understanding of other, social interaction, self-awareness, self-disclosure and empathy. These will be explored in terms of normal development. A sense of self and other, and the way we perceive others is central in the development of empathy and empathy is necessary in order to interact successfully with others. Empathy, what it means, how it affects social interaction with others, and reasons why individuals may lack skills in empathy will be discussed in relation to a sense of self and identity in order to gain an understanding of the factors that affect the presence of empathy. Through advanced understanding of the concept of self and the development of a sense of self, other and identity and the inherent factors involved, the underdevelopment of these areas in autistic people can be further considered in following chapters, and the unique ways in which dramatherapy can aid the development of the autistic self, in accordance with the social model of disability, can be addressed.

Sense of Self, Identity and Other

According to Landy (1993), the self is 'the source of which, in the opinion of many, all roles flow' (19). He suggests that role is at the core of the personality and that the self is a social construct, built upon an individual's repertoire of roles which can be chosen and adapted to fit the given social situation. The theory of personal identity being made up of different roles has led Landy to question the notion of self, and whether the concept of a whole self is real or if the self is just a series of roles that fit different social experiences. He concluded that, contrary to Jung's assumption that we are born with a whole self, the self is constructed through cultural, environmental and social experiences. This suggests, then, that role is a social concept, which can only be understood through social interaction and in reference to others. Landy draws upon the concepts of social scientists G.H. Mead (1934) and William James (1890) to explain the difference between 'me' and 'I'. 'The "I" is an objective, generalised set of permanent attributes, and the "me" is a subjective, more specific set of behaviours' (1993:20). In the building of a sense of self, the 'I' and the 'me' must be balanced and connected. Within this research, two important components that make up a connected sense of self will be referred to. This concept is based largely on theories from the Sesame Institute of Dramatherapy, which is built on work by Rudolf Laban and Jung's concept of psyche and soma. The first component that makes up the self is the inner self, the 'I', which is constructed of a number of roles which exist within our personal repertoires and in the mind of an individual,

> Mind is an indecipherable combination of qualities that range from inherited factors encoded in the cells of the body since birth to the way these have combined with physical development and the impact of the individual experience and history up to the present moment (Pearson, 1996:7).

This is similar to what Jung called the psyche. According to Jung the psyche is the personality as a whole, and contains different areas that make up the identity of the individual; it is the container of all thought, behaviour and feeling, whether conscious or unconscious, both from a biological and historical point of view and dependant on personal experience. The second component of the self will be referred to as the physical self, which relates to our own physicality and recognition of where the bodily self ends and other begins. In order to have an intact sense of self, it is important to have an understanding of what is 'me' and what is not me, or 'other'; existence and relationships rely on the understanding of 'I' and 'thou', what happens between us.

Everyone has their own elements of a sense of self that are present within their own mind. Therefore when we speak of people with an underdeveloped sense of self, this does not mean they do not have the individual elements and roles that make up the self, the 'I' as referred to by Mead, James and Landy, but that their sense of what this is may be lacking, they are not aware of their own sense of identity, the 'me', and may not consciously be able to access the necessary or appropriate roles within their personal repertoires for the given situation. When the elements of the self are present in the mind but are somewhat disconnected to the physical self and elements of the self are unconsciously presented, with little awareness of how others perceive us, self-awareness is impossible. Self-awareness is defined by Richard J. Crisp and Rhiannon N. Turner as 'a psychological state in which people are aware of their traits, feelings and behaviour. Alternately, it can be defined as the realization of oneself as an individual entity' (2010:8).The elements of the self must be understood and presented consciously before we can really be self-aware, 'human beings build their identities on the ways they are seen by others' (Landy, 1993:20). It seems,

therefore, that the term 'the self' refers to the inner being, the 'I', whilst the term 'identity' relates to the parts of the conscious self that are presented to others externally, the 'me'. The physical self can either represent or disguise elements of the inner self. This is supported by Landy, who states that '[w]ithin Goffman's[4] world view, life is theatrical and identity is a presentation of ourselves in role to a particular audience' (25). The ability to consciously control the role we present to others does, however, require a considerable level of self-awareness. These elements are all fundamentally connected: self-awareness relies on a developed sense of self, but in order to present our chosen identity to others, self-awareness must be present.

In the development of an intact sense of self it is important to have conscious awareness of the inner self and outer self as far as it is possible. Jung supports this assertion in his claim that '[m]odern man can know himself only in so far as he can become conscious of himself- dependent on environmental conditions, drive for knowledge, control of modifications of his original instinctive tendencies' (1958:57). According to Alan Fogel, author of *Body Sense: The Science and Practice of Embodied Self-Awareness* (2013), when we spend so much time ignoring the inner self and outer body,

> we assiduously avoid feeling what's authentic and let anger and resentment take the place of our sadness at the loss of our inner self, a grief so profound and buried so deep inside that we cannot acknowledge its existence, even to ourselves (8).

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[4] Erving Goffman was a sociologist and writer of *The Presentation of Self in Everyday Life* (1959) in which he presents a dramaturgical model of social life.

People can become so concerned with the outer body, identity and the way we are being perceived in given situations that the inner self, the mind and the part of the self that holds our authentic feelings and beliefs based on our experiences and personal perspectives can become lost which can be damaging to the sense of self as it becomes fractured. In these situations, a persona is adopted and relied upon, often based on impersonation and reaction to the expectations of others to the detriment of authentic roles within the role repertoire that make up the self. Jung refers to the effect that societal expectations have on the presentation of the self in his definition of the persona as,

> a complicated system of relations between individual consciousness and society, fittingly enough a kind of mask, designed on the one had to make a definite impression upon others, and, on the other, to conceal the true nature of the individual (Jung and Storr (ed.) 1983:no pagination).

When the persona is relied upon too much, elements of the self are lost and the individual's identity becomes confused and lacks definition.

As with the inner self, a person's awareness of physical self can also be underdeveloped, which makes it difficult for the person to understand where the physical self ends and the physical other begins. 'Movement always occurs in space and that space always contains some elements that do not belong to the self' (Fogel, 2013:72). People with an intact sense of self and identity explore the world and people around them with a natural curiosity as they are aware that these things are 'other' and their conscious sense of self and other and the differentiation between them leads them to choose what is of interest and how to explore and relate to it. If understanding of the physical self and physical other is

lacking, it can be difficult to differentiate between what is 'me' and what is 'not me'. Impairment of the ability to differentiate between 'myself' and 'other' can lead to difficulties in close relationships and relationships within the self and between self and environment. As author of *Mind and Motion: The Brain's Sense of Movement* (2002) Alain Berthoz argues, if someone has an underdeveloped sense of physical self and struggles to differentiate between the physical self and physical other, then social relationships would be incredibly difficult,

> How is it possible to imagine that children can coherently evaluate the people they see if they cannot evaluate relationships between their own bodies and the environment? […] How can beings whose brains are the center of multiple incongruities have even the slightest desire to communicate with a world with which they cannot identify? (Berthoz 2002:96).

When either the physical or the inner sense of self and identity, or both, are underdeveloped, an intact sense of self is lacking. Fogel (2013) further illustrates the need for the inner self and the physical self to be connected and refers to an intact understanding and connection between the physical self and the inner self as 'embodied self-awareness', listing three areas of awareness as vital to the concept, these are,

> -perceiving our *movements* in relation to other people and our surroundings
>
> -registering the textures and depths of the *senses*, and
>
> -exploring the intricacies of our *emotions* in relation to others and the world

(10)

In order for us to have embodied self-awareness, we must be aware of all these components, so that the outer self and inner self are connected in order to achieve an intact sense of self. Embodied self-awareness is liberating as all parts

of the self become connected, which allows us to open up fully and engage with another person, place or object. This allows us to build meaningful relationships; it involves really feeling emotions from the inner self, without preoccupation with the outer self and without judgement.

In order to build meaningful relationships, there must be an understanding of self and other. Mead (1934) emphasises the fact that a sense of other in relationships relates to the ability to understand the thoughts, feelings and intentions of the other, including the ways that we are perceived by the other. This, as shall be discussed later in the chapter, relates to the ability to empathise and to understanding that other people do not necessarily have the same thought processes, feelings and beliefs as ourselves. As David Howe, author of *Empathy: What it is and Why it Matters* (2013), explains, '[r]ecognising that other people have different views, feelings, beliefs and intentions forces [people] to coordinate their world with that of others and as they do this, their own sense of self becomes more distinct and better understood' (33). Self-awareness is fundamentally linked to awareness of others, as Gerard Egan explains, '[i]f you're a self-aware person, it's more likely that you'll develop the awareness or perceptiveness needed to understand others. Awareness of self and awareness of others are the foundation of every interpersonal-communication skill' (1977:38). In order to build self-awareness, we must be able to sense the self and the self-in-relation to others, both in a physical sense of where 'me' ends and 'other' begins, and in terms of the inner self. Ideally, with a well-developed sense of self, humans should have the ability to be both self-aware and other-aware in order to navigate the social world around them and to engage in social interaction, but for people with an

underdeveloped sense of inner self, physical self and other, this may not be the case.

According to dramatherapists Mary Duggan and Grainger (1997), whose views of the development of self are similar to those of Mead (1934), social interaction and the ability to understand the perception of the other lies at the heart of having an intact sense of self and identity,

> The interplay of social roles is not just a game in which we find a use for our native ingenuity. It is, in a very real sense, *ourselves.* The fact is, I must know how you see me in order to be me at all. My own personification depends on an impersonation, not necessarily of you, but of *your ideas and expectations of me* (4) [Italics in original publication].

This quotation suggests that an element of imitation and performativity of the self within an interaction is necessary in order to meet the expectations of another person and how you are perceived. However, when the need for impersonation takes over, the persona and inauthentic self could replace the authentic roles that make up the self. Therefore, in order to present the appropriate social role within an interaction, an existing sense of self and self-awareness is essential so that authentic roles can be shaped to meet external expectations rather than relying on the persona as a way to mask elements of the authentic self. Landy refers to Goffman in relation to the chosen parts of the self that we wish to present within interactions to convey our identity, referring to it as a dramatic and theatrical process as it involves awareness of both the self and the audience we are presenting to. From the points raised within this section, it is clear that the development of a sense of self, identity and other, and self-awareness, is fundamentally linked to social interaction through which we express ourselves to

others. In successful social interaction, a balance must be sought between our sense of self and identity and the expectations of others so that appropriate roles can be chosen from our personal role repertoires.

Social Interaction and a Sense of Self

The quality of early relationships is critical to the development of self-regulation, the sense of self, understanding of others and the conduct of social relationships (Howe, 2013). Meaningful early relationships aid the development of the self and the way that we relate to others. Within meaningful relationships we can learn how to maintain and express our inner self through our external identity whilst learning social conventions and developing our sense of physical self and other. This relies on the ability to develop and expand a functioning role repertoire rather than depending on a built persona based upon learned behaviour and impersonation according to the expectations of others. A developed sense of self is important in a divergent society so that people can express themselves and interact with others. A sense of self and identity is built through social encounters and the ability to explore a variety of social roles while maintaining the values and personality traits that make up your own identity. Landy (1993) assumes that the roles within our personal repertoires are influenced by genetic, environmental and cultural factors, which suggests that as well as the predisposition to behave in certain ways as a result of our genetic makeup, the social world around us also plays a large part in the development of a sense of self, which emphasises the impact that society and social experiences have on our sense of self and identity. This relates to the social model of disability, which is based on the premise that

disability is caused by the way that society is organised and from attitudes in society to those with impairments. The way that we are treated in society, and our social experiences, has a bearing on the development of self. As Milton argues, 'identities (including autistic ones) are the reflection of embodied lived experiences constructed within the confines of historical and cultural positionality' (2012:no pagination).

To understand our own identity and sense of self, social interaction is necessary in order to perceive the self in relation to others and understand how they perceive you. Duggan and Grainger (1997) explain that,

> The suggestion is that the human consciousness loses its separate identity in the moment of encounter with whatever is not itself, but immediately withdraws from the other so that it may interiorise and 'understand' what has just happened before venturing forth to repeat the process (7).

This statement emphasises the need for an understanding of self and other in social relationships so that social interactions are not based on impersonation or the projecting of our own identity onto others and vice versa, but with the knowledge that the interaction relies on two separate identities coming together without losing either individual identity in the self-hood of the other. This is a potential problem with interventions such as ABA, as the autistic client has little control over the experience and the implication is that elements of their identity must be changed in order to fit in with social expectations. In this way, such interventions correspond with the medical model of disability, which 'looks at what is 'wrong' with the person, not what the person needs, [and] leads to people losing independence, choice and control over their own lives' (2016, www.scope.org). When a person, even one who is relatively self-aware, tries too hard to understand someone else and to put themselves in the place of that individual,

they may reach the point where their own sense of self and identity is sacrificed. Jung felt that this led to a loss of individuality and referred to it as 'participation mystique', 'a term which [he] borrowed from the anthropologist Lévy-Brühl to denote a relationship in which both partners are so intensely identified with one another as to be unaware of their separate existence' (Stevens, 1994:51). A balance must be achieved between understanding of another's feelings and knowledge that their state of mind is separate to our own, otherwise there is a risk of over-identification and the individual's sense of self and identity becomes buried within the interaction.

Imitation is a natural part of development; the ability to imitate certain actions and learn how to behave in the social world is significant in developing and maintaining a secure sense of self and identity. It is important, here, to establish the difference between imitation and impersonation. Imitation is vital in beginning to understand the self and other, and in building the social self, as Susan L. Hurley and Nick Chater state, '[v]ery early imitation may express a fundamental self-other similarity, while the distinctive human capacity for imitative learning with its flexible means-end structure in turn contributes to the development of the self-other distinction and of more advanced mind-reading skills' (2005:33). Jean Decety and Meghan Meyer state, 'imitation has been theorized to provide a basis for the child's developing sense of agency, self, and self-other differentiation' (2009:143). Imitation is natural, to some degree, within social situations and interactions as a way to base one's behaviour on the behaviour of others in order to fit in. As the social self is developed, a person with an intact sense of self and identity understands when elements of imitation are necessary and when they

are not. Although Landy views impersonation as 'the ability of the developing person to fashion a personality through taking on and playing out various personae or roles' (1993:30), philosopher Bruce Wilshire (1982) sees impersonation as merely mimicry, which is the way the term is used within this research. Within this research, the term impersonation is used to convey a technique used by those with an underdeveloped sense of self, other and identity. Impersonation occurs when the need for imitation replaces the real sense of self and identity, and the portrayed identity is based on direct imitation of another's behaviour. This is when a learned persona substitutes roles that flow from the authentic self.

In some social situations, particularly situations that feel unsafe, we can become so preoccupied by our outer self and external identity; how we look, how we are being perceived, and what behaviour we should be exhibiting, that the inner self, the mind which contains our authentic thoughts and feelings, becomes buried and is no longer expressed through social interactions as we rely instead on impersonating the roles of another person. Jung, who developed the concept of persona as it is understood within this research, highlighted the danger of too much reliance on the persona as it may affect the authentic elements of the self, as Anthony Storr summarises, '[a] man may become identified with his role, to the detriment of his personality' (1990:60). This further highlights the dangers of relying too much on the use of a persona within interactions as authentic roles that make up the self become dormant when buried in favour of inauthentic roles that make up the persona. When this happens, the person becomes outwardly compliant and well-behaved according to the given social situation, but there is little room for authentic self-expression, and self-awareness may suffer as a result. Social understanding involves self-awareness and reflection, but with

limited self-awareness, social situations can become confusing and the real sense of self and identity can be replaced by impersonation of other people within the interaction, blurring the distinction between self and other. As a species, we are skilled at fitting in through elements of imitation, 'conventions are noted and copied. Unconscious mimicry of voice and body language helps people blend in' (Howe, 2013:53), but if this is to the detriment of awareness of the inner self it becomes problematic as self-expression falters, interactions become less meaningful and the real sense of self is supressed by the built persona adopted in an effort to live up to other's social expectations. Not only does the individual become less aware of the self but, in doing so, also loses a sense of other-awareness as boundaries become blurred between self and other due to direct imitation of behaviour and preoccupation with the use of a persona to fulfil societal expectations. When self- and other-awareness are absent, it is difficult to express a sense of self and identity as it relies on understanding how others see us, and it becomes impossible to empathise with others, further limiting the sense of self and social interaction.

Early interaction relies on the development of a sense of self and other and shows that children have an early sense that others have separate mental entities that can be recognised, understood and altered. One of the first signs of an understanding of self and other is when babies within their first year point or gaze at another person, which is evidence that they are aware of objects other to their physical selves and an 'other' that has its own state of mind, as they direct another's attention to something, as studied by George Butterworth (1990), C.W. Brune (2007) and Fogel (2013). This is reiterated by Nicola Shaughnessy (2012),

In child development theory, the development of the ability to engage in 'imaginative transposition' can be associated with 'joint attention', which emerges around 9-12 months where the child engages through eye contact, gesture and initial verbalisation in a three-part interaction between themselves, the objects/events they are observing, and the adult caretakers with whom they communicate (42).

When children have a developmental disorder, such as autism, or have experienced psychological problems, development can be delayed or may cease and these important stages of development relating to awareness of self and other are not necessarily fully completed, which means that social interaction and a sense of self and identity are not necessarily developed to the stage that is expected of socially functioning neurotypicals, and an understanding of self and other is not apparent. Social interaction through the stages of development is necessary for a sense of self and identity and the understanding of other to grow, which again emphasises the importance of early relationships, '[o]ur growth of the ability to clearly distinguish the self, to feel all of our emotions and to fully empathise with other people and allow them to feel theirs, depends upon our developmental history of self-awareness in relationships' (Fogel, 2013:21). Howe (2013) puts emphasis on verbal communication as a way of developing a sense of self and identity through relationships, '[l]anguage [...] creates the possibility of a subjective, reflecting, meaningful self [...] as our psychological selves form in the context of close relationships, they emerge out of the flow of language and the exchange of meaning' (141). This suggests that self disclosure, language and communication are significant elements in the development of a sense of self as through communication we can express the inner self, which both reaffirms our sense of self and helps others to understand our sense of self and identity. The need for people within an interaction to be able to understand the other and to

relate to them relies also on the development of empathy, which allows us to see the world from another person's perspective and supports the maintenance of a sense of self, identity and other.

Dan Zahavi, a writer concerned with phenomenology and philosophy of mind, also emphasises the fact that the self and self-awareness relies on social interaction and relationships with others, self-other differentiation, and the ability to understand the way other people see and understand us,

> Some have argued that the constitution of the self is a social process, that we are selves not by individual right, but in virtue of our relation to others and that we achieve self-awareness by adopting the perspective of the other toward ourselves (2008:no pagination).

In order to form a relationship with another person, elements of the self and identity must be shared. This requires the ability to express parts of the self to others so that our own sense of self is communicated and understood and a connection can be shared with another person. Sidney Jourard, author of *The Transparent self: Self-disclosure and Well-being* (1964), highlights the need for self-disclosure in order for awareness of the self to be developed,

> Full disclosure of the self to at least one other significant human being appears to be one means by which a person discovers not only the breadth and depth of his needs and feelings, but also the nature of his own self-affirmed values (27).

Successful social encounters and relationships rely on an intact perception of how others see us and the ability to pick the most effective role in our repertoire for the social situation whilst maintaining a sense of self within the interaction. The concept of self-disclosure as a means to becoming more self-aware relies on an element of self-awareness already having been developed for self-

disclosure to even be possible. However, as Jourard claims, self-disclosure may be key in further development of the self and self-awareness as it allows existing beliefs, thoughts and feelings to be reaffirmed through confiding in another person. To achieve full disclosure of the self to another person, adequate skills in self-expression are necessary, which can be problematic for some individuals who do not necessarily have the means for effective communication. Egan states that, '[i]t's said that too little self-disclosure is either itself a psychological problem or at least a sign of a psychological problem' (1977:44), which further emphasises the need for self-disclosure as a way to develop self-awareness. However this statement shows little acknowledgement of groups of people who are not always able to disclose elements of the self due to difficulties with communication and self-expression, such as autistic people. As autism is a developmental disorder largely presenting through communication and social difficulties, a lack of self-disclosure in the case of autistic people does not necessarily imply psychological problems but may actually be due to difficulties with social interaction caused by delays in development. Social interaction with others helps us to develop a whole sense of self, other and identity. If a social interaction feels safe we are more likely to be self-aware and free to express our true selves, '[w]hen we feel safe and we are encouraged, we not only flourish, but we have a natural tendency to grow and become our true selves' (Howe, 2013:107). Not all interactions with others, however, feel safe and a lack of safety can affect the sense of self and self-awareness in a negative way, '[t]he problem with fear, and any type of threat to the self, is that awareness of the body becomes lost and replaced by the need to protect the self or to collapse' (Fogel, 2013:6). When a relationship does not feel safe, awareness of the inner self, the physical self, and other is replaced by focus on impersonation and preoccupation with the inauthentic roles of the

persona as a way to protect the real self, thus affecting the authentic sense of self and identity. This becomes evident in the following chapters in which the effect that fear and anxiety within the social world has on autistic individuals is explored, and the importance of the creation of a safe space in dramatherapy sessions for autistic people is emphasised.

Empathy and Social Relationships

An understanding of other in terms of the fact that other people have different feelings, beliefs and intentions to ours, is vital to the development of a sense of self, identity and other. This understanding of other relies on the development of empathy; relationships are difficult to form without the ability to empathise within an interaction. Psychologist Edward Titchener was the first person to use the word empathy in 1909. It is derived from the German word *Einfühlung* (which literally translates as 'feeling-in') originating in German aesthetics. Empathy also stems from the Greek word empatheia 'meaning to enter feelings from the outside, or to be with a person's feelings, passions or suffering' (Howe, 2013:9). The definition of empathy acknowledges the importance of relationships in the fact that it includes understanding of the other. Lauren Wispé's definition of empathy, included in *Empathy and its Development* (Eisenberg and Strayer (ed.), 1987) refers to "the attempt by one self-aware self to comprehend unjudgementally the positive and negative experiences of another self" (4), which emphasises that the development of empathy and a sense of self are linked.

Empathy relies on an understanding of self and other and involves not only understanding how someone else is feeling, but also having the ability to relate to that feeling, the ability to imagine how someone feels and why they are feeling

that way. Empathy is a means of becoming part of other's lives and sharing meaningful experiences, which, as discussed, is important in the growth of an intact sense of self and identity. The relationship between I and Thou is a way of understanding the other as the subject of his or her own experience, which relies on a clear self-other differentiation. Meaningful close relationships and awareness and understanding of the other's experience have the ability to change brains and change selves. At the same time, in order to become self-aware and to develop a sense of self, we must be able to express our own emotions within a meaningful relationship, '[i]f we go too long without actually feeling our emotions, or without sharing our true experiences with another person who we can trust […] we may "forget" that we have emotions' (Fogel, 2013:40), which, again, relates to the importance of self-disclosure. Those who do not necessarily develop skills in empathy may find it particularly difficult to understand the self in relation to others, hence the development of empathy is vital for the development of a sense of self and self-awareness, 'empathy-related and interpersonal disadvantages also have consequences for the development of self-awareness and the capacity for self-reflection' (Howe, 2013:79).

Empathy, like sense of self, identity and other, is also developed through social interaction and early relationships. Meaningful social interaction relies on a clear sense of self, identity, other, and how the other perceives us. Social interaction involves the ability to understand the intentions, feelings and meanings of the other person; people often intentionally say one thing but mean another, and it is our ability to understand and relate to the person that makes us aware of this. For example, when faced with the question 'How are you?' in everyday life, those who follow typical social conventions reply with 'Fine, thank you', despite the fact

that this is not necessarily true. However, it may still be evident to the other person that this is a false statement. Social rules may require us to answer in such a way, but through reading the other person's body language, we are able to get a real sense of what the person may be feeling, which is important in the social world, '[i]f we are to be socially competent social players, we must learn to make sense of our own and other people's actions and behaviours, thoughts and feelings, needs and desires' (Howe, 2013:32). We must be able to recognise other personalities within an interaction to make sense of and predict their behaviour. A meaningful interaction is one in which we are able to empathise with the other person whilst also maintaining a sense of self, empathy is an understanding of someone else's feelings and thoughts without sharing their current state of mind. Therefore, although having the ability to understand the state of mind of another person is important in empathy, it is vital to be able to distinguish and relate to the other person's emotional state of mind but also to understand that their state of mind is not one's own, which relies on a developed sense of self- and other-awareness. Psychologist Martin Hoffman, argues that,

> mature empathizers have […] passed the developmental milestone of acquiring a cognitive sense of themselves and others as separate physical entities with independent internal states, personal identities, and lives beyond the situation and can distinguish what happens to others from what happens to themselves' (2000:63).

The ability to understand another's perception of us can be attributed to skills in empathy and the ability to understand another person's perspective, as described by neuroscientist and psychologist Jean Decety and Andrew N. Meltzoff, 'empathy is an interaction between two individuals, with one experiencing and sharing the feeling of the other.' (2011:66). This, along with the ability to maintain a sense of the inner self within an interaction, allows us to build a fully connected

sense of self. People gain self-knowledge and self-awareness through coming to know how others experience them.

Autism researchers Patricia Howlin (2004), Simon Baron-Cohen (1995) and Julie Hadwin (1999) credit Daniel C. Dennett (1978) as the first to explain the necessities of mind reading in the human world, '[a]ttributing mental states to people is by far the easiest way of understanding them. By understanding, Dennett meant formulating explanations of their behaviour and predicting what they would do next' (Baron-Cohen,1999:5), which relates to empathy and the ability to understand the other in social interactions,

> Empathising is about spontaneously and naturally tuning into the other person's thoughts and feelings, whatever these might be. It is not just about reacting to a small number of emotions in others, such as their pain or sadness; it is about reading the emotional atmosphere between people (Baron-Cohen, 2003:21).

In order to read the emotional atmosphere between people, we must be aware of others whilst maintaining a sense of self. We must be self-aware whilst picking up on the other person's emotional state so that our behaviour is sensitive to the emotional atmosphere. Empathy allows us to understand others and allows others to understand us, which promotes meaningful interaction. An interaction is more likely to be successful if we have a sense of being understood, '[b]eing understood by another person promotes self-understanding' (Howe, 2013:36). If someone can relate to the authentic emotions that come from the inner self, it makes him or her feel that the self they are presenting is understood, which most human beings with a sense of self and self-awareness strive for, '[t]o my mind, empathy is in itself a healing agent. It is one of the most potent aspects of therapy, because it releases, it confirms, it brings even the most frightened client into the

human race' (Rogers, 1986: 129). Here, psychologist Carl R. Rogers refers specifically to empathy within a psychotherapeutic relationship but the concept can also be applied to individuals within society; through being understood by another, our sense of self and identity is reaffirmed, which allows us to become more self-aware and relates to Jourard's beliefs surrounding the importance of self-disclosure.

Early relationships, are particularly important in the development of empathy,

> A common ingredient in a secure early attachment is an abundance of love and nurturance. Not surprisingly, it has been suggested [by Hoffman, 1972] that parental affection, by satisfying the child's own emotional needs, also plays an important role in the development of empathy (Barnett, 1987:151).

This emphasis on the quality of early relationships suggests that nurture is key to the development of empathy. However, Howe also suggests that there is a biological basis for the degree of empathy a person will develop, as development of empathy relies not only on early empathic relationships, but also on genes, '[e]mpathy develops more or less as an individual's innate biological differences interact with their unique social experiences' (31), which, according to Landy is also true of the development of the self. Howe's acknowledgement that, although early relationships are important in the development of sense of self and empathy, biological differences are also considered to play a part is more satisfactory than the assumption that development of empathy relies merely on the quality of early relationships. There are some groups of people who lack skills in empathy but not necessarily due to the absence of early social interaction and relationships, '[e]mpathy can be low or absent as a result of illness, disease, neurological development or upbringing' (Howe, 2013:77). As empathy is also

recognised to be linked to the development of the self and understanding of other, these factors can also affect a person's sense of self, as will be discussed in the final section of this chapter.

Development, Empathy and a Sense of Self

As in a sense of self, identity and other, empathy relies on successful early development. There are many different phases in the development of empathy that contribute to the making of successful empathisers. According to Hoffman, the vital developmental stages that children experience in order to gain the ability to empathise are,

1. Global empathy: Fusion, or at least a lack of clear separation between the self and the other;
2. Egocentric Empathy: Awareness that others are physical entities distinct from the self;
3. Empathy for another's feelings: Awareness that others have feelings and other internal states independent of one's own; and
4. Empathy for another's life condition: Awareness that others have experiences beyond the immediate situation and their own history and identity as individuals

(1987:51).

Empathy is clearly a complex concept, and these four outlined stages or types of empathy show how a developed sense of self and other is intrinsically linked to skills in empathy. Each phase highlights a level of understanding based on the other, and outlines the importance of the ability to separate the self with that of the other, the ability to see things from another's perspective, and the ability to understand another's perception of the self. If a sense of self and other is underdeveloped, it seems that it would be impossible to have skills in empathy,

which by definition, rely on acknowledging and relating to the inner feelings and thoughts of the other. Hoffman's stages of empathy suggest that empathy is not fully developed if any of these components is missing. There may be many people who show evidence of stages one, two, three or four, but without development of all the types of empathy, they are not regarded as fully empathic beings. Human beings in society have varying degrees of empathy, which can be tested using the Empathy Quotient (EQ); a questionnaire that measures how empathic you are in terms of recognition and response. Baron-Cohen, a member of the research team that created the EQ, explains the line of questioning that is involved, 'the questions are intended to measure how easily you can pick up on other people's feelings, and also how strongly you are affected by other people's feelings' (2003:56). Fully empathic beings score highly on the EQ, as it becomes clear that each type of empathy is fully developed.

Language and communication are regarded as important components in the development of empathy and understanding of other, as language is the most popular vehicle for self-expression, '[e]mpathy […] makes real communication possible' (Baron-Cohen, 2003:23). Within real communication, we disclose elements of our self and identity to others and are sensitive to the needs of the other person, which relies on listening, understanding and responding, all of which require empathy. Problems with communication may make it difficult to empathise, but it seems also that lack of empathy makes it difficult to communicate with others within a meaningful interaction, therefore the two are linked. According to Howe (2013), empathisers have better speech and language skills and read other's emotions and social nuances better, which allows them to create meaningful relationships in which they maintain a sense of self whilst also

being aware of the needs of the other person. If Howe's argument is accepted, the assumption may be that individuals who do not develop skills in speech and language are deficient in empathy. For some this may be the case, however it is possible that such individuals do have the ability to empathise but that this is not immediately obvious, due to the difficulties they experience in communication and social interaction. Although there are many forms of self-expression, as will be discussed in Chapter Five, most people rely on verbal communication in order to share their feelings and thoughts relating to the self, therefore for individuals who have limited skills in speech and language, real connections with others may be difficult to form and relationships may suffer as a result.

Social interaction and the understanding of social conventions are usually developed as a child, and aid the development of a sense of self and empathy. Communication does not just refer to the words we speak and the way we express ourselves through verbal language, but also encompasses our physical and outer self. Empathy is at the heart of social life, '[a] good empathiser responds intuitively to a change in another person's mood with concern, appreciation, understanding, comforting, or whatever the appropriate emotion might be' (Baron-Cohen, 2003:24). This requires the ability to read faces, recognise emotions in other's voices, give and receive eye contact and to pick up on how others feel about us. People who do not clearly express emotion through recognisable facial expressions can be cast into a world where relationships become difficult as the other person becomes anxious and unable to exchange meaningful communication, and therefore loses their social bearing (Howe, 2013). The ability to read facial expressions and body language usually takes place outside of conscious awareness. We mimic the other's look and feel it in

our bodies; this is embodied empathy. This is in contrast to cognitive empathy, which involves cognitively understanding which emotion someone is expressing, without necessarily allowing ourselves to relate to the way they are feeling and the reason why they feel that way. As Professor of psychology Ervin Staub explains, '[c]ognitive empathy is neutral, it can be a tool of both caring and hostility. It is directly involved in gathering information and accurately knowing another person' (1987:106). Affective empathy or emotional empathy, on the other hand, 'is an observer's appropriate emotional response to another person's emotional state' (Baron-Cohen, 2003:26), which is not to be confused with sympathy. Sympathy simply involves acknowledgement of another's feelings, whereas empathy relates to understanding situations and emotions from another's perspective, which is a somewhat more complex process. People with fully developed skills in empathy have the ability for both cognitive empathy and affective empathy; regular phrases in society include statements such as "put yourself in their shoes", encouraging people to imagine themselves in the other person's position. The attempt to imagine emotions through the perspective of another person is referred to by Amy Coplan, a Professor of philosophy, as 'other-oriented perspective-taking',

> Other-oriented perspective-taking is, as the name suggests, oriented toward the other. It therefore avoids false consensus effects, personal distress, and prediction errors based on egocentric biases. We stay focused within our simulation on the other's experiences and characteristics rather than reverting to imagining based on our own experiences and characteristics (2011:13).

In order to achieve other-oriented perspective-taking, a degree of cognitive and affective empathy is necessary, however this can become difficult and relies on developed empathy skills, as suggested from phrases like "I can't even imagine

what they're going through", which implies that the person understands the emotions the other person is feeling but that they acknowledge that the other person's experience is so far removed from their own that, though they try, they cannot imagine the extent of the other's feelings.

Although affective empathy means that we imagine ourselves in another person's position, in order to maintain our sense of self we must remain conscious of the boundary between self and other. Decety and Meltzoff refer to theories from Decety and Meyer (2008), and Eisenberg, Shea, Carlo and Knight (1991) when they state,

> [B]roadly construed, empathy has been defined as an affective response stemming from the understanding of another's emotional state or condition similar to what the other person is feeling or would be expected to feel in the given situation, without confusion between self and other. In line with this conception, empathy is an interaction between two individuals, with one experiencing and sharing the feeling of the other (2011:66).

In order to feel the emotion of the other person and have affective empathy, we imitate others' body language and facial expressions. Imitation is significant in both the development of a sense of self and other and the development of empathy. Imitation of others usually happens at a young age, as a way to socialise with family members and find a way to relate to them. Affective mirroring is one way in which we develop this ability. This is when a parent or caregiver reflects back what they perceive their child's emotional state to be, which is key if the child is to develop the capacity to empathise, as it encourages them to recognise the outward display of different emotions in others. Imitation develops naturally through observing behaviour of parents and caregivers and through

dramatic development involving play and role play. This stage in development may be missed in autistic children who typically engage in repetitive play, which will be discussed in terms of dramatherapy further in the thesis. Through natural child's play we begin to use observed behaviour to take on the role of another-role taking is an important feature in empathising, as originally explored by Charles Cooley, a social psychologist (1902), and Mead (1934) who, according to Wispé,

> were concerned with role taking and wrote about the development of the self, the internalization of social norms, and the assumption that in human interaction the person not only develops those responses appropriate to his part in the relationship but also incorporates in his reaction system the responses of the significant other in the situation (1987:24).

Through imitation and observation we develop the capacity to understand how our own and other people's mental states affect our behaviour and this allows us to appreciate that our mental state and behaviour can affect another's mental state and behaviour, and vice versa. This process is referred to as mentalization; a term coined by psychoanalyst and clinical psychologist Peter Fonagy (1989), which requires an understanding of the self. We must be aware of ourselves and our behaviour in relation to others, which helps us to become social players, '[p]art of our ability to read minds depends first on our ability to know and reflect on our own thoughts and feelings' (Howe, 2013:26). Imitation is a way in which we develop the ability to empathise, however, it can be difficult when imitation leads to impersonation and replaces real social understanding and a real sense of the self. Although imitation is significant in the development of empathy, it is important that behaviour and imitation of others can be adapted so that imitation is not solely relied upon within interactions, as a sense of self and identity within an interaction should also be presented. However, as Decety and Meltzoff state,

in order to choose when imitation is necessary, a certain degree of empathy must already be developed,

> Imitation is also connected to empathy in deeper ways as well. Adults do not blindly and automatically imitate everything they see. If they did, it would cause chaos in normal social interaction. Instead, adults regulate their behaviour and choose when to copy others (2011:63).

Impersonation may replace real empathy when a person does not have the skills to choose when to imitate others, for example, if someone is autistic they may lack the social awareness necessary for this sort of unconscious or conscious choice. This can make it difficult to fathom whether someone really has empathy skills that enable them to understand the other without being able to see into their minds and inner self and understand how they think and perceive.

As empathic beings, we relate to others through our own experiences; these make up who we are and shape our sense of self. In children, the sense of self develops as they interact with others who relate to them. Their brains are programmed to make sense of experience. The sense of being made sense of by empathic others brings about the independent psychological self (Howe, 2013). Empathy helps us to use our own experiences to begin to understand another person's experiences, which allows us to better understand their sense of self without losing our own sense of self, however we can never know for sure what is in someone else's mind, no matter how well developed our empathy skills are,

> We can never know precisely what another person is thinking and feeling […] Our guesses come from our experience and, since no two people ever have exactly the same experience, no two people ever see anything in exactly the same way. Thus we each live in our own individual world of meaning. Empathy is always a leap of the imagination (Rowe, theguardian.com, 2011).

As psychologist Dorothy Rowe states, empathy relies on a degree of imagination, as also emphasised in Coplan's definition of empathy as 'a complex imaginative process in which an observer simulates another person's situated psychological states [both cognitive and affective] while maintaining clear self-other differentiation' (2011:3). As empathy involves the need to imagine another person's emotional state and perspective, it is inevitable that at times there will be some incongruence between what we believe another person to be thinking and feeling and what they are really thinking and feeling. Therefore, when we incorrectly imagine the emotions of another person, it does not necessarily mean that we lack skills in empathy but that our own perspective and experience is so different to the other person's and that what we imagine is built largely on our own sense of self and identity.

It is clear that empathy, imagination and a whole sense of self and identity are linked, in the fact that empathy allows us to consider what it is that 'I' feel (the sense of self) and what is 'other' (imagination) and how to relate to the 'other' (empathy),

> 'This 'nonprimordiality' of empathy- the fact that an experience cannot be disclosed in its original first-person subjectivity from the second-person perspective of empathy- means there is also a parallel or an analogy between empathy and memory and imagination (Thompson, 2007, 387).

Empathy is intrinsically linked to development of a sense of self; it is necessary in order to develop a sense of self, '[e]mpathy plays a key role in psychological development and the formation of the mind-sighted, mind-reading, mindful self' (Howe, 2013:145), and a sense of self and other, as discussed, is vital in order

to build empathy skills. Even with the ability to be cognitively and affectively aware of another's emotions, without a sufficient sense of self and other empathy is not wholly possible,

> It is possible to experience affective matching and succeed in other-oriented perspective-taking and still not be empathizing. This happens when there is insufficient self–other differentiation due to a breakdown of the boundaries between the self and others. One can successfully represent a target's situation and experiences and have the same affects as the target while failing to preserve a separate sense of self (Coplan, 2011:15).

Empathy is clearly a concept that involves many different components. The majority of functioning human beings do have a developed sense of self, other and identity and are able to empathise successfully, however there are some groups of people, such as autistic people, that appear to have an underdeveloped sense of self and also, therefore, difficulties in empathising successfully due to problems with elements that are vital for the development of empathy.

Causes of a Lack of Empathy and Sense of Self

As expressed earlier in the chapter, the diversity of social beings means that people have varying degrees of empathy. For example, Randy Lennon and Nancy Eisenberg (1983, 1987) Baron-Cohen (2003) and Howe (2013) explore the fact that males and females typically have different capacities for empathy due to the way their brains work. According to Baron-Cohen (2003), based on a test involving a research group of men and women and their subsequent scores on the Empathy Quotient, women appear to be more gifted in empathy than men, which Baron-Cohen believes to be due to the fact that men's brains are more

adept at understanding and building systems and recognising patterns, whereas women's brains focus more on emotions and expression. This is an example of innate biological differences that can be a cause for a variety of empathy levels in humans. However, there are reasons for empathy skills to regress from the point at which they had developed that are not biological but environmental, such as when individuals suffer from mental illness or are affected by the stress and anxiety experienced within the social world.

The NHS acknowledges the many different definitions of mental health, '[t]here are many different definitions of mental wellbeing but they generally include areas such as: life satisfaction, optimism, self esteem, mastery and feeling in control, having a purpose in life, and a sense of belonging and support' (nhsinform.co.uk, 2010-15). The NHS uses the term mental health rather than psychological health, but defines the term as more than just the absence of a mental illness. According to these definitions, poor mental health implies that a satisfactory mental balance is missing. Presumably, mental health is relative to the individual, as things like having a purpose in life and optimism may be understood differently by different people. Stanley I. Greenspan and Beryl Lieff Benderly (1997) state that mental health 'requires a feeling of connectedness with humanity and a keen sense of empathy' (193). This implies that a sense of self and a connection with others is important both in the maintenance of mental health and in the ability to empathise. It seems that if a person is mentally healthy they are more likely to consider another's feelings and perspectives and have the ability to imagine someone else's state of mind. The definitions of mental health indicate that a mentally healthy person is in control of their life and has a developed sense of self, other and identity. If the sense of self, other and identity is underdeveloped, interaction

with others becomes problematic due to confusion around self and other and the inability to maintain a clear sense of self whilst trying to connect with another person. Therefore, with limited social interaction and reduced ability to create and maintain meaningful relationships, social situations can become very stressful,

> Because their poor relationship skills mean that they find social interaction stressful, and because increased stress reduces empathy, [people with a lack of sense of self] find themselves entering a vicious circle: relationship stress decreases empathy, which increases interpersonal incompetence, which raises stress, and so on. The inability to self-regulate means that individuals find it hard to understand and empathise with others (Howe, 2013:61).

People that are lacking a mental balance and are unable to self-regulate due to increased anxiety and stress in the social world may avoid social situations where their interaction and empathy skills are lowered and self-awareness is affected. Landy (1993) believes that this is detrimental to the individual's sense of self as the existing roles within their repertoire may become dormant, leading to further distress,

> Although human beings seek balance and integration, they live in a world of conflicting psychological and social forces that often lead to imbalance and separation. Many distressed individuals attempt to avoid uncertainty by limiting conflict and role choice. Shutting out ambivalence, however, does not necessarily lead to balance, but often to further distress (14).

This does not help to develop empathy, mind reading skills or language, as the social self requires social interaction in order for the self and identity to be reaffirmed. If individuals who experience social anxiety sometimes attempt to shut out ambivalence through avoiding social situations, they are less likely to develop empathy or a sense of self and other. This once again reaffirms the fact that empathy, sense of self and identity, and social interaction are all linked; with

an underdeveloped sense of self, social interaction becomes difficult and potentially stressful, which in turn decreases empathy, without which social interaction suffers.

This chapter discusses the elements involved with the development of a sense of self so that the lack of a sense of self, other and identity in autistic people can be explored thoroughly in the next chapter. It is important to understand the part that society plays in the development of a sense of self and identity in order to argue for the social model of disability in relation to potential interventions for autistic people. A developed and connected sense of self refers to the awareness of the inner self, the outer self, or identity, and the physical self in relation to others. As explored throughout this chapter, self-awareness and awareness of other is built through social interaction, and successful social interaction relies on the presence of empathy; the ability to understand the mental states of others. For all the different types of empathy to develop and for us to become fully empathic beings, we must have an understanding of self and other, which suggests that a sense of self, an understanding of other, empathy and social interaction are all fundamentally linked. In order to build a sense of self, other and empathy, we must reach important developmental stages, be mentally healthy and build meaningful relationships. The following chapters will explore the potential reasons for an underdeveloped sense of self in autistic people, and why this may be detrimental to self-expression and social interactions. Dramatherapy will also be discussed as an approach to aid the sense of self, other and identity in people for whom this is underdeveloped, through elements of play, role, movement and touch.

Chapter Two

Autism, Identity and Self

Autism can affect the development of a sense of self, identity and other and causes difficulties in self-expression due to problems surrounding communication and social awareness. This chapter considers the developmental condition of autism, particularly in terms of the delay in development of a sense of self and identity in autistic people and the impact that society and social values have on an autistic person's sense of self. The triad of impairments (1979), based on studies from key autism researchers Wing and Gould, in which the concept of autism as a spectrum disorder that is characterised by three main areas, is introduced. The elements in the triad of impairments are impairments with communication; social relating; and restricted interests and repetitive movements. Although these three elements of autism are the main ones acknowledged within diagnostic criteria, the triad is somewhat limited as it does not involve areas such as sensory sensitivities and a lack of a sense of self. It also does not acknowledge the part that neurotypicals play in the difficulties that autistic people may face in society. This chapter considers the different ways that autism is viewed and treated in society, whether it is seen as an illness that must be cured in accordance with the medical model or whether it is understood and treated as a difference caused by society, as suggested in the social model of disability. The cyclical effect of known symptoms of autism and the development of a sense of self, other and identity are also discussed. It can be problematic at times to discuss autism as a general concept as the autism spectrum encompasses many different individuals, behaviours and abilities, therefore what is true for one autistic individual may not necessarily be similar to the experiences

of another. However, by considering many different accounts from practitioners and clinicians within the field of autism, a comprehensive understanding of autism can be achieved. This will then be added to in following chapters by exploring the accounts of autistic individuals themselves.

Autism and the Triad of Impairments

Kanner was the first person to identify autism and typical autistic traits in his paper *Autistic Disturbance of Affective Contact* (1943). The specific behaviour that he recorded was a sense of aloneness and a complete lack of interest in others. The diagnosis of autism relies largely on symptoms acknowledged in the triad of impairments. Uta Frith and Elisabeth Hill (2003) outline the areas within the triad; '[a]utism is a developmental disorder characterised by impaired social interaction and communication as well as repetitive behaviours and restricted interests. The consequences of this disorder for everyday life adaptation are extremely variable' (no pagination). This emphasises the variation of experience included in the autism continuum and reminds us that all autistic people are different and experience autism differently, although they may share common features. The triad of impairments highlights the elements that are regarded as the most significant features of autism by well-respected researchers in the area such as Frith and Hill (2005), Tony Attwood (1998, 2007), Susan Dodd (2005), Wing and Gould (1979), and by the NHS. The DSM (the official diagnostic criteria from the American Psychiatric Association) bases criteria for a diagnosis of autism around these three areas[5]. Diagnosis relies on the Autistic Spectrum Quotient (AQ); a

[5] The DSM 5 (May 2013) now includes communication and social impairments within the same category. However, according to The National Autistic Society, the theory of the triad of impairments has not changed.

questionnaire featuring questions based around the elements of the triad of impairments, which shares similarities with the Empathy Quotient discussed in Chapter One. Baron-Cohen, who founded the AQ along with colleagues at Cambridge's Autism Research Centre, explains that a high score alone is not reason to be referred for formal diagnosis,

> In addition there has to also be evidence that the person is 'suffering' in some way (e.g. they are being bullied, or are becoming depressed, or have high levels of anxiety, or are not fulfilling their academic or occupational potential) (2008:29).

Proof of suffering in everyday life separates those with autistic traits from those diagnosed as autistic; a person is only autistic when the symptoms and characteristics associated with autism causes regular distress. In terms of suffering or distress, external signs such as bullying or not reaching their potential are easier to recognise than internal suffering such as depression or anxiety. Therefore, potentially, there are people with symptoms of autism who fail to demonstrate or articulate signs of suffering who go without diagnosis. Non-autistic people can have autistic traits but because this behaviour is not distressing they are not referred for diagnosis, as a certain degree of neurodiversity is expected within society. Diagnosis is deemed important in the medical model of disability, as it categorises autism as an illness which can then be cured. In Chapter Six, however, autistic participants express their own need for a diagnosis as a way, not necessarily to categorise themselves, but to understand themselves, the part that autism plays on their identity, and how this affects their place in society. From autistic people's viewpoints, it would seem that diagnosis is a key moment for autistic people, but that the reasons for this are at odds with the benefits of diagnosis suggested within the medical model of disability, which will be discussed in length in Section Two.

There are potential limitations in the triad of impairments, despite the fact that such emphasis is put on the three elements. The main limitation is that there are further symptoms of autism that may negatively affect those diagnosed more than the symptoms within the triad, for example, sensory sensitivities[6] and lack of sense of self and identity. The triad of impairments was defined by neurotypicals, which raises the question as to whether it adequately describes the elements of autism that negatively affect autistic individuals on a day-to-day basis, or whether the triad merely focuses on the three elements that neurotypicals find problematic and difficult to understand in autistic individuals. As Eilidh Cage, a researcher in the field of autism, states, 'I don't feel [the triad of impairments] quite captures how an autistic individual might describe what it's like to have autism, or how a parent would describe their child with autism' (2014:760). As society focuses on successful social interactions and communication, and appropriate behaviour in social situations, it is fitting that the three elements of the triad, communication, social awareness and social skills, and repetitive movements and restricted interests are apparent to neurotypicals as the symptoms that cause the most problems. Sensory sensitivities and an underdeveloped sense of self and identity are less immediately obvious to neurotypicals, which may be a reason for the lack of emphasis put upon them. However, for autistic people these symptoms may cause more disturbance in everyday life. Although the lack of development of a sense of self and identity in autistic people is not recognised within the triad of impairments, there are links between this and the three featured elements.

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[6] Within the DSM-V (2013), sensory sensitivities are now, for the first time, included within the criteria under the heading 'restricted, repetitive patterns of behaviours' (www.autism.org.uk).

The importance of the triad of impairments in autism cannot be denied due to the emphasis put upon it in terms of diagnosis and understanding. Difficulties with communication, social skills and awareness in particular relate to the lack of a developed sense of self and identity in people with autism. Although the reasons for a lack of a sense of self, identity and other in autistic people are somewhat unclear in that a firm neuroscientific cause is as yet unidentified, it is evident that it is closely connected to many of the symptoms of autism. These will be explored within the following sections of this chapter.

Triad of Impairments and a Sense of Self and Identity

Communication is the first impairment featured in the triad. Autism is characterised in part by late language development. Language can develop at a slower rate than in neurotypicals but it is also common for autistic individuals not to develop spoken language at all. As explored in Chapter One, development of language aids the development of empathy and a sense of self and identity, therefore this alone could cause problems to the development of these areas in autistic people. Grandin, academic, autistic author and self-activist, records her early behaviour, 'I showed the symptoms of classic autism: no speech, poor eye contact, tantrums, appearance of deafness, no interest in people, and constant staring off into space' (1995:33). Many autistic people are unable to communicate verbally, which causes difficulties in developing and expressing a sense of self, as expressed by Jocelyne James from the Central School of Speech and Drama, '[b]ecause the way in which we speak and the content of what we say informs our sense of self and relationship to others, for these individuals there is a danger that life may become meaningless and isolated' (1996:209). This relates to the

social model of disability in the fact that it recognises that society deems speech as a vital element of human life, therefore disables those who do not have the capacity to express themselves verbally. Some autistic people develop language, albeit relatively slowly, but use it in an uncommon way, arguably due to their confusion of the social rules of spoken conversation and the underdevelopment of a sense of self and identity, how they are perceived and what is expected of them. Echolalia is recorded by autism researchers, such as Dodd (2005) and Howlin (2004), and autistic authors, such as Williams (1999) and Jasmine Lee O'Neill (1999), who describe it as a common form of communication that autistic people employ as a way to follow social expectations of conversing, without understanding the rules or why they are expected to interact in a certain way. Echolalia involves repeating language back to the converser and is a clear expression of a lack of sense of self and identity in autistic people as the words are repeated merely in order to attempt to follow rules, rather than to express themselves. Through repeating words, autistic people may be expressing a lack of a sense of self and identity as rather than expressing the self, they instead reflect back the other person's expression of self, relying on impersonation rather than self-expression. Echolalia makes it difficult to understand how the autistic person really feels; it is impossible to understand what the autistic person would really like to communicate, or if they want to communicate at all. O'Neill concludes that echolalia is used due to confusion around the rules of conversation, such as turn-taking, pauses and questions. This acknowledges the earlier point that autistic people do have their own sense of inner self, the 'I' but that they find it difficult to present this sense of self and identity, the 'me', to others within social interaction. It is often assumed that if autistic people have limited communication or no speech then they cannot communicate. This theory has been contested by

authors and practitioners, such as Phoebe Caldwell (2006) and O'Neill (1999). If a hearing impaired person, for example, cannot speak it does not mean that they have no wish to communicate, and no sense of self to express. This is also true of autistic people, although interaction at any level can be difficult for them due to their lack of social awareness. O'Neill criticises teaching programmes for placing too much emphasis on the use of language as it is not inclusive. She reminds us that just because an autistic individual does not speak does not mean they lack intelligence, insight, or identity but that it does, understandably, make it difficult for them to express a sense of self and identity in the neurotypical world. Although there are existing communication aids such as Picture Exchange Communication System (PECS, 1985) and Makaton (a simple pictorial form of sign language, created in 1979), specially designed computer programmes and the use of keyboards, they are used by a small number of people, and are not acknowledged widely in the social world. There is a stigma attached to people who do not speak; according to autistic self-advocate Amy Sequenzia, they are often viewed as having low intelligence and few capabilities,

> Even the [autistic people] among us who have demonstrated, may times, their capabilities, and who have succeeded despite all the hurdles a disability imposes, these successful cases don't seem to be enough to end the myths: that a non-speaking autistic cannot self-advocate; that the so-called "low-functioning" cannot think by themselves and cannot have ideas or opinions (2012:107).

This suggests that autistic people do have a sense of self and identity but struggle to express it due to difficulties with communication and social skills. It also introduces an argument surrounding the definition of low- and high-functioning autistic people, what this means and whether there is a clear definition of the terms, which will be discussed later in the chapter.

As autism largely presents through difficulties in social skills and social awareness, and identity and sense of self relies on social interaction and understanding of how others see you, many of the reasons for an underdeveloped sense of self may lie in the difficulties autistic people have with social interaction, which is the second impairment featured in the triad. Autistic people are believed to lack awareness of the thoughts of others; the fact that other people have different thought processes and beliefs. Baron-Cohen (2003, 2008) associates communication and social difficulties in autistic people with the theory of mindblindness, which represents the fact that autistic people have difficulties predicting and understanding social behaviour, which are key elements within successful communication. Chasen (2011), a dramatherapist who works with autistic children, states that one of the most difficult tasks for autistic people is to shift their perspective between self and other as a way of understanding and responding to the intentions of others, which affects their ability to communicate effectively.

Mindblindness perhaps explains some of the impairments in the triad, '[a]n increasing number of studies have shown […] that children with autism have particular difficulties in reasoning about mental states and it has been proposed that this deficit underlies many of the developmental abnormalities that are characteristic of the disorder' (Hadwin et al, 1999:7). Mindblindness is also linked to difficulties in empathy, which is dependent on the ability to understand things from another's perspective. If an understanding of others and their thoughts is integral to our own sense of identity, and autistic people have difficulties seeing things from other people's perspectives, it follows that their sense of identity may be underdeveloped. Neurotypicals manipulate the ways they present themselves to other people; they adopt the best version of themselves, their finest role to fit

the situation and purpose. Landy cites Theodore R. Sarbin (1954), who emphasises this ability as the key to becoming functioning individuals, 'the functional person is one who can play a wide variety of roles - those that appropriately correspond to a variety of social circumstances' (1993:25). Autistic people often lack the ability to adapt their behaviour and social role to fit the situation, which affects their social functioning and limits their sense of identity. Strict social rules are not learned instinctively by autistic people, '[y]oung children with autism spectrum disorders do not learn by listening to and watching others, as do typical children. They need to be specifically taught things that others seem to learn by osmosis' (Grandin, 2008:no pagination). However, neurotypical rules and social norms are difficult to understand when not automatically picked up from the world around us throughout development. Social rules and the neurotypical concept of normalcy mean that people with a disadvantage such as failure to follow social rules instinctively will inevitably be viewed as impaired as suggested in the social model of disability. The inability of autistic people to adapt to different social situations is often attributed to their impairment in social skills and social awareness, but perhaps is also due to their underdeveloped sense of self and identity; their limited role repertoires that construct the social self. If someone lacks the ability to define their identity, it would understandably be difficult for them to adapt their role in different social interactions without relying on direct impersonation of other people in the interaction or use of inauthentic roles that make up the persona. Neurotypicals with an intact sense of self and identity find it easier to adopt the most suitable role within their role repertoire for the given social situation or interaction, whilst maintaining the conscious aspects of themselves that make them individual. We make friends because of certain traits that we see and are attracted to in other people and vice versa. If autistic

people struggle to understand and present their own identity and are unable to relate to the identity of others, they are likely to have difficulty forming relationships with others. From Kanner's description of the sense of aloneness in autistic people, neurotypicals often deduce that autistic people have no need or desire for relationships and emotional attachments. This belief is strengthened by the autistic individual's rejection of physical contact with others, '[a]s infants, they may refuse to cuddle and may react to physical contact by stiffening their bodies and attempting to slide away' (psychology.jrank.org, 2015). Although autistic people may outwardly seem to have little interest in others, it cannot be assumed that they have no need for, or interest in, relationships. It is entirely possible that emotional attachments are as important to some people with autism as they are to neurotypicals but they are more difficult for them to form. It can be difficult to make friends with limited understanding of social cues and emotional expression, and with a fractured sense of self and identity. This is further evidenced within autistic self-expressions in Chapter Five, which help us to consider autism from an autistic view, and subsequently argue for therapy that works in accordance with the social model of disability.

The term autism was coined from the Greek term 'Autos', which literally translates as 'Self'. In this case, the word self is used to convey that autism is often characterised by what appears as introversion or aloofness in social situations. Due to what Kanner termed 'autistic aloneness' and the tendency to retreat into their inner world, autistic people are largely assumed to be introverts. Jung's theory of introversion and extroversion as basic dimensions of the personality, describes the introvert as 'not forthcoming, he is as though in constant retreat before the object. He holds aloof from social happenings, does not join in, has a

distinct dislike of society as soon as he finds himself among too many people' (Jung and Storr (ed.) 1983:no pagination). The introverted nature of many autistic people may be due to the difficulties they experience with self-expression. If autistic people are uninterested in things outside of their own world, their sense of self may well be intact but the interest in expressing or ability to express their identity to others may be missing. As the mind is the invisible part of us that holds our sense of self, it is difficult to say whether a non-verbal autistic person truly has an underdeveloped sense of self and identity or whether their identity is overlooked as they cannot present or express it in a way that neurotypicals understand. Everyone has a perceived identity to some extent; there is always some feature that other people would use to describe someone else, even if that person is unaware that that is how they are perceived. There is also difficulty in our own perception of ourselves and other people's perception of us, which relates to self-awareness. Individuals do not always perceive themselves in the same way that others perceive them. Even with the ability to read others' mental states and intentions, no one can really be sure exactly how someone perceives them and if it correlates with how they see themselves. If autistic people lack self-awareness and have difficulty expressing their sense of self, some autistic people may choose to withdraw from social situations and become introverted as a way to protect their existing sense of self and identity.

Williams explains the difficulties she encountered in connecting the inner self and outer self in society and her struggles in learning to adapt in a way that follows neurotypical social rules when her inner self, outer self and sense of other were so disconnected,

> I learned to act as though I had a sense of 'us' and 'we' even if
> my systems integration problems made it very difficult to

consistently process internal 'self' and external 'other' at the same time; an experience that is essential to grasping what 'social' is, how to be it and why you might want to be (2006:5).

This relates to the idea that successful social encounters and relationships rely on self- and other-awareness, an intact perception of how others see us and the ability to pick the most effective role in our repertoire for the social situation. It also highlights the part that society plays on the impairments associated with autism. Imitation is a natural part of development, but Williams' account suggests that this ability to imitate is taken to the extreme in people with autism so that impersonation replaces the natural inclination to imitate, to the detriment of building their own identity. As Christian Jarrett describes, 'people with autism do not have an imitation problem *per se* […] but rather they struggle to decide when and how much to imitate - a subtle social skill that most of us take for granted' (2014:747). This may be due to social pressure; neurotypicals may be so concerned with behaviour in the social world that they do not consider that an autistic person's behaviour may in fact be mere impersonation or persona rather than a real expression of their sense of self and identity. This leads to the possibility that a sense of self and identity may be underdeveloped in autistic people as a result of external societal pressure. Many autistic people rely on impersonation to learn how to behave in society and take on a persona, to the detriment of their authentic sense of self and identity, something that is encouraged in interventions that focus on the medical model of disability. The persona is constructed in order to survive the pressure and insults of the real world. The pressures of the neurotypical social world could potentially play a large part in the disconnected sense of self, identity and other, and the construction of the persona, as will be discussed later in the chapter. Interventions, such as

Lovaas Therapy and Applied Behaviour Analysis (ABA), are often applied to autistic people with the aim of adjusting their behaviour and social skills so that they fit in better with neurotypical social expectations. However, these normalisation techniques focus little on increasing understanding of the social world and developing a secure sense of self, identity and other. As a lack of an intact sense of self, identity and other affects the way in which autistic people behave socially, this feature of autism should also be a focal point in interventions for autistic people. Normalisation techniques focus on the external behaviour of autistic people rather than the inner self, where the sense of self and identity lies, and the connection between the inner and outer self. Therefore, normalisation promotes impersonation of neurotypical behaviour and further develops the persona which could make the individual's real sense of self and identity even more fractured. When normalisation techniques are employed, a sense of someone else's identity and normality is being pushed onto the client, which hinders their own sense of identity. Rather than being pushed to develop a persona they should be accepted and encouraged to develop their sense of self and identity, and build upon their authentic role repertoire. This is a key element in dramatherapy, which works with the existing sense of self in autistic people, rather than assuming that autism is a condition or illness which people suffer from and should therefore be cured through intensive training to behave 'normally'.

The third element in the triad of impairments is repetitive movements and restricted interests, which also relates to a lack of a sense of self and identity and the disconnection between the inner self and the external self. Repetitive behaviours usually take the form of rocking, flapping or spinning wheels on favourite toys. Michelle Turner, an academic and contributor to the book *Autism*

as an Executive Disorder (Russell (ed.), 1997), defines repetitive behaviour in autism,

> The term repetitive behaviour is an umbrella term which encompasses a wide range of behaviours including stereotyped movements, marked distress in response to changes in small details of the environment, an insistence in following routines in precise detail, and preoccupation with narrow circumscribed interests (58).

It is difficult for neurotypicals to understand and relate to repetitive behaviour in autistic people, which again suggests that this is an area in which neurotypical views of society cause autistic behaviour to be considered an impairment. Arguably, developmental and environmental factors play a role in ritualistic and repetitive behaviours for autistic people. They can be an escape from the confusing world around them. If repetitive behaviours are undertaken as a response to the confusion and anxiety provoked by the world around them, it makes sense that those with lower levels of communication and development more often develop repetitive and ritualistic behaviours due to the amplified level of difficulty they face in society. If someone has a disconnected sense of inner self and physical self, the movement may be an effort to feel connected to, and a physical part of, the world around them. By moving in such a way, they may be acknowledging their presence in the world and attempting to feel grounded in their surroundings. Repetitive movements are often used by autistic people in times of anxiety, as a device to reassure themselves and become calm by attempting to connect the inner self to the physicality of the external self. As neurotypicals struggle to understand such behaviours, autistic people are often encouraged to stop repetitive movements. Milton explains how repetitive behaviours are viewed in Lovaas Therapy: '[b]y the targeting of behavioural deficiencies, Lovaas (1987) assumed that there was a normal way to play with

toys (following prescribed function of design) and that self-stimulatory behaviour was in need of modification and was thus framed as pathological' (2012:no pagination). However, Attwood (2007), a clinical psychologist and expert in the field of Asperger syndrome, explains the positive effect such behaviours can have for autistic people. These include overcoming anxiety, giving pleasure, a means of relaxation, an attempt to achieve coherence, to create an alternative world, to achieve a sense of identity, and to occupy time, facilitate conversation and indicate intelligence. The neurotypical aim to normalise autistic people can be hurtful, especially when exercised with no intention of trying to understand the reason for the behaviour exhibited, or the person behind the movement. It seems unnecessary to aim to rid autistic people of repetitive behaviours if the behaviour causes no physical harm to themselves or others and if the reason behind the behaviour is not understood. Many neurotypicals themselves display repetitive behaviours when faced with anxiety in social situations, despite having developed a sense of self and identity, for example nail biting or twirling their hair. However, this is not considered abnormal since we can understand the reasons for such behaviour as most neurotypicals are adept at expressing their state of mind through body language. Such behaviour appears to be easier for neurotypicals to relate to than many of the repetitive behaviours adopted by autistic people. This may be a matter of extremes: neurotypicals appear keen to restrain anxiety into small unobtrusive movements that are not easily noticed by others. Autistic people, however, express anxiety through bigger, wilder movements with little preoccupation as to how they appear to others. This contrast in behaviour represents a clear difference between those with a connected sense of inner and physical self and those for whom this is lacking.

Restricted interests refers to the fact that autistic people often compulsively collect things that appeal to their senses or take an interest in a specific subject, for example train timetables, transport, dinosaurs or computers. As Tantam, British psychologist and Professor of psychotherapy, explains, '[t]hese self-selected leisure activities are both unusually narrow and unusually engrossing. They are pursued privately and with no eye to their social implications. They often involve an element of systemisation or repetition' (1991:159). Autistic people tend to show an interest in the particular subject that verges on obsession, so that all other surroundings and people are forgotten. They may not realise that others are not necessarily interested in the same thing, which results in one-sided conversation surrounding the subject without reading the signals that the other person is uninterested. It is difficult to explain from an outside viewpoint why these interests are so important to autistic people but it is suggested in autobiographies written by autistic individuals, such as Williams (1999) that collections or particular interests are a way to take some control in a confusing world and to feel connected to the world around them. Many neurotypical children collect certain objects, however the difference in autistic people is that the collection becomes obsessive, 'children with autism spectrum disorder may collect the same type of objects as other children, but to a point of excess' (Pratt, 1993:no pagination). According to Williams (1999), collection of objects is significant for autistic individuals as a way to form a connection to the outside world. If the sense of self is limited or disconnected, objects with a link to the outside world become significant for autistic people as they may be a way for them to develop a sense of identity and to attempt to express it to the outside world. If it is true that collection, repetitive behaviours and special interests allow autistic people to belong in the outside world, then it must not be underestimated how much these

things can mean to autistic individuals. It is difficult for autistic people with an underdeveloped sense of self and identity to reach out to others, particularly if they have no verbal communication, therefore collecting special objects should perhaps be encouraged as a way to develop relationships and to connect their inner selves and outer physical selves. Howlin emphasises the potential positive aspects of special interests or talents in autistic people, rather than focusing on ridding the person of their interest, '[t]heir unswerving determination and penetrating intellectual powers […] their narrowness and singlemindedness […] can be immensely valuable and lead to outstanding achievements in their chosen areas' (2004:24). Some interventions such as Lovaas Therapy or Applied Behaviour Analysis do focus on trying to rid autistic people of obsessive behaviour that is regarded as odd, due to the extent of interest in one subject, in the neurotypical world. This is contested by autistic writer, Lyte, who believes it to be a damaging approach as it,

> […] dumbs down all my gifts and renders me disabled. It cannot be otherwise: that which makes me the gifted, sensitive, perceptive, creative, original and intelligent being that I am, is, by their processes of trying to turn me into something I am not, yanked and wrenched as though my guts are being pulled out of me: and thus suitably disabled, enables the breaking of my spirit (Milton and Lyte, 2012:no pagination).

Working to reduce repetitive and ritualistic behaviours correlates with the theory of normalisation, which, as the term is understood within this research, conforms to the medical model of disability. Behaviours that fit into this category within the triad of impairments are often used by autistic people as a tool to feel they belong in some way to the outside world, to develop a sense of self and identity that connects them to the world and people around them, and can bring a sense of relief to the person with autism. Working to reduce these autistic behaviours can

therefore be considered as unethical as the focus lies only on making the individual easier for neurotypicals to accept in their social world.

Autism, Developmental Delays and a Sense of Self

Autism impacts the development of many areas that affect autistic people's sense of self and identity, and creates some of the issues in social skills and understanding of self and other,

> An increasing number of studies have shown […] that children with autism have particular difficulties in reasoning about mental states and it has been proposed that this deficit underlies many of the developmental abnormalities that are characteristic of the disorder (Hadwin et al., 1999:7).

If autistic people are unaware, both in a physical and mental capacity, of self and other it may explain why they show little interest in exploring their surroundings in a neurotypical way. It may be, however, that they are aware of and interested in their surroundings and things that are other, but due to their perceptual reasoning difficulties and sensory abnormalities, they express it in a different way to neurotypicals. Empathy and a connected sense of self and identity are linked, as empathy allows us to consider what it is that 'I' feel and what is 'other' and how to relate to the 'other'. Baron-Cohen sees the impairments in the way autistic people respond to other's emotions, their empathy, as a limitation of their ability to mind read which affects the development of a sense of self and identity. Relationships are built around mutual empathy, it allows us to care for others and understand things that may hurt their feelings, and therefore avoid these actions. Some autistic people such as Penni Winter (2012) and Liane Holliday Willey (1999) argue with the stereotype that they lack empathy skills entirely. They can

understand that someone is feeling a certain emotion but cannot always understand the reason for, or the reaction to, that emotion. The difficulty that autistic people have with emotions appears to be their limited ability to express them due to difficulties with communication and self-expression, which could in part be due to a lack of sense of self and identity. Baron-Cohen has delved into the issues surrounding empathy in his publication *Zero Degrees of Empathy, A New Theory of Human Cruelty and Kindness* (2011). There are people in society who lack empathy, but do understand the way that their actions affect people and lack conscience, which is obviously a negative example of a lack of empathy. Baron-Cohen explains the differences between these people and people with autism,

> The three types of people whom we have met so far [the psychopath, the narcissist and the borderline] not only have zero degrees of empathy but are Zero-Negative. This is because there is nothing desirable about the state they have ended up in. If a cure came along for forms of Zero-Negative, this would be very welcome […] But [in this publication] we discover that zero degrees of empathy does not invariably lead someone to do awful things to others (2011:67).

This highlights the important difference between zero-negative people and autistic people; autistic people have cognitive empathy and their behaviour usually lacks purposeful malice. Instead, their perceived lack of empathy for others is caused by difficulties with self- and other-awareness and problems with expression. Autistic people usually do not intend to cause harm through their words or actions, as this requires a developed sense of self- and –other awareness which autistic people may not necessarily have.

The fact that autistic people struggle to understand other's states of mind and lack self-other differentiation may lead them to treat people as objects without the realisation that this may cause pain or upset. Often autistic people are unaware of where their own physicality ends and another begins and as a result they may treat other people as objects rather than as another person with their own identity, thoughts and feelings,

> When a hand was held out to him, so he could not possibly ignore it, he played with it briefly, *as if it were a detached object*…When he had any dealings with persons at all, he treated them, or rather parts of them, *as if they were objects*…It was as if he did not distinguish people from things, or at least did not concern himself about the distinction [Italics Kanner's own] (Kanner, 1943:no pagination).

Baron-Cohen (2011) states that autistic people lack affective empathy skills but have an intact understanding of cognitive empathy. Therefore they understand the basic emotions but do not necessarily understand the ways in which emotions are displayed in others, or how to express the emotions themselves. As discussed in Chapter One, however, a lack of any of the types or stages of empathy does affect the development of functioning empathy skills. An understanding of basic emotions does not necessarily mean that someone is empathic, and impersonation of empathy may replace real empathy. Statements that autistic people entirely lack empathy, imagination, and self-awareness must be used with caution as autistic accounts challenge this assertion. As autism presents largely through a lack of social understanding, it is more probable that autistic people are not entirely devoid of empathy, imagination and self-awareness but that difficulty with communication and social understanding cause these elements to be expressed differently to the way that they are in neurotypicals.

A delay in dramatic development is attributed as a cause for the perceived lack of empathy and imagination in autistic people and can be part of the reason for an underdeveloped sense of self and identity. When working with developmental difficulties, dramatherapists such as Jennings (2006) and Pearson (1996) attribute halted development to trauma, a past experience that had a negative effect on the person. According to Jennings (2009), dramatic development has a large part to play in acquiring imagination and empathy skills. She focuses on the three stages of dramatic development, known as EPR; Embodiment, Projection and Role. Embodiment, Projection and Role relate to the stages of dramatic development that are essential for the growth of imagination. As autistic people are said to lack imagination, this suggests that these vital stages of development have not been reached. However, a perceived lack of imagination may, in fact, be due to the lack of understanding and awareness surrounding self and other. Williams disputes the perceived lack of imagination in autistic people, claiming it is a stereotype put upon autistic people due to the lack of neurotypical understanding of autism, '[i]t was noticed that people with 'autism' appeared rarely to display interest and curiosity in their surroundings in any expected non-autistic way. This impression became the statement, 'autistic people lack imagination'' (2006:11). If autistic people lack awareness, both in a physical and mental capacity, of self and other it may explain why they show little interest in exploring people and objects in a neurotypical way. Halted development is usually caused by a traumatic event that must be overcome before normal developmental phases can be experienced. Autistic people may be an exception to this theory; a delay in development is caused by the condition rather than a trauma, (unless external hostility is considered a trauma), and it is likely that biological issues

rather than external experiences are the cause of this delay in development. Presumably, if an advance in the stages of dramatic development is achieved, understanding in empathy and social imagination may increase, along with the notion of self and other. It is also a common belief in society that people with autism do not feel emotion like other people, something that was implied in child psychologist Bruno Bettelheim's (1967) controversial notion of 'Refrigerator parents', a lack of maternal love and affection leading to stunted development of emotion in autistic people, which focuses heavily on the quality of early relationships in the development of a sense of self and other and empathy. A total lack of emotion in autistic people was refuted by Hans Asperger who stated, '[t]he children cannot be understood simply in terms of the concept of 'poverty of emotion' used in a quantitative sense. Rather what characterises these children is a qualitative difference, a disharmony in emotion and disposition' (Frith (translator), 1991:83). Baron-Cohen (1995, 2003, 2011) claims that part of the reason for the apparent lack of empathy in autistic people is that their brains work in a different way to neurotypicals, who do have a developed sense of self, identity and other. Whereas neurotypical brains work in a social way that is preoccupied with emotions and others, the autistic brain works in a systemising way, which means that they are constantly looking for patterns which allow us to predict the future and build routines, '[t]he systemising mind steps out of time to seek truths that are not tied to the present since, at minimum, they have occurred in the past and have been confirmed to occur in the future' (Baron-Cohen, 2011:78).

Sensory Sensitivities and a Sense of Self and Identity

The most common elements of autism not featured in the triad of impairments are sensory sensitivities and abnormalities in sensory perception. System Integration Problems refer to the fact that some senses are slightly disconnected in people with autism, which can also cause problems with their sense of physical self and other. Complications with sensory perception can be a cause of challenging behaviour and anxiety, and it can be very difficult for neurotypicals to understand and relate to the effect it can have on autistic people. According to Laura Geggel, featured on the Simons Foundation Autism Research Initiative website, ninety percent of children with autism have sensory problems (2014). Caldwell (2006) attributes sensory sensitivity to the faulty processing of sensory information in autistic people. However, O'Neill disputes the theory that sensory sensitivity is caused by abnormality of the sense organs in autistic people,

> Extensive research in this area reveals that there is only rarely a physical abnormality of any of the sense organs of an autistic child. Yet these children do react eccentrically to sensory stimuli. Oft times information being processed into the brain from a sensory stimulus will even cause the child or adult to react in panic or rage in a big way (1999:23).

Sensitivity can relate to any sensory experience, including touch, vision, smell, sound and taste and while some senses are hypersensitive, there are other sensory experiences, such as pain, that can be hyposensitive. Sensitivity to the taste and texture of certain food can be a problem which can lead to malnourishment. Visual sensitivities can include a painful sensitivity to bright lights and differing perception of colour whilst sensitivity to smell means that many everyday smells can prove overpowering. Some autistic people are suspected of deafness as some noises do not register and are therefore ignored,

> I also had hearing tests because, although I mimicked everything, it appeared that I was deaf. My parents would stand behind me and make sudden loud noises without so much as a blink in response (Williams, 1999:12).

Although these problems are attributed largely to sensory abnormalities, they may also be due to a lack of a sense of self and other. If autistic people are lacking in a sense of self and other it can be assumed that they are not particularly tuned into the world and people around them. Noises that are sudden or unexpected, high-pitched and continuous, or confusing complex sounds are described by Attwood as the three categories of noise that particularly affect autistic people (1998:130). The sensitivity experienced can cause extreme reactions, such as challenging behaviour and extreme discomfort in social environments, which can be another factor in social alienation as such behaviour is viewed as abnormal, especially when the cause of the behaviour is not understood. It is important that neurotypicals consider the source of frustration or challenging behaviour as this can often be associated with sensory sensitivity or overload. It may be easy to believe that challenging and extreme behaviours are an unexplainable element of autism but all behaviour has meaning. Behaviour is an expression of a certain emotion which cannot be communicated verbally, and is difficult for autistic people with a lack of a sense of self and identity to communicate at all, therefore it is constructive to look behind the behaviour to the source rather than strive to change such behaviours without an understanding of the cause of the behaviour. Dramatherapy is an intervention that encourages exploration and expression of feelings and behaviours, working with the individual to understand the cause of the behaviour and coping strategies. This is a positive aspect of such an approach for autistic people, the client is being given the opportunity to explore aspects of the self that exists through taking away social expectations that may

be disabling for the client, and is being encouraged to express their own sense of self.

Touch and physical contact can cause extreme discomfort to autistic people with sensory sensitivities. Touch is particularly important in achieving a sense of self and other and learning to connect with the other in the social world. However, human contact can cause autistic people to flinch as if it causes them pain. Often we seek physical contact from people we consider to be friends, family or partners, whereas autistic people with little sense of self, identity and other may treat everyone the same, and shy away from unwanted physical contact regardless of the situation and the person. Accounts from autistic people suggest that the feeling they experience from unwanted human contact is far more intense than for neurotypicals, and can cause genuine physical pain. Touch helps us to understand where our physical self ends and where the physical other begins, as well as allowing us to relate to others, through the development of a sense of self and other,

> Through touching and being touched, a gentleness, sensitivity and awareness evolved and, with these, the ability to give and receive- which is necessary for relating. There have been undoubted and observable repercussions concerning the quality of [people's] relations with self, other and the world. This is psyche and soma healing creatively together (James, 1996:215).

People with no verbal communication can develop a sense of inhibition in terms of touch, despite desiring the comfort of physical contact, as Grandin explains, 'I wanted to experience the good feeling of being hugged, but it was just too overwhelming' (2006:58). This suggests that autistic people would like to develop tolerance to touch, which would also be beneficial as touch is an important element in communication and relationships.

Social and Environmental Causes for Underdevelopment of a Sense of Self

There may be a range of social and environmental reasons for the lack of sense of self and identity in autistic people. As well as potentially having difficulties with the development of sense of self and identity because of problems with sensory integration and social skills, autistic people are also likely to have a low or fractured self-image due to the marginalisation they experience in society as people with perceived disabilities. With a diagnosis of autism comes a negative prognosis of a life-long condition affecting the chances of a normal life leading to a life without independence as defined by neurotypicals, therefore a sense of self is difficult to build when remaining dependent on others, and when incapabilities are highlighted more than capabilities.

It is easy for neurotypicals to assume that autism is something that a person has and suffers from, without considering that some autistic people may see it as an intrinsic part of their identity which makes them who they are, as will be explored further in Chapter Five. Regarding autism as part of a person instead of a condition from which the person suffers is desirable as it acknowledges that autism contributes to the person's identity and accepts the autistic person for who they are, which adheres to the principles outlined in the social model of disability. As Landy's concept of self involves biological, social and cultural elements, being autistic (as something shaped by both biological factors and personal experiences) can be considered as an important element in the building of the self. Perhaps, then, some behaviours that neurotypicals perceive as stereotypical autistic behaviours are not merely symptoms of autism but an expression of the individual's autistic identity. People who are shy, for example, are described in

that way as it is a recognised part of their identity. It is understood and accepted that shyness makes up a part of their identity. Whether or not that particular trait is desirable they are usually aware that they are perceived as such. It is odd, then, that neurotypicals use the label autism as a condition a person suffers from, rather than viewing autistic people's behaviour, beliefs and feelings as real parts of their identity, with autism merely making up another aspect of their identity as a whole. Introverts, in general, are somewhat marginalised in society, as extroversion is regarded to be the idealised personality type according to Susan Cain, author of *Quiet: The Power of Introverts in a World That Can't Stop Talking* (2013),

> Introversion- along with its cousins sensitivity, serious and shyness- is now a second-class personality trait, somewhere between a disappointment and a pathology. Introverts living under the Extrovert Ideal are like women in a man's world, discounted because of a trait that goes to the core of who they are (no pagination).

This is also true of autistic people. As autistic people living in a neurotypical world, they may be discounted due to their autistic behaviour and identity. The inherent differences between autistic people and neurotypicals are acknowledged through the label of autism. Their differences are so apparent that they are considered to have a disability, in line with the medical model of disability, rather than autism just making up a part of their identity. Diagnosis of autism is used as a label in society and autistic people are judged from the stereotypical things that neurotypicals know about autism,

> Many people will have had no experience of autism […] even if they have not met an autistic person, they may have a general idea of what autism might be. This is often the stereotyped view of autism, perpetuated by the oft-recited film *Rainman*, and now by more modern fictional characters, such as Sheldon from *The Big Bang Theory* (Cage, 2014:760).

Stereotypes of autism are caused by lack of a real knowledge and understanding of autism in neurotypical society. Also, in general society, autism is viewed as a condition or disability[7] which tends to cause discomfort in neurotypicals who regard disability as something that must be treated or cured, which suggests that the medical model of disability is the most highly regarded model of disability amongst the majority of neurotypicals. This, however, is at odds with the feelings of many autistic people, as will be explored in Chapter Five and Section Two of this research, which leads to the conclusion that therapy such as dramatherapy that acknowledges the social model of disability, is preferable to interventions that aim to cure the autistic person.

Questions have been raised within this chapter as to whether autistic people really do have a fractured sense of self and identity, and why this may be so. Although it cannot necessarily be firmly proven that autistic people really do have an underdeveloped sense of self or if they are merely perceived that way, problems with communication, social interaction, delay in important developmental stages, and lack of empathy and imagination skills (all important aspects in the development of an intact sense of self and identity) suggest that a fractured sense of self and identity may indeed be an element of autism. Social difficulties create particular problems in the creation of an intact sense of self and identity for autistic people, due to the necessity of social interaction in the development of a sense of self and identity. Although the triad of impairments acknowledges only communication difficulties, problems with social skills and

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[7] Some autistic people are eligible for Disability Living Allowance. Many autistic people also have learning disabilities. These factors strengthen the argument that autism is largely regarded as a disability.

awareness and repetitive movements and restricted interests, there are further symptoms of autism, such as sensory sensitivities and an underdeveloped sense of self and identity that potentially affect autistic people as much, if not more, than the elements in the triad. It appears that all the symptoms of autism have an effect on autistic people's sense of self, identity and other, and the ways they express their identities. Autism is often dismissed as a condition that a person suffers from, however as explored, it could in fact be more deeply embedded than that, making up a large part of someone's identity. The ethics of normalisation interventions for autistic people have been questioned due to the fact that some interventions imply that autistic people are abnormal and are based upon principles from the medical model of disability. However, the development of a whole sense of self and identity could be positive for the wellbeing of the autistic person for a number of reasons, such as in communication, social interaction and relationships with others, rather than merely for the comfort of neurotypicals. This chapter highlights the importance of acknowledging that autism is part of a person's identity and that many of their perceived impairments are caused by society and social expectations, as outlined within the social model of disability. This research assumes that each autistic person has their own internal sense of identity that may be disconnected to the external and physical self. Autistic people have elements of a sense of internal self but may lack self-awareness and the understanding of physical and emotional other. In Chapters Three and Four, dramatherapy is explored as a potential approach that follows the social model of disability, and aims to develop and extend a sense of physical self and other, self-expression, and to encourage and extend the personal role repertoire that makes up a person's sense of self for those with a diagnosis on the autism

spectrum, rather than focusing on specific impairments and the need for medical treatment and cure of autism.

Chapter Three

Dramatherapy and Development of a Sense of Self, Other and Identity

Dramatherapy is a creative mode of therapy that offers different opportunities to forms that focus on the medical model of disability, such as psychotherapy and ABA. The approach is oblique and person-centred. Although most forms of therapy rely on engagement with the subject as an individual, dramatherapy is tailored to suit the individual's unique aspects of self regardless of the medical diagnosis the person may have. This is important particularly with autistic individuals and the concept of dramatherapy as an intervention that works with the social model of disability. Interventions that associate with the medical model of disability tend to view the individual through their medical diagnosis, building the approach through knowledge of autism rather than the unique individual. Such interventions, therefore, use the same framework and targets for all autistic clients rather than working with the individual with an understanding of the elements that make them unique and allowing them to set realistic personal targets. As Caroline Miller explains in *Assessments and Outcomes in the Arts Therapies: A Person-Centred Approach* (2014),

> At the heart of person-centred assessment approaches is our attempt to understand each unique person's lived experience and why that has brought them to therapy. Because of them we know that a diagnosis of autism spectrum disorder or Parkinson's Disease or depression gives only part of the story. Each person has their own experience of what that diagnosis means to them, to the impact it has on their lives and relationships, and to how they will encounter and resolve those things they need to face (223).

Dramatherapy encourages alternative forms of self-expression using aesthetic forms derived from the theatre, for example play, role, movement and theatrical techniques such as masks and puppets. Reliance on such techniques makes it particularly suitable for clients who lack skills in verbal communication. Although it is an established form of therapy, dramatherapy largely lacks a clear theoretical base. Landy suggests potential reasons for this,

> Some [dramatherapists] with strong backgrounds in the arts and alternative modes of healing tend to value action more than reflection. Others might simply question the value of theory or ignore it altogether, trusting in the power of the spontaneous healing moment (2000:51).

As the majority of research into dramatherapy is carried out by dramatherapists, these attitudes or priorities affect the development of dramatherapy as a theoretical concept. Because of this and difficulties with evaluation of the success of such an indirect approach, it is not necessarily widely recognised as a potentially beneficial approach for a particular group of people. It is difficult to outline dramatherapy as a general approach due to the fact that it is person-centred therefore adapted specifically for the needs of the client. However, there are a range of key dramatic principles and techniques which may make it more suitable for specific outcomes such as a lack of a sense of self, identity and other. Within this research it is argued that the person-centred nature of dramatherapy, and the fact that it focuses on the abilities of the autistic client rather than potential inabilities and gives the client control over their own experiences, may make it a particularly appealing approach for autistic adults. The main elements of dramatherapy allow for clients to explore aspects of themselves from a safe distance and away from the disabling aspects of the social world. Although drama in terms of theatre and performance may not be suitable for clients who lack self-

esteem, self-awareness and a sense of self, dramatherapy encompasses a whole range of activities that can be included within the broad term of drama.

Dramatherapy: Emergence and History

The definition of dramatherapy currently used by the British Association of Dramatherapists is,

> *Dramatherapy has as its main forms the intentional use of the healing aspects of drama and theatre within the therapeutic process. It is a method of working and playing which uses action to facilitate creativity, imagination, learning, insight, and growth.* [italics website's own] (badth.org.uk, 2011).

Although this definition encompasses many of the areas that are key to dramatherapy such as creativity, growth and play, it is still a little vague. The 'healing aspects of drama and theatre' lacks definition, and the implication of healing could be mistaken as a claim that dramatherapy can cure participants of their conditions and issues, implying that autism is considered to be a disability within dramatherapy, which is not necessarily accurate. Mike Barham's definition of dramatherapy (1992), outlined by Chesner (1994) is slightly more satisfactory as it emphasises some of the key aims within the approach, 'the intentional use of drama and theatre processes and related techniques in order to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth' (115). Aims such as emotional and physical integration and personal growth may be particularly beneficial and desirable for those with an underdeveloped sense of self, as they imply that the approach aids development and helps individuals to become more self-aware in order to be more comfortable in the social world. The use of the phrase 'symptom relief' could still be

misconstrued as an implication that dramatherapy aims to offer a cure for a person's issues. However, for those with an underdeveloped sense of self, other and identity, symptom relief refers to inner changes and personal growth within the client that may help with social interaction, emotional understanding and self-expression in the social world, rather than directly aiming to rid autistic people of autistic behaviours as approaches such as Lovaas Therapy often do. Brenda Meldrum describes dramatherapy as 'a social encounter' (1994:18), which further emphasises it as an interactive process; an important concept both in dramatherapy and in the notion of a sense of self and identity. Both the British Association of Dramatherapists' and Barham's definitions, although they emphasise the use of drama and theatre processes, do not explain what these may be, therefore for a person with little existing knowledge of dramatherapy these could be understood simply as the use of performance and acting. Although some methods of dramatherapy are related to performance, the drama within dramatherapy actually incorporates many different dramatic aspects and aesthetic forms, therefore is more inclusive than the existing definitions imply. Dramatherapy is a complex form of therapy that integrates many different art forms and theories of development, play and role, which will be discussed here. Through creative means, a sense of self, other and identity can be developed and expressed away from the disabling aspects of the social world, without a reliance on verbal expression.

A common misunderstanding surrounding dramatherapy in general society, as reflected within Chapters Six and Seven, is that the drama involved is based around performance and theatre, which would not necessarily be inclusive for all. Although dramatherapy links to elements typically understood to be dramatic,

such as script and performance, they are not necessarily the key elements in this approach. The definitions and relationships between script, theatre, performance and drama is a complex one. Richard Schechner, a founder and professor of Performance Studies, places importance on script, theatre and performance within drama and acknowledges that they are all intertwined,

> The drama is the domain of the author, the composer, scenarist, shaman; the script is the domain of the teacher, guru, master; the theatre is the domain of the performers; the performance is the domain of the audience (1988:71).

This definition can be applied to dramatherapy; the drama belongs to the client, who is involved in the dramatic action in a way that is effective for him/her, and the script (or story/activity) is chosen and led by the therapist, with an understanding of what the client needs. Although in dramatherapy, performance and the existence of an audience are not key aspects, group members are validated through being seen and acknowledged by others within the group.

Some dramatherapists such as Steve Mitchell, who is responsible for much of the theory behind the dramatherapeutic model of theatre as therapy, believe in the art of performance and theatre but emphasise performance as a therapeutic medium for the client, '[t]*herapeutic theatre* utilizes the evocation of key themes and roles in the construction and enactment of various kinds of performances for the purpose of providing a container for healing, transformation and/or learning for the client/actors and the audience' [italics Lewis' own) (Lewis, 2000:446). The drama in dramatherapy does not necessarily focus on drama as script, performance and theatre, although drama, script, performance and theatre are fundamentally linked, but instead drama as a creative process that helps participants to explore their emotions and sense of self through dramatic activities

largely involving role, play, and social encounters. Dramatherapy practitioners, such as Chesner and Dorothy Langley, see drama simply as the action taking place within the session, '[t]he philosophy behind it is inclusive, based on the concept of 'drama' as 'the thing done'. In short my attitude is: '[a]nything that is action can be used in dramatherapy'' (Chesner, 1994:61). Schechner describes action as 'a movement in the lives of people' (1988:70), which corresponds with Chesner's definition of drama within dramatherapy.

Dorothy and Gordon Langley describe dramatherapy from a psychiatric point of view, and are keen to distance the word 'drama' from theatre and performance,

> I would define dramatherapy as the use of drama as a therapeutic tool. It is not, as in theatre, an acquired skill which people can or cannot do, but a medium in which each person can participate *at his own level.* It is an extension of natural play that we all know as children that gives people the means to become more creative and spontaneous beings (1983:14).

As dramatherapy is person-centred, the therapist sets the level of the session to the abilities and needs of the clients. In contrast to talking therapies such as psychotherapy, the focus of dramatherapy is largely on imagination, spontaneity and creativity, which makes it inclusive to a wider variety of people as all individuals have the potential for creativity, but not all individuals are able to express their issues and sense of self verbally. The social expectations that can be disabling to autistic people, as outlined in the social model of disability, are suspended within the dramatherapy space, and the client is given control over the experience and is encouraged to explore different forms of self-expression. An example of the way that dramatherapy techniques can be tailored to suit the needs and development abilities of the client is given by Anna Chesner in her publication *Dramatherapy for People with Learning Disabilities, A World of*

Difference (1995). She describes an activity called the Spectogram, which is primarily used as an assessment tool in order to gain an insight into the way an individual expresses themselves but, according to Chesner is also a therapeutic activity in its own right. The activity involves the individual exploring a box of different objects, and develops through different stages where the client creates a picture, using the objects, to represent their own life and other people in their life, giving different roles and meanings to the objects. Chesner explains how some individuals may choose to verbally express associations with the objects and explore them through conversation. However, some clients choose to explore the objects through touch and movement of the objects, communicating their preference for some objects through playing with the chosen items. An example given by Chesner, which reflects the different ways that individuals choose to express themselves within such activities, and what the therapist can glean from this, centres around a boy who she names Charles.

> Charles painstakingly sorted the objects, making separate clusters and lines of marbles, shells and stones. He then tried to find the appropriate place for objects that were harder to categorise, initially putting them with similarly coloured objects, then perhaps with those of a similar size or texture. He seemed very concerned that each object should have its rightful place, and subsequent work with him revealed that this was a central issue for him in all areas of his life (25).

In the case of Charles, this activity allowed him to choose his preferred mode of self-expression, which reflects a part of his identity, and made it possible for him to express an issue which could be explored further. This example highlights the importance of assessment, both in order to understand the unique aspects of an individual, and also to enable the therapist to tailor further sessions around the individual's strengths, chosen methods of self-expression and potential issues

that the client may need to work through. This activity, as an example, gives the client control over their own experience in a way that works for him/her and is accessible for clients of all abilities.

Drama has been recognised as a component of wider therapy, such as psychotherapy and occupational therapy, since the early to mid-twentieth century. Dramatherapist Phil Jones describes how between the 1930s and 1970s, '[a] number of individuals [were] working in parallel directions, or [starting] to come together into groups from similar backgrounds such as education or occupational therapy' (2007:48). However, despite being practised and recognised as an established form of therapy since the 1960s, it was only in 1989 that The Whitley Council recognised dramatherapists in the NHS, and dramatherapy became a state registered profession by act of parliament in 1997 (creativepsychotherapy.info, no date). According to Jones, Peter Slade was one of the first people to coin the term dramatherapy,

> In the late 1930's I was the first person to speak at the British Medical Association on Dramatherapy. It was one word from the start because I think it has more force that way. It was very tough-going then. Doctors thought it was ludicrous and they were all terrified of imagination (1996:84).

Although dramatherapy now clearly has more credibility than in the early to mid-twentieth century, given that it is recognised as an established form of therapy, it is still not necessarily acknowledged to be a leading form of therapy for any one group in particular, which may be due to a number of reasons such as difficulties with evaluating the effects of dramatherapy and limited understanding of the approach. Jennings suggests that there is still a sense of dubiousness about the use of dramatherapy within clinical settings and in wider society due to the focus

on metaphor and obliqueness and lack of scientific research and evaluation surrounding the approach,

> In our generation of Western civilization, as in others before ours going back at least to the Renaissance, metaphor is distrusted as a way of communicating things that are reliable and 'true'. We rate science and technology higher than art and religion (1990:15).

This suggests that interventions, such as Lovaas Therapy, that fit into the medical model of disability are currently more widely recognised than those that work with the social model of disability, due to the treatment aims and visible changes they induce in the clients. Individuals such as Jones, Slade, Jennings and Lindkvist began to practise drama as a form of therapy as early as 1964. Jones (1996) documents that the emergence of dramatherapy was a gradual process with no one person being credited as the founder. After the Second World War there was an increased need for a form of therapy to bring about change to those negatively affected in the aftermath. Drama was often used as 'drama and theatre can be effective in bringing about change in people: emotional, political and spiritual change' (Jones, 1996:1). The practice of dramatherapy began in clinical settings, with the focus on entertainment and escapism. However practitioners such as Jennings, Lindkvist, Jones, Chesner and Pearson began to run drama sessions that encouraged patients instead to use drama themselves as a way of dealing with their issues,

> [...] we do not 'treat' people, as a doctor does, for specific diseases or conditions; our concern is with the person behind the disease, behind the outward circumstances of age, condition or disability. Whether the client group is in a hospital, in a prison, or taking part in a weekend of personal growth, what we are about is enabling them, through the medium of drama and movement, to make contact with one another and with themselves (Pearson, 1996:2).

This statement emphasises the social aspect of dramatherapy, and the ways in which it works with the social model of disability. Social interaction is encouraged as a way to explore the self and other, which is important for personal growth and aids the development of a sense of self and identity. It also refers to the person-centred nature of the approach. Although clients may be referred due to a specific condition such as schizophrenia or autism, the dramatherapist looks beyond that and considers the person behind the condition in order to focus on their strengths and weaknesses and therapeutic needs, rather than concentrating on the disability and how to treat it.

Recognition of Dramatherapy as a Theoretical Concept

Much existing material surrounding dramatherapy is based on practice, which means that a widely recognisable theoretical framework is somewhat lacking. There is little satisfactory evidence, such as research that fits into the structure of NICE guidelines and scientific research, that it may be a beneficial approach for particular groups of people. Within general society, dramatherapy is not always recognised to be a reputable form of therapy. This may be due to the fact that drama is viewed by some figures in education as of little importance in comparison to other subjects, as Paul Roseby, head of the National Youth Theatre, claimed in Sarah Cassidy's article for the Independent,

> We don't need drama on the curriculum in such a formalised way. It's simply because everybody talks about it being very soft and easy. You and I know it's not, but the perception of it is, and that's the battle (2014, independent.com).

Drama does not have to be offered as a subject in schools for students over the age of fourteen. This means that many people have no or little contact with drama

after a certain age, if at all. Therefore, drama is not necessarily considered to be an important area in wider society, which means that dramatherapy as an approach may be largely misunderstood or disregarded in favour of approaches that aim to treat individuals for specific conditions. It is also difficult to outline exactly how the approach would work for specific groups due to the fact that one of the main elements of dramatherapy is that it is person-centred and very much varies depending on the individual undertaking therapy. The clients' capabilities become a focus point rather than any incapabilities they may have and targets are based on individual needs and past experience.

The fact that dramatherapy is person-centred makes it difficult to define and evaluate. Music and dance therapy are easier to define than dramatherapy as drama can incorporate a large range of different art forms. Sometimes within sessions aspects of movement, art and music are used which blurs the distinction. Dramatherapy may include activities such as moving to the beat of a drum, moving to music, chanting or singing, mask making and using the imagination to create pictures. The oblique and personal nature of dramatherapy means that evaluation of its effects is problematic. Unlike psychotherapy and psychodrama, issues dealt with in dramatherapy are explored through metaphor and not necessarily discussed. In most cases the change that occurs in therapy is internal and personal to the particular client, particularly when it is aimed at developing a sense of self and identity, which is largely an internal process although it does also affect external behaviour in the social world. Here, though, changes outside the therapy space would be an indicator of development in these areas, but this is difficult for the dramatherapist to observe.

It is difficult for dramatherapy evaluation and practice to conform to NICE guidelines put in place through the NHS, as the guidelines focus on large scale

randomised control trials and there is an inability for dramatherapy to be specific about precise conditions in which change occurs so that they can be reproduced and change predicted reliably. The inability of the method to do this is possibly due to the difficulty that comes with pinpointing the moment of change in a client, and because of the wide range of clients and techniques that are involved. Although there have undeniably been advances in the theory and practice of dramatherapy in the past two decades, the inner changes that dramatherapy aims for in clients cannot be easily identified and measured. The changes cannot be evidenced in the systematic way that other therapies, such as Behavioural Analysis and Cognitive Behavioural Therapy, can be. According to Grainger (1990), the effects of dramatherapy can be assessed by change in behaviour, '[i]t alters the way people look at the world, themselves and other people, and results may be studied by examining changes in behaviour and perception which take place as a result of the action in a dramatherapeutic space' (99). In terms of development of a sense of self and other, behaviour may be considered in terms of meaningful social interaction, skills in empathy, and increased awareness of others. Dramatherapists rely largely on evaluation through observation and feedback, which are all open to interpretation, making it difficult to consider the effects of the approach in general, '[d]ifferent kinds of healing require different criteria for assessing improvement, different methods of validation' (Grainger, 1990:99). Interventions that focus on assumptions made within the social model of disability are inevitably going to have different assessment methods than those that follow the medical model of disability, as the aims and approaches are so fundamentally different. Although dramatherapy has received more recognition since the 1990s, there are still many issues, as outlined by Jennings and Asé Minde (1993), such as acceptance, recognition, formalised training, pay scales

and referral networks that prevent it from becoming as popular as it could be. Although the dramatherapeutic techniques discussed within this research may lack concrete evidence of success and therefore may not be widely recognised, there are many reasons why theoretically they could be assumed to be particularly beneficial for autistic individuals, which will be discussed further in this chapter and following chapters.

Dramatherapy: Key Principles and Development of a Sense of Self, Other and Identity

The aim of dramatherapy is to achieve both some sense of resolution within the individual and at the same time to encourage the client to experience the self in relation to others without losing a sense of self. It is also important for self-esteem and self-awareness to be built with clients who lack a strong sense of self, identity and other. Grainger describes the reasons, in his opinion, why dramatherapy is an effective approach for the increase of a sense of self and other,

> Because of its combination of *structure* (character, plot and presentation) and *freedom* (from the demands of extra-dramatic reality) drama is experienced as liberating to those who find themselves oppressed by a narrow and restrictive sense of themselves as an independent person […] or by their lack of any stable and recognisable image of the self (1990:71).

For people with an underdeveloped sense of self and identity, there may have been little chance for them to be in control of their own experiences. Through drama activities within a safe space, away from the disabling aspects of society, clients are encouraged to participate and explore at their own level without the restraints that they may be led by in the social world. As dramatherapy is person-centred, the client is in control of their own therapeutic experience, which is

something that is not necessarily true of many normalisation interventions. For people with an underdeveloped sense of self and identity, self-esteem and self-awareness may be built through the freedom to be in control of their own actions and choices.

Chasen also emphasises the positive aspects of dramatherapy as an approach for the development of a sense of self and other, highlighting again the liberating freedom of the approach. He describes dramatherapy as a way of 'combining the liberating spirit of joyful play with clinical methodology for developing self and other awareness and connection, interactive skills and behavioural transformation' (2011:100). Dramatherapy is a place of transformation, for the inner balance of the individual as well as their relationship to society, and the emphasis of developing interaction skills and connections with others implies that social skills can be developed through dramatic activities, along with imagination and empathy skills, with the aim of allowing clients to grow in confidence and to develop a sense of self in interactions.

There are a range key principles within dramatherapy that set the approach apart from other forms of therapy such as psychotherapy and psychodrama, and these may be more useful when working towards developing a sense of self, other and identity. The creation of a space in which to explore issues and a sense of self in dramatic time, away from the real social world, and to conceive a new way of being in the real world is vital in dramatherapy. It gives clients a chance to explore and rehearse new ways of being within a transitional space that they can carry with them into the real world with a newly developed role repertoire and sense of self and identity. 'People need to begin to allow themselves to conceive of being

different from the way they are. Thus a bridge is created between the current reality and the conceivable self' (Clarkson, 1989, cited in James 1996:216). Within the safe space in dramatherapy, clients can explore a fictional world removed from the real time; a transitional space is offered in which to explore life themes and new ways of being so that these changes can be carried into the real world. As Cattanach explains,

> The fictional present is not our reality life so we can explore safely distanced from everyday experience. We can learn to adjust to time by playing 'out of time' in the transitional space of the dramatherapy group where we can explore part of a life journey through the 'as if' of the imagination (1994:34).

In terms of development of the self, dramatherapy provides an area where people can get distance from their inauthentic persona constructed in order to survive the pressure and insults of the real world as the expectations and pressures of the real social world are removed. In real life we do not typically disclose authentic aspects of the self unless we feel safe in the given situation and certain roles may remain dormant. Therefore, in the liberating safe space of the dramatherapy session, these aspects may be explored and developed, which could allow the client to become more self-aware and able to express the self in the real world. In this way, the dramatherapy session becomes almost a rehearsal for real life, but not one which encourages role play and development of the persona through impersonation, as some normalisation interventions that treat autism as a disability do.

Imagination and creativity are key in dramatherapy, thus the imaginary time and use of metaphor, symbol and story are important in order to achieve aesthetic distance. This focus on creativity may give the client with little or no verbal

communication the chance to express the self in a variety of alternative ways through taking away the, often disabling, rules of the social world. Through an imagined world within the safety of a dramatherapy session, inner changes can be made that can be carried with the client into the real world,

> For drama therapy the imagination is the raw material of a transformed reality working at the foundations of human experience, the truths about ourselves which are known but not understood, and are glimpsed only dimly in a world made up of a combination of common sense and specialisation (Grainger, 1990:130).

Rather than focusing on real life events, dramatherapy creates a fictional world and fictional event from which clients can draw parallels to their own difficulties and roles experienced in the real world and allows them to explore other ways of being in the imaginary time. This allows them some distance from their real life issues so that the experience does not become overwhelming or cause further anxiety in the client.

Developmental Themes in Dramatherapy

Much of dramatherapy is concerned with developmental themes in order to aid the development of individuals and to set activities at the appropriate developmental stage for clients. Within role and play, the two core concepts that are particularly relevant in the development of a sense of self, other and identity, developmental themes are significant as the aim is to aid the client to move through each important developmental stage. Dramatherapy is very much concerned with reaching vital stages of dramatic development, which Jennings claims is vital to the development of imagination, to break destructive patterns in

a person's life and to achieve catharsis through the building of a sense of self and identity. Dramatherapy works with the assumption that if typical development is halted, a person becomes stuck at a certain phase and begins to repeat the same patterns of behaviour, which is often detrimental to their relationships with others and the way they function in society, '[i]n all forms of dramatherapy a client's disruptive *persistence in ways of being and responding that don't work* is presented, explored and nurtured in the direction of betterment by means of purposeful, dramatic activity' [italics Gersie's own] (Gersie, 1996:4). There are many reasons for development to cease, causing someone to become stuck at a certain phase and lack a developed sense of self. These could include childhood trauma, abuse, learning disabilities or a condition such as autism that causes a developmental delay in areas such as empathy, social skills and communication, all of which are vital in the understanding of self and other. Dramatherapy can be undertaken to aid development and uses play and role as a way of exploring the self in a creative way. The theme and aim of development within dramatherapy is the 'working and re-working of the life stages and changes of individuals and groups' (Cattanach, 1994:28). Jennings agrees it is essential that clients stuck at a particular stage of development participate in dramatic re-working of the event, '[r]e-working seems to be an important activity which enables us to move on in our lives' (Jennings, 1998:123). Re-working does not necessarily mean enacting the event, as this would only involve repeating past experiences which does not inevitably aid the process of moving on, instead re-working is achieved in dramatherapy through dramatic distancing from which the client can draw conclusions and feel the emotions involved without actually having to relive personal past experiences. This can involve working with a piece of fiction that parallels the event or developmental phase that the client has become stuck in.

Penny Lewis defines developmental health as,

> The successful integration of all previous developmental stages and the capacity to utilise all the themes and associated roles of those stages in an adaptive manner in service to oneself, respectful interaction with others, the environment, and other coexisting realms of reality. Additionally successful functioning requires the ability to experience current life themes toward further evolution and growth (2000:130).

This highlights the importance of each developmental stage in terms of establishing our place in the world, our existing role repertoires and the creation of a sense of self and identity. It also helps us to understand the effect that unsuccessful development can have on individuals in terms of limited social interactions and awareness of self and other. Dramatic development is an important area in dramatherapy, with much theory surrounding healthy development and what happens when development is halted or delayed for some reason. There is much focus on Jennings' EPR developmental stages in dramatherapy; the core features of the approach, such as play and role, rely on the elements in this developmental theory.

Role in Dramatherapy

Role is acknowledged by Lewis (2000) and Jones (1996) as a key dramatic concept in dramatherapy as elements of role play are apparent in all dramatherapy approaches. Much of the concept of role and the role model of dramatherapy is credited to Landy due to his exploration of role, development and the self based largely on theories by Mead (1934) and Goffman (1972). Meldrum further confirms Landy's belief in the centrality of role within dramatherapy, '[r]ole theory, then, is for Landy at the root of the dramatherapy

model and it is role that is the significant feature that distinguishes drama therapy from other forms of psychotherapy' (1994:84).

According to Landy role is integral to the development of self and identity,

> Role is an essential concept that provides coherence to the personality, and that in many ways supersedes the primacy of the concept of self. And by extension, existence is not only played out as in a drama, but is dramatic in its own right (1993:7).

Within this statement, Landy acknowledges the dramatic element involved in the development of personality and identity. He suggests that role is dramatic in the fact that one plays out a certain role within the role repertoire according to what the social situation calls for; suggesting that the role must be chosen to fit the situation and the audience that is the other person or people within a social interaction. Although Landy does explore the theories of social scientists and psychologists, he emphasises the dramatic elements within the self and role, 'I believe that role theory is not just based upon recent trends in social science, but also in ancient traditions of performance that offer explanations of the meaning and purpose of entering into the guise of the other' (2000:51). As dramatherapy is an interactive experience, and one which focuses largely on personal growth and social interaction, it is arguably a suitable approach for clients with an underdeveloped sense of self, other and identity. Landy relates to Jean Piaget's developmental stages, as well as Robert Selman et al.'s own system based on these stages in his concept of self, agreeing that all stages must be reached in order for an individual to achieve a fully constructed sense of self and become fully aware of the sense of self and other, '[Selman's system] is based upon the notion of a constructed self that in normal development becomes increasingly decentred, that is less egocentric and more capable of taking on multiple

perspectives' (1993:38). This emphasises the need for developed awareness of other and perspective of others in the construction of a fully developed self.

Landy's use of the term 'role' in the role model relates to the concept of character role in the theatre, yet has a more psychological basis and is linked to his theories of personality as 'an interactive system of roles' (2000:52). The taking on of role in dramatherapy aims to explore aspects of the self and bring about therapeutic change. The role model focuses on the importance of dramatherapy principles such as story and imagination. Landy refers to role and storytelling as the two main components of the role model that are important for the development of the self and expansion of the personal role repertoire. It is a way to help clients realise their identity by taking on different roles in given situations or stories within the imaginary world, and internalising the roles of others rather than merely impersonating them,

> When a client begins drama therapy, the drama therapist working from the point of view of role theory often assumes that at least one role the client needs to play in life is either unavailable, poorly developed or inappropriately aligned with other roles or other people in their roles. The initial task of therapy, then, is to help the client access that role and identify it (Landy, 2000:53).

Those with a limited sense of self and identity may struggle in social situations due to their limited ability to access the necessary role within the social interaction, and the social rules that dictate the way one is expected to behave in certain situations. They may then, instead, rely on impersonation and persona due to their confusion surrounding social rules, which is detrimental to the self that is constructed of authentic roles. It is the therapist's responsibility to identify the needs of the client and the best methods in which to explore and expand their

role repertoire. In this way, dramatherapy acknowledges the ways in which society disables those with autism, as suggested in the social model of disability, and works to strip away social rules and expectations in order to encourage the client to take control over their own experience and realise their own sense of self.

In order to develop the role repertoire of clients, role work in dramatherapy utilises a range of different dramatic techniques, such as role-play, role reversal and enactment, which allow participants to explore the less-dominant parts of themselves and aspects of the persona in order to become well-adjusted in the real world and in real social encounters, '[t]he more roles one is able to play, the better he should be able to deal with a variety of social circumstances' (Landy, 1996:104). Techniques based on Landy's theory can be used to develop social skills and to aid understanding of other's reactions to situations; by embodying different roles, participants begin to understand the self and others from different perspectives. Dramatherapy gives such people access to a safe space in order to explore their roles away from the pressure of the outside world, allowing them to explore the authentic and inauthentic aspects of the self and experiment with other roles to be included in their repertoire for different social situations, which emphasises both the social and dramatic aspects of the concept of self. Much of the problem those with an underdeveloped sense of self have in understanding and maintaining a sense of self is due to the difficulties they have relating to others and altering their social behaviour in different situations whilst maintaining the parts of themselves that make up their own identity. This suggests that they have a limited role repertoire which, according to Landy's theory of the constructed self, implies that they have an underdeveloped sense of self and

identity. Through role exploration, people become reunited with aspects of themselves they did not know they had. They begin to discover the different parts that make up the self, which allows them to build their sense of self and identity and self-awareness. Through this discovery of different parts of the self, clients can also begin to understand others, '[t]he goal or aim of therapy is to help clients live with their various roles so that they are not overpowered by one role and so that they can accept the ambivalence of others' (Meldrum, 1994:88). This aim is apparent within dramatherapy but is not necessarily considered an important objective in approaches that treat autism as a condition from which one suffers, such as Lovaas Therapy, which instead aims to teach 'normal' social skills to autistic people and 'make autistic children indistinguishable from their peers' (Milton, 2012:no pagination). Through awareness of our own roles that make up the self, we can begin to understand the variety of roles that others play. Dramatherapy gives the client a chance to take creative risks and experiment with a variety of different roles in imaginary time that they may find difficult in real time, which relates to the key principle of dramatic time and real time. According to Jones, there are three main contexts for role relating to the past and present and the principle of dramatic time and real time that may be useful within role work,

- The enacted self- the client assuming a fictional identity
- The client playing the role of themselves in the past, present or future
- The client deliberately isolates a specific aspect of themselves or their identity.

 (1996:197).

Through working with these different aspects of role, clients can explore aspects of the self from a variety of different perspectives, leading to an advanced level

of self-awareness, both in terms of the way they have played out their roles in the past and the ways they could expand and use their roles in the future, without the loss of their own sense of self and identity. As Cattanach explains, alternative realities can be played out within the imaginary world so that the individual can explore different ways of being,

> Through drama processes we can explore back and forth along this life-line [of experience] finding images, symbols, stories, texts to discover who we are or what we might have been. We can create fictional lives, perhaps a childhood we would like to have lived or one we are thankful we didn't live (1994:28).

In order to help individuals explore roles and experiences within the fictional world, Landy's role model includes the use of the dramatic techniques role, counterrole and guide. This relates to the principle of real time and imaginary time as the guide is used in order to bridge the gap between the role and counterrole. Role refers to the protagonist in the client's drama, relating to the presentational side of role. The counterrole is the other side of the role, the antagonist, which does not necessarily imply that the counterrole is the opposite, or negative side, of the role, but the underplayed aspects of the role that may be ignored when attempting to play out the more obvious aspects involved in the role. This relates to the representational side of role, the individual ways a person plays out all aspects of the role in question. Landy proposes that for the gap between the role and counterrole to be bridged within the dramatic world of the session, there must be a guide; an aid to help the client find their own way and sense of self. In dramatherapy sessions, the therapist usually plays the part of the guide, helping the client along their own path, something that is not available in the real world but potentially could be helpful to a client exploring their sense of self as it may create a sense of safety surrounding use of role in the real world as they have

had guidance within the imaginary world of the dramatherapy session. This allows clients to feel safe in imaginary time but also encourages personal growth, and the development of a sense of self in real time. Jung emphasises the need for the elements of the unconscious to be realised for the creation of self-awareness and self-knowledge,

> Many people confuse self-knowledge with knowledge of their conscious ego personalities. But the ego doesn't know the unconscious and its contents. What many people think is self-knowledge is in fact very limited knowledge, mostly dependent on social factors, of what goes on in the human psyche (1958:4).

Through Landy's concept of role, counterrole and guide, elements of the unconscious can become conscious with help from the guide which allows for a deeper level of self-knowledge and therefore development of the self and identity. Landy explains that the guide is important in a dramatherapy session as it is a visible presence existing in the world outside the client. Although the therapist is usually the guide within a session, the aim is 'that clients will internalize the guide and discover, ultimately, a way to guide themselves [in the real world]' (2000:54).

Dramatic distancing is key in role work; the therapist does not necessarily frame the real presenting problem but uses elements of fiction so that the client can explore role and emotion with an appropriate amount of distance so that it does not become too overwhelming,

> In a fictional reality, we can allow ourselves to feel things without having to deny their presence because we know fiction protects us but also allows us to be involved. The fiction can filter powerful feelings through to us but they do not engulf us, allowing us to acknowledge them and unlock some of the feelings that may be difficult to cope with (2011, badth.org.uk).

Individuals lacking a firm sense of self and other may suffer from anxiety within the social world due to difficulties with their ability to access appropriate roles from the personal repertoire for the interaction presented. Dramatherapy acknowledges the problems that the social world imposes on autistic people, and uses techniques to create a safe space away from the social world. Dramatic distance is a significant technique as it allows them to experience the situation without the negative effects, such as anxiety and alienation that accompany social experiences in the real time. The dramatherapist often enters into the role work in order to give direction and aid the transformative process and to create a bridge between the dramatic time and the real time, which can be useful to the client and gives them permission to experiment freely within the dramatic time created within the therapy session. However, when working with role within the dramatic world, grounding activities are vital so that any resolution within the dramatic time can be applied to the real time. Closure is important to the re-working of the event as a resolution, a way to step out of the dramatic world and return to the real world that they inhabit, and hopefully to move on in a way that they have not successfully achieved before.

Boundaries must be in place when exploring role, such as the balance between thinking and feeling too much; aesthetic distance is a vital element of the methods used in role. Immersion into the role is crucial, however Landy highlights the balance between thinking and feeling, '[t]wo points of imbalance are identified as overdistance, a compulsive state, manifested by an excess of thought, and underdistance, an impulsive state, manifested by an excess of feeling' (1996:104). Aesthetic distance allows for a balance between thinking and feeling, which allows roles to be adequately explored and changes to be taken into the

real world with a thorough understanding of self and other. Landy believes it can

be damaging to engage too fully into the role as it can be overwhelming. However,

analysing the role too much can result in loss of passion, which can inhibit the

therapeutic process and cause clients to rely too much merely on impersonation.

Aesthetic distance is the mid-way point between under and over distance and is

important in the development of a sense of self and other, as Meldrum explains,

> The over-distanced person keeps rigid boundaries between self
> and other, projecting onto others their own feelings and thoughts.
> The under-distanced person identifies him or herself too readily
> with the emotions and behaviour of other, losing boundaries
> between the self and other (1994:85).

Role distance is achieved through the exploration of roles that do not reflect the

real life of the client, which encourages trust and spontaneity, two elements that

are significant in the real social world in order to disclose elements of the self and

identity. Dramatherapy explores different roles through a series of dramatic

techniques that strive to create dramatic distancing, such as physical involvement

through the use of masks, improvisation, role reversal, story-telling, drama

games, sculpts, and role-play. These creative and alternative dramatic forms

create a distance from disabling aspects of the real social world. Storytelling is

used in role work to allow clients to take on roles from the fiction and draw

parallels between the fictional role and the role that they inhabit in normal life.

This involves use of the key principles of dramatic time, dramatic distance and

metaphor. A myth or story can be universal to all and clients may find a metaphor

within the story that relates or connects to their own roles and sense of self. Landy

also alludes to this struggle between the conscious and unconscious in relation

to theatre, and the role model in relation to his theory of role and counterrole,

'[t]he metaphor of life as theatre has been so powerful throughout history because

so much of human existence concerns a struggle between opposing desires and opposing levels of consciousness' (2000:53). In contrast to psychotherapy and psychodrama, use of obliqueness in dramatherapy means that the realisation of the issues faced through the dramatic action is not necessarily verbalised. Although some form of reflection is important, it is the experiencing of it that matters. In many cases, reflection relies largely on the therapist. Through reflecting experiences back at the client, the therapist validates the client's experience and revelations, which makes the client feel understood within the dramatherapy space. As dramatherapist Emunah explains,

> A simple way to do a reflection is literally showing back exactly what I see or hear. The most basic way to do this kind of reflection is to verbally summarise and restate back to the client his position, feelings or ideas […] With reflections, it is important to keep in mind that we are blending. We are not adding our insights, criticisms or judgements. We are merely reflecting back something true for the client (2005:214-5).

This approach allows for reflection to be encouraged in the client without putting them under any additional pressure, as well as helping clients to feel accepted, understood and validated for who they are.

Aspects of the role model have been based around traditional roles in Western theatre, which further confirms Landy's belief that role and drama are inherently connected. Landy believes that everyone has a taxonomy of roles that is vital to explore so that, through discovering a variety of roles, the personality is further developed. To develop his theory Landy looked at the different roles used in theatre in the western world,

> I became aware of a repeated pattern of character types that seemed to transcend time, genre and culture. They included heroes and villains, nobility and commoners, victims and survivors, wise fools and ignorant kings, deceivers and helpers and lovers of all kinds (2000:55).

Jung also refers to role types in his theory of archetypes, '[a]rchetypes […] combine the universal with the individual, the general with the unique, in that they are common to all humanity, yet nevertheless manifest themselves in every human being in a way peculiar to him or her' (Cited in Stevens, 1994:50). Landy makes a similar assumption in relation to role, stating that there are two primary styles through which the role type is presented. The first is the presentational, the language and action used to fit the role. The second style is the representational, which is more reality based and open to individual differences. Therefore, according to these theories, the presentational style of role refers to the universal aspects of each role that we understand in general terms and the representational includes aspects of the self and the way we personally play out the role according to our unique identities. Landy explains this concept further, '[g]iven my understanding of aesthetic distance, I postulated that presentational styles are linked to more cognitive modes of expression, and representational styles are linked to more affective roles' (55). He acknowledges the similarities between his role theory and Jung's theory of archetypes, 'like Jung's notion of archetype, each role is recognisable by virtue of its unique characteristics' (2000:52). In order to explore a range of presentational roles and the ways we choose to play them according to our sense of self and identity, Landy came up with a taxonomy of roles including eighty-four role types, such as the role of hero, villain and the fool, and a list of sub-types for the role theory that the client uses within the dramatherapy process. He identified a pattern of role types that are included in all western plays, regardless of culture or genre. In order to build his taxonomy of these role types, Landy looked to Jung's complex concept of archetypes, stating, '[p]hilosophically, role theory is more akin to archetypal systems, such as that offered by Jung (1964) than to more reductive behavioural systems' (2000:52).

Although the theory of role within dramatherapy is a core concept, used and praised by leading practitioners such as Meldrum and Jennings, and may be particularly useful to those with an underdeveloped role repertoire and sense of self, other and identity, Landy acknowledges that the theory behind it lacks evidence and could be criticised for being too basic, '[r]ole theory does not sufficiently address issues of human development. It relies on a model of the human personality- the taxonomy of roles- that is derived from an art form and has very little scientific basis' (2000:63). This statement also relates to the fact that concepts based on an art form achieve little recognition in comparison to scientifically based concepts. The taxonomy of roles is a way for clients to explore the key role types in order to understand elements of archetypal role qualities. It is basically an outline of each functional role type and the qualities and styles of each role. However, as Landy himself suggests, it does lack a strong theoretical basis and the role types outlined within the taxonomy are based on theatrical characters and are not necessarily easy for everyone to relate to.

Play in Dramatherapy

Play makes up a large part of dramatherapy theory and practice as it is a particularly useful element in developing the self and gaining confidence to develop new ways of being. Play can include a range of techniques and activities, such as movement, touch, role play and the use of toys, objects and puppets, and can be led largely by the client so that play can be developed from the point at which it started. This gives clients a sense of control over their own experiences, without having any external expectations placed upon them, and means that the play activities are suited to the needs and developmental level of

the client. Drama can be viewed as an intervention to meet developmental needs and rehearse ways of being for the future. Practice can improve movement, speech and confidence, which can be areas of difficulty for those with an underdeveloped sense of self and identity. Jones describes play as 'the inspiration for the use of drama as therapy' (1996:167), highlighting play as a core concept within dramatherapy. Play is a way of bringing about intentional, therapeutic change and focuses largely on the use of forms of play to deal with encountered problems. Play techniques are used with individuals as a way of developing and embracing the components of play through developmental phases and imagination to explore themselves and the environment, which could be important for those who may never have developed play with others due to their delay in vital phases of development in childhood. As small children, play is an essential way to explore the world and develop relationships with parents and family. This idea is apparent in play in dramatherapy. Games and play, movement and touch are used to make sense of the real world and explore elements of the self and understanding of the physical self and other. Slade, a key figure in theorising the development of play in children, emphasised the use of spontaneity and communication in play, and likened dramatic play to theatre, so although drama is seen in play as a process, there are, according to Slade, elements of the theatrical in the drama within play in dramatherapy. Slade sees playing as an unconscious process, which gives people a freedom to improvise and explore without self-consciousness and the need to conform to expectations. According to Jung's concept of the psyche and self-knowledge, the unconscious is the source from which all materials of the consciousness emerge, therefore uninhibited play may bring feelings from the unconscious into the consciousness so that the individual becomes more self-aware. Jung emphasised the

importance of material within the consciousness as it shapes our identities and sense of self, and the way we play out roles in social situations. Through play, emotions, experiences and roles that have become dormant within the unconscious can become conscious therefore extending the sense of self and identity of an individual. Lewis refers to the theories of Winnicott, a paediatrician and psychoanalyst, and Jung, when she describes the transitional space of a play session as a space between consciousness and the unconscious and how this relates to childhood play 'the individual is experiencing the moment in a realm that lies between reality and the unconscious. It is akin to the world of "pretend" play in childhood' (2000:131).

Play in a dramatherapy group differs from spontaneous play in the outside world as it is more structured and a dramatherapist is present to create safety and trust. Cattanach refers to the 'psychic space between [client] and therapist' and likens it to the 'potential space between mother and child' (1994:137). This is key in the development of the self, as meaningful relationships are vital within development. Clients must feel comfortable in the play they are undertaking in order for them to enter imaginary time. In play, symbolic play is used as a way of achieving dramatic distance. Toys, self and objects are used in the creation of a fictional world to explore experiences in the real world at a safe distance in order to make sense of and resolve these experiences. A sense of self, or an isolated role, can be projected onto objects which develops self- and other-awareness. A large part of play in dramatherapy is the notion of play development, and Jenning's theory of EPR, relating to the stages of play development. Throughout therapy, play methods progress through embodiment, projection and role to allow the client to make natural developmental changes, helping participants to work through the

phases in order to bring about personal growth. Slade (1954) also relates to this notion of lack of play causing a halt in the stages of development,

> Play opportunity […] means development and gain. Lack of play may mean a permanent lost part of ourselves. It is this unknown, uncreated part of ourselves, this missing link, which may be a cause of difficulty and uncertainty in later years (1995:7).

Play allows clients to work through problems in a practical and creative way that encourages participation and interaction. The healing nature of play in dramatherapy is the use of dramatic play to transform clients' experiences and make a shift from past experience to new patterns of behaviour through the developmental stages. Cattanach also notes that creative development begins with play, referring to Piaget's theory of cognitive stages which begin from birth to the age of eleven plus (1994:32), and can also be related to the stages in EPR. Piaget's stages begin with the notion that children use sensation and movement to build a picture of the world, according to Jennings this is the embodiment phase. Cattanach describes the importance of this phase in the development of a sense of self, '[t]hese initial experiences of the sensory world lay the foundation of our sense of self and our pleasure in the physical world' (1994:30). The embodiment phase of play is usually experienced as a baby; the child begins to explore their world through touch and the senses. As individuals develop, they begin to make a distinction between the self and the world, usually through symbolism and play. This, in normal development, then leads to the beginning of language and social relations, although the child is still rather egocentric. This is the phase that Jennings refers to as the projection stage. Cattanach discusses Piaget's emphasis on symbolic play in this developmental stage,

> Piaget's (1962) description of symbolic play states that for children it is indispensable to their affective and intellectual equilibrium that they have available to them an area of activity

whose motive is not adaptation to reality but assimilation of reality to the self without coercion or sanctions. Such an area is play, which transforms reality by assimilation to the needs of the self (1994:30).

When the child reaches the projective play phase, they begin to discover the world outside themselves, involving the use of toys and objects, '[t]his is the beginning of symbolic play when children begin to experiment with symbolic alternatives to reality and make-believe play begins' (Cattanach, 1994:135). At the projection phase of play in dramatherapy, symbolism and metaphor are used to create dramatic distance which allows the client to work through personal issues at their own pace without facing them head on. Projective play is important in the development of an understanding of self and other as it encourages the client to explore the boundaries between the self and objects that are 'other'. Through play with objects, the client begins to understand that these objects can be used to represent something else. Cattanach describes the object as 'transitional', '[i]t is special because it is not 'not me' and not 'me' but exists in the area of illusion as the transitional object' (1994:30).

The final stage of development, in terms of Piaget's concept, marks the beginning of theoretical thinking, which is the role phase according to Jennings. The role phase is the beginning of dramatic play. This begins with the individual enacting everyday events, develops into pretending to be someone else, and then objects are brought into the play in which roles are created for another person or object. Roles can be projected onto objects, allowing clients to explore their own roles and the self or to have imaginary interactions with figures in their lives. This way, events and experiences and the self and other can be explored in a non-threatening way, away from expectations put upon them in the social world. For

people with an underdeveloped sense of role, self and other, this phase may not have been reached as a lack of awareness of the self and other means that this type of play is impossible. Winnicott (1971) emphasises the importance of play in the development of personality, '[i]t is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self' (72-3). Without reaching these phases of creative play, the individual may be lacking a developed sense of self, although an element of a sense of self and self- and other-awareness is necessary in order to reach these phases at all, therefore the individual is stuck in a complex cycle. However, the dramatherapist facilitates play with the client, beginning play activities at their level and safely guiding them through the phases of play through focusing on their strengths and the individual rather than their incapabilities and diagnosis. In the real world, individuals do not have such a guide and play may remain stuck within the same phase, therefore the dramatherapy process whereby play begins at the lowest phase within the transitional time and space and is developed with the help of the therapist as a guide may help the individual to move through the necessary phases and build the sense of self, other and identity. It is clear that each stage is important in development and if it is halted at an early stage, due to trauma or delays in development it would be difficult for the individual to function properly and to have a real sense of self. In order to aid the client through the developmental stages, play must begin at the embodied stage, focusing on movement, touch and the senses before activities can focus on projection and role play. Only by experiencing and exploring play at each level will the client develop a stronger sense of self and begin to understand their own identity both from their point of view and from the perspective of others.

Play encourages clients to project aspects of the real world into a symbolic world, creating a safe dramatic distance to explore real issues,

> Dramatic projection used as a form of expression, is an extremely valuable tool for dramatherapists who support the ASD client in projecting their fears or anxieties onto something concrete, so that they may 'see' it from a safe distance which we call an 'aesthetic distance (Anderson-Warren, 2013:9).

A symbolic world is created through play which helps the client to explore themselves and situations in an oblique way, avoiding reflection and direct re-enactment of traumatic events. It is vital that the space is safe, assuring trust between the client and the dramatherapist, this is the only way that participants are able to enter the symbolic world and be rid of self-consciousness, 'children play in special places chosen for their safety, away from the reality world' (Cattanach, 1994:136). Through play within the unthreatening realm of the imagination, we can explore parts of the self and emotions that are often repressed, which allows us to develop a sense of identity. Once these parts of the self have been explored, they can be understood and acknowledged, creating distance between the real self and the persona that is created as protection against expectations that may be disabling in the real world. By expressing intimate and sometimes distressing emotions through play, an element of dramatic distance is created, which can arguably be more therapeutic than verbally expressing the emotions so long as the play space remains safe and activities are kept within the imaginary time, as David Read Johnson explains, '[h]aving these states remain in the playspace paradoxically gives them power to heal; confusion about whether they are real will disrupt the playspace and risk harming the client' (106). Therefore, it is vital that the play space is recognised as a container of the imaginary world; it is the transitional space between

imagination and reality. Play also allows clients to realise and explore the unacceptable parts of the self that are ignored and buried. It helps to recover the unacceptable and repressed elements within the self, the parts which Jung refers to as the shadow, which must be conscious if a real understanding of the self is to be obtained. Jung describes the shadow as the inferior part of the psyche and believes that the elements, however negative, of the shadow must be brought into consciousness in order to achieve self-knowledge,

> The very fact that through self-knowledge, i.e., by exploring our own souls, we come upon the instincts and their world of imagery should throw some light on the powers slumbering in the psyche, of which we are seldom aware so long as all goes well (1958:75).

Dark forces within the archetype of the shadow can be explored through play safely; objects, toys and puppets can be used to form fictional situations and express negative emotions in a way that they cannot in the real world where it may cause harm to the self and others. Through this playful expression, a sense of resolution can be achieved within the client which could lead to a higher level of self-knowledge and therefore increased development of the self and identity. This chapter has highlighted the key concepts in dramatherapy, and the ways that these are used in order to establish a safe space for autistic people to explore and develop their sense of self in a way that allows them to be in control and to feel validated for who they are. In these ways, dramatherapy works with aspects of the social model, through acknowledging the disabling aspects of the social world, and employing techniques to rid the client of problems they face in the real world. Rather than focusing on the client as an autistic person who has need for treatment for a condition, dramatherapy centres sessions on the person beneath the diagnosis. In Chapter Four particular dramatic techniques including use of

masks, movement and touch within play and role will be considered as potential methods to extend and develop a sense of self, identity and other in a way that could be potentially desirable for autistic people. These will then be discussed in relation to autistic expressions of self in Chapter Five in order to form an argument for the suitability of dramatherapy for autistic people based on the things they like, their hopes for the future and the ways they choose to express themselves.

Chapter Four

Dramatherapy Practice and a Sense of Self

Chapter Three explored dramatherapy as a general approach that works with the social model of disability for the development of a sense of self, other and identity. Within this chapter, three particular techniques are considered in relation to autistic clients for the development of a functioning role repertoire, understanding of physical self and other, development of self-awareness and self-expression. Mask work may be an effective visual vehicle through which an autistic client can explore roles and the public persona. Both movement and touch are used within the Sesame Approach of dramatherapy and allow autistic clients to explore themselves, others and the environment, developing self-awareness, self-expression, relationships and communication and social interaction away from the confines of the social world. Through use of these creative forms applied to develop a sense of self, identity and other in autistic people, dramatherapy could potentially be a more suitable and desirable alternative to other forms of therapy and interventions that focus on verbal expression and normalisation techniques, as it recognises the client as a unique individual rather than someone who suffers from a disability.

The Sesame Approach of dramatherapy is an established form that focuses particularly on movement and touch as an alternative to verbal processes,

> Sesame uses the oblique approach of movement and drama as a therapeutic art form for those who are unable or unwilling to put their problems forward verbally, and also because it is likely that the core of any problem lies in the unconscious and is not accessible for verbal discussion (Pearson, 1996:39).

The approach focuses on 'Carl Jung's psychology of the unconscious, Rudolph Laban's Art of Movement, Peter Slade's work in children's play and Marian Lindkvist's non-verbal language of Movement-with-touch-and-sound' (sesame-institute.org, 2011-13). Marian Lindkvist is the founder of the Sesame Approach with a special interest in creative approaches for autistic people. As many autistic people are non-verbal or have difficulty with self-expression, movement and touch can be an effective alternative to verbalisation. However, there is still little existing research specifically surrounding dramatherapy for autistic people, which is arguably due to the diverse nature of both the autistic spectrum and dramatherapy practice, making them both difficult to discuss in concrete terms, '[t]he blending of the colours "autism" and "dramatherapy" is not easy, due to their own indistinct nature. Autism is a psychological condition facing its own theoretical debates, and Dramatherapy is diverse in its application' (Carrette, 1992, no pagination).

It has become evident in previous chapters that an intact sense of self, other and empathy is vital in social interactions and in order to build meaningful relationships, and that there are many reasons for the perceived lack of a developed sense of self in autistic people, many of which are created by society. Autistic people lack social imagination according to the National Autistic society and the NHS. Lack of social imagination can affect the ability to relate to others, 'their behaviour can be seen as inappropriate or immature and considerable difficulties are encountered with peers because of an impaired ability to understand what other people are thinking and feeling' (Godfrey and Haythorne, 2013:21). Although the impairment actually means a lack of ability to understand another person's perspective, this has been misconstrued in general society to

create the stereotype that autistic people lack any form of imagination and have difficulty understanding creative and indirect concepts. This could lead to the assumption that an oblique approach such as dramatherapy, which focuses on metaphor, imagination and dramatic activities as a form of expression, may be unsuitable. However, as explored in chapter three, drama within dramatherapy relates to activities done within the dramatherapy space that utilise metaphor and dramatic distance, which allow alternative forms of self-expression and self-exploration. Although there is an emphasis on interaction within dramatherapy, the focus is not on verbal expression or the ability to act, perform or read scripts, therefore it could potentially be a beneficial alternative to practices such as psychotherapy, which rely on verbal communication and the ability to understand and reflect upon past experiences and emotions. Phil Mollom refers to the potential problems of psychotherapy and other talking therapies,

> Talking therapies rely upon words – and yet language is in many ways the problem. We are invaded by language, the words, images, roles and beliefs imparted to us of self-image in our language of origin. These linguistic patterns form the invisible prison cells of self-image, and self-esteem and identity – that constrain our potential and perpetual rage and misery (2011:6).

For individuals with limited or lack of verbal communication skills, dramatherapy may be a useful alternative as a developmental aid and vehicle for creative forms of self-expression. Words are usually a conscious process through which we can express whichever part of the self and identity we choose. Without the ability to communicate and express themselves verbally, individuals may feel trapped within their own world due to the fact that verbal communication appears to be the most highly-regarded form of expression in the social world. Therefore exploration of different forms of expression, whether through the body or through projection and play, allows the individual to express the conscious and

unconscious aspects of their sense of self and identity away from restrictions they may face in the social world. This gives the autistic client validation and a sense of acceptance and liberation within the dramatherapy space, which may not be something they have experienced in the social world.

Masks, movement and touch are three dramatic techniques, related to role and play, which may be used as creative forms of self-expression and as activities to explore and extend the sense of self in autistic people. Through these techniques, a bridge can be created between internal and external experience or psyche and soma, each working in their own ways to connect the internal experience of self with the external expression of identity. Sesame practitioners believe that the aspects that Jung referred to as psyche and soma (relating to the conscious and unconscious) can be accessed through movement and touch. The relationship between the internal and external relates well to mask work, a dramatic form in which the outer appearance is manipulated to express the internal feelings or to demonstrate a visible difference between distinct outer roles that are easily recognisable.

Masks

In dramatherapy for the development of a sense of self, masks are used to develop roles and explore expression of repressed or undeveloped roles, rather than as a form of disguise or persona. According to Landy (1985),

> In therapeutic mask work, then, the mask is used as a projective technique to separate one part of the self from another […] The therapeutic masquerade or drama of masks aims to unmask the self through masking a part of the self that has been repressed or seen dimly by the client (51).

Jennings (1990) also emphasises the use of masks to reveal rather than disguise, to achieve the physical masking of the client but the unmasking of emotions. Mask work allows the client to explore role behind the safety of a mask. Many autistic clients with a limited sense of self, self-awareness and self-esteem have a restricted role repertoire but, theoretically, clients may feel more liberated to explore and express different elements of the self within the safe space away from judgement and behind the safety of a mask. Mask work gives clients the sense that other aspects of the self will not be judged if masked by a single presentational role that is presented visually. Masks may also avoid role confusion as they visually represent only one specific role, and the client does not have to concentrate on moving between roles as is deemed necessary within the social world. James (1996) describes the effect that mask work had on a non-verbal client with learning disabilities, '[t]he mask acted as a key to unlock floodgates of expression, inspiring the actor in the previously passive spectator. When he had completed the piece and removed his mask he appeared deeply affected, vulnerable and open' (216). Through use of a mask, he was able to take on a new way of being, via a visual representation of a new presentational role type which disguised his external identity. The use of masks can be particularly important with autistic clients in role and the building of different aspects of the self. Masks achieve dramatic distance from the role being played, which is important as it allows the client to work, feel and move within a role but with a boundary that ensures that they do not become trapped in that particular role as the mask can be removed. This makes the role play safer, creating aesthetic distance so that feeling and thought within the role are balanced. Make-up works in much the same way as masks, yet provides less distance to the role due to it

being directly applied onto the face and takes longer to remove, which makes the boundaries between the external self, or role, and the internal self more limited. This lack of distance could become too overwhelming for the autistic client as the boundaries between the self and the role or character being explored are unclear, but Landy describes how the indirect nature of dramatherapy may make it safer, 'because work with masks and makeup tends to be playful and somewhat abstract, it provides a safe degree of distance' (2008:214). All autistic individuals are different and some may respond better to more distance and others to less, which is recognised within dramatherapy: clients are seen as unique individuals despite having a diagnosis in common. Landy also explains the issues that could arise surrounding mask work and distance, '[f]or some, masks are highly charged in their associations with horror, deception and death, leading to a flood of feeling. For others, playing with such overtly theatrical techniques is infantilizing and thus causes too much distance' (2008:214), which emphasises the diversity of individuals and the need for dramatherapy activities to remain person-centred, particularly in a group of autistic people with an underdeveloped sense of self and identity as their developmental stages and experiences are likely to be hugely varied.

A stylised identity, the presentational side of a role, is undertaken through masks in order for the client to work with their issues, and to see their personal dilemma more clearly,

> I am of the belief that some feelings can only be expressed through masks - feelings that are too anti-social, dangerous or depressing to be shown in other ways. Masks can contain the feelings that could not otherwise be expressed (Jennings, 1990:116).

Practitioners of the Sesame Approach of dramatherapy, such as Graham Suter, agree with this concept, remarking on the way 'masks are able to release submerged thoughts and feelings' (1996:51). Mask work is significant in role work, as the wearing of a mask can convey a different role, a taking on of another persona, which links to Landy's and Jung's theories, discussed in previous chapters, that people are constantly generating roles based on imitation and external expectations of others in order to present an appropriate identity, which relates to the development of the persona. Salvo Pitruzzella describes the difference in the way that we perceive ourselves and how others perceive us, 'my conscious 'I' feels separate, exiled from what the others perceive and accept as myself, an identity that seems false to me' (2004:31), highlighting the need to explore the inner self in order to form a true sense of identity within interactions with others. As discussed in previous chapters, in order to develop a real sense of our own identity we must be able to understand the way we are seen by others. Yet autistic people, according to Chasen (2011) have difficulties in seeing things from another perspective, therefore may not have developed a real connection between the self and the external identity, as they often remain unaware of how they are perceived by others, which can cause problems in the social world due to neurotypical expectations.

The use of masks allows people to explore the fractured, hidden or dormant aspects of the self that may reside within the unconscious, and provides the safety to emphasise the role that is adopted without the risk of judgement that may be present in the reality of the social world and without, therefore, the need to rely on the persona, '[t]he mask, then, encourages a concentration upon a particular aspect of the self, along with an emphasis on the expression of parts

of the self usually denied expression' (Jones, 1996:145). When used correctly within a session, the mask is safe as it allows clients to explore a particular element of their identity with the sense that it is the mask that is expressing the role whilst hiding other aspects of the self that are not relevant to the role that the mask is portraying. This removes the pressures of the neurotypical social world in which individuals are supposed to be able to move between roles depending on what the situation calls for, which causes confusion and anxiety in autistic people and is an example of how society can be disabling for autistic people. Landy believes that in order to adopt certain roles properly, there must be understanding and exploration of both sides of each role,

> When I talk about healthy functioning, I mean learning to live within one's role ambivalence, with the contradictions between roles […] I want to help [clients] understand that to live comfortably, one must find a way to live within the ambivalence of roles (1995).

This suggests that in order to inhabit a certain role fully, we must first have understood and considered the other side of that role, for example, in order to take on the role of victim, we must also understand what it is to be a victor. Landy's practice of role and counterrole within dramatherapy sessions relates to this theory. Through using masks to represent different sides of a role, clients can explore the role fully in order to develop a greater understanding of the roles that make up their own and other's identities and to reflect on the roles that they themselves tend to adopt. This may become easier with the use of mask, as each side of the role may be visually more clearly defined. Dramatic distance created by mask work helps to define the boundary between real and fantasy, and the undesirable sides of the explored roles can be physically removed from the face of the client. According to Grandin (1999) and Baron-Cohen (2008), many autistic

individuals respond well to approaches that focus on visual expression, 'many people with autism spectrum conditions prefer to think visually rather than verbally' (Baron-Cohen, 2008:105), which forms part of the argument for the use of art therapies rather than talking therapies and normalisation interventions with autistic people. Masks can help the client to understand different roles and parts of the self, as they are visual representations of different emotions and roles; they make it easier to enter into role work as the difference the mask makes to someone's physical appearance is clear to see, rather than relying solely on the imagination and ability to take on a character through story alone. As the masks are removable, the client can see that the mask represents one fractured aspect of oneself, but when it is removed the client can integrate aspects of the role explored into their existing role repertoire that makes up their sense of self. As Landy explains, '[i]n therapeutic mask work, then, the mask is used as a projective technique to separate one part of the self from another. The masked part, the persona, being stylised and dramatic, provides a measure of distance from the person' (1985:51). It is worth noting that Landy's use of the term 'persona' does not correlate with Jung's use of the term as a social mask worn to protect the self against the social world, as Landy refers instead to the 'false self'. Within Landy's statement, the persona is merely the presentational role or character being represented by the mask. As further explained by Heather Trepal-Wollenzier and Kelly L. Wester, '[t]he mask allows the client to externalize a concern or part of their self. This part of the self is typically a persona of the client that is not overtly expressed' (2002:no pagination).

The exploration through dramatic distance allows clients to take aspects of the roles explored through mask work into the real world with more of a sense of who

they are, and which roles they typically inhabit in the real world. Mask work encourages clients to take risks within the safety of the dramatic space, giving them control over their own experience, and encourages authentic roles that form the self and inauthentic roles that form a stylised persona to be explored in order to build an understanding of the two and how to separate, or integrate, them. According to dramatherapist Madeline Anderson-Warren and Grainger (2000), mask work aids clients in the understanding and satisfaction of the ability to explore 'the urge to reveal ourselves and the contradictory urge to remain safely hidden from view […] [and] the desire to remain open to other people while preserving one's defences against them' (86). The use of masks allows these paradoxes to be considered, encouraging the client to develop ways of retaining their own sense of identity whilst developing interaction with others, which could be a difficulty for autistic people judging by the fact that many are encouraged to rely on impersonation of neurotypical social behaviours in the social world.

Clients may make masks in the dramatherapy session so that the mask is directly related to what the client is feeling, again focusing on visual representations rather than verbal. Usually, according to Jennings (1995) and Anderson-Warren and Grainger (2000), a couple of different masks are made, one which portrays the public self that is represented to others, and one that depicts the private self, the emotions hidden beneath the public mask or persona. This may be particularly useful for autistic clients who could feel that they are expected to behave a certain way in society without being given the opportunity to reveal and express their authentic feelings and roles. As will be explored in the following chapter, many autistic self-advocates express a belief that there is a neurotypical expectation for autistic people to adapt in order to fit in with the neurotypical world,

without being given the chance to express themselves in a meaningful way which suggests that many autistic people relate to the social model of disability as they regard their disabilities to be largely created by society. Therefore, if masks are made expressing the real feelings of the autistic client, one depicting the public persona and the other depicting the inner sense of self, the opportunity arises for autistic people to express their own world, and to explore the contrast between the public and private self, which may be cathartic and could raise their self-awareness and self-esteem.

Mask work can provide a creative vehicle for self-expression, self-awareness and understanding of emotions for clients but must be undertaken with care as it can be threatening, according to Suter, due to the fear that the boundaries between fantasy and reality could be lost or that uncontrollable emotions may be unleashed, '[a] danger arises from the fact that such fantasies may become very hard for anyone else to control or modify' (1996:51). This may be a particular risk for autistic clients if they have not had previous opportunities to express themselves and their emotions freely. It must be introduced gradually so that clients begin to feel at ease with the approach. Jennings outlines some guidelines that are important when introducing mask work, which include such aspects such as, '[s]tart with a mask that does not cover the face', '[n]ever leave people in masks for more than a few minutes' and '[a]lways allow time for disengaging and distancing from a mask, and becoming oneself again' (1990:111). When mask work is undertaken for the purpose of developing a sense of self and identity in autistic people, it is vital that it be entered gradually so that the client does not feel threatened by external pressures, as stress created by external pressures causes the sense of self to decrease and the autistic individual may begin to rely

on impersonation and persona, or retreat again into their inner world. It is imperative that reflection and de-roling is done after mask work with clients with an underdeveloped sense of self so that they can leave the imaginative experience behind them and focus on developing and expressing the self in the real world. Grounding and de-roling exercises are undertaken in the hope that the character based on a specific role that is taken on when wearing a mask can be left behind. This may be difficult to achieve, as Landy emphasises,

> Because drama therapy treatment in role can become quite complex and confusing, the therapist needs to insure that the client de-roles each character and each object. While under the spell of the role, the client loses distance and has difficulty reflecting upon the drama (2009:76).

Therefore, the aim of de-roling from each character is to regain the dramatic distance necessary in role work through masks. If this is achieved, only the revelations surrounding role types that the work has uncovered are taken with the client into the realm of reality so that only the authentic parts of the roles inhabited become part of the person's role repertoire. At this point, the roles become less presentational and more representational as they are included within the existing role repertoire and played out in a way that is unique to the client's identity. All roles, good and bad, some of which are familiar to the client and some not, must be explored in order to expand the role repertoire. This relates to Jung's assertion that elements and roles from the unconscious must be explored within the consciousness in order to achieve self-knowledge. Jung, contrary to Freud's theories, also believed that the way to discover unconscious material was through doing rather than speaking, highlighting play as,

> an original alternative to the Freudian verbal method of accessing and analysing the unconscious. The alternative was based on imagery and action, as clients not only invoke images of the personal and collective unconscious, but also act on the images (Landy, 2008:15).

Mask work is a form of role play that involves the physical portrayal of different role types so that clients can act on the images of different characters or roles, and in doing so can realise aspects of certain roles that may have lain dormant or been contained in an unconscious capacity. Jung's belief that imagery and action are more useful than verbal discussion promotes the use of dramatherapy as a creative process as an alternative to talking therapies and normalisation approaches that correspond with the medical model of disability.

Movement

Movement can also be a useful technique for development of a sense of self and identity in autistic individuals, as it can help clients develop and extend self- and other-awareness and can also be a useful alternative to verbal self-expression for those that lack skills in speech and language. As Laban describes, '[t]he body is our instrument of expression through movement' (1980:34). Godfrey and Haythorne (2013) support the use of movement as an alternative to verbal expression and a technique that is inclusive to a variety of needs,

> it is the very flexibility of dramatherapy and the spectrum of creative-expressive methods at therapists' disposal that enables it to respond appropriately to each child's needs, with the aim of maximising their potential. Such potential will vary considerably depending on participants' abilities and special needs, but the content of sessions can range from non-verbal movement and sensory awareness work to role play within sophisticated storytelling and performance (21).

The autism spectrum incorporates many different abilities and people with very differing needs, therefore the dramatherapy activities must begin at an appropriate developmental stage for individuals and must remain person-centred.

Movement as a technique is inclusive for the majority of people, regardless of capabilities, as a form of expression. If verbal communication is lacking, movement can be used as an alternative form of communication and expression, allowing them to relate and make contact with others with more flexibility and less emphasis on social rules than verbal communication. In people with little sense of physical self and physical other and an inability to relate to others, movement must begin at a basic level in order to allow understanding to increase,

> A way of beginning a drama group with people with learning difficulties is to introduce embodiment play recalling early stages of physical movement. This is a good way to establish relationship play and an awareness of body parts and the way the body moves (Cattanach, 1992:67).

Although not all autistic people have learning disabilities, there are a large percentage who do, '[r]ecent research by the Learning Disabilities Observatory indicates that around 20-30% of people with learning disabilities have an ASD' (learningdisabilities.org.uk, no date). When exploring relationships through embodiment play and awareness of the way the body moves, autistic clients may become more aware of the way their external identity fits in to the world around them, where the physical self ends and other begins, '[t]he physical sensation of the body as a whole and of the separate body parts in movement is a direct experience of the immediate world of the person' (Chesner, 1995:46). Movement in dramatherapy allows clients to explore their physicality and the way they relate to the world in a physical capacity. The Sesame Approach to dramatherapy is very much focussed on expressing the mind and self through movement and attempting to connect the two. It brings the self in the mind together with the physical self, creating a connected sense of identity, rather than a fragmented one. Movement is a way for the inner self and the unconscious to

be expressed, connecting the internal self and external identity in a way that words sometimes cannot,

> The astonishing structure of the body and the amazing actions it can perform are some of the greatest miracles of existence. Each phase of a movement, every small transference of weight, every single gesture of any part of the body reveals some feature of our inner life (Laban, 1980:19).

The importance of body language within relationships highlights how vital the body and movement is within interactions. Often, our body language does not correlate with the words we speak, as body language can be an unconscious process, whereas words are usually a conscious expression of self, or constructed persona. In close relationships, we listen to the words the other person is speaking but often get a more accurate understanding of the way the person is feeling or thinking from their unconscious body language, as Laban states, 'in reality there exists no speech without bodily tension. Such tension is potential movement, revealing sometimes more of a person's inner urges than do his words' (1980:90). Although most neurotypicals are able to read body language, many autistic people have difficulty reading the movement and expressions of others, which is a part of the so-called impairment of social skills and social awareness included in the triad of impairments. Due to the importance of the ability to read body language in others in the social world, the difficulty that autistic people may have with this leads them to be considered disabled. The words we speak can sometimes be an expression of the persona, or can be chosen to fit in with a certain role we choose to inhabit; the identity we wish to project at that present time. In theatre, actors take on a persona in the form of the character they are portraying. This also happens in real life; the body can be used to cover up or protect aspects of the self through everyday body movements.

Through our body language we can choose to project a false sense of identity, through taking on a persona, in order to manipulate the ways people see and perceive us. Although much of our body language is unconscious, it can also be consciously manipulated in order to project a different identity or persona. In most people, this sense of disguise can be used in social situations without the loss of the authentic aspects of self and identity, however for people with an underdeveloped sense of self and identity, the persona and the role traits this involves may become so familiar that any sense of self that is developed may be lost. As well as experiencing difficulty reading the body language of others, autistic people, due to difficulties with role and social awareness, also have difficulty expressing their own intentions through body language. The person with whom they are interacting may find the autistic person hard to read or aloof, due to the lack of expression through the body and face. Some autistic people are considered aloof as they show 'almost complete indifference to other people' (autismvictoria.org, 1998) or have 'faces empty of expression' (Awares.org, no date). Upon first impressions, identity is communicated through the body and movement,

> The body communicates the individual's identity to others. It is also seen as a means by which the individual arrives at a sense of their own identity and as an expressive medium through which society and the individual connect (Jones, 1996:152).

As autistic people are known to be difficult to read, they may not have experienced a connection with society. If the body is a key element in understanding identity and expression, movement may be useful for autistic people as a way to begin to understand their own and other people's body language, the outer identity they present and the expression of the internal self

and the self that they identify with. With focus on movement rather than words, clients are able to concentrate on feeling rather than concentrating too much on thinking. As the space is a safe one, autistic clients are encouraged to move free from inhibition and social constraints, expressing the feelings from the internal self and allowing them to connect with the outer self and the physical other. Repetitive movements, a characteristic of autism as discussed in previous chapters, can be explored and developed within the space, encouraging the client to not only connect the inner and outer self and become grounded within their physical surroundings, but also to develop their movements into a form of self-expression. This achieves a sense of validation as their repetitive movements are not viewed as an impairment that needs to be treated but as an expression of their identity. Movement within a safe space allows for elements of the unconscious to be realised within the consciousness. Laban focuses on key fundamentals of movement and the self, examples of these are:

- That inner life is expressed through movement, whether consciously or unconsciously

- That movement is the bridge between a person's inner life and the external world

- That this bridge very often resembles a loop, for what happens in the outside world affects us internally and significant internal movement will affect how we present ourselves in the external world

 (Thornton, 1996:79).

Jones (1996) identifies the four main areas in his opinion that movement work encompasses in dramatherapy, which correspond with Thornton's account:

- The relationship between the body and an individual's identity

- Society's regulation of the body

- Bodily expression and communication

- The role of the body in the construction of a social persona

(151).

Both accounts focus on movement as an expression of identity and for the exploration of the self. Laban's key fundamentals concentrate particularly on the connection between the inner self and the outer self, the way we physically present ourselves through movement, and emphasises the cycle between expression of identity and external social expectations. Jones' account is particularly interesting in terms of autistic people and the link between the effects of societal expectations on the body, movement and expression of self. He emphasises not only the restraints caused by society's regulation of the body but also includes the concept of the construction of a persona in order to defend the self from societal expectations and judgement from others, which further highlights the significance of the social model of disability in terms of autism. From both accounts, it becomes clear that external pressures affect our internal identity, but also that changes to the inner self affect our external identity. The relationship and connection between the inner self and expression through the outer identity is vital within meaningful social interactions and can be an underdeveloped area in autistic people. Before a social self can be constructed it is important to develop and explore a connected sense of self and identity, without the constraints and the pressure of expectations placed upon us in the social world. Within normalisation approaches, such as Lovaas Therapy and social skills classes, that are linked to the medical model of disability, autistic people are

often expected to adhere to social rules and conventions that neurotypicals typically automatically develop, which involves concentration and impersonation of neurotypical behaviour to the detriment of focusing on the inner self and inner feelings and allowing their bodies, identities and inner selves to connect and develop. Within these approaches, development of self-awareness, self-expression and acceptance of the autistic self are largely overlooked.

The use of movement in dramatherapy as an opportunity to explore the physical self and the connections between the inner self and outer body, and to explore the space around us and interactions between our own physical self and the physical other, relies on the safe space as a liberating place of transition. In order to create this sense of liberation and uninhibited self-expression and exploration, there are few rules surrounding movement in dramatherapy. However, for clients with an underdeveloped sense of self who have had little experience of independence and self-expression, some boundaries and guidance from the therapist may be welcome. Movement exercises can bring a sense of relief and freedom for clients but for some with a limited awareness of physical self, identity and other, it can be threatening due to the feelings that can be revealed from the unconscious, '[clients] may discover blocked, dark areas which exclude the conscious mind and bring back long forgotten memories' (Thornton, 1996:86). In modern day life, little emphasis is put upon embodied self-awareness; the experience of merely focusing on the way the body feels, moves and the relation of the body to the outer world (Fogel, 2013). Autistic people may find it difficult to enter into movement exercises without self-consciousness, as much of their experience in the social world may be built around the need to conform to neurotypical behaviour and the protection of the inner self by the constructed

persona, focusing on thought rather than feeling. Again, this reiterates the need for a safe space in which to connect the inner and outer self away from the pressures of the outside world. However, the liberation of free movement within a safe space without the confines of the social world which can be disabling to autistic people, could be a positive experience and may build self-esteem and self-worth, along with understanding and expression of the inner self, and external identity. Movements are often explored that may feel unnatural to the client; if a client is used to bound movement, described by Laban as 'when the feel of [the movement] takes an inward direction, starting at the outer ends of the extremities, and progressing towards the body' (1980:19); free, expressive and happy movements may take some time to get used to, and clients must not be pushed into something that feels unsafe before they are ready, as Lindkvist states,

> One has to be very careful to remember that if someone is so into themselves, escaping from reality, then one has to go very slowly towards these opposite movements- even if they are natural, healthy movements that the rest of us do (Pearson, 1996:64).

This emphasises the need to recognise that autistic people may have had different experiences to the experiences of the therapist, and to be careful not to place neurotypical expectations upon the autistic client. Autistic people are viewed as living in their own inner world, as suggested in Kanner's original 1943 paper *Autistic Disturbances of Affective Contact* in which he describes autistic children as living within themselves. However, it is not fully understood whether this stereotypical characteristic of autism is due to the difficulties of understanding and trying to fit in to the neurotypical world or whether it is simply a preference and a disinterest in socialising with others. Jung referred to two personality types;

the introvert and the extrovert. The introvert, as described in Chapter Two, often keeps to him or herself, which is in contrast to the extrovert, characterised by,

> an outgoing, candid and accommodating nature that adapts easily to a given situation, quickly forms attachments, and setting aside any possible misgivings, will often venture forth with careless confidence into unknown situation (Jung and Storr (ed.), 1990:64).

Although some autistic people may relate more to the characteristics of the extrovert, most autistic people are considered introverts due to their tendency to withdraw from others. It is important, then, that in dramatherapy activities the introverted autistic client is not forced to leave the safety of their inner world immediately, but that activities are introduced gradually and according to the comfort and willingness of the client which, again, emphasises the significance of the person-centred nature of dramatherapy. It would be unethical to force an autistic person to leave the comfort of their own world if there really is no desire to. There is a risk that, through focusing on an individual's diagnosis, they may be viewed only in relation to the known and assumed characteristics of autism, rather than as unique individuals. However, it cannot be assumed that all autistic people have the desire to explore the outer world and others in it, as much as it cannot be assumed that all autistic people do not have any desire to. As one element of the triad of impairments in autism is restricted interests and repetitive movements, perhaps dramatherapists could begin with development of repetitive movements in order to ease the autistic client into further stages of movement. It can be argued that repetitive movements themselves may be an expression of the autistic person's identity and a way to experience a physical connection to the outside world, as evidenced in Chapter Five through autistic self-expressions and the establishment of key connections between autism and dramatherapy.

Rather than working with the aim to stop such movements in autistic people, as some education and normalisation programmes that work with principals from the medical model may attempt to do, dramatherapy may work to encourage the repetitive movement in order to understand possible reasons for such actions and to develop more forms of movement that may allow for further expression and awareness of the self and identity.

In the Sesame Approach, stamping is cited as a much used movement technique with people with learning disabilities, including autism. Stamping is often used as a warm-up grounding technique, and can be developed into an interaction device, movement such as stamping can be a way of interacting with other group members and allows them to take turns and be acknowledged as part of the group. As social skills and social awareness is a key element in the triad of impairments, this may be a new experience for autistic people. Some autistic people have a fractured sense of self and identity, therefore stamping is a useful exercise in order for each person's presence to be acknowledged. This encourages clients to become focused on their physical presence in the session, and acknowledgement of their presence within the group gives them the confidence and self-esteem to explore awareness of self and other, '[t]o the weak, autistic ego, stamping doesn't come naturally: the rationale for assisted stamping is that this grounding movement helps the person to have a sense of 'being there', in the room and in his/her own body' (Pearson, 1996:59). It allows clients to feel connected to their environment and to acknowledge the physical presence of others. Non-verbal clients may find it particularly difficult to develop a sense of self due to difficulties in self-expression, so this activity can be useful in the building of self-worth with such clients, as it gives them an alternative method in

which to have reciprocal interaction and to make themselves heard and acknowledged.

Mirroring exercises can be useful as a form of movement to build a sense of self, other and physical identity, and to create a relationship with another person. Some autistic people rely on impersonation in order to be accepted into society, which can have a negative effect on the emergence of an intact sense of self as the autistic person is portraying someone else's sense of self rather than their own. Dramatherapy and mirroring exercises take this initial instinct further by developing a sense of where the physical self ends and the other begins, and the understanding of emotions and gestures that were previously merely an impersonation. Within the safe space, emotions can be explored along with the perceptions of others so that clients can use their knowledge and understanding to connect what they feel and find a way to express it which corresponds with their personal identity. Wilshire (1982) explains how it is important to understand how others experience our bodies as a way of understanding our identity, which can be built through mirroring exercises, 'I must experience myself as a body identifiable from the others, so my identity must include how I experience others identifying and experiencing my body' (155).

Mirroring takes the client's inclination to impersonate as a way of being in the social world and encourages more connection with the other person, allowing them to see and be seen and to connect the physical actions of the person with the inner experience of the movement. Mirroring techniques are useful as a way to explore where 'I' finishes and 'other' begins, and allows clients to practise reading others' intentions, as Chasen states, '[i]mitation of an action empowers a basic understanding of self, connection to others and management of the

subsequent interactive cognitive, emotional and social relationships' (2011:84). This conscious copying of another person's movements is different to the impersonation of others in the social world that can lead to the development and a reliance on the persona. Impersonation in the social world is usually a measure taken to fit in with the social situation at hand and can be undertaken at times of confusion or stress as an alternative to expression of authentic elements of the self and identity. Imitation within mirroring activities, however, is a way to further understand the connection between the self and external identity and to make a connection and share the sense of self with another person, rather than using it as merely an external way to protect the self from others. The usefulness of imitation in mirroring lies in the conscious focus on another person and the awareness of physical self and other and the difference between another person's identity and our own. Through exploring movements that make up another's identity and how this differs to our own, and the opportunity to experience how another perceives our own movements and physical identity, clients are encouraged to consider the other in relation to the self and to shift perspectives between the self and other. By concentrating on another person's movements within a safe space and having their own movements mirrored, clients can relate directly to the other person and begin to understand the way they themselves are physically perceived, aiding them in the understanding of physical self and other and connection with others in the expression of identity. Mirroring helps to connect the physical self and the inner self to create a sense of the whole self, '[m]y experience of movement has proved that this simple act [mirroring] has an extraordinary effect in strengthening the sense of self' (James, 1996:212). Mirroring, like play and joint attention, is an important stage in development. It is through mirroring and imitation that an infant learns how to

move and become more independent, as well as developing an understanding of the intentions of others and the ability to empathise. Sarah Mann Shaw and Di Gammage explains how this allows them to relate to others and develop an intact sense of self within interactions,

> Our earliest experience of self is an embodied encounter with the environment. Within this environment is 'the other' (usually, though not always, the mother) and we relate with 'the other' initially through eye contact, (we will refer to this as Gaze). Through Gaze, the infant's connection to the world is established. Gaze is extremely important for the infant and the developing child (2011:no pagination).

Autistic people can be delayed in the development of awareness of self and other as autism in childhood is characterised by withdrawal and a perceived lack of affection, and avoidance of direct eye contact as described by Kanner (1943), Grandin (1995) and Williams (1999). If the individual has never developed this level of connection or understanding of the self and other, organised mirroring exercises may prove useful. The dramatic nature of the movements and the control that the client has over the activity provides enough distance for them to feel comfortable with the activity. Mirroring activities allow boundaries to be explored and experimented with in a safe space. Although the creation of dramatic distance and use of a safe space largely make mirroring activities suitable for autistic people, for those that are not used to seeing, and being seen by, others, the activities may feel uncomfortable at times, particularly if the sense of self and other is still fragile. Mann Shaw and Gammage (2011) describe the different emotions felt by clients in their experiences of mirroring techniques within a session,

> *There is a relational delight, innocence, a feeling of warmth within the room. The exercise comes to an end and partners smile, some hug before they sit to reflect. Words used to describe this included feeling 'held', 'fun', 'witnessed' and 'safe', others reported that it was actually a very difficult process to allow*

themselves to be seen, they reported feeling 'overwhelmed,'
'shy', 'wanting to hide', 'knowing when they had had enough'.
[Italics article's own] (no pagination).

This description highlights the powerful impact of mirroring activities that can be had on clients, whether the experience is a negative or positive one. Mirroring techniques allow people to begin to relate to one another and to build an understanding and appreciation of their own physical identity from another's perspective, as well as the more simple aspect of beginning to appreciate where the physical self ends and the physical other begins.

As well as the more structured movement activities, relaxation exercises can also be of use with autistic people when beginning to explore movement as a form of expression. According to Tantam (1991:163), some more high-functioning autistic people have difficulties with motor skills, which can make them appear clumsy or awkward in the way they move. Also apparent is a difficulty with coordination in ball games, sport, and an odd posture when walking or running. Some autistic people are described, or describe themselves, as having an oddly stiff gait when walking or moving, 'I just walk in a way that is more uneven and "posture"-y and I tend to kind of burst into a run more and have stiff legs' (Forest-Vivian, 2012:240). Use of such stiff and bound movements may be due to anxiety caused by the stresses and pressures of the neurotypical world, or it could be physically pleasing for the autistic person. Either way, being given the chance to relax and release stiffness from the body can be liberating, allowing clients to become aware of their whole body away from the pressures and stress of the neurotypical world, and beginning to concentrate on feeling and expression rather than imitation and conscious thought of the expectations of others. In a relaxed

state, concentration can be placed on just feeling the body within the space, which Fogel (2013) refers to as embodied self-awareness, rather than thinking about the outer identity and the way that we are being perceived, as is encouraged within the social world.

Touch

The building of a sense of self relies, to an extent, on normal developmental stages beginning with the embodiment phase in which children explore the sensory world around them through movement and touch. Mary Smail (2006), the Sesame Institute Director, explains how movement with touch may be effective with disabled clients,

> [It] introduces the movements which healthy children experience as part of natural growth. It is a therapeutic, non-invasive way of working with people whose disability has deprived them of early movement experience […] Movement with Touch offers the person a chance to experience and make up for what has been missed in development (sesame-institute.org).

Through touch exercises, an autistic client may begin to develop an understanding of self and other, and the world around them in relation to the self, according to Sesame practitioners Pearson, James and Smail (1996). Touch is usually developed from childhood through play. It is a normal phase of development and allows a sense of self and understanding of other to be built. It is an important element in the understanding of the world around us and, according to Jennings' Embodiment, Projection, Role paradigm begins during the embodiment play phase.

As previously emphasised, autistic people sometimes struggle to perceive where the physical self ends and the physical other begins, which can be developed through sensory activities involving touch with others and in the surrounding

environment. Autistic people may have limited understanding of touch within relationships; some individuals may not understand that boundaries in the social world vary depending on our relationship with the other person. This can be developed through the use of dramatic activities, as clients have the safety to explore personal boundaries and social rules surrounding touch in a playful way. Touch also helps clients to begin to relate to others, through the development of a sense of self and other. Often people with no verbal communication and a limited sense of connection between the internal and external self, can develop a sense of inhibition in terms of touch. This is both as a result of potential discomfort or a lack of understanding around touch within relationships and interaction. Also, as James suggests, it is due to the natural inheritance of 'the physical inhibitions and reserve renowned in our culture' (1996:214). Therefore, developing the confidence to be open to touch is important in the enhancement of communication and meaningful relationships, as well as being a source of comfort important to the well-being of the individual.

Within neurotypical relationships, touch as a general concept is a key element in communication; when communicating with others, we often physically reach out to establish a connection with the other and to show that we relate to that person. Autistic people, lacking in a sense of self and other, often do not understand the need to adapt the way they initiate physical contact with others. Because of the lack of awareness surrounding social skills, many autistic people will treat everyone the same regardless of the social situation, and may formally shake hands with family members, or hug people they do not know very well, for example. As society imposes strict social rules, failure to understand and follow them may cause alienation or harm to the autistic person. Through touch

exercises, boundaries can be explored through a range of activities in a safe space away from the pressures of the real world.

Touch can be a deeply personal experience and personal boundaries must be acknowledged, therefore activities in this area must be introduced sensitively, as Rebekah Porter states, '[t]ouch is applied with a great deal of care and consciousness; there is sometimes fear of the potential dangers of its use if consent is not given, or if used without sensitivity' (2014). This may be particularly true when working with autistic clients who have an underdeveloped sense of self and other and who might have little experience with accepting and initiating touch with another person. As discussed in Chapter Two, many autistic people have sensory sensitivities that may make elements of touch painful, therefore the therapist must acknowledge and understand these difficulties in individual clients and ensure activities are person-centred. If a client is uncomfortable with touch it would be damaging to jump into exercises involving touch, particularly for people with a limited understanding of self and other, as for them boundaries between physical self and physical other may be less clear. As exploration through the stages of embodiment, projection and role develops, touch may be appropriate within role play, play and movement and different levels of touch may be called for throughout the drama activities. Touch can be introduced in the context of play in order to remove elements that may be threatening to clients and focus on the fun and joy that touch can bring in a safe environment. Smail (1996) refers to the 'body parts greeting' that is often used with non-verbal clients in the Sesame approach to dramatherapy. She describes how this technique was applied in a one-to-one session with a woman with learning difficulties and limited verbal communication who was typically withdrawn and resistant to the activities offered,

> We always started with having some kind of playful body contact […] I would touch my nose and her nose and say 'Mary's nose – Nancy's nose'. That would often get a smile. Every session that took off at all would finish with saying goodbye through the same little ritual, this time initiated by her touching first her nose then my nose, saying 'Nancy's nose – Mary's nose!' (223).

This example of a touch technique encompasses many important aspects of touch within a dramatherapy session to promote a sense of self and other. By beginning and ending the session with this simple activity, a sense of ritual is built. Autistic people often feel safer with the presence of a routine, it allows them to have some control over their own lives and to prepare for what is to come. It signals that the session is beginning and that the therapist's focus is on that person, creating a feeling of safety and self-worth. In terms of a sense of self and identity, the exercise begins to explore the physical self and other; by touching a part of the therapist's own body and following it with the acknowledgement of that body part on the client's body whilst acknowledging the gesture through words, the therapist is creating awareness of the physical self and other and exploring personal boundaries through a sense of touch. The exercise also creates an understanding that there are two physical bodies and identities present, and brings a sense of the two beginning to relate to one another in a meaningful way, whilst reassuring the client through a non-threatening playful routine.

Within the Sesame Approach to dramatherapy, touch exercises include techniques such as pushing and pulling, achieving a reciprocal interaction with another person, which may be useful for autistic clients that have difficulties with communication and social skills. Activities such as pushing can be useful in the encouragement of physical contact, it can help to empower those who are not

aware of their own physical strength and the strength of their identity. 'What begins as an exploration at a physical level may enhance self-image and confidence and have a real-life impact in terms of communicating in everyday situations' (Chesner, 1995:55). Pulling exercises allow clients to explore their own strength and physical boundaries and create a sense of power and self-awareness, and can be adapted to the comfort of the client. Due to sensory sensitivities or a lack of ease surrounding certain forms of touch, autistic clients may be uneasy with physical contact on different areas of the body and therefore exercises may be adapted, giving the client control over the activity,

> *Pushing* has many variants: it can be done with hands against hands, with feet against feet as you sit on the ground, with shoulders against shoulders and back to back. The action is made in such a way as to elicit a response, both physical and verbal, saying the word to help focus on the action. The speeds of movements can be varied and their effort qualities can be changed (Pearson, 1996:61).

Both pushing and pulling create a sense of relationship between partners, an alternative form of interaction that explores rules of communication, such as reciprocity and turn-taking, as well as empathy and understanding of the other person. Porter (2014) explains the positive effect of touch exercises with clients that may be non-verbal as a form of communication, '[t]ouch is also talked about on a meta-level as having its own dimension of communication and relationship, with the therapist '*reaching out'* not only to the body but to the depths of the psyche' [Italics Porter's own] (no pagination). This emphasises that touch is not merely a physical thing but also allows a personal connection to be built between the client and therapist. In communicating through touch, a sense of being seen and understood may be achieved in the client which could be powerful for a client

who has largely been misunderstood or overlooked in social interactions in the neurotypical world.

Despite the benefits of touch in the development of interaction, a sense of self and others, and relationships with others, the exercises should be built around the needs and developmental level of clients. Touch can be threatening to autistic people, either in a physical sense due to sensory sensitivities, or in an emotional sense, as when a sense of self is lacking, the boundaries between two people can seem particularly blurred and overwhelming. Neurotypicals with a strong sense of self, identity and other often seek touch as a way to feel nurtured, reassured and connected to another person, which is an important element in the ability to empathise and create meaningful relationships with others. Autistic people, however, may never have developed or experienced this important form of contact with others as a way to either seek or offer comfort. Therefore some aspects of touch within dramatherapy may develop skills in this area by merely focusing on bringing a sense of comfort and reassurance to the autistic client, '[w]ithin the context of therapeutic work [touch] can be a source of reassurance and comfort, a demonstration of unity, care and support, where words are inadequate. Touch has always been a healing art in its own right' (James, 1996:214). As autistic people typically lack skills in self-expression and neurotypicals cannot understand the effect that touch may have on those with sensory sensitivities and an underdeveloped sense of self and identity, the reactions of the autistic client need to be closely monitored and any form of negative reaction responded to sensitively, even if the therapist may not understand the reasons for the discomfort of the client. Due to difficulties with self-expression and frustrations this may cause an autistic person, discomfort can

lead to outbursts of behaviour that can be challenging, but the aim of dramatherapy is to create a non-threatening space so that frustrations from the inner self can be expressed in a more beneficial way so that negative feelings do not have to be pent up, eventually leading to a negative outburst that could be potentially threatening to the person and to others. It is important for the therapist to understand the reasons for outbursts of behaviour and find an appropriate vehicle for expression of negative emotion. If direct touch with another person is too distressing for the autistic client, sensory activities may be useful so that the client can not only explore objects around them in relation to the self and other, but objects can be used within play activities to act as a point of contact between the client and another person, according to Chesner, '[e]ach experience can be developed into a game or improvisation, so that the relationship is not only client-to-object but client and therapist with each other through the medium of the object' (41). For example, large pieces of soft and stretchy fabric could be used within a circle, so that all clients are holding a piece of the fabric, therefore introducing them to a physical sense of connection with clear boundaries whilst avoiding skin on skin contact. This could help clients to build a sense of trust and respect for other people and their personal boundaries, and to develop skills in social interaction before exploring direct physical contact with others.

Throughout this chapter, masks, movement and touch have been identified as particular techniques for the development of a sense of self and identity in autistic individuals. These techniques have been chosen in relation to the impairments that characterise autism, as explored in Chapter Two. Although these methods have been discussed in as much detail as is possible from a theoretical point of view, it is impossible to be more specific about exactly how these techniques are

used in practice as all autistic individuals are different and all dramatherapists have different ways of working. A sense of self, autism and dramatherapy have been discussed from a theoretical point of view. In following chapters, the voices of autistic people are considered in order to identify links between autism and dramatherapy for the development of a sense of self and identity in relation to the social model of disability. By so doing, a more balanced argument for the potential benefits of the use of dramatherapy with autistic people can be developed.

Chapter Five

Autistic Expressions of Self

The elements that contribute to successful development of a sense of self have been discussed, along with the possible reasons for an underdevelopment of self in autistic people and how this can affect their ability to relate to others. Dramatherapy may be a useful approach in the development and extension of a sense of self, other and identity in autistic people, but so far both in existing research and this research, the approach is based merely on experiences and theories of neurotypicals in the fields of dramatherapy and autism respectively. There is only so much information, clinical or based on case studies, that neurotypicals can provide; it is impossible for non-autistic people to provide authentic information describing autistic experiences in the neurotypical social world and how it affects the autistic sense of self. This chapter focuses on material created by autistic people, including autobiographical accounts, textbooks to aid neurotypical understanding of autism, poems, videos, or essays promoting self-advocacy. These accounts are considered in order to see how autistic people choose to express themselves, which model of disability the majority affiliate with and what knowledge we can glean from this, along with what assumptions can then be made about the suitability of dramatherapy for autistic individuals. It has previously been stated that autistic people generally lack communication skills, but these accounts serve to evidence the fact that many autistic people can communicate for themselves with access to the right means and opportunities, and should therefore be included within research exploring autism.

When researching self-written accounts of autistic people, the validity of the material may be questioned due to the assumption that only so-called high-functioning autistic people have the ability to express themselves. However, there are many examples of autistic self-expression from a range of individuals with different abilities. Although only a small number of examples are represented in this chapter, they provide information about the inner world of autistic individuals and the problems created by the neurotypical social world. It can be said of any group expression that some members' thoughts, feelings and experiences are not represented but, arguably, the more examples of autistic self-expression that are considered, the more we can begin to understand the main issues for autistic people as a group. As John Elder Robison, discussant for the Autism Social, Legal, and Ethical Research Special Interest Group at the 2014 International Meeting for Autism Research explains,

> When it comes to written narratives, from any group, we can always say this: they will be written by the more articulate members of that group. That does not detract one bit from their validity either. We see a range of narratives emerge over time; they will ultimately describe a broad swath of experience within our community (thinkingautismguide.com).

It must be emphasised that all individuals are unique, therefore although the authors of autistic accounts all have a diagnosis in common, it cannot be assumed that they speak for all autistic people.

In Chapter Two, the main symptoms of autism were discussed from a clinical and diagnostic point of view. Although this information is useful in understanding how autism may present from childhood and the difficulties it can cause from a neurotypical perspective, it does not necessarily enlighten us as to how the world

appears to an autistic person. There are many accounts from parents of autistic

people sharing experiences of raising an autistic child, on websites such as

autismforparents.wordpress.com and autismspectrumconnection.com. These

are useful to some extent as they give an inside view of the main challenges that

are faced when living with autism, from a symptomatic and social perspective but,

again, are often from a neurotypical point of view and although parents may have

a great understanding of the way autism affects their child, it does not necessarily

create an understanding of the world from an autistic person's perspective.

Reliance on the views represented by parents of autistic individuals does not

allow for the autistic person to self-advocate, as the views are based on the

bloggers' own interpretation, which diminishes the autistic person's right to their

own self-expression. This does not mean that blogs from parents of autistic

children are not valuable: they are a vehicle for self-expression for those who are

close to an autistic person and may provide much needed support for other

parents. Researcher Francisco Ortega emphasises the discrepancies between

beliefs expressed in online forums for parents of autistic people and those

outlined by autistic self-advocates, and therefore highlights the need to consider

autistic expressions of self in research surrounding autism, particularly in terms

of suitable interventions, so that their opinions and needs can be considered and

met,

> One of the earliest online parent lists, the Autism and Developmental Disabilities List (AUTISM List), contributed to the spread of Applied Behavioral Analysis (ABA), a form of cognitive-behavioral therapy which the parents involved wished to adapt to autistic children. The emphasis on treatment and cure gave rise to criticism from 'autistic adults', who felt both experts and families misunderstood and ignored them (2009:no pagination).

In the past couple of decades, there has been a rise in autistic expressions of self. This may be due to the increase of civil rights for autistic people, the fact that autism has become a widely researched area in recent years therefore interest in the condition has risen, or the increase of diagnosis of autism to more than one in one hundred in the population in England (Autism.org.uk, 2015). The emergence of the internet has also enabled more autistic people to share their experiences and opinions with others, which means that a wider range of autistic people from anywhere on the spectrum are now able to speak out. The internet has created opportunities for those autistic people who are not considered high-functioning enough to publish books to express their sense of identity, as the web diminishes the need to conform to particular expectations and standards. With the number of people diagnosed as autistic rising, there are more autistic people who are determined and able to express themselves than ever before, as expressed by academic and Professor of Special Education, Michael Wehmeyer et al.,

> What we need to emphasise in this new century is that self-determination is about control over one's life and one's destiny. All people have the right to such control, have the right to an education that supports their capacity to take greater control, and deserve the supports that enable them to assume greater control. There is much we do not know about how to make that a reality, but we do know that it is the right direction in which to head and, as a field, must remain diligent and stay the course. (2000:114).

Acknowledgement of accounts from autistic people may begin to affect the research carried out into autism; many autistic people argue against research fueled towards a cure for autism, and call instead for research into understanding autism and social change in order to make neurotypicals more accepting of autistic people. This is certainly expressed in some of the accounts written by

autistic self-advocates. Through consideration of these expressions of the wishes and needs of a range of autistic people, more justified arguments can be raised for interventions that place the person at the centre of the approach and follow the social model of disability rather than focusing on aims established within the medical model.

Autistic Self-Advocacy

In the past decade, civil rights movements have led to the creation of organisations such as The Autistic Self Advocacy Network which encourages autistic self-expression and calls for the opinions of autistic people on matters such as diagnosis, the treatment of autistic people in society, research, policy and employment rights and various interventions. Autism rights activist Ari Ne'eman states,

> In recent years, a growing number of autistic people have begun to demand a more active role in the public policy, research, service-delivery and media discussions that impact our lives. As the national conversation about autism has increased in tone and fervor, we who are the targets of this discussion have not been consulted. To those who believe in the motto of the disability rights movement — "Nothing About Us, Without Us!" — this situation has to change (2010:no pagination).

Autistic self-advocacy is a socio-political form of self-expression. The purpose is not only to express the self through creative means, but also to call for societal and political change. It represents a chance to get autistic people's voices heard in relation to the future of research into, and interventions for, those with disabilities including autism. This is a far cry from the early- to mid-twentieth century, when groups labelled disabled were institutionalised and segregated. By expressing how it feels to be autistic and the main difficulties of living with autism

in a neurotypical society, autistic self-advocates highlight the way that society needs to adapt in order to be more accessible and accepting of autistic people and give them an opportunity for further expression and support, in accordance with the social model of disability. Although offering accounts of autistic experiences can be helpful in educating neurotypicals and increasing understanding, self-advocates strive for more; they focus on calling for change through outlining the problems that exist for autistic people in neurotypical society.

One of the key areas that self-advocates highlight as a problem in society is the surge of research affiliating with the medical model of disability, that is undertaken to find a cure for autism and normalize autistic people,

> One of the biggest and most insidious maltreatments involves the concept and practise of what I call 'normalisation', which springs out of the belief that Autism is an inferior or 'wrong' state. Thus 'becoming normal' is seen by many parents and therapists as the ultimate goal, the only one worth pursuing, because being autistic is such a Terrible Thing, and the aim of all therapy is to make us 'indistinguishable' from our 'normal' peers. Autism thus becomes something to be got rid of, no matter what sacrifices must be made (Winter, 2012:78).

Few autistic self-advocates agree with the notion of normalisation, resenting the fact that much research, and therefore funding, is driven towards finding a cure for autism, '[t]he Tragedy isn't Autism - The Tragedy is the lack of understanding of Autism, Lack of resources, Interventions not being met with the person in mind and Assumptions being made about the person' (Isaacs, 2014:no pagination).

In reference to the concept of normalisation and the aim to cure autism, self-advocates focus on trying to gain more freedom to express themselves, to get their voices heard and to change the focus of research, funding and education,

> The continuing use of words like "cure" in a discussion of autism is a slap in the face to everyone who celebrates the gifts autism has brought us. It's more than just disability. Then there's the continuing reality that lay people in the community believe that scientists want to do genetic research to eradicate autistic people. That may be the farthest thing from a researcher's mind but the fact that the public believes it is a disaster for researchers. And the only way we're going to avoid more such disasters is to bring autistic oversight and governance into research (Robison, thinkingautismguide.com, 2014).

These accounts suggest a desire for more person-centred approaches that validate the person for who they are, rather than interventions that focus on the diagnosis of a disability. Dramatherapy encourages self-development, self-expression and self-exploration rather than focusing on changing the individual's identity in order to make them more 'normal' according to the neurotypical ideal. Although some networks, such as Autism Speaks, provide a space for autistic self-expression, they are still run by neurotypicals. Self-advocates call for a chance to represent themselves and their beliefs, and criticise organisations that claim to be fighting for autistic rights without the input of autistic people. This suggests that, although it appears that they have the autistic community's best interests in mind, not enough is actually being done to give autistic people the right of self-expression and input into future changes in policy and research. Autistic poet, Nicole Nicholson, uses her strengths in creative self-expression to speak out against Autism Speaks, which paints autism as a tragedy to be cured, emphatically calling for a need for change,

Trade pixie dust for false science –
the chemical mercurial that promises

to distill the fractured double-helixes
out of our bodies and make us,
aaahhh, normal, again – but the quest
is still the same: a cured us,
its Holy Grail song never failing to seduce
the bewildered and confused who declare
that something stole their children.
You think I've said too much?

I haven't said enough.

(ravenswingpoetry.com, 2010).

This particular example of autistic self-expression emphasises the autistic author's negative attitude towards the medical model of disability, highlighting the need for autistic people's opinions to be heard, rather than relying on neurotypical interpretations of what is best for autistic people. Through this form of self-expression, Nicholson eloquently argues against the concept of normalisation and the way this idea causes false hope in parents that autism can be cured, rather than getting to know and working with the autistic child as they are. Autistic self-advocate, Sinclair, also expresses this opinion in his essay *Don't Mourn For Us* (1993),

> Continuing focus on the child's autism as a source of grief is damaging for both the parents and the child, and precludes the development of an accepting and authentic relationship between them. For their own sake and for the sake of their children, I urge parents to make radical changes in their perceptions of what autism means.
>
> I invite you to look at our autism, and look at your grief, from our perspective (no pagination).

This neurotypical tendency to see autism not as a part of a person's identity but as something that a person has or suffers from appears to be an area of concern for autistic people. The inconsistency between autistic and neurotypical views of

autism, in the fact that the dominant model of disability for neurotypicals is the medical model, whilst autistic people appear to favour the social model, highlights neurotypical ignorance of the experiences and perspectives of autistic people. This in turn reiterates the need for consideration of autistic self-expression in order to understand the world and autism from an autistic perspective. In beginning to understand the world from an autistic point of view the autistic person's right for self-expression and equality within society is acknowledged, 'I believe that ultimately it's our group, it's our place to tell our stories, and it's our right to determine our fate' (Robison, thinkingautismguide.com, 2014). Undertaking research into autism without considering an autistic point of view suggests that neurotypicals are conducting the research in the best interests of neurotypicals; something that autistic self-advocates contest, and the reason for autistic outrage towards organisations such as Autism Speaks that claim to represent the interests of autistic people but are not actually run by autistic people. The phrases that are used in neurotypical research campaigns promoting research into autism often show little regard for the perspective of many autistic people, as emphasised by autistic self-advocate Zoe Gross,

> There are many metaphors and phrases about autism that have negative connotations; '"We are fighting against autism". "He is behind the wall of autism". "Autism stole my child". As Autistic Spectrum Disorders have become a subject of public fascination, these metaphors have become commonplace (2012:179).

They suggest that autism is the enemy that society should fight against, as the medical model of disability suggests, rather than aim to understand autism and how to work with autistic people in order to conduct change. Few autistic representations agree with the notion that autism is something that they suffer from, or that they wish they could be rid of, therefore the use of such phrases

promoting research are evidence that the views of autistic people are still not considered, as they should be, in areas that shape their future.

Dramatherapy, rather than claiming to 'cure' autistic clients, acknowledges autism as a part of the individual's identity in relation to the social model of disability, and aims to develop the authentic sense of self and identity rather than trying to bury aspects of the client's self. However, in literature surrounding dramatherapy, from practitioners such as Jennings, Jones, Langley and Pearson, healing is expressed as a key aim, which to many autistic people may correspond with the neurotypical desire to cure autism, as explored from the perspective of autistic research participants in Chapter Six, and may seem unnecessary, or even impossible,

> Autism isn't something a person *has*, or a "shell" that a person is trapped inside. There's no normal child hidden behind the autism. Autism is a way of being. It is *pervasive*; it colours every experience, every sensation, perception, thought, emotion, and encounter, every aspect of existence. It is not possible to separate the autism from the person—and if it were possible, the person you'd have left would not be the same person you started with (Sinclair, 1993:no pagination).

In terms of dramatherapy, healing does not appear to imply that a cure is desirable; dramatherapists work with a number of different client groups, such as those with dementia, schizophrenics, prison inmates, clients who have suffered abuse and clients with learning disabilities, many of whom cannot be, or have no need to be, cured. The term healing in dramatherapy refers instead to inner healing; it offers creative ways to help clients develop through their inner turmoil away from the disabling aspects of the social world. For autistic clients, the issue may be that due to a delay in development, difficulties with communication and social awareness, limited means for self-expression, and social attitudes towards autism, they have never developed a strong sense of self and therefore have

problems interacting and forming relationships. In this case, dramatherapy aims to help the client to explore their sense of self and other, and different ways to express the self away from the world that they may feel alienated from, thus focusing on the areas that are hindering the client, but without aiming to cure them of autism.

Communication Difficulties

From research into autism written by neurotypicals, it has been established that communication difficulties are a key characteristic of autism. By considering this area of difficulty from the perspective of autistic individuals, it is possible to begin to understand the effect that this has on autistic individuals' sense of self and identity, the problems it causes in neurotypical society, autistic individuals' preferred methods of communication, and how this relates specifically to dramatherapy.

The significance of communication in the development and expression of a sense of self and identity has become apparent throughout previous chapters. Autistic self-expressions highlight the fact that for autistic people who are non-verbal, it can be very difficult to express their identity and assert their right for expression in a social world that relies largely on verbal expression. Sue Rubin, a young autistic woman and creator of the film *Autism is a World* (2004), who is largely non-verbal and was assumed to be incapable of expressing herself until the age of thirteen, when she began to use a communication aid, explains, '[w]hen I wasn't able to communicate, actually I was a non-person' and describes 'I think I was lost in some way' (Rubin, youtube.com). Naoki Higashida, an autistic

teenager, also spent years being unable to communicate effectively but, with the help of communication aids supplied by his mother, who understood her son's need for alternative forms of self-expression, wrote a book entitled *The Reason I Jump* (2007), outlining his experience of autism and how neurotypicals could make life easier for autistic people. He describes how it felt to finally be able to express himself,

> At first I never dreamt I could make it work, but now I'm well able to express my true self using only a computer and an alphabet grid. This was an incredible feeling! […] What kept me hammering away at it was the thought that to live my life as a human being, nothing is more important than being able to express myself (20).

Both of these accounts emphasise the human need for self-expression. Although it may be difficult for autistic people to express themselves in ways that neurotypicals can understand it cannot be assumed that they have no need for self-expression. Just because someone cannot talk does not mean they have nothing to say and no inner sense of self to express, but that their forms of self-expression may be largely overlooked in society. Nicholson states in her poem *Listen (An Open Letter to Autism Speaks)*, that although she often relies on words and that words are very precious to her as a way to express herself, there are days when, although she knows what she would like to say on the inside, the words physically will not come out. This provides evidence that although many autistic people are able to express themselves eloquently, verbal expression is not always their most reliable means for self-expression,

Some of us only move lips
To eat, to breathe: for me, words live in my bones
But some days, won't break surface
(ravenswingpoetry.com, 2013).

All human beings have thoughts and feelings that they wish to express, including those who have limited means through which to express them. The majority of autistic accounts listed in this chapter are expressions through writing, but not all autistic people have the ability to write about their experiences and own beliefs. It appears from autistic self-expressions that the written and spoken form are, to some extent, regarded by neurotypicals as the most authentic and valuable. The accounts of Higashida and Rubin suggest that when they could not communicate through speaking or writing, their opinion was disregarded and it was assumed that they were incapable of expressing themselves.

Amanda Baggs, an autistic self-advocate, explains the difficulties that come with relying on communication aids for self-expression due to neurotypical reactions, highlighting the disabling effect of neurotypical social expectations, comparing the frustrations of limited communication skills with the difficulties caused directly by neurotypical behaviour,

> I have rarely, if ever, been unhappy directly because of trouble speaking. I have quite often been unhappy because of not having those other options for communication (not being able to communicate can *definitely* be frustrating!), and because of all the assumptions that caused that not to happen for so long. And I am still unhappy to see that the first order of business for "helping" an autistic is so often to attempt to take those options away (2012:228).

It is difficult for neurotypicals to see the flaws in their social behaviour without having it pointed out to them by members of the group that are being alienated. Within this account, Baggs refers to normalisation interventions that stress the importance of verbal communication rather than acknowledging alternative forms of communication. As the motto for the Autistic Self-Advocacy Network states, '[n]othing about us without us' (autisticadvocacy.org, no date), in order for positive

change and understanding to occur, the views and expressions of autistic people must be considered. This motto highlights the fact that autistic people must have the chance to express their own perspectives and be involved in current research in order to ensure that it is geared towards their wishes and needs, which is why this research contains original material from autistic participants in the next chapter. If we are to establish how autism really affects individuals in order to argue for change and suitable interventions, we must consider the areas that autistic people themselves feel are the most problematic and acknowledge their wishes in regard to support services.

Baggs' complaint that autistic people are rarely given the opportunity for different forms of communication relates to a key aim in dramatherapy for autistic clients. Within dramatherapy, different techniques are explored through which clients can express the self and communicate with others, so that the need for verbal expression that is so often emphasised within the neurotypical social world is removed. Movement and stamping, and touch exercises like pushing and pulling, can be used to create a reciprocal non-verbal conversation through which connections can be made between the self and other. Movement provides a liberating opportunity for emotions and elements of the self to be expressed without reliance on verbal means and neurotypical social conventions. In the blog *Dear Autism Parents* the blogger, Julia, asks of the reader,

> Has he [the hypothetical autistic child] been given an accessible, for him as well as his audience, means of communication? […] If he were to want to document and share his thoughts via, say, music or a painting or an arrangement of objects, would that be okay? Or must it be *words*? (Juststimming.wordpress.com, 2011).

The author here raises the point that creative actions can be regarded as a form of communication and self-expression, but that in order to understand it we must be open and responsive to different forms of expression. Dramatherapy provides a vehicle for alternative modes of self-expression, rather than encouraging learned neurotypical communicative conventions. Although interventions such as Applied Behavioural Analysis (ABA) are largely considered by neurotypicals to be the only option for autistic individuals in order to be accepted into the neurotypical social world, many autistic individuals express a desire for more liberating interventions,

> One of the most controversial issues in this field concerns ABA, a cognitive therapy protocol that, for many parents, is the only therapy that leads autistic children to make some progress in the form of establishing visual contact and performing limited cognitive tasks. For autism activists, ABA represses autistics' natural modes of expression (Ortega, 2009:no pagination).

This highlights the autistic desire for an approach that follows the social model in the acknowledgement of the autistic self, rather than focusing on changing the individual to correspond with social expectations and the assumption that autism is a condition from which a person suffers, as suggested within the medical model of disability. Most of our conscious and unconscious behaviour is shaped by our identity and our sense of self, and behaviour is regarded as a key form of communication. The way we move and hold ourselves can sometimes be a clearer indication of how we are feeling than the words we speak. This is a key element of dramatherapy; everything that is done within the dramatherapy space is regarded as drama, and therefore can be seen as a form of expression of a part of the self. Within dramatherapy, the body and the activities, roles and play undertaken within the space are more important than the actual words spoken. Therefore dramatherapy may be useful to autistic people who cannot verbalise

their sense of self through speech or writing but may benefit from being given the freedom for exploration and expression of the self through alternative methods. This validates the client's chosen modes of self-expression. Some autistic self-expressions, such as poetry written by autistic individuals like Nicholson, express the self through forms that provide an element of distance, rather than merely describing their experiences. This also relates directly to a key principle of dramatherapy. Rather than directly re-enacting or verbalising the issues they have faced, clients are encouraged to explore such issues at a dramatic distance, framing the problem or experience within a creative format through use of masks, story, movement or play and projective techniques using objects and toys. This is a fundamental connection between many chosen forms of autistic self-expressions and dramatherapy and is discussed further in the chapter.

Social Skills and Awareness

As discussed in previous chapters in relation to Jung and Landy's concepts of self, autistic people often focus on impersonation rather than an actual understanding of social conventions that comes naturally to most neurotypicals, which means that they often rely on a social mask or identity of another, rather than expressing authentic roles within the self that have been chosen and built into their role repertoire. This is largely encouraged within normalisation interventions that focus on curing the person of their autistic behaviours, which is promoted in the medical model of disability. Accounts from autistic authors such as Williams and Bascom confirm that impersonation is often a conscious process for autistic people as a response to neurotypical pressures, but autistic expressions of self through writing, videos, poetry or performance, present the

real feelings and beliefs of autistic individuals. Blogs and poetry uploaded onto

the internet represent particularly authentic expressions of self as they are written

away from external pressures and are not edited by neurotypicals in the way that

books and documentary films may be. Williams refers to her reliance on the ability

to perform in social situations,

> Later people would say they were laughing with me not at me,
> but I wasn't laughing. So I copied them, and made what they said
> correct. Then they would laugh at my strange laugh, and I would
> laugh with them, and they would think I was amused and
> amusing. This proved useful when I was older. I'd get invited
> back again. I was learning to perform (1999:22).

Although, according to Landy, we all perform to an extent in social situations,

choosing a role within our repertoire that is the most appropriate for the social

encounter at hand, there is a difference between adopting a persona based on

impersonation as a replacement for real expression of the self, and knowing when

elements of imitation are necessary. Williams' account of her experiences

reiterates the reliance on impersonation as a replacement for actual

understanding of social rules and real self-expression. This is in contrast to the

way neurotypicals adapt their role repertoire and perform roles based on their

knowledge of social situations and expectations, highlighting the key difference

between the way neurotypicals develop a social self by taking on authentic roles,

and the way autistic people adopt other people's roles and become reliant on this

persona.

Bascom states,

> Here's the thing about being disabled: it sucks. It's horrible in a
> million different ways, and not a single one of those ways is
> *because I can't do this* or *because I have this impairment*. That
> would be easy. Instead, every single reason translates roughly to
> *because people are awful*. Sometimes, for a minute, for a day,
> for a week, I think I can forget that. I delude myself into thinking

that the reason I can buy ice cream without five different hostile stares, can be allowed to work in a school, can be invited to the occasional party, is because people really are okay, and not just because I have learned how to fake being *normal* [Italics Bascom's own] (2012:131).

She reiterates the need to adopt a persona in order to fit into the neurotypical world, the need to act 'normal' and perform in everyday life. Within her account, Bascom clearly expresses belief in the social model of disability, which assumes that disability is a social construct created by the modern social world. Her description of neurotypical reactions and behaviour towards autistic people suggests that the medical model of disability is currently the dominant model within neurotypical society, and that this difference in perspective causes problems for autistic people. Both Williams and Bascom focus largely on their tendency to impersonate the behaviour of others in order to adopt a social persona. Dramatherapy works with this inclination to impersonate the behaviour and roles of others, largely through movement and mirroring, in order to build self-awareness in autistic clients. The adoption of a persona stems from the autistic person's lack of a sense of self and self-awareness, as well as not understanding neurotypical social conventions. Through exercises such as mirroring, the autistic client not only explores direct conscious impersonation of another, but also experiences how they themselves are seen by another person thereby developing further understanding of their own identity. With increased self-awareness, autistic clients can then develop their own role repertoire so that they no longer have to impersonate others in order to fit into the social world. Both Williams and Bascom also describe how, for them, performing is a part of everyday life and is done consciously as a way to be accepted in the neurotypical social world. When in a safe space away from neurotypical social pressures, the

need for the conscious use of a persona is decreased, which enables the client to focus on expanding their role repertoire and understanding of the social roles that make up their own repertoire. Their authentic roles can then be chosen within social situations rather than relying on a persona built from direct impersonation of others people's roles.

Whilst many autistic people rely on their ability to impersonate and act out a certain role, the pressure of the social world can cause some autistic people to avoid social situations, which is perhaps why many autistic people are considered aloof and disinterested in others, as indicated in Kanner's research (1943). Grandin explains how it feels to be under such immense social pressure, '[s]ince puberty I had experienced constant fear and anxiety coupled with severe panic attacks, which occurred at intervals of anywhere from a few weeks to several months. My life was based on avoiding situations that might trigger an attack' (2006:59). Anxiety is a particularly problematic feature of autism, as evidenced by Grandin's account. Williams labels anxiety in autistic people 'Exposure Anxiety' or EA, and defines it as 'the involuntary self protection responses of compulsive avoidance, diversion, retaliation' (donnawilliams.net, no date). This definition acknowledges the autistic individual's use of strategies such as adopting a persona in order to protect the self against external scrutiny. This is further confirmed through Williams' explanation that,

> Often people with EA can handle doing things/communication when it is not 'as oneself' (can do it mirroring someone else, via a characterisation, putting on voices, not by 'oneself' (only if their special objects/special person is with them) or not 'for oneself' (donnawilliams.net, no date).

This explanation supports the fact that anxiety is largely a by-product of societal expectations placed upon autistic people, highlighting again the disabling effect

of society on autistic people. It also supports the use of dramatherapy for autistic people as a way to rid themselves of anxiety; through being given a space away from neurotypical communication and social expectations, the autistic person can begin to explore alternative forms of self-expression of elements of their identity rather than relying on methods they have constructed to cope with external pressures. The fact that characterisation, putting on voices or projecting elements of the self onto special objects, which are all dramatic techniques, are common coping strategies of autistic people links autism to dramatherapy. Through adoption of these strategies, the autistic person creates dramatic distance, making it easier for them to communicate and express the self, which connects fundamental elements of the autistic personality and the way dramatherapy is used for development of a sense of self and identity and self-expression. Dramatherapy also encourages the autistic person to utilise coping strategies in a more productive way; the use of special objects is encouraged as a form of projection through which the autistic client can express elements of the self through dramatic distance. This means that the coping mechanism is not just used as a form of release in times of extreme anxiety, but may also prevent moments of extreme anxiety in the autistic individual as it provides a way through which to express the frustrations the person is experiencing before the situation becomes too difficult.

Empathy and Emotional Understanding

Empathy, the understanding of emotions and emotional expression are key elements in social interaction and the ability to relate to others in the social world. A common myth is that autistic people have little or no understanding of emotions

and how they are expressed. Autistic accounts make it possible to challenge these stereotypes, formed largely through a lack of understanding of autism, and begin to understand the difficulties that autistic people have in the understanding and expression of emotions, which in turn disputes the myth that autistic people lack empathy and the ability to feel emotion. In a poem addressed to neurotypicals and written by a woman with Asperger syndrome, she writes,

You say I can't feel emotion
That is false
You say I'm a freak because I'm different
Don't be absurd
Aren't we all different from each other?
(Talbot, allpoetry.com, 2014).

This poem encourages neurotypicals to question their assumptions and consider the author's point of view by simply dismissing the stereotypes as inaccurate. As with all stereotypes and assumptions, there is a reason that they exist, and perhaps the fact that autistic people have difficulties with normative facial expressions, body language, appropriate responses, communication and self-expression causes the assumption that they do not feel emotion in the same way as neurotypicals. Autistic people do not appear to use facial expressions and gestures in the way that neurotypicals would describe as 'normal', which can lead to the belief that emotion is not felt and empathy is not present. However, lack of emotion and empathy in autistic people is disputed by O'Neill, who attributes this myth to the fact that many autistic people find it difficult to express themselves through verbal means, as largely relied upon within society. Through O'Neill's writing, it becomes clear that autistic people do experience emotions, but due to a lack of understanding of neurotypical conventions, emotions may be expressed

in a different way. Willey acknowledges that emotions are understood in autistic people but, due to the autistic person's limited social awareness and communication, it can be difficult to relate to the emotions that others express and the inner turmoil this can cause,

> For instance if Tom were to tell me he was disappointed he had missed me at lunch, I would wonder if he meant to say he was sad- which is simply regretfully sorry; unhappy- which is somewhere between mad and sad; disheartened- which is a lonely sad; mad- which makes you want to argue with someone over what they had done; angry- which makes you want to ignore the person you are feeling this way towards; furious- which makes you want to spit; or none of the above (1999:63).

Willey's account highlights a deep understanding of complex emotions, but reveals that the unreliable connection between language and emotion can make specific emotions difficult to comprehend. Autistic people generally react well to literal language, and Willey's account shows that the verbal expression of an emotion must be more accurate in order for her to establish how someone else is really feeling, as 'disappointment' can refer to a wide range of different forms of that emotion. It is clear, though, that Willey wants to understand exactly how others are feeling, which suggests that emotional attachments are as important to autistic people as they are to neurotypicals. This also reflects on the assumption that autistic people are not interested in others; from this autistic account it seems that relationships with others are not unwanted, but that they are problematic for autistic people as their social awareness and ability to control their emotions and reactions are lacking, which causes difficulties within neurotypical society. Again, this is a neurotypical assumption based upon the outward behaviour of autistic people. Lovaas Therapy is based largely on external behaviour of autistic individuals, 'Lovaas (1987) argued that a behavioural

definition was the most that science could provide, as the neurology of autism was not known' (Milton, 2012:no pagination). As explored in earlier chapters, Lovaas viewed autism as a chronic disability characterised by pathological behaviours. However, little significance is placed on the understanding of the reasons for behaviour that characterises autism. As autistic people are understood typically to be introverts, with many such as O'Neill and Williams referring to their 'inner world', it seems inappropriate for neurotypical studies to be based on observation of outward behaviour; arguably it is more valuable to refer to the self-expressions of autistic people who describe their inner world and how it feels to be autistic, and express their wishes for social understanding of autism and future autism research.

Emotions, emotional attachments and empathy in autistic clients can be explored in dramatherapy. To begin with, dramatherapy is an interactive experience and encourages clients to connect to others in the space around them through play, movement and touch. Play can be used within interventions such as Lovaas Therapy however, play is used with a different purpose than in dramatherapy in which play is the end goal. In Lovaas Therapy, play is used as a tool through which to engage the autistic child in order to reach a set objective, namely that of learning neurotypical social behaviours. Play in dramatherapy is a largely interactive experience and, through development of the stages of EPR, becomes a vehicle for expression. Rather than normalisation techniques that encourage people to learn the external behaviours that are accepted within the neurotypical social world, play in dramatherapy encourages clients to make contact with others within the play space through use of toys and objects, onto which emotions can be projected. As many autistic people respond well to visual learning techniques,

toys and objects can clearly represent a range of different emotions. This is also true of masks, which allow clients to explore emotions and emotional understanding through visual representation. Empathy is dependent on an element of self-awareness, therefore exercises incorporating elements of mirroring, touch and movement may encourage autistic clients to develop a higher level of self and other understanding, which leads to skills in emotional understanding and empathy.

The stereotype that autistic people have difficulty with, and do not seek, emotional attachments may be based to some extent on the assumption that autistic people live in their inner world and are aloof and disinterested in others. However, according to Sparrow Rose Jones, an autistic blogger, some autistic people, like many neurotypicals, very much enjoy being around others, which suggests that an interactive approach such as dramatherapy, that offers an opportunity for interaction away from the social world, may be particularly enjoyable for them,

> I deeply crave the company of people, their smiles, their thoughts, their play. I love group activities like dancing and drum circles. I love community events, especially colourful ones like Rainbow Gatherings and pagan festivals. I crave a large and diverse circle of friends. I want to be in the thick of things (wearelikeyourchild.com, 2014).

This is reiterated in a poem by Lentine;

> I want to make new friends and create a new start
>
> I like to develop new relationships with an open heart
>
> I hope to be accepted for the person that I am
>
> (autismspeaks.com, 2014).

Lentine's self-expression, as well as evidencing that autism stereotypes are largely inaccurate, suggests that autistic people do have a sense of self but that without being given the chance to express this in their own way and with the pressure to adopt a social persona, this is not always appreciated. Due to the fact that autistic people are assumed to prefer to remain solitary, dramatherapy is sometimes dismissed as unsuitable for autistic people, as it relies largely on interaction with others. However, as evidenced by autistic accounts, many autistic people do desire relationships with others, but perhaps may not know how to begin to interact effectively without reliance on a persona or impersonation, or they close down due to external pressures. When the rules of the outside world are removed within a dramatherapy session, the dramatherapy space could be useful for those individuals who want to be around people, express their inner selves, relate to others and experience validation for who they are. Within Sparrow Rose Jones' blog, there are clear links between the things she enjoys and many of the themes in dramatherapy, such as play and movement. Dramatherapy group activities such as storytelling and stamping largely take place within a circle, as it is the most effective way for a group to connect and to ensure that all group members are able to see and be seen. A drum circle would be an effective activity within a dramatherapy session as, similarly to stamping, it allows group members to establish their place within a session and to form a vehicle for communication and it encourages clients to express themselves through movement. Jones' reference to pagan festivals creates an interesting link to dramatherapy. According to dramatherapy practitioners Emunah, Jennings (1998), Grainger (1990) and Jones (1996), ritual has a key role within dramatherapy. Ritual is understood to be something that is governed by tradition

and symbolism, and is based on routine bound by rules in society. Grainger believes that ritual has strong historical links to drama,

> The therapeutic use of drama was very close to its religious nature, therapeutic drama having its roots in early healing rituals in which movement and incantation using body, mind and spirit were known to have a curative effect involving the experience of total personal communication (1990:120).

Through the use of movement and drumming or chanting, clients can build a form of communication through which they can begin to express the self and connect to others without the need to perform learned social behaviour in the way that they might in the outside world. Ritual is a way of expressing universally recognised emotions that human beings share in a way that is distanced from the real events of the present. Dramatherapy sessions also become a ritual through the way that they are structured, by beginning and ending on a familiar activity clients are prepared for what is to come and what the activity signifies. Many autistic people express a need for an element of routine and predictability, as autistic academic Therese Jolliffe explains, '[a] large part of my life is spent just trying to work out the pattern behind everything. Set routines, times, particular routes and rituals all help to get order into an unbearably chaotic life' (1992:16). Therefore this element of ritual within a dramatherapy session is particularly appropriate for autistic clients as it allows them to establish a pattern and routine within the dramatherapy session.

Repetitive Movements and Restricted Interests

Repetitive movements and restricted interests can be confusing for neurotypicals, and without accounts from autistic people there is a danger that these behaviours

may be dismissed as merely a characterisation of autism, rather than a manifestation of the autistic identity. Although we all have a particular interest or strength, autistic people appear to have an almost obsessive interest in a certain specific thing. Neurotypicals may believe this to be evidence of an apparent lack of interest in others, however many autistic accounts actually suggest the very opposite; that because of their desire to relate to others and understand the world, these interests form ways of coping. Williams describes her interest in collecting small items or 'treasures' and the reason why this became so important to her,

> The places, experiences and people I had become attached to, my sense of security and my ability to make sense of the relationships between things existed within these collections. I could lay everything out in categories and grasp the concept of order, consistency and belonging despite my inner lack of it (1999:145).

Without autistic accounts, it would be difficult for neurotypicals to understand how specific interests can be a form of security for autistic people and a way to feel connected to the world around them, in contrast to the assumption that they have no interest in relating to others. This may be linked to the underdeveloped sense of self in autistic people. If someone has an underdeveloped sense of self and other, it may be useful and satisfying for the person to collect items so that they can see a solid relationship between the self and the physical other, and how these things relate to one another. It is a form of projection, an important principle in dramatherapy; feelings are projected on to objects so that they represent some aspect of the self, and these elements of the self can be explored at a dramatic distance, making the exploration of them seem less threatening. Toys, objects and puppets can be used to represent parts of the self and others, and the ability to clearly see these objects and how they relate to each other may make it easier

to understand the connections that exist between self, other and the surrounding environment.

Restricted interests in autistic people often involve a systematic element, include predictable patterns and can be explained and understood through facts, in contrast to the social world, which is unpredictable and involves elements of uncertainty, particularly for autistic individuals. The majority of neurotypicals have a particular area of interest, however according to autistic people such as Luke Jackson, what makes the autistic person's interest different to neurotypicals' is the amount of time that is spent on that one subject,

> It seems that the difference between someone with AS who has a fascination and someone without AS is the level of intensity of their fascination. I can only speak for myself when I say that if one subject is on my mind or I am fascinated by something, then literally everything else is insignificant (2002:43).

This account suggests that the interest becomes all-consuming in autistic people, to the detriment of anything else. Restricted interests may contribute to the stereotype that autistic people are uninterested in interacting with others. Rather, perhaps the familiarity and the interest in the subject causes autistic people to get thoroughly involved in it, making them forget about other people, which is quite different to a complete lack of interest in others. From an alternative viewpoint, this may actually be viewed as a positive trait; the ability to focus solely on one thing at a time without getting distracted is something that many neurotypicals may long for at times. Some autistic people may use their special interest as a way to attempt to communicate with others. Neurotypicals may find these monologues based on a specific interest boring and assume that it shows

a lack of empathy and interest in others, but they may actually be a way for the autistic person to enter into a social interaction,

So I will speak my own dialect of

encyclopedia notes, photographs, trivia bank entries,

badly sung covers of the originals, words shaped

like arrows. There may be no smiles, no

dance of our eyes, no oil between us to make things

easier. That's not how I work, and I am

not ashamed of this

(Nicholson, ravenswingpoetry.com, 2010).

In her poem, Nicholson expresses her autistic sense of self and acknowledges the differences between the way she is expected to behave in the social world and the way she chooses to express herself. In doing so, she dismisses the expectation for autistic people to learn how to conform to social norms, which is apparent in normalisation interventions such as ABA and Lovaas Therapy.

Booth also emphasises her difficulty in following social expectations as a reason for her repetitive behaviours and restricted interests. Autistic children typically choose solitary play rather than interactive play, but this could be because they become so involved in playing with a certain thing and seek some familiarity in confusing situations,

Communicating is tough
Conversations hard to maintain,
I do not play pretend
But I love to play trains
(autismspeaks.org, 2012).

This suggests that the reasons for solitary play are not necessarily because of disinterest in other people, but that the difficulties surrounding communication and social skills make socialising stressful, and playing with or getting involved with a certain familiar object or subject provides comfort and the opportunity to retreat from the confusion of the social world. In dramatherapy, play is used as a form of expression; objects can be used to parallel the clients' feelings and experiences, and interaction is encouraged through play. In using play within dramatherapy, autistic people can begin to use play as a form of expression and a way to relate to others and the world around them rather than a retreat from the social world, and may develop ways of sharing their interest with other people, allowing them to use their knowledge of, or interest in, a certain area as a form of self-expression through which they can interact with others.

Although neurotypicals, who largely understand autism in relation to the medical model of disability and view autism as a chronic disability, assume that the features of autism described in the triad of impairments have a negative impact on the lives of autistic people, from autistic accounts it is possible to appreciate that many autistic people themselves disagree. Some autistic people argue that restricted interests can be a positive attribute as they can lead to particular skills in a specific area, despite the existence of labels such as low-functioning that are often placed on autistic people who cannot live independently. Grandin and O'Neill attribute the theory of autistic genius to this 'thirst for knowledge' in autistic people and argue that autistic people should be admired rather than criticised,

> To me, this connection between brilliance and Autism isn't a coincidence. Autism is most likely a very unique special type of genius. The studies that deal with this intelligence should be aimed

at appreciating the distinctly autistic mind, rather than pointing out
what freaks people think autistics are (O'Neill, 1999:58).

Isaacs, an autistic author and self-advocate, implores neurotypicals to accept autistic people and their skills in certain areas, '[d]o not fear people with Autism, embrace them, Do not spite people with Autism unite them, Do not deny people with Autism accept them for then their abilities will shine' (goodreads.com, 2014), reiterating O'Neill's belief that the autistic mind should be appreciated rather than judged. These statements promote interventions that work with the social model of disability and see the client as an individual, rather than a disabled person. Within a dramatherapy session, individual areas of interest can be encouraged and developed. Through acknowledgment and development of the client's particular interest and skill, they may begin to feel validated for who they are rather than encouraged to bury this aspect of the self. As Scott Barry Kaufman, the learning disabled author of *Ungifted: Intelligence Redefined,* explains,

> While most people may find it difficult to understand why anyone would possibly be so intensely fascinated with yellow pencils, pinball machines, paper bags, globes and maps, industrial fans, and the buttons on shoes, special interest areas have an immense emotional impact on people with ASD and form a core of their identity (2013:226).

Kaufman acknowledges special interests as an element of an autistic personality and identity, which suggests that this autistic characteristic should not be discouraged as it can be a useful tool in the expression and development of an autistic person's sense of self and identity. The acknowledgement of a special interest or skill within dramatherapy activities may also help the client to form connections and communication with others; by incorporating elements of their

chosen area in dramatherapy activities the autistic client may be more enthusiastic to enter into a group interaction.

Repetitive movements are included within the same category as restricted interests in the triad of impairments, and, in part, may also be related to an underdeveloped sense of self and other. Neurotypicals may assume that repetitive movement is unnecessary, however, according to the accounts of O'Neill and Bascom, it serves an important function, '[a] major trait of Autism is self-stimulatory behaviour. It is an outward manifestation of a deeply inward personality. It is the trait that seems to irritate outsiders' (O'Neill, 1999:73). Here, O;Neill refers to the ways that social rules repress the autistic person's forms of self-expressions. According to this account, repetitive movements are a way to express the inner feelings of the autistic person, which is often misunderstood by neurotypicals who cannot relate to the need for such movements as a form of expression, and are often restricted by the inhibitions that societal conventions place upon us. Higashida describes the feelings he gets when he jumps and claps his hands, '[w]hen I'm jumping I can feel my body parts really well too – my bounding legs and my clapping hands – and that makes me feel so, so good' (2013:76), reaffirming the point that repetitive movements are an expression of the inner self and are also a way to acknowledge the physical self in relation to the space around it. If this is the case, dramatherapy could potentially be a positive experience for autistic people, as it provides the space to move without inhibition and away from the judgements that come with neurotypical social conventions, and may allow them the freedom to express their inner thoughts and feelings and to explore the space around them in relation to their physical beings.

Amanda Forest Vivian, a young autistic woman, took a range of photographs of her repetitive movements in order to understand what they looked like, to raise awareness of repetitive movements in autistic people and to express her sense of self in a creative manner.
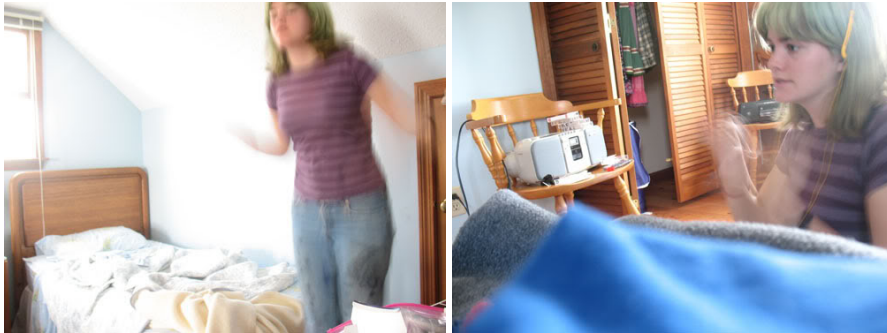
(adeepercountry.blogspot.co.uk, 2010).

Her repetitive movements are a way for her to express herself as she is, without trying to control the movements that allow her to connect her inner self with the outer world, and she states, '*I just very much wish that instead of being this giant, dramatic, embarrassing thing, stimming could just be part of my life…* [Italics Vivian's own] (2012:238). Again, this emphasises social norms and expectations as a cause of suffering for autistic people. There are many videos posted to YouTube that show an autistic person stimming, some of which have been taken by parents of autistic children to raise awareness, and others made by autistic individuals in order to give examples of the different ways that people stim and the reasons for it. In *Living and Learning with Autism- Stimming* (youtube.com, 2011), Matthew Ryan Morin explains that stimming is often a way for autistic people to cope with stress and anxiety, and likens it to neurotypical behaviours such as biting nails or twirling hair, arguing that stimming should be accepted within the neurotypical world as it causes no harm and actually helps the autistic person. He then shows the viewer the rocking motions that he recognises as his

form of stimming. Arman Khodaei's *Insights from an Autistic- Stimming Revisited* (youtube.com, 2011) on the other hand, describes how he stims when particularly excited, and flaps his hands very quickly, or flaps a magazine or glossy piece of paper in front of his face. These examples of individual habits show that stimming can serve different purposes and is presented in different ways, which emphasises the need to accept different forms of autistic behaviour. Although some interventions focus on ridding autistic people of their repetitive behaviours, dramatherapy may provide a way to develop these movements as a form of self-expression. If stimming is a coping mechanism for stress, removing the stress from the outside world within the dramatherapy space may allow autistic people to consider their movements and what they express, converting them into a form of expression, interaction and enjoyment rather than a subconscious response to stress.

Autistic Forms of Expression and Dramatherapy

Although some of the autistic expressions of self represented within this chapter are autobiographies or narratives that tell the stories of the author's lives and experiences with autism, some autistic people choose to represent their thoughts and experiences in a more abstract way. This appears to be a conscious choice for these autistic writers, as blogger Julia expresses,

> I'll spare you the gory details of my life, in part because they are *private* and in part because I refuse to be a self-narrating zoo exhibit. Been there, done that, Temple Grandin and Donna Williams are better at it (Juststimming.wordpress.com, 2011).

This statement suggests that some autistic people do not feel the need to provide narratives of their lives which put their beliefs into a firm context, but that they

have the right to outline their feelings and beliefs without an explanation, and in the form that they choose. The approach that many autistic people choose to take is phenomenological as they represent subjective experience. This is apparent in other blogs, such as those by Forest Vivian, in which she addresses areas that have an impact on her everyday life, such as stimming and communication, through descriptions that express how she felt within different experiences but which do not necessarily tell the story of her life. Her blogs reflect her thought processes and express the way she feels or has felt in a certain moment, without conforming to a typical form of storytelling. She does not necessarily narrate the situations she describes in order to give the reader a clear context, but directly outlines the feelings that the situation evoked and how she reacted from her own perspective, giving the reader a sense of how some social situations affect her. For example, in a blog in which she describes how being autistic causes confusion within everyday activities, such as using public transport, she recounts her thought processes,

> I frantically study the bus map for another option, and decide to walk a few blocks and catch the J train, since I see it on the map. When I get there, there aren't even any train tracks and I realize that in my anxiety, I forgot that the J is an underground train in this part of the city. (adeepercountry.blogspot.uk, 2015).

This description gives the reader a snapshot of the way Vivian experiences this aspect of everyday life as an autistic person in a rather abstract way, she does not offer any background details of her life but expresses a particular moment of her direct experience.

As evidenced within this chapter, many autistic people also write poems to express the self through elements of subjective experience and metaphors.

Nicholson, in particular, uses poetry to express how she feels and experiences things, using poetry both as a form of self-expression and self-advocacy,

But I am paper. An android made out of

the deaths of trees, flattened and bleached. My digital parts

are all up inside my head. You must have known: didn't you ever notice

how my corners would rip when you'd raise the volume of

your voice? But inside, I am

glass

(ravenswingpoetry.com, 2010).

These representations of autism through blogs and poetry suggest that the purpose of many autistic expressions of self is not so much to educate neurotypicals about autism from a first-hand perspective, but is largely a therapeutic tool for the autistic individual. According to blogger Julia, self-expressions do not need to follow a narrative format to act as both a therapeutic tool and a form of communication for autistic individuals who may not always be able to communicate effectively within the social world,

> I started blogging, years ago, as a therapy tool, as a way to modify journalling so it would be accessible to me. It turned, slowly, oddly, and very autistically, into a method of communication. Now it's one of the ways I advocate for myself and my people. Mostly I think of it as a survival strategy.
> On days like today?
> It's just a lifeline
>
> (Juststimming.wordpress.com, 2011).

Although the self-expressions presented do allow neurotypicals an insight into the world of an autistic individual, they are not offering their story to the reader

but rather are expressing elements of themselves. Dramatherapy works in a similar way: the aim is not to encourage communication in autistic people so that they can be more largely understood in the social world, as in some normalisation interventions related to the medical model of disability. Instead, it is a person-centred approach that gives clients an opportunity for alternative forms of self-exploration and self-expression through movement, play, voice work or mask work, for example, that may be therapeutic for the individual in question. Through her work with the Sesame Movement with Touch approach, Marian Lindkvist emphasises the value of removing the importance of verbal expression in order to develop expression through movement. This approach was initially created for people who are non-verbal and highlights the values of dramatherapy as a person-centred approach with such groups of people. As Pearson (1996) describes,

> Essentially, Movement with Touch is communicating and responding in a physical way, bypassing the normal channels of speech, sight and sound- though non-verbal sounds often come into the communication in a secondary capacity. When the therapist takes the trouble to 'read' the client's body language, the person begins to feel 'heard' and this can initiate a gradual movement towards reciprocity (55).

Within this explanation, Pearson presents the benefits of a person-centred, inclusive approach as a way to validate the non-verbal client, as their chosen method of expression is accepted, understood and developed through Movement with Touch. She highlights the need for the therapist to understand and respond to an individual's movements as a form of expression, therefore presenting dramatherapy as a two-way approach, which is at odds with some interventions that focus on changing the behaviour of the autistic individual,

> [Lindkvist's] emphasis in this work is always on a two-way communication: picking up from the client what is going on for him/her through watching, listening, empathic touch, and being

able to read some of the feelings that are expressed by the way
people move (55-6).

This is an example of how a range of different forms of communication and expression are valued within dramatherapy. The emphasis is on the individual and the need for the therapist to find a way to understand and work with a client in a way that is beneficial for the individual, rather than focusing on the inabilities of the client and aiming to teach them to communicate in a way that corresponds with neurotypical social conventions. Within Movement with Touch, the therapist must work to understand the individual they are working with, rather than emphasising verbal communication as the only form of self-expression.

Videos made by autistic people also provide a snapshot of experience, which express the way they feel and experience things in a more abstract way. Rubin's documentary film *Autism is a World* (youtube.com, 2004) shows her going about her everyday life and provides a narrative of how things feel to her and why she behaves the way she does. Although there are elements of storytelling within the film from neurotypical family members and carers, Rubin herself, through the use of a communication aid, provides a voiceover in which she narrates the way that autism affects her and how she sees herself. The title alone suggests that the film is an insight into living with autism and how the world appears to an autistic individual, rather than Rubin's life story. This is true also of many videos posted on YouTube which offer an experience of how sensory sensitivities affect autistic people. Many autistic people, rather than detailing their experiences, have chosen to create videos through which they can simulate situations in which sensory sensitivities are particularly heightened. On YouTube, a video entitled *Autism: Sensory Overload Simulation* (streamofawareness, 2012) simulates a

visit to the supermarket, a particularly stressful experience for many, whether autistic or not. The video is shot through a hand-held camera and every noise is magnified, so that the experience is very uncomfortable. A note from the autistic maker of the video stresses the importance of the viewer not allowing themselves to turn down the volume on their computer. The noises are deliberately uncomfortably loud so that neurotypicals can understand the chaos that this experience can cause inside an autistic person's head. The camera shot gets increasingly fuzzy until the viewer can no longer make sense of their virtual surroundings. The experience is a powerful one, and perhaps more expressive and personal than written autistic accounts. There are also videos that have been created from written autistic accounts, such as *Carly's Café, Experience Autism Through Carly's Eyes* (Fleischmann, youtube.com, 2012). The explanation of the video describes why the video was made,

> This experience is viewed through the eyes of Carly Fleischmann, a 17 year old girl living with non-verbal Autism. Based on an excerpt from the book Carly's Voice: Breaking through Autism, it explores how, for someone with autism, a simple act like going for a coffee can descend into chaos. Carly's Café was developed as an interactive video that allows the user to experience Autism from the inside-out.

This video also features loud noises, loss of vision and a sense of disconnection from other people. It could be argued that the experience is less authentic than the previous video; although it is based directly on Carly's experience, the video was made by neurotypicals so there may be elements of neurotypical interpretation within the representation. On the other hand, as the video was closely based on Carly's own narrative, it could be assumed that this video represents the experiences of an autistic person who may not be capable of, or had the means to, create the video alone, therefore perhaps it is the best representation of self-expression from an autistic person considered low-

functioning. Again, the examples of poetry, blogs and videos emphasise the fact that autistic people, whether verbal or non-verbal, largely choose to represent their experiences rather than provide detailed and straightforward accounts of their difficulties, experiences and stories. There are some central connections here between the ways that autistic people choose to express themselves and the ways in which dramatherapy encourages self-expression. Dramatherapy is an oblique approach to therapy and, rather than verbalising experiences, it focuses on self-exploration through dramatic distance. This allows for development and expression of the self and identity more than direct re-enactment and verbalisation of life experiences. These expressions of self challenge the assumption that an alternative approach to therapy such as dramatherapy may not be suitable for autistic people due to their supposed lack of imagination and need for literal ways of working. Rather, they support the suitability of dramatherapy for autistic people as they show a preference and tendency for creative, indirect self-expressions, which is a fundamental element of dramatherapy. As many autistic people choose to express themselves through indirect methods rather than detailing their lives through direct narratives, the very nature of dramatherapy appears to be particularly suited to autistic people seeking alternative forms of self-expression.

Many of the examples used throughout this chapter rely on a purposeful search for autistic expressions of self, which suggests that only people with an existing interest in this area would read, watch and consider them. There are representations of how autism presents in the mainstream media, but these are usually documentaries made, edited and narrated by neurotypicals in an attempt to raise awareness of how autism appears from an outside perspective, rather

than as a vehicle for autistic self-expression and self-advocacy. As the majority of neurotypicals, as evidenced within research into autism, view autism in relation to the medical model of disability, these representations focus on how autistic people differ to neurotypicals due to the medical condition of autism, rather than how society disables autistic people. However, this chapter has shown that consideration of a range of self-expressions of autistic people can lead to a more thorough understanding of the world according to autistic individuals and how autistic people choose to express and represent themselves, and the areas that they consider to be important. Through exploring self-expressions of autistic people, further advances in research can be made. Autistic self-expressions within this chapter have allowed for significant connections to be made between autism and dramatherapy. Elements of the autistic self, such as repetitive behaviours, special interests, communication and social difficulties can be developed and explored through techniques such as mask work, play, projection and movement. Autistic self-expressions allow for the desires and needs of autistic people to be taken into account, and many of these relate specifically to key aspects of dramatherapy such as interaction, ritualistic elements and freedom to express elements of the self without the judgement and pressure of the neurotypical world. Many autistic self-expressions evidence a preference for non-narrative forms of expression, which directly links to the oblique approach of dramatherapy and the key principle of dramatic distance. The ways in which dramatherapy could provide the chance for self-exploration and self-expression for autistic people have been considered, which paves the way for the following chapters in which the opinions of autistic people, close friends and family members of autistic people, and dramatherapists who work with autistic people are considered. This allows for exploration of the effects of autism, and whether

the participant's experiences and expressions support the fact that dramatherapy is a particularly suitable approach for the development and exploration of a sense of self and identity in autistic individuals, in contrast to more well-known interventions that focus on the medical model of disability.

Introduction to Section Two

Chapter five outlined the very real need for research representing minority groups, or groups that have largely historically been oppressed, to consider and include individuals about whom the literature is written. With this in mind, section two of this thesis explores the opinions and experiences of autistic people, in order to represent this minority group and further evidence the arguments surrounding dramatherapy and autism that were presented within section one. As Sharlene Hesse-Biber et al (2004) emphasise, '[s]tarting research from a standpoint of the oppressed is valid because it is often the lives and experiences of oppressed people that provide significant insight and perspective' (16). Although it is difficult for autistic people to express their sense of self, participants within section two offer valuable insights into the ways that they experience the world as autistic individuals, the areas that they feel future research into interventions should be geared towards, such as more consideration of the social model of disability and autism, and connections between autistic individuals' sense of self and dramatherapy. In addition to this, the experiences and opinions of parents of autistic people and dramatherapists are also considered so that all groups with which this research is concerned can be represented. Through consideration of accounts from these groups of people, common themes and contrasting areas of significance within each participant group can be identified in order to form a comprehensive conclusion surrounding the benefits of dramatherapy for autistic people. This introduction outlines the ethics involved in such a study, the methodology used to compile individual accounts, the process of attaining consenting research participants, and acknowledges possible limitations within the methodology that have been gained through reflection.

Autistic people are included within the bracket of 'vulnerable' groups in terms of research. Mary Larkin (2009) refers to the Safeguarding Vulnerable Groups Bill (2006) in order to determine what is meant by the term 'vulnerable groups'. She concludes that the criteria are based on 'the ways [such groups] are marginalised, socially excluded, have limited opportunities and income, and suffer abuse (physical, sexual, psychological and financial), hardship, prejudice and discrimination' (4). As suggested throughout this research, autistic people are often marginalised and socially excluded due to communication and social difficulties, therefore do fit in to this definition. However, not all autistic people may classify themselves as vulnerable in the most literal sense. As Jo Aldridge suggests, then, 'it is helpful to understand vulnerability as a relative rather than an actual state or condition, which occurs as a result of external or structural factors and dynamics such as inequality and social exclusion' (2015:13). Within this statement, Aldridge emphasises the part that society plays on the construction of vulnerable groups, which, when considered in relation to autism, promotes the social model of disability. Research with vulnerable groups is always considered to be sensitive and requires careful consideration of the ethics involved in the process. However, the importance in such research is great as it allows for a more in-depth understanding of the experiences and beliefs of the group of people who are participating in the research. When undertaking sensitive research, the methodology employed is particularly significant, as suggested by Pranee Liamputtong, '[s]ensitive research stretched beyond the consequences of carrying out the research, but methodological issues are also inherently essential in doing such research' (2006:6).

Ethics

In sensitive research surrounding vulnerable groups, ethical considerations are vital in order to protect the research participants and the researcher. Tim May describes ethics as,

> concerned with the attempt to formulate codes and principles of moral behaviour. Our focus here is with the capacity for ethical enquiry to inform reasons for action in the conduct of social research and to protect participants and the integrity of inquiry (2011:61).

The ethical considerations within this research were based on my own values and judgements as a researcher and the Faculty of Arts and Social Science at the University of Hull. The main issues in such research are participant recruitment, confidentiality and informed consent.

The recruitment of participants for this research was a complex process that relied largely on ethical approval and the willingness of people who fitted into each represented category to take part. The process for each group of participants will be described in detail further in this chapter. In order for the research to remain ethically sound, participants had to give informed consent. E.J. Emanuel et al (2000) explains informed consent as, 'the provision of information to participants about the purpose of research, its procedures, potential risks, benefits and alternatives, so that the individual understands this information and can make a voluntary decision whether to enrol and continue to participate' (2703). With this in mind, when participants were first personally contacted they were given a summary of research and a consent form, both of which were given ethical approval by The University of Hull and are included within the appendix of this thesis, that they were asked to read and fill in before they could take part. Gaining informed consent can present issues when working

with groups such as autistic people, as many may not have skills in reading and a limited capacity to understand all the necessary information. Although there are possibilities, then, of gaining consent from the individual's parent or guardian instead, as the researcher, I decided to focus specifically on autistic individuals who did have the ability to understand the information and consent to the process. This was based on my own ethical judgements and also the time constraint on the study, which meant that there was a limited time period to establish the relationship and understanding of individuals that would have been required. One of the possible autistic research participants, although considered high-functioning in the fact that he has language skills and the ability to make decisions and choices, could not be represented adequately within the research as it was problematic in terms of achieving informed consent and also very difficult to communicate with him and he did not understand many of the questions and tended to offer one word answers. If more time was available, it would have been possible to become familiar with this participant and the ways in which he communicates, and to allow him to become familiar with the interviewer, which may have lowered his anxiety and allowed him to express himself further and more successfully. Therefore, his responses are not integrated throughout the chapter as he could not articulate himself in a way that could be represented adequately in comparison to other participants. His father is, however, one of the participants represented in chapter seven, therefore many of his experiences, particularly in regards to diagnosis and support services are expanded upon from his father's perspective in chapter seven. All four autistic individuals are consequently regarded as high-functioning as they all communicate verbally, have the ability to consider questions and form an expressive verbal or written response, are able to live independently, and have experienced, and had access

to, higher education such as university or college. The fact that all autistic participants are categorised as high-functioning may invite criticism of the research as only taking into account the experiences of such individuals, but this was not a deliberate categorisation. In order to take part in the research and to give informed consent, all potential participants needed to have the ability to understand the information given and have the means to express consent and to process and answer questions. It can also be argued that although people on both ends of the autistic spectrum are not equally represented, the fact that four autistic individuals took part and therefore chose to represent autistic individuals that do not necessarily have the opportunities to have their voices heard is a positive step.

The summary of research allowed participants to understand the research and their part in it enough to ensure that they could give informed consent, but did not go into detail about the exact issues and arguments raised within the research in order to guarantee that the participants were being led as little as possible by the researcher's perspective. This is always a factor in this form of qualitative research, however. All research begins with the interests and values of the researcher, as suggested by May, '[I]n research design, data collection and interpretation the researcher will, depending on the circumstances, influence the conduct of the research. This is not necessarily a disadvantage, bearing in mind that having a point of view is a starting-point to research, but not its end-point' (2011:55). With this in mind, there is always a risk that participants may seek to please the researcher through their responses and as a result, some responses may be less valuable in terms of the conclusions that can be drawn. An attempt has been made within this research to minimise the leading of participants: as

stated, the summary of research was as neutral as possible, open questions were chosen which invited responses personal to the participants, and interviews were carried out with as much neutrality as possible from the researcher. The consent form was designed so that participants had an element of choice; they were asked if they would prefer to fill in a questionnaire or whether a face-to-face or Skype interview would suit them better, and if they were happy for the information to be recorded and kept in a secure office within the university for three years after the event in case a need arose to return to the original material. The points included in the consent form were also re-examined at the beginning of each interview, and outlined at the beginning of the sent questionnaires. All participants in section two gave their consent for their interviews to be recorded and the subsequent transcriptions or copies of their completed questionnaires to be kept in a secure place, and for their information to be used within the thesis.

One area of ethical concern was that some questions included in the questionnaires were personal and considered potentially distressing by the Faculty of Arts and Social Sciences ethics board, particularly in terms of autistic participants and parents of an autistic person. In order to limit potential stress and to remind participants that they have the right to pass on any questions without any negative consequences, a warning was issued before every question that could be deemed potentially distressing; the warning acted not only as a way to prepare participants for the question, but also to emphasise their right to refuse to answer, or withdraw their participation, without an expectation to explain their reasons.

Confidentiality is vital within any research that includes vulnerable groups. As Clifford Christians states, '[P]rofessional etiquette uniformly concurs that no one deserves harm or embarrassment as a result of insensitive research practices'

(2005:145). Measures were taken within this study to ensure that confidentiality was upheld as much as possible. Real names are not used within the thesis: autistic participants are referred to as Participant one-four, parents as Parent one-four, and dramatherapists as Therapist one-three. The original documents through which data was collected, including all original consent forms, recordings and transcriptions of interviews are kept in a locked filing cabinet within the drama department of the University of Hull.

Methodology

Qualitative research methods are particularly appropriate for research with vulnerable groups as it helps us to acknowledge and hear the voices of groups who may largely be marginalised and silenced within society and in past research. Through methods such as interviewing, a rapport can be established with the participants, which allows for trust to build between the researcher and participant so that information can be given freely and openly. Ethically, it is important that there is no power imbalance between the researcher and participant, as the research is being done with the participants' best interests in mind. As Aldridge states, participatory research acknowledges the need to move away from research that treats participants as objects of study towards a more emancipatory approach that not only facilitates greater collaboration and equality in relationships, but also research methods that promote self-advocacy and transposition of research roles' (2015:6). Qualitative research in the form of interviews and questionnaires allows participants to share their stories and experiences in a way that can be empowering and validating for the individual, and may be therapeutic for the participant. As with any form of research, there

are benefits and limitations to this way of working, as will be explored within this section.

The favoured methodology within this research was interviewing participants, as it is flexible and adaptable, allows for a relationship to be built between the researcher and participant, and encourages an interaction through which much information can be gained. The preferred format from the researcher's point of view would have been a face-to-face semi-structured interview, as this offers a degree of flexibility; questions can be modified, responses followed up or clarified, additional questions can be asked, and intonation, pauses and facial expressions could be interpreted. However, a written questionnaire was offered as a choice of format was to ensure that research participants could make a decision based on the form of communication that was most comfortable and beneficial for them. The decision to offer a choice to participants was made due to the fact that communication difficulties are a symptom of autism, and it was vital that autistic participants could choose their most effective means of communication, whether it be writing or speaking face-to-face. As evidenced in chapter five, some autistic people feel they are more eloquent at self-expression when writing, as it limits anxiety and allows them to consider what they would like to say more carefully than communicating face-to-face. Therefore it was more ethical, and beneficial, to allow participants to select their most valued form of communication and expression. Although a semi-structured mode of questioning would have been ideal, interviews and questionnaires were fully-structured due to the need to give equal opportunities to those interviewed and those who completed a questionnaire, and due to the reliance on ethical approval through the University of Hull. This was particularly problematic due to the fact that at times in the interview or questionnaire, a brief explanation of a certain concept or approach

was necessary so that participants could express an opinion surrounding issues that have been raised within section one of the thesis. For example,

> *Dramatherapy is the use of drama activities to potentially 'heal' clients or to help them to develop past a certain point of difficulties. Methods that are used are oblique rather than direct; it is an alternative to psychotherapy, which involves speaking about your issues directly. Often stories are told and clients are often asked to enact them and draw parallels between the themes in the story and their own lives. Actual life events are avoided, but clients use metaphors to deal with their own issues. Often, puppets, masks and toy/objects are used as well as elements of play and role* (questionnaire supporting material).

It was important that these explanations were concise and not too confusing for participants, as ethical guidelines dictate that language used in the questionnaires must be easy for those without prior knowledge to understand, particularly autistic participants who often respond better to literal and simple language. They were also written in such a way so as not to try to lead participants, therefore the descriptions had to remain as neutral as possible. However, these explanations do not necessarily offer enough information from which participants can form an informed opinion of the concepts. Due to the fact that these short explanations, written as they are, were given ethical approval, it limited the opportunity for more information to be given as it may have jeopardized the ethical nature of the questionnaires. In hindsight, these explanations should have offered more information so that participants could have been informed to a higher degree, which may have positively affected participant responses. From the interviews and questionnaires carried out, it was clear that more information was needed as some participants, particularly autistic individuals, misunderstood aspects of the approach of dramatherapy and based responses around their own experiences and understanding of drama, which

tended to be more performance based, perhaps due to their tendency to understand things literally. None of the autistic participants represented had personally experienced dramatherapy, therefore had little previous experience and knowledge to draw on. Drama is often understood in relation to theatre and performance, which as discussed in Chapter Three is not necessarily an important element within dramatherapy. Dramatherapy is a complex area with many different techniques and approaches, hence the volume of literature surrounding the concept of dramatherapy in general, and it is incredibly difficult to begin to understand it through a brief explanation of techniques and principles. This is not to say that participant responses to the questions surrounding the concept were worthless. They reflected some degree of scepticism about the use of drama for autistic clients, and it was, to some degree, quite interesting to hear responses based on limited background knowledge as opinions reflected individual initial reactions and perspectives, and to gain some understanding of how dramatherapy as a basic concept is generally perceived by the majority of individuals with little familiarity of how drama can be used as a form of therapy. Responses therefore highlighted and reflected the limited knowledge of individuals in society surrounding how dramatherapy may work as a reputable form of therapy, which emphasised the potential reasons for dramatherapy rarely being offered or sought out as a support service for autistic individuals.

Open questions were used throughout the interviews and questionnaires in order to invite more information from participants so that they had the opportunity to express their experiences and beliefs to the extent that they chose, in order to give them the chance to have their voices heard. The benefits of open questions are many. They allow for a rapport to be established between the interviewer and participant and encourage cooperation. Open questions are largely flexible and

give the participant some control over the amount of information they are willing to provide, and they test the limits of the participant's knowledge. They also invite unexpected or unanticipated answers, which can be significant in forming conclusions within the research. There are also some limitations in using open questions within research, from the point of the researcher. Although they can allow for a truer assessment of what the respondent really believes, the answers they produce are more open to interpretation and difficult to analyse as it is inevitable that the analysis will contain an element of the researcher's values, which is something that must be considered throughout the research process, as May explains,

> from the first stage [of research] (interests leading to research), through the second stage (aims, objectives and design of the research project), right through to the fourth stage (interpretation of findings), the researcher must be aware of the place of values in the research process (2011:55).

Throughout the process this was considered so that researcher bias could be minimised as far as possible. However, there is some value in research representing both the values of the researcher and the researched, which means that the two are no longer divided but that they combine their constructed meanings, as suggested by Liamputtong (2007). There is a risk when using open questions within an interview situation that the researcher may lose control over the situation, however the suggestion that a researcher should always be in control does suggest a possible power imbalance, therefore this does not necessarily represent a major problem.

The only criteria for choosing research participants within this study was that they were either an adult that had received a diagnosis of ASD, they were a close friend or family member of an individual diagnosed with ASD, or that they were a trained and registered dramatherapist who had some experience working with clients with learning disabilities or autism. Although it would perhaps have been beneficial to have stricter criteria in some cases, for example that dramatherapists must have a particular degree of experience working directly with autistic clients or must have been trained in a particular approach of dramatherapy such as the Sesame Approach, this did not prove possible. To have stricter criteria is to limit the amount of potential research participants, and in a relatively short timeframe and with no monetary incentive to offer, it was a difficult process to find individuals to take part, even without strict criteria. Moreover, there were some advantages of representing participants with different experiences and backgrounds of dramatherapy in relation to the material received; through this rather diverse sample group of dramatherapists, a larger variety of experiences, opinions and ways of working were received, which was useful in terms of the wealth of information to compare and contrast between individual responses.

Due to there being only limited criteria for each participant group, any similarities and correlation between participant responses are coincidental, allowing for conclusions to be drawn more authentically between common experiences and opinions that may arise. The sample group of participants within Chapter Six and Chapter Seven includes four individuals and Chapter Eight includes three participants, which proved satisfactory as the data collection was qualitative rather than quantitative. Although eleven responses is adequate in order to emphasise shared experiences, ideally, more participants would have been involved, which may have made the evidence more credible as a higher sample

group provides larger statistical evidence of correlation between responses. This presents opportunities for future research in which larger sample groups can be recruited from a wider area and more diverse backgrounds in order to further evidence and explore the connections between dramatherapy and autism. Having only eleven participants did, however, have some benefits; it meant that the responses of each participant could be considered and represented at length, rather than fleetingly referred to as a form of statistical evidence.

Participant Recruitment and Selection

Chapter Six, Autistic Participants

Out of the four autistic participants, three chose to be interviewed and one person chose to complete a questionnaire. All four participants are males between the ages of eighteen and twenty five, with different backgrounds and life experience. It is interesting that all four autistic research participants are male. This was not a conscious decision, but perhaps a coincidental representation of the fact that more males are diagnosed as being on the autistic spectrum. According to the National Autistic Society website, based on research by Traolach Brugha et al. (2009) who surveyed adults living in households in England, the prevalence rate for ASD in males was 1.8%, compared to only 0.2% of females within said households. It is as yet unconfirmed as to why this may be the case but is an area of interest for researchers such as Baron-Cohen who claims in his publication *The Essential Difference: Men, Women and the Extreme Male Brain* (2004) that the reason may lie in the fact that males appear to have more of a propensity towards systematising, whilst females tend to be more empathising,

and as autistic people tend to have systematising brains, they are statistically more likely to be male. This however is yet to be medically or psychologically confirmed through current research. In order to recruit participants in this section, an advertisement was posted on the National Autistic Society website, giving a brief explanation of the aim of the research and contact details. However, this produced no responses and therefore the four participants in this chapter were recruited through University of Hull networks and word of mouth through acquaintances of the author. All autistic participants were asked exactly the same questions so as to ensure each person, whether taking part in an interview or filling in a questionnaire, had equal opportunities to express opinions and share experiences. Open questions were asked and were designed in order to invite comprehensive responses.

Chapter Seven: Parents of Autistic People

Of the four participants represented in this chapter, two decided to complete a written questionnaire and two chose to be interviewed over Skype. As with the autistic participants in Chapter Six, advertisements were placed on the National Autistic Society webpage, but this was not successful in recruiting participants. The participants represented in this chapter were recruited, therefore, through contacts of the author, and all willingly consented to take part. Although the criteria for participants in Chapter Seven was that they were close friends or family members of an autistic individual, the final four participants recruited were all parents of an autistic person. One extra participant was interviewed as he was the cousin of the fifth autistic participant mentioned above, but due to the fact that he had not had ongoing contact with his cousin throughout his life the information

he could relay was limited as he was not aware of many of the diagnosis processes or support that his cousin had received. His input was, however, useful in many ways as this individual has experience working with autistic individuals, in a caring role, a teaching role, and in the area of drama and film. Although this offered an interesting perspective, as he was not a trained dramatherapist and had not been a constant presence in his cousin's life he did not fit the criteria for either participant group. It would have been interesting to include information from a fourth group of participants; those who had experience working in the field of drama with autistic adults but were not trained dramatherapists. This would have provided a fourth perspective leading to an understanding of how such groups work compared to dramatherapy, and whether drama in its most basic form, not as a form of therapy, is beneficial in some ways to autistic people, but time restraints made this impossible. This does, however, present an interesting opportunity for future research.

Ideally, participants in this section would have been related to the autistic participants in the previous chapter so that the two different perspectives of the same events and experiences could have been compared and analysed. Although this would have been advantageous, family members of all the autistic participants were either not willing or available to personally take part. As a result, only one participant represented within this chapter is a parent to one of the four main autistic participants in Chapter Six. Ethically, the inclusion of different members of a family could represent some difficulties in qualitative research of a sensitive nature as they will inevitably refer to other people, which can be problematic with regard to consent. However, as Kerry Daly suggests, we should encourage participants to 'draw their own boundaries of privacy and emphasise

participants' prerogative to withdraw materials from the study at any time' (1992:10). Two of the participants in this chapter are parents to autistic individuals with learning disabilities, one of whom is deaf, and would perhaps be considered low-functioning in the fact that they do not communicate verbally or through writing, and have limited social skills and cannot live independently. Therefore, it would not be possible to ensure completely informed consent from these participants, and they would have had difficulty communicating with a stranger. The perspective of parents of autistic individuals considered low-functioning does mean that a more diverse range of autistic experience is represented, despite the fact that the autistic participants represented within Chapter Six are considered high-functioning. Although these individuals personally did not have the opportunity to represent themselves within the research, the parents' responses allowed for some of their experiences to be considered within the research, albeit from an outside perspective. Although originally the ideal aim was to interview participants related to the autistic participants in Chapter Six, in some ways the fact that they were not was beneficial. The participants in Chapter Seven have a diverse range of experiences, and this meant the chance to consider a larger and more diverse range of autistic people and their families. However, this section does not rely on the parent of the autistic individual to speak for them, as it is impossible for someone else to express exactly what another person thinks and feels, but to collect another perspective of the effects of autism based on personal experience, and the factual events that led to diagnosis and referral to support services. Questionnaires for parents of autistic people are structured almost identically to those written for autistic participants, but from a different perspective to ensure that the participants had equal opportunities to discuss the same areas but from a personal point of view.

It was important that the interviews with people in this sample group were undertaken on a one-to-one basis rather than with both the parent and their autistic child, although there were potential ethical concerns in doing so. Parents of autistic people had to be given the same opportunities as participants in other sample groups, and have the same chance to speak freely and confidentially. The presence of the autistic person in a parent's interview may have coloured the content of the answers, which would make the information less reliable. As the questions focus on the thoughts, experiences and feelings of the participant themselves, this is justified. However, some questions called for answers surrounding information about the autistic person's life, which could potentially have made the process complicated. Before the interviews took place with this sample group, the permission of the autistic person for a parent to discuss issues involving them had to be granted, where possible. If informed consent could not be given by the autistic individual, parents were responsible for making the decision to participate based on their personal judgement and with their autistic child's best interests in mind. Although there was a need for participant confidentiality, if the autistic person felt the need to know the content discussed, and this was agreed by the parent, this was permitted. This meant there was an element of choice, trust and agreement between the researcher and the participants of the two sample groups.

Chapter Eight: Dramatherapists

Only three participants are represented within this chapter, as difficulties emerged finding dramatherapists who work with, or had previously worked with, autistic clients who were willing to participate. Calls for research participants were

included in the Sesame Institute newsletter, on the British Association of Dramatherapists website, and individual therapists were contacted through email addresses included on the register of dramatherapists. Interested individuals were given a summary of the research in order for them to give informed consent. One research participant was contacted through this advertising however, few therapists contacted through this format were willing to participate or did not have experience in working with autistic clients. The remaining two participants were previously acquainted to the researcher in a professional capacity, but were given the same information and choices as all other participants, and all were asked the same questions so that everyone had equal opportunities. Out of the three participants represented within this chapter, one chose to meet face-to-face, one was interviewed over Skype and one chose to complete a written questionnaire. Although the questionnaires for autistic participants and parents of autistic individuals contained very similar questions, therapist questionnaires were considerably different. The questionnaires for this group, rather than focusing largely on knowledge of and experiences with autism and experiences with autism, focused instead on personal professional backgrounds, and their experience of dramatherapy practice with autistic clients. The questions asked in the questionnaire were written with the intention of encouraging participants to consider the aims of dramatherapy with an autistic client group, for example if the aim is to heal or normalise, if the development of a sense of self and identity is a main aim with autistic people, and the ethical implications of these potential aims. These questions are similar to those asked of autistic people and parents of autistic people so that answers of each group could be considered in relation to each other, giving opinions and experiences from three different perspectives. All

accounts are confidential and no personal information relating to clients is revealed in this thesis.

In section one, dramatherapy as a general approach using published literature was explored, along with theoretical consideration of the techniques that could potentially develop a sense of self, other and identity in autistic people. Chapter Eight uses first hand experiences to gain an idea of the way that dramatherapy practice can be beneficial for this development from individual perspectives using real-life personal experiences. These questionnaires encourage the dramatherapists in the sample group to consider and acknowledge possible limitations of dramatherapy with autistic people and key techniques that do not work with this client group, along with the difficulties in evaluation of the effect of therapy. This was a particularly key area within the questionnaires; as stated within section one, rarely within existing literature are possible difficulties or limitations of dramatherapy as an approach considered, presumably due to the invested interest and commitment of the authors of the publications. Through these questionnaires, direct opinions and experiences of practising dramatherapists surrounding limitations of dramatherapy in general and particularly for clients with autism were sought in order to evidence any areas of dramatherapy theory that appear potentially problematic in relation to autistic people. Although practising dramatherapists also obviously have a commitment to dramatherapy, they have more freedom to express their opinions surrounding certain areas of dramatherapy including any activities or situations that have not worked as they are speaking only from their perspective, whereas authors of published literature may feel they have a duty to encompass dramatherapy as a

whole and to present the approach as successful and beneficial to all groups of people, rather than acknowledging potential limitations. All participants were questioned individually rather than as a group so that each participant can share their own experiences and so that confidentiality is upheld and participants in each sample group had equal opportunities.

Although, as expressed, there are some areas of methodology within this section that would be adjusted if the process were to be repeated, the questionnaires and interviews gathered much interesting information from a range of perspectives. Through comparing and contrasting participant experiences and responses, and taking into account existing research outlined in section one, it is possible to reach conclusions surrounding autism, the development of a sense of self and identity, neurotypical attitudes, and the potential benefits and suitability of dramatherapy as an approach that adopts the social model of disability for the development of autistic adults based upon information from section one and Section Two that will be discussed in Chapter Nine.

Chapter Six

Perspectives of Autistic Participants

This chapter contains information from a sample group of four young autistic adults in order to understand from a personal point of view the areas explored within section one, and acknowledge the ways that autism is experienced by autistic individuals and the existing issues that affect these individuals in neurotypical society as well as considering personal experiences with support services. Areas explored include the main difficulties that autism presents in everyday life; the way society views and treats autistic people and the effect this has on them; and interventions and support services including dramatherapy. Previous chapters have considered these areas from a largely neurotypical view, therefore the information given by this sample group of autistic participants can be used to support or dispute arguments presented. In this chapter the main points of interest include how diagnosis aided individual's sense of identity; the benefits of support services that follow the social model of disability such as music therapy, and those that work with the medical model, such as normalisation approaches; the main problems experienced by the autistic participants; how they feel that neurotypical expectations affect their sense of self and everyday life; and their experiences with drama and recognition of dramatherapy as a support service for autistic people. Consideration of these areas allows for conclusions to be reached concerning the suitability of dramatherapy as an approach that works with the social model of disability for autistic people, in accordance with the needs and wishes of autistic people themselves.

Diagnosis and Identity

Some autistic academics such as O'Neill (1999) and Grandin (2006) believe that diagnosis is crucial in beginning to understand the self and build a sense of identity in autistic people, and allows neurotypicals to become more understanding and accepting of some of the difficulties that autistic people typically have, such as communication and social skills, and sensory sensitivities. Participants represented were diagnosed between the ages of three and fourteen, which is relatively early compared to authors such as Williams (1992) and Holliday Willey (1999), who were diagnosed in their twenties and thirties. Due to the increased understanding and knowledge of autism, diagnosis is increasingly common at an early age as parents and teachers are more likely to recognise the signs of early autism, such as delay in language and communication skills; an aversion to touch and play with other children, and signs of challenging behaviour that could be caused by sensitivity to light or sound. Three out of the four autistic research participants credit family members for recognising the signs of autism and arranging assessments for diagnosis, 'my mum was noticing, possibly through social interactions and the behavioural things that you see in autistic children, that my behaviour was unusual' (participant one). Participant two also describes his parents coming to the conclusion that 'something wasn't right', 'my parents came onto the point that they felt something wasn't right with the way I acted around school.' These accounts suggest that when measures are taken to gain a relatively early diagnosis, it is not necessarily that the child is showing signs of suffering, but that parents are keen to seek a diagnosis so that they can confirm that their child is different, begin to understand the reasons behind behaviour that is considered odd to neurotypicals in society, and search for possible ways to cure their child of autism, as promoted within the

medical model of disability. Parents of autistic children, as evidenced in the following chapter, often have awareness that their children are developing socially at a slower rate than others, and are able to recognise some autistic traits within their child. When questioned about their feelings surrounding the diagnosis, all four autistic participants agreed that diagnosis was actually incredibly beneficial for them, not necessarily so they could be 'treated' in medical terms, but because the label of autism helped them to understand the way they felt and behaved and the difficulties they appeared to face that neurotypicals around them did not, 'it is that kind of typical human thing where you want to identify a problem and seek a solution to it' (participant one). Participants two and three alluded to the fact that a diagnosis of autism helped them in the development of their sense of self and identity, 'with diagnosis, it really helped me understand a bit more where I stand in society, really. It's helped me understand what I can do, what my limits are, what I can achieve' (participant two), 'I don't think I would have developed as a person if I didn't know I had autism and I would be constantly frustrated by the symptoms that I was showing' (Participant three). These two accounts in particular support the argument that autism is a part of an individual's identity, rather than a medical condition from which they suffer. However, participant four felt that gaining support was a positive aspect to diagnosis, stating 'if I wasn't diagnosed, I wouldn't have the support that I have today', highlighting the importance of having a label for his difficulties in order to gain support in the social world. The use of the word 'support' in terms of participant four's experience is particularly significant. He claims that the most valued support he received was through education and social services, which 'guided him in the right direction' and found ways for him to cope when challenging behaviour resulted in exclusion from school. These

areas of support helped him to find a way to express himself and cope with social and educational pressures and frustrations through increasing his understanding of his feelings and the way neurotypicals express themselves without necessarily changing his identity to fit in with the neurotypical 'norm'. From the experiences of these research participants it appears that owning the label of autism is key. Participant statements suggest that it was not necessarily being labelled as having a medical disability that was significant, but that owning a label through which they could begin to understand their own sense of self and identity had a very positive impact on the way they perceived themselves. This suggests that being labelled autistic is not beneficial just because it allows neurotypicals to justify the behavioural differences in autistic individuals, but so that the individual themselves can begin to build a sense of self and identity and understand their social difficulties as well as being able to seek support for the areas in which they feel they need it.

Participants were asked whether they support research centred on finding a cure for autism, and if a cure is desirable to them, in order to understand the part that being autistic plays on an individual's sense of self and which model of disability autistic participants affiliate with. Participants one, two and four agreed that they believe autism shapes the way they are today and is an inherent part of their identities, 'it does form part of your personality […] I think it is part of my identity' (participant one). Participant four believes that his differences make his life more interesting,

> I think if I wasn't autistic, I'd have a very boring life. I love being the person I am and I wouldn't like to be any other way. The problems that I face are still an attribute of my life (participant four).

These statements further emphasise the significance of owning autism as a part of their identity. Although in this statement participant four is positive about how autism has affected his life, he does acknowledge the fact that his autistic symptoms have caused him problems at times, particularly in terms of how he functions in society. Participants one and two also acknowledge that they have not always felt positive about their diagnosis, but, as they developed a sense of self and identity, have learnt that it makes up part of their identity. Participant one refers to how he felt when he was originally diagnosed as autistic, 'when I knew [I was autistic] I honestly cried about it, when I saw it I thought: you've been labelled as something, that's something that's stuck with you'. The fact that participant one now feels that autism is a part of his personality suggests that his original negative reaction to his diagnosis may have been due to the negative attitudes that surround the label of autism, the fact that many neurotypicals view autism as a disability, and the prognosis of a lifelong condition. His difficulty in coming to terms with being diagnosed as autistic suggests that he did not always accept autism as a part of his identity. Rather, adjustments had to be made in order to own autism as an element of his sense of self, instead of simply a label that is externally applied. Participant two also refers to the difficulties that he has encountered as a result of being autistic, many of which were a result of neurotypical reactions to autistic people in society and his own desire to be accepted, yet he still believes that autism is a valuable part of his personality, stating, 'I wouldn't want to change who I am with a cure.' When referring to an illness that requires a medical diagnosis, it is often assumed that treatment or a cure is necessary for the person to whom the diagnosis has been given, as suggested within the medical model of disability. Autism appears to be an exception; the symptoms of autism shape the way those diagnosed behave,

relate to others and experience things, which are all aspects that shape the personality. According to the research participants and many self-advocates represented in Chapter Five, autism is a part of an individual's identity, as stated by Sinclair (1993). In this way, autism is not comparable to illnesses such as cancer which affects patients in an entirely negative way. Cancer is an illness for which a cure would be welcome, given that it can be fatal, and, if it were to be cured, would not entirely change the person's identity. Although the experience of having cancer would change some aspects of the person, it would not necessarily affect the way that the individual inherently expresses themselves, thinks and experiences things, as being autistic does. As Sinclair states, autism is a way of being and, although different to the neurotypical definition of being 'normal', this is not necessarily a bad thing. It seems, from the opinions of participants, that what causes autism to be viewed as a negative condition is the way that society functions and attitudes of neurotypicals. Although autism is recognised as a developmental condition, autistic people are largely constructed to be disabled because of neurotypical society and environmental factors, as outlined within the social model of disability. Therefore, as participant two suggests, the need for a cure for autism is not as vital to autistic people as the need for more neurotypical understanding and compassion. Although a cure for autism may not be necessary, responses suggest that support services can be very beneficial in building social skills, confidence and emotional understanding in autistic people. Creative methods, such as music and drama, also potentially offer the opportunity for self-expression and development of the self and identity and self-awareness. A lack of a sense of self, other and identity affect autistic people's abilities to socialise, therefore if creative support services such as dramatherapy aid the development of a sense of self it may help autistic people

build meaningful relationships, develop self-confidence, and alleviate some symptoms of autism. Also, if such support services encourage self-expression, perhaps neurotypicals can learn from autistic people and, through increased knowledge, may begin to have a greater understanding, which would in turn ease some of the difficulties that autistic people experience in society.

Although the majority of research participants were sceptical of the concept of a cure for autism, they debated the need for research surrounding a cure. Participant one, although he understands the neurotypical desire to cure diagnosed conditions, as indicated within the medical model of disability, believes it to be unlikely to succeed, 'I think there's always going to be that need for something that will heal it over, which is good in intention, but whether it'll succeed or not is another question.' Within this statement he acknowledges the drive for research to find a cure but also intimates that it may not be the most beneficial way for research to continue. Participant two, similarly to autistic authors and self-advocates represented within Chapter Five such as Grandin (2011), Winter (2012), Isaacs (2014), Robison (2014), Nicholson (2010) and Sinclair (1993), believes research conducted in order to find a cure for autism to be unnecessary,

> I think society needs to understand, rather than try and cure, just understand the ways they can develop [autistic people] instead of completely trying to find a way [to cure them]. When you say the word cure it makes it sound like they're diseased or infected with something, like it's a virus, it's not a virus (participant two).

Participant two suggests that the notion of a need for a cure for autism is rather insulting to autistic people who largely accept autism as a part of their identity, as it implies that there is something medically wrong with them, when in fact autism could be viewed merely as a different way of being. Like Nicholson, Robison and Isaacs, participant two feels that neurotypicals should focus instead on

understanding autism in order to accept autistic people into neurotypical society and to appreciate the differences and uniqueness that make autistic people individual.

Autism, Main Difficulties and a Sense of Self and Identity

All the autistic participants listed social skills and communication as an area that they have the most difficulty with, which is significant as social interaction is vital in the development of a sense of self and identity. Without the ability to understand social situations and interact with others in a meaningful way, it is difficult to build a functional role repertoire which makes up the self. When discussing the main symptoms of autism as they experience it, participants gave examples of the difficulties that they have with communication, 'sometimes I say absolutely nothing in social situations, which makes me appear aloof to others, but when I do say something to break the ice, people mock and criticise me for being random' (participant three), and 'for example I'll say something which is meant to be completely innocent, or sometimes I'll compliment someone and it's taken completely the wrong way because I've said it the wrong way' (participant four). These two examples emphasise the fact that in society neurotypical social conventions are considered 'normal', and highlight the negative attitudes that many autistic people meet with as a result of not always conforming to neurotypical expectations, which is an example of how the social world is disabling for autistic people. Both these participants describe the intention to conform to social conventions and the way they are perceived and treated as a result of trying to communicate in a way that feels appropriate but that is not deemed so by neurotypicals. This is a good example of the way that neurotypical

expectations affect the development of a sense of self and identity in autistic people. If autistic people are treated negatively when they do not communicate in a way that is considered the neurotypical norm, it makes sense that they often rely on impersonation and the persona to the detriment of authentic roles that make up the self and to the true expression of the self. Participants one and two described how their communication skills have improved over time as a result of becoming more aware of neurotypical conventions and how to follow them so as to become more accepted within neurotypical society,

> Communication is the main one, being able to talk to different people. I mean, it's a lot better now because I've had the training and social classes and stuff to help me get used to being in a social environment (participant two).

Participant two, here, acknowledges the value of some aspects of normalisation interventions as a way to rehearse being in a social environment. The accounts of these participants suggest that autistic people do have the desire to socialise and communicate in a way that correlates with the social 'norm'. From participant responses it appears that the autistic participants' desire to communicate meaningfully with others in a way that neurotypicals understand leads them to say the wrong thing or behave inappropriately as neurotypical expectation can cause anxiety, which diminishes communication and social skills. It is intimated within participant responses, however, that social skills classes are not the most authentic way in which to develop a social self, as they focus largely on teaching social conventions and encourage the building of a persona in order to fit in with neurotypicals. It is more authentic to focus on ways to express the self and explore roles that make up the self so that the role repertoire is expanded, as in dramatherapy, making it easier to function properly in a variety of social

situations. Dramatherapy, rather than recreating situations from the social world as a way to rehearse normal social behaviour, creates distance from the social world so that clients can explore the authentic self, take control over their own experience and feel validated for who they are. As an intervention that acknowledges the social model of disability, it allows the client to explore themselves away from society which can be so disabling for them, and away from the anxieties of the social world, rather than aiming to rid the client of their autistic behaviour, as in normalisation interventions.

As all the autistic participants represented in this chapter described a lack of social skills and awareness as the area that causes them the most difficulties, they were asked to expand on particular social situations that they find stressful in order to comprehend the actual reasons behind some of their difficulties. All participants reported that the situations that cause anxiety tend to be crowded places, such as pubs, clubs, schools, colleges and work environments. These are all places where people are expected to behave a certain way, which can be challenging with a limited role repertoire and an underdeveloped sense of self. In these situations it is difficult to choose the appropriate role for the given environment, and if this role does not yet exist within the repertoire that makes up the self, the person may rely instead on the persona and impersonation of others. Participant four describes his difficulty coping with any situation in which he is 'under pressure', and finds confrontational situations particularly difficult due to the frustrations caused by the inability to know how to react and to find the right words in order to express himself, 'when it comes to confrontation I never really think about what I do, I don't argue, I tend to just lash out' (participant four). Frustration replaces rational thought, as the inability to express oneself in

moments of pressure could indeed raise the fight or flight response, and lashing out is currently the only way that this participant feels he can defend himself in such situations where his sense of self is being compromised.

In terms of empathy and emotional understanding, all autistic participants described having difficulty in reading neurotypical intentions and emotions. Participant one listed 'recognising how people feel' as one of his main areas of difficulty, and participant three explained, 'I also find it hard to read facial expressions and body movement – I find it very confusing and when I think I understand their feelings, I turn out to be wrong.' This awareness of difficulty in reading emotions in other people proves to some extent that autistic people do have empathy but that due to limited social awareness, problems with communication, and mindblindness it is not always easy for them to understand the feelings being displayed. A degree of empathy must be present in order to recognise this area of difficulty and to be aware that sometimes they have read an emotion incorrectly. Participant two describes how it affects him when he misunderstands another's intention,

> I have difficulty reading emotions. That's the main one with neurotypicals, I have difficulty understanding what they're thinking and how they react to you. If you make a joke and somebody looks serious but they're pretending to be funny, I feel terrible because I think they're being serious.

Within this statement, participant two actually expresses a large degree of empathy. He has an emotional reaction to the information that is contained within the joke as he believes it to be true. In these instances, the individual feels terrible for the other person, which suggests that the autistic participant takes on the emotions of another person. This is linked to a lack of a sense of self and other

as boundaries between self and other are more blurred which may lead to the taking on of another's emotion. The misunderstanding that participant two describes results from a breakdown in communication rather than a deficiency in empathy and emotional understanding. As empathy is a vital component in the understanding of the self and other, the fact that autistic people do have the ability to empathise suggests that development in this area is possible, but that perhaps it is hindered as a result of difficulties in reading the intentions of others and the negative attitudes of neurotypicals in society which make it so difficult for autistic people to function socially. The belief that autistic people lack empathy altogether suggests that they have no ability to relate to others. As relating to others is an important part of the development of a sense of self and building meaningful relationships with others, this implies that autistic people lack the very elements that make us human. From information given by participants, it is clear that autistic people do indeed feel empathy in that they have understanding of how people are feeling but that they have difficulty in recognising the exact emotion from outward displays of the emotion such as facial expressions and body language. Participant one describes how his recognition of the difficulties he had with reading others caused him to become too empathic, '[a large area of difficulty is] just kind of recognising how people feel and I'm more conscious of that now, much more. Probably even to the point where I'm a bit too conscious'. This suggests that neurotypical expectations and stereotypes of autism have led participant one to question his own ability to empathise, to the point where it becomes a conscious process and he has to make an effort to consider another person within an interaction over his own feelings, sense of self and identity. This conscious effort to be aware of the feelings of others at all times may in fact hinder meaningful interaction, as this individual may become so concerned with the

thoughts and feelings of others that his own expression of identity may become underplayed and inauthentic.

In Chapter Two, Wing and Gould's triad of impairments (1979) was critiqued as it does not fully acknowledge the main areas of autism as many individuals experience it. This research has suggested that for many autistic people, sensory sensitivities cause more problems in everyday life than elements represented within the triad. Participants one, three and four described experiencing extreme reactions to loud noises when they were growing up, 'when I was younger it used to be really loud sounds, and I didn't react to that well. Yea, loud noises weren't great to the point where I didn't go to fireworks displays' (participant one), 'sounds often appeared much louder than they were to me when I was young' (participant three). However, both participant one and participant three claim that sensitivity to loud sounds has reduced over time, with participant one attributing this to his experiences with music therapy, an intervention which also works with the social model of disability, that participants, both in this chapter and following chapters, consider an effective form of therapy. Participant four reports still having a sensitivity to high-pitched sounds, 'really high pitched noises really irritate me and it has an effect on my mood'. Sensory sensitivities can hugely affect the emotions and behaviour of autistic people and cause suffering in everyday life, more so than areas such as repetitive behaviours which appears to cause discomfort in neurotypicals rather than in the autistic person themselves.

In Chapters One and Two, the effects of anxiety on a person's sense of self and presented identity in social situations was explored. If a person is anxious or

stressed, their ability to relate to others and uphold a sense of self within interactions is decreased. Anxiety is widely regarded by Kanner (1943), Timimi et al (2011), Williams (1996), and Grandin (2011) as a common issue for autistic individuals, and can perhaps be attributed to the pressure of neurotypical expectations and the autistic person's difficulty in understanding how to behave in certain social situations due to a limited role repertoire. Depression, often linked to anxiety, is also common in autistic people, as researchers such as Baron-Cohen (2008), Timimi et al. (2011) and Tantam (1991) acknowledge. Tantam states, '[t]he single most common disorder [associated with autism] is depression, occurring in 15 per cent. Anxiety disorder is also common, reaching clinically significant severity in 7 per cent, and is often associated with depression' (1991:170). It is difficult to ascertain the exact statistics of autistic people who suffer with depression due to the fact that many autistic people find it difficult to communicate and express exactly how they are feeling,

> the inability of people with autism to communicate feelings of disturbance, anxiety or distress can also mean that it is often very difficult to diagnose depressive or anxiety states, particularly for clinicians who have little knowledge or understanding of developmental disorders (Howlin, 2004:224).

Depression in autistic people may be caused by inner turmoil or life events, or by the alienation that they sometimes experience in neurotypical society and the awareness that they are different to other people, which are also causes that provoke depression in neurotypicals. In Chapter One, the effects that psychological ill health has on typical development were discussed, with the suggestion that only psychologically healthy individuals can develop a strong sense of self and identity. This is a belief that both Jung and Landy hold within their respective concepts of the self. For Landy, psychologically healthy people

have a more extensive role repertoire, which aids a fully developed sense of self, whilst Jung believes that only psychologically healthy individuals can reach individuation and have access to knowledge of the self that is present in the psyche. Therefore the presence of depression in autistic people may contribute to the underdevelopment of a sense of self, other, identity and empathy, if they suffer from depression routinely. All four autistic research participants, when asked whether they have suffered or do suffer from depression and anxiety, confirmed that they did, although anxiety presents more of a problem in everyday life than depression. In terms of depression, participants claim that it 'comes and goes' (participant four), and can be caused by a range of factors, however, according to the represented participants, anxiety is linked to autism. Participant one explains that at one time in his life, due to a build-up of factors, he was constantly particularly anxious, which he feels led to depression, 'I genuinely believe [the anxiety] led to depression because those symptoms were there. And it was clear, I wasn't myself, it's just all those things that you do, that you would recognise as depression'. Participant three attributes feeling depressed to a variety of environmental factors, that are most likely to affect him so negatively because he is autistic, for example, 'people not treating me the way I think I deserve to be treated – I can't tolerate being laughed at or criticised and I can't let it go for days' (participant three). This account suggests that much of his depression comes from people's reactions to his symptoms of autism, such as difficulties with social awareness and interaction, which, again, supports the social model of disability in relation to autism. If this causes depression in this individual then his social skills and sense of self suffer further, which in return is likely to attract more negative reactions, so the whole process is linked in a cycle of events. Participant two, however, believes that it was typical negative life

events that led him to suffer from depression, but due to the depression his symptoms of autism became more apparent, 'the depression was life events, no it wasn't down to autism at all, though the autism was bumped up because of it, it got more expressive because of it'. If depression does exacerbate the symptoms of autism, such as difficulty understanding social situations and communication, and complications with empathy skills, then it would make sense that this causes a delay in the development of a sense of self and identity, as these difficulties themselves hinder the development of a sense of self. Participants one, three and four all report that their periods of depression occurred when they were younger and were still adjusting to their diagnosis and the confusing world around them. This does suggest that the difficulties experienced as a result of being autistic cause the onset of depression, and that the struggle with depression in turn halts key areas of development, such as social skills, empathy skills, and a sense of self and identity.

Although participants report that depression can sometimes affect them as a result of their autism and how they are received in neurotypical society, it appears that anxiety causes more problems in everyday life as a result of the difficulties they have with social awareness and skills and neurotypical expectations. According to the participants in this chapter, the greatest cause of anxiety is when there are lots of people around that they are expected to fit in with, 'I've always had a problem with anxiety, I've never been comfortable when out in crowded situations, and all that, I always make sure I'm close to people that I'm familiar with, very close to people I can relate to' (participant two). Participant four agrees that large groups can feel threatening, 'I panic when I'm in large groups, or if I'm going to a party or a night out, or something like that, I'll feel really anxious for no

apparent reason'. This is related to an underdeveloped sense of self and identity in autistic people; it must be particularly difficult to know how to act without a secure sense of your own identity. This is particularly true in situations that cause anxiety which could be understood as a form of stress that can lower the ability to interact and empathise with others effectively whilst portraying the authentic roles which make up the self, as explained by Howe (2013) in Chapter One. Dramatherapy presents an opportunity for the autistic client to escape the anxieties of the social world, in order to explore alternative modes of self-expression and to experience the self removed from the disabling aspects of the social world. The examples given by autistic participants perhaps suggest that this may be a desirable opportunity for them, given the stress and anxiety they describe in social situations. As the represented individuals recognise anxiety to be a particularly problematic area for them, it was interesting to learn about the current coping strategies they employ in order to get by in the social world. Participants one and three state that self-expression has proved a useful mechanism for times of particular anxiety, 'what I do is I try to talk to someone about it, if I feel comfortable. I try to talk it over with someone cos it is [useful to be] voicing it out and making sense of it with someone' (participant one). Participant three also mentions that it can be helpful to express the way he is feeling with people who are close to him, but explains how self-expression through music is particularly cathartic in times of stress and anxiety, 'writing songs about these things helps a lot too'. The fact that these two participants have skills in verbal self-expression suggests that their sense of self and identity is more developed than many autistic people who do not have the means to readily share their thoughts and feelings with others. Participant four does not indicate that communicating or expressing the way he feels to others is a successful coping

mechanism for him, as he prefers instead to 'block things out; I just try and block things out I suppose, Just try and shut off. Because obviously now I'm a lot older I can understand what I should be anxious about and what I shouldn't' (participant four). The use of blocking things out as an alternative strategy to expressing one's authentic thoughts and feelings through self-expression in some form indicates that participant four may have an underdeveloped sense of self and identity. An unwillingness or inability to come to terms with feelings of stress and anxiety and disclose the self to another person indicates a limited role repertoire. The roles that are necessary to express these emotions are perhaps not developed enough to cope with such feelings, and therefore self-expression is difficult. However all individuals, whether autistic or not, deal with things in different ways, therefore this chosen mechanism may in itself be an expression of the self and identity of participant four; perhaps blocking things out is his preferred way of dealing with things, rather than expressing his feelings and thoughts as participants one and three choose to do. The fact that participant four comments upon his understanding of the things that should and should not cause anxiety suggests that he is preoccupied with neurotypical rules and conventions, and tries to rationalise his feelings of anxiety in a neurotypical way. This may also be an indicator of an underdeveloped sense of self and identity in that his preoccupation with neurotypical expectations causes him to impersonate other's reactions to events. Although he did not elaborate on where he learnt these neurotypical rules surrounding events that should and should not cause anxiety, it is likely that this is something he picked up on from being directly taught how he should behave in neurotypical society, causing him to adapt his persona to fit into what he has been taught is 'normal'.

Support Services, Normalisation and Healing

All participants confirmed that diagnosis led to support. The most valuable, according to participant one and participant four, was educational support in the form of a learning assistant. Participant one claims that this was helpful in a number of ways, '[from the support] I got better and more independent, so it just helped me kind of understand things, I think in earlier days to keep me on task, and to reduce the anxiety a bit'. This emphasises that support was helpful, not because it encouraged external change in the individual, but because it allowed them to understand their own sense of identity and how they related to others, becoming more understanding of social conventions and confident in their own independence. Participants one, two and three refer to attending classes in social skills which followed the concept of normalisation, as the focus was on learning to behave in a neurotypical way and adopting neurotypical social conventions. Participant two claimed that 'a lot of the sessions I went to helped me improve my people skills', whilst participant one, although admitting that he did learn from them, was less positive about the experience, 'I've always hated the idea [that] they try to set up these social skills school clubs. I found it initially quite patronising'. Participant three also referred to the belief that some approaches in which neurotypical social skills were taught tended to be a little patronising. Approaches that follow the medical model of disability and aim to normalise autistic people suggest that autistic people behave in an 'abnormal' way and therefore need help learning to live alongside neurotypicals, rather than aiming to work with the autistic individual to help them build their own identities and ways of expressing themselves, which is a rather patronising concept. In terms of support services, three out of the four autistic participants participated in some form of music therapy as an intervention and claimed that it was particularly

helpful as a way to release tension and frustration, and an effective way of expressing themselves when other means of self-expression were too difficult,

> it helped me to talk and express my emotions at a time when that would have been complicated […] It helped me to talk at a time when I was pretty much a mute, and it also helped me to develop as a person in terms of confidence (participant three).

This emphasis on self-expression and developing self-confidence through alternative means is also a feature of dramatherapy. Although participant two, in particular, feels that lessons in social skills and 'people skills' was useful in aiding him to understand social conventions that neurotypicals take for granted, others, particularly participants one and three, felt that social groups were negative and valued alternative forms of support more highly. Educational support, in the case of participants one and four was particularly helpful as it allowed them to further themselves in an educational sense and to become more independent through learning and coping with social frustrations. The fact that three participants expressed that music and more creative support services that work in relation to the social model of disability were actually the most beneficial form of support in terms of confidence building and the ability to communicate effectively could contribute to the argument that dramatherapy as a creative approach may also be valuable. It appears, from the opinions and experiences of these four autistic participants, that being given the opportunity and support for authentic self-expression was a particularly important area, and that self-expression through creative means proved particularly liberating.

All participants received access to some form of support service due to being diagnosed as autistic. Coincidentally, the majority of these research participants

had experiences with music and music therapy, which they deemed particularly beneficial in terms of overcoming sensitivity to loud noises, keeping calm, and giving them a vehicle through which they could express themselves. Participants three and four consider music an important part of their lives and stated that they particularly appreciated how support from music therapy sessions and educational support in college has led them to view music as a potential career, 'most importantly, in my opinion, it paved the way for me to become a musician' (participant three), 'I've had support in the past for four or five years to get into the music industry' (participant four). Participant four claims that 'music's a massive release for me', which suggests that he finds it a useful tool in his development and as a mechanism for self-expression. It appears, from participant accounts, that music therapy is a more popular intervention for autistic people than dramatherapy currently is, which does raise the question of whether music therapy is a more well-known and easily recognised approach than dramatherapy, as there is little research to support the benefits of dramatherapy for autistic people, and there appears to be general confusion around what constitutes as drama within therapy whereas music relates to one element, or whether dramatherapy is not presently deemed an effective approach for autistic people.

In Chapter Three, the implications of the use of dramatherapy as a form of healing were debated. The concept of healing in relation to autism invited interesting opinions from the autistic participants represented within this chapter. To begin with, participants one, two and four reacted with scepticism towards the term healing; participant one referred to the prognosis of autism as a lifelong condition,

> For one thing, I've been told that you can't exactly heal autism.
> Like, because heal, for me, it means that it can be healed over,
> it can be done over with, when people have reminded me at a
> mature stage, this is something you will always have, it can get
> better and it can get alleviated, but by no means it will heal.

Participant four agrees that the difficulties and symptoms associated with autism will never disappear, 'well, autism isn't healed, it'll never be healed'. This outlook relates to the medical model of disability and the implications that, as through this model autism is seen as a medical condition, there is also a need for a cure. However, although participants one, two and four refute the concept of healing autistic people in its most literal and medical sense, they also acknowledged that the implication of healing in terms of helping autistic people to develop and cope in the social world, in terms of the social model of disability, is positive,

> The word heal, it's encouraging, you know? It's a positive word,
> we like to hear. Yes, it's great, it's positive that it can be helped,
> but I do think that's true that it can't be completely healed
> (participant one).

Participant four was also of the opinion that any form of healing is positive, and that the term healing does not have to imply a cure, 'definitely, rather than healing, you come across support and help. In a sense you are healing if you're learning to cope with your problems' (participant four). These viewpoints correlate with the previous argument that the term 'heal' in relation to support services and interventions for autistic people is a little misleading in its most commonly used form but that if healing refers to inner growth, development, or some alleviation of difficulties then the concept is a positive one.

In relation to the concept of normalisation, participants two and three reported that they had had access to therapies and groups that had attempted to teach

them neurotypical social skills and that to some extent this was useful. However, when asked to comment on the concept of interventions in line with the medical model of disability, such as normalisation, and its implications, participants were mixed in their opinions. Interestingly, the individuals who had experienced some form of social skills training, which could fit into the category of normalisation, were positive about the idea, 'I think in some ways that's a very good idea because it is a good way of getting people with autism to understand society and hopefully get understood themselves' (participant two), 'I think it's a fantastic idea, as long as the leaders of these interventions are not condescending or patronising, as I have experienced this in the past' (participant three). These statements do show the desire in some autistic individuals to learn neurotypical social conventions in order to be accepted more readily into the neurotypical social world, but highlight the need for some neurotypical understanding of autism within these interventions. Both participant two and participant three here emphasise that these interventions should not be one-sided, but that neurotypicals involved in these approaches ethically also need to work to understand the autistic person. Participant one, although not necessarily against the concept of normalisation for autistic people and having never properly experienced it himself, believes it to be 'a bit harsh', pondering 'maybe there's more of a sensitive way of talking about it', which highlights the problems with the implications that the term normalisation holds. Use of the term normalisation holds negative connotations by suggesting that autistic people cannot be accepted into the neurotypical world unless they learn to comply with neurotypical behaviour and social conventions. Neurodiversity is to some extent acknowledged within our society, in that people are largely encouraged to be unique and individual, therefore the fact that autistic people are given a label

through which they can be categorised implies that they are not just different but 'abnormal', as suggested within the medical model of disability. Out of the four autistic participants, participant one was the only individual to question the definition of normalcy, 'then there is that huge question of what is normal?' Through this statement, participant one emphasises the ethical concerns surrounding normalisation; the fact that neurotypicals, despite having no satisfactory definition of the word 'normal', tend to believe that neurotypical social conventions should be followed as the majority of people in the social world understand and comply to them. It also supports the fact that the dominant model of disability in society is the medical model, which emphasises the need for a medical diagnosis and a way to heal or cure those who are diagnosed.

In Chapter Five, autistic self-advocacy was explored and it appeared that the majority of autistic self-advocates such as Bascom (2012), Sinclair (1993) and Ne'eman (2010) feel there is a need for neurotypicals to be more aware and understanding of autistic individuals. However, when the four research participants were asked whether they felt that there is understanding of autism in neurotypical society, opinions were mixed. Participant two agreed with self-advocates, believing that understanding of autism is not as widespread as it should be since more than one in one hundred people in the UK are autistic, but also stated that he understands the difficulties that neurotypicals have in understanding the social difficulties that come with being autistic, 'to be honest I can't blame people for thinking, "oh that person's not right, there's something up with that person", I just want people to understand a bit more' (Participant two). Participants one, three and four, however, stated that they felt that many neurotypicals do understand elements of autism and the difficulties that autistic people typically face. Participants three and four believe that as the rate of people

diagnosed as autistic is increasing, more people are aware of autism as a result of knowing someone diagnosed with autism or a parent of someone with autism, 'there's a lot of people that do know, from other people's perspectives, or they've got another member of the family that have ASD, or something like that' (participant 4). Although they acknowledge that there are still many that have not had any personal experiences with autism and therefore have had no direct reason to learn more about it, participant four mentioned that in his experience people are more likely to accept certain social difficulties that autistic people may have if they are aware that it is a symptom of a diagnosed condition. Despite the fact that participant one feels that many people are aware of autism and sympathetic of social difficulties, he, similarly to participant two, acknowledged how challenging it must be for neurotypicals to really understand how it feels to be autistic,

> I think most people do kind of understand, I think maybe the odd one person kind of doesn't. It is difficult to cope with it and I appreciate the difficulty, but most people can, which is great (participant one).

Again, this awareness and appreciation for others shows the ability for empathy and understanding of self and other. This suggests that not only can some autistic people appreciate the struggle that some neurotypicals may have with understanding of autism due to a lack of knowledge, but also that some autistic people can see themselves from another's perspective. As this is a vital element in the development of a sense of self and identity and self-awareness, this shows that some degree of a sense of self, identity and other is present in many autistic people but that difficulties in other areas, such as self-expression and understanding other's intentions, may hinder their development. These accounts

also emphasise the need for research that includes autistic people, so that neurotypical understanding can be increased.

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Participant two, after stating his belief that awareness of autism is limited in neurotypical society, alluded to the desire to increase awareness, as he feels that this would change neurotypical attitudes to autistic people, 'what I want to get personally involved with is trying to get people to understand and be aware that people with autism have social difficulties but we are still people'. This statement suggests that participant two has experienced negative attitudes in reaction to his autistic tendencies and believes this to be due to limited understanding of autism in society, rather than a lack of tolerance. This links to the need for a label for anyone who presents differences to neurotypicals; neurotypicals tend to be more understanding of noticeable social differences when they are able to label the person with a justification for the differences they present, as promoted within the medical model of disability. Participants one and two, when discussing awareness of autism in society both gave the Mark Haddon book, *The Curious Incident of the Dog in the Nighttime (2003)* (which has recently been adapted into a popular West End play), as an example of how awareness is being increased through the arts. It is interesting that this was used as an example as the book, although written from the point of view of a boy who is presumed to be on the autism spectrum, is actually written by a neurotypical and does not necessarily represent what it is really like to be autistic. In reference to the popularity of Haddon's novel, Douwe Draaisma reminds us, 'Burks-Abbott (2008) pointed out that there are dozens of books on autism written by autistic authors, but that lay-audiences still prefer fictionalised accounts of autism over non-fiction accounts' (2014:769). Although it is positive that awareness of autism is being increased

through popular literature and the arts, it must be questioned whether such representations are authentic to the experiences of autistic individuals or whether they in fact add to the stereotypes of autism that so often characterise neurotypical understanding.

Drama and Dramatherapy

Although none of the participants represented within this chapter have experienced dramatherapy in a formal sense, they have all had varying degrees of experience with drama groups, whether at school, as an extra-curricular activity or, as is the case of participants one and two, have pursued it as a subject in further education. Participant three, although he enjoyed the few drama classes offered at school, did not feel that drama as he had experienced it was a particularly useful approach for him as an autistic person. Participants one, two and four did however report that their experiences with drama were particularly enjoyable and beneficial in many ways. Participants one and four claim that drama sessions were useful in learning and encouraging social skills. Participant one explains,

> the special educational needs coordinator said 'I think your involvement (I've always been involved in drama and theatre) is how you've got better' because, again, you're socialising with a group of people, so it's extra learning of that but also just through the medium of drama; the fact that you are seeing realistic conversations and through that you're learning how to interact and socialise properly, and actually I think that's true. So yea, it was through drama, just being in that different environment, and just through that medium, just learning about how to socialise (participant one).

This account does suggest that drama as participant one experienced it, although helpful in some ways as it allowed him to explore roles through different characters, did not necessarily lead to development of a sense of self and identity as it instead focused largely on script, acting and rehearsing rather than exploration of the roles that make up the self. However, there is clearly some comfort to be found for autistic people in taking on the character of another person. Participant two also alluded to the fact that through the portrayal of a character or persona, socialising becomes easier as you know how you are supposed to be behaving,

> When I'm on stage, all that anxiety, all that fear, it's like it's shut in a back room. It's like it's in a different area entirely, when I'm on that stage I'm a character, I'm not myself, I'm portraying a character. I think it's to do with the fact that social situations in real life seem to be a bit more difficult to understand, whereas, when I'm on stage I've got a script, I've got a character. When it comes to acting on stage I feel like I'm in a different world.

The fact that acting a part on stage is a release from the social pressures of the real world suggests that the sense of self and identity is underdeveloped; when portraying a character and reciting from a script, the situation is predictable and the individual knows what to say, when to say it and how to behave. In the social world this is obviously not an option, and with little understanding of the self, how to switch between different roles in different situations, and what social rules and conventions are to be followed, anxiety can be heightened, which affects the ability to socialise further. This is another example of the way that society and social expectations disable autistic people. Participant four also states that drama allowed him to 'switch off' from the real world in which neurotypical expectations affect his social skills and sense of self. He also believes that inclusion into drama groups is in itself beneficial as it helped to widen his social circle and encourage

him to socialise with neurotypicals of his own age. However, the most significant and enjoyable aspect of taking part in drama session was self-expression, according to participant four, 'I think [it was useful] because I had the freedom of expression'. This relates to a key element of dramatherapy; the opportunity for expression through drama in a safe space away from social expectations that can be so oppressive for autistic people. Although much of the drama activities described by participants relates to theatre and performance, it appears that this was useful in order to practise social skills, take on the roles of different characters and develop self-confidence and self-esteem. Although participants one and two found the drama groups to be useful and enjoyable, they may not have been inclusive for autistic people who are considered low-functioning and have no verbal communication and little self-awareness, as the focus was largely on putting on a performance and following a script, which requires a certain degree of ability in reading, verbal communication and awareness of the inner self and the physical self.

As aforementioned, two of the four participants represented within this chapter took part in music therapy sessions, but although all four participants have experienced elements of drama, none of them were referred to dramatherapy as result of being diagnosed with autism. When participants were asked if they had knowledge of dramatherapy as an approach in general and particularly to aid development in autistic people, participants one and two stated that they have heard of dramatherapy as a general approach through studying for their degrees in drama, but never as an option for autistic people, whereas participants three and four reported never having previously heard of dramatherapy in any context, which again suggests that research into autism and dramatherapy is limited.

From the short explanation of dramatherapy that was given within the interview or questionnaire, participants were able to form a very basic understanding about the approach. As the explanation was brief in terms of really describing the techniques and key elements of dramatherapy, participants were not necessarily able to form a fully informed opinion about the approach, particularly regarding the development of a sense of self and identity. However, all participants agreed, based on the basic description, that dramatherapy could possibly be a beneficial approach for autistic individuals. Participant two expressed the benefit of learning skills that could be developed and the opportunity for self-expression, '[dramatherapy is] a good way of introducing them to a new form of expression, a way to give them a chance to prove themselves and express themselves', whilst participant four was drawn to the indirect nature of dramatherapy,

> it definitely sounds pretty good. Rather than taking a direct approach on stuff. I had speech therapy and that was more of a direct hitting thing and it didn't really work very well and I kind of rebelled against it, whereas, I think dramatherapy sounds like something which would be a lot more fun than talking directly about your problems.

In this response, participant four acknowledges his reluctance to partake in therapy associated with the medical model of disability, and expresses a preference for an intervention that creates distance from the issues he experiences and an alternative approach to self-expression that he can have some control over. However, participants one and two in particular, had some reservations about drama and dramatherapy as an approach with autistic people. This may have been due to the fact that these individuals have much experience with drama, having graduated with a degree in drama, and because of their own experiences they appeared to consider drama largely in terms of performance and improvisation, rather than the concept of 'drama' as 'the thing done'

(Chesner, 1994:61). Their concerns do appear to stem from the fact that some autistic individuals are introverted which may hinder their participation in drama activities as participants one and two understand them, 'I think it would be hard for [some autistic people] because obviously, there are noticeable people with autism who are much more introverted, so… obviously that would be harder' (Participant one), 'in some ways it hinders [autistic people] because you're putting them on the spot' (Participant two). Although these are valid points and worth consideration, they show little understanding of the concept of drama within dramatherapy as inclusive to all, with even limited actions involved in movement and touch being viewed as a significant form of expression within the dramatherapy space. Many autistic people may appear introverted and aloof but this may reflect a lack of self-awareness and identity. It is possible that these individuals may crave interaction with others but become so overwhelmed by other people in the social world because of their lack of a secure sense of self and understanding of self and other, which would make it difficult as they do not have a developed role repertoire and the self-awareness that is vital within a meaningful interaction. If this is the case, then the very autistic people about whom participants one and two express doubts in terms of dramatherapy would in fact benefit greatly from dramatherapy sessions that focus on the development of a sense of self, other and identity through the creation of a safe spae and client validation. Participant one also believes that some autistic people may struggle with 'just getting the idea into their heads that you can communicate things through metaphors and through puppets and masks'. This correlates to some extent with the stereotype that autistic people lack imagination, which has been disputed in previous chapters. Although dramatherapy, as an oblique approach, may be difficult for some autistic individuals to understand and appreciate due to

their preference for literal language and instructions, this does not mean that the approach could not be valuable, as it is not particularly necessary for the dramatherapy client to realise the parallels being drawn between metaphors and real life in order for them to develop. Through choosing certain movements, interactions, roles, puppets or masks, the client is, albeit perhaps not consciously, expressing some aspect of the self, which in itself can be an important step in the development and inner growth of the individual. Within dramatherapy, metaphors, puppets and masks are used largely in order to create dramatic distance from the real world and the issues being explored. This encourages self-expression but does not force the client to consciously draw parallels between the activity and real life, or directly reflect upon what has been uncovered.

From participant responses in this chapter, it has become clear that although autism is a label that is placed on people expressing certain similar traits, all autistic people are different and experience things differently. However, there are many areas in which these four autistic individuals are in agreement. It appears that diagnosis may in fact be significant for autistic people, as all participants feel that they have benefitted from it on a personal level. All participants have much difficulty in communication and social skills and have been affected by depression and anxiety throughout their lives, which has at times further impacted upon their sense of self and identity. When questioned about support services, all participants felt that the support they received was beneficial for them; three out of the four participants had experienced support through music, whilst all participants had some experience with drama activities and found them enjoyable or helpful. These accounts showed a particular preference for interventions that follow the social model of disability. The main areas in which there were

differences of opinion were the concept and implications of normalisation and awareness of autism in neurotypical society. In terms of normalisation, participants two and three felt that it could be a potentially beneficial approach as long as the way it was delivered was not patronising or condescending, whereas participants one and four felt that the implications were negative. Participant two in particular felt that, whilst he understands the difficulties in understanding autism, neurotypical awareness of autism should be increased and feels that autistic people need to play a part in making this happen. Participants one, three and four, however, felt that neurotypical understanding depends on the neurotypical and neurotypical experiences. All responses appeared to suggest that autistic participants agree with the social model of disability rather than the medical model.

Participant responses to dramatherapy as a support service were also varied. Participants one and two felt that it may not be the right approach for autistic people that are more introverted, however this appears to stem from their own understanding of drama as performance; if the drama within the dramatherapy is inclusive to all and based largely on play, movement and touch, and exploration of the self and other, dramatherapy could actually be even more beneficial for autistic people that are particularly introverted, as introversion may be a product of a lack of a sense of self and identity. Participant four, in particular, felt that dramatherapy could be very beneficial for autistic individuals as an alternative to more formal and direct forms of therapy, and as a form of self-expression. These responses will be compared to parent responses in the next chapter, in which four parents of autistic people give their opinions on the areas explored within this chapter, so that they can be understood from a different perspective.

Chapter Seven

Perspectives of Parents of Autistic Individuals

Chapter Six explored the thoughts, experiences and feelings of autistic people in relation to diagnosis, features of autism and interventions, including dramatherapy. This chapter considers the same areas from the perspective of neurotypical parents of autistic individuals, highlighting the differences and similarities in the ways that these two groups view autism and support services, and the dominant model of disability for the two groups. Throughout the thesis so far, autism and the impact it has on the development of a sense of self has been explored, with many autistic people in both Chapters Five and Six stating that they view their diagnosis as an integral part of developing their identity and understanding of self. This is not always considered to be a key feature of diagnosis of autism by neurotypicals, as will be highlighted within this chapter, which emphasises the variation in perspective of those who are autistic and those who are close to an autistic individual.

Diagnosis, Support and Normalisation

Parents stated that their children were diagnosed between the ages of three and eighteen, and all felt there had been early signs of autistic tendencies as they understood them, which included lack of speech or lack of response to others, and showing no signs of desire for physical contact from an early age. Because the autistic individuals whom the parents in this chapter are discussing represent the broad range of the autism spectrum, individual experiences are varied. Parent one is the mother to an autistic man with severe communication and learning

disabilities, who is deaf and mute. She reports that communication and lack of social skills and emotions were the main characteristics he displayed,

> He had limited eye contact, didn't show emotions – no cuddles or kisses from a very early age, he would become distressed if routines were changed or anything unexpected happened. As a small child he had very limited communication and would not initiate communication.

The majority of participants within this chapter are parents to autistic individuals who are considered slightly higher functioning in the fact that their children have developed speech and language, are not considered to be severely learning disabled, and are able to live more independently than the child of parent one, who is in a residential facility and receives twenty four hour care. The remaining parents also state that communication and social difficulties were the main reasons that their children were referred for diagnosis, which correlates with responses from autistic adults in Chapter Six. Parent four describes the behaviours that led to a referral for diagnosis for her daughter, emphasising a lack of neurotypical social skills,

> [she] had been 'quiet and shy' all her life but this became more noticeable as she got older. She had very few friends and did not know how to respond to others. She also does not smile, although the people she likes and admires are all smiley people!

Although the fact that the child of parent four did not know how to respond to others was largely due to difficulties with social skills, this can also be attributed in part to a lack of a developed sense of self and identity. With a limited role repertoire, it is likely that the daughter of this parent did not have the ability to select an appropriate role for the given situation, which affected her social interactions and made it difficult for her to relate to others and others to relate to her.

Parent three, the mother of participant three in Chapter Six, explained that her son lacked speech and would not respond when he was spoken to, leading to fears that he may be deaf, which is a common notion of parents to autistic people, as explored in Chapter Two. Parent two had suspicions that his son was autistic from an early age, however he felt little need for a referral for diagnosis for his son at a young age as he was already receiving the necessary educational support through a statement of special educational needs. He reports that it was only when the statement became harder to renew that he saw a need for formal diagnosis. This suggests that parent two's main concern was based on the need for support for his son, rather than his son being given a diagnosis through which he could understand himself, helping him to develop a firmer sense of identity. This is a common theme within this group of research participants. Contrary to the argument that neurotypicals are preoccupied with categorising anyone who is different, responses from parents suggest that the need for a label was mainly in order to receive support, while autistic participants appreciated being given a diagnosis as owning the label 'autistic' helped them to form their own identity and understand the difficulties and differences to neurotypical behaviour that they exhibit in the social world. This suggests that, although autistic people view autism from a perspective in line with the social model of disability, parents of autistic people agree with elements of the medical model, despite acknowledging further in the chapter that many of their children's difficulties stem from social expectations and neurotypical attitudes.

Three out of the four research participants in this chapter reported that their child was referred for diagnosis through school or college, which suggests that autistic behaviour becomes more apparent or problematic in an educational environment when autistic individuals are surrounded by their peers who do not have

developmental delays. All four parents stated that diagnosis was relatively simple, and that as parents they felt some relief when their child was diagnosed as autistic. The relief they describe stemmed from the fact that they had suspected that their children were autistic and could now receive access to support services, rather than relief for the presence of a label which may help their child to understand and develop their sense of self and identity. This again emphasises the parents' preoccupation with a medical diagnosis and receiving the right help for their children, 'I think it just gave legitimacy to what we'd been saying all along' (parent two), 'it meant that a clear plan for dealing with [my son] could now be shared with all who played a part in his care' (parent one), 'I was relieved – it meant that she could access support and help and provided a reason [for her difficulties and behaviours]' (parent four). This suggests that parents of autistic people find diagnosis beneficial not only for the purpose of receiving support but also as confirmation of their worries surrounding the individual's behaviour and delayed development. Diagnosis appears to be important to this group of participants as it validated their suspicions and gave them further understanding of the individual's difficulties. Sinclair, in his 1993 essay *Don't Mourn For Us,* states that parents of autistic individuals are often grief-stricken when their child is diagnosed as autistic,

> Parents often report that learning their child is autistic was the most traumatic thing that ever happened to them. Non-autistic people see autism as a great tragedy, and parents experience continuing disappointment and grief at all stages of the child's and family's life cycle (no pagination).

Although parent four alludes to a sense of sadness at the diagnosis of autism, she claims the sadness she felt was for her child rather than herself as a parent, 'I also felt a little sad that my daughter had to wait so long for the diagnosis and

that this meant it was for real.' This statement shows acknowledgement of the benefit of diagnosis from the perspective of her daughter; through expressing her sadness at the delayed diagnosis, parent four may be considering the autistic person's need for a label in order to understand their sense of self and develop their identity. None of the four parents in this chapter appeared to view the diagnosis of their child as traumatic, but instead focused on the relief they felt from being able to gain support for their children, although some do express elements of sadness, which is explored later in the chapter. Although their relief may stem from the fact that all four parents already suspected that their children were autistic, it also indicates that attitudes to autism may have changed somewhat in the past two decades; with the rise in research surrounding autism, the rise in autistic self-advocacy, and the consequential increase in awareness surrounding autism since the 1990's, autism is no longer perceived quite so negatively, and therefore parents do not necessarily view diagnosis as a tragedy.

Sadness surrounding their child's diagnosis appears to be from uncertainty of the individual's future. Parent four expressed sadness due to her daughter's lack of meaningful relationships, 'sad – I wish she had at least one good friend who she could socialise with.' This is also reiterated in parent two's response, in which he describes his concerns for his child's future,

> I think, from time to time there are circumstances which make you think about his future, how independent he'll be able to be. And he would very much like to form a relationship, and it's quite difficult to find the right opportunities.

These responses reflect the normal parental desire for their children to have what is typically considered a successful future in terms of neurotypical expectations, a future that includes living independently and enjoying intimate relationships.

Again, this emphasises the discrepancies between the idea of the child that the parents had anticipated having and the autistic child they have, which connects with Sinclair's essay (1993) in which he suggests that parents must grieve for the child they did not have. It is normal for parents to have expectations for a child, and perhaps the sadness expressed by these participants relates to the fact that some of their expectations and desires for their children may not be realistic for the child they have, as well as sadness for the autistic individual themselves.

Parent responses to questions surrounding the benefits of support from their personal experiences indicate that diagnosis was significant for them for a variety of reasons. Parents one, three and four state that this was mainly because diagnosis led them to understand their children more and to adapt to their role of parent in order to support them to a higher degree, as well as gaining access to support services,

> For [my son] it meant that his needs were taken into account and once staff and family members understood what he needed his stress levels decreased and he became much more settled. For us as his family, it gave us better understanding of why he behaved as he did and we were able to put in place structures that helped him to feel secure and remain calm (parent one).

This statement reflects the fact that, to some extent, diagnosis helped parents to understand their child's identity and sense of self. Through acknowledgement of the characteristics of autism, parents can begin to appreciate that some behaviours are an expression of the autistic identity. However, although parent three suggests that this was important, she explains that it was significant as it allowed for structures to be put in place in order for her son to be able to function

as easily as possible, rather than focusing on the understanding of her son's identity and being able to help him develop his own sense of self and identity.

Parent three believes strongly in the benefit of a range of support services for her son, and reports that for this reason, diagnosis was a significant process, 'I think it was an important step for us as a family because it helped us to find help for [my son]'. This was corroborated to some degree by her son in Chapter Six, but his response focused mainly on the positive impact that diagnosis had on the development of his sense of self and identity, which is not acknowledged by his parent. These variances in perspective emphasise the different priorities of autistic people and their parents, and the fact that parents of autistic people place more importance on the medical model of disability than autistic people, who focus on understanding autism as a part of their sense of self. In this case the autistic individual valued being given a label with which he could identify, whilst his mother, who understandably wants the best for her son, believes that access to support services was the most significant advantage of diagnosis, as it helped him to cope with the difficulties he faced as a consequence of being autistic, and was beneficial to the family as a result.

The accounts of parents of autistic individuals, when asked about support services offered to their children, report that diagnosis directly led to mostly educational and financial support. Parents one, two and four recall that their child received educational support in the form of a teaching assistant in order to help them cope at school, which was beneficial in terms of managing within an educational and social environment. Parent three claimed that formal diagnosis led directly to very little support for her child and that much of the support services

that her son described were organised by his parents and not necessarily readily available. The two significant support services that she arranged for her son to access were Lovaas Therapy and music therapy. The fact that this parent chose two very different interventions shows that she acknowledges a need for support that follows the social model of disability as well as support in line with the medical model. Parent three explains that in order to access Lovaas treatment, a therapist came from America and trained the autistic individual and family members for up to forty hours a week, for approximately seven years. Lovaas Therapy aims to help the individual develop to the level they should be at if development had not been delayed, teaching them a range of skills and conventions that neurotypicals tend to develop naturally,

> They've everything that he needed to try to catch up, because it puts back the skills they haven't learnt, you put back the skills that should've naturally evolved, to get you to the point where you're considered normal. I don't really like that word but it means that you can function in the real world (parent three).

According to Siri and Lyons (2014), therapy based on the Lovaas theory is the most scientifically supported intervention for autism in the world. However, Howlin (1998) does emphasise the fact that none of the leading therapies that claim to aid recovery of autism have been evidenced by adequate research. The implications of Lovaas Therapy as a form of normalisation are significant and will be considered later in the chapter. The fact that parent three arranged for her child to have access to music therapy as well as Lovaas Therapy suggests that she acknowledged the need for her child to be given the opportunity for an approach that encourages self-expression and development of skills and interests. Although she felt that some form of normalisation approach was necessary in order for her son to develop social understanding, she also

appreciated that her son had a sense of self and could benefit from alternative methods of self-expression and development of his own identity. From her son's perspective, outlined in Chapter Six, music therapy was the most significant support he received as it allowed him to express himself at a time when he was largely non-verbal, which suggests that he values interventions that acknowledge the autistic self and follow the social model of disability over interventions that view autism as a disability and focus specifically on the aim to cure an autistic person.

Although largely satisfied with the level of support their children received, when asked if parents themselves were offered any support in order to effectively cope with the fact that their child was autistic, three out of the four parents claimed that no support had been offered to them as family members and caregivers. Parent one, whose son lives in a residential school, states that the school psychological service offered support to parents after the diagnosis of autism. This is a special case as the school in question, and the staff employed there, are equipped to deal with people with special educational and care needs and the needs of their family members. Parents two and three, however, remember no support being offered, but differ in opinion as to whether it was necessary. Parent two feels that additional support was unnecessary as the family managed to arrange support for their son without help from official organisations,

> I don't remember any being offered, certainly not by the NHS. So no, I'd say not but, nonetheless, we have sorted out and found various things, but we haven't ever felt the need to get massive amounts of support.

Parent three, however, feels that support was desirable in order to help the family cope with the diagnosis, the emotions it provoked, and the needs of her child,

> Nothing helped the parents whatsoever, it would've been nice to receive some sort of support, just to help us cope, because it's quite a difficult thing to be told and to go through, that your child has autism and we knew very, very little about it at the start of our journey. So… I think we could've been offered a bit more support in that area.

Parent three's response acknowledges the difficulties in dealing with a child's diagnosis of autism and what this means both for the child's future and the future of the parents, and the need for support in coping effectively. Parent two and three's contrasting opinions emphasise the different ways that autism can affect individuals and their families, and suggest that individual experiences should be taken into account and monitored closely after diagnosis. From parent three's account, it seems that support would have been gladly received, which is reiterated within Sinclair's essay in which he suggests that if no support is offered to parents of autistic people it can have a negative effect on others,

> I suggest that the best place to address these issues is not in organisations devoted to autism, but in parental bereavement counselling and support groups. In those settings parents learn to come to terms with their loss--not to forget about it, but to let it be in the past, where the grief doesn't hit them in the face every waking moment of their lives. They learn to accept that their child is gone forever, and won't be coming back. Most importantly, they learn not to take out their grief for the lost child on their surviving children (1993:no pagination).

Here, Sinclair does not refer to autism in relation to the medical model of disability; he does not suggest that it is the diagnosis of what may be perceived a disabling medical condition that parents need to come to terms with, but that, as autism is a part of a person's identity and colours their every experience, which is more in line with the social model of disability, the actual child they have is a

different child to the one that they may have anticipated. In this way, the grief process that Sinclair describes is more complex than having to come to terms with the presence of a medical condition. Sinclair describes the difficulties that parents can have with acknowledging their child is autistic; that the child they have is not the idealised child they had anticipated and planned for and that their dreams for the child's future may not be realised, which will have a considerable impact on the life of parents. This in turn may have a negative effect on the way the autistic child, and their siblings, are treated if parents are grieving. If parents continue to grieve for the child that they had anticipated, the autistic child's sense of self and identity may be further affected as a response to the pressure placed upon them. In these cases it would be beneficial, for family members and for the autistic individual, if parents' needs were considered, so that they can begin to support their child in any way possible and to begin to understand and accept the child they have, and to help the child to develop their sense of self and identity, rather than continue grieving for the loss of their anticipated child.

Autism, Main Difficulties and a Sense of Self and Identity

Parents in this chapter gave a number of situations that prove difficult for their children which have, or have had, an impact on them as caregivers, such as the need for strict routines and the discomfort that can be caused in social situations. Participant responses in this chapter echo autistic accounts in Chapter Six. All four parents report that communication and social skills appear to be particularly challenging for their children. Parent two states that his autistic child experiences difficulties mainly surrounding communication and social skills, recognising specific difficulties in his description of his son's communication problems,

> [He struggles with] clear and concise communication and he finds it difficult to get the right words sometimes, to describe things, and lots of words that we thought he actually knew the meaning of I find he still doesn't. So he learnt lots of words and how to save them in his memory and when to use them but without knowing their meaning properly.

This suggests that the son of parent two relies to an extent on impersonation rather than genuine understanding of some aspects of communication, particularly when unable to recall or choose the right words in order to express himself. Parent two also describes how his son has learnt important communication conventions as a result of social skills training delivered by his parents,

> he finds making conversation difficult unless it's on something that interests him, small talk is not easy. We've tried to teach him how to construct a conversation and how to talk to people that you don't know and how to ask questions about them, so you're expressing some interest and showing an interest in the other person… and on the whole, over the years he's managed to master that reasonably well.

Again, this suggests that the son of parent two does not necessarily understand the reasons behind all neurotypical social conventions, such as small talk, but has learnt to follow neurotypical rules. Through impersonation, he has learnt to adopt a persona or social mask. According to Jung, '[t]he mask then becomes the conscious ideal of his personality, by which he seeks to represent himself in his social relations on the most favourable terms' (Progoff, 1953: 84). Landy believes this is a natural reaction for people who may feel largely alienated from the neurotypical world, '[o]thers, who conceive of themselves as less than average (e.g., abnormal, stigmatized, or disabled in some essential way), may strive toward the average role [through adopting elements of expected neurotypical

social skills] as a way to feel more acceptable and connected to the mainstream'
(1993: 144). This adoption of a persona is in contrast to the autistic daughter of
parent four, who struggles with facial expressions when interacting with others
but does not appear to rely on elements of impersonation; when asked to
describe her daughter's main difficulties, she stated these were 'socialising –
joining in conversations, adopting an appropriate 'face' (she doesn't smile much
and looks bored and disinterested even though I know she is [interested])'. This
account suggests that this autistic individual may not understand neurotypical
social expectations or that she does not have the self-awareness necessary to
acknowledge that her behaviour is not deemed socially 'appropriate'. In order to
imitate behaviour in a beneficial way, a degree of self-awareness and awareness
of other is needed in order to recognise how your own behaviour differs from
those around you and how to adapt your behaviour in order to live up to
neurotypical expectations. The daughter of parent four may not yet have
developed a sense of self and other, something that is necessary for
impersonation of others, which Landy explains as 'the ability of the developing
person to fashion a personality through taking on and playing out various
personae or roles' (1993:30). Landy argues that this leads to a shift away from
the monolithic self, allowing the individual to form a functional role repertoire.
Landy's use of the term 'impersonation' is more positive than the way in which it
is used within this research. For Landy, impersonation plays a part in the
development of the self. However, throughout this research, imitation is vital
within the development of the self but impersonation suggests that the inclination
to imitate others replaces development of the authentic sense of self, as other
people's roles and behaviour are adopted in the place of the individual's own
roles.

Parent responses within this chapter suggest that the sensory sensitivities experienced by their children were linked to an underdeveloped sense of self and identity. Parent three lists sensitivity to sound as one of her son's biggest areas of difficulty, and that this problem led to difficulty in other areas, such as communication,

> Sound, particularly when he was a child he used to constantly just put his hands over his ears because he obviously used to hear noises much louder. If a motorbike went past the house, he would go into meltdown because he just couldn't cope. The background noise for him is much louder than people's voices, so that's why he didn't learn to talk because he couldn't differentiate between the two.

Inability to distinguish self and other in his surroundings may have led the individual to be unable to differentiate between general background noise and people speaking to him. If an individual cannot understand or relate to the people and world around him and has little comprehension of self and other, it would cause difficulty in processing surrounding noises, particularly if visual communication such as understanding facial expressions and body language were also not recognisable to that person. It may be that lack of understanding surrounding physical communicative conventions and the inability to distinguish voices from other background noises meant that the individual could simply not ascertain if someone was trying to communicate with him. It appears that the son of parent three had many other sensory sensitivities that caused problems within his everyday life,

> I think he has a lot of problems with sensory overload, so that causes a lot of problems for him and causes a lot of problems for us because we found it very difficult to understand why he was getting upset about certain things. He didn't like clothes, we had a hell of a job trying to get clothes on him because he was tactile defensive. He was defensive in his mouth, so he didn't like eating

> food, he didn't like swallowing … so all those things were pretty difficult, he had multi-sensory problems going on, which all caused anxiety [for him].

Within this response, parent three acknowledges the effect that her child's anxiety had on family members before they learnt to cope with it effectively, emphasising the confusion surrounding the reasons for her son's anxiety and frustration. Anxiety is recognised as a difficult but common side-effect in autistic people, and all participants highlight the importance of adapting coping strategies both for the individual and for themselves. Parent one gives a list of examples that have worked to calm her son in moments of frustration and anxiety,

> He responds to writing what we are doing on a bit of paper and going over it with him and using it to remind him of what's happening. He also calms down if you speak directly into his ear – he can hear a little. He uses a tape measure which he rolls in his fingers as a comforter. He can also be calmed down by looking at family photographs either in an album or on the iPad. He has a sign for Calm which we can use and he understands that he has to try to be calm.

This account suggests that much of the anxiety her son experiences comes from the uncertainty caused through a lack of ability to communicate. She also highlights the importance of personal coping strategies, 'walking away to another room for a moment to calm down. Deep breaths!', and in doing so acknowledges her personal frustration as a result of supporting her child through moments of anxiety. Parent three also explains the techniques that are employed with her child in times of anxiety and uncertainty,

> As a child we used to do things like counting with him, so he learnt to wait, as he found waiting very difficult. Now we talk through things often, he'll ring me because he doesn't quite know what to do, and so we will just talk through it.

It can be difficult for parents of autistic people to adapt and cope with some of the difficulties their child has, particularly because of the problems autistic individuals often have with self-expression. Support services, such as dramatherapy, that are person-centred and focus on development of a sense of self and identity, self-awareness and self-expression, may not only be beneficial to the autistic individual's taking part but may also make it possible for parents to understand their child's sense of self and therefore cope more efficiently with their child's difficulties. If an autistic person's coping strategies are developed within dramatherapy sessions, as discussed in Chapter Five in relation to Williams' theory of Exposure Anxiety, so that the strategy not only reduces anxiety but becomes a form of self-expression, they may become more adept at expressing the source of their anxiety and frustration, which can be beneficial for parents also. Parents stated that they themselves had little formal support in coping with an autistic child but described that support from other family members was particularly invaluable, 'support of other family members – his elder sister is very patient with him' (Parent one). Parent three credits her husband as an important figure in her coping strategy, 'just talking, I've got a very strong marriage and I'm very lucky in that aspect, but sometimes it was a big struggle personally, but once again we could've done with some help somewhere'. The main reason for the existence of blogs by autistic parents is so that they can express their difficulties and share their experiences with others, which is particularly important for those parents that do not have a partner or family member on whom they can rely. This may be an effective coping method for some, and can also serve to support others in a similar situation, which parent three believes to be important as, in her experience, support services for parents were not readily available, 'my mission has been to try and help as many parents as possible. You know, if you help one

person a little bit more than yourself, then that's going to change [things] somewhat'.

When asked what causes the family members of autistic people the most difficulty, parents agreed that the difference in the way their children view and understand the neurotypical world around them is particularly challenging, which suggests that parents do acknowledge the social model of disability as they recognise the difficulties that society creates for autistic people. This, again, relates to the fact that parents want the best for their children, and may struggle to accept that their child is different to the idealised child they had anticipated. According to the parents of autistic individuals represented within this chapter, the fact that their children do not always understand the neurotypical world around them isolates them from others and causes frustration, '[he feels frustrated] that the world doesn't work the way he wants it to. He finds it difficult to understand why things happen' (parent one). Parent three also reports that confusion about the outside world causes the majority of problems for her son, 'basically how he understands the world and the problems that causes for him because he doesn't see things in the same way that everybody else does.' This frustration may be difficult for neurotypicals to understand. Although autistic individuals might show outward expressions of frustration or confusion at their surroundings and social uncertainty, it is challenging for neurotypicals to recognise the causes of this accurately from their perspective, particularly if the individual is not able to effectively express the way that they view the world and their surroundings.

Normalisation and Healing

Parents in this chapter had varying reactions to interventions created in accordance with the medical model of disability, such as the concept of normalisation for autistic people, which was also apparent with participants in Chapter Six. Within her explanation of Lovaas Therapy, parent three claimed to dislike the term 'normal', however she does state that Lovaas treatment allowed her son to understand the neurotypical world and neurotypical behaviour to a higher degree, which suggests a conflicted view of normalisation. This reflects a desire for the autistic individual to gain an understanding of neurotypical social conventions without actually having to change their identity and rely on a learned persona, and shows recognition of aspects of both the medical and social model of disability. The participant suggests that a balance between understanding of what is perceived as normal and understanding of self is important, so that the autistic individual can understand the world around them whilst developing their own identity. This was something that autistic participants appeared to wish for, however they largely emphasised that neurotypical understanding and acceptance was the most important issue to them. Parental desire to encourage their children to develop their own identity whilst increasing understanding of 'normal' behaviour reflects the fact that parents want the best and easiest route for their child in terms of fitting into the social world. This does not necessarily mean, however, that they agree with the implication that their child is abnormal, as this is offensive both to the autistic individual and the parent of the individual.

Two participants in this chapter were aware of normalisation, whilst two had never before come across this term. In order to encourage participant responses, a brief explanation of the concept of normalisation was provided. The parents previously

unaware of normalisation were more positive about the idea, with parent four responding, 'it sounds useful and the sort of thing that might help her.' It could be that the short explanation given to these participants was not detailed enough for participants to understand the ethical implications of the concept thoroughly. The notion of a treatment to aid recovery of autism may initially be appealing to parents, particularly those who view autism in relation to the medical model of disability, which may have led parents to react positively to the short explanation of normalisation. The parents who had previous understanding of normalisation were noticeably more sceptical about the implications of the approach. Parent three, whose son received Lovaas treatment, states that this method led to him being integrated more into society as the social skills he had learnt made him appear more 'normal',

> [My son] is considered to have recovered from it [but] you can still see minor problems that he has. If you put him in a room, not that many people would know he had autism, or would be able to recognise it.

Although parent three personally enrolled her son onto the Lovaas programme in order to teach him social skills that may make integration into the neurotypical social world slightly easier, she does comment that the label of 'normal' matters little to her, as she recognises that it lacks definition,

> I don't actually think anybody's normal, if you want my personal opinion. I think if you start studying everybody in depth you will find some traits of something, because I think we are all somewhere on that continuum, all of us. It's just when it affects your behaviour and you can't cope, so it's not a tag that I really am that bothered about.

This statement dismisses the suggestion that her son underwent Lovaas Therapy in order to be deemed 'normal', as the term itself means very little. This participant

does, however, emphasise the need for support that may make it easier to cope with some of their social difficulties in order to ease their everyday suffering, as she recognises that the majority of difficulties her son faces are caused by the way that society works. Parent one also acknowledges the potential benefits of normalisation whilst expressing some reservations of the implications of the approach. She states that although normalisation has negative connotations, as it is undertaken with the assumption that something is wrong and must be fixed, as the medical model of disability suggests, it can be helpful for autistic individuals to learn and follow social conventions so that they can reach their full potential in the neurotypical world, and learn to express themselves in a way that neurotypicals can understand,

> I agree to some extent with helping autistic young people develop strategies which will allow them to cope as adults in the world. Some of the young people I work with are talented but through their autistic behaviour find it difficult to cope in school. We try to help them to find ways to cope with "normal" situations which they find stressful. The same would apply with [my son], he now has developed strategies which help him to tolerate the "normal" world better and reduce his stress (parent one).

The aims that parent one identifies here suggest that, in contrast to Lovaas Therapy techniques which enforce learned behaviour, parent one finds ways to help autistic individuals to identify and develop their own personal coping strategies, thereby encouraging individuals to adapt to situations in their own way rather than merely relying on behaviour that is ingrained through repetition and positive reinforcement. This is an aim that is apparent in dramatherapy; the client is encouraged to explore personal coping strategies at a distance from the pressures of the social world, rather than being trained to behave in a way that fits in with social expectations but may be completely at odds with the individual's existing sense of self and identity.

Parents made little acknowledgement of autism as part of their child's identity, instead focusing largely on autism as a disability that sometimes affects their child's ability to function successfully in the neurotypical social world, suggesting that they largely understand autism through the medical model of disability. This preoccupation with external behaviour rather than development of the authentic sense of self and identity reflects society's need for individuals who are fundamentally different to be categorised in order to be understood. Although this need is apparent, to some extent, within parent responses, when asked how they feel about literature surrounding dramatherapy referring to the 'healing' of a client some participants did refer to the part that being autistic plays in their child's personality. Parent responses in this area echo those of autistic participants in Chapter Six,

> I don't think that autism can be "healed" any more than [my son's]
> learning difficulties or deafness can be healed. They are part of
> his make-up and personality, he has learned with help to relate
> to the world in his way and cope within it (parent one).

In this account, parent one acknowledges that autism makes up a part of her son's identity but also that he has had to put more effort into integrating into the social world and learning to cope with experiencing the world around him in a different way to neurotypicals, which does show some acknowledgement of the social model of disability. This is reflected in all parent responses: parent three states that she does not think the personalities of autistic individuals need to be entirely changed, which suggests that there is some recognition that autism makes up part of the autistic individual's identity. However, the development of a sense of self and identity does not appear to be a priority for parents, as their responses reflect the parental desire for support for their children in order to fit in over development of the autistic child's authentic sense of self and identity,

> In the very beginning we were told to just forget about [my son's development], he'll never speak, and he'll just remain mentally retarded forever. And, if we listened to that and offered him no therapy whatsoever, that's a pretty bleak outlook, and it makes you wonder how many other people in the world are in that position because of their parents having been told that there's no hope, there's nothing that can be done. And I think there is so much that can be done. I don't necessarily see it that it has to change that person, you're just helping them to cope with life.

This statement suggests that diagnosis is not necessarily carried out in order to understand the autistic individual's sense of self and identity or for the individual to develop a sense of identity as an autistic person, but in order to identify the areas in which the person may have difficulties and their present and future inabilities. These attitudes may be reflected in parent priorities. Although parent three did not necessarily take the clinician's advice to just accept the individual's inabilities, she also did not initially consider the development of her son's sense of self and identity a priority. Although she did enrol her son into music therapy, an intervention in line with the social model of disability, her initial focus was on Lovaas Therapy, which concentrates on helping the autistic individual to adapt their behaviour to fit the social norm as autism is assumed to be a medical condition which causes disabilities. This echoes her previous belief that a balance between learning to understand neurotypical behaviour whilst maintaining an authentic sense of self and identity is beneficial for autistic people when trying to find a place in the social world. Within her response, parent three accepts that parents always want what they believe to be the best for their children and that the notion of healing is a comforting thought for parents of autistic people, and in doing so acknowledges both sides of the argument concerning autism and identity and the medical model and social model of disability,

> I think the parents would like them to be healed because, you know, as a parent you worry and you want your child to have the easiest route. However, autism is who they are, rather than something that needs healing, so it depends on which way you look at it.

This must present a dilemma to parents of autistic parents; it is normal to want the best life possible for your child and most parents love a child unconditionally, therefore, as parent three states, they do not necessarily want to change the person their child is but will do everything they can to help to make their lives easier.

Parent two, similarly to parents one and three and autistic participants in the previous chapter, also feels that autism makes his son who he is, but as a parent does acknowledge the difficulties experienced as a result of being autistic,

> [My son] hasn't said that he doesn't want to be autistic, he's never said that, but, I think there are times when he wishes he had a life more like others. Particularly in the area of relationships. But I think also he's actually quite proud of his autism and the fact he's different.

This response emphasises the fact that, for his son, being autistic is largely a part of his identity and is something he would not change, but that some of the consequences of being autistic, such as difficulty forming relationships, do cause problems. This is also supported in parent four's response, in which she comments on the need for a balance between changing the autistic individual's behaviour and societal acceptance of autism, 'I think that certain aspects of my daughter's behaviour would benefit from changing, but I also think that society should aim to accept people with a greater range of behaviours so that they are not made to feel different.' This response supports the argument that has been raised throughout this thesis that it is unethical to expect autistic people to learn

neurotypical behaviour without acknowledging the need for neurotypicals themselves to be more accepting and understanding of differences caused by autism. As evidenced in Chapters Five and Six, social expectations cause the majority of difficulties for autistic individuals. Only when understanding and acceptance of autism increases can the needs and wishes of autistic people be met.

Neurotypical Understanding of Autism in Society

When research participants within this chapter were asked if they thought neurotypicals understand autism and how it affects individuals, three out of the four parents believed that there is little understanding of autism in the neurotypical social world, which is in contrast to responses in the previous chapter. Parents one and three were particularly adamant that neurotypical understanding of autism is still incredibly limited, despite the rise in the prevalence of autism being calculated as 1 in 68 children in the UK (Autism Speaks.org, 2014). Parent one responded, 'especially when he was younger, folk would think that he was badly behaved when it was that he just wasn't coping in a particular situation', while parent three stated, 'I don't think they've got any clue whatsoever'. Parent four, although agreeing that neurotypical understanding is limited, does feel that some neurotypicals are sympathetic towards autistic people, although this does not necessarily cause them to make extra effort to socialise with her daughter,

> Most people are sympathetic to her, older family members tend to not understand more than younger members of the family. However, most people don't try to integrate too much as it is quite difficult and they get little back.

Parent four's comment about the younger generation having more of an understanding of autism than older generations does indicate that with an upsurge of research into autism since the 1990's, the prevalence of diagnosis increasing, and more examples of autistic self-expression readily available, neurotypical knowledge and understanding of autism has increased, which is certainly a positive step. However, as reflected in other participant responses, it does appear that there is still a long way to go for there to be an acceptable degree of recognition and understanding of autistic individuals within neurotypical society. Parent two is more positive about the understanding of autism in society, but does acknowledge that this may be because he socialises with others who have an autistic family member and because most of the people he knows have seen his son grow up and learnt to understand the way autism affects him and his identity. However, as a newly trained teacher, parent two expresses surprise at the limited understanding of autism within the education system,

> I find I'm a little bit surprised that teachers who I work with who've been teaching for like, ten years, fifteen, twenty years, a long time, much longer than me … and it's been their main, and only, career. They really don't have much of an idea about autism at all, still.

This is unexpected. As previously mentioned, many autistic people are referred for diagnosis due to a teacher or educational support worker noting autistic tendencies in children. As the majority of participants noted educational support as having been particularly beneficial to them, it is disconcerting to know that many people in education do not actually have a suitable degree of understanding of autism, given the amount of research available in the area of autism and the prevalence of diagnosis increasing at such a rapid pace. Perhaps if researchers, clinicians, practitioners, those working in an educational setting and autistic

people worked together and shared resources, understanding would increase and educational knowledge and support for autistic people may develop further.

From accounts in this chapter it appears that a lack of neurotypical understanding of autism is not only a problem for autistic people but can also be difficult for parents to deal with, both as a result of seeing the way this affects their children, but also from a personal perspective, as their parental skills are at times called into question. When asked how neurotypical attitudes make them feel, participants described experiencing anger, disappointment and sadness. Parent three describes the reactions of neurotypicals to her son when he was a child,

> It does make you feel very angry when it's your child because people would be very judgemental because they'd think he was just a badly behaved child. He used to make very strange noises, he would get obsessed by things and want to be on that thing for endless amounts of time. We were at Centre Parks and he wanted to go on children's rides and he had an obsession with Postman Pat. And he wanted to keep having a ride in this thing and one particular parent just said "Huh, disgusting badly behaved children" so she had no idea … It was quite obvious there was something the matter with him, she just had absolutely no idea what was going on.

This account emphasises that neurotypicals are quick to judge elements of autistic behaviour as 'challenging' or 'naughty'. This is such a problematic area for autistic people and parents of autistic people that there is now a brand of clothing, created by a mother of an autistic boy, that bears the slogan 'Auty not Naughty', in order to make neurotypicals more aware of autistic people (Auty not Naughty.co.uk, 2015), and therefore more likely to accept the behaviour of the individual. This can be helpful for parents; through giving the individual an easily recognisable label, neurotypicals tend to become more understanding as they

acknowledge the fact that the child has a medical diagnosis, and are therefore 'different'. It must also be recognised, however, that although this is a useful tool for parents of autistic people to help others recognise the existence of an autism, the choice is often made for the child. This is a choice made in the child's best interests, but their diagnosis may not necessarily be something that the autistic individual has chosen to disclose. Not all autistic people are keen to use the label in order to change others' perceptions of, and behaviour towards, them, even if the results may be positive. If autism is indeed just a part of a person's identity, this raises the question of how far the need for a label for justification of behaviour will go, as all individuals in society have different personalities but are not expected to publicise certain parts of their identities in order to make it easier for others to understand their behaviour. It could also be seen as a way for neurotypicals to segregate people who are fundamentally different. The need for this label in order for neurotypicals to be more understanding of the individual is a sign that the medical model of disability is the dominant model through which people understand autism and there is still a long way to go in recognition and acceptance of not only autism, but of many variations of behaviour, in neurotypical society. In the case of parent three's son, his behaviour was merely an expression of something he particularly liked, which is characteristic of the third element in the autism triad of impairments. Perhaps if the woman that parent three describes had more knowledge of autism, and of the social model of disability in relation to autism, she may not have jumped to the conclusion that the child was merely naughty but a child expressing an element of his autistic identity in a way that brought him enjoyment. This highlights neurotypical expectations for people to follow the same social and behavioural conventions that they consider 'normal'. Parent one also expressed anger and disappointment

in the way neurotypicals treat autistic individuals and explains that 'it has also made me more aware and tolerant of others' behaviour'. This supports parent two's earlier explanation that the majority of his friends and family are more understanding of autism due to having been around his son and having autistic family members of their own. Since prevalence of autism has increased in recent years, more people will know an autistic individual and, hopefully, understanding and recognition of autism will increase as more people are diagnosed and more autistic people begin to express their sense of self and their wants and needs. Parents one and three both report that some situations are difficult for them as parents because of neurotypical responses to distressed behaviour from autistic people,

> When David gets stressed he tends to quickly become very distressed and will self harm by biting his hand badly, kick himself or hard objects or drop to the floor. He is very upset once he calms down and usually hurts himself. It is embarrassing for those with him and those around him and it can take several minutes for him to calm down (parent one).

It is a normal neurotypical response to feel embarrassment at situations that cause unwanted attention from others. Parent three's response suggests that this embarrassment stems not so much from the actual behaviour of the autistic individual, which is merely their way of expressing frustration, but from neurotypical negative reactions which she believes are caused by a lack of understanding and knowledge rather than from malice,

> [The main difficulty is] just people's attitude to [my son] and the cruelness of people sometimes, just in general public, or young adults or whatever, in their lack of understanding of somebody with problems. And I do think that's lack of education in society […] One of the biggest problems I've found is education, people really haven't got any idea either of how to help somebody like

that and some people don't really want to know because it's too difficult, takes too much time (parent three).

Lack of education surrounding autism means that people often do not understand the causes of the behaviours of many autistic people, which leads to their alienation. Basic understanding of autism may be based on stereotypes of autistic behaviour represented within popular media such as films like *Rain Man* (1988) as well as fictional literature such as *The Curious Incident of the Dog in the Nighttime* (Haddon, 2003). According to Stuart Murray,

> As a hugely popular cultural product that highlighted a disability that was little known at the time of its release, *Rain Man* instituted the public sense of what autism was. Hoffman's performance became the accepted account of autistic behaviour and subjectivity (2008:88).

Knowledge based on stereotypical portrayals means that some key elements of autism, such as sensory sensitivities, are overlooked, despite this area causing severe problems for the majority of autistic people. Another danger is that some elements of autism become widely believed stereotypes; as *Rain Man* largely focuses on savant skills. This is not a common characteristic of autism with only 10% of autistic people recognised as savants (Dodd, 2005:51). Being a savant is now widely believed to be a key element of autism, despite the fact that it is not recognised within the diagnostic criteria in the DSM-IV. As Jarrett states, '[t]he success of [*Rain Man]* has helped spread the mistaken idea that all or most people with autism are savants' (2014:746). Through autistic self-expressions and the involvement of autistic people in future research, these stereotypes and mistaken ideas can be replaced with a realistic understanding of what it means to be autistic, and advances can be made in terms of support for autistic people.

Drama and Dramatherapy

Although participants in this chapter report their children having accessed a number of different forms of support, all state that their children were never offered access to dramatherapy as a support service. Two parents did, however, report that their children had previously participated in drama activities, but as a hobby rather than as a support service. Parent one recalls that her son took part in school plays and appeared to enjoy them, but that he has had little opportunity to participate in drama activities since leaving school. Parent two, however, states that his son's experiences with drama have been recent, and something he chose to become involved in,

> he joined a, a drama group, which was a real surprise to us because ever since he's been in primary school, he's hated anything to do with going on stage. It's really quite amazed us that he wants to do it. He went to Canada to visit his cousin, and got involved in Camera Roll production [a drama and film project for autistic people and people with learning disabilities] and I think that really did a lot for him.

This account shows that drama activities undertaken as a form of enjoyment can be beneficial to autistic people in terms of self-expression, self-esteem and socialising with others, as also explored by participants in Chapter Six. The fact that this autistic individual chose to become involved with drama groups despite previously disliking drama and performance, emphasises the effect that drama can have on an individual's self-confidence, self-esteem and self-awareness, which are all significant factors in the development of a sense of self and identity. Parents one, two and four have had no experience with dramatherapy as a support service for autistic individuals, however parent three considered the approach, as her son reacted positively to music therapy, which also works with

theories from the social model of disability and works with similar aims to dramatherapy despite focusing on a different art form and form of expression, and increased his self-confidence and opportunity for self-expression. As well as recalling her own experience, parent three considers the potential reasons for the lack of recognition of art therapies for autistic individuals,

> I looked into finding him a dramatherapist, because I've got a friend who's one, but he wasn't interested when he was little in that he showed more leanings towards music. There isn't very many dramatherapists about, I think that's the thing, a lot of people don't take it very seriously. It's a bit like music therapy, people just think it's all waving hankies or doing whatever (parent three).

Parent three alludes to the issues raised within previous chapters, surrounding possible reasons for the lack of recognition of dramatherapy for autistic people in society. The apparent preference for support services that focus directly on learning neurotypical social skills may reflect that parents' main wish for their children is to be accepted into the neurotypical world, which exists as they naturally want the easiest way of life for their children. However, such approaches do not necessarily acknowledge the autistic individual's sense of self and identity and need for self-expression in order to develop their identity in the way that more creative approaches, such as dramatherapy and music therapy, do.

Although parents two and three have some prior knowledge surrounding dramatherapy in general, both admitted that they did not know a great deal about it, with parent two explaining, 'I have heard of dramatherapy but I hadn't until very recently thought about it in the context of autism… I'd sort of heard of it in terms of trauma therapy'. This is an interesting perception. The specific area of dramatherapy and autism has only recently generated interest in researchers and

is a comparatively new concept, as opposed to dramatherapy for individuals who have experienced a trauma, which is a relatively well-documented area. It is perhaps also due to the oblique nature of dramatherapy that the approach is not considered to necessarily be suitable for autistic clients. The notion of dramatherapy being considered to be unsuitable for autistic individuals due to the reliance on indirect methods has been challenged earlier in the thesis through exploration of key connections between autism and dramatherapy.

As knowledge of dramatherapy was limited, participants were given the same short explanation of the aims and techniques involved in dramatherapy that autistic participants were given and asked to share their opinions on whether it could be beneficial to autistic individuals based on their own experiences. The fact that parents reacted positively to the idea of dramatherapy for autistic people does not necessarily provide evidence for the use of dramatherapy with autistic people, as they may have formed their opinions in the interest of this research. This is a potential limitation of questionnaires and interviews as a form of qualitative research. However, it was interesting to gather their responses in terms of the connections they made between their understanding of their children and their needs and desires, and the little that they knew about dramatherapy. Parents two and three particularly felt that dramatherapy could be beneficial to their autistic children, particularly in terms of self-expression and role play. Both of the autistic individuals discussed are now young adults with varying levels of difficulty in different areas of their lives, but both parents agreed that role play and creative self-expression would be the main advantages for dramatherapy with autistic people. Parent two explains the benefits that his son finds in aspects of role play,

> [My son] for quite some time liked finding and buying costumes, he's got various different things and at the time he got them we didn't really think much about it, other than he quite liked it, because they're fun to wear. But the more we thought about it over time, I think it's a character that he takes on when he wears it. And I think we realised that it's a bit like you're not yourself, you're taking on a character, and it makes it easier to go out, in some ways, into society.

These examples suggest that parent two's son uses a variety of self-chosen props in order to explore roles and take on different personas, thereby using dramatic techniques similar to those within dramatherapy in order to expand his role repertoire and develop his sense of self and identity. This autistic individual may enjoy exploring roles and personas using different costumes as it allows him to take on outward characteristics of another person whilst safe in the knowledge that his own identity is intact, thereby experimenting with aspects of different roles with the costume acting as a clear visual boundary between his real self and the character. This is similar to exploration of role through mask work in dramatherapy; by using masks, clients can begin to explore hidden parts of themselves and different aspects of certain roles with a visual expression of the role that can be easily removed if the boundaries between the authentic self and the role being explored become too blurred. Parent three also feels that young autistic adults could benefit from exploration of role within dramatherapy and as a form of self-expression,

> I think [adolescence] could be a really good time, so you can express yourself, I think because that's one of the real difficulties that people with autism have, expressing themselves with other people, so role play or something like that would be really helpful for them (parent three).

From a personal viewpoint, she also explains why she feels dramatherapy could be a positive experience for her son,

> I think, now, he could benefit from [dramatherapy], because he still has problems with self-esteem and body awareness, and body language, so I think perhaps that is something he should consider to do now himself. He's not very good at getting his voice heard, so I think it would do him good.

The fact that parent three highlights difficulties with body awareness and self-esteem is significant as it suggests that her son has a limited sense of self, identity and other, and that parent three correctly associates dramatherapy with self-expression, movement and interaction rather than theatre and performance, which is a common misconception. Participants in this chapter, for the most part, appeared to have a deeper understanding of dramatherapy than participants in the previous chapter and viewed it mainly as an opportunity for exploration of role and development of a sense of self and identity, and self-expression. This is an interesting contrast to earlier responses in which parents focused little on development of a sense of self and identity in their children, instead emphasising support services that aided them in understanding of the neurotypical world. Acknowledgement of the benefits of dramatherapy in self-expression and self-exploration do, however, suggest that parents are aware of limited development of a sense of self and identity in their children, despite the fact that this area is not necessarily considered a priority. Although other parents appeared positive about the use of dramatherapy as an intervention that may be beneficial for their children, parent four, who acknowledges that her child can be deeply introverted did share the same concerns surrounding dramatherapy as participants in Chapter Six, 'I'm not sure that [my daughter] would take part in this as it would put her in the limelight which she would not like.' This response reiterates the fact that dramatherapy is not yet widely understood, as it is clear that many people still associate drama largely with performance and theatre, and thereby dismiss

the benefits of self-exploration techniques related to role and play that are undertaken within a safe space and at the individual's own pace. The daughter of parent four has difficulties adopting facial expressions, therefore dramatherapy techniques that help to develop self-awareness may actually be particularly beneficial for the individual. Through mirroring activities, play and touch, the individual could explore her sense of self and the ways in which she physically expresses her identity, which offers more opportunity for self-exploration than interventions that focus on the medical model of disability. By removing the social restrictions that the individual faces, she could experience validation for her authentic self without being trained to take on a persona to fit in with the outside world. Such activities would not put the autistic individual intro the limelight but would encourage self-exploration through engaging with another person.

From parent responses in this chapter, many similarities between the perceptions of parents of autistic individuals and autistic people have become apparent. Both groups agree that communication and social difficulties are the most problematic feature of autism; that educational support has proved particularly beneficial; that healing is not necessarily a realistic or desired aim of therapy and support services, and that diagnosis was a positive step. However, the benefits of diagnosis is the key area in which the opinions of the two groups are divided. Parents noticeably largely view autism in relation to the medical model of disability and focus on diagnosis as a pathway to support services for their children, whilst autistic participants state that having a label through which to understand themselves and develop a sense of self and identity was the most significant result of diagnosis. This contrast emphasises the different priorities of autistic individuals and their parents; with autistic people using the label as

something to identify with, and parents using the label as a way to receive support for their child to make their lives as easy and fulfilling as possible. This perception of parents of autistic people also affects the way that they view normalisation; although they dismiss the concept of 'normal', they clearly value interventions that help their children to learn enough neurotypical skills to fit into neurotypical society, as they want the best for their children. In terms of dramatherapy, participants in this chapter had more of an understanding of the approach, and outlined potential benefits in exploration of role, self-expression, and movement and body awareness, rather than interpreting drama more literally in terms of theatre and performance.

Chapter Eight

Perspectives of Dramatherapists

In previous chapters, the responses of autistic individuals and parents of autistic individuals were explored in order to gain an understanding of the way autism affects different individuals from various perspectives, particularly in the areas of diagnosis, support and everyday difficulties. Although dramatherapy was discussed with the participants in earlier chapters, understanding and recognition appeared to be limited, which emphasises the fact that dramatherapy for autistic individuals is a relatively new and much overlooked field. The two previous participant groups had little prior knowledge and experience of dramatherapy as an approach to aid development of a sense of self and identity in autistic people, focusing largely on performative elements typically associated with drama, which the majority of participants felt may hinder the usefulness of dramatherapy for autistic individuals who are stereotypically introverted. In order to understand the reality of the possible benefits and limitations of dramatherapy with autistic clients, the responses of three trained dramatherapists with previous or current experience in working with learning disabled and autistic clients are considered in order to provide another perspective of autism, particularly regarding the development of a sense of self, other and identity, and to explore the benefits of adopting a social model of disability within interventions for autistic people. Interesting issues raised within this chapter are the use of dramatherapy for increasing self-awareness; self-esteem and self-expression; the emphasis on a safe space in dramatherapy; the benefits of the dramatic techniques role and play; and the relative lack of understanding of dramatherapy in comparison to other art therapies within general society. Throughout the chapter, participant

responses emphasise dramatherapy as a person-centred approach, which is regarded as a highly positive element of dramatherapy but makes it challenging to discuss as a general approach and evaluate benefits for certain groups of people.

Dramatherapist Backgrounds

Only three participants are represented within this chapter, as difficulties emerged finding dramatherapists who work fit the criteria and were willing to participate. This highlights the fact that autistic groups of individuals are not currently regarded as one of the main client groups with whom dramatherapists work. According to therapist two, the main client group for whom dramatherapy is currently considered particularly useful are schizophrenics,

> Well, if you listen to the NICE guidelines, they will tell you [dramatherapy is particularly effective for] people with schizophrenia and psychosis. But that's purely because of lack of research, and because most of the research currently is in those areas.

Therapists two and three both have degrees in drama. Therapist one, however, originally studied psychology, which led to an interest in the work of Slade involving child development and play. All three therapists worked with elements of drama within community projects, education, and theatre, which led to an interest in dramatherapy. These dramatherapists completed training at the Sesame Institute, and continue to work with the Sesame Approach of dramatherapy. The Sesame Approach is described on the official website as,

> A registered charity that is the guardian of the Sesame Approach. This unique Approach encourages the use of drama and movement as a therapeutic tool for psychological well-being

> and health. The Institute aims to promote, train and educate others in this therapeutic use of drama and movement and to preserve and develop the ethical standards of its approach (Sesame-institute.org, 2013).

The Sesame training course is one of the most well-established in the UK, having begun as early as 1975, and been offered as an MA course since 2005. Sesame uniquely concentrates on a particular form of dramatherapy including movement and touch. As the approach focuses on the use of these elements, it can be particularly effective with non-verbal clients, such as autistic individuals, which may also explain why therapists represented within this chapter happen to use this particular approach. Autistic people was one of the main groups that the Sesame Approach originally set out to work with, '[i]n 1968 a manifesto recommended the need for scientific research and this took place with three different client groups. Settings included long stay schizophrenics, autistic children, and adults with learning disabilities' (Sesame Institute.org, 2013). This research, despite its potential usefulness and the little research into dramatherapy and autism, is not readily available to the public as the manifesto is kept within the Sesame Institute. Godfrey and Haythorne (2013) support the claim that research into dramatherapy for autistic people is still limited, '[t]here has been little published research to date exploring the role of dramatherapy in the treatment of ASD and none that the authors are aware of undertaking qualitative analysis' (2014:27).

All three therapists work with a broad range of clients including abused women, psychiatric patients and children who have experienced trauma, and have all worked with people with learning disabilities and autism. They are all employed through different organisations, including charities, schools and the NHS, and

therefore, have different referral processes for clients that are to undertake dramatherapy. According to these therapists there are many benefits of the use of dramatherapy with autistic clients, particularly in the development of a sense of self, other, identity and self-expression.

Sense of Self, Other and Identity

It is worth noting that questions included in the questionnaires for dramatherapists did not directly involve an underdeveloped sense of self in autistic people as a topic, therefore answers that discuss this area give further evidence of this being central to the approach, as participants were not led to it through questioning by the researcher. Previous chapters have discussed possible techniques and methods used in dramatherapy that may make the approach successful in developing a sense of self and identity in autistic people. Responses from therapists further confirm these ideas, therapist two outlined development of a sense of self and identity as a key aim in dramatherapy practice,

> The main aim would be around awareness, so awareness of self and potentially others, in the space around you. So things would be building awareness through your body self, so working with the body to become more aware. Regulating their sensory experiences through the body would be an aim, and also self-regulation, beginning to manage emotions.

This statement emphasises dramatherapeutic aims previously outlined when working with autistic clients. Therapist responses suggest that movement in particular is an effective way of beginning to link the inner self with the physical self and therefore learning how to present the self and identity through the body and to understand and relate to others that are present within the same physical

space. This is reiterated by therapist two, who references aspects of Jung's

concept of self which makes up a large part of the theoretical framework for the

Sesame Approach to dramatherapy,

> It's the connection between mind and body, psyche and soma,
> how you approach the mind through the body and vice versa.
> They're completely linked so you have to look at the person as a
> whole. Approaching the mind through the body, and the emotions
> through the body. Then you've got development of self and sense
> of other, so being together in that, and going through it, they had
> that greater development of self.

The development of a sense of self relates to many key features that therapists

outline as important aims of dramatherapy, for example improving self-esteem,

self-awareness and self-expression. Therapist three describes the importance of

these aims within her practice, referring also to the way this can help the autistic

client outside of the dramatherapy space, 'some general aims that may be

relevant [with autistic clients] would be to build confidence and self-esteem, help

build relationships, help with learning to express themselves and to deal with

trauma or negative feelings.' In order for development in these key areas to occur,

autistic people first need to experience the freedom in which to explore their

physical selves and inner selves, so that they can use the tools offered to them

within a dramatherapy session to connect the two and express their sense of self

and identity without relying on a persona constructed through impersonation and

learned behaviour. This is something that therapist two referred to,

> I think people, no matter who they are, need to find out who they
> are. And they need to find the tools to do that, and the ways to
> express themselves, and to know as much about themselves as
> they can and in relation to others as is possible.

In this statement, he acknowledges that this is a key aim for any person, not just those who are autistic. However, as discussed previously, the majority of neurotypicals, generally speaking, naturally learn social conventions as they develop which allows them to interact with others and express their sense of self and identity with fewer problems, such as anxiety and communication difficulties. This means that neurotypicals have access to a large variety of tools with which to express themselves, which may not be true for some autistic people who lack verbal communication and social understanding. Because of the difficulties that many autistic people have with communication, social skills and social understanding, which are largely caused by society's expectations and rules, it is important that they be given the opportunity to explore a range of alternative tools for self-expression and self-awareness away from the social world, as therapist two suggests.

Therapist two emphasises self-exploration and self-expression in the development of a sense of self and identity,

> My primary aim is to help them to understand who they are, and to help them find ways to express that. To understand themselves in relation to others, to develop and improve social skills, and improve ways of expressing themselves. But ultimately to really get a sense of who they are, what they want (therapist two).

The development of a sense of self and identity within a dramatherapy session may help autistic clients to cultivate some transferrable skills to take with them in the outside neurotypical world, such as social skills and a larger role repertoire, so that they have more roles at their disposal in social situations. This sets dramatherapy apart from those more conventional interventions in line with the medical model of disability, which focus on external elements such as

impersonation and learned behaviour rather than developing the sense of self from the inside out. Although dramatherapy incorporates elements of imitation to develop self- and other-awareness, impersonation of others as a replacement for development and expression of the individual's real identity is discouraged.

In order to achieve development of a sense of self and identity, dramatherapists emphasise some key aspects of dramatherapy theory and practice, such as the creation of a safe space, play, role and storytelling. Although these are standard techniques used within different models of dramatherapy such as Emunah's five phase model, as outlined in *Current Approaches in Dramatherapy* (Lewis and Read Johnson (ed.), 2000) and the developmental model as explored by Cattanach in *The Handbook of Dramatherapy* (1994), they can be used in many different ways depending on the client group and the dramatherapist, which again emphasises dramatherapy as a flexible approach that focuses on the needs of the client.

Flexible Approach

It has been argued in previous chapters that interventions and therapies for autistic people should be fit for purpose and that sessions and targets are built around individual needs. This is particularly vital when working with autistic people as they have a wide variety of needs depending where they lie on the spectrum, their difficulties and what they want to take from the process. The focus on what the autistic person themselves may benefit from and what they want from a therapeutic approach represents a significant difference between dramatherapy, which is built around the social model of disability, and those interventions that focus largely on what experts think is necessary based on their

diagnosis, in order to cure individuals. Understanding of the client is also particularly important in dramatherapy for the development of a sense of self in autistic people, if their existing modes of expression of the self, such as repetitive movements are to be explored within sessions. The need for a person-centred approach was emphasised by all three therapists when questioned about referral processes, key principles of dramatherapy, and personal experiences. When discussing the most important features of dramatherapy in his opinion, therapist two explained,

> I think, first and foremost, you have to be very person-centred, you have to approach from the need of the person you're working with, or the group. The main principles depend on what is it that they want to explore, and then you sort of use your skills. So you can work in a very holistic, organic way with people and can accommodate people, no matter how they're coming to you, what their presentation is.

This is a clear advantage of dramatherapy as an approach that works with the social model of disability. Although there are many models of dramatherapy the approach is a flexible one that relies on many creative techniques that can be applied in a variety of ways in order to develop the client's existing sense of self and respond to what they want from the approach, relating again to the need for a range of tools to be offered in order for clients to explore new ways of self-expression. This is in contrast to more rigid forms of therapy, such as psychotherapy and Lovaas Therapy, which have a more structured framework and a specific aim in terms of outcomes. The person-centred nature of dramatherapy, although positive in terms of benefits to clients, does make research, evaluation and assessment difficult due to the fact that aims are set for each individual, and therefore no single mode of evaluation is suitable for all groups. This became apparent when therapists were asked whether there were

any client groups in particular that appear to benefit from dramatherapy. Although therapists two and three named a variety of groups, such as the elderly, non-verbal clients, and abused children, ultimately all three therapists expressed difficulty in answering the question as the benefits are so varied for different groups,

> I wouldn't say a particular group, no, I think that it depends on the individual, whatever their experience has been. I can't think of one specific group of people I've worked with that I really thought wow, this is the approach that this group of people need, because it's such a flexible way of working (therapist one).

Literature from practitioners such as Anderson-Warren (2013), Godfrey and Haythorne (2013) and Mitchell (1996), surrounding benefits and limitations of dramatherapy relies on examples and case studies of individual experiences. As individual experiences are so different, evaluation of the approach in general is inevitably problematic as there are so many different individual targets and outcomes, however the fact that dramatherapy is person-centred and focuses on the individual behind the medical diagnosis is arguably one of the most positive features of the approach, particularly in relation to autistic people.

When discussing methods of referral, therapists gave many different examples of processes they use but all agreed, as a result of dramatherapy being person-centred, that an important part of the process is to observe and learn about the individual so that the dramatherapist can plan sessions around individual needs and strengths, 'it'd be a case of meeting with that person one or two times to get a little bit of an idea of what would be a useful way for them to work' (therapist one). Therapist three further acknowledges the client's part in the process and

emphasises that all individuals must have some input into the aims and ways of working that may be beneficial to them. In the case of people with limited or no verbal communication skills, they must at least begin therapy having been part of the referral process and having given their informed consent when possible,

> I would see care plans or other documents if relevant to enable me to tailor the therapy to the client's needs and assess things such as risk. I have a referral form and consent form for the client. It is important for the client to understand dramatherapy as much as they can in order to consent to the process (therapist three).

Therapist two also emphasises the need for potential clients to have an active role in the referral process and the tailoring of dramatherapy practice to suit their needs,

> It's specific to each individual, so they'd be identifying aims that come from themselves but also aims that I can see as a therapist. It's really finding what it is that they want. And really supporting and acknowledging their abilities, their skills, their strengths, rather than looking at where they've got their deficit, which often happens in school environments and at home.

This focus on the strengths of a person rather than their weaknesses or disabilities correlates with arguments raised in previous chapters surrounding ethics of research with vulnerable groups, models of disability, and whether autism should be understood as a disability or merely a different way of being. Although dramatherapy aims to aid development, and therefore focuses on strengthening weak aspects of the self, it does so using techniques that focus on an individual's abilities rather than their disabilities. This is reiterated by therapist two's statement, '[dramatherapy] can be tailor made to clients who may have difficulty talking and expressing themselves in verbal means or those who feel they are stuck having tried verbal therapies for a long time.' For many autistic

people, who experience delays in development of language and communication, communicating verbally can be an ineffective way of working, which can be demoralising for an autistic client. As dramatherapy works in alternative ways that focus on creative means, it allows individuals to explore their strengths and abilities and existing sense of self, rather than encouraging them to narrate their experiences, which enables the client to feel empowered and validated for who they are. As explored in Chapter Five, many autistic self-advocates show a preference for more indirect methods of self-expression. The Sesame Approach to dramatherapy is particularly focused on expression through alternative means therefore, as all therapists in this chapter were trained in this approach, all put little emphasis on verbal communication and narration in sessions.

Safe Space, Play and Client Validation

The notion of the dramatherapy space as a safe space in which to explore the self away from neurotypical social pressures is emphasised as a key beneficial quality of dramatherapy for autistic individuals, both in previous chapters and by therapists in this chapter,

> The dramatherapy sessions are a real positive space for many people because the challenges of the outside world are lessened so the client feels more comfortable to deal with things they find difficult. The sessions are tailored to them so they generally feel listened to and can truly be themselves with no pressures to do things they find difficult (therapist three).

This statement highlights the effect that neurotypical expectations have on autistic people; again reiterating the part that society plays in the disablement of autistic people and on the development of an autistic person's sense of self and

identity, as well as the limited opportunities for self-expression when under pressure from neurotypicals. As Lewis and Banerjee state,

> The strength it takes for young people with ASD to maintain the self in the face of a constant and un-understandable barrage of outside events is almost unimaginable. Equally the individuals affected have profound fragility to external assault (2013:no pagination).

This highlights the positive aspects of the use of a safe space. Away from neurotypical expectations and the anxiety that such pressure may cause, autistic people are more able to maintain and develop their sense of self. In the dramatherapy space, autistic individuals are more likely to be able to explore and present their authentic sense of self, as anxiety can have a negative effect on the ability to develop and present their true identity.

Therapists two and three state that the use of a safe space encourages the autistic client to have some control over their own experiences and allows them validation for the person they are,

> I think it's because this is a person who can come to a dramatherapy group, can experience being verified for who they are, not judged for they are, which is a common feedback we got, that they were respected and accepted for who they were, not who other people were expecting them to be (therapist two).

Being away from neurotypical social expectations and judgement gives autistic clients the freedom to express their sense of self and identity, without having to adopt a persona in order to fit in with the neurotypical world. Therapist one also agrees that a vital element of the use of a safe space is the lack of judgement

and pressure placed upon the client, so that they can be encouraged to explore their personal strengths and existing sense of self in an authentic way,

> It's not about the therapist directing it but just having time to interact and being close enough to do that within a safe space, so definitely fun. It's hopefully a space to be validated and be seen, to be respected whether they communicate, or not.

Through use of a safe space in which the client is free to explore and express their authentic sense of self without judgement, the autistic individual is in control of their own experience, which is not necessarily a feature of interventions that work in relation to the medical model of disability. As dramatherapy is an interactive experience, the client is given the opportunity to see others and be seen themselves. Dramatherapy activities such as stamping and pushing and pulling are particularly effective in giving the client a sense of validation as they present the opportunity to acknowledge and assert their presence within the space and in relation to others within the group, with a sense of control over their actions.

The prominence of the use of a safe space in which to explore and express the real self away from outside expectations sets dramatherapy apart from other forms of therapy which focus on external changes in autistic people rather than development of the self, as reflected by therapist three's response,

> The space is for the client to utilise it in the way they see fit. They have very much enjoyed and appeared to have benefited from being listened to and accepted for who they are and how they feel on any given day; rather than the world and school environment asking them to fit into a world they find very challenging.

Interventions that focus on normalisation, such as social skills training and Lovaas Therapy, draw upon the expectations placed upon autistic people in the social world in order to generate change in how they behave in social situations, emphasising the assumption that autistic people should be trained in how to fit in with neurotypical expectations in order to cure them of autistic behaviours. Dramatherapy, however, works to strip away expectations in order for the autistic individual to build self-awareness and a sense of identity, giving the client more control over the way they express themselves rather than being taught how they should behave in the neurotypical world,

> Dramatherapy is creative and expressive and allows the clients to be themselves without demanding outside change; change and growth often coming from the client themselves. As it is an active therapy on the whole clients often enjoy taking part in the activities rather than things being expected of them (therapist three).

Within these statements, therapist three acknowledges the fact that dramatherapy utilises certain elements of the client's sense of self in order to aid development, as discussed in Chapter Five. Behaviours such as special interests and repetitive movements can be used within dramatherapy sessions in order to encourage development of such expression of self and acknowledge the autistic self rather than aiming to change the ways the autistic individual establishes a connection to the world around them, which represents a significant contrast to popular methods of normalisation.

Therapist three does, however, emphasise that the use of a safe space in which to explore elements of the self away from neurotypical expectations and pressures through the client's own creative means can lead to a difference in the way the person copes in the outside world. This relates to the notion in

dramatherapy that themes explored within dramatic time and dramatic reality make changes within the individual so that change can be carried with them into real time and space,

> [A client] reported that this helped her to deal with going to college and the challenging environment of traveling there and being with others. She had tried things in the safe environment of the therapy space and remembered that if she could do that then she could cope with difficult experiences in her life (therapist three).

Along with the use of a safe space, all therapists agreed that play was a particularly key element in working creatively with autistic clients. Play is a vital part of development, but autistic individuals do not naturally reach some of the important phases, such as interactive play with others, which can hinder their ability to express themselves and develop a sense of self and identity within interactions,

> play is where change and learning that sticks comes. And through willingness to engage in play. So it's that dual thing, it's a willingness to be engaged, that means that you're willing to receive something that might change you or you might grow from. So, the willingness is there, the desire to do it, but it's play and play changes people. Play is key to human development (therapist two).

Some people with autism do not appear to move past the point of solitary repetitive play. This may be due to a preference for playing alone, or difficulty understanding how to enter play with others. In dramatherapy, although the therapist places some expectations on the client in terms of set ground rules and respect within the group, autistic clients are able to enter into interactive play with others without the accompanying neurotypical social expectations of the outside

world. This may allow the client to explore different aspects of themselves and to express themselves more creatively and authentically. Slade highlights two particular elements of play that are important phases in development: projected play, where a character is projected onto an object, and personal play which involves the whole self, 'the person gets up and moves about and takes total physical, emotional, or spiritual responsibility for the action'. Slade goes on to claim that '[n]ot only are both these types of play […] important to the individual, but if circumstances allow the right amount at the right time of each, when needed, it helps in balancing the personality' (1995:3). Typically, when autistic people play with objects, they tend to engage in manipulation play such as banging objects repetitively, or stacking or lining up objects. According to Pamela J. Wolfberg,

> The tendency to manipulate objects in a stereotyped fashion is one of the most commonly cited characteristics of play in autism. When children with autism are compared with children of a similar maturational age, manipulation play is evident in the former at higher rates than either functional play or symbolic pretend play (2009:no pagination).

Although manipulation play may be natural to autistic people, it does not represent much opportunity for development of the self. Dramatherapy aims to create dramatic distance through play so that development into projected play and personal play can be achieved. As discussed in Chapter Five, the collection and value of special objects to autistic people as a form of projection may evidence the fact that autistic individuals reach the projected play phase. However, in order to balance the personality, both types of play are necessary. Movement activities encourage play that involves the whole body and sense of self, allowing for exploration, self-awareness and self-understanding. As

development of personal play may be delayed, dramatherapy play and movement activities may help autistic people to develop their play further and therefore aid the development of a sense of self and identity.

According to the therapists represented within this chapter, when developing play in dramatherapy sessions, the use of a safe space is particularly important, as people can be self-conscious when exploring play techniques, particularly if the client is an adult and has had little experience with self-exploration through play. Therapist one also explains the significance of a safe space when facilitating play,

> Finding ways to play that can soften defences a bit [is important].
> But also, just being aware that it's still about creating a safe space
> so that you're not pushing someone too far out of their comfort
> zone but kind of enabling that play.

Play is a particularly effective vehicle for autistic people to explore parts of the self that are buried or underdeveloped, however therapist one reminds us that play can be a difficult process for autistic individuals. By giving clients the opportunity to lead activities at their own pace, they are given a sense of control and validation that is not necessarily achieved in other interventions that focus on the medical model of disability and normalisation. The use of play through creative means within a safe space can encourage individuals to develop manipulation play into projected and personal play, giving them the freedom and opportunity to develop playing in a way that allows them to explore their sense of self and identity and understanding of relationships through further stages of play,

> I've found play can be tricky for children who maybe haven't had
> a safe space to play, so for some it can take a long time to get to
> the point where play happens, and that's part of the process. Or

> it's just brilliant. You can start to see and play it out and then they start to make sense of it, and they're in control of it.

Again, therapists refer to clients being given an element of control within dramatherapy, allowing them the freedom to explore their own desires and needs, which can be effective in the development of a sense of self and identity when perhaps they have had little past opportunities for personal choice and exploration. By allowing individuals control over their own activities and development, they are encouraged to develop self-confidence and methods of self-expression.

Role and Stories

In Chapter Three, role was described as a key principle within dramatherapy, and is significant when working with autistic clients in the development of a sense of self, other and identity, as discussed through Landy's concept of self and role. According to therapists in this chapter, stories are an important way of developing role work through dramatic distance, metaphor and symbol, as clients are encouraged to explore a chosen role within a story in order to begin to understand a larger variety of roles and therefore begin to relate more to others and expand their own role repertoire. When questioned about the most valuable techniques and principles within their own practice, therapists all referred to role and storytelling. Therapist one explains why these methods are so powerful for individuals with autism who have a limited role repertoire,

> Working in role can be quite an indirect and imaginative way to be seen. I think it depends how directly someone's working, it could even be working with six part stories, creating stories that can then be acted out, it can be quite an empowering thing for

someone who does maybe really need to feel in control of their world and their daily routine.

In this response, therapist one highlights the fact that role work within dramatherapy is a creative and oblique method of developing a sense of self, in the fact that roles are explored within dramatic time away from disabling effects of the social world, which allows clients the safety to explore the fictional role whilst learning to develop a certain aspect of that role in a way that may be carried into their own role repertoire. This represents an opportunity for the more indirect methods of self-expression that many autistic people represented in Chapter Five appeared to favour. The notion of having control over their everyday lives and identity is again an important and validating element, according to therapist one, as it may be in contrast to their past experiences, when they may have been acting on neurotypical expectations and wishes, and is in contrast to many other interventions for autistic people that view autism in relation to the medical model of disability. Role work through stories encourages change and development from within and making choices as a result of your own unconscious and conscious processes, rather than focusing solely on external behaviour, '[clients] choose roles from the story, so you're working with those unconscious processes about what you identify with, what your needs are within the choice of the roles, and what you need is often unconsciously identified' (therapist two). This relates to Jung's theories surrounding the concept of self. Therapist two also refers to the use of archetypes within role work, 'in dramatherapy, you're often working with archetypes, so we all have the archetype within us and different archetypes, it allows the autistic person to find the autistic archetype, as well, and to develop the person through that.' In Jung's concept of the self, archetypes relate to innate models of behaviour and relate what Landy calls the presentational and

representational aspect of roles, '[a]rchetypes […] combine the universal with the individual, the general with the unique, in that they are common to all humanity, yet nevertheless manifest themselves in every human being in a way peculiar to him or her' (Stevens, 1994:50). Therefore, archetypes (or different roles according to Landy's taxonomy of roles) must be explored so that individuals can develop an understanding of the way they understand and play out different aspects of their personality and identity, and how this makes them individual. When referring to exploration of different archetypes, therapist two emphasised that it allows autistic clients to explore the part that being autistic plays on their identity and the roles they inhabit away from external expectations. Dramatherapy allows autistic clients the opportunity to explore their autistic archetype by encouraging development of some of their autistic behaviours, such as repetitive movements and projection through special interests or objects. This form of self-exploration allows autistic individuals to feel verified and accepted for who they are rather than having to adopt a persona to guard against external judgement. Without this, clients would likely not have the freedom to explore their autistic archetypes as they are largely encouraged to bury aspects of this part of their role repertoire in neurotypical society.

Stories can be used in a variety of different ways when working with role, and the methods that are used depend on the individuals within the group. Therapist three described why stories are so useful within dramatherapy sessions, 'stories for me are very important, as they can be important frameworks in order to give the clients inspiration, structure and bring up various topics, symbols and themes to explore.' This, again, reiterates the oblique nature of dramatherapy which is in contrast to other interventions that focus on learned behaviour in accordance with

societal norms. Rather than directly working towards a specific goal through impersonation and practice, stories allow parallels to be drawn between real life and dramatic time through themes, encouraging personal growth and development, and self-expression through alternative means. These therapists agree that role work through use of stories can be beneficial for autistic individuals as it is a technique that encourages self-expression through dramatic distance, authentic personal development and relies on individual interpretations and choice. Therapist two gives an example of how this technique visibly aided the development of one client, as it encouraged self-confidence, self-awareness and self-expression in an individual who began sessions with little communication or interaction skills,

> More and more he became engaged and found his voice in the group and engaged with people. He was able to start telling his own stories and create his own stories, he also got to the point where he could actually direct his own stories with others performing roles that he'd chosen for them within his stories.

Although there are many potential benefits to this way of working with autistic people, even if it is merely a way for them to become more self-confident, there are, as stated by therapist one, also potential limitations to role work through stories,

> Sometimes thinking maybe we could try role work, and sometimes that can work really well, and other times not being the way to work at all, whether it's just difficulties with sequencing. Sometimes really being able to connect with ancient stories can be an issue.

These examples again emphasise the fact that dramatherapy must be tailored around the needs of individuals. As autistic people are often very literal in their understanding, some stories may be difficult for them to work with, particularly

ancient myths that can be difficult to relate to due to the intricate characters, plots and metaphors. This stresses a point made in Chapter Three, that dramatherapists must be well-equipped to choose an appropriate story when embarking on this method of working, as the story must be fit for purpose in order for clients to begin to relate to characters and themes. The existing stereotype that autistic people lack imagination may cause some individuals to be sceptical of the benefits of an approach that uses stories and metaphor to aid exploration of the self. However, from therapist responses it is possible to appreciate the effectiveness of storytelling for development of role, self-expression and self-confidence.

Benefits, Limitations and Healing

Therapist responses from interviews and questionnaires presented a positive view of the benefits of dramatherapy for the development of a sense of self, identity and other in autistic people. This is encouraging but perhaps unsurprising given that they are personally invested in the approach after undertaking the training and working in the field for a number of years, and that they may have felt the need to promote the use of dramatherapy within this research. However, these therapists are quick to dispel concerns raised in previous chapters surrounding the suitability of dramatherapy for autistic individuals, due to the flexibility of dramatherapy as an approach,

> The main principles depend on what is it that they want to explore, and then you use your skills, you use everything that dramatherapy can use, as it uniquely can use all the art forms. By the nature of what drama is, it is integrating everything so you can work in a very holistic, organic way with people and can accommodate people, no matter what their presentation is (therapist two).

Dramatherapy uses many different techniques, including art, music and dance, and therefore is difficult to define, which may explain to an extent why the approach lacks a clear definition that is understood by many in general society. According to therapists, however, this is a positive aspect of dramatherapy as it offers many alternatives to those who have difficulty with verbal expression. Therapist three refers to the fact that the approach does not rely on verbal communication as a particularly positive aspect in regard to autistic clients, as it allows them to build on their own strengths and desires,

> It is nonverbal in the sense that talking isn't the focus of the therapy. It can be tailored to the client's specific needs and likes. Many of the clients enjoy drama and being creative. Referrers may see drama as a means to building confidence, self-esteem and relationships with others.

This is reiterated by therapist two, 'it's very good with people who are non-verbal, or pre-verbal, or elective mute. People who find it very difficult to express themselves for whatever reason, but need some way of exploring what's troubling them.' Therapist three also emphasises the use of a variety of different methods within dramatherapy as a way to express and explore the self, and therefore begin to interact with others more successfully, 'being able to communicate through a wide range of means is helpful to build relationships with others when it may be extremely difficult to do so through conventional methods.' Despite the fact that parents in the previous chapter felt that more direct interventions such as educational support and social skills training were more suitable and useful for autistic individuals than dramatherapy, therapists state that social skills and building relationships can be a key aim in dramatherapy sessions. Dramatherapy techniques encourage interaction through exploration of existing elements of the

self, away from the pressures of the neurotypical world which so often cause anxiety and reliance on a persona, which can be disabling for autistic individuals,

> It allows them to, without thinking, use social skills and impairments with social skills because there's a lot of things you have to do in dramatherapy to make it work, in terms of listening, looking, turn-taking on a very basic level. It allows the person who can be quite concrete to engage, but it takes them towards more abstract thinking (therapist two).

The use of creative means to achieve skills in social interaction and self-expression arguably encourages autistic individuals to develop their own sense of self within interactions so that they can build their own identity, rather than merely teaching neurotypical social skills and encouraging a reliance on a social persona rather than development of the self and identity. Therapist two emphasises the benefits that being given the freedom for expression can bring to the client. He highlights the need to explore the autistic individual's behaviours in order to understand and develop existing elements of the self, 'it's important to explore what a behaviour might be communicating and then how that can be reflected through a drama medium'. This, again, supports the argument that creative methods may be more beneficial and authentic for autistic individuals than verbal methods. Despite the concerns raised surrounding the value of an indirect method such as dramatherapy for autistic individuals, which are largely based on existing stereotypes surrounding autism, therapists in this chapter agree that creative methods are actually particularly effective for autistic clients and dispute the stereotype that autistic people lack imagination,

> A popular opinion is that dramatherapy may be difficult for someone who's not necessarily got a typical imagination, so that might be a bit of a barrier, but I think you can encourage people to see that lots of autistic people are really imaginative,

particularly with things like using role, stories, indirect work (therapist one).

Although therapist one acknowledges that autistic people may have difficulties with imagination in the way neurotypicals experience it, she denies that this makes the approach unsuitable, emphasising the fact that a session is based around dramatic activities that connect to elements of the autistic client's existing sense of self as explored in Chapter Five. Contrary to assumptions based on stereotypes surrounding autism, and how this affects opinions surrounding the suitability of dramatherapy for autistic people, therapists agree that there are aspects of dramatherapy that may be particularly fitting for autistic people. Dramatherapy, rather than aiming to rid autistic people of autistic behaviours, makes use of some of the characteristics of autism, such as indirect self-expression, the need for ritual, repetitive movements and restricted interests, in order to develop aspects of the existing sense of self and identity. As identified by therapist one, dramatherapy allows for exploration of an individual's patterns of behaviour and how to express elements of the self by building on their autistic characteristics, rather than enforcing an inauthentic identity upon the client. If the majority of neurotypicals recognise autism only through stereotypes such as autistic people have no imagination or autistic people are too introverted and solitary for the approach, dramatherapy for autistic people will continue to be an unrecognised area despite the potential benefits that choosing this approach over normalisation interventions may offer autistic individuals.

Some normalisation therapies, such as Lovaas Therapy, openly aim to 'cure' individuals of their autistic behaviours. Although dramatherapy, according to the

literature, aims to 'heal' clients, therapists in this chapter are careful to emphasise that their definition of healing does not imply a need for, or a possibility of, a cure as emphasised within the medical model of disability. In the previous two chapters, participants have expressed scepticism towards the notion of healing, as they understand the term simply as curing the individual of autism, which scientific study has so far failed to define and evidence. There were also mixed opinions as to whether a cure would be a positive step, as autistic participants appeared to have accepted autism as a large part of their identity. According to therapist two, however, some parents of autistic people are still keen to find a way to cure their child, as he gave examples of parents asking him to do so through dramatherapy. This, again, suggests that the medical model is the dominant model through which many neurotypicals understand autism. When questioned about his own attitude and approach towards the notion of healing, he acknowledged that he could not heal anyone in the literal sense, but that development through dramatherapy aims to help the client to understand their sense of self better in order to find acceptance from the inside,

> I can't heal anybody. There's that sense of you don't actually have to be healed, you just have to understand yourself and express yourself, and other people to possibly understand you, because you're autistic and that's that. You are and there's nothing wrong with that (therapist two).

Therapist one also debated the definition of healing and focused more on the development and understanding of an inner sense of self and identity than on a learned outward presentation of behaviours,

> Healing is, I suppose, a very broad term, really, and it can be quite confusing because I think it's very spiritual, and can mean everything or nothing. Healing, I guess is something I'm thinking about in my work but I think, if anything, it's more about helping

someone be a bit more of themselves when they can't access bits of themselves, or repressed them, or don't know how to express them in ways that other people can appreciate or understand. So if anything I'd say healing's almost like a bit of a patchwork quilt helping someone grow.

Therapists represented in this chapter appear to dismiss the notion of healing in the medical sense, the sense that dramatherapy can rid the individual of autism, as Lovaas Therapy claims to do. Instead, these therapists use the word healing in relation to the social model of disability, to infer an inner change that has a positive effect on not only the way the autistic person perceives themselves but also on how they function in society. Therapist responses highlight the development of self-esteem, self-awareness and self-expression as the most significant healing qualities that dramatherapy can offer.

Therapist responses largely represent a positive view of the benefits of dramatherapy with autistic client, however therapists were also willing to acknowledge some limitations that they have personally experienced when working with this client group. Therapist three acknowledged difficulties with clients' or parents' expectations due to a lack of understanding of dramatherapy as an approach, which again relates to the notion of healing and its different definitions,

> Everything has limitations. People referring clients or clients themselves may see dramatherapy as teaching them how to be different and/or how to respond to the world in a different way or even to 'improve' someone's autism. Dramatherapy is more non-direct than that and is about the person rather than a practical application in the world which would be largely unrealistic anyway (therapist three).

This response promotes dramatherapy as an intervention which works in relation to the social model of disability and also reflects the lack of recognition and understanding surrounding dramatherapy and autism. If understanding of autism is limited, then it is difficult to understand the ways in which dramatherapy can aid development in autistic people, and as the majority of interventions for autistic people tend to focus on the medical model of disability and elements of normalisation, it may lead some to believe that this is the key aim of dramatherapy also. If recognition of both autism and dramatherapy increased, perhaps the approach would prove a more popular one. Therapists two and three state that the therapist must have a good level of understanding surrounding autism in order to work successfully, despite the fact that each individual in dramatherapy is accepted as an individual,

> I would say you need to be quite experienced as a therapist. You need to have done your research on autism, and I think perhaps you need to have been with autistic people in other ways because I think it really, really, really helps (therapist two).

This statement, again, reiterates the need for therapists to understand their clients in order to recognise and tailor to their individual needs, targets and desires. It is important for anyone working with autistic people to have a clear understanding of autism, but as autism is such a varied spectrum it is also significant to understand autistic people as individuals, as suggested within the social model, particularly when working in such a person-centred approach.

The main challenge that therapist one experiences when working with an autistic client is linked to the lack of a sense of self and identity in autistic people, rather than a lack of imagination that some expect to be the real limitation of

dramatherapy with autistic clients. She describes the difficulties that can arise when an autistic client lacks self-awareness and self-confidence, which makes it difficult to forge a relationship,

> Sometimes I think I'd love to be able to relate to this person, for them to feel to be seen, or to feel like I'm visible as well. That can become challenging. When someone is so wrapped up in something that feels safe, and not being able to open out and allow anything else in, but they will in time, so that can be a real challenge (therapist one).

This response highlights the need not only for autistic individuals to learn to relate to the therapist but also the need for the therapist to understand the autistic individual so that they can relate to them in an authentic way. This emphasises the ethical need that arises when carrying out research or giving support to vulnerable groups of people, that there should be no power imbalance and that understanding should come from both sides. Therapist two also agrees that making a connection with autistic clients can be a difficulty when working with this client group,

> Communication skills, awareness of others, being stuck in their own world, when you're in a group and you bring in your toys, or you've got something that you really want to do so you've brought it along but you don't realise that that's not going to work because it's a group setting and this is very personal to you and you can't find a way to bring that in.

In this statement therapist two again emphasises the need for a person-centred approach, pointing out that in order for techniques to work, an understanding of the individual is necessary but that this may take time as autistic individuals often have little sense of self and identity and little experience in self-expression, which can make it difficult for the therapist to understand what activities can be

beneficial for each client. Clearly this is more difficult in a group situation, as there will be a range of individuals to consider. Through understanding of the autistic client, therapists can make use of the things that the client does and is interested in, which can aid the development of a sense of self and identity and allow the client to feel validated. For example, if the autistic individual has a certain stimming habit, the therapist can engage with the movement and eventually develop it, rather than dismissing the movement as a habit that must be stopped. As autistic people often stim in order to assert their presence in the space around them, or as a calming technique, acknowledgment and development of the movement is a good way to both validate the client's sense of self and to encourage participation in activities whilst developing this aspect of their identity. This is also true of special interests: through encouraging interaction and participation by engaging with the individual's special interest or an object that is significant to the individual, the therapist is able to develop a relationship with the client and increase self-esteem and self-exploration through use of that aspect of the client's identity.

Therapists within this chapter have all worked in both group and one-to-one settings and disagree to some extent over which is more beneficial, with therapist two stating that group work is ultimately more beneficial as it encourages more social interaction, and therapist three believing that one-to-one work is more effective. All therapists do, however, agree that it depends on the needs and wishes of the individuals they are working with. Therapist three agrees with therapist one that engaging with an autistic client may cause difficulties in dramatherapy sessions, and that this causes difficulties in interpretation of behaviour,

> Again this depends on the client but there may be difficulties with challenging behaviour if a client may find some activities too simulating for example. It may be that the client is difficult to engage, as they feel nervous of the therapy, what it is about and what is expected of them. Experienced therapists will be able to offer various options within the session to support potential anxiety in the clients (therapist three).

Challenging behaviour is often born out of frustration at not being able to communicate or express themselves effectively, or from anxiety, therefore the therapist needs to develop a way of understanding the individuals they work with in order to encourage self-expression through different creative means. Again, this can be done through understanding of and engagement in the autistic client's personal coping strategies, such as stimming. Therapist one also feels that recognised side-effects of autism, such as anxiety and depression, can cause difficulties when trying to relate to an autistic client, as they often lack the ability to express the issues they are experiencing adequately,

> I feel, on some levels, depression can be quite challenging to work with, groups with some children who are very frightened of anything unpredictable, or just so afraid of having anyone come into their space, that can be a challenge for people, [they can be] quite destructive with the space or objects, and that can be a challenge.

This therapist response refers to the fact that some of the side-effects of autism, such as depression and anxiety, are caused in part by neurotypical attitudes to people that behave differently, which relates to the social model of disability. Lack of acceptance can cause negative feelings in autistic people, which exacerbates autistic symptoms, such as a lack of a sense of self and identity and difficulties with communication and social skills. This does, however, strengthen the argument for the benefits of dramatherapy with autistic individuals, as the use of a safe space away from neurotypical expectations allows them the freedom and

validation necessary to explore their sense of self and develop a more stable sense of their own identity, which may help them to adapt in the real social world, rather than encouraging them to learn to adopt an inauthentic social persona based merely on impersonation.

Recognition and Evaluation of Dramatherapy

Although therapists in this chapter are all practising dramatherapists and have worked primarily with autistic clients, when questioned about the possible lack of recognition that dramatherapy receives, both in general and for use with autistic clients, they all agreed that it is not a largely recognised and valued approach in comparison to other forms of therapy that relate to the medical model of disability, such as psychotherapy and cognitive behavioural therapy. This is also apparent from participant responses in the previous two chapters, in which the majority of participants had little understanding of dramatherapy, particularly for use with autistic people. Therapist one's response stresses that although many autistic people have access to drama groups as an extracurricular activity, few have had experience of drama as a form of therapy, 'I know of a lot of drama groups and that kind of thing but therapy? No. I don't think so, I think in my experience sometimes it is that people's assumptions is "oh why would you want that?"' Again, this refers to earlier points surrounding understanding of autism being based around stereotypes such as autistic people lack imagination, which leads people to dismiss dramatherapy as being an unsuitable approach, and to society's understanding of autism in relation to the medical model of disability. These attitudes may also be based around a lack of understanding of the techniques used within dramatherapy and the assumption that drama refers

largely to script and performance, which are not necessarily constructive for autistic people in the development of a sense of self and identity. Although therapists in this chapter are very positive about the use of arts therapies for autistic people, they did feel that dramatherapy is particularly beneficial due to the range of techniques that are included within the approach that connect largely to some of the fundamental aspects of autism. Therapist two references this,

> I think dramatherapy has the potential to really be the best intervention for autism as it uniquely can use all the art forms. But using different ways, obviously if you're using music you're not using it as a music therapist might potentially use it as an art focus. But, by the nature of what drama is, it is integrating everything.

He also notes that although there may be a lack of recognition of the benefits of dramatherapy for autistic people, those who are aware of dramatherapy and the techniques involved do appreciate the positive aspects of the approach, 'I think for most people who've got awareness of it, they see the benefits of it. I don't think there's as much awareness as there needs to be about how good an intervention it is.'

Although therapist responses reflect that dramatherapy specifically does not receive as much recognition as it deserves, particularly in relation to autistic clients, all therapists acknowledged that this is not true for all arts therapies, particularly music therapy,

> I find a lot of schools work with music therapists, there's a bit more familiarity with that, but I would say, dramatherapy in Bristol, there's not a huge awareness of it in many special needs schools, or services that really do use it (therapist one).

Therapist three also feels that music therapy is more widely recognised as an intervention for autistic individuals, 'I work with many clients with Autism/Asperger Syndrome and the arts therapies in general seem a popular intervention. I would say music therapy is more so than dramatherapy.' These opinions reflect participant experiences in Chapter Six; two out of the four autistic participants had access to music therapy whilst none of the autistic participants had much knowledge of dramatherapy and had never considered the approach, much less been offered the approach as a form of support. There are many research articles dedicated to evaluation of the effects of music therapy with autistic individuals, such as Monika Geretsegger et al's 'Music Therapy for People with Autism Spectrum Disorder' (2004), Tony Wigram and Christian Gold's 'Music therapy in the assessment and treatment of autistic spectrum disorder: clinical application and research evidence' (2010) and Jinah Kim, Wigram and Gold's 'The Effects of Music Therapy on Joint Attention Behaviours in Autistic Children: A Randomized Controlled Study' (2008). In comparison, the number of articles available surrounding dramatherapy and autistic people is low, which shows a relatively small amount of published research in this area compared to music therapy. Music therapy was founded in 1958 by Juliette Alvin (bamt.org, no date), only a few years before dramatherapy was established by the likes of Jennings, Slade and Lindkvist. Music therapy gained State Registration (a form of official recognition from the government) in 1999, as did dramatherapy. It is difficult to note the reasons for the lack of recognition and research surrounding dramatherapy for autistic people in comparison to music therapy, as the approaches have much the same aims, both work with the social model of disability, and have been practised for a similar number of years. Katya Herman,

featured in *Your Autism Magazine* (2014) describes music therapy as beneficial for autistic individuals as it is,

> […] a social experience, and it's a non-verbal language, which is key when working with individuals with autism. Music doesn't rely on words to express feelings, to communicate understanding, choice-making or to generate trust. And as a social experience, music allows people to develop a sense of themselves in relation to others. For individuals with autism, listening, waiting, turn-taking, and sharing can be particularly useful social skills to develop (23).

The aims identified here are much the same as those identified in dramatherapy for autistic people. Dramatherapy, too, is an art form that encourages alternative forms of self-expression through the use of play, role and movement. Activities such as stamping and pushing and pulling in dramatherapy are used both in order for the autistic client to be acknowledged as a physical being, and to develop an alternative form of communication by building awareness of turn-taking and reciprocity, as discussed in Chapter Four.

Dramatherapy is notoriously difficult to evaluate and evidence due to its oblique nature. Music therapy, however, uses some computer aided evaluation methods, such as The Music Therapy Logbook, Prototype 1 (Streeter et al, 2012). Dramatherapy lacks methods of formal evaluation that fit in with NICE guidelines, which may be another reason for the lack of recognition in comparison to music therapy. When questioned about evaluation techniques used within their practice, therapists agreed that the main form is through observation, 'my evaluations largely come from observations by staff, the client themselves and me as the therapist. Particularly on improvements in the classroom, behaviour and how a client feels themselves' (therapist three). Therapist two also agrees that there is a reliance on observation,

It's an ongoing approach, we're observing the child during the session, discussing the child's engagement after the session, developing your next session plan based on that individual and then leading into the group, doing that whole process, then again, just assessing with other people, family, carers and the child at a particular point in time.

For a person-centred approach such as dramatherapy, it does seem appropriate that evaluation would largely be in the form of behavioural observation, reports and assessments with the individual involved, however observation is based around opinion and is open to interpretation, therefore concrete evidence of the effects of dramatherapy for autistic people is somewhat lacking. As well as a lack of evidence of the effects of dramatherapy for autistic people, therapist two also believes that a lack of funding may be partially responsible for the limited awareness and use of arts therapies, particularly dramatherapy,

I think it's a difficult world out there for the arts therapies at the moment. You can't really expect for the general population to understand it, or those who are in charge of budgets. But they should be aware, perhaps that needs to be targeted, for people who sort out budgets for the schools and local council, and everywhere else, that they need to be aware of the benefits of dramatherapy and of the cost effectiveness of it.

He also focuses on the benefits of dramatherapy in terms of cost,

Although it might seem expensive, it's actually really cost effective and the NICE guidelines 4 that are currently out for the arts therapies in general put the cost effectiveness as medium to high in terms of what people get out of it but it's actually very cheap to run, so it's a no brainer. But not enough people know about it.

Within this chapter, therapists have referred largely to dramatherapy as an approach that works in line with the social model of dramatherapy, and acknowledge the development of a sense of self and identity as a key aim in their

work with autistic clients. Techniques emphasised in order to achieve this are play, role work and story-telling, which are all used in order to achieve dramatic distance and to strengthen the autistic clients' existing elements of self. The person-centred nature of dramatherapy allows the approach to be tailored to fit the needs of the individuals, and therapists acknowledge the uniqueness of all autistic individuals within their practice. A particularly significant feature of dramatherapy, according to therapists within this chapter, are the use of a safe space in which autistic individuals can explore their sense of self away from neurotypical social expectations that so often cause anxiety and reliance on the adoption of the persona in the real world. In this way, therapists acknowledge that society is largely disabling to autistic people, as suggested within the social model of disability. Within the safe space, validation of the autistic person's real sense of self and identity can be achieved, which is in contrast to normalisation approaches which aim to reduce the individual's autistic behaviours. Therapist responses largely support the fundamental connections made in Chapter Five, between the way that dramatherapy works and autistic characteristics, as they emphasised the development of existing autistic behaviours in order to explore the individual's sense of self and identity.

Chapter Nine

Conclusion: Dramatherapy and the Autistic Self

This chapter considers the areas explored throughout the research in order to form a conclusion based on the findings from past research and the author's own questionnaire responses. Past published research from dramatherapy practitioners has established a connection between dramatherapy and the development of a sense of self and identity, and what this may mean for autistic people whose underdeveloped sense of self, other and identity affects their abilities in social skills and meaningful relationships with others. However, vital connections between the central elements of dramatherapy and the ways that autistic people choose to express their existing sense of inner self have so far remained unestablished. This conclusion highlights the fundamental connections that can be made between the autistic self and dramatherapy through consideration of autistic self-expressions. It emphasises not only the very real need for autistic people to be included within research that has implications for the future of autistic individuals, but also the fact that dramatherapy in particular, as an approach that adopts the social model of disability, offers a unique form of expression that intrinsically links elements of the autistic self to this creative and indirect way of working.

Dramatherapy and the Autistic Self

It is clear that many autistic people have an underdeveloped sense of self and identity, which is linked to many characteristics of autism such as communication and social difficulties, sensory sensitivities, repetitive movements and restricted

interests and limited emotional understanding. However, from autistic self-expressions, it is apparent that autistic individuals do have a sense of inner self but that this may be difficult for them to express due to difficulties with verbal expression and social anxiety created by the pressures of the neurotypical social world. Through considering autistic expressions of self, some key areas have been identified relating to the desires and needs of autistic people in future research and practice and the ways through which they choose to express themselves, which can then be related specifically to dramatherapy as an approach for autistic people.

The Sesame Institute of dramatherapy focuses largely on movement as a form of expression, particularly for those who lack skills in verbal expression. The use of movement as a suitable technique for autistic people was echoed by therapist responses in Chapter Eight. Not only can movement explore the physical self in relation to others, but it allows autistic people to build self-awareness and develop their identity in a way that may come naturally to them. In Chapter Five, autistic self-expressions from Higashida (2013), O'Neill (1999) and Bascom (2012) suggested that repetitive movements, a characteristic of autism, aid the autistic individual both in expressing elements of the self, and in exploring the physical self and reaffirming the individual's presence in the world around them. This element of autism shows a direct connection to movement in dramatherapy; rather than aiming to rid the autistic individual of the repetitive movements, the movements can be explored and developed within dramatherapy with a sense of freedom that is not available in the neurotypical world and within normalisation approaches that work in accordance with assumptions made within the medical model of disability. Instead of burying these expressions of the self, dramatherapy

works to encourage and explore such movements in order to develop awareness of self and other, and the inner self and outer identity in autistic people. A particular movement technique discussed in Chapter Four is mirroring, which not only allows the individual a chance to connect with another person, but works with the autistic person's tendency to imitate others in order to develop the outer identity, sense of self and other, and self-awareness. Mirroring allows autistic clients to see and be seen, thus developing a sense of self and other and understanding of how they are perceived by others which, according to Duggan and Grainger (1997) and Howe (2013) is a key element in the development of a sense of self and identity, and empathy skills. Mirroring utilises the client's natural inclination to imitate others, but allows exploration of the differences between a useful amount of imitation and impersonation as a way to protect the real self in the social world. Elements of imitation are significant in the development of self and other. Through exploration of imitation rather than impersonation, autistic clients can explore their own physical self in relation to another individual and begin to understand the difference between elements of imitation to relate to others, and reliance on impersonation as a way to protect the real self from neurotypical expectations and judgements. Not only does this aid the understanding of a sense of self and other, but can develop self-awareness, self-knowledge and self-confidence in the autistic individual, which therapists in Chapter Eight identified as key aims of dramatherapy.

Through analysing autistic self-expressions in Chapter Five, more fundamental connections between common features of autism and key themes in dramatherapy became apparent. Williams' (1999) description of collecting 'little treasures', and the fact that this may be a method through which autistic

individuals connect their sense of self and identity to the world around them links to the theory of projection in dramatherapy. Some autistic people collect items, as part of the third element in the triad of impairments, through which they can explore their sense of self and their relationship to the world around them. In dramatherapy, such items can be used to develop a sense of self. Through projecting aspects of the self onto special objects, authentic feelings can be explored at a safe distance. From autistic accounts, it appears that objects are used to explore the self and other and the relationship between them visually. In working with this characteristic of autism, development through the stages of EPR can be achieved which helps the autistic individual to explore their sense of self and identity. By making use of objects and interests of autistic people, and their natural inclination to use objects as a form of projection to explore and express elements of the self, clients may begin to feel validated for who they are rather than encouraged to bury this aspect of the autistic self in order to fit in with the idealised neurotypical social norm. Techniques that make use of the client's autistic characteristics in order to encourage development are key to the success of dramatherapy with autistic people. Therefore these connections between the ways that autistic people choose to express their identities and fundamental key themes of dramatherapy are largely significant for future research, theory and practice.

From participant responses in Chapters Six and Seven, and accounts from Grandin and Williams in Chapter Five, it is clear that anxiety is a significant area of difficulty for autistic people. This has a clear connection to an underdeveloped sense of self, other and identity as anxiety in the social world largely leads the autistic individual to rely on the adoption of a persona constructed from learnt

behaviour and imitation, which reduces the authentic sense of self and identity. Williams' theory of Exposure Anxiety allows for direct connections to be made between some of the more theatrical coping strategies that autistic people may use and key techniques in dramatherapy. Williams describes coping strategies such as characterisation, putting on voices, performing lines from television, and expression through a special object as some of the coping strategies that autistic people use in order to survive the anxiety created by neurotypical expectations. This highlights the autistic person's need for an element of dramatic distance in order to express elements of the self, which relates to the oblique nature of dramatherapy. In dramatherapy, the self is explored through dramatic distance and techniques such as projection and use of metaphors, and using theatrical props such as masks in order to reveal and express elements of the self. Dramatherapy utilises the autistic person's coping strategies for development of the self and identity, acknowledging their own ways of managing social pressures, rather than aiming to rid the individual of the techniques they have developed for coping with anxiety. Rather than using the coping strategy as something to hide behind in moments of anxiety, it can be adapted as a form of self-expression.

Autistic expressions help to diminish stereotypes and clarify the desires and needs of autistic individuals. Although it is a common stereotype that autistic people are somewhat introverted and do not crave the company of others, blogs and poetry by autistic people challenge this belief through expressing a desire for social interaction. Dramatherapy encourages interaction in a safe space away from the disabling nature of the social world and validates the autistic client so that elements of the self can be explored through creative means. In Chapter

Five, activities such as drum circles, pagan festivals and dancing were outlined by blogger Sparrow Rose Jones as desirable activities through which she can enjoy the company of others. Through describing such activities, key connections are made between the things that autistic people enjoy and activities and themes within dramatherapy. By engaging in activities such as moving to the beat of a drum or stamping, autistic people can explore reciprocal communication with others and explore an alternative form of self-expression. Through mention of pagan festivals, Sparrow Rose Jones suggests that ritualistic events are suited to the autistic individual's desire for interaction, as they are more predictable than other social situations. This establishes a significant connection between the things that autistic people may enjoy and some central aspects of dramatherapy. Dramatherapy largely embraces ritualistic elements, working with aspects of ritual from different cultures, for example chanting, ritual movements to a beat and movement within a circle. A sense of ritual is also established within a dramatherapy session through beginning and ending on a familiar activity, which introduces an element of predictability. This is particularly appropriate for autistic individuals, as predictable situations lessen anxiety and gives the individual a sense of control over the situation, which they may not have experienced in the social world that so often causes difficulties for autistic individuals. This aids the creation of a safe space in which aspects of the self can be explored away from the pressures of the neurotypical social world, in which situations are often uncertain. These crucial links between statements within autistic expressions of self and central aspects of dramatherapy further emphasises a natural affinity between dramatherapy and the autistic self.

Dramatherapist and clinical supervisor Dr Anna Seymour states,

> With the frequently quoted 'triad of impairments' this client group can be considered 'hard to reach' since the fundamental tools of empathy, communication through language, body and role within the projective framework of metaphor which typify Dramatherapy practice, are seen to be outside of its vocabulary (2013:1).

Similar concerns over the suitability of the oblique nature of dramatherapy for autistic people were expressed within participant responses in Chapters Six and Seven of this research. However, in Chapter Five of this thesis, examples in the forms of blogs, poetry and videos made by autistic individuals showed a tendency towards a non-narrative, somewhat indirect, style of expression, which indicates that the elements that Seymour defines actually make dramatherapy a particularly suitable approach for autistic people. These outputs were created in order to express an element of the self and the way that autistic people see the world, rather than to tell the story of the life of an autistic person. Rather than narrating personal experiences, some autistic individuals choose to represent aspects of their experiences through snapshots of everyday events and a distanced representation of the effect that they have on the individual. This not only gives neurotypicals an idea of how the world is experienced by autistic people but also forms a powerful expression of self in a format that has been chosen by the individual. In dramatherapy, issues are worked through using techniques that create dramatic distance and which focus on the creative expression of aspects of the self, rather than verbalising problems in a straightforward manner. Metaphors and abstract movement are used as an alternative to scripts and re-enactment of events, which correlates with the way that many autistic people choose to express themselves, suggesting that this distanced and creative way of working is more effective for autistic people. These fundamental connections between the characteristics of autism and

dramatherapy are evident throughout the research. The discovery of these key connections allows for a theoretical framework of dramatherapy for autistic people to be established, from which models of practice may be built.

Recent Research Surrounding Dramatherapy and Autism

The connections between the autistic self and key themes in dramatherapy stated above have not before been identified within research about dramatherapy for autistic people. Although there are many publications presenting research into both dramatherapy as an approach and autism as a clinical condition, relatively few are available that discuss the two areas in equal measure in order to evidence the suitability of dramatherapy for autistic people. This is reiterated by organisations such as Research Autism (the only UK charity exclusively dedicated to researching interventions in autism), and by researchers such as Charlotte Wilmer Barbrook (2013) Carrette (1992), and Haythorne and Godfrey, who state '[t]here is a lack of published research assessing dramatherapy for clients on the autism spectrum, with much previous work employing single-case study designs' (2013). Although there is a lack of research which comprehensively evidences the ways that dramatherapy as an approach that employs the social model of disability may be suitable for autistic individuals based on information from both dramatherapists and autistic people, there are indications that there may be beneficial elements to dramatherapy for autistic people. This is evidenced by publications such as *Understanding Controversial Therapies for Children with Autism, Attention Deficit Disorders and Other Learning Disabilities* (Kurtz, 2008), *Cutting Edge Therapies for Autism 2010-2011* (Siri and Lyons, 2014) and *Play-based Interventions for Children and*

Adolescents with Autism Spectrum Disorders (Gallo-Lopez and Rubin (ed.), 2012), in which short sections are dedicated to the explanation of dramatherapy as an intervention to aid social skills and development in people on the autistic spectrum. Although this implies that dramatherapy is receiving more recognition as a possible intervention for this group of people, the descriptions are brief. Dramatic techniques such as role, play, use of puppets and masks are mentioned, however little explanation is offered as to how they can be used with autistic people. The focus within these publications is dramatherapy as an approach to encourage social interaction and communication skills in autistic people. This accentuates dramatherapy as an interactive approach which encourages self-expression, but does not emphasise the need to work with the individual behind the diagnosis, the development of a sense of self and identity as a significant aim, or highlight the fundamental suitability of specific dramatherapy techniques for autistic people. It is also clear that much of the research surrounding autism is based largely around autistic children, as acknowledged by Wilmer-Barbrook,

> I began with a search for literature on Dramatherapy and Asperger's syndrome and high functioning autism but little material was available. When I broadened the search to Autism, there were more articles but most focussed on the use of dramatherapy with children rather than adolescents (2013:no pagination).

As stated in previous chapters, Howlin (2014) has identified this as a significant limitation, as autistic adults are in need of support also, according to the National Autistic Society, '[n]early two-thirds of adults with autism in England do not have enough support to meet their needs' (autism.org.uk, 2015). Although researchers such as O'Neill and Grandin advocate early interventions for autistic children, the child does not stop being autistic as they move into adulthood and may need

support to meet a variety of needs. Though early intervention may be useful for autistic people, this does not acknowledge the autistic person's right to make decisions concerning their own needs and wishes, as Milton states,

> One of the most prevailing trends is that of the notion that the most important educational period in an autistic persons life is pre-school and the first few years of school. This discourse has produced an ever-growing range of early interventions. It is interesting to note how this emphasis is at a time when the autistic person themselves has no say in the matter (2012:no pagination).

This suggests that many early interventions adopt the medical model of disability in that they are undertaken as a result of the child having received a diagnosis and with the assumption that something must be done in order to medically treat the autistic child. However, once the autistic individual has reached adulthood, they may desire an approach that adopts the social model of disability, as it appears from autistic expressions of self in Chapter Five and autistic participants in Chapter Six that many autistic people view autism through the social model. The existence of a functioning role repertoire and sense of self and identity is vital in adulthood, particularly if the autistic individual is hoping to seek employment, intimate relationships, further education and independence, therefore an approach that focuses on the person and their own needs and wishes, and which allows them to explore their existing sense of self without the aim to rid them of autistic behaviours may well be valuable to many autistic adults.

There is a lack of recent books dedicated to the benefits of dramatherapy with autistic people. Perhaps the most significant in recent years is Lee R. Chasen's *Social Skills, Emotional Growth and Drama Therapy, Inspiring Connection on the Autistic Spectrum* (2011), which was updated to *Engaging Mirror Neurons to Inspire Connection and Social Emotional Development in Children and Teens on the Autism Spectrum* (2013). The significance of his 2011 publication is apparent

as it is often cited in recent research concerning dramatherapy and autism by authors such as Godfrey and Haythorne (2013) and Wilmer Barbrook (2013), who credits his work as a 'profound influence'. Although this book is a useful resource in understanding how dramatherapy aims to increase social skills, offering unique theories such as the mirror neuron theory and case studies of Chasen's own experiences from his perspective as a dramatherapist, again the focus is on autistic children. Paula Crimmen's earlier publication *Drama Therapy and Story Making in Special Education* (2006) is also cited by many authors in recent years, including Lewis and Banerjee (2013) and Ioannis Pimpas (2013). This book also has limitations as it focuses on autistic children and reads as an instruction manual on dramatherapy techniques, rather than offering insight into dramatherapy and autism in a broader theoretical sense. This is a common theme, as much of the literature and research surrounding dramatherapy and autistic people is written by dramatherapists with the aim to develop practice based on case studies.

Practice based research is also the main focus in the *Journal of the British Association of Dramatherapists*. In April 2013, an issue dedicated to Dramatherapy and Autistic Spectrum Disorder was published. Within this edition of the journal, dramatherapists explore ways of working with autistic individuals, using feedback from care givers and therapists as a way to evidence their findings. More recently, an article titled 'Making Sense: dramatherapy with adults with Asperger's Syndrome' by Rebekah J. Porter was included in Volume 36, Issue 2-3 of the journal. Both the special autism edition of the journal and Porter's article indicate a growing interest in the field of dramatherapy and autism. As with Chasen's and Crimmens' publications, all these articles are written by

dramatherapists and thereby focus more on practice than on the linking theories within dramatherapy and autism. To make the connections between useful techniques and themes of dramatherapy and characteristics of autism, existing dramatherapy research and autism research had to be given equal consideration from an academic and theoretical point of view. Although some of the evidence given in the research within the autism edition of the *Journal of the British Association of Dramatherapists* and Porter's article was based on feedback from autistic clients, therapists and parents or caregivers, there was no consideration of the numerous autistic self-expressions that are now available in which autistic people express their position in relation to autism, and their needs and wishes. It is from comprehensive study of neurotypical research into autism and dramatherapy coupled with consideration of autistic expressions of self (both from existing sources and qualitative data collection) that the connections explored within this research were made, which emphasises the need for autistic individuals themselves to be a part of future research.

Again, a limitation of the research represented in articles within the special issue of the *Journal of the British Association of dramatherapists* and Porter's article is that the focus is largely on dramatherapy for children and adolescents. The articles explore a range of dramatherapy techniques, including role, play and storytelling in order to evidence the beneficial qualities that dramatherapy may offer to autistic clients. Many dramatherapy aims are developed around the triad of impairments, suggesting that links have been made between research into autism and research into dramatherapy. As discussed within this research, however, the triad of impairments is somewhat limited as it does not outline all the main areas of autism and focuses on autism as a condition rather than a way

of being. Although focusing on the elements in the triad of impairments makes it possible to identify certain aims when working with autistic people and how dramatherapy might reach these aims, it does not allow for fundamental connections to be made between dramatherapy and key aspects of autism and how autistic people choose to express a sense of self. These connections rely on consideration of autistic self-expressions, through exploring aspects of the autistic self, a further understanding of the characteristics of autism, how autism affects the way that autistic people view the world, and their chosen forms of expression can be made. It is apparent that, although the well-known characteristics of autism included within the triad of impairments, are considered within research surrounding the use of dramatherapy for autistic individuals, first-hand accounts and expressions of autistic people have not been considered to further understand the wishes and experiences of autistic adults. This appears to be an oversight within current research. Despite the fact that there are many recent self-expressions from autistic authors, video makers, bloggers poets, and self-advocates, as explored within Chapter Five, little has been done in the way of research to explore the link between what autistic people desire and need, how the world appears to them, their expressions of identity, and dramatherapy techniques. A real understanding of autism can only be gained by acknowledging autistic expressions, as well as research from clinicians and practitioners. By doing this, not only is it possible to understand the main elements of autism from an external perspective, but also an insight into the reasons for some of the difficulties autistic people face is gained, including how autistic people experience the social world, and the ways that they express parts of their identity through what are typically considered to be autistic behaviours.

Studies within the autism edition of the *Journal of the British Association of Dramatherapists* identify a need for more qualitative research to be carried out in order to further evidence the potential benefits of dramatherapy with autistic people. The articles within the journal evaluate the effects of dramatherapy with this client group through a range of techniques, including questionnaires and feedback from teachers and parents or care givers, or from evaluation through observation. There is a noticeable lack of feedback from autistic individuals, however, which represents a gap in current research. As discussed throughout this research, it is important for autistic people to have input in research conducted surrounding autism so that it is possible to fulfil their needs and wishes and to make a significant advance in research, particularly in terms of suitable interventions. Within her article 'A psychological perspective to dramatic reality: a path for emotional awareness in autism' (2013:57-63), Pimpas recounts her experience of a one-to-one dramatherapy experience with a young autistic girl and does, at times, include things the client said or did, but this still relies on the dramatherapists' interpretation of events and is not as effective as actually including the experiences of the autistic person themselves. Godfrey and Haythorne rely on feedback from parents and carers in their article 'Benefits of Dramatherapy for Autism: A Qualitative Analysis of Feedback from Parents and Teachers Attending Roundabout Dramatherapy Sessions in School' (2013:20-28), and show evidence of background research of autism and consideration of literature by Grandin. However, the perspectives of parents of autistic people often vary largely from the perspectives of the autistic individual, as evidenced within Section Two of this research. Although it is positive that some background research has been done into literature by autistic individuals, the quotation that is used represents Grandin's belief that interventions should be received in order

to make the person less autistic. This does not represent the opinions of many autistic people, who believe in the value of the social model of disability, and particularly that the autistic personality does not have to be fundamentally changed in order to fit into the category of 'normal'. This may show that some of the more expressive self-expressions of autistic people have not been considered. From data analysis within Section Two of this research, it has become clear that in order to achieve a well-rounded evaluation, the perspectives of all the groups of people concerned are vital. From comparing perspectives of autistic participants, parents of autistic individuals and dramatherapists experienced in working with autistic people, many similar and contrasting viewpoints were analysed, which provided more evidence for and against different aspects of autism and dramatherapy.

Some key themes within this research are also discussed in recent publications including the autism special issue of the *Journal of the British Association of Dramatherapists*. This emphasises the fact that research into the use of dramatherapy for the development of a sense of self and identity in autistic people is an area that currently generates much interest and is a relevant area of research. The use of dramatherapy as a way to aid the development of a sense of self and identity is not a new idea, having been explored in research from Jennings (1994), Pearson (1996), Duggan and Grainger (1997), Jones (1999), Crimmens (2006), Chasen (2011), Godfrey and Haythorne (2013) and Anderson-Warren (2013). However, there appears to be an assumption that autistic people lack a sense of self and identity entirely and that many autistic traits represent this. By considering the expressions of autistic people, it is possible to begin to understand the sense of self of an autistic person and the part that autism plays

in their construction of the self and identity, which then allows researchers to connect key aspects of dramatherapy to key characteristics of autism. As stated by Sinclair (1993) and supported by autistic participants in Chapter Six and parents in Chapter Seven, autism makes up an element of an individual's identity. By accepting autism as an element of an individual's identity, rather than a disability from which they suffer, as in the medical model of disability, it is possible to begin to understand some of the common characteristics of autism as an expression of an aspect of their identity. As therapist two stated in Chapter Eight, dramatherapy works with the 'autistic archetype' within their sense of self and identity, rather than aiming to bury the autistic part of a client's identity. Through consideration of self-expressions of autistic individuals, the autistic elements of the identity can be more thoroughly understood and the desires and needs of autistic people become clear, which allows for further understanding of the kind of support that may be both beneficial and desirable for them. Self-expressions of autistic people, and information gained through collecting questionnaire responses of autistic people, are evidence that, although a sense of self and identity may be underdeveloped in many autistic people, they do have some elements of an inner sense of self. This is particularly apparent when exploring the experiences of autistic people such as Higashida and Rubin, who stated that they were perceived to have no sense of self to express before they learnt to communicate through different devices. Through exploring autistic self-expressions the researcher is able to deduce that a sense of self is present within autistic people and to suggest significant ways that this can be developed through dramatherapy, which focuses on the individual beneath the diagnosis.

Implications for Future Research

Researchers within the autism issue of the *Journal for the British Association of Dramatherapists* identify the fact that there is little qualitative research that has been carried out surrounding the effects of dramatherapy for autistic clients,

> as we move closer to building a comprehensive theory of dramatherapy, the more frequently we can make the case for theory informing practice and vice versa, the more confident we can become about stating the case for dramatherapy as an evidence based practice (Anderson-Warren, 2013:no pagination).

Godfrey and Haythorne suggest that future research should include feedback from autistic clients as well as parents and carers of autistic people, '[f]uture research into dramatherapy interventions for children and young people with ASD might interview service users and/or parents/carers and teachers to get a more in depth understanding of the impact of dramatherapy' (2013:no pagination). The need for the inclusion of autistic people in future research is evident both from the point of view of researchers in the field of dramatherapy and those in the field of autism. Frith also echoes this belief, '[i]f the voices of people with autism are also heard they will give an important counterbalance to researchers' and professionals' pronouncements. Only by putting together many different viewpoints will we eventually know what autism is really like' (2014:745). By including autistic voices within research geared towards advances within interventions for autistic people, changes can be made that really represent the areas that autistic people feel are significant. Through trusting that autistic people have a sense of self to express and the ability to communicate the ways in which advances can be made both in terms of social awareness and beneficial

interventions, future research can take a more ethical approach, '[t]he next generation of autism researchers […] also need to be aware of the ethical issues linked up to autism research, so that we produce the best possible research' (Cage, 2014:761). By considering the experiences and expressions of autistic individual's, both through existing self-expressions and further qualitative research surrounding dramatherapy, ethical issues surrounding autism can be further identified from a first-hand perspective. Research for autistic people that includes autistic people represents a more ethical approach as it acknowledges the needs and desires of autistic people and the fact that they have the ability and right to have a say in future advances in research that affects them.

Although it is important that qualitative research which explores the experiences of autistic clients who have taken part in dramatherapy and dramatherapy studies is carried out, it is also necessary to consider the self-expressions of autistic people in order to shape the theoretical aspects of dramatherapy for autistic people. New and original information gained from autistic research participants and dramatherapists, allows for substantial connections between the autistic self and central aspects of dramatherapy to be established, which may result in significant advancements in both further research and dramatherapy practice with autistic people. Although it is difficult to evidence the success of dramatherapy with autistic clients, these new connections demonstrate how the approach is fundamentally suited to the characteristics of autism and the autistic self. In terms of future research exploring effective ways of working through dramatherapy to aid the development of a sense of self, other and identity, autistic individuals must be credited as having an inner sense of self, and the most effective way of doing this is to listen to the voices of autistic people,

Autistic people are still human beings, we should be treated the same. Dramatherapy is a good way of introducing autistic people to a new form of expression, a way to give them a chance to prove themselves and express themselves. Autism is a part of me. I can't change what I am, you can't change yourself for anybody (participant two).

Appendix A

Participant Information Sheet

You are invited to participate in this research in order to gain an insight into the opinions and experiences of people with autism or Asperger syndrome, family and close friends of those diagnosed with autism or Asperger syndrome and qualified dramatherapists who work with, or have worked with, autistic people and people with Asperger syndrome. Little research has been carried out that considers the first-hand accounts of these groups of people in relation to each other. Your part in the research is to participate in a one-to-one interview either face-to-face, over the telephone or over Skype, or to fill in a questionnaire sent to you by the researcher.

Summary of Research

This research aims to explore many issues around autism, Asperger syndrome and the practice of dramatherapy with people diagnosed as being on the autistic spectrum. Issues surrounding diagnosis of autism are important to the research. The process of diagnosis and the questions it raises are considered. The history of autism in terms of believed causes and diagnosis is taken into account in order to understand how research into autism has progressed. The symptoms of autism are important in the research, and the triad of impairments (Wing and Gould 1979), which are communication impairments, social impairments and repetitive movements and special interests, is considered, along with the possible issues of sensory sensitivity in the everyday lives of autistic people. The research aims to understand the way that autistic people feel they are perceived and treated in social situations, and the way that symptoms of autism present themselves and are understood in society. The similarities and differences between autism and Asperger syndrome are measured, along with the value of the terms low and high-functioning in relation to the two conditions.

Dramatherapy

Dramatherapy is defined as : '…the intentional use of drama and theatre processes and related techniques in order to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth' (Barham, 1992, Chesner, 1994:115).

Dramatherapy is an indirect approach that relies on expression through metaphor, which means that it does not rely on directly facing and sharing ones problems, but emphasises personal growth and development in a more indirect way, relating to certain material and activities in a personal way and feeling no pressure to share personal problems. The approach focuses on interaction, touch and movement, and the relationship between participant and therapist. This research outlines the core principles and techniques of dramatherapy and the opinions of well-known dramatherapy practitioners. By researching dramatherapy

it is hoped that more evidence can be obtained to show whether or not dramatherapy should be offered as an intervention for autistic people.

Questionnaires and interviews

Your part in the research is to share opinions and experiences that may go some way into understanding autism, society and the use of interventions such as dramatherapy. This part of the research aims to gather the opinions and experiences of dramatherapists, autistic people and people with Asperger syndrome, and close friends and family of autistic and Asperger's people to be considered in relation to one another in order to gain a thorough understanding of the issues surrounding autism and the use of dramatherapy for autistic people.

Participation in this research gives you a chance to express yourselves in relation to the outlined topics of interest and to have your opinions, feelings and experiences heard and considered.

Information for Participants

- You are under no obligation to participate in this research. You have the right to withdraw your participation at any point in the research, without having to give a reason for your withdrawal. You will in no way be disadvantaged if you make the decision to withdraw your participation.

- Confidentiality will be upheld at all times. Names and personal details will be private, and all information received will not be shared without your permission. You have the right to request to read any part of the thesis or any published article in which the information you give is used and discussed and to request that the information used is either adjusted or withdrawn.

- If a face-to-face interview, interview over Skype or over the telephone is your chosen method of participation, you will be asked if it can be sound recorded. You have the right to refuse recording, or to request a pause in recording if you feel uncomfortable. If you request to take a break from recording, you will not be asked to give a reason. If permission to sound record your interview is granted, this will subsequently be transcribed into a written format, which will be kept in a secure and confidential place until the end of the research. You have the right to refuse transcription, or to request a copy of the written transcription.

- Some questions may be potentially distressing or of a sensitive nature. You have the right to refuse to answer any question without giving a reason for this. Potentially distressing questions will be highlighted so that you are aware that the researcher has considered the implications of potentially sensitive lines of questioning.

- Some of the terms used within the questions may be unfamiliar to you. The term Neurotypical is used to describe people who do not have autism or

Asperger syndrome. This is a much used phrase in research surrounding autism and Asperger Syndrome, and is used by autistic people as well as practitioners and clinicians. The term normalisation refers to an approach used in some support services and interventions for people with autism and Asperger syndrome which aims to teach autistic people to behave in a more socially understood way so that they can fit into the 'norms' of society. There is no implication that this is a desirable form of support for autistic people in this research. Dramatherapy may be an unknown approach for some participants; please find a definition of dramatherapy in the explanation of research. If you are unfamiliar with any terms used within the questions, please ask for more information.

- Definitions of dramatherapy in general often involve the desire to heal clients. This is explored within the research but the ethical implications of this are acknowledged by the researcher.

Additional information specifically for participants who are close friends and family of an autistic person.

- You will be asked to take part in the research in order to give information from your point of view, rather than for the autistic person you are close to.

- To make sure all participants have equal opportunities, you will be asked to be interviewed alone, so confidentiality can be upheld and so that you are not affected by another person. However, as some of the questions involve asking for information about the person with autism or Asperger syndrome, it is important that their consent is also given. They can also request to read any information contained in the research about them if this is agreed by you as a participant. Again, participant confidentiality will be upheld at all times.

Appendix B

Consent Form for Participants.

This research aims to explore the opinions and experiences of people with a diagnosis of Autism or Asperger syndrome based around their diagnosis, potential social difficulties and available interventions, including dramatherapy. Your participation is very important to the research and it is important that you understand your rights as a participant and agree to participation with informed consent.

1. Do you give consent for the information given in your interview/questionnaire to be considered as part of this research?

   Yes ☐   No ☐

2. Which method of participation would you prefer to use?

   Written questionnaire ☐

   Face-to-face interview ☐

   Interview over skype ☐

   Interview over telephone ☐

3. If you have chosen to participate in an interview face-to-face, over telephone or over skype, do you give permission for the interview to be sound recorded? Please take into account that you have the right as participant to request a break in recording if you are uncomfortable, without having to give a reason to the researcher.

   Yes ☐   No ☐

4. If the interview is sound recorded, your permission is needed for the information to be transcribed into written format and kept securely until the end of the research.

   Do you give permission for the recording to be transcribed?

   Yes ☐   No ☐

5. If you have chosen to fill out a questionnaire, do you give permission for your information to be kept in a secure filing cabinet in the University of Hull until the research is finished?

Yes ☐   No ☐

6. Due to the nature of the research, some questions may be potentially distressing or sensitive, you are have the right as participant to refuse to answer any questions you find distressing. Is this understood?

Yes ☐   No ☐

7. Confidentiality will be upheld at all times. However, the researcher may ask your permission for participant experiences and opinions to be published. You have the right to ask to see the material and to refuse this information to be used. Is this understood?

Yes ☐   No ☐

If you have any questions regarding consent, or any other concerns that have not been mentioned, please do not hesitate to contact me.

Appendix C

Questionnaire for Autistic People and People with Asperger Syndrome

This interview is taking place in order to aid me in my research of the use of dramatherapy with people with autism. Please refer to the information sheet and the explanation of the research. You are under no obligation to answer any questions that you do not feel comfortable with. Some questions may be potentially distressing; you will be warned in advanced if any questions are potentially sensitive. Confidentiality will be upheld at all times and you have the right to request any information relating to you that will be included in the final thesis.

Diagnosis

   1. At what age were you diagnosed with autism/ Asperger syndrome?

   2. Why were you referred for diagnosis? What behaviours were you exhibiting?

   3. Do you feel that diagnosis was an important step for you?

      Was it beneficial/ a positive step?

      If so, why? If you answered no, why do you think this was?

   4. What support services did diagnosis lead to, if any?

Main difficulties/About having autism

Note: Some questions in this section may be potentially distressing or sensitive. You are under no obligation to answer any question you feel uncomfortable with.

   5. What is your main area of difficulty?

   6. What would you say are the main features of autism as you experience it?

7. Would you say that non-autistic people in society understand the difficulties you may face in social situations?

8. Are there any situations that you find particularly difficult?

9. Do you experience any sensory sensitivities? For example, do you have extreme reactions to bright lights, sharp sounds, or different textures of food?

If so, could you explain and give examples?

10. Do you suffer from anxiety or depression?

If so, what do you think causes this?

11. What coping strategies have you developed that are helpful for you when you feel anxious?

Interventions and Dramatherapy

12. Since you were diagnosed have you had access to any support services?

If so, what kind of support have you received?

13. What have you found particularly helpful?

If the answer is yes, please provide details of what it was and why you found it helpful.

14. Have you heard of the term 'normalisation' for people with autism? *Normalisation relates to interventions and practices that focus on teaching autistic people social skills and aim to make them more like neurotypicals in the hope that they will learn to fit in with the 'norms' of society.*

How do you feel about the implications of this approach?

15. Have you participated in any drama groups or drama activities?

If you answered yes, was it enjoyable or helpful?

What kind of activities did you take part in?

16. Have you ever heard of dramatherapy as an intervention/ support service?

Dramatherapy is the use of drama activities to potentially 'heal' clients or to help them to develop past a certain point of difficulties. Methods that are used are oblique rather than direct; it is an alternative to psychotherapy, which involves speaking about your issues directly. Often stories are told and clients are often asked to enact them and draw parallels between the themes in the story and their own lives. Actual life events are avoided, but clients use metaphors to deal with their own issues. Often, puppets, masks and toy/objects are used as well as elements of play and role.

Note: The following questions may be potentially distressing or sensitive. You are under no obligation to answer any question you feel uncomfortable with.

17. According to the literature about dramatherapy, the approach aims to 'heal' clients. How does this make you feel?

Do you think autistic people like yourself would like to be 'healed'?

Is there anything you would like to add?

Thank you for your time in taking part in this research. If you have any questions please do not hesitate to contact me from the contact details included in the information sheet.

Appendix D

Questionnaire for Parents of an Autistic Individual

This interview is taking place in order to aid me in my research of the use of dramatherapy with people with autism. Please refer to the information sheet and the explanation of the research. You are under no obligation to answer any questions that you do not feel comfortable with. Some questions may be potentially distressing; you will be warned in advanced if any questions are potentially sensitive. Confidentiality will be upheld at all times and you have the right to request any information relating to you that will be included in the final thesis.

Diagnosis

1. At what age was your friend or family member diagnosed with autism/ Asperger syndrome?

2. Why were they referred for diagnosis? What behaviours were they exhibiting?

3. Can you describe the referral and diagnosis process?

4. How did you feel when you heard the diagnosis?

5. Do you feel that diagnosis was an important step for you and your friend/family member with autism? Why?

6. What support services did diagnosis lead to, if any?

7. Were there any support services offered to you as a way to help the person and help you to cope?

Main difficulties/About having autism

8. What would you say is your friend/family member's main area of difficulty?

9. What would you say are the main features of autism as your close friend or family member experiences it?

10. Would you say that non-autistic people in society understand the difficulties your friend/family member may faces in social situations?

    How does this make you feel?

11. Are there any situations that you find particularly difficult to deal with?

12. Do they experience any sensory sensitivities? For example, do they have extreme reactions to bright lights, sharp sounds, or different textures of food?

    If so, could you explain how this appears to affect them?

13. Does your friend/family member suffer from anxiety or depression?

    If so, what do you think causes this?

14. What coping strategies has your close friend or family member developed that are helpful for your friend/family member when they feel anxious?

15. Are there any personal coping strategies that you find useful for yourself as a close friend or family member?

Interventions

16. What kind of support services and interventions, if any, has your friend or family member had access to?

17. Have you noticed any changes, positive or negative, as a result of support services and interventions?

18. Have you heard of 'normalisation' for people with autism? *Normalisation relates to interventions and practices that focus on teaching autistic people social skills and aim to make them more like neurotypicals in the hope that they will learn to fit in with the 'norms' of society.*

    What are your thoughts on this approach?

19. Has your friend/family member participated in any drama groups or drama activities?

    Do you think they found it enjoyable/helpful?

    What kind of activities did they take part in?

20. Have you ever heard of dramatherapy as an intervention/ support service?

    Note: Dramatherapy is the use of drama activities to potentially 'heal' clients or to help them to develop past a certain point of difficulties.

Methods that are used are oblique rather than direct; it is an alternative to psychotherapy, which involves speaking about your issues directly. Often stories are told and clients are often asked to enact them and draw parallels between the themes in the story and their own lives. Actual life events are avoided, but clients use metaphors to deal with their own issues. Often, puppets, masks and toy/objects are used as well as elements of play and role.

21. According to the literature surrounding dramatherapy, the approach aims to 'heal' clients. Do you feel that people with autism need, or would like, to be healed?

Is there anything else you would like to add?

Thank you for your time in taking part in this research. If you have any questions please do not hesitate to contact me from the contact details included in the information sheet.

Appendix E

Questionnaire for Dramatherapists

This interview is taking place in order to aid me in my research of the use of dramatherapy with people with autism. Please refer to the information sheet and the explanation of the research. You are under no obligation to answer any questions that you do not feel comfortable with. Some questions may be potentially distressing; you will be warned in advanced if any questions are potentially sensitive. Confidentiality will be upheld at all times and you have the right to request any information relating to you that will be included in the final thesis.

Background

1. What is your career background?

2. How did you become interested in dramatherapy? Can you tell me about your background?

3. What groups of people have you worked with?

4. Are there any groups of people for whom you think dramatherapy is particularly useful?

   If so, who and why?

5. What do you consider to be the main areas/principles of dramatherapy?

6. Which area do you find particularly interesting when delivering dramatherapy, for example, role, play, storytelling etc.?

Referral Process

7. How do clients get referred to you for dramatherapy? Could you explain the process?

8. Do you work/have you worked with many clients diagnosed with autism/Asperger Syndrome?

9. Is dramatherapy a popular intervention for people with autism/Asperger Syndrome, in your experience?

10. Why do you think people with autism/Asperger syndrome are referred/choose to do dramatherapy?

11. Can you tell me about the process undertaken before the sessions start? (eg, meetings, care plans etc.)

12. Is the dramatherapy process discussed with the client beforehand in order to create an effective approach?

Work with people with autism/Asperger Syndrome

13. What are your aims when working with autistic people?

14. Why do you think dramatherapy could be a positive experience for autistic people?

15. Can you give me some examples of the methods used with autistic people?

16. What do you find particularly useful/enjoyable about dramatherapy for people with autism/Asperger's?

17. What do you think dramatherapy can offer people with autism that other interventions, for example, CBT, psychodrama, psychotherapy, cannot?

18. According to the literature surrounding dramatherapy, the approach aims to 'heal' clients. To what extent is 'healing' an aim in you work?

19. How long would you usually work with someone with autism?

   What are the reasons for this timeframe?

20. When working with autistic people, do you find that group work or individual work is more beneficial?
   Why?

21. Are there any difficulties that you typically experience when working with autistic people?

22. Have you found there to be any limitations of dramatherapy with autistic people?

   Are there any approaches in your dramatherapy practice that you have found not to work with autistic people? If yes, what were they?

23. How do you evaluate the effects of dramatherapy with people with autism?

24. What evidence are you aware of that shows dramatherapy can be beneficial for these groups of people?

Are there any examples from your own experiences that you feel were particularly successful? Can you tell me about it?

25. From your experiences, do you think that dramatherapy is growing in popularity as an intervention for people with autism/Asperger syndrome?

Is there anything else you would like to add?

Thank you for your time in taking part in this research. If you have any questions please do not hesitate to contact me from the contact details included in the information sheet.

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