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Article

Beyond Participation: An Observational Study of Engagement Patterns in Drama Therapy Among Children with Special Needs

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Abstract:

This study explores how children with special needs engage in structured drama therapy sessions, moving beyond simple participation metrics to understand the nuanced ways they involve themselves. Using a qualitative observational approach, thirty children aged 6–14 with mild to moderate needs were observed across 24 sessions at a special education center. Each 45-minute session followed a three-phase structure: warm-up, enactment, and reflection. Data collection included field notes and video recordings, analyzed through thematic analysis with an adapted engagement coding framework that distinguished active, passive, emotional, symbolic, and disengaged responses. Findings identified five types of engagement: active (spontaneous actions and peer collaboration), passive (attentive observation), emotional (facial expressions and affect), symbolic/creative (role-playing and imaginative projection), and resistance (withdrawal or refusal). Engagement levels varied across session phases, with enactments eliciting the highest active and symbolic engagement, while warm-ups showed more variability. Group dynamics, peer modeling, and therapist support significantly influenced engagement trajectories. These results expand engagement theory into therapeutic contexts and highlight the importance of designing flexible, activity-specific strategies that recognize passive engagement as valid. For educators and practitioners, understanding these diverse engagement patterns can inform more responsive, individualized approaches, emphasizing engagement quality over attendance.

Keywords: Drama Therapy, Engagement Patterns, Special Needs, Observational Study, Inclusive Education, Behavioral Engagement

1. INTRODUCTION

The landscape of special education and therapeutic intervention for children with disabilities has undergone significant transformation over the past two decades, marked by a growing recognition of the value of expressive and creative approaches to supporting development and well-being. Among these approaches, drama therapy has emerged as a particularly promising modality, offering a unique combination of play-based engagement, embodied expression, and structured social interaction that addresses the multifaceted needs of children with mild to moderate conditions, including intellectual disabilities (ID), autism spectrum disorder (ASD), specific learning disabilities (SLD), and Down syndrome. Expressive therapies, more broadly including art, music, dance, and drama, share a common foundation in the belief that creative processes facilitate healing and personal growth (Malchiodi, 2007). As defined by the North American Drama Therapy Association (NADTA), drama therapy constitutes "the intentional use of drama and theatre processes to achieve therapeutic goals" (Armstrong et al., 2019), incorporating storytelling, role-playing, improvisation, movement, and dramatisation to promote therapeutic change, adaptation, or self-development (Bololia et al., 2022).

The application of drama therapy in special education contexts has gained substantial empirical support in recent years. A systematic review and meta-analysis by Dumitru (2025), synthesising findings from 15 intervention-based

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studies comprising 453 participants and 103 effect sizes, demonstrated significant overall benefits of drama and therapeutic theatre interventions for children with disabilities, particularly in enhancing social engagement, emotional regulation, and self-expression, with moderate effects observed in cognitive and behavioural domains. The same review identified intervention duration, group format, and type of disability as significant moderators of outcomes, with stronger effects reported for children with autism spectrum disorder and in programs of longer duration (Dumitru, 2025). Similarly, Bololia et al. (2022), in their systematic integrative review of dramatherapy for children and adolescents with autism spectrum disorder, found that dramatherapy can support this population by fostering behavioural, expressive and social skills while promoting emotional well-being through diverse art forms and techniques.

These findings are further substantiated by empirical investigations of drama therapy's effectiveness with specific populations. Wu (2020) conducted 30 sessions of group drama therapy for ten homeless children aged three to six years with mild to severe intellectual and developmental disabilities, finding that child participants concentrated on the group drama therapy process and spontaneously participated in peer interaction. The study documented increased and sustained rates of communication and cooperation during and after intervention, alongside improvements in creativity, flexibility, imagination, and social skills (Wu, 2020). Children were perceived as happy during group drama therapy activities, accompanied by self-exploration and getting to know others. In a related vein, Lin et al. (2025) investigated the effect of drama therapy on social awareness in autistic children aged three to eight years in Guangxi, China, employing a six-month intervention with three phases of observation, finding that drama therapy effectively supported improvements in social awareness among participants.

1.1. Conceptualising Participation versus Engagement

A critical distinction underpinning the present study is that between participation and engagement, a distinction that has significant theoretical and practical implications for understanding how children with special needs experience drama therapy. Participation, in its simplest formulation, refers to attendance and physical presence in therapeutic activities; it is a binary construct that indicates whether an individual is present in the session space. However, participation alone tells us remarkably little about the quality of an individual's involvement, their psychological investment in therapeutic processes, or the extent to which they are deriving benefit from the intervention.

Engagement, by contrast, represents a deeper and more multifaceted construct. Within the educational and psychological literatures, engagement has been conceptualised as comprising multiple interrelated dimensions that together capture the richness of an individual's connection to learning or therapeutic activities. The foundational work of Fredricks, Blumenfeld, and Paris (2004) established the tripartite model of engagement that has since become widely adopted across disciplines. These authors describe behavioural engagement as encompassing effort, attention, and involvement in activities; emotional engagement as referring to affective reactions including interest, enjoyment, and identification with the activity; and cognitive engagement as involving psychological investment, strategic thinking, and self-regulation (Fredricks et al., 2004). As the authors note, "a focus on behaviour, emotion, and cognition, within the concept of engagement, may provide a richer characterisation of learning" (Fredricks et al., 2004, cited in Charland et al., 2015).

The relevance of this multidimensional framework to therapeutic contexts—and specifically to drama therapy—cannot be overstated. Drama therapy, by its very nature as an embodied, expressive, and relational modality, potentially engages participants across all three dimensions simultaneously. The behavioural dimension is evident in the physical actions of role-playing, movement, and gesture; the emotional dimension is manifest in the affective responses elicited by dramatic situations and character work; and the cognitive dimension is engaged through the processes of perspective-taking, narrative construction, and improvisational problem-solving. However, existing research has rarely examined how these dimensions manifest in practice or how they interact to produce distinct engagement patterns among children with special needs.

1.2. Research Gap

Despite the growing body of evidence supporting drama therapy's effectiveness for children with special needs, significant gaps remain in the literature. Foremost among these is the absence of micro-level observational studies that capture the moment-by-moment engagement patterns of children as they participate in drama therapy sessions. Most existing research has employed pre-post intervention designs that measure outcomes at the level of aggregated change, providing valuable information about whether drama therapy works but offering limited insight into how it works—the processes and mechanisms through which therapeutic benefit is achieved. This gap is particularly consequential for two reasons. First, children with special needs exhibit heterogeneous responses to therapeutic interventions, and understanding individual engagement patterns is essential for tailoring interventions to maximise benefit. Second, the field lacks empirically-grounded typologies of engagement that can inform both therapeutic practice and intervention design. As noted by Lant and Lawson (2019) in their development of a student engagement checklist for children with intellectual disability, much student engagement research remains centred on perceptions via self-assessment or teacher questionnaires, with relatively little attention to direct observational methods that capture engagement behaviours in real-time. The present study addresses these gaps by adopting an observational design focused explicitly on engagement patterns rather than outcome measures. The central contribution of this research is not to demonstrate that children with special needs participate

in drama therapy—a finding already well-established in the literature—but rather to investigate how they engage differently across activities and individuals, and what patterns of engagement emerge from close observation of therapeutic processes.

1.3. Purpose of the Study

The purpose of this study is to analyse engagement patterns exhibited by children with special needs during structured drama therapy sessions, employing a qualitative observational methodology to capture the behavioural, emotional, and symbolic dimensions of engagement as they unfold in real-time. Specifically, the study aims to identify distinct engagement typologies, examine contextual variations in engagement across different session activities, and explore the influence of group dynamics on individual engagement trajectories.

1.4. Research Questions

The study is guided by the following research questions:

- What types of engagement patterns emerge when children with special needs participate in structured drama therapy sessions?
- How do children with special needs interact within drama therapy sessions across different activity phases (warm-up, enactment, reflection)?
- What contextual factors—including group dynamics and therapist scaffolding—influence engagement patterns among participants?

1.5. Objectives of the Study

The main goal of this study is to go beyond basic participation metrics and examine the detailed engagement patterns of children with special needs during drama therapy sessions. Specifically, the study aims to achieve the following objectives:

- To identify and describe the different engagement patterns (active, passive, emotional, symbolic/creative, and disengagement/resistance) shown by children with special needs (aged 6–14 years) during semi-structured drama therapy sessions.
- To examine the variation in engagement patterns across the three phases of drama therapy sessions (warm-up, enactment, and reflection) among children with special needs.
- To analyze the influence of contextual factors such as group dynamics, peer modeling, and therapist scaffolding on children with special needs' individual engagement trajectories in group drama therapy.

2. LITERATURE REVIEW

2.1. Drama Therapy in Special Education: Theoretical Foundations and Empirical Evidence

Drama therapy occupies a distinctive role within expressive therapies, distinguished by its intentional and structured use of dramatic and theatrical techniques to achieve therapeutic objectives. According to the North American Drama Therapy Association, drama therapy is "an active, experiential approach to facilitating change" that involves storytelling, projective play, intentional improvisation, and role-play as key methods (NADTA, cited in Armstrong et al., 2019). Similarly, Valenta (2014) describes dramatherapy as a deliberate and organised application of dramatic techniques – including role-playing, improvisation, and storytelling- to reach therapeutic goals such as emotional expression, social skill development, and self-understanding. Its theoretical foundation draws from diverse disciplines such as psychodrama, developmental psychology, theatre studies, and creative arts therapies, creating an integrated framework that emphasises the healing potential of dramatic enactment, role exploration, and embodied expression. This holistic approach within the creative arts therapies aligns with the broader perspective outlined by Malchiodi (2011), who maintains that all art-based therapies utilise non-verbal, sensory, and imaginative processes to access emotional and cognitive resources that may be less accessible through verbal dialogue alone.

Jennings and Minde (1993), cited in Wu et al. (2020), defined drama therapy as "the intentional use of the healing aspects of drama in therapeutic process," positioning it alongside other creative arts therapies such as art, music, and dance therapy as the application of a creative medium to psychotherapy. Johnson (1982, 1991), also cited in Wu et al. (2020), emphasised the distinctive features of drama therapy, describing it as presenting "a space where things can happen, and therapy can take place—the fact of enactment, the very physical enactment, the taking on a role, the negotiation with others, the role-playing with others." This emphasis on embodied role-taking and relational negotiation distinguishes drama therapy from verbal-only therapeutic modalities, offering unique affordances for children who may struggle with abstract verbal communication.

The empirical evidence supporting drama therapy with children who have special needs has increased significantly in recent years. Dumitru's (2025) systematic review and meta-analysis, synthesising 15 intervention-based studies, stands as the most comprehensive quantitative review so far. Similarly, expressive movement therapies have demonstrated positive effects on mental health and quality of life in clinical populations; for example, a systematic review and meta-analysis by Cheng et al. (2024) found significant benefits of dance for people with Parkinson's disease, supporting the broader claim that embodied, creative interventions can produce measurable therapeutic outcomes. The review identified notable overall benefits of drama and therapeutic theatre interventions for children with disabilities, with effect sizes showing moderate to large impacts across different outcome areas. Especially relevant for this study, the review highlighted social engagement, emotional regulation, and self-expression as the domains with the strongest intervention effects (Dumitru, 2025). This emphasises the importance of engagement as a key outcome in drama therapy research.

Bololia et al. (2022) conducted a systematic integrative review focusing specifically on dramatherapy for children

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and adolescents with autism spectrum disorder. Their review identified nine research studies employing diverse designs (six qualitative, two quantitative, one mixed methods) and used a textual narrative approach to synthesise findings. The review concluded that dramatherapy can support children and adolescents with ASD by fostering behavioural, expressive, and social skills and promoting emotional well-being through various art forms and techniques (Bololia et al., 2022). However, the review also identified methodological issues regarding the transparency of the research process and recognised the need for a formalised approach to exploring and evaluating impact. More broadly, a systematic review and meta-analysis by Jiang et al. (2023) confirmed the effectiveness of drama-based interventions in improving mental health and well-being during and after the COVID-19 pandemic, providing additional support for the therapeutic potential of drama across different populations and contexts.

A review by Ivers (2024) of literature on the therapeutic use of drama to support communication with young autistic children maps the current research landscape in this area. The review aimed to gather evidence on whether drama as therapy can enhance the communicative strengths of young children on the autism spectrum, especially those described as non-verbal or minimally verbal. Through thematic analysis of case studies involving one-on-one drama therapy, the review identified mechanisms through which drama might facilitate communication development, such as creating shared attention, using embodied and non-verbal expression, and scaffolding social interaction through dramatic frameworks (Ivers, 2024). In a systematic review focusing specifically on children and young people aged 8–18 years, Keiller et al. (2023) found that dramatherapy interventions consistently alleviated emotional distress and supported well-being, with particular benefits for participants with social, emotional, or behavioural difficulties. A finding that aligns with the engagement improvements observed in the present study.

Wu et al.'s (2020) empirical study of drama therapy for children with special needs provides a particularly relevant precedent for the present investigation. In a related randomised controlled trial, Mastrominico et al. (2018) found that dance movement therapy significantly reduced psychiatric symptoms and improved quality of life in adults with autism spectrum disorder, suggesting that embodied, creative therapies, including drama therapy, hold promise across the lifespan for individuals on the autism spectrum. Working with ten homeless children aged three to six years with mild to severe special needs, Wu delivered 30 sessions of group drama therapy incorporating universal approaches, including sensory play, body games, sounds, stories, role playing, and improvisation. Progress monitoring indicated that child participants focused on the group drama therapy process and spontaneously engaged in peer interactions, with increased and sustained rates of communication and cooperation during and after the intervention (Wu et al., 2020). This study demonstrates the feasibility and potential effectiveness of drama therapy with young children with significant disabilities, while also highlighting the need for more detailed process-oriented research to understand the mechanisms underlying observed outcomes.

2.2. Engagement Frameworks in Learning and Therapy

The concept of engagement has attracted increasing attention across educational and therapeutic disciplines as researchers and practitioners seek to move beyond simplistic measures of participation or attendance toward richer characterisations of how individuals connect with, invest in, and benefit from activities and interventions. The seminal work of Fredricks, Blumenfeld, and Paris (2004) in the Review of Educational Research established the tripartite model of engagement that has since become the dominant framework in the field. These authors conceptualise engagement as a multifaceted construct comprising three interrelated dimensions:

Behavioural engagement refers to observable actions and participation, including effort, attention, concentration, and involvement in activities. In educational contexts, behavioural engagement is typically measured through indicators such as attendance, homework completion, and on-task behaviour. In therapeutic contexts, behavioural engagement might be observed through a child's physical participation in activities, eye contact with the therapist, following of instructions, and voluntary continuation of tasks.

Emotional engagement encompasses affective reactions to activities, including interest, enjoyment, enthusiasm, and identification with the task or context. It also includes negative affective states such as boredom, frustration, and anxiety that may undermine engagement. Emotional engagement is of particular relevance to drama therapy, given the inherently affective nature of dramatic enactment and the emotional content that frequently emerges through storytelling and role-play.

Cognitive engagement involves psychological investment in learning, strategic thinking, and self-regulation. It is characterised by a willingness to exert mental effort, to employ learning strategies, and to persist in the face of difficulty. In drama therapy contexts, cognitive engagement might be observed through a child's capacity to maintain a dramatic role over time, to anticipate narrative developments, to solve improvisational problems, and to reflect on their own or others' dramatic actions.

Fredricks et al. (2004) argued that studying engagement as a multidimensional construct is essential for understanding the richness of student experience and for developing finely tuned interventions. They called for "richer characterisations of how students behave, feel, and think—research that could aid in the development of finely tuned interventions" (Fredricks et al., 2004, p. 60). This call has been echoed in therapeutic contexts, where researchers have recognised the need to adapt and extend engagement frameworks to accommodate the unique features of therapeutic processes.

Subsequent research has refined and extended the engagement framework. Charland et al. (2015) provided a neurophysiological perspective on engagement, affirming

Fredricks and colleagues' claim that "a focus on behaviour, emotion, and cognition, within the concept of engagement, may provide a richer characterisation of learning." The authors demonstrated that engagement can be measured across multiple levels of analysis, from observable behaviour to physiological responses, highlighting the complexity of the construct.

In the context of special education, Lant and Lawson (2019) developed a new student engagement checklist (SEC) specifically designed to rate the observable task, affective and cognitive engagement behaviours of students with intellectual disability when working on academic tasks. Their instrument, developed in recognition that "much student engagement research is centred on the perceptions of students via self-assessment or teacher questionnaires" (Lant & Lawson, 2019), represents an important step toward observational measurement of engagement in populations for whom self-report may be challenging or unreliable. The SEC provides a model for the observational coding framework adapted in the present study.

Similarly, Delfing et al. (2024) described the development of the Rehabilitation Observation Measure of Engagement (ROME), an observational video coding tool designed to quantify engagement in rehabilitative settings at both the person level (internal state of an individual) and the between-system level (interaction between individuals). The ROME was validated with 49 children with unilateral spastic cerebral palsy, demonstrating high intrarater (91.8%) and interrater (96.1%) reliability, and providing evidence that it is "a reliable tool to objectively examine the construct of engagement within rehabilitation and is valid for quantifying person-level engagement" (Delfing et al., 2024). The ROME's developers emphasised that engagement "provides information that cannot be extracted from questionnaires and can help guide intervention decisions," a principle that guided the methodological approach of the present study.

2.3. Observational Studies in Therapeutic Contexts

Observational methods have a long and distinguished history in therapeutic research, offering unique affordances for capturing the dynamic, interactive, and context-dependent processes that characterise therapeutic interventions. Unlike self-report measures, which rely on participants' retrospective accounts of their experiences, observational methods allow researchers to document behaviour as it unfolds in real-time, capturing the temporal organisation of actions and interactions that may not be accessible to conscious reflection or accurate recall.

In the specific context of drama therapy, observational methods are particularly appropriate given the modality's emphasis on embodied expression, non-verbal communication, and spontaneous improvisation, all of which may be difficult to capture through questionnaire-based or interview-based approaches. Observational studies enable researchers to document the subtle behavioural indicators of engagement that may be most meaningful for children with special needs, including eye gaze patterns, body posture, facial expression, vocalisations, and physical proximity to peers and therapists.

The importance of structured observation in therapeutic contexts has been emphasised by multiple research teams. Delfing et al. (2024) argued that "behavioural characteristics, including engagement, of the agents involved in rehabilitation are largely unstudied, although engagement is expected to benefit motor learning." Their development of the ROME was motivated by the recognition that existing measures of engagement relied predominantly on questionnaires that could not capture the fine-grained behavioural dynamics of therapeutic interactions.

In the special education literature, Kim and Hupp (2005) investigated teacher interaction styles and task engagement of elementary students with cognitive disabilities using semi-structured observation of 13 student-teacher pairs during one-on-one language arts instruction. Their study demonstrated the feasibility and value of observational methods for capturing engagement in populations with cognitive disabilities, finding significant relationships between teacher interaction styles and student engagement behaviours.

A study of teacher-student interaction in a special school for students with developmental disabilities in China (Author, 2020) analysed interactions between teachers and students through systematic observation, finding that interaction patterns varied significantly across activity types and were associated with differential levels of student engagement. This finding that engagement varies systematically across activity contexts has important implications for the design and delivery of therapeutic interventions for children with special needs.

2.4. Identified Gaps in Literature

The literature review reveals several significant gaps that the present study is designed to address. First, there is a notable absence of real-time behavioural mapping in drama therapy research. While existing studies have documented pre-post outcomes of drama therapy interventions, few have employed observational methods to capture engagement as it unfolds during sessions. This gap limits understanding of the processes and mechanisms through which drama therapy produces its effects. Second, engagement diversity remains underexplored in the drama therapy literature. Most studies treat engagement as a unitary construct or rely on single indicators (e.g., attendance, session completion) that fail to capture the qualitative richness of how children involve themselves in therapeutic activities. The multidimensional nature of engagement, well-established in educational research, has yet to be systematically examined in drama therapy contexts.

Third, there is a need for engagement typologies grounded in observational data from drama therapy sessions with children with special needs. Such typologies would provide practitioners with a shared vocabulary for describing and responding to differential engagement patterns, and would support the development of tailored intervention strategies

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that accommodate individual differences in how children engage with therapeutic processes. Finally, the literature lacks studies that explicitly examine contextual variations in engagement across different drama therapy activities. If engagement is responsive to contextual features—as Fredricks et al. (2004) argued—then understanding which activity types elicit which engagement patterns is essential for optimising session design and therapist scaffolding strategies.

3. METHODOLOGY

3.1. Research Design

This study employed a qualitative observational design, selected for its appropriateness in capturing the dynamic, context-dependent, and multidimensional nature of engagement in drama therapy sessions. Observational design allows for the documentation of behaviour as it unfolds in real-time, preserving the temporal organisation and contextual embeddedness of actions and interactions that are central to understanding engagement. The design is non-experimental, reflecting the study's primary aim of describing and categorising engagement patterns as they naturally occur, rather than manipulating conditions to test causal hypotheses.

3.2. Participants

Thirty children participated in the study, recruited from a special education center in an urban setting using purposive sampling. This sampling method was employed to select children who met specific criteria relevant to the research objectives and who could provide rich, information-rich cases regarding engagement patterns in drama therapy. Inclusion criteria were: (a) age between 6 and 14 years (upper primary level); (b) diagnosed with mild to moderate special needs conditions including Intellectual Disability (ID), Autism Spectrum Disorder (ASD), Specific Learning Disabilities (SLD), or Down syndrome; (c) no significant sensory or physical impairments that would preclude participation in drama therapy activities; (d) regular attendance at the center; and (e) parental or guardian consent for participation. Exclusion criteria were: (a) severe behavioral difficulties requiring one-to-one support; (b) current participation in other expressive therapy programs; and (c) anticipated departure from the center during the study period. Participant characteristics are summarised in Table 1.

Table 1. *Participant Characteristics*

ID	Age (years)	Gender	Primary Diagnosis	Communication Level
P1-P5	6-14	Mixed	Mild Intellectual Disability	Verbal, simple sentences
P6-P10	6-14	Mixed	Moderate Intellectual Disability	Non-verbal, uses gestures/vocalisations
P11-P15	6-14	Mixed	Autism Spectrum Disorder + ID	Verbal, echolalic / Non-verbal
P16-P20	6-14	Mixed	Autism Spectrum Disorder	Verbal, fluent / Emerging verbal
P21-P25	6-14	Mixed	Specific Learning Disability	Verbal, fluent
P26-P30	6-14	Mixed	Down syndrome	Verbal, simple sentences / Emerging verbal

Note: The majority of children at the participating center had diagnoses of Intellectual Disability (ID) and Autism Spectrum Disorder (ASD), with fewer children diagnosed with Specific Learning Disabilities (SLD) and Down syndrome. The table above reflects this distribution.

3.3. Setting

The study was conducted at a dedicated special education center providing day programs for children with special needs. Drama therapy sessions took place in a purpose-designed therapy room equipped with a clear floor space (approximately 6m × 8m), a selection of props and costumes (including scarves, hats, masks, and soft toys), a portable sound system for music playback, and cushions for seated activities. The room was arranged to provide both open space for movement-based activities and a defined "audience" area for reflective discussion.

3.4. Description of Drama Therapy Sessions

The drama therapy intervention was delivered by the researcher over a period of approximately three weeks. A total of 24 semi-structured drama therapy sessions were conducted, with two sessions per day (morning and afternoon). Participants were divided into two groups of 15 children each. Each session lasted 45 minutes and followed a structured three-phase format, consistent with established drama therapy practice:

Phase 1: Warm-up (8–10 minutes). Sessions began with warm-up activities designed to establish group cohesion, prepare participants physically and emotionally for dramatic work, and transition children from the demands of daily routines into the therapeutic space. Warm-up activities included body awareness games (e.g., mirroring, name games with movement), sensory play (e.g., passing a "magic" ball with exaggerated gestures), vocal exercises (e.g., making sounds to represent different emotions), and simple rhythm and coordination games.

Phase 2: Enactment (20–25 minutes). The central phase of each session involved extended dramatic activities built around a narrative or thematic framework. Enactment activities included: role-playing scenarios relevant to children's experiences (e.g., going to the doctor, resolving a disagreement with a friend); improvisation based on

story prompts (e.g., "what happens when you find a mysterious box in the garden?"); symbolic play using props and costumes to explore emotions and relationships; and structured dramatic games requiring collaboration and turn-taking.

Phase 3: Reflection (10–12 minutes). Sessions concluded with reflection activities designed to help children process their dramatic experiences, make connections to their own lives, and transition back to the demands of the school day. Reflection activities included group discussion prompted by the therapist's questions (e.g., "how did it feel when your character was scared?"); drawing or mark-making related to the session's theme; and calming, grounding activities such as guided breathing or sensory relaxation.

3.5. Data Collection Methods

Data were collected over the three-week intervention period. The researcher served a dual role as both the drama therapy facilitator and the observer. The researcher delivered all 24 semi-structured drama therapy sessions and simultaneously completed the observational schedules.

Two **observational schedules** were developed for this study:

- **Observational Schedule 1:** Designed to capture individual child engagement patterns across the three session phases (warm-up, enactment, reflection). This schedule included timestamped entries for each child's behavioural, emotional, and symbolic engagement indicators.
- **Observational Schedule 2:** Designed to capture group dynamics and contextual factors, including peer interactions, therapist scaffolding strategies, and environmental influences on engagement.

Field notes were taken in real-time during each session using these structured observation templates. In addition to field notes, sessions were video recorded using two fixed cameras positioned to capture the entire therapy space. Video recordings served multiple purposes: (a) allowing for verification and supplementation of field notes; (b) enabling frame-by-frame analysis of subtle behavioural indicators; and (c) supporting reliability checks by independent coders.

3.6. Observation Framework / Coding Scheme

An engagement coding framework was developed for this study, adapted from established instruments including Fredricks et al.'s (2004) tripartite engagement model, Lant and Lawson's (2019) Student Engagement Checklist, and Delfing et al.'s (2024) Rehabilitation Observation Measure of Engagement. The framework comprised five engagement categories, each with specific behavioural indicators observable during drama therapy sessions.

Table 2. *Engagement Coding Framework*

Engagement Category	Definition	Observable Indicators
Active Engagement	Spontaneous, initiated involvement in dramatic activities, characterised by voluntary action, verbal contribution, and peer collaboration	Initiating dramatic actions without prompting; offering ideas or suggestions; responding verbally to therapist prompts; maintaining eye contact and orientation toward activity; collaborating with peers on dramatic tasks
Passive Engagement	Attentive observation and receptive involvement without overt action or initiation	Orienting toward activity without physical participation; following therapist or peers with gaze; showing receptive attention (e.g., listening, watching); occasional non-verbal responses (e.g., nodding, smiling)
Emotional Engagement	Affective investment manifest through facial expression, vocal tone, and emotional responsiveness	Smiling, laughing, or showing pleasure during activities; expressing interest through facial animation; showing concern or empathy for dramatic characters; vocalising with affective inflection; demonstrating emotional matching to dramatic content
Symbolic/Creative Engagement	Imaginative investment manifest through role-taking, projection, and creative elaboration	Taking on and maintaining a dramatic role; using objects symbolically (e.g., a scarf as a cape); generating novel story elements or solutions; showing creative flexibility in improvisation; engaging in pretend play with imaginative detail
Disengagement / Resistance	Withdrawal from or active opposition to therapeutic activities, manifest through inattention, avoidance, or refusal	Turning away from activity; engaging in off-task behaviour; making negative verbal statements (e.g., "no," "I don't want to"); physical withdrawal or leaving the activity area; active refusal of therapist prompts

Each child's engagement was coded at five-minute intervals throughout each session, with the dominant engagement pattern recorded for each interval. In cases where a child exhibited multiple engagement types within an interval,

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the most salient pattern was recorded, with supplementary notes capturing the presence of secondary patterns.

3.7. Data Analysis Techniques

Data analysis proceeded through three phases, consistent with thematic analysis procedures outlined by Braun and Clarke (2006).

Phase 1: Data familiarisation and coding. Field notes and video recordings were reviewed repeatedly to achieve familiarisation with the data. Initial coding was conducted using the a priori engagement categories defined in the coding framework, with codes applied to segments of observational data.

Phase 2: Pattern identification. Coded data were examined for recurring patterns within and across participants. Engagement patterns were analysed by: (a) frequency of occurrence across sessions; (b) distribution across session phases; (c) sequential organisation (i.e., transitions between engagement states); and (d) relationships with contextual factors including activity type, peer proximity, and therapist scaffolding.

Phase 3: Thematic synthesis. Patterns identified through coding were synthesised into broader themes capturing the qualitative characteristics of engagement in drama therapy sessions. Themes were developed iteratively, with constant comparison across participants and sessions to ensure that identified themes were grounded in observational data.

3.8. Ethical Considerations

The study was conducted in accordance with ethical principles for research involving human participants. Ethical approval was obtained from the institutional review board prior to data collection. Informed consent was obtained from parents or legal guardians of all participating children, with information sheets provided in accessible language and opportunities for questions and discussion. Child assent was sought using age-appropriate explanations and verbal agreement procedures; children were informed that they could stop participating at any time without consequence.

Anonymity was protected through use of participant codes (P1–P30) in all data records and written outputs. Video recordings were stored on encrypted, password-protected devices and will be destroyed following completion of the research project. Safeguarding procedures were in place to identify and respond to any disclosures of harm or distress that might emerge during observations; no such disclosures occurred during the study period.

4. RESULTS

4.1. Overview of Observed Engagement Patterns

Analysis of observational data across 24 drama therapy sessions (total observation time = 1,080 minutes; 216 coded intervals per child) revealed substantial diversity in how children with special needs engaged with therapeutic activities. All five engagement categories defined in the coding framework were observed across participants and sessions, with marked individual differences in engagement profiles and contextual variations in engagement patterns.

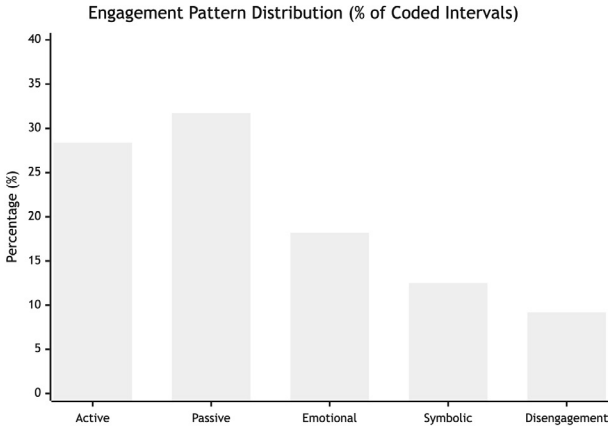


Figure 1: *Bar Graph of Engagement Distribution*

The most striking finding is the predominance of passive engagement as a modal engagement pattern (31.7% of intervals), followed closely by active engagement (28.4%). This finding challenges the implicit assumption that engagement is synonymous with active participation, revealing that many children with special needs engage meaningfully with drama therapy through attentive observation and receptive involvement even when not overtly acting. Emotional engagement and symbolic/creative engagement, while present across participants, occurred less frequently overall, suggesting that these dimensions of engagement may require specific contextual supports to emerge.

4.2. Types of Engagement Identified

Active Engagement

Active engagement was characterised by spontaneous initiation of dramatic actions, verbal contributions without prompting, and collaboration with peers. Children displaying active engagement frequently offered ideas to the therapist ("Let's pretend the box is a treasure chest!"), responded verbally to prompts with elaboration ("The dragon is sad because he lost his friend"), and maintained consistent orientation toward the activity.

Notable individual differences were observed in active engagement patterns. P4 (female, age 10, mild ID) showed the highest proportion of active engagement (47.2% of intervals), consistently volunteering for roles, initiating peer interactions during dramatic activities, and sustaining focus across session phases. By contrast, P2 (male, age 9, moderate ID, non-verbal) showed active engagement only 12.5% of intervals, primarily through non-verbal actions such as gesturing toward props or physically moving into activity spaces without verbal initiation.

Observational excerpt – Active engagement (P4, Session 6, Enactment phase):

The therapist introduces a scenario: "We're going on a journey to find the lost treasure. Who wants to be the leader?" P4 raises her hand immediately and stands up. "I'll be the leader. Everyone needs to follow me and be quiet because the dragon

might hear us." She looks around at her peers, makes a 'shh' gesture with her finger to her lips, and begins to tiptoe across the room. When P3 starts making loud noises, P4 turns to him and says, "Remember, we have to be quiet!" in a stage whisper.

This excerpt illustrates the coordination of verbal and non-verbal engagement indicators characteristic of active engagement, including spontaneous role assumption, peer direction, and sustained attention to the dramatic frame.

Passive Engagement

The most frequently observed pattern overall was characterised by attentive observation, receptive involvement, and orientation toward therapeutic activities without overt action or initiation. Children displaying passive engagement typically oriented their bodies and gaze toward the therapist or actively engaged peers, showed facial expressions indicating attention (e.g., focused gaze, raised eyebrows), and responded occasionally with non-verbal acknowledgements such as nodding or smiling.

The high prevalence of passive engagement across participants suggests that for many children with special needs, engagement is not primarily expressed through action but through attentive watching and listening. This finding has significant implications for both assessment and practice: if engagement is conceptualised only in behavioural terms (i.e., doing something), practitioners may miss the meaningful engagement occurring through receptive participation.

Observational excerpt – Passive engagement (P6, Session 3, Enactment phase):

The therapist invites children to take turns being a character who has lost something important. P6 remains seated on his cushion while P4 and P8 take turns enacting their characters. P6 watches each child's performance with sustained gaze, turning his head to follow P8 as she moves across the space. When P8's character finds the lost item, P6 smiles broadly and nods. He does not volunteer to take a turn himself, but when the therapist asks the group "What did the character feel when she found her toy?" P6 raises his hand and says, "Happy."

This excerpt demonstrates that passive engagement can involve sustained attention, emotional responsiveness, and selective verbal contribution, even in the absence of active participation in the dramatic enactment itself.

Emotional Engagement

Emotional engagement was manifest through facial expressions, vocal tone, and affective responsiveness that matched the emotional content of dramatic activities. Children showing emotional engagement demonstrated pleasure during enjoyable activities (e.g., smiling, laughing, excited vocalisations), concern or empathy for dramatic characters (e.g., furrowed brow, sympathetic vocal tone), and emotional regulation appropriate to the dramatic frame.

Emotional engagement was most frequently observed during enactment activities with clear emotional content and during reflection discussions about characters' feelings. P7 (female, age 8, ASD and ID, non-verbal) showed a particularly distinctive profile of emotional engagement, with 31.7% of intervals coded for emotional engagement despite very low frequencies of active engagement. Her emotional engagement was expressed primarily through facial expression, vocal tone, and body posture changes in response to dramatic content.

Observational excerpt – Emotional engagement (P7, Session 9, Enactment phase):

The therapist tells a story about a little bird whose nest has been destroyed by a storm. P7's face becomes still and her eyebrows draw together. She pulls her knees up to her chest and rocks slightly. When the therapist describes the bird searching for its family, P7 makes a soft vocalisation—a high-pitched sound—and reaches her hand toward the therapist as if reaching for the bird. After the story, when the therapist asks "How did the bird feel?" P7 points to her own chest and makes a sad sound.

This excerpt illustrates how emotional engagement may be expressed through non-verbal and para-verbal channels in children with limited verbal communication, underscoring the importance of attending to multiple modalities when assessing engagement in this population.

Symbolic/Creative Engagement

Symbolic and creative engagement was observed least frequently overall (12.5% of intervals), but showed the widest range across participants (2.5% – 25.0%). This category encompassed imaginative role-taking, symbolic use of objects, creative elaboration of story elements, and improvisational flexibility.

Children who demonstrated higher frequencies of symbolic engagement showed an ability to maintain dramatic roles across extended interactions, to use objects in imaginative ways (e.g., using a scarf as a superhero cape, a block as a mobile phone), and to generate novel solutions to improvisational problems. Symbolic engagement was most frequently observed during enactment activities with minimal structure (i.e., open-ended improvisation rather than scripted scenarios) and in dyadic or triadic interactions with peers who also demonstrated symbolic capacity.

Observational excerpt – Symbolic/creative engagement (P8, Session 11, Enactment phase):

The therapist places a large cardboard box in the centre of the space and says, "This is a magical object. It can become anything we need it to be." P8 approaches the box, circles it slowly, then climbs inside. "It's a spaceship," he announces. "I'm flying to the moon. Who wants to come?" When P4 says she wants to come but can't fit in the box, P8 responds, "That's okay, you can be in the other spaceship. We'll talk on the walkie-talkies." He pretends to hold a walkie-talkie and makes static noises. "Come in, spaceship two. I see the moon!"

This excerpt illustrates the coordination of symbolic

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representation (box as spaceship), role assumption (astronaut), creative elaboration (talkie-talkie communication), and peer negotiation (accommodating P4's request)—all indicators of high-level symbolic/creative engagement.

Disengagement / Resistance

Disengagement and resistant behaviours were observed in all participants to some degree, ranging from subtle withdrawal (e.g., turning away, looking at the floor) to active refusal (e.g., saying "no," leaving the activity area). Overall, disengagement/resistance accounted for 9.2% of coded intervals, with a range from 2.5% to 20.8% across participants.

Disengagement patterns varied systematically across session phases. Warm-up activities showed the highest frequency of disengagement (14.3% of warm-up intervals), followed by reflection (10.8%), while enactment activities showed the lowest (5.6%). This pattern suggests that children were most likely to disengage during initial transition into the therapeutic space and during the more cognitively demanding reflection phase, while the immersive nature of enactment activities supported sustained engagement.

Observational excerpt – Disengagement/resistance (P5, Session 4, Warm-up phase):

The therapist initiates a name game where children are asked to say their name and make a corresponding movement. P5 is sitting on the floor with his back against the wall, looking at his hands. When his turn comes, the therapist kneels beside him and repeats his name. P5 does not look up. The therapist tries again, offering to help him think of a movement. P5 pushes the therapist's hand away and turns his body toward the wall. The therapist says, "It's okay if you're not ready. You can watch and do it later." P5 remains turned away for the next two minutes before gradually orienting back toward the group.

This excerpt illustrates the importance of sensitive therapist response to disengagement—accepting the child's state without coercion while maintaining availability for re-engagement when readiness emerges.

4.3. Contextual Variations in Engagement

Analysis of engagement patterns across session phases revealed significant contextual variations, as shown in Table 3.

Table 3. *Engagement Patterns by Session Phase (%)*

Engagement Category	Warm-up Phase	Enactment Phase	Reflection Phase
Active Engagement	22.1%	34.7%	24.2%
Passive Engagement	35.6%	24.2%	40.0%
Emotional Engagement	16.7%	20.8%	16.7%
Symbolic/ Creative Engagement	5.8%	18.9%	5.8%
Disengagement/ Resistance	14.3%	5.6%	10.8%

Enactment activities consistently elicited the highest levels of active engagement (34.7%) and symbolic/creative engagement (18.9%), along with the lowest levels of disengagement (5.6%). This finding supports the central role of dramatic enactment as the core therapeutic mechanism in drama therapy, providing a structured yet flexible context that supports multiple forms of engagement. Passive engagement was highest during reflection activities (40.0%), suggesting that the more cognitively demanding process of discussing and processing dramatic experiences may lead many children to adopt a receptive rather than active stance. Notably, emotional engagement remained relatively stable across phases, indicating that children's affective investment in drama therapy was not confined to enactment activities but persisted through warm-up and reflection.

4.4. Influence of Group Dynamics

Group dynamics emerged as a critical moderating factor in individual engagement trajectories. Three patterns were consistently observed across sessions:

Peer modeling. Children who were disengaged or passively engaged at the start of an activity frequently shifted toward more active engagement after observing a peer successfully participate. This effect was most pronounced for children with emerging verbal skills, who appeared to use peer observation as a scaffold for understanding activity expectations and possible responses.

Therapist scaffolding. The therapist's proximity, verbal prompts, and modelling substantially influenced individual engagement. Children showed higher levels of active and symbolic engagement when the therapist used open-ended invitations ("I wonder what might happen next…") rather than directive instructions ("Now you need to…"), and when the therapist modelled engagement behaviours (e.g., taking on a role with enthusiasm, using facial expression to convey emotion).

Dyadic interaction effects. Engagement patterns were not independent across participants within dyadic or small-group activities. When two children with high active engagement worked together, both maintained or increased their active engagement; when a highly active child worked with a disengaged child, the disengaged child often showed increased engagement (through peer modeling), while the active child sometimes showed decreased engagement (through frustration or attempts to manage the partner). These interaction effects have important implications for

group composition and activity design.

5. DISCUSSION

5.1. Interpretation of Key Findings

This study set out to move "beyond participation" by examining how children with special needs engage with drama therapy at the level of observable behavioural, emotional, and symbolic processes. The findings reveal several key insights that advance understanding of engagement in therapeutic contexts.

First, **passive engagement is a meaningful and prevalent form of engagement** for children with special needs in drama therapy. Accounting for nearly one-third of all observed intervals, passive engagement—characterised by attentive observation, receptive involvement, and orientation toward activities without overt action—challenges the implicit equation of engagement with active participation. This finding aligns with Fredricks et al.'s (2004) multidimensional conceptualisation, which recognises that engagement can be expressed through different channels and that behavioural activity is not the sole indicator of meaningful involvement. For practitioners, this finding implies that children who are watching attentively may be engaged in meaningful ways that should be recognised and supported, rather than interpreted as non-participation requiring remediation.

Second, **engagement patterns vary systematically across session phases**, with enactment activities eliciting the highest levels of active and symbolic engagement. This finding supports the central theoretical claim of drama therapy: that the dramatic frame provides a unique context for engagement that differs qualitatively from other therapeutic or educational activities. The immersive, embodied, and emotionally resonant nature of enactment appears to support multiple dimensions of engagement simultaneously, offering a particularly potent context for therapeutic work. For session design, this finding suggests that enactment should occupy the core of drama therapy sessions, with warm-up and reflection activities designed to support transitions into and out of the dramatic frame.

Third, **emotional engagement is expressed through multiple modalities**, particularly in children with limited verbal communication. P7's profile—low active engagement but high emotional engagement expressed through facial expression, vocal tone, and posture demonstrates that engagement may be "hidden" if observers rely solely on verbal or behavioural indicators. This finding has implications for observational coding in therapeutic contexts: engagement assessment must attend to non-verbal and para-verbal channels to capture the full range of how children with special needs express their involvement.

5.2. Linking Findings to Existing Literature

The present findings both align with and extend existing literature on engagement in therapeutic and special education contexts. The identification of passive engagement as a distinct and prevalent pattern resonates with Lant and Lawson's (2019) observation that engagement in children with intellectual disability may take forms that differ from typical expectations. Their Student Engagement Checklist (SEC) includes items related to "looking at the task" and "listening to instructions" as indicators of engagement—behaviours that would be coded as passive engagement in the present framework. However, the present study goes further in documenting the prevalence of passive engagement and its contextual variations, providing empirical grounding for the claim that passive engagement is not merely a transitional state but a sustained mode of involvement for many children.

The finding that enactment activities elicit higher engagement than warm-up or reflection phases aligns with theoretical accounts of drama therapy's distinctive mechanisms. As Johnson (1982, cited in Wu et al., 2020) argued, the "fact of enactment" itself—the physical taking on of a role, the negotiation with others, the embodied improvisation—constitutes the therapeutic core of drama therapy. The present study provides observational evidence supporting this claim, demonstrating that the dramatic frame reduces disengagement and supports multiple engagement dimensions simultaneously.

The observed influence of group dynamics on individual engagement trajectories is consistent with social learning theory (Bandura, 1977) and with empirical findings from special education contexts. Kim and Hupp (2005) found that teacher interaction styles significantly influenced student engagement; the present study extends this finding to peer interactions, demonstrating that peer modeling and dyadic interaction effects shape engagement patterns in group drama therapy. This finding has practical implications for group composition and for the use of peer-mediated strategies in drama therapy.

5.3. Theoretical Implications

The findings of this study contribute to engagement theory in several ways. First, they demonstrate the applicability of Fredricks et al.'s (2004) multidimensional engagement framework beyond academic learning contexts into therapeutic settings. The behavioural, emotional, and cognitive dimensions identified in educational research were observable in drama therapy sessions, suggesting that the framework has trans-contextual utility. However, the present study also identified a dimension symbolic/creative engagement that is not explicitly captured in the tripartite model but appears central to drama therapy. Future theoretical work might consider whether symbolic/creative engagement represents a distinct dimension or an emergent property of the interaction between behavioural, emotional, and cognitive engagement in imaginative contexts.

Second, the findings challenge the assumption that engagement is always manifest through action. The high prevalence of passive engagement suggests that for children with special needs, engagement may be expressed through **receptive involvement**—a mode of engagement that has received limited theoretical attention but appears to be both prevalent and meaningful. This finding calls for theoretical refinement of engagement constructs to explicitly accommodate receptive as well as active forms of

https://doi.org/10.63960/sijmds-2025-2340

involvement.

Third, the study contributes to drama therapy theory by providing empirical grounding for claims about the distinctive engagement affordances of the dramatic frame. The finding that enactment activities elicit higher engagement than other session phases supports the central role of dramatic enactment as the core therapeutic mechanism, while the finding that passive engagement is most prevalent during reflection suggests that different therapeutic processes may be supported by different modes of engagement.

5.4. Practical Implications

For drama therapy practitioners, the findings offer several actionable insights:

Recognise passive engagement as valid. Practitioners should avoid interpreting passive engagement as non-engagement or resistance. Children who are watching attentively, orienting toward activities, and showing receptive involvement may be engaged in meaningful ways that support therapeutic progress. Rather than attempting to coerce passive children into active participation, practitioners might acknowledge their engagement verbally ("I can see you're watching carefully—that's a good way to learn") and provide low-demand opportunities for occasional contribution.

Design enactment-rich sessions. Given that enactment activities consistently elicited the highest engagement, sessions should be structured to maximise time in the dramatic frame. Warm-up activities should efficiently establish group cohesion and transition into enactment, while reflection activities should be concise and grounded in the dramatic experience rather than extended verbal discussion.

Use flexible scaffolding. The finding that therapist scaffolding influences engagement suggests that practitioners should match their support level to each child's engagement state. For children showing disengagement, low-demand invitations and modelling may support re-engagement; for children showing passive engagement, occasional invitations for selective contribution may support movement toward active engagement; for children showing active engagement, open-ended prompts and peer collaboration opportunities may sustain and deepen engagement.

Attend to non-verbal indicators. Practitioners should develop observational skills for detecting engagement through non-verbal and para-verbal channels, particularly for children with limited verbal communication. Facial expression, gaze direction, body posture, and vocal tone provide rich information about engagement that may not be captured through verbal assessment.

6. IMPLICATIONS FOR PRACTICE AND POLICY

6.1. Implications for Drama Therapy Practice

The findings of this study support a shift in drama therapy practice from a primary focus on participation toward nuanced attention to engagement quality. Practitioners should systematically observe engagement patterns across session phases and individual participants, using this information to tailor their therapeutic approach. For children who predominantly show passive engagement, practitioners might focus on maintaining and gradually deepening receptive involvement rather than pushing for active participation that may be experienced as demanding. For children who show high symbolic/creative engagement, practitioners might provide extended opportunities for imaginative elaboration and peer collaboration.

Session structure should be informed by the finding that enactment activities elicit the highest engagement. While warm-up and reflection serve important functions, they should be efficiently designed to maximise time available for enactment. Warm-up activities that directly preview or lead into enactment themes (rather than generic icebreakers) may support smoother transitions and sustained engagement.

6.2. Educational Implications

For special educators seeking to integrate drama therapy principles into inclusive classrooms, the findings offer guidance for designing activities that support multiple engagement modes. The observation that passive engagement is prevalent and meaningful suggests that classroom activities should provide legitimate roles for receptive participants—children who are watching, listening, and thinking—rather than assuming that all children must be overtly active at all times. This principle aligns with Universal Design for Learning (UDL) frameworks, which emphasise multiple means of engagement and recognition that different learners may express involvement through different channels.

The finding that group dynamics influence individual engagement has implications for classroom grouping strategies. Educators might consider intentionally pairing children who show different engagement profiles to maximise peer modeling effects while providing support for children who may struggle with active engagement. Small-group dramatic activities, structured with clear roles and expectations, may provide particularly supportive contexts for children with special needs.

6.3. Policy-Level Recommendations

At the policy level, the findings support systematic integration of expressive therapies—including drama therapy—into special education and mental health services for children with special needs. The evidence that engagement patterns vary meaningfully across individuals and activities suggests that one-size-fits-all approaches are inadequate; policies should support flexible, individualised therapeutic provision that can accommodate diverse engagement profiles.

Funding and reimbursement structures should recognise drama therapy as a legitimate therapeutic modality with an empirical evidence base. The systematic review by Dumitru (2025) and the integrative review by Bololia et al. (2022) provide robust support for drama therapy's

effectiveness, and the present study extends this evidence by documenting engagement processes that may underlie observed outcomes. Policy makers should consider including drama therapy in covered services for children with special needs, alongside established modalities such as occupational therapy and speech-language therapy.

7. LIMITATIONS OF THE STUDY

Several limitations of this study should be acknowledged:

Sample size and generalisability. The study included thirty participants from a single special education center, limiting generalisability to other settings, age groups, and disability profiles. Findings may not apply to children with severe intellectual disability, those with primarily physical disabilities, or those in mainstream educational settings.

Context-specific findings. The semi-structured 45-minute session format employed in this study represents one approach to drama therapy; findings may differ for other session structures, therapeutic approaches, or cultural contexts.

Researcher dual role. The researcher served as both the drama therapy facilitator and the observer, which may have introduced bias in data collection and interpretation. While video recordings and structured observational schedules were used to mitigate this limitation, the dual role remains a potential source of bias.

Lack of longitudinal data. The study captured engagement patternsover 24 sessions across approximately three weeks but did not follow participants beyond this period. Longitudinal research is needed to understand how engagement patterns change over longer timeframes and whether initial engagement profiles predict therapeutic outcomes.

Limited quantitative validation. While the coding framework was grounded in established engagement instruments, it has not been formally validated for use with this population. Future research should establish psychometric properties of engagement coding frameworks for drama therapy contexts.

8. DIRECTIONS FOR FUTURE RESEARCH

The findings of this study suggest several directions for future research. **Longitudinal studies** are needed to examine how engagement patterns evolve over extended drama therapy participation and whether engagement profiles predict therapeutic outcomes. Such studies would address the question of whether children who show predominantly passive engagement derive comparable benefits to those who show active engagement, or whether different engagement modes are associated with different outcome trajectories.

Comparative studies examining engagement patterns across different therapeutic modalities (e.g., drama therapy vs. art therapy vs. music therapy vs. verbal therapy) would help identify modality-specific engagement affordances and support evidence-based matching of children to interventions based on their engagement profiles.

Quantitative validation of the engagement coding framework, including establishment of inter-rater reliability, test-retest reliability, and construct validity, would support wider adoption of observational engagement assessment in drama therapy research and practice. Development of a standardised observational instrument analogous to the ROME (Delfing et al., 2024) but specifically adapted for drama therapy contexts would be a valuable contribution.

Intervention studies that experimentally manipulate session design variables (e.g., activity duration, group composition, therapist scaffolding strategies) to examine effects on engagement patterns would provide causal evidence to guide practice. Such studies might test whether specific scaffolding strategies increase symbolic/creative engagement or whether certain warm-up activities reduce disengagement during the transition into enactment.

Participatory research involving children with special needs as co-researchers in defining and assessing engagement would honour the principle of "nothing about us without us" and may yield insights not accessible through external observation alone. Children's own perspectives on what engagement means and how it feels would enrich theoretical understanding and ensure that research is responsive to the experiences of those it aims to serve.

9. CONCLUSION

This study set out to move "beyond participation" in understanding how children with special needs engage with drama therapy. Through detailed observational analysis of 12 structured drama therapy sessions, the study identified five distinct engagement typologies—active engagement, passive engagement, emotional engagement, symbolic/creative engagement, and disengagement/resistance—and documented their prevalence, contextual variations, and relationships with group dynamics.

The most significant finding is the prevalence and meaningfulness of **passive engagement**, which challenges the implicit assumption that engagement is synonymous with active participation. For children with special needs, attentive observation and receptive involvement constitute legitimate and potentially valuable forms of engagement that deserve recognition and support. This finding has implications for both assessment and practice: practitioners should attend to non-verbal and para-verbal indicators of engagement and should avoid coercing passive children into active participation that may be experienced as demanding rather than supportive.

The finding that enactment activities elicit the highest levels of active and symbolic engagement, along with the lowest levels of disengagement, supports the central role of the dramatic frame in drama therapy. The immersive, embodied, and emotionally resonant nature of enactment appears to provide a uniquely supportive context for multiple dimensions of engagement. Practitioners should structure sessions to maximise time in enactment while using warm-up and reflection activities efficiently to

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support transitions.

The influence of group dynamics on individual engagement trajectories—particularly peer modeling effects and dyadic interaction patterns—suggests that drama therapy is not simply an individual experience occurring in a group context, but rather a fundamentally relational process in which engagement is co-constructed through interactions. This finding has implications for group composition, therapist scaffolding, and the design of peer-mediated activities.

Ultimately, this study demonstrates that engagement in drama therapy is neither simple nor binary. Children with special needs engage with therapeutic activities in diverse ways that reflect their individual profiles, the demands of different activities, and the dynamics of the group. By attending to this diversity—by looking beyond mere participation to the rich patterns of how children behave, feel, think, and imagine—researchers and practitioners can develop more nuanced understanding of therapeutic processes and more responsive approaches to supporting children's therapeutic journeys.

DECLARATIONS

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Competing Interests

The author(s) declare no competing interests.

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Human Ethics and Consent to Participate

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