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Strategic Partnership for school education (KA201)

**ACT-ABLE**

**drama education lab for young people with disabilities**

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***Intellectual Output 1***

***Guidelines for the creation of inclusive theater paths  
addressed to youths with disabilities***

By Spazio Reale Formazione

with the collaboration of all Partners

Soccorso Clown Società Cooperativa Sociale Impresa

Sociale E.T.S.

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## Introduction

The *ACT-ABLE Project - drama education lab for young people with disabilities* is a strategic partnership supporting innovations of the school sector, this partnership is composed of Fondazione Spazio Reale, being the applicant, Soccorso Clown (Italy), Fondazione Toscana Spettacolo (Italy), University of Usak (Turkey) and Residui Teatro (Spain).

The project wants to favor the educative inclusion of students with intellectual disabilities through inclusive methods such as theatre, with innovative methodologies such as physical comedy and visual theatre, storytelling, dance-theater and vocalism as instruments of personal potential and enhancing their learning abilities.

This Project starts from multi-yearly experience of the concerned partners based on the idea that guarantees the actual function of the right to study and training, is one of the main factors that mainly touches the world of the disabled. As this is an important condition to the aim of their complete integration and inclusion in a social and working life. It is intended for children and youths with intellectual disability, the age range aimed at this educational cannot be decided with chronological strictness, both for the type of disability and for the variables that coincide on the advantageous participation to the proposed course. Generally, the project is aimed at students within the range of first and second grades of the secondary school.

The project includes:

- Five days training course for the staff to share their own methods of inclusive theatre and activate a common method to use during the project.
- Drawing European guidelines which contain the methodology to use so as to start these inclusive theatre courses based on physical comedy and visual theatre in Italy, Turkey and Spain.
- The realization of these inclusive theatre courses taught the methodology of the physical comedy and of the visual theatre, destined to 24 youths with disabilities within the age of 11 and 15 in Italy; 10 youths from 12 to 24 in Turkey and 16 youths between 11 and 18 in Spain.
- The creation of the theatrical company ACT-ABLE, made up of actors/mentors and the youths that have participated in the inclusive theatrical pathways held in Italy, as an example and inspiration for the birth of other mixed theatrical companies at a European level.
- The creation of the commune conclusive document based on the results obtained during these courses and which will give life to "ACT-ABLE method: good methodological ways of inclusive theatre".

Through these activities the project intends: to improve the learning capacity of young people, help the scholastic institution with a new and inclusive offer, with an exchange of good ways between mentors and European organizations that use these inclusive theatrical methods; form professionals and make aware the stakeholders and the local communities through these artistically inclusive events.



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## 1. Description and comparison between the methodologies used by the different partner countries (Italy, Spain, Turkey)

### 1.1 *Italian methodologies: Soccorso Clown*

#### **Brief History**

Soccorso Clown is the First Italian National non for profit performing arts organization of Healthcare Clowns - experienced professional actors – not volunteers - with specialties ranging from music to magic, trained to apply their skills to work in the hospitals and the health care institutions, for children, elderly and adults.

Founding member of the European Federation of Healthcare Clowns Organizations (EFHCO [www.efhco.eu/european-federation-of-hospital-clowns-organizations](http://www.efhco.eu/european-federation-of-hospital-clowns-organizations)), from 2017 Soccorso Clown received every year quality label for its work from EFHCO.

In 1995, the New York Big Apple Circus Clown Care Unit (CCU), responding to the request of Vladimir Olshansky, had delegated him to introduce the first professional Hospital Clown project in Italy. Mr. Olshansky had worked for 15 years, as one of the supervisors of CCU's New York Presbyterian Hospital Clown program. Together with his brother Yury, an actor-director, and Caterina Turi they had formed in Florence, Italy "Soccorso Clown" a non-for-profit organization and created the first European Training Project for professional Health Care Clowns, which was recognized and financed by the European Social Fund and subsequently supported by the Region of Tuscany, the Italian State Theatrical Organization (ETI), the Ministry of Labor and the Meyer Pediatric Hospital in Florence. The training was launched in 1998. In 1999, at the end of the one year training, Vladimir Olshansky, our Artistic Director his brother Yury the General Director and Caterina Turi, our current Administrative Director. Since that time Soccorso Clown with national and international partners has realized numerous training projects for professional performing artists to become healthcare clown to work with children, elderly and handicap as well as with refuge communities and family homes.

Every Year Soccorso Clown visits about 40.000 hospitalized children and elderly.

#### **The operating standard**

Our standards of training and work are based on the "Manuel of Clown-Therapy" created by the artistic director of Soccorso Clown Vladimir Olshansky. (Dino Audino edition, 2016, Rome, Italy) Soccorso Clown introduced the first Italian Deontological Code of Healthcare Clowns Organization's, which includes the guide of the best practice, and is an integral part of the agreement between Soccorso Clown and the Region of Tuscany, which recommends its use to all organizations of this category.

Our *soccorso clowns* work under the supervision of Artistic Director and his collaborators, who are responsible for program quality assurance. All hospital clowns meet for rehearsals and revisions of programs,



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and maintain an “emotional hygiene” which ensures that they are able to continue with their strenuous work routine.

Our original method of training professional performing artists and drama actors, actors-clowns, who want to improve their visual theater techniques, applied for the persons with disabilities, based on the discoveries of the traditional theatrical training by K. Stanislavsky, Michael Chekhov, Meyerhold and the “Manuel of Clown-therapy” by Vladimir Olshansky (edizione Dino Audino, 2016) and introduces an innovative approach found in the latest research in the field of quantum physics, which considers that the human being is not a passive observer of events, but an active creator of his reality. The proposed method applied for people with disabilities, helps to better understand the mechanism of one's mental and physical apparatus and to participate consciously and interactively in the learning process. The method proposes the tools to re-evaluate and rediscover one's own talents and bring it to its maximum potential.

Through the specially designed exercises Soccorso Clown Method allows to develop the reflexes and the necessary skills to achieve the desired results in a relatively short period of time. Moreover, our training also uses the principle of "holography" which states that a small particle contains all the information related to the general assembly. In other words, a single cell of the person already contains all the information about this person.

That is, in our case if we understand the principle and the structure of a small particle /cell, it may be for example one of the exercises that we would do, we could later understand how the whole method works. Thus, by studying the mechanism of the tasks of each student in the classroom, such as an exercise concerning the principle of action / behavior on the stage, we can understand how to apply this knowledge in our work in the theater. The proposed method of study and work helps to understand how to use and develop our abilities and talents that are truly unlimited.

## *1.2 Spanish methodologies: Residui Teatro*

*“...First the void... Then the fall was very hard. So we learned to get up and little by little we started walking. Now we can observe the flatland, the earth and the sky, sometimes we can even fly. And in flying the world seems so simple, but we have to be careful not to fall and if we do...First the void...Then the fall was very hard...”*

International Laboratory of Residui Teatro – 21 years of work

Residui Teatro International Laboratory was created in 2000 in Rome. Their need to travel and expand their knowledge takes them to Spain in 2007, where a new period begins.

The company produces performances and shows for people of all ages. It founded two spaces of International training: Artigianato Teatrale in Italy and Centro de las Artesanías de las Artes Escénicas (CAAE) in Spain;



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generating its own methodology through different workshops and master classes based on physical-theatre, singing, dance, sensorial theatre and playful interaction.

The Company follows the idea of theatre as a tool for dialogue and personal and social transformation (*“La paz es una de arte”* (Peace is a Work of Art); Magdalena Project, *Playing The Difference*, *“Un puente entre dos mundos”* (A Bridge between two worlds); participating in various artistic residencies and presenting their workshops and shows in more than 25 countries in Europe, America, Africa and Asia. Performances made in conventional theatres, in non conventional spaces, in conflict zones, rural areas, etc. Collaborating with different international institutions and associations in projects in refugee camps and in vulnerable areas in Spain, Italy, Mexico, Peru, Colombia, Argentine, Uruguay, Nicaragua, Salvador and India.

Residui Teatro, in its years of experience, has done more than twenty shows and numerous performances. As subjects of their artistic interests are the use of scenic transformation of contemporary events, silenced conflicts and problems that move, involve and interest the community and society.

A theatre from, of and for the body of the person, who is also an apprentice or a dancer actor. A body, in its psycho-physical and vocal integrity in which biography and desires are involved and united.

A body for a theatre that touches the fragile in our everyday world. A theatrical discourse that faces the small and great contradictions of today, having personal and community transformation as its main objective.

Residui Teatro promotes a theatre that encourages inclusion, awareness and exchange between human beings; as well as personal and social development.

Residui Teatro defines itself as a “group theatre”. A group that devises, creates and collaborates with different artistic, cultural and social communities from different backgrounds, ages and health status. Their three main focuses are production of shows, pedagogy and socio-cultural projects.

A space for artistic and personal growth, reflection, creation, research and development of critical thinking; where the individual can find the path of art as a motor of personal and social transformation.

The CAAE is an open and accessible space for everyone. Interested in proposals and collaborations between artists and active citizens and accessible to all; whatever your origin, age or health status. It is a "center" because we want different artists from different disciplines and cultures to come together here. And we speak of "crafts" because we believe that the formation of the person in the performing arts is something very delicate, that is why our approach is that of the craftsman who calmly and wisely creates his or her piece with respect for the material of creation.

A place where people, trainees, actors, dancers can search, repeat, make mistakes, confront each other and themselves and find their personal way.

Our name is inspired by the tale *“Text in a notebook”* from Julio Cortazar. This cortazian idea of things that are transformed below our eyes, without us sometimes realizing it. And what remains after is the “residuos” (the waste), a tangible proof that things change.



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### 1.3 Turkish methodologies: Usak University

#### **Storytelling Method**

##### Theoretical background

The storytelling tradition is the most important treasure of this geography. It is the most powerful form of communication. It is a cultural heritage that has existed for centuries. The storytelling tradition is fueled by two important sources. First is One Thousand and One Nights tales and the other is Meddah tradition and narration.

One Thousand and One Nights tales is a long narrative. Shah Shahryar decides to have all the young girls in the country killed due to a betrayal he experienced. Scheherazade decides to tell a story to the Shah to escape death when it is her turn. The Shah listens to the story of Scheherazade. Scheherazade tells it with such skill that she stops telling the story in the most exciting part just before dawn and sunrise. The Shah waits for the next night for the continuation of the story. Scheherazade skillfully tells her story that night and leaves it in its most exciting part as dawn breaks. Shah gets carried away with the excitement of the story. Days chase nights, nights chase days. This goes on and on. Over 1001 nights. She tells stories within the story. The story heals the broken heart of Shah. It also keeps Scheherazade alive. Therefore storytelling has a close relationship with healing and life.

Another tradition of storytelling mentioned at the beginning of the presentation is the Meddah tradition, which comes from the Turkish Theater. Meddah is one of the important elements of Turkish Theater. It a form of one-man theatre. Meddah combines all the characters of the theater into one. It changes into so many characters in the narrative that the audience watches and listens to the stories of many people from one person. He sits in an elevated place and voices numerous people by changing his voice, facial expressions, and gestures. In doing so, he disguises himself from one to another with small accessories. He does not use large sets or costumes, but he involves the audience in the spirit of the story.

Meddah begins the narrative with classical sentences, just like in fairy tales.

*"As he explains his experiences, he gives joy to the assembly. Now listen to a nice story from your humble subject."*

Just as Meddah imitates the mouth features of humans, he also voices inanimate beings, animals. He has two important tools. The handkerchief he wraps around his neck and the cudgel (walking stick) he holds in his hand. He sometimes uses the cudgel to start the play, sometimes to silence the audience, sometimes to knock on the door. The cudgel can sometimes turn into a broom, sometimes into a horse. Apart from the cudgel and handkerchief, he does not have any other storytelling tool. When starting the play, he pounds his cudgel on the ground three times and starts the play by saying "The truth, my friends, the truth". He then continues with poetry. He changes names, deforms place names so that people don't understand who they



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are. He checks the audience's interest while telling the story. Sometimes he tells the story so lively to increase the excitement. He occasionally pauses in the narrative to help the audience understand and interpret the story. He also involves the audience in the narrative.

In the most exciting part of the story, he halts the story and collects donations. He apologizes to the audience.

*"If I have made any slip of the tongue, please forgive me."*

Meddah makes use of fairy tales, legends, sayings, and historical events throughout the narrative. As an improvisation, whatever comes to his mind at that moment, he turns it into part of the narrative. He combines all the materials and the resources he uses in fiction, therefore it is unique. The Meddah tradition has continued its existence as an important narrative tradition of Turkish theater to the present day. Today, many narrators continue to tell stories in new forms. With the facilities of the digital platform, it is being performed in social media.

#### How did the tradition of storytelling turn into a method?

We worked for a long time with young adults who experienced mental disability for different reasons. Communication is the keyword in our dramatic work. If you can communicate, you can include them in the play. If you can manage them to communicate with each other, you will allow them to create new plays together. But the most important problem of an individual with mental disabilities is communication. They have significant speech difficulties, use very few words, and are unable to make eye contact. Most importantly, they cannot communicate through feedback.

*So how do we communicate?*

Storytelling is an important form of communication.

Storytelling is a special method by which communication is thought together with the play. It teaches that communication can be possible not only with words but also with nonverbal communication and body language.

#### Components of Storytelling

The basic components of storytelling under three headings.

- 1- Repetition-Based Narration
- 2- Disguising
- 3- Play

#### 1-Repetition-Based Narration:

The most important feature of oral culture is its repetitive structure. Walter J. Ong establishes a connection between repetition and memory in the oral culture book. Repetition makes it easy to be remembered. This allows enjoyment to happen from the story. Just like a chorus in music.





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Repetitions are also used in the One Thousand and One Nights tales and the Meddah tradition. The narrator makes it easier for the audience to follow the story through verbal repetitions and also makes them enjoy the story.

Repetitions are also sometimes performed through instruments. The most commonly used instruments in the narrative are the tambourine and dulcimer.

The easiest way of learning for individuals with mental disabilities is repetition. They adapt easily to repetition. Therefore there are many rhythm groups. Children with Down syndrome have a special interest in music and dance, due to their affection for rhythm. Therefore the narrative structure based on the repetition of the story is an effective method for them.

### 2-Disguising:

Disguising is one of the key components of storytelling. Disguising is a widely used motif in One Thousand and One Nights tales. The narrator sometimes turns into an animal, sometimes a flower, sometimes a supernatural being.

Disguise helps the narrator be different characters.

Disguise also brings about a change of identity. The actor assumes roles on the stage by experiencing transitions between identities, objects, and events.

During the abstraction from the real identity, the accessories, masks and costume pieces used on the stage through storytelling help the actor in getting into a new emotion, carrying his new identity and using his body as a means of expression and communication.

The method will be based on changing and using masks, accessories, and costumes on the stage. With this method, it can be easier for the participants to leave the social space and enter the communication area.

### 2-Play:

Play is another important component of storytelling. It is the logic of the play that also incorporates disguise into the spirit of the story.

Because individuals with Down syndrome are mentally like children, it's easy to invite and involve them in the play. They're great playmates, too. Therefore if you ask them to join a play, their answer is usually yes.

The play is an effective healing tool for all of us.

Finally, to summarize the method could be express in a very simple but tangible way. Three key components of storytelling are: repetition-based narration, disguising, and play.

How did it applies to individuals with Down syndrome?

- One of the keywords is repetition. Out of the 50 improvisations we practiced, the ones based on repetition were more successful.



- We did not stage one of the texts of Shakespeare, one of the important writers in the history of theatre, but a text that appeared in improvisations.
- Even though we practiced many times, the order of the stage was forgotten. In order to find a solution to this, we used tambourine on stage. When they heard the same rhythm, they could easily remember where to stand and who should speak. This is also an example of the use of an instrument in the narrative we explained in the theoretical background.
- Involving them in the play and playing together has become much more comfortable with a changed identity and disguising. The stress has subsided. Most of the time they took on their favorite or most feared character.
- Play could improve their communication skills. It is to give a gift of words to someone who never speaks. If there are no words, it is to teach them to find ways to tell stories. Therefore, our method is called "tell me a story".

### **Workshop outline**

#### *1-Warming up & connection*

This stage is very important because the most important problem of individuals with Down syndrome and the other mental disabilities is communication. In addition to certain warm-up movements, new ones can be added every week. This means both concentration to start working and warming the body.

#### *2-Theatrical practicing*

These works mean creating group awareness and getting ready for the stage. This phase is also important for timing, confidence, and awareness of each other and oneself.

#### *3-Improvisations*

Improvisation can be designed according to the characteristics of the group and individuals. It is important to do a lot of improvisation, as we do not use a specific text and create the story from these improvisations. Individual stories can be captured during improvisations.

For example, you are sitting at the bus stop, you realize that you missed the bus while waiting for. What do you do?

#### *4-Closing ceremony*

To end every work in a similar way. In the previous study, we found the way as getting together, holding hand, jumping up together and making the sound they want. It was a nice closing to hold hands, to be as a circle and to sound as a whole since our participants love to touch. Different closings can be considered for different groups.



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#### *1.4 Comparison between methodologies used by Project partner countries*

We can conclude that the three methods of the three partners differ in methodologies - actors-clown, the body and the story-telling - but all with the same purpose: inclusion, awareness and exchange between human beings.

### 2. Common guidelines for the realization of inclusive paths inside the Project in partner countries

#### *2.1 Definition of “persons with disabilities” (institutional definition; terms; point of view)*

The [Convention on the Rights of Persons with Disabilities](#) and its Optional Protocol (A/RES/61/106) was adopted on 13 December 2006 at the United Nations Headquarters in New York and was opened for signature on 30 March 2007. There were 82 signatories to the Convention, 44 signatories to the Optional Protocol, and 1 ratification of the Convention. This is the highest number of signatories in history to a UN Convention on its opening day. It is the first comprehensive human rights treaty of the 21st century and is the first human rights convention to be open for signature by regional integration organizations. The Convention entered into force on 3 May 2008.

The Convention follows decades of work by the United Nations to change attitudes and approaches to persons with disabilities. It takes to a new height the movement from viewing persons with disabilities as “objects” of charity, medical treatment and social protection towards viewing persons with disabilities as “subjects” with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society.

The Convention is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced.

The Convention was negotiated during eight sessions of an Ad Hoc Committee of the General Assembly from 2002 to 2006, making it the fastest negotiated human rights treaty.

The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.



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The Convention's definition is the following: *"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others"* (Art. 1).

The Convention's preamble (section e) explains that the Convention recognizes *"that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others"*.

In its Article 9, the Convention stresses that persons with disabilities should be able to live independently and participate fully in all aspects of life. To this end, States Parties should take appropriate measures to ensure that persons with disabilities have access, to the physical environment, to transportation, to information and communications technology, and to other facilities and services open or provided to the public. Accessibility can be grouped into three main groups. 1. physical accessibility 2. service accessibility 3. accessibility to communication and information.

The Convention's Article 24 states that persons with disabilities should be guaranteed the right to inclusive education at all levels, regardless of age, without discrimination and on the basis of equal opportunity. It specifies that children with disabilities must have effective access to free and compulsory primary and secondary education; adults with disabilities have access to general tertiary education, vocational training, adult education and lifelong learning; and more.

Parties are to take appropriate measures, such as: endorsing the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring; supporting the learning of sign language and promoting the linguistic identity of the deaf community; advocating that education of persons, particularly children, who are blind and/or deaf, is delivered in the most appropriate languages and means of communication for the individual; and employing teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train education professionals and staff about disability awareness, use of augmentative and alternative modes and formats of communication, and educational techniques and materials to support persons with disabilities.

The Committee on the Rights of Persons with Disabilities' General Comment Number 4, adopted in August 2016, stressed the importance of inclusive education and condemned segregated education. The Comment was opposed by organizations including the World Blind Union and the World Federation of the Deaf which unsuccessfully argued for a "sensory exception" to recognize the importance of cultural and linguistic rights.



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Article 25 specifies that “*persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability*”.

The [International Classification of Functioning, Disability and Health](#), known more commonly as ICF, is a classification of health and health-related domains. As the functioning and disability of an individual occurs in a context, ICF also includes a list of environmental factors.

ICF is the WHO framework for measuring health and disability at both individual and population levels. ICF was officially endorsed by all 191 WHO Member States in the Fifty-fourth World Health Assembly on 22 May 2001 (resolution WHA 54.21) as the international standard to describe and measure health and disability.

The ICF classification complements WHO's International Classification of Diseases-10th Revision (ICD), which contains information on diagnosis and health condition, but not on functional status. The ICD and ICF constitute the core classifications in the WHO Family of International Classifications (WHO-FIC).

The ICF is structured around the following broad components:

- Body functions and structure
- Activities (related to tasks and actions by an individual) and participation (involvement in a life situation)
- Additional information on severity and environmental factors.

Functioning and disability are viewed as a complex interaction between the health condition of the individual and the contextual factors of the environment as well as personal factors. The picture produced by this combination of factors and dimensions is of "the person in his or her world". The classification treats these dimensions as interactive and dynamic rather than linear or static. It allows for an assessment of the degree of disability, although it is not a measurement instrument. It is applicable to all people, whatever their health condition. The language of the ICF is neutral as to etiology, placing the emphasis on function rather than condition or disease. It also is carefully designed to be relevant across cultures as well as age groups and genders, making it highly appropriate for heterogeneous populations.

Disability, therefore, can be defined as the personal condition of those who, following one or more impairments, have a reduced ability to interact with the social environment compared to what is considered the norm, therefore they are less autonomous in carrying out daily activities and often at a disadvantage in participating in social life.

The [Diagnostic and Statistical Manual of Mental Disorders](#) (DSM; latest edition: DSM-5, publ. 2013) is a publication by the American Psychiatric Association (APA) for the classification of mental disorders using a



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common language and standard criteria. It is used by clinicians, researchers, psychiatric drug regulation agencies, health insurance companies, pharmaceutical companies, the legal system, and policymakers.

The DSM evolved from systems for collecting census and psychiatric hospital statistics, as well as from a United States Army manual. Revisions since its first publication in 1952 have incrementally added to the total number of mental disorders, while removing those no longer considered to be mental disorders. Recent editions of the DSM have received praise for standardizing psychiatric diagnosis grounded in empirical evidence, as opposed to the theory-bound nosology used in DSM-III. However, it has also generated controversy and criticism, including ongoing questions concerning the reliability and validity of many diagnoses; the use of arbitrary dividing lines between mental illness and "normality"; possible cultural bias; and the medicalization of human distress.

The DSM-5 definition of mental disorder is: *“A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above”.*

The world of disability has experienced profound transformations in the contemporary era and, starting from the 1970s, an action to renew services and interventions in favor of the person with disabilities has taken shape. The so-called process of integration of the *handicapped*, the subject of the social policies of those years, has gradually improved until it has become an integration process. Furthermore, there is a distinction between the terms social inclusion and social integration. *Social inclusion* is the situation in which, with reference to a series of aspects that allow individuals to live according to their values, their choices, it is possible to improve their conditions and make the differences between people and groups socially acceptable. *Social integration*, on the other hand, is something deeper, like the insertion of different identities in a single context within which there is no discrimination. Integration is understood as the process through which the system acquires and above all maintains a structural and functional unity, maintaining a balance through processes of social cooperation and coordination between roles and institutions.

The development of a territory cannot ignore the cultural growth of the people who live there, and the development of a common consciousness that can trigger processes of sensitization to differences, fragility and human discomforts.



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## *2.2 Theater as inclusive pathway*

**Inclusion** is not just a program, policy, or idea; inclusion is a way of life. But what is inclusion? What does it mean to “include everyone,” especially in consideration of children and youth with disabilities that require adaptation to participate in the many opportunities of life?

Inclusivity belongs in schools, programs, and activities, and most importantly, in the community. Creating an inclusive view in every form of public life will continue to demonstrate that individuals with disabilities of all types make up part of the tapestry of what society should be. Disability, in all its forms, is part of the norm. As that mindset continues to develop, so will the laws and practices that dictate opportunity, access, and acceptance.

**Drama therapy** is the use of theatre techniques to facilitate personal growth and promote mental health. Drama therapy is used in a wide variety of settings, including hospitals, schools, mental health centers, prisons, and businesses. Drama therapy, as a modality of the creative arts therapies, exists in many forms and can apply to individuals, couples, families, and various groups.

The theatrical laboratory, container of expressive languages, more than a physical place is configured as an operating mode able to stimulate direct experiences in which word, gesture and image, shape and color come together in a final product, recomposing themselves as part of a single reality.

The particular typology of theatrical animation activities constitutes an element of strength that leverages intrinsic motivation, favoring learning and scholastic success, with the consequent strengthening of self-esteem, an important component of oneself.

The relational aspect is one of the privileged growth dimensions that is best expressed during the animation activity, essentially based on a relationship of communication, collaboration, sharing and respect. Doing something together favors and enriches socialization as it allows positive interdependence and complementarity between the members of the group, giving value to diversity.

Sharing the same project represents the element that can transform the group-class from a group into an authentic community and creates the favorable conditions for everyone to develop a sense of belonging. This helps to build a positive self-image and to determine personal identity, positively affects scholastic performance, prevents anxiety, increases personal safety, promotes interaction.

Through the use of non-verbal languages, students with disabilities are allowed to discover their potential and to develop communication skills and emotional intelligence. Theatrical practice becomes the approach that brings out what already exists.





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Although starting from artistic practices, learning and rehabilitation outcomes can be achieved, as theater allows people with disabilities to access the expressive universe of the arts with such an active and emotional participation as to be transformed into a conceptual experience.

The theatrical work, due to its complexity, is not only made up of actors, but includes sets, choreography, costumes, light and sound effects. All these elements remove those obstacles that usually arise when resort to abstract thinking and the ability to verbalize.

Even **music**, that accompanies each theatrical activity, is important because it stimulates movement, the precision of the gesture, the balance and induces without forcing the sound-rhythm-movement combination.

Graduated rhythmic activities allow to pursue important objectives related to the development of motor, cognitive and affective-relational skills.

Improvisation, with the use of simple percussion instruments, plays a fundamental role in bringing the student closer to music, allowing to experiment freely and spontaneously personal elements that enrich the work of the group.

Memorization of sequences, movements, steps, parts to be recited help the mnemonic effort by improving cognitive abilities.

The **ACT-ABLE Project** wants to favour the educative inclusion of students with intellectual disabilities through inclusive methods such as theatre, with innovative methodologies such as physical comedy and visual theatre, storytelling, dance-theater and vocalism as instruments of personal potential and enhancing their learning abilities.

This Project starts from multi-year experience of the concerned partners based on the idea that guarantees the actual function of the right to study, and train. It is one of the main factors that mainly touches the world of the disabled. This is an important condition to the aim of their complete integration and inclusion in a social and working life.

The project aims to create and enhance innovative paths, centered on the role of theater as a tool for personal growth and social inclusion. It wants to promote the educational inclusion of pupils with intellectual disabilities through innovative methods based on the enhancement of theatrical methodologies as a tool for personal enhancement, improvement of their learning skills and the relational sphere.

**Theater** will be used as a methodology that will improve the learning skills of children with special needs with a view to a more general strengthening of their personal development, their intellectual abilities, their interpersonal relationships.





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At a methodological level, it is fundamental to overcome the psycho-medical paradigm with the search for more pedagogically oriented or more interactive definitions for children and young people with disabilities.

Beneficiaries will be children and young people with intellectual disabilities. During theatrical pathways the participant will be made active protagonist of his own theatrical journey.

Theater is a powerful medium, engaging audiences in complex, human experiences, meeting of different individuals and subjectivities that, through artistic mediation, come into contact, get to know each other and contribute to mutual growth.

During the inclusive theatrical paths participants will learn to develop the principles, methods and techniques of the actor, discover the actor's own character and how apply it in the different genres of comedy and drama. The paths aim to lead the participants into the heart of this fascinating discipline, to discover and understand, through an original methodology, the resources of the talent of each of them.

Theater's methodologies help to better understand the mechanism of one's mental and physical apparatus and to participate in a conscious and interactive way in the learning process. These methodologies offer tools to re-evaluate and re-discover own talent and bring it to its maximum potential.

### *2.3 Selection process, definition of target group (number, age, type of disabilities)*

Children and youth that will be involved in the inclusive theatrical courses will be:

- 24 students between 11 and 15 years of age who will attend the inclusive theater path in Italy
- 10 children between 12 and 24 who will attend the inclusive theater path in Turkey
- 16 students between 11 and 18 who will attend the inclusive theater path in Spain.

The selection process, where necessary, would be based on the observation of the activities of the students in schools environment, and when it possible outside, through the introduction and involvement of the students into the special theatrical games in order to detect their abilities which could be adapted to the theatrical training.

The main criteria for the selection are:

- acting abilities, comic talent and sense of humor
- the ability to follow the assignments
- basic communication and memory skills
- capacity to use their body
- collaboration of working in the group
- basic social skills.

Participants will be made comfortable and will not know they will have to face a selection.



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Interviews with children/youth and with their parents, will discover the personal qualities of a candidate: the desire to learn and participate in the training and eventual desire and understanding of the idea of the long term commitment to eventually participate in the creation of the show, the theatrical company and travel with the show: participate in the tour.

Preliminary admission is realized in collaboration with the teachers, health professionals and parents and will take in consideration:

- the recommendations of the teachers and health professionals who is taking a routine care of the pre-selected students
- the recommendations of health professional (psychologists etc.) who is going to follow the students during the duration of the project
- the recommendations of the parents.

The boys and girls will be subjected to a game and their actions and interactions will be observed.

At the end of the interviews and the practice, the commission, composed by teachers, trainers and psychologists, will choose the participants who will be part of the theater group.

#### *2.4 Planned activities: introduction, presentations, group creation, etc.*

Italian partners, under the coordination of **Soccorso Clown**, will realize inclusive theater courses through the physical comedy methodologies and the visual theater addressed to 24 youths with intellectual disabilities that attend the 1° grade secondary schools. The schools are willing to collaborate with partners for the selection of the persons concerned. The youths will initially be divided in 4 groups of 6. The activities will occur once a week for each group and for one hour and a half in the afternoon.

The Soccorso Clowns's method utilizes many concepts from Michael Chekhov's book *On the Actor's Art*. From there came the idea of working with the energetic centers of the human body. *Mime Spoken Here*, by the wonderful Tony Montanaro, had strong influence on the basis of method, especially his ideas about the role of the "ego".

Practical subjects: Discover the hidden sources of creativity in yourself.

1. The Ego
2. The four centers of the human body: Mental, Intellectual, Physical, Emotional and their function.

Work with the center's of energy of the human body:

1. The intellectual center: it must be said that the IC is both our friend and our worst enemy. We have all become used to thinking negatively. The negative activities of the IC — these are egoism, self-love, the desire to pity ourselves, uncertainty, self judgment, judgment of public and colleagues. Its source is the fear of losing control, of doing something wrong, of not being successful, and so on and so forth. The intellect is in the past,



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while feeling belongs to the present. But it also important for us to find this center's positive sides. The IC is responsible, above all, for analyzing the structure of any task set before us. The IC is responsible for logic, memory, attention, controlling situations (when this is unavoidable), imagination, and fantasy. The IC is located in the center of the forehead, between the brows, in the realm of the "third eye." When it is necessary to activate the IC, we must focus on this imaginary point. For example to go out of some negative thoughts which have produce your Intellectual center, is enough to do this simple movement.

2. The mental center: the first part is working with the centers of the human body: is the mental. However strange this may seem the mental center is not found in our body at all, but about 15-20 centimeters above our head. If we concentrate all our attention on this invisible center, it will begin to function. In what does its function lie? Above all, it helps us realize our tie with the world of the spiritual and invisible, with intuition, spontaneity, improvisation. The next and no less important question is how to create the material itself. What are the principles of the creative process? We need not wait for inspiration in order to create. All we need is to set the specific conditions required to open the unconscious. The participation of the mental center is necessary to this work. The mental center helps us to work with invisible energy of the space. Also it is respond for non a verbal communication. It is an important skills when you work with the partner. Personal space: exercise.

3. The physical center: the body is our instrument. In order to use this instrument to great effect, we must first understand how it is arranged and uncover its possibilities. The physical center is the most receptive to training. The PC is responsible for our reflexive memory, the perfection of the physical form, and the memory of the muscles. for the movements, for training our reflexes. We learn how to breathe, how to think with our body, not with our intellect. Its center can be found in the region of the solar plexus. Concentrating one's attention on the PC stimulates its work. Once the IC has understood the structure of a movement or set of movements, it begins to train the PC, with the help of the attention and will, and keeps the body on track to complete its task correctly.

4. The emotional center: it is impossible to repeat the same emotion twice. It is a big mistake to try to repeat the feeling that might have accompanied a successful performance yesterday. We must be open to fresh emotions every time — possibly emotions of the same type, but of a different shade and brightness. We must never portray an emotion. This is impossible. It always results in falseness and lies. We will remember that under the right conditions, true emotion will come. The emotional center is responsible for a natural emotion, which is always corresponds to a present situation. It is result of the credibility to giving circumstances.

3. The five phases working on material.

The principles and methods of the techniques of an actor of visual theatre, actor-clown:

1. The technique of an actor.



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- a) look and see
  - b) make decision
  - c) make action
  - d) see a result of the action
4. The meaning of being comic: slapstick, buffonata, eccentrics, etc.
  5. What is the Comic Conflict means and how to create it.
  6. Four types of clown characters: white, august, anti august, hobo.
  7. Creating your own clown character.
  8. Costume and makeup.
  9. Creation of personal repertoire.
  10. Use of physical comedy: body language and emotions.
  11. The source of improvisation and its use: Work on the Impulse.
  12. The principles of working with an object.
  13. "Offer" (communication with the partner).
  14. Pantomime (technique, fundamental principles).
  15. Techniques of working with the puppet.
  16. Musical training (basic techniques of singing and ability to play small musical instruments such as: ukulele (4-string chitarra), flute, xylophone, mouth organ.
  17. Work with the structure: How is the structure of a clown number made? It derives from the Commedia dell'Arte, when the actors improvise inside the given structure of the story (canovaccio). Can be of the most varied, from sleight of hand to songs, based on individual preparation and on the personal artistic talents of every single clown. The simple script conveys an impression of completeness, of professionalism, avoids chaos without excluding freedom of expression.

**Usak University's** methodologies proposed will be based on storytelling: write and perform own story. As is known, storytelling is one of the ancient therapeutical methods: just think at the Prince Shas Sehriyar of One thousand and one night.

The Turkey courses indicate the story-tale as inclusive theater method intended to 10 youths with intellectual disabilities, between 12 and 24 years old. Each student will learn the storytelling methods telling and narrating their own stories. The stories will be narrated with words, rhythm, gestures, and dance. They will use percussion instruments because the rhythm gives fluidity and catchiness to the story. As a result of the improvisation, role playing, dance, and music during the meetings, will be developed as methods to create, tell the story through physical elements, audio and video.



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In the storytelling tradition, the alacrity, and the fluidity of the rhythm are extremely important. The course considers teaching students to tell a story with a rhythm and a precise sound, overcoming the memorization and communication difficulties.

In this process, the effect of the inclusive path on factors like social, communicative, oral skills, and self-confidence will be measured through interviews with the participants, group discussions, conversations with families at the beginning, in the middle and at the end of the path.

**Residui Teatro**'s methodologies are based on theatre-dance and singing techniques, for people with different intellectual and sensorial levels.

*“A substantial part of the difficulties and disadvantages that people with functional diversity have, are not attributable to their own deficits and limitations, but to deficiencies, obstacles and barriers that exist in the social environment”.*

Alcain Martínez

Residui Teatro defends the idea that Performing Arts involves a personal and communitarian transformation; the experiences that engage with Performing Arts in their practice contribute to the training, healing, resilience and reconciliation of the individual and the community.

The artistic path in fact increases or define the development of:

- Open up the hidden ability of the person
- Release the tensions, fear, uncertainty
- Help them to get a freedom for improvisation and to be present in the moment
- Promote the expression of their own desires, emotions and ideas
- Learn to create and share through verbal and non-verbal artistic language
- Strengthen the group work, offering the participants the possibility to trust in a collectivity capable to accept the unicity of each one
- Support the process of identification of the resources that everyone has and how they can be expanded and improved through the use of art
- Involve persons with a functional diversity into the cultural life of the country and precisely in activities aimed to the development of creativity through art.

The method of Residui Teatro is based on:

- Focus on the person and the holistic body (mental- intellectual – physical - soul and action);
- Train on principles and not on forms
- A place for everyone: Equality of opportunities and inclusion
- Person: don't hide persons behind a disease
- Mirror Neurons: the discovering of Prof. Rizzolati



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- The Body Knows
- The Body Compensates
- Relationship with the social environment
- Promote “active” and “creative” participation in activities
- Satisfying expectations
- Developing different skills: social, communicative, intellectual, motor, emotional, and energetic
- Developing personal “autonomy”
- Connection with social ambient
- Promotion of the active attendance and “creative” to the activities
- Strengthening of the self-esteem, development of the critical capacity and increase of decisional processes, decision-making, and critical abilities
- Developing autonomy.

Through theatre-dance and singing, we get to know our interior world and explore the physical and social sphere that surrounds us; without worrying about the fear and consequences of our behavior. The absence of looking for results expands the possibilities of invention and creative alternatives, limited only by the space in which the activities are developed.

Theatre-dance and music games play a fundamental part in the development of social and cognitive aspects of the individual. Considering tools such as expressiveness and interaction between people and space; self-exploration, abilities to verbalize emotions, critical capacity, ideas, and conflict resolution.

Physical theatre methods, in particular, also benefit the person on a psychophysical and emotional level. The practical work will be focused on: the Body and the principles that move the body and the senses; Energy: personal and group energy; Emotion: personal and group emotion, sharing these emotions; Voice: breathing, vocal emission, the emotion and the voice, the use of onomatopoeia; Listening: creating a space and a group free from judgement and prejudice; Space: personal space, the space of the other, scenic and collective space; Improvisation: in couples, in groups, individually and through the use of tales; Imagination: theatre games with imagination, fantasy and fictional creation; Adaptability of the theatre activities according to the demands of the group with functional diversity.

The activity will be opened to 16 youths. The frequency will be weekly, and the length lessons will be of 1 hour long. The companion of the functional diversity youths will be invited to participate in the activity or to respect the rules of lessons’ management. There will be applied adjustment strategies and pedagogy accessibility (speech, contents, materials use, objects dimensions, spaces definition, etc.), just as of the spaces (architectural accessibility of the activity space, use of protective materials to protect corners and fragile materials, extensions, or ropes to facilitate the grasp of the objects, etc.).



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Each class will start with an open circle activity, a space to share memories of the activities carried out the day before. This method is very effective because it encourages students to participate actively and share their remembrances.

Every session will close with another circle activity. This will be the moment to ask questions, express specific demands and establish connections, draw the experience done.

Particular attention will be paid to:

- Development of cooperative and collaboration modalities, "restructuring" the competitive modalities, either during the practical activity or during the theoretical part.
- Characteristics of the working group, family context, health status of each and every one of them; internal group dynamics and expectations.
- How to capture and sustain the attention: the resources of the theatre -dance and singing approach.
- Music: the importance of creating a secure sounding environment, in relationship with the energy and the music.
- Accessibility: in terms of space, pedagogy, language, principles of work.
- The participation of people in need of support: how to enlarge the margins of their participation.
- Theatre is always adaptable: develop strategies and techniques to adapt the activities.

The learning objectives are as following:

- Body: body language as a communicative-expressive modality, to develop one's own corporeality, expressive and bodily modalities through principles of dramatization and dance, perform simple sequences of individual and collective actions in movement.
- Music: using voice as "instrument" in a creative and conscious way, expanding the skills of invention and improvisation.
- Art and image: experimenting with different tools and techniques to create graphic products. Manipulate objects to develop actions, sequences, relation with space and group.
- Affectivity: building a positive self-image, strengthening self-esteem, developing the ability to face difficulties and awareness of one's possibilities.

### *2.5 Creation of the performing setting*

In the organization of setting, the role of the learning environment in favoring or hindering communication and the relationship between students and between students and trainers must never be forgotten.

Installations/access/furniture/equipment:

- Accessible space with ramps, restrooms and lounges.
- Seat belts, headrests, etc.



- Foam rubber in the corners of the furniture, diaphanous space, no objects that can disturb on the floor (cables, etc.).
- Clearly signal toilets, exits, etc.
- Separation between workspace versus everyday space.
- Possibility to modulate the lighting/wood floor.
- Maintain a work structure, circle, warming, training, improvisation, creation, sharing, closure.
- Adapting the rules of the activity (roles, times of execution, distance, etc.).
- Augmenting or reducing the space of activity.
- Provide areas with limited use.
- Provide “the help” that might be requested and given by the companions. Support is not a substitute for doing in your place, i.e. children.
- Theater space condition:
  - a) stage no less than 6x5 meters, no higher than 80 cm.
  - b) access to the public with a small ladder in the center of the stage.
  - c) four black wings and black background.
  - d) light and audio equipment;
  - e) dressing rooms with mirrors and toilet.
  - f) make up, necessary costumes and props: masks, puppets etc.
  - g) stage set design for the show.

## 2.6 *Necessary experts*

The groups will be led by teachers, trainers and actors with many years of work experience in working through theatre with people of all ages with or without functional diversity in different social contexts.

The trainers also followed the training provided within the project: *LTTA – Short-term joint staff training events, “Training on Inclusive Theater as didactic methodology”*.

Observation and participation by psychologists and pedagogists will be provided where necessary.

At the end of each workshop the experts will meet and discuss the activities just concluded, their impressions, the behaviour of the children, the results obtained and progress. All this will be reported in an observation diary which will serve, at the end of the project, both to summarize the obtained results and to deliver the final results to the parents.

## 2.7 *Useful tools: space, rhythm, music, narration, improvisation, etc.*

Some useful tools during the paths could be:





## 1. ACTIVITIES:

- **Proposals that offer different ways of execution** : be open in the variation and adaptation of execution and duration of the activity
- **Increase the complexity**: start from slow to fast; from big objects to small that requires another type of ability in order to handle it ; from smooth to hard; from simple to a more articulated trajectory
- **The repetition of exercises**: repeat the same exercises, facilitates the assimilation but also is a way to train the participants in order to be able to repeat some scenic material or the whole performance. That improves the memory, not only the intellectual one but also the body memory
- **The rules**: try to use few and simple rules but be constant in them
- **Work routine**: Maintain a work structure (circle, warming, training, improvisation, creation, sharing, closure). That helps the participants to have some kind of control about the future and offers them more tranquility.
- **Peer education**: let people work together, create together, share together. This is an important tool also for mixed groups
- **Make mistakes**: try to use the mistakes in order to invent new possibilities, to improve other abilities, to discover new paths and to proceed in the process of learning

## 2. SPACE:

The space where the activities will take place plays an important role in conducting the workshop properly. If the space we have available is our space, we prepare it properly. If the activity takes place in another space, it is advisable to visit it before in order to be able to observe its characteristics and adapt the activities.

Some aspects to consider in relation to the workspace:

- **-Accessible space**: ramps, restrooms and lounges
- **Secure space**: Cover the corners of the furniture with foam rubber, use diaphanous space as far as possible, move away objects that can disturb (cables on the floor, chairs etc.).
- **Labeled space**: Place clearly the necessary signals (toilets, exit, locker rooms), in order to give to the participants the possibility to be autonomous.
- **Separation between workspace versus everyday space**: Use a special outfit for the workshops, different from the outfit that we use in everyday life. Avoid also the personal objects inside the workroom. That helps the participants to separate the fiction with the real life
- **Light modulation**: use this tool especially to work with depth people in order to give them some indications about the activities



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- **Wood floor:** use this tool especially to work with depth or blind people in order to be able to feel the floor vibration during rhythm exercises
- **Augmenting or reducing the space:** that allows to pass from group activities to more intimate activities

Other useful tools: exercises with own body, vocal exercises, breathing exercises, imitation, mirroring, pictures, etc. These could be useful to create the group.

## 2.8 *Communication tools*

Children with developmental functional diversity cognitive, perceptual, and social characteristics that result in modest to severe disruptions of the normal language learning process. Initial individual differences exhibited by these children shape patterns of communicative interactions in complex ways. Relatively small individual differences in children's abilities to access and utilize information may alter the experiences available to them within their environment. Individual differences require specific adaptations in caregiver interactions to support development. Children with autism, with Down syndrome, and with Williams syndrome provide examples of how early emergent communication patterns naturally elicit different interaction patterns from caregivers and how children with specific developmental functional diversity may require slightly different interaction strategies to nurture successful language learning. Children who use augmentative or alternative communication systems require that caregivers and other conversational partners learn to integrate a different mode of communication with their existing one. Every child will have different communication abilities, aptitudes, and desires for communication, and communication will need to be customized to each one.

Development of communication skills by children with functional diversity is affected by access to appropriate and supportive social environments that provide ongoing opportunities for learning and communication, as well as the ability of adults and peers within these environments to provide the necessary support for language learning and use required by these children.

In sum, the competence of communication partners significantly affects children's use and development of new language skills across settings, persons and time. Communication partners also affect the refinement of children's communication skills as a component of developing social competence. Children with limited communication skills require ongoing support to participate in conversational interactions and the challenge to provide this support rests with children's communicative partners.

Here are some tools in order to build the bridge that helps us communicate:

- **Effective:** Allow us to obtain and transmit information.



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- **Motivating:** Promotes disinhibition.
- **Alternatives:** use different techniques in order to reach the other, gestural, vocal, puppets, pictograms etc.
- **Language:** clear, short phrases, non-symbolic (depending on the group).
- **Different conditions of communication:** In some situations the most effective is communication with each of the participants separately, while in others communication in a circle
- **Spatial arrangement:** arrange the space that you receive the person, depending on the way that helps him/her to concentrate in the conversation (low lights, music etc.)
- **Provide help:** Explain clearly that the companions can provide “the help” that might be requested. Although, remember that to support is not a substitute for doing in your place

In all cases it is important not to overcharge the information

Theater, games, individual and group activities, music, can greatly enhance the linguistic development of children and young people with this type of difficulty.

### *2.9 Use of objects: puppets, balloons, masks, etc.*

The use of objects can improve significantly the realization of concrete and specific actions.

Moving real objects from one point to the other helps us to develop a specific action thanks to the real relationship with the object. This creates in some way a big connection also with space, time and manipulation of objects that helps us to create step by step some dramaturgy.

Depending on the diversity of the group that we want to work with, the objects that we use are important to be grasped or pulled. Also, it is important to use large and soft objects that require less joint mobility. In the case of using objects that make some sound, we have to be sure that the volume can be controlled.

The introduction of the objects has to happen step by step in order to facilitate the concentration of the participants.

Useful objects could be: balloons, feathers, masks, hats. It will not be limited only to using them, but also to the creation of these objects itself.

### *2.10 Building up the relation with parents*

The parents are taking the active part in the upbringing and education of their children, especially when it concerns the children functional diversity. Special workshops can be designed for parents to enable them to understand and discover their own hidden abilities, as well as to guide and assist their children to go through the training for physical comedy and visual theater offered by the present project.

Interviews will be periodically organized with parents, to update them on the results achieved by their children. There is also a final interview, with the return of the results obtained throughout the course.



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### *2.11 Eventually involvement of stakeholders (public/social services)*

If necessary, it is planned to establish relationships with the social and health services that deal with the student, in order to share the project and create a shared path.

### *2.12 "Covid" adaptation*

The COVID-19 pandemic has impacted the lives of most people on Earth in one way or another. It is the first truly global pandemic in modern times and each of us has been forced to grapple with its effects, both individually and collectively. The negative societal effects COVID-19 has wrought all over the world have, in many cases, been even more profound when viewed through the lens of persons with disabilities.

Persons functional diversity already deal with increased health challenges, exacerbated threats to their security, and societal marginalization that negatively impacts nearly every facet of their lives. It is the result of the broad assumption that persons with functional diversity must be cared for and kept in restrictive environments for their protection, robbing them of basic dignity and the fundamental opportunity to explore and realize their personal potential. With the onset of the pandemic and its attendant social restrictions persons with functional diversity are at risk of being pushed even further to the periphery of their communities, potentially negating any progress that had been made.

While there are certainly very legitimate COVID-related health concerns specific to persons with functional diversity – particularly those with physical functional diversity that affect the immune system, lung function or other related factors that can put them at higher risk for serious complications – perhaps the bigger, less personally-controllable risks they face are related to the very seclusion from which they have spent so many years trying to break free. Just as they have begun to find the first tiny openings in their ability to access education or gain regular employment or even play sports, the isolation necessitated by the pandemic threatens to slam those doors closed once again.

Emerging research on COVID-19 shows that the coronavirus pandemic has increased psychological distress both in the general population and among high-risk groups. Behaviors such as physical distancing, as well as their social and economic impacts, are worsening mental health consequences.

There are unique stressors and challenges that could worsen mental health for people with functional diversity during the COVID-19 crisis. Research on past pandemics shows that disabled people find it harder to access critical medical supplies which can become even more challenging as resources become scarce. Some people with functional diversity report higher levels of social isolation than their nondisabled counterparts. They may experience intensified feelings of loneliness in response to physical distancing measures. Social isolation and loneliness have been associated with increases in heart disease, dementia and other health problems according to the National Academies of Science, Engineering, and Medicine.



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Furthermore, policies around rationing of medical care can intensify discriminatory attitudes towards disabled individuals during times of crisis. This can understandably worsen your anxiety about getting sick and needing to seek medical care.

Theater workshops, if allowed in the presence, will be useful for children with functional diversity who will find in these activities an opportunity for interaction, socialization and coexistence with other people, despite the pandemic situation.

The best way to prevent infection is to take everyday preventive actions, including wear a mask, stay at least one meter from people who don't live with you, avoid crowds and poorly ventilated spaces, wash hands often, or use hand sanitizer made with alcohol.

Each partner will severely apply the appropriate anti Covid-19 security protocols that will establish the methods of entry and hygiene methods relating to the people, tools and spaces used.

## Conclusions

The ACT-ABLE project pursues the following results:

- The offer of specific educational paths in the field of theater therapy, aimed at young people with psychic or mental disabilities of various kinds, in the European context.
- The creation of inclusive artistic theatrical events in the European Project partner countries.
- The exchange of good practices between trainers in order to share at European level new models of intervention, enriching and stimulating personal itineraries, with respect to one's way of experiencing culture, art, discomfort, with a view to sustainability and transferability of such models and experiences.
- The realization of a final show that will involve young people with disabilities and expert trainers from the various European countries participating in the project.
- The production and exchange of material related to the guidelines (IO1) and the "ACT-ABLE method" (IO6), useful for the realization of inclusive theatrical paths.
- The production of materials related to the exchange of good practices and the training of trainers.
- The production of materials and recordings related to the final event, inclusive performances and theatrical workshops.

The project will allow to:

- Train the trainers.
- Implement inclusive theatrical paths in Italy, Spain and Turkey.
- Establish the "ACT-ABLE mixed theater company".



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- Implement the “ACT-ABLE Method”, a sort of “vademecum” addressed to professionals, which will be published in open source mode on the Project’s website and disseminated among the stakeholders.
- Strengthen relations with institutions (public bodies, schools, families) by presenting a psychoeducational offer that supports the social inclusion of young people with psychological and mental problems of various kinds.
- Strengthen the relationships between the Partners to create and promote common theatrical events.
- Disseminate the achieved results on the therapeutic and training front at a European level, spreading the reference theories and methods of intervention.
- Amplify at European level the achieved results by the training of professionals, able to operate in public and private institutional contexts on the national and non national territory.

This guidelines establish the basis to organize the leading paths of the inclusive theater that will be applied in Italy, Turkey, and Spain. The paths will be tested on groups of youths identified in the three countries and validated at the end by IO6, “ACT-ABLE Method”: *good practice of inclusive theater methodologies*.