Adolescence, Asperger's and acting: can dramatherapy improve social and communication skills for young people with Asperger's syndrome?

Charlotte Wilmer-Barbrook

To cite this article: Charlotte Wilmer-Barbrook (2013) Adolescence, Asperger's and acting: can dramatherapy improve social and communication skills for young people with Asperger's syndrome?, Dramatherapy, 35:1, 43-56, DOI: 10.1080/02630672.2013.773130

To link to this article: https://doi.org/10.1080/02630672.2013.773130

Published online: 15 Apr 2013.
Adolescence, Asperger’s and acting: can dramatherapy improve social and communication skills for young people with Asperger’s syndrome?

Charlotte Wilmer-Barbrook*

Stopgap, London, UK

This article examines the structures and processes of a Dramatherapy group with young people with Asperger’s syndrome, and autistic spectrum disorder. It focuses on a narrative constructed around the story of one adolescent’s journey from being an isolated individual with severe social and communication difficulties, to a confident and communicative young man. Practice-based evidence of the broader group picture in the form of individual outcomes is presented through the assessment, evaluation and final outcomes of all the group participants.

Keywords: acting; Asperger’s syndrome; adolescence; dramatherapy; communication; social skills

Introduction

My engagement with the practical and theoretical aspects of theatre processes began 25 years ago when I studied at the Central School of Speech and Drama as part of a French and Drama degree; I became very interested in the theatre of Brecht, Boal and the existential theatre of Sartre. As a student director, I was particularly intrigued with the relationship between the actors and the audience. They exist together suspended in a dramatic world where real and virtual time exists together and empathy, understanding and emotions can be shared.

Political theatre practitioners like Brecht (as cited by John Willett 1959) and Boal (1979) wanted to actively engage their audience and encourage them to reflect, react and act on what they saw. Boal explains the difference between his theatre and Brecht’s thus:

Brecht proposes a poetics in which the spectator delegates power to the character who thus acts in his place, but the spectator reserves the right to think for himself, often in opposition to the character. . . . . . But the poetics of the oppressed focuses on action itself: (the spectator) . . . assumes the protagonic role, changes the dramatic action, tries out solutions, discusses plans for change – in short trains himself for real action. (1979, p. 98)

*Email: charlotte.wilmer@ntlworld.com

© 2013 The British Association of Dramatherapists
The audience is not there merely to be entertained. Brook (1988, p. 234) argues that the audience gives theatre its fundamental meaning while Sartre (1973) used theatre to highlight his Existential beliefs. He suggested that without an audience in theatre or the existence of the ‘other’ in life, we cease to exist or become fixed in the eyes of the other. This active engagement of the audience is an important component of dramatherapy; Jones refers to ‘interactive audience and witnessing’ (1996, p. 109). In dramatherapy the concept of ‘witnessing’ links to this Existentialist notion, as the client can be witnessed by others in the therapy space as well as self-witnessing in order to gain insight into difficult, personal material. This understanding of the importance of the actor-audience relationship has had a direct impact on my dramatherapy work.

**Major influences on dramatherapy practice**

During 10 years of working as a dramatherapist in the field of autism, I have been influenced by the theory from three main areas: psychology, theatre and dramatherapy itself. Professor Tony Attwood, a leading clinical psychologist in the field of Asperger’s Syndrome highlights the contribution of drama:

> The adolescent with Asperger’s syndrome may apply the knowledge acquired in drama classes to everyday situations, determining who would be successful in this situation and adopting the persona of that person. (2007, p. 27)

It is therefore possible to suggest that whilst the drama created may be the imitation of another’s persona\(^1\), it may also be a hidden part of the self that has been suppressed by trauma and needs time and patience to recover. Attwood also stresses the importance of portraying other people through dramatic means:

> They [young people with Asperger’s syndrome] are rehearsing, practising the script and their role, to achieve fluency and confidence before attempting to be included in real social situations. . . . . . .they are developing the ability to be a natural actor. (p. 27)

Similarly, Jung would encourage his patients to dialogue with the different aspects of their personality as if they were real people in the external world. This process possibly offered his patients the space to access, learn and familiarise themselves with unexplored and undeveloped parts of themselves and to integrate them into their own psyche. For young people with Asperger’s syndrome the rules of social interaction can sometimes be too complex and varied to understand; using dramatic structures to imagine and embody the different parts of themselves can be both a powerful and healing experience.

From the world of theatre, Cindy Schneider, the Director of Acting Antics Theatre Company for young people with and without Asperger’s Syndrome has been an inspiring influence.
She highlights the close relationship between the world of theatre and the world of Asperger’s in order to teach social understanding.

In drama, understanding concepts, making and interpreting inferences, taking another’s perspective, and formulating language are all key components in working on a scene. (2009, p. 20)

She also explains the essential role of acting in working with this client group:

Enter ‘Acting’. What is acting all about? It is about reading and portraying emotions by using your voice as well as nonverbal communication. It is about acting and reacting. It is about developing a relationship with other actors onstage. It is about interpreting the language of the script. (p. 13)

Two dramatherapists with different viewpoints have been profound influences; Landy’s theories about role, (2007) and more recently Chasen’s (2011) insights into the importance of neuroscientific language and the appreciation of the ‘Mirror Neuron System’ (Iacoboni 2008). This scientific discovery underpins my further understanding of the importance of those clients who choose to either observe or participate in the group therapy and how both ways of being in the group are just as effective in developing a sense of who we are and who we are in relation to other people. Chasen explains:

The mirror-neuron system, by neurologically imitating and re-enacting all that is perceived to generate understanding of self and other as a means for preparing individuals to act in the world, affirms drama’s therapeutic key function as a form and approach that reflects and enacts critical developmental processes and operations. (2011, p. 68).

He also refers to the importance of the audience or witnessing role:

my mirror neurons will fire, just as if I were actively involved in those same activities, providing me with a visceral sense of what it is like to perform those actions. This embodied simulation of others’ experiences...... comprises the neurological foundation for developing a sense of self, other, social connection and empathy, enrolling us in the same moment as participant and observer. (2011, p. 57)

All of these professionals have given me insights into the world of Asperger’s and the roles that drama, theatre and thus dramatherapy can play in order to support these young people and help them to navigate their way through a busy and often confusing world.

Dramatherapy literature review
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. Miller (2005) has written a study of a 10-week dramatherapy programme designed for 10–12-year olds to improve their social and communication skills for friendship building. At the end of the sessions she compared the initial assessments with information gained with evaluations from participants and teaching staff. Improvements in social skills were reported by both groups.

Scott-Danter (2006) conducted her hermeneutic research with 13-year-old children engaged in a 24-week dramatherapy group. The main research aim was ‘to evaluate the impact of the dramatherapy interventions on the children’s social interaction and perspective taking i.e. their capacity to empathise with others’ (p. 55).

She found that role play encouraged co-operation and spontaneity which can often be lacking in young people with autistic disorders. Teaching staff modelled situations for practising and rehearsing social interactions and recorded improvements in communication and participation. Both communication and co-operation skills had improved by the end of the programme. The introduction of journal keeping for participants enabled qualitative evidence to be gathered, in addition to the formal assessment and evaluation methods.

Positive outcomes are also reported by Tytherleigh and Karkou (2010) using creative interventions focussing on interaction, communication and relationship building. However, by far the most significant research outcomes are provided by Chasen (2011) who uses games, role play, stories, improvisations and the Director’s Chair technique (p. 202) for assisting positive communication and social interaction. Chasen has developed the Process Reflective Enactment which ‘immerses autistic children in activity critical to developmental integrity and well-being.’ (p. 70). He advocates the use of behavioural charts and rewarding children’s positive behaviour with small prizes, activities that would not be age appropriate for my work. Chasen’s influence on my practice is referred to below.

The organisation

The dramatherapy service is based in a specialist education and therapy service in England for young people aged between 16 and 24 with Asperger’s syndrome or general social and communication difficulties. The majority of students have associated emotional and behavioural difficulties and other mental health issues such as anxiety, depression, self-harm, Obsessive Compulsive Disorder, Tourette’s syndrome and eating disorders. The major aim of the service is to equip each student or ‘learner’ (as they are referred to within the organisation) with the skills and strategies to progress into further education or employment during their one academic year with the organisation.

The classes are no larger than eight learners with at least one tutor and at least two learning support assistants. Part of the curriculum is weekly group dramatherapy, facilitated by the dramatherapist with support from a learning
support assistant, and group art therapy; weekly feedback meetings are held with
the learner’s tutor. The key aims of the group are:

- To explore and develop verbal and non-verbal communication skills.
- To develop and increase social skills.
- To offer creative methods to develop the ability to express emotions.
- To offer a safe, contained environment to provide opportunities to explore
difficult personal material.

The aims are based on the specific needs of individuals in the group but also to
address the major problems that people with Asperger’s syndrome experience.
These are:

Communication difficulties including an inability to notice the body language
of others, appearing insensitive to those they are addressing, being over-
precise in what they say, interrupting others or continually talking and being
literal in their understanding of speech and language.
Difficulties in forming and developing social relationships. Stereotyped or
repetitive behaviours which can also interfere further with building social
networks.
Being unable to interpret non-verbal signals such as body language, gestures,
facial expressions and tone of voice.
Many children and young people appear to lack imagination and therefore find
creative play or thinking in the abstract very difficult.

Assessment and evaluation frameworks
The impact of the difficulties the learners had experienced during their primary and
secondary education had led them to believe that their prospects of further educa-
tion and future employment were both inconceivable and impossible. It became
more and more apparent that these deeply held beliefs had seriously affected their
self-confidence and self-esteem.

The assessment and evaluation were devised to allow each learner the oppor-
tunity to record their findings based on their perceptions of themselves prior to
and at the end of the therapy. A simple questionnaire was created for this purpose.
These were compared with feedback from the tutor to monitor whether the learn-
ers were able to transfer skills from the dramatherapy sessions into the classroom
setting. I also wanted to determine whether the learning from the dramatherapy
groups was used as effectively with parents and siblings, as it is often the case
that adolescents can behave differently depending on where they are and who they
are with. Frankel, a psychotherapist, examines the adolescent psyche through both
Jungian and Winnicottian perspectives, noting that:
Adolescents can lead a dual life: appearing one way to family, teachers and neighbors while presenting a radically different face to their close circle of friends. They are masters of disguise. (2009, p. 153)

Thus the third criterion of the assessment and evaluation of the framework was the invitation to the parents/carers to monitor the changes and developments they noticed outside of the organisation. The tutor and parents/carers had the same areas of social understanding and personal development to evaluate numerically as each learner. It was important to create as wide a view as possible for monitoring change and development for each learner.

The theatre studio
The dramatherapy group takes place in a theatre studio which has a small elevated stage and room for an audience to sit or stand. The stage is actively used during the sessions to highlight the similarities between the dramatic world of actors and audience, which often parallels qualities found in social interaction. An actor needs to engage the audience with his/her voice and facial expressions. The voice must be clear with varied use of intonations and volume to keep an audience interested. The position of the actor’s body on stage is also important so the audience can witness gestures, movements and non-verbal forms of communication. In turn, the audience’s role is to listen, observe and to offer feedback at the end of a piece through verbal expressions like cheering or jeering and spontaneous applause. These elements of an actor’s and audience’s role are both a mirror and essential component for a successful social interaction, where one person listens, observes the other’s communication and then offers verbal interaction and feedback when there is a pause. Thus the learners in their role as the actors and audience can practice developing techniques for social understanding and successful communication.

Group structures and content
Eight learners attended for 36 sessions with each session lasting for an hour and a half. Each session begins with icebreaker games to help to focus the learners and encourage spontaneity, flexibility of thought, eye contact and use of gestures. These are followed by a physical warm-up and exercises to stimulate the imagination ready for the main part of the session. The main event may be an improvisation, role-play, story, myth or movement work offered to explore group and/or individual themes and includes opportunities for experimenting with social interaction in pairs, small groups and large group work. Each learner is offered time on the stage to explore different roles, archetypes and archetypal situations; journeying, initiation, ritual, which may not be present in their everyday life. (Jung 2008) Learners choose to either watch from the audience or be seen on the stage, but each role is just as valid and essential as each individual is engaged with learning in different ways.
The session ends with stabilising exercises to focus the learners back into the present moment. Sometimes the ending incorporates any reflections on the group process as experienced by each individual.

**Jake’s story – part one**

Jake was at the beginning of his academic year and presented as being withdrawn and suspicious of any social communication, he physically recoiled from interactions and avoided revealing personal information about himself. He would often watch the group from the safety of a chair at the edge of the room. In reports detailing Jake’s diagnosis and history, reference was made to high levels of anxiety, complex emotional needs, poor social skills and the difficulties he had interacting in group situations. Each week as Jake sat at the side of the theatre, he was asked if he wanted to join us in a particular exercise to which he would often turn away saying, ‘No Charlotte, don’t make me join in. . . no, I just want to watch!’

**Reflection**

Jake appreciated the opportunity to be part of an audience. In this role he was learning about social interactions, watching the ways other learners used their faces and bodies and listening to people’s voices. By watching and observing his peers, Jake’s mirror-neuron system was automatically activated; he was not just a passive observer, he was engaged in cognitive and emotional learning. Jones (2007) describes this as ‘active witnessing’ (p. 101).

The extent to which Jake had developed an empathetic response to the scenes he observed became clear during the following weeks.

**Jake’s story – part two**

Jake’s involvement with the group changed during the second session of the final summer term. On this particular day he chose to participate by writing and drawing about experiences he wished he could have handled differently. Many of the learners had written about being bullied so this became the group theme. The group were asked if anyone wanted to explore their story on stage, surprisingly Jake’s voice rang out with a clear ‘Yes’.

Firstly, he was encouraged to just tell the group his story, allowing him to practice and rehearse using his voice and making eye contact with the group. His story captivated the group with its power and simplicity. The incident had taken place in a school corridor when Jake was walking to a classroom. As he walked to class, he approached a line of young people who began taunting him about his physical appearance. The group wanted to help Jake act out the scene, but were keen also to hear how he would have preferred it to be. Four learners created the line of bullies in the school corridor and listened carefully to Jake’s directions for how
he needed them to act. Their reaction was an important indication of how much the group had developed since the beginning of the therapy. Initially these learners would sometimes sit out of the group if exercises caused too much anxiety. Other learners would interrupt one another, not understanding the turn taking process essential for successful communication. Yet in that moment, social understanding had developed sufficiently well to enable the group to listen, process thoughts, empathise with Jake and ask for further instructions. Jake was able to give clear directions to the group for the enactment. Initially, he portrayed himself as the nervous, recoiling young man frequently seen in the group. However, when given the chance to replay the scene differently, he considered his body position and stood squarely in front of each bully. His head which initially he had kept bowed was now erect and he stared challengingly at each person. His voice which had been silent was now clear and crisp, ‘Why don’t you take a look at yourself?’ he retorted. Then slowly he walked past each bully maintaining eye contact and walked away. The learners engaged positively with Jake’s re-enactment and direction. In feedback, Jake told us that he wished he could be this confident more frequently. Group members reassured him that he had plenty of time to practise and develop the skills to deal with challenging situations such as this.

Reflection

The archetype of the bully seemed to resonate with the learners. Jung believed that it was through the analysis of the archetypes and the integration of the conscious mind with the unconscious archetypal material that a person could move forward towards healthy psychological functioning. It is when roles become fixed or imbalanced that there can be psychological fragility. There is a similarity between Robert Landy’s ‘role-type’ and Jung’s concept of the archetype. Landy is in agreement with Jung that ‘archetypal roles need to be identified and integrated into one’s personality structure or role system in order to develop healthy psychological functioning.’ (1993, p. 139) It is possible that Jake identified with the archetypal role of the victim. In Jungian terms, in order to change the victim role Jake had drawn upon an aspect of his personality which had been inaccessible through years of psychological bullying, however, this part of his personality had remained intact and held the seed for emotional growth.

Dramatherapy techniques such as the ‘therapeutic performance process’ (Jones 1996, p. 102) and the use of ‘empathy and distancing’ (p. 106) enabled the group and Jake to identify and engage with both ‘the victim and warrior role types’ (Landy 2007). The learners worked as an ‘interactive audience’ (Jones 1996, p. 109) and by witnessing Jake’s situation they were able to offer support and validation to his experience.

In this dramatherapy session the scene was taken from Jake’s real life. The opportunity to explore difficult personal experiences then practise, rehearse and reframe thoughts connected to the experience. This process can be likened to Boal’s concept of ‘theatrical fiction’ where theatre mirrors life and the reality of a
situation is explored, analysed and potential change discovered by the actors and audience. (Boal 1979)

The creative use of symbol and metaphor by the learners has also been useful to enable them to explore situations which they would not be able to speak about directly.

**Jake’s Story – part three**

Group themes of isolation and rejection appeared to continually emerge during the academic year. Individuals spoke of being ‘the pariah’ in social situations and the stigma and shame of feeling different. Towards the end of the second term when I felt that a deeper trust and respect had developed in the group, I chose to work with the American Indian Seneca legend of The Storytelling Stone [online] which explores the themes of societal rejection, exclusion but also offers cathartic themes of acceptance and inclusion. The group listened intently to the story and then when asked who wanted to play which role, Jake chose to play the lead role with two other learners. The learners enacted the story with sensitivity and focus.

**Reflection**

After the enactment, Jake managed to verbalise his wish for acceptance in the outside world and voiced his frustration at his recurrent rejection by peers and certain family members. The myth gave Jake a symbolic, containing structure in which he could safely explore his own emotions, whilst playing the character of the story teller. Another learner, Marion, who was often silent in the group, whispered that she wished she had the power of the story teller who left behind those who had rejected him in search of more accepting tribes. She was 18 but her father appeared to make all decisions about her future and she seemed painfully aware of her personal isolation from other young women her age. The opportunities in the dramatherapy to explore myths and stories gave the learners another vehicle for self-expression. Jennings highlights the unique safety stories provide, ‘Stories have the structure to create security (the beginning, middle, and end), and therefore have a calming effect. . .’ (2004, p. 30) For young people with Asperger’s the characters found in myths and stories can enable them to access personal, sometimes painful material safely and provide a voice for often unspoken emotion.

**Jake’s story – part four**

‘Hi! Charlotte,’ cried a cheery voice through the dim light of the theatre studio. It took some time for my eyes to adjust to the broad, smiling face that approached me. This was a moment of immense professional and personal satisfaction to see Jake striding towards me. I looked at the open body posture, the relaxed, smiling face, the strong eye contact. I could not believe the intonation of his voice, colourful, bright and confident.
Together we sat and thought through how it would feel to join this new therapy group and all the things he could tell the new learners about his experiences of dramatherapy. However, he had finished his time with us and was somewhat older and wiser than them! So with much camaraderie he grinned and went on his way, disappearing into the outside world equipped with tools to make social interaction perhaps more possible and even enjoyable!

Evaluation of results

The evaluation sheet used with the learner, tutor and parent/carer has a numerical range from 0–4 to assess change. The range is 0 = Poor, 1 = Fair, 2 = Good, 3 = Very Good, and 4 = Excellent.

The following four categories are assessed for the quantitative outcomes:

- Self-confidence and self-esteem
- Communication skills
- Social skills and ability to co-operate
- Ability to express emotions

The bar chart (Figure 1) shows the quantitative results for Jake (learner 3). However for all the other learners, I have presented the results using an improvement percentage table (Figure 2).

All the data were analysed using Microsoft Excel. Combining all assessors’ feedback the percentage observations demonstrate a 31% increase in self-confidence and self-esteem, a 24% increase in social skills and ability to co-operate, a 23% increase in the individuals’ ability to express emotions and a 17% increase in communication skills. It is interesting that of the assessor groups, the most positive was the tutor who noted on average a 38% increase over all the categories, secondly the learners who noted on average a 22% increase over all the categories and thirdly the parents/carers who noted a 12% increase. The small percentage increase of 12% perhaps reflects the complexity in monitoring objectively the change and development within a family setting, compared to an educational setting. The relationship of a young person with a parent/carer can fluctuate dramatically during the adolescent period and so to attempt to remain objective whilst observing a son or daughter is very hard. This is perhaps reflected in Richard Frankel’s understanding of Frances Wickes’ theories (1927) when he states:

Some parents are terribly threatened by the prospect of their child becoming a teenager. . . .What can result, then is an unconscious attempt to keep their adolescent child in a dependent role, restricting her life activities by keeping her close to home. (p. 110)
I would be keen to explore in more detail this relationship between parent/carer and young person in future research work.

The percentage results of learner 2 and learner 8 merit closer inspection. Learner 2 was living with foster carers during his year with us. His placement broke down twice and the parent/carer results show a percentage decrease in all four areas of assessment. I would suggest this is accurate in relation to the psychological fragility of learner 2 by the end of the academic year. The environmental impact of being moved to different settings proved very challenging for this learner.

Learner 8 engaged whole heartedly with the dramatherapy process using symbolic play and projective dramatisation to highlight child protection issues. His written comment on the bottom of his first evaluation sheet is worth noting, to understand more about his psychological state of mind. He wrote simply, ‘I am useless’. Learner 8 left our organisation without completing the full academic year due to his wish to begin employment (Figure 2).
### Improvement Percentages

<table>
<thead>
<tr>
<th>Evaluation Results</th>
<th>Self Confidence</th>
<th>Communication</th>
<th>Social Skills</th>
<th>Emotions</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Learner</td>
<td>Tutor</td>
<td>Parent/Carer</td>
<td>Learner</td>
<td>Tutor</td>
</tr>
<tr>
<td>Learner 1</td>
<td>50%</td>
<td>75%</td>
<td>25%</td>
<td>25%</td>
<td>50%</td>
</tr>
<tr>
<td>Learner 2</td>
<td>0%</td>
<td>0%</td>
<td>-25%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Learner 3</td>
<td>50%</td>
<td>75%</td>
<td>25%</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Learner 4</td>
<td>25%</td>
<td>63%</td>
<td>25%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Learner 5</td>
<td>50%</td>
<td>75%</td>
<td>25%</td>
<td>-50%</td>
<td>50%</td>
</tr>
<tr>
<td>Learner 6</td>
<td>50%</td>
<td>63%</td>
<td>0%</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td>Learner 7</td>
<td>0%</td>
<td>50%</td>
<td>25%</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td>Learner 8</td>
<td>0%</td>
<td>50%</td>
<td>-25%</td>
<td>-25%</td>
<td>-25%</td>
</tr>
</tbody>
</table>

**Column Averages**

- Self Confidence: 31%
- Communication: 17%
- Social Skills: 24%
- Emotions: 23%
- Overall: 22%

**Assessment Categories**

- Self Confidence/Self Esteem
- Communication Skills
- Social Skills and Ability to Co-operate
- Ability to Express Emotions
- Learner, Tutor, Parent/Carer

**Observations**

1. Combining all assessors' feedback the most improved assessment category was self confidence and the least improved was communication.
2. Of assessor groups the most positive was the tutor and the least positive were parents.
3. Combining all assessment categories and assessors' feedback the most improved learner was learner 3 and the least improved was learner 8.
4. Combining all assessment categories the most improved learner as assessed by themselves was learner 4 and the least improved was learner 8.
5. Combining all assessment categories the most improved learners as assessed by the tutor were learner 1 and learner 3 and the least improved was learner 2.
6. Combining all assessment categories the most improved learner as assessed by parent/carer was learner 3 and the least improved was learner 2.
7. Combining all averages of each learner the most positive assessor assessment category was by the tutor for self confidence and the least positive were the parent/carer's assessment of self confidence and communication and the learner's assessment of communication.
8. Across all categories and assessors the overall improvement was 24%.
9. Of all 96 judgements made 67.7% were positive, 17.7% recorded no change and 14.6% were negative.

Figure 2. Improvement percentages.
Reflections of the evaluations

The opportunity to have weekly group dramatherapy for one academic year seems to be a valuable space for young people with Asperger’s syndrome and those with social and communication difficulties. The trust which grows over the academic year allows for experimentation, exploration and inspiration within the group setting. Friendships are forged, relationships grow and life experiences are shared in a safe, containing environment. This depth of human contact perhaps explains learner 1’s comment at the end of his therapy when he said:

You won’t get rid of us you know. . . .we will come back and gatecrash the other therapy groups in the autumn! We can come back and see you can’t we?

Learner 1 did return to see us all in the autumn, not to gatecrash the therapy, but to return as a young adult wishing to share his success with us about his college course and life in general. He felt able to reach out and communicate his thanks to those who had touched his life and helped him to look forward to a positive future with confidence.

Conclusion

The journey of formulating an idea for a piece of research and then putting that idea into practice has been exhilarating, surprising and fulfilling. To share with a group of young people who have Asperger’s syndrome the mechanics of social and communication skills has felt similar to learning another language, in that at first the words seem strange, pronunciation is awkward and the wish to communicate with others is nerve-wracking. Yet with practice, and feeling safe enough to make mistakes, communication becomes fun. At a conference in Oxford on 17 May 2012, Professor Tony Attwood described his greatest accolade as being an invitation by those with Asperger’s to become an honorary Aspie: which is the term used by someone with Asperger’s to describe themselves. The reason for this is that he appears bilingual in both Asperger’s and Neuro-Typical communication. I believe that Dramatherapy can offer that possibility to those of us working with young people with Asperger’s syndrome. The research highlights that across all categories and participants the overall improvement was 24%. This positive outcome demonstrates the clinical effectiveness of dramatherapy. My hope is that this research will help to attract further funding for young people with Asperger’s syndrome to have access to dramatherapy.

Acknowledgements

My sincere gratitude goes to my clinical supervisor, Roya Hamid, for her wisdom, insight and support in encouraging me to write up my work. Also, I wish to thank Madeline Andersen-Warren for her time, assistance and kindness in helping me structure this article for publication.
Notes

1. **Persona**: Originally, the mask worn by an actor. CG Jung: ‘The persona. . . .is the individual’s system of adaptation to, or the manner he assumed in dealing with, the world. Every calling or profession, for example, has its own characteristic persona. . . Only; the danger is that (people) become identical with their personas. One could say, with a little exaggeration, that the persona is that which in reality one is not, but which oneself as well as others think one is’.

2. **Archetype**: ‘The concept of the archetype. . . .is derived from the repeated observation that, for instance, the myths and fairy tales of world literature contain certain definite motifs which crop up everywhere. We meet these same motifs in the fantasies, dreams, deliria and delusions of individuals living today. These typical images and associations are what I call archetypal ideas. . . .They impress, influence and fascinate us’.

References