

extend the depth and breadth of inner experience, understand the meaning of images, and strengthen the ability to observe personal roles while increasing flexibility between roles. Drama Therapy is a form of Expressive Arts Therapy, exists in many forms and can be applicable to individuals, couples, families and various groups. The modern use of dramatic process and theatre as a therapeutic intervention began with psychodrama. The field has expanded to allow many forms of theoretical interventions as therapy including role-play, theatre games, ground-dynamic games, mime, puppetry, and other improvisational techniques. Often, "Drama Therapy" is utilized to help a client:

- Solve a problem
- Achieve a catharsis
- Delve into truths about self
- Understand the meaning of personally resonant images
- Explore and transcend unhealthy personal patterns of behaviour and interpersonal interaction.

Today, Drama Therapy is practiced around the world and there are presently academic training programs in Great Britain, Canada, The Netherlands, Israel and The United States. Drama Therapy evolved from the experience and research of psychotherapists, teachers, and theatre professionals who recognized that sometimes traditional verbal therapies were too rigid to permit clients to comfort and work through individual disturbances. The balanced verbal and non-verbal components of Drama Therapy with its language of metaphor allow clients to work productively within a therapeutic alliance.

Drama Therapy benefits many clients population and is used in a variety of settings. These include psychiatric hospitals, mental health facilities, day treatment centres, nursing homes, centres for Physically/Developmentally/Leaning Disabled, substance abuse treatment, schools, business, and correctional facilities. Some populations served include children with Learning and Social difficulties, the developmentally delayed, psychiatric patients, the disables, substance abusers, AIDS patients, and those with disorders associated with aging.

3. Pet Therapy

“ A pet is an island of sanity in what appears to be an insane world. Friendship retains its traditional values and securities in one’s relationship with one’s pet. Whether a dog, cat, bird, fish, turtle, or what have you, one can rely upon the fact that one’s pet will always remain a faithful, intimate, non-competitive friend regardless of the good or ill fortune life brings us.”

-By Dr. Boris Levinson, Child Psychologist

The therapy wherein a domestic pet is used as an adjunct to psychotherapy and for persons with a marginal role in society e.g. children in foster care, the elderly, in nursing homes, mentally retarded, physically handicapped, inmates of correctional facilities, for those in mental or physical isolation, or with a low self-esteem Pet Therapy helps in comforting their emotional state. Animals do not just provide love and affection for people who need it. They are also used as a therapeutic tool especially to the disabled individuals with emotional disorders. The importance of this

study is an initial attempt to quantify the results of a Pet Assisted Therapy intervention. Many studies have been developed to measure aspects of human interactions with pets have demonstrated validity and reliability. Pets may provide unquestioning and constant sources of affection. Pets help in teaching children to enhance the self-esteem of the individual and assisting people in socializing with one another.

Pet Therapy provides a unique support and inspiration to children with disabilities, children and animals are natural companions. For children with disabilities, that companionship can also include invaluable physical and emotional therapy. Whether its strengthening muscles through horseback riding, feeling motivated to improve while swimming with dolphins or gaining confidence with the help and companionship of a service dog, children with disabilities can benefit from many different kinds of animals. Animals offer all children the chance to connect to another living being, says Dr. Abhaey A. Kripalani, Secretart, Minds and Souls Rehabilitation and Research Foundation on Children With Disabilities.

4. Laughter Therapy

Laughter Therapy also known as Laughter Yoga combines unconditional laughter with yogic breathing (PRANAYAMA). Anyone can laugh for no reason, without relying on humour, jokes or comedy. Laughter is stimulated as a body exercise in a group but with eye contact and childlike playfulness, it soon turns into real and contagious laughter. The concept of Laughter Yoga is based on a scientific fact that the body cannot differentiate between fake and real laughter. One gets the same physiological and psychological benefits.

In India, Laughter Therapy has been introduced in many schools in the cities of Surat, Baroda and Bangalore. That includes 10 minutes of laughter in morning assembly followed by five minutes of laughter session in the classrooms at the beginning and at the end of the day. This regular atmosphere has shown that the mood and atmosphere changes for the better. Teachers and students are happier with a more positive outlook, communication is improved, less discipline is required and attendance improved. Academic results shown improvement. Though there are very less special schools who use Laughter Therapy, it is been experienced that it works more effectively than many other therapies.

Laughter Therapy has made a major difference in the lives of many disabled people in India, Canada, USA and Portugal. In fact , in Bangalore, India, the introduction of Laughter Therapy for the Special Need Children (SNC) has revealed a marked improvement in their motor and expressive skills and control in hyper activeness. Many such people who come to these sessions in wheel chairs have shown tremendous improvement in their physical condition and mental health.

Advantages of Laughter Therapy are:

- It reduces stress on our mind. It also helps to forget our happiness.

- It helps to decrease anger, tension, depression, worries etc.
- The muscles in chest and stomach work more effectively.
- It increases immune system.
- It increases intellectual performance and boosts information retention.
- It reduces hyperactivity.
- It makes person positive and relaxed.
- It works wonders even for Special Educator Although helping Special Needs Children (SNC) can be highly rewarding, the work also can be emotionally and physically draining.

5. Special Educator

Special Educator is a trained professional who assist the children with special needs to be able to live as independent as possible. Like any other work being a special educator requires commitment, in fact a lot of it. "Specially designed instruction, at no cost to parents, to meet the unique needs of a child with disability."

There is a great scarcity of Special Educators in India. When there is scarcity of special Educator, one can imagine there must be more scarcity of therapists in Indian Special Schools. So the educator takes up the role of a therapist also. A Special Educator plays an important role in facilitating to the needs of the child and family few are listed below:

- Evaluate the level of disabled child. This may require the services of health care professionals, including psychiatrists, developmental therapists, speech therapists and others. Once an examination has been completed, a plan to educate the child can be developed.
- Address the psychological issue before placing the child in a classroom. It's important to understand how the child feels about his/her condition, which may affect social interaction and the willingness to learn.
- Determine if the child can be placed into a mainstream student population or needs a special school. While a program of mainstreaming or full inclusion may challenge a disabled child to succeed, don't overtax his abilities, especially he/she has a physical limitations.
- Use Behaviour Modification techniques. Many of the disabled children act out inappropriately or engage in unacceptable behaviours simply because they know they are different and can get away with it. Its important to ignore these behaviours and to reward appropriate behaviour with praise and extra privileges.
- Develop continuing set of goals. As the child grows older and progresses, thought should be given to vocational courses that can teach occupational skills.

6. Review of Literature

In India a learner with SNE is defined variously in different documents. A child with SNE in a District Primary Education Program (DPEP) document is defined as a child with disability, namely visual, hearing, loco-motor and intellectual (DPEP,2001). However the country report in the NCERT, UNESCO regional workshop report titled 'Assessment of needs for Inclusive Education: report of the first regional workshop for SAARC countries' (2000) states that SNE goes beyond the physical disability. The SSA

Framework for implementation covers children with special needs under the section of special focus groups. While separating children with disabilities from other groups like girls, Scheduled Cast (SC), Schedule Tribe (ST), and urban deprived children, it makes provision for these children under the Section of SNE.

The department of Education of groups with SN in the NCERT itself, initiates program for meeting the learning needs of the disabled and the socially disadvantaged and marginalized, such as the SC's, ST's and Minorities.

Research comparing types of service delivery in school-based services suggests that there are similar outcomes for children with a disability when direct service and consultation types are used (Dreiling& Bundy, 2003; Dunn, 1990; Kemmis& Dunn,1996). However consultation yields outcomes in a wider range of functionally relevant needs than does direct intervention (Dunn, 1990). Teachers (consultation partners) also attributed more of the (target) children's gains to therapy where individualised educational plan (IEP) goals were addressed through collaborative consultation rather than by direct, pull-out services (Dunn, 1990).

Steve Taylor has done a study on 'Disability Studies and Mental Retardation' for Disability Studies Quarterly. Bailey Sally has written a book in 1993 titled 'Wings to Fly: Bringing Theatre Arts to Students with Special Needs'. 'Acting For Real: Drama Therapy Process, Technique, and Performance' is a book authored by Renee Emunah. Jacqueline J. Crawford, Karen A. Pomerike and Donald W. Smith have collaborated on a book 'Therapy Pets: The Aimal-Human Healing Partnership'. Annette Goodheart in the book 'Laughter Therapy: How to Laugh about Everything in Your Life Thant Isn't Funny'. "Mental Retardation:Education and Rehabilitation Services" by G.Lokanadha Reddy – Discovery Publishing House, 2004.

7. Research and Findings

The research was conducted on "A Study of Special Educators' knowledge of Therapies" among various Special Schools in Hyderabad, Telangana aimed at studying the knowledge of Special Educators' of newly developed Therapies. In order to do a research a questionnaire was prepared in consultation with the guide and used for data collection. A qualitative approach was taken to conduct this research. Various Special Schools were visited over a period of 2 months, from March to May 2015. The special school educators' were given a questionnaire to answer a series of questions regarding Therapies. The Research was conducted on 50 special educators' with B.Ed special education qualification working at Hyderabad, Telangana. The responses received from special educators' were tabulated for statistical analysis. The data and its analysis are presented with the help of Descriptive Analysis.

8. Descriptive Analysis

100% respondents are aware of the therapy.

88% respondents know the reason behind giving therapy to the various disabled children whereas 12% respondents are not aware of this.

88% respondents use therapies for the improvement of the disabled child whereas 12% respondents do not use therapies for improvement of the disabled child.

84% respondents believe that a therapy can itself be a pleasure for the various disabled child while 16% respondents don't think so.

70% respondents are aware of the precautions to be taken during the implementation of therapies for the disabled child whereas 30% respondents are not aware about such precautions.

66% respondents agree that their school guides them to select a therapy and provides the knowledge of therapies for disabled child whereas 34% respondents say that their school does not guide them to select a therapy and do not provide the knowledge of therapies for the disabled child.

60% respondents say that they do not have therapist in their school, while 40% respondents agree that their school have therapist for disabled children.

52% respondents say that the school therapist or the expert really guide them for implementing therapy for the disabled child while 48% say that the school therapist or the expert do not guide them for implementing therapy for the disabled child.

58% respondents plan therapy method for implementing the therapy for the disabled child, whereas 42% respondents do not plan therapy method before implementing the therapy for the disabled child.

Only 30% respondents get enough time for therapy session in their school day, whereas maximum 70% respondents do not get enough time for therapy session in their school day. 28% respondents assess therapy results at short intervals, and majority of 72% respondents do not assess therapy results at short intervals.

24% respondents agree with pet therapy and think that the pet therapy is very helpful to the disabled children especially from rural background. 76% respondents disagree with pet therapy.

Nearly half 48% of the respondents are agree with the laughter therapy and think it not need any teaching tool and remaining half 52% respondents are disagreeing with the laughter therapy.

14% respondents make any changes in the therapy or therapy method after going through the assessment reports while majority of 86% respondents do not make any changes in the therapy or therapy method after going through the assessment reports.

Only 24% respondents agree with pet therapy and think that the pet therapy is very helpful to the disabled children

especially from rural background, 76% respondents disagree with pet therapy.

Only 30% respondents are aware of the advantages of pet therapy for disabled child whereas 70% respondents do not know advantages of pet therapy for the disabled child.

28% respondents believe that Laughter Therapy improves disabled child's mental & physical health as well and majority of 72% respondents disagree with the improvement. Only 32% respondents think that Laughter, Drama & Pet Therapies are more useful & effective therapies comparatively for the disabled child while 68% don't think so.

40% respondents believes that they are good therapist apart from only special educator and 60% respondents do not believe that they are only special educator not good therapist.

9. Suggestions and Recommendations

- There is a scope for the study with large sample with longer duration.
- The effectiveness of the therapies can be understood from the perspective of Intellectual Disabled children and their parents.
- One can study the effectiveness of all the therapies on various disabled children and not only three studied in this research.
- Special Educators need to be given methodological education about therapies from time to time to update and implement the new developments that take place in the field of effective therapies.
- The special schools should be made aware of about the very useful therapies like Drama, Pet and Laughter. So that the therapies improve the mental, social and over-all health of the various disabled children.
- The government should address the issue of effective implementation of Pet, Drama and Laughter Therapies at schools.
- The new lifestyle of people keeps them busy and it becomes very stressful for them to handle their own problems. For all of them irrespective of their age Pet Therapy can prove very useful.

10. Conclusion

From the study it is clear that Drama, Pet and Laughter Therapies play a great role and they have very positive impact on the functional activities of the mentally challenged students. Though the calculated value of pre and post test scores of the experimental and control group, it had clearly shown that with the help of above therapies, the students get improved physical and psychological health. The conclusion can be drawn that there should be inclusion of these newly developed therapies in theoretical curriculum of the special educators. The special educators have incomplete knowledge of these three therapies. Some of them have just heard the names and they do not practice for the students. The practice of therapies is an effective tool to build good understanding between the teachers and the students to increase the comprehension capability of the

students. These therapies are extremely helpful for the various disabled students but they are not used by many special educators because of their incomplete knowledge and less enthusiastic and positive attitude. In fact their attitude was shaped out of their incomplete understanding of these therapies. And those who have little knowledge of these therapies, their attitude towards implementing these therapies are not very positive. It was also noticed that these teachers expressed interest in these therapies when they were enlightened and encouraged by researchers during informal discussions. The complete scientific and systematic knowledge should be given to the special educators, theoretical and practical as well. It is helpful for the future of the students with Disabilities.

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