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TÍTULO: Terapia de teatro moderna: un nuevo enfoque basado en la experiencia de Hamid Kianian para aumentar la autoestima de las personas con discapacidades físicas y motoras.

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RESUMEN: Teniendo en cuenta que la discapacidad física y motora afecta no solo la salud física sino también la salud mental, es de suma importancia prestar atención a promover la autoestima; por lo tanto, Hamid Kianian, con un nuevo enfoque integrado con el teatro ideó "Terapia de teatro". Para evaluar el rendimiento de este método, se utilizó la prueba de autoestima de Rosenberg en una población aleatoria de personas con discapacidades físicas y motoras en el Instituto de Rehabilitación de Baran en dos intervalos de tiempo diferentes; el primero fue al momento de ingresar al instituto antes de Theatre Therapy y el segundo después de eso. Finalmente, las estadísticas indican que la autoestima en estos individuos ha cambiado mucho con un alto crecimiento más allá de la imaginación.

PALABRAS CLAVES: Terapia de teatro, personas con discapacidades físicas y motoras, autoestima, Baran.

TITLE: Modern theatre therapy: a new experience-based approach by hamid kianian in boosting the self-esteem of people with physical and motor disabilities.

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ABSTRACT: Considering that physical and motor disability affects not only the physical health but also mental health, paying attention to promoting the self-esteem is of great importance. Therefore, Hamid Kianian, with a new approach integrated with theatre devised "Theatre Therapy". To evaluate the performance of this method, Rosenberg self-esteem test was used on a random population of people with physical and motor disabilities at Baran Rehabilitation Institute at two different time intervals; the first was at the time of entering the institute before Theatre Therapy and the second after that. Finally, statistics indicated that self-esteem in these individuals has changed greatly with a high growth beyond even imagination.

KEY WORDS: Theatre Therapy, people with physical and motor disabilities, self-esteem, Baran.

INTRODUCTION.

A significant percentage, i.e. 11% of people in every community are disabled, 4% of whom are severely disabled (Kamali & Iran, 2003). Disability is defined in accordance with the individual's deprivation as a result of the inflicted disorder, however it differs from handicap, so disability is defined based on social participation; in other words, being handicapped is defined through the disability in the rate of social participation at a level equal to that of others (Shariat & Gharavi, 2015). Thus, this inability to engage in social participation reduces the level of self-esteem in the disabled person. Self-esteem is a psychological phenomenon that is recognized as an effective and efficient source of coping with life pressures (Mcauley et al, 1997); therefore, self-esteem can be considered as an effective factor in social health. Self-esteem is about feelings about oneself in different social situations (Gorbett & Kruczek, 2008), which is considered to be an emotionally necessary and essential component for survival (Townsend, 2006).

Disability is divided into different groups:

- People with physical and motor disabilities.
- Mentally disabled people.
- Socially disabled people.

So, one of the groups facing the unchanging reality in their lives are people with physical and motor disabilities (the target group of this study); so, attention to the mental health of this group should be a top priority (Karimi Dermani, 2011).

Therefore, art and literature are interconnected with the human mind and psyche. Mind and art is the cradle of art and literature, and on the other hand, have a profound effect on the mind and psyche of individuals (Sedighi, 2012). So, art and literature together with psychology, sociology, educational sciences, and so on are to open an umbrella for the psyche of these sufferers.

Hence using drama capacities to make life easier for people with physical and motor disabilities can be an efficient method. Using these techniques, the unconscious aspect of the person goes away and the lost balance returns to the individual; the thoughts, feelings, and behaviors all come to the level of consciousness (Belaner, 2004: 24) through which Relaxation, heart reassurance, inner peace and mental health is achieved (Anasori, 2001: 121).

The present article seeks to describe Hamid Kianian's new different experience-based approach of psychodrama for people with physical and motor disabilities and Rosenberg's Social SelfEsteem Questionnaire was used to test its effectiveness and validity to assess the validity and reliability.

A Brief History of Hamid Kianian and the Baran Rehabilitation Institute.

When I was only seven years old, I struggled with speech disorders, felt shy when being in family and friends, and feared being ridiculed for stuttering. At that time, I entered the Theatre following my brothers and with a starring role my stuttering went away, and from then on, I realized the role of

drama and psychodrama. After years, the conditions were such that I encountered a number of delinquents under the age of sixteen, taught them Theatre lessons and was able to take a positive step in their treatment with the help of this art and help them to continue their normal lives.

One day, a friend of mine, who was a social worker assistant in a hospice, said: “they brought a girl to the center that was a Theatre actor and had spinal cord injury in an accident, so seeing you can make her happy”. That simple meeting made me visit that center regularly.

When I went to the center, I could feel the guys’ loneliness, in that girl's room with an injured spinal cord, there were nearly twenty disabled people. Since I believed in art therapy, especially drama and theatre, I thought of that what were the potential abilities of each of these kids that were not seen? I tried to encourage them with things they could not do with their hands and feet.

I went to different hospices to work with people with disabilities, but the answer was no everywhere. These negative answers did not trouble me at all but made me determined to try harder. Finally, my efforts paid off and I could start my career at a rehabilitation center with eleven disabled people. After some time, the families of those people with disabilities came and were amazed at the tremendous advancements of their children. A great advance happened; primary theatre therapy turned those consumer people into productive people.

Our first performance was in 2010 which was well-received, so the primary center of the Disability theatre group and then the Baran Rehabilitation Institute were officially formed. Periodic tours of the help-seekers took place, and while traveling to 32 cities across the country, there were 578 successful theatrical performances. This record for armature and even professional theatre groups is unattainable.

We were succeeded to reach a high status in the theatre with the help of Rain (people with physical and motor disabilities) and obtain 16 top ranks in Isfahan International Theatre Festival (2016) among

35 domestic groups and some groups from Germany, Italy, the Netherlands, Belgium, Armenia and Uganda.

Self-Esteem and Its Necessity in People with Physical and Motor Disabilities.

One of the most important needs of man that protects him from anxiety and stress-producing events is self-esteem, a concept that has been focused on by psychologists in recent decades (Moradi & Rezaei Dehnavi, 2012). Self-esteem is one of the most important aspects of personality and determinant of behavioral traits (Sadr al-Sadat, 2000) in human flourishing that most scholars regard it as an important and fundamental factor in emotional and social adjustment (M. Lee, cited in Moradi & Rezaeaneh, 2012).

According to S. Coopersmith, self-esteem is a set of feedback and beliefs that people express in their relationships with the outside world (Coprasmith cited in Moradi and Rezaei Danavi, 2012). Self-esteem is a value that a person attributes to himself (Weare, 2000); so self-esteem is the expression of one's approval of self and indicates that to what extent the individual considers himself capable, valuable, and important, it is a personal experience that can be interpreted at the level of speech and meaningful behaviors (Missouki et al., Cited in Moradi and Rezai-Dehnavi, 2012).

Self-esteem is an important variable that is associated with various factors and affects one's explicit behaviors (Coprasmittee, Moradi & Rezaei Dehnavi, 2012). Interestingly, self-esteem is the fourth need of Maslow's hierarchy of needs which gives confidence and independence to man (Frieson, 1997). Thus, low self-esteem inhibits perseverance, self-esteem, independence, and poor academic performance (Cooper Smith cited in Sadr al-Sadat and Esfandabad, 2001); even affects one's performance in psychological, physical, familial, and social domains (Coprasmith cited in Prosecutor, 1998).

Studies that have examined self-esteem have shown that low self-esteem has consequences such as anxiety and depression (Kaplan, 1996), physical and mental disorders (Ogden, 1998), behavioral and communication problems (Salimi, 1997) and deviant behaviors (Kaplan, 1996).

Research by Alison has found that people with low self-esteem develop symptoms such as physical complaint, apathy, loneliness, depression and hopelessness (Bayabandard, 1993). Such consequences will undoubtedly increase the vulnerability of the individual, and this, in turn, results in falling apart from normal functioning in the interpersonal and social relations (Kaplan, 1996).

A significant number of people with disabilities in any society suffer from physically and motor disabilities; this disability has physical and psychological dimensions and affects one's physical health, psychosocial adjustment, and health Psychology (Nouri, 1995). Therefore, given the importance of self-esteem and its role in different aspects of life, educational programs for promoting mental health and social skills with an emphasis on self-esteem should be given a priority (Bee, 2000). Physical barriers make it difficult or impossible for people with disabilities to move and participate in the process of human activities, but the obstacles in one's psychosocial environment are more important (Berwen, 1991). In fact, it seems that handicap or disability exists not only in the body of persons with disabilities, but also in the attitudes of those people and the other individuals in different societies (Nouri, 1995).

These negative attitudes and psychosocial barriers affect the mental health of people with disabilities, making them less self-esteeming than others. The manifestations and complications of chronic physical disabilities, such as Multiple Sclerosis (MS), have damaging effects on one's ego and self-esteem (Walsh & Walsh, 1989).

On the other hand, research findings show that the self-esteem of adults with spinal cord injury, elderly people with disabilities, and patients with physical motor disabilities is one of the important factors affecting their life quality (May & Warren, 2002; Kermode & Maclin, 2001; Gagnon, 1996;

Kinney & Coyel, 1992; Gagnon, 1990). Research has also shown that positive self-esteem is the best predictor of adolescent disease (Walsh & Walsh, 1989). In addition, research suggests that self-esteem also affects job opportunities in patients with physical and motor disabilities (Nosek et al, 2003; Chapin & Kewman, 2001).

These studies indicate that efforts to enhance the self-esteem of people with physical and motor disabilities are important in their rehabilitation process, so psychological treatment strategies at the early stages with cognitive-behavioral orientation improve psychological status of the people with physical disabilities (Livneh, 1989).

Psychodrama, Drama Therapy, and Psychological Play (History, Differences, and Types).

Psychodrama, Drama Therapy, and Psychological Play are three different names with three different meanings. So, a comparison of these three titles shows that the first two are based on the drama and the third one is based on the play.

The title of psychodrama was first introduced by G. L. Moreno in 1921 from the combination of the two words "psycho" from the psychology circle and "drama" from the play area. The title of the play also came to light when the London Healing Theatre Group, led by Ms. S. Jennings with the medical-centered approach, claimed such a title in 1970.

What is psychodrama? A method of psychotherapy performed in a dramatic form. In this method, the patient’s emotional or behavioral problems are resolved using the techniques of drama. The use of this method has been largely reserved for psychotherapists and psychiatrists. It is widely used in hospitals, psychiatric clinics and mental health centers and is well-structured for group or individual treatment of psychiatric patients, patients with personality disorders, as well as people who need behavioral training.

The psychodrama executive style has six parts:

1. Soliloquy (monogamy or monodrama).
2. Mirror (imitation of the protagonist's behaviors by the auxiliary actor as he stands in front of him).
3. The replica (imitation of the protagonist's behavior by the auxiliary actor while standing next to him).
4. Empty chair (for communicating with someone who are not present).
5. Role switching (shifting the protagonist into different roles).
6. Hypnodrama (release and complete release of the protagonist on the stage with sufficient security).

Psychodrama is performed by a therapist in a non-public environment with a small area (less than 28 Sq.m) in a clinic setting with the main patient and client group present. Conversations are usually monodramatic, with no literary editing and usually recorded, transcribed onto paper, and eventually archived and completed. The focus of the dialogues is on the here and now and its themes are problems or conflicts, so the whole text has no artifact.

And now drama, therapy is defined as a systematic, voluntary use of drama for mental health purposes, including solving life issues, achieving purification, self-knowledge, and gaining insight in connection with unhealthy behaviors. In this active method, people express their problems by playing the role of other people and then themselves to understand the meanings of certain embodiments or behaviors and pass them by and succeed. This method is widely used to assist inmates, drug addicts (addicts) and adolescents residing in Juvenile Detention Centers.

The practice of drama therapy has five parts:

1. Improvisation (without text, thinking, and preparation).
2. Mirror (imitation of the protagonist's behaviors by the auxiliary actor as he stands in front of him).
3. Drama games (Using fun childhood games that have more drama aspects to enhance the desire of the person to play and act).

4. Pantomime (Pantomime for Body Language Originality).
5. Puppetry (partiality to the puppets behind which the patients are hiding through acting and speaking).

Drama Therapy is provided by the therapist in a non-public setting with a small area (less than 40 Sq.m) in a clinic setting with the main patient and client group present. Conversations are usually poly-drama, with no literary editing usually recorded, transcribed onto paper, and eventually archived and completed. The focus of the dialogues is now and is here, and its themes are the problems of the characters in the play, thus benefiting from an artistic storytelling at an unprofessional and simple level.

But the psychological play is a kind of psychology-based play in which a problem, illness, or shocking event with an anthropological attitude is selected and studied, and then written in the form of a play. This type of play is intended for public performances by art directors with no direct therapeutic purposes.

The performance of the psychological play has five parts:

1. Creating Imaginary Characters (plausible)
2. Create imaginable events (plausible)
3. Transforming and creating internal dynamics for the development and mobilization of the characters.
4. Expressing appropriate actions and reactions proper for the individuals to better represent their personality.
5. Writing conversations to express one's emotional, delusional, and perceptual manners.

Psychological plays are usually performed by art directors in public theatres in the presence of numerous people, with theatrical characters acting as actors. The theatre's conversations on the subject are Monodrama and Polydrama, all of which have undergone literary editing and, in addition to

expressing, have sought to be effective. The focus of the conversations is on time and place, and their themes are to introduce different aspects of the story's characters. This type of play should have an artifact story, with all the structural, content, and perhaps a literary need of a literary work. (Some Articles Adapted from Pourrezaian, 2012).

Description of Modern Theatre Therapy, New Experience-Based Approach by Hamid Kianian.

Theatre therapy has emerged from psychodrama, drama therapy and psychological plays, and has found a new expression by combining the structure of theatre. In fact, theatre therapy employs all forms of psychotherapy and drama therapy behind the scenes and uses psychological plays to perform a theatre with help-seeker (instead of actors) on stage. To better understand this, one must first understand the difference between theatres and play, some of which are main features of the play: 1) Displays the nature of the phenomena, 2) It comes from religious thought, 3) It relies on mythical, mythological and religious themes, 4) It is performed in occasions, 5) It is applicable in any place and space, 6) Can be performed without scene and décor, 7) It is based on improvisation, 8) Body language, dance and singing play an important role, 9) It has a simple story line and narrative, 10) No pre-existing demo text, 11) The text relies on purely executive values, 12) Uses colloquial and simple language, 13) The characters in the play lack psychological and sociological complexity, 14) Its performers are skilled in performing specific roles, 15) It depends on the voice and physical skills of the performer, 16) Its audience actively participates in the performance, 17) Its audience is usually from the public.

Main features of theatre: 1) Its purpose is to present tangible and empirical reality, 2) It is based on philosophical thought, 3) Usually refers to human and social themes, 4) Its implementation is continuous and permanent, 5) It is usually performed in public, 6) Needs scenery, lighting and technical equipment, 7) It depends on specific actions and speech, 8) Gestures, speech, and meaning

play an important role, 9) It has complex adventures, 10) Relies on pre-written play text, 11) The text has literary values, 12) Uses specific literary and sometimes poetic language, 13) Theatrical characters have deep psychological and sociological characteristics, 14) Its actors are capable of playing different roles, 15) It depends on the creativity and innovation of the actors, 16) Its audiences are passive and impartial observers, 17) Its audiences are usually elites or intellectuals.

But how does a theatre therapy approach work? The first step in this regard is to identify the characteristics, concerns, and problems of the disabled person that have led them to loneliness and isolation; this cognition is not one-dimensional, but multi-dimensional and involves various factors such as environmental, behavioral, and social factors. The application of this primary cognition is to develop a solution for the individual's involvement in social action and treatment. Then there is the attempt to place the individual outside the disability, that is, the person has seen himself for many years from the disability perspective and has not obtain cognition about himself from different perspectives such as humanity, gender, ability, etc.

The second step is to identify the client's mental disorders using psychotherapy and drama therapy techniques and to try to provide a relative treatment of their problems. Since treatment usually needs to be continued to a certain stage is achieved until definitive treatment is achieved, therefore in the aforesaid methods the person is not involved in the treatment issues but rather leaves it after a while; So the third step begins with the person involved in the problem of treatment, the person indirectly, along with theatre acting education, becomes aware of his or her problems and goes through the process of improving the mental connection.

In the fourth step, after becoming aware of the problems of the clients, they are given some roles in the psychological play with a simple story to get familiar with their own problems and the role and side studies, and in the fifth step they are given a reverse role to get acquainted with the features of the partner.

Step 6 directly enters the theatre scene and a role is given to the client in a psychological drama. The client tries to improve his role with the help of the therapist, and because his personal identity is tied to teamwork, he no longer considers himself a person, presenting the story as a person free from apparent and behavioral defects and he pursues a new life in reality.

Step seven is about performing, that is, the cast of whatever is trained in the form of the same psychological play in a public auditorium in front of impartial observers inside a real theatre; They are treated like real actors in the theatre, and their disabilities have no in the play.

The eighth step is to be seen by the audience as individual and groups and as the audience pays to see the theatre, the clients feel valued, and after the end of the play that they are encouraged they accept that they have gained it because of their abilities, which in general is a sign for being accepted in society as they are.

Rosenberg Self-Esteem Scale and Hamid Kianian's Executive Solution Scale.

The Rosenberg Self-Esteem Scale (SES) measures overall self-esteem and personal values. The scale includes ten general terms that measure satisfaction with life and feeling good about yourself (Salsali & Silverston, 2003). This scale is one of the most commonly used self-esteem scales and is highly validated because it uses a concept similar to the one presented in psychological theories about "self" and is created to provide an overview of positive and negative attitudes about self (Borent and Wright cited in Alizadeh, 2003).

This scale has a stronger correlation coefficient than Coppersmith Self Esteem Scale (SEI) and has a better narrative in measuring self-esteem levels (Borent and Wright in Alizadeh, 2003). M. Rosenberg reported a scale reproducibility of 0.9 and a scalability of 0.7 (Salsali & Silverston, 2003). Cronbach's alpha coefficients for this scale were 0.87 for men, 0.86 for women in the first stage, and 0.88 for men and 0.87 for women in the second stage, respectively (Makikangas et al, 2004). The retest

correlation was in the range of 0.82-0.88 and the internal consistency coefficient or Cronbach's alpha in the range of 0.77-0.88 (Newton et al., Cited in Alizadeh, 2003).

As stated, the test consists of ten general terms, the first five sentences (sentences 1-5) being positive and the second five words (expressions 10-6) negative. The method of grading this test also varies according to the positive and negative statements that are said, i.e. the positive options of the first five terms “completely disagree”, “disagree”, “agree”, and “totally agree” are scored from 0 to 3 points and the negative options of the second five terms “totally agree”, “agree”, “disagree”, and “totally disagree”, are scored from 0 to 3, respectively.

Rosenberg Self-Esteem Scale Test Phrases:

Table 1- Rosenberg Self-Esteem Scale Questionnaire.

No.	Question	I totally Agree	I agree	I disagree	I totally disagree
1	I feel like I am a valuable human being at least equal to others.				
2	I feel I have some good qualities.				
3	I can do most works as well as other people.				
4	I have a positive attitude towards myself.				
5	I am completely satisfied with myself.				
6	I feel like I don't have much to be proud of.				
7	Given everything, I usually think I've failed.				
8	I wish I could have more respect for myself.				
9	Sometimes I feel I am useless.				
10	Sometimes I think I can't do anything.				

Unfortunately, there has always been a disagreement among domestic researchers about the eighth phrase in this questionnaire, meaning "I wish I could have more respect for myself" because in Farsi this phrase can have two different meanings, is ambiguous and has been an untranslatable phrase for Persian language. Some scholars omit this phrase and pursue the rest of the research without it, but in this research the phrase is included, though it has this duality.

The statistical population of this study was 30 persons (9 men and 21 women) from the Physical Motor Disabled People of the Rain Rehabilitation Institute who were randomly selected. This test was given to the statistical population at two different stages, the first time after entering the institute before the theatrical course and the second time after the theatrical course, to unbiasedly measure the positive and negative performance of this new method. In the process of this test, the statistical population was unaware of the intentions of the researcher and may have forgotten it at all due to the gap between the primary and secondary tests.

Consider the demographic data of the population in this study:

Table 2. Demographic information of the individuals in the statistical population of this study.

Variables		Whole Group	Men	Women
Number		30 People	9 People (%30)	21 People (%70)
Age Average		27.73 Years	24 Years	29.33 Years
Average Education		High School Diploma and Higher	High School Diploma and Higher	High School Diploma and Higher
Employment Status.	**Employed**	8 (%26.66)	3 (%33.33)	5 (%23.80)
	Unemployed	22 (%73.33)	6 (%66.66)	16 (%76.19)
Marital Status	**Married**	4 (%13.33)	-	4 (%19.04)
	Single	26 (%86.66)	9 (%100)	17 (%80.95)
The Status	**Weak**	3 (%10)	1 (%11.11)	2 (%9.52)
	Average	25 (%83.33)	6 (%66.66)	19 (%90.47)
	Good	2 (%6.66)	2 (%22.22)	-
Severity of Disability	**Wheelchair**	8 (%26.66)	4 (%44.44)	4 (%19.04)
	Assistive Cane/Walker	7 (%23.33)	3 (%33.33)	4 (%19.04)
	Nothing	15 (%50)	2 (%22.22)	13 (%61.90)
Time of the Accident	**Childhood**	25 (%83.33)	9 (%100)	16 (%76.19)
	Adolescent	5 (%16.66)	-	5 (%23.80)
	Adulthood	-	-	-

According to the research, the self-esteem of the statistical population was measured at the beginning of admission and after passing the theatrical course. The results are as follows: Table 3. Self-esteem of the statistical population before and after the theatrical course.

The level of self-esteem before the theatrical course.				**The level of self-esteem after the theatrical course.**		
Questions	**Men**	**Women**	**The Whole Group**	**Men**	**Women**	**The Whole Group**
1	%59	%44.33	%48.66	%96	%85.66	%88.66
2	%59	%58.66	%58.66	%77.66	%92	%87.66
3	%48	%47.33	%47.66	%85	%84	%84.33
4	%70.33	%46	%48.66	%92.33	%80.66	%84.33
5	%59	%41	%46.66	%85	%76	%78.66
6	%59	%60	%60	%62.66	%83.66	%78.66
7	%59	%50.66	%53.33	%81.33	%83.66	%84.33
8	%51.66	%31.60	%42	%55.33	%57	%56.66
9	%51.66	%41	%44.33	%77.66	%80.66	%80
10	%55.33	%46.66	%46.66	%81.33	%77.66	%78.66
Average	%56.66	%46.66	%49.66	%79.33	%80.33	%80.33

As can be seen from the results of the table above, self-esteem in the statistical population has greatly changed and has grown even beyond imagination, with the average self-esteem in men ranging from 56.66% to 79.33% and 22.67%, respectively. The mean self-esteem in women has increased from 46.66% to 80.33% and has increased to 33.67% and, if taken as a whole group, the average self-esteem has changed from 49.66% to 80.33% and has grown by 30.67%, so Hamid Kianian's executive method has positive results. For a better understanding of this topic, see the following chart:

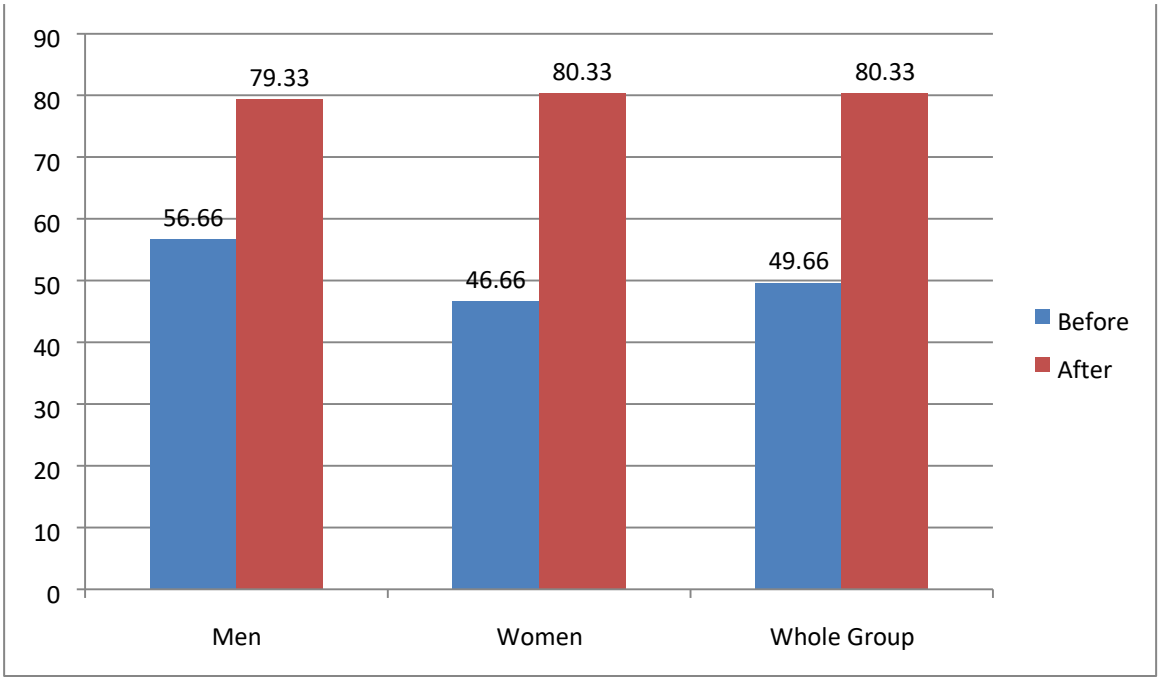

Figure 1- The level of self-esteem difference before and after the theatrical course.

CONCLUSIONS.

A significant percentage of people in every society are handicapped, a significant number of whom suffer from physical and motor disabilities; physical-motor disabilities have physical and psychological dimensions, and affect the individuals' physical health and also his or her psychosocial adjustment and mental health.

Physical barriers make it difficult or impossible for people with disabilities to move and participate in the process of human activities, but the obstacles in one's psychosocial environment are more important. In fact, it seems that handicap or disability exists not only in the body of persons with disabilities, but also in the attitudes of those people and the other; therefore, art and literature are interconnected with the human mind and psyche. Mind and art are the cradle of art and literature, and on the other hand, have a profound effect on the mind and psyche of individuals. Hence using art capacities especially drama and theatre to make life easier for people with physical and motor

disabilities can be an efficient method. Using these techniques, the unconscious aspect of the person goes away and the lost balance returns to the individual; the thoughts, feelings, and behaviors all come to the level of consciousness through which Relaxation, heart reassurance, inner peace and mental health is achieved.

Therefore, by prioritizing the mental health of physically and physically disabled people, Hamid Kianian developed a new and innovative approach to theatre and based on his previous approaches to psychoanalysis, therapeutic play, and psychological plays. And he devised a structure that makes sense in eight steps, and they:

1. Relative and multifaceted understanding of the help-seeker and his / her encouragement to social interactions in order for indirect treatment.
2. The use of psychodrama and drama therapy techniques for achieving a better cognition from the help-seeker and his or her initial treatment.
3. Engaging the help-seeker mutually in order to learning the theatre and to continue the healing process.
4. Giving the person a role having similar characteristics as him in a simple story in order for him to get familiar with his positive and negative traits.
5. Giving the person a role having the opposite of his own negative characteristics in a simple story in order for him to get familiar with other traits.
6. Involving the help-seeker in a Psychological Play in order to act without paying attention to apparent and behavioral defects.
7. Applying all educational propositions in the real theatre performance by the help-seeker in a public with impartial observers
8. Being seen as a individual and a group and achieving a sense of value and empowerment through impartial observers.

Thus, this inability to participate in social activities reduces the level of self-esteem of the disabled person. Self-esteem is a psychological phenomenon that is recognized as an effective and efficient source of coping with life stress, so self-esteem can be considered as an effective factor in social health. Rosenberg's Social Self-Esteem Questionnaire was used to test its effectiveness and validity to assess the validity and reliability.

The Rosenberg Self-Esteem Scale measures overall self-esteem and personal value. The scale includes ten general terms that measure satisfaction with life and feeling good about yourself. In this regard, 30 persons (9 males and 21 females) from the Physical-Motor Disabled People of the Rain Rehabilitation Institute who were randomly selected who were randomly assigned to two different stages, once upon entering the institution and before the theatrical course and then after the theatrical course to unbiasedly measure the positive and negative performance of this new method.

Eventually, self-esteem levels in the pre- and post-test subjects changed significantly, with high growth beyond imagination, as the average self-esteem in men increased from 56.66% to 79.33% and increased up to 22.67%; Self-esteem in women also increased from 46.66% to 80.33% and increased up to 33.67%. The average self-esteem has changed from 49.66% to 80.33% and has grown 30.67%. So, Hamid Kianian's executive strategy has had positive results.

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