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Therapeutic Theatre with Adolescents At-Risk of School Dropout

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Therapeutic Theatre with Adolescents At-Risk of School Dropout

A Dissertation

Dan Summer

In partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

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Abstract

The aim of this study was to assess the effects of therapeutic theatre, a method of drama therapy, on resilience among adolescents at risk of high school dropout. A mixed method approach was employed to qualitatively examine participant perspectives on resilience and quantitatively measure change in resilience. Participants engaged in weekly after-school drama therapy groups to collaborate on developing themes and a script for a performance to be witnessed by an audience of family and community members. Qualitative and quantitative findings were triangulated and embedded to examine relationships. The Behavioral Assessment System for Children Second Edition (BASC-2) and Resilience Scale (RS) were administered pre- and post-intervention over a 12-week period with students in an urban high school students ($N =$ 6) to assess if participants were at-risk of negative outcomes, emotionally or behaviorally, by measuring different domains specific to areas of functioning including academic, emotional, and personal adjustment. Higher scores on the RS indicated greater resilience. Qualitative interviews conducted pre and post intervention examined participant perceptions of resilience by identifying protective and risk factors, and identifying their experiences of therapeutic theatre. Qualitative findings produced themes based on participants' values, attitudes, and beliefs. Post-intervention themes revealed participants had a greater sense of optimism, positive risk-taking, continued engagement in school, better self-control of negative emotions, and felt empowered to stand up for social issues including school programming. Quantitative findings in the BASC-2 found participants had a more positive attitude toward school, anxiety and depression symptoms remained manageable and did not worsen, and personal adjustment scores decreased including self-esteem and self-reliance. There was no change in scores on the RS; participants still scored in the low to moderate range after the group. Embedding of data sets showed correspondence

between qualitative themes and academic problems, internalized problems, and self-reliance,

personal adjustment composite scales from the BASC-2.

CHAPTER 1

Introduction

Many individuals and communities faced with adverse circumstances such as psychological trauma, poverty, community violence, or political revolt are able to rebound or not succumb to said circumstances (Masten, 2001). The term resilience has been adopted as the ability for individuals to bounce back from stressful circumstances has included the accumulation and integration of resources from their environments, resulting in positive adaptation (Hauser & Allen, 2007; Hauser, 1999; Rutter, 2013). Hence, adolescents who successfully overcome stress achieve greater success at moving toward a positive developmental trajectory (Tugade & Fredrickson, 2004).

To better understand the phenomenon of resilience it is important to understand the mechanisms that foster positive developmental outcomes (Smokowski, Reynolds, & Bezruzko, 2000). Studies of resilience in the 1970s focused on children at-risk of psychopathology and understanding deficits (O'Daugherty Wright, Masten, & Narayan, 2013) including children of parents diagnosed with schizophrenia (Garmezy, 1974). Werner and Smith's (1989) longitudinal study in Kaui with a multiracial cohort of 698, documented the course of pregnancies from the prenatal period through adulthood and assessed complications in child rearing and adverse conditions in the individuals' development. The authors found although many children were born without complications and were in secure homes, nearly 33% were considered at risk. As the cohort group faced ongoing stressors, more protective factors were needed to continue positive development. Rutter (1987) articulated how adolescents with just one parent had better control of emotions, reduction in psychiatric risk, and greater focus on the future compared to adolescents in residential treatment. Yet researchers of resilience have identified the need to

better understand the mechanisms contributing to positive outcomes, especially when examining

resilience longitudinally. Adolescents diagnosed with psychiatric disorders may be at greater

risk of not achieving positive outcomes, especially academic achievement. In the 1990s the

national longitudinal transition study with over 8,000 secondary school students found under

50% of students in a special education program graduated high school, and an even smaller

percentage for adolescents in residential treatment programs (Stoep, Weiss, Kuo, Cheney, &

Cohen, 2003). Fine (2001) found between 40-60% of students dropped out of school due to

feeling forced out because of disciplinary procedures, curriculum, and policy procedures.

The National Center for Education Statistics (2002) cited school dropout rates due to

social and emotional factors including poor relationships with peers (35%) or teachers (20%) as

well as feelings of isolation (23%) or lack of safety (12%). On the opposite end of school

dropout, many high school students remain future-focused and persistent until they achieve the

goal of graduating high school (Knesting, 2008). Knesting (2008) found four factors critical to

reducing the risk of students dropping out of high school: (a) listening to students, (b)

communicating care, (c) the school's role in dropout prevention, and (d) the student's role in

dropout prevention. Knesting (2008) interviewed 17 students about what helped them persist in

school as opposed to dropping out. Semi-structured interviews with students and teachers, along

with observations, resulted in a triangulation of data. Students identified feeling accepted by

staff in school and felt they were prepared for the future, although they reported feeling teachers

were not emotionally present in the classroom, which contributed to increased school dropout.

Students also felt teachers were not passionate about the work or gave them too much freedom.

They also felt that their feedback did not matter in regards to improving the school. Hence,

student feedback on developing greater social support systems and problem solving techniques

was essential to enhance leadership qualities in the school (Reschly, Huebner, Appleton, & Antaramian, 2008).   Students face the difficult challenge of finding their collective voice and falling victim to the political nature of academic settings.

Several alternative school programs achieved success in retaining students due to feeling cared for and part of a community (Wehlage, Rutter, & Turnbaugh, 1986). Hence, independent longitudinal studies have indicated that adolescents' emotional well-being is predicated by characteristics of the social environment including family income, parental competencies, mentoring organizations, and qualities of schools. (Nickolite & Doll, 2008).

The literature on resilience is vast. Due to the expansion of the term resilience, which includes public policy, cultural diversity, and overcoming natural disasters, there are over 30,000 articles with the term resilience in the title (Ager, 2013). Researchers remain puzzled about how some individuals faced with similar adverse circumstances successfully adapt without negative repercussions while others descend into more deleterious circumstances. The literature on resilience, much like the construct itself, is nonlinear, evolving from collective or individual processes to an examination of traits or attributes such as academic performance, intelligence, or civic engagement (Ungar, 2011) among marginalized groups (Brown, 2007). Several of these traits not only include one's intelligence, but the ability to positively adapt from trauma-related affect such as anxiety and depression caused by trauma, family strife, poverty, and socioeconomic status (Smith et al., 2008).

Resilience researchers are in agreement that the interaction of risk factors and protective factors are essential in measuring resilience. This is due to the accrual of internal or external resources individuals obtain through sources in their support network that prepare them for present and future adverse circumstances (Fergus & Zimmerman, 2005; Masten, 2001). Hence,

the ability to operationalize resilience and identify protective factors among individuals remains a challenge (Martin & Marsh, 2008). Studying resilience is necessary due to the nature of research being examined longitudinally, and marking points in which individuals move through developmental stages (Rutter, 2006). There have been recent shifts in the literature as trends have focused on strength-based practices that adolescents can utilize throughout this stage (Geldhof, Bowers, & Lerner, 2013). Strength-based interventions engage adolescents in increased Social Emotional Learning (SEL). Zins and Elias (2006) described SEL as the capacity to recognize and manage emotions, problem solve and strengthen relationships, and handle challenging situations. These skills can be strengthened by being practiced in and out of classroom settings.

Adversity

The effects of *Adverse Childhood Events* (ACE) on children can greatly impact them as they enter adolescence and adulthood. These experiences include trauma, domestic violence, neglect (physical or emotional), bullying, family dysfunction, and peer-to-peer violence (Anda, Butchart, Felitti, & Brown, 2010). If left untreated, some individuals may be at risk for pathology, chemical dependency, health problems, and negatively-impacted relationships with relatives and peers (Masten & Coatsworth, 1998; Tusaie & Dyer, 2004).

Although there have been varying models, such as developmental theories (e.g., nature versus nurture, attachment) and ecological models such as poverty and social ecology (Sameroff, 2010), there is no predictable way of understanding how individuals overcome adverse situations, especially when development is disrupted. Disruption of childhood development can be linked to psychological, learning, and behavioral impairments (Shonkoff & Garner, 2012). Many children who experienced abusive or neglectful circumstances miss out on important

stages in development, often forcing them into roles of autonomy and learning at a quicker pace

(Sanders et al., 2015). Four consequences of adversity are: (1) a continuous downward slide due

to accelerating detrimental effects, (2) survival but diminished functioning, (3) rapid or gradual

return to functioning pre-adversity, and (4) return to or surpassing preexisting functional level

episodes (Carver, 1998).

In efforts to foster resilience and promote protective factors among adolescents,

researchers have suggested strengths-based practices to combat psychological and physical

distress caused by ACE (Johnson, 2003). Prevention workers have sought outcomes to offset the

prevalence of negative outcomes by targeting negative behaviors and making them less probable

(Ferrer-Wreder, 2014). In addition, Haase (2004) offered a resilience model for adolescents

focusing on life-span development in which change can be examined across developmental

phases and variables such as normative changes (e.g., puberty), normative-history (e.g., exposure

to trauma), and nonnormative changes (e.g., acquiring medical diagnosis). A second perspective

focused on meaning-making such as examining patterns, experiences, and perceptions of

different experiences.

Social scientists are challenged by the prospect of individuals accumulating adverse

conditions that may be due to a combination of multiple occurrences, leading to difficulty in

assessment (Felitti et al., 1998). Felitti et al. (1998) were the first researchers to examine the

correlation between the dimensions of child abuse and maltreatment with long-term effects of

emotional and physical health problems. The study examined the long-term impact ACE had on

health behaviors and outcomes. Findings suggested stressful or traumatic childhoods led to

negative neurodevelopmental pathways impacting emotional and social functioning.

Questionnaires were given to 8056 adults on categories such as childhood abuse exposure (e.g.,

sexual, physical,), household dysfunctional risk factors (e.g., suicide, chemical dependency), and

relationship with health outcomes. Findings found nearly 50% of the sample size had

experienced at least one incident of exposure to abuse while nearly 25% experienced more than

one. Among health problems, over 40% of respondents with more than one occurrence

considered themselves to have alcoholism and 94% used illicit drugs. Results demonstrated the

deleterious effects of abuse. The extent of abuse and home dysfunction among these cases was

not clear, and surveys do not record the essence of the experience for respondents. However,

this study was seminal in reporting how adverse events can longitudinally impact individuals not

receiving treatment, especially as it relates to future health outcomes for individuals.

In a follow-up study, Anda et al. (2006) found parallels between 18 outcomes in multiple

domains on the cumulative exposure that stress has on the brain and its functioning. In a follow-

up survey, results supported multiple ACE produced more severe outcomes for respondents. In a

follow-up study, 17,421 respondents, who were mostly White and college-educated, showed

higher comorbid outcomes produced more severe symptoms. Over 60% of respondents had one

or more incidents of ACE. An increased number of adverse incidents was correlated to a higher

prevalence of symptoms. For example 21% of respondents who had four ACE had panic attacks,

12% had obesity, and nearly half of respondents used illicit drugs or struggled with alcoholism.

However, there was a low prevalence for psychotic symptoms (e.g., hallucinations), at only 4%.

Hence, higher rates of stress led to more maladaptive and psychological problems. This study

and Felitti et al.'s (1998) previous study illuminates the need for more policies on utilizing

resources for victims of abuse or neglect, where there can be open dialogue on reducing

marginalization and better understanding of the complex multivariate factors that influence

human behaviors. Due to the cyclical nature of ACE, greater emphasis needs to be placed on

supporting strengths and competencies among youth to develop greater resources and maintain academic engagement through adolescence**.**

High School Dropout Rate

The high school dropout rate remains high in the United States, often due to a variety of factors including poverty, trauma, domestic/family violence, bullying, anxiety, loss of motivation among students, and lack of emotional/social support (Christenson & Thurlow, 2004). According to the current U.S. population survey (Heckman & Lafontaine, 2010), which obtained data from approximately 50,000 households, the high school graduation rate was 88% among 18-24 year olds. African Americans have made significant gains compared to White Americans over the past four decades. However, an additional measure, the 17 year-old graduation ratio, was calculated by dividing the number of issued high school diplomas to students of any age divided by the 17 year-old population in a given year. There was a constant 77% 17 year-old graduation ratio found over a four-decade period. Heckman and Lafontaine (2010) adjusted discrepancies from multiple sites and determined graduation rates peaked in the 1960's. A current accurate rate of graduation is lower than 88% especially among minority groups, which is around 65%.

Additionally, youth dealing with psychological stress are in need of mentoring and mental health services from school staff and others in the community in order to sustain interest in school and process internalized conflicts. With multivariate stressors accumulating and a lack of resources, some youth may find themselves at greater risk for academic failure, psychiatric disorders, and delinquent-related behaviors. An infusion of arts in school settings and after-school may enhance protective factors among adolescents, and increase internal and external resources to help them better handle present episodes of adversity or future occurrences.

Reinforcing High School Engagement

Between the years 2004 and 2006, nearly 10% of young Americans aged 16-24 were not enrolled in high school or earning a high school diploma, thus leading to income inequality and poor health outcomes (Archambault, Janosz, Morizot, & Pagani, 2009).   According to statewide data compiled in the academic year of 2014-2015, New York State ranked 38th out of 50 states for high school graduation rates at 79.2% (http://www.governing.com/gov-data/high-school-graduation-rates-by-state.html). The cohort of high school students in New York City from 2011 achieved greater than 70% graduation rate for the first time. In 2016, the high school dropout rate at 8.5% was the lowest in five years. In Brooklyn, the graduation rate was 72.2% and dropout rate was 7.6% (http://schools.nyc.gov/Accountability/data/GraduationDropoutReports/default.htm). Although the graduation rate has increased and dropout rate has decreased over the past 12 years, school engagement for four years continues to be a struggle for many students in New York City. The 2012 citywide freshman cohort experienced 6,280 dropouts including 1,588 from Brooklyn within the four years of high school experience. These rates may be attributed to a variety of factors including emotional stress related to trauma, abuse, neglect, psychological impairment, family strife, negative peer relationships, or socioeconomic status (Archambault, Janosz, Morizot, Pagani, 2009). There is no clear single precipitant resulting in adolescents dropping out; however, the outcomes for these students may result in riskier behaviors due to lack of structure or resources to manage with the daily stressors of life.

Porche, Fortuna, Lin, and Alegria (2011) posited that traumatic stress impacts psychological, sociological, and physical development. Internalized and externalized behaviors in the classroom may be a result of trauma, but youth in school may face strict zero-tolerance

policies resulting in suspensions or expulsions, thus exacerbating symptoms (Porche, Fortuna, Lin, & Alegria, 2011). Porche et al. (2011) examined the correlation between psychiatric disorders among young adults using a nationally representative dataset. A sub sample of 2,532 young adults aged 21 to 29 participated in the Collaborative Psychiatric Epidemiology Surveys (CPES). Measures included parent education, ethnicity, youth employment, unwanted pregnancy, psychiatric diagnoses emerging in adolescence, and childhood trauma. Results showed 15% of the entire sample dropped out of high school. Nearly 40% of respondents experienced trauma at age 16 or younger, resulting in a 19% dropout rate. Those who experienced physical abuse had the highest dropout rate at 31%. Lastly, 32% of respondents who were diagnosed with a psychiatric disorder had a higher dropout rate compared to respondents without a psychiatric diagnosis (19.75% versus 13.6%). Conduct behaviors and substance abuse disorders scored the highest among the disorders. Of note, over 80% of respondents not born in the United States dropped out of high school, with Latino and Afro-Caribbean youth comprising 57%. The higher scores among immigrants could indicate a variety of variables including language barriers and a lack of resources to treat mental illness. Findings indicate multilinguistic translation services are needed to assure newly arrived immigrants can obtain similar resources as U.S. born citizens.

Several legislative programs, such as No Child Left Behind (NCLB), were created to examine progress in schools over a four-year cohort period and help failing students achieve academic competencies. NCLB and related initiatives faced scrutiny due to targeting low achieving students in conventional academic institutions without looking at the different social and cultural experiences for youth in alternative settings, hence forcing children to maintain pace with peers even if not on the same level (Brown, 2007). At-risk youth often fail to exercise good

judgment, which can impact their standing in society (Edwards, Mumford, & Sierra-Roldan, 2007). Inability to achieve competencies may result in school failure, or eventual dropping out (Durlak, Weissberg, Dymnicki, Taylor, & Shellinger, 2011). Hence, adolescents struggling in school are not able to maintain focus or achieve academic competencies without additional support (Elias, Zins, Graczyk, & Weisberg, 2003). Furthermore, multiple sources of adversity impact them internally and externally, affecting their engagement in school (Archambult, Janosz, Morizot, & Pagani, 2009). Negative predictors such as lack of grade retention, absences, and violent or delinquent behaviors, along with mental health problems are the most prevalent (Edwards, Mumford, & Serra-Roldan, 2007). Students with emotional difficulties are negatively impacted by their experiences with peers in the classroom (Greenberg et al., 2003). In addition, the daily grind of attending classes every day, maintaining focus, and completing school and homework can be taxing for many students (Knesting, 2008).

As a way to illuminate the challenges adolescents face in school, the National Academy for State and Health Policy (NASHP) highlighted the National Research Council/Institute for Medicine's *Adolescent Health Services* (2004) proposal for policymakers to consider in order to implement and maintain healthcare opportunities for adolescents. These recommendations suggested providing comprehensive preventive behavioral screenings for mental health and substance abuse conditions allowing for the multiple utilization of services on the same day. These highlights illustrate preventive means to reduce risk of dropout and meet the needs of adolescents who may be dealing with external or internal stressors impacting their ability to focus in school. Implications of these recommendations rest largely on policy makers and schools to assure utilization of services can be an additional resource for high school students.

The lack of conversation among students and teachers reinforces the marginalization students face in academic settings. Hence, more collaboration among stakeholders can increase prevention programs in schools, reducing the risk of school dropout. In hopes of increasing school attendance and engagement among high school students, current research is focused on methods to strengthen the multidimensions of engagement. *Academic engagement* is an observed indicator of student accrual of credits, sustained attention, and completion of work. *Behavioral engagement* is an observed indicator of suspensions, and attendance, and classroom participation. *Cognitive and psychological engagement* refers to self-monitoring, sense of belonging or connection, and positive engagement with peers and teachers (Christenson & Thurlow, 2004). School staff who participate in pedagogical modules to become more trauma informed may benefit vulnerable students who have experienced ACE to feel more engaged, develop positive relationships, and gain greater locus of control to move toward a positive trajectory in their academic experience.

Social and Emotional Learning (SEL)

Social and emotional learning (SEL) is a core component for increasing resilience among adolescents and strengthening protective factors when facing adverse childhood experiences (Greenberg et al., 2003). Adolescence is a period of transition for youth as they go through changes behaviorally, emotionally, and socially. This is evidenced by how they relate to the world in academic and institutional settings and in their natural environment (Geldof, Bowers, & Lerner, 2013). Adolescents are able to achieve a level of emotional competency by understanding emotions in interacting systems. The utilization of organized youth programs is essential for adolescent development due to goal-driven protocols that may benefit adolescents as they transition into adulthood (Larson & Brown, 2007).

A 2001 survey on youth risk behavior found 30% of 14 to 17 years old, engaged in multiple high-risk behaviors; the finding led to greater demand for school administrators to develop resources to better manage adolescents experiencing emotional difficulties (Greenberg, et al. 2003). Approaches to SEL focus on reducing risk by strengthening protective mechanisms fostering positive development. Youth who are provided with multiple service utilizations (i.e., therapy, health clinic, chemical dependency treatment) have a better chance of positive outcomes (Sanders, Munford, Thimasarn-Anwar, Liebenberg, Ungar, 2015). Schools are vital for child development due to other systems threatening adversity. Interventions focusing on competency to enhance developmental trajectories provide connections over time. Competency in one domain impacts the ability to achieve competency in other domains (Masten, Herbers, Cutuli, Lafavor, 2008). Strengths-based approaches involve fostering relationships with students and developing skills to enact positive roles will benefit them in the future (Elias, Zins, Graczyk, & Weissberg, 2003). Positive mentorship for adolescents helps hone their ability to identify behaviors, feelings, and think critically, which is essential in remaining engaged in school and deepening SEL (Fredricks, Blumenfeld, & Paris, 2004). A study with 770 adolescents found nearly 54% of participants had a natural mentor, reported more positive school attitude, and were less likely to engage in conduct or negative behaviors compared to youth without natural mentors (Zimmerman, Bingenheimer, & Notaro, 2002). Researchers suggested the relationship between mentoring and at-risk youth play an important role in fostering resilience. Adolescents will frequently seek out peer relationships or non-familial adults to reflect on thoughts, feelings and motives (Southwick, Morgan, Vythilingham, & Charney, 2005).

After-school programs. The implementation of program development during school and after-school hours can be meaningful by providing new challenges and apply new skills and

talents (Durlak, Weissberg, & Pachan, 2010). The goals of SEL programs are to strengthen

cognitive, affective, and behavioral competencies such as self-awareness, relationship skills, and

decision-making (Durlak, Weissberg, & Pachan, 2010). Having exposure to different

environmental settings can provide adolescents more independence from parental figures. Youth

programs that emphasize the importance of emotional development and are goal-oriented may

help youth prepare for emotional dynamics in adult settings (Larson & Brown, 2007).

Durlak, Weissberg, and Pachan (2010) conducted a meta-analysis examining 68 studies

of after-school programs employing a skilled training intervention, incorporating four features:

Sequenced, Active, Focused, and Explicit (SAFE). The authors hypothesized SAFE after school

programs would benefit students when staff used all four features to promote personal and social

skills. Nearly half of the studies were with elementary school students, and 44% served low-

middle income groups. Outcome data were grouped into eight categories, in which two assessed

feelings and attitudes, three assessed behavioral adjustment, and three assessed academic

performance. All after-school programs analyzed ($N = 68$) yielded a significant difference post-

intervention when compared to other programs. The mean effects, measured using a

standardized mean difference (SMD) for the 68 studies post-interventions reported significant

effects ranging from 0.12 (school grades) to 0.34 (self- perceptions) showed the greatest impact.

Further analysis with SAFE programs ($N = 41$) found statistical significance in all eight outcomes

($k = 41$, $SMD = 0.31$, 95%CI [0.24, 0.38,], $p < .05$) compared to non-SAFE programs ($k=27$, SMD

$= 0.07$, 95%CI [-0.1,0.16]). It was concluded that after-school programs employing multiple

forms of learning were beneficial for students' personal, social, and academic lives.

In a similar meta-analysis, Durlak, Weissberg, Dymnicki, Taylor, and Schellinger (2011)

hypothesized SEL programs led by teachers and other school staff, as opposed to outside

sources, would yield positive means across attitudinal, behavioral, and academic outcomes.

Studies identifying youth with academic, behavioral, or emotional problems, programs run

during school hours, and outcomes focusing on student development or health were excluded.

Six dependent variables were measured: (a) social and emotional skills, (b) attitude toward self

and others, (c) positive social behaviors, (d) conduct problems, (e) emotional distress, and (f)

academic performance.   In a survey of 213 studies involving 270,034 students, researchers

found statistical significance post-intervention across the six variables compared to non-school

personnel (university researchers or consultants), which produced three significant outcomes.

Academic performance improved only when school personnel led interventions. Although these

findings are crucial in developing SEL programs, there is no clear indicator which age range

showed the largest effect. Future measures including multicultural student self-reports, teacher

reports, and studies including youth with more problematic behaviors are warranted.

The ability to increase SEL is an essential component for increasing resilience and

overcoming adverse situations. School staff ability to engage with diverse students plays a large

role on academic performance and engagement. As an extension of the 2011 meta-analysis,

Taylor, Durlak, Oberle, and Weissberg (2017) examined follow-up outcomes from SEL school

interventions six months or greater post-intervention, as well as whether SEL interventions were

effective with diverse groups. Data were collected from reports of intervention programs

generating reports at least six months after completion from intervention and control groups that

contained enough data to calculate an effect size. A total of 82 initial intervention studies were

surveyed. Demographics for these studies included mostly elementary school or early adolescent

studies (83%), 25% consisted of all White students, 17% students of color, and over 70% where

socioeconomic status was not reported. Outcomes were sorted into seven categories: (1) social

and emotional skills, (2) attitudes toward self, others, and school (3) positive social behaviors,

(4) academic performance, (5) conduct problems, (6) emotional distress, and (7) substance abuse.

Measures for participants in intervention groups showed significant positive outcomes in SEL

(*n*= 36, ES =.17, 95% CI [.11, .24] and attitude change (*n*= 25, ES=.17, 95% CI [0.9, .24] 25,

ES=.17, 95% CI [0.9, .24]. However, there was no significant difference among diverse groups

or socio-economic status of students post-intervention. Many of these studies used participants'

experiences instead of other measures or perspectives from other sources. Due to the focus of

this study, only a small percentage of studies were with adolescents, hence suggesting more

studies of interventions with high school adolescents are needed.

Therapeutic Theatre

> **Definition and advantage**s. Therapeutic theatre is a method of drama therapy defined by

Hodermarska, Landy, Dintino, Mowers, and Sajnani (2015) as:

> A theatre grounded in the healing properties of relationship…it is a theatre that, in theory,
>
> praxis, research and reflection is intended as therapy in which participants and audience
>
> alike have opportunities to define, consider and process relationships of all kinds through
>
> and as performance. (p. 174)

The origins of therapeutic theatre emerged in the 1960s and 1970s starting with Paolo

Freire's *Pedagogy of the Oppressed* (1970). Augusto Boal developed *Theatre of the Oppressed*

(TOP) in Brazil based on Freire's work (Boal, 1979; Conrad, 2004a; Mayor & Dotto, 2014).

Boal (1979) encouraged members of the audience to make a stand against oppressive practices

and play an active role in performance (described as *spect-actors*) as a model of emancipation

and community participation (Mitchell, 2001). This forum provided transformative opportunities

for marginalized groups to have more voice and enact alternative realities to marginalization

(Rossiter et al., 2008).

Johnson (1980) and Emunah and Johnson (1983) structured plays to prepare patients for

the performance so they would complete the process with better self-integration and motivation

to achieve goals after treatment. Anecdotal reports supported the use of therapeutic theatre for

individuals diagnosed with mental illness. Emunah and Johnson (1983) directed several plays

with an inpatient psychiatric population. Play development revolved around the patients' real

life experiences. Patients engaged in a rehearsal period, which helped set boundaries and

develop group cohesiveness. The patients reported feeling powerful when confronting audience

members. Although this report did not use an empirical research design, the performers'

experiences support the use of performance-based interventions to combat stigma. Further

research to develop interventions for education and contact is warranted.

Practitioners of therapeutic theatre are not limited to drama therapists. Much of the

development of therapeutic theatre comes from the intersection of theatre, therapy, education,

and social engagement (Mayor & Dotto, 2014). What separates therapeutic theatre from other

methods of drama therapy is performance itself:

> Therapeutic theatre transforms notions about theatre and therapy…The therapeutic
>
> impact of performance is different from and often greater than process oriented drama
>
> therapy. The ramifications of performance extend from groups to communities, from
>
> therapy to education, from the personal to the universal. (Emunah, 1994, p. 251)

Feldman (2008) used the term performance social therapy as a therapeutic approach that

emerged through the work of developmental theorist Lev Vygotsky. Feldman followed

Vygotsky's (1978) philosophy by examining struggles youth had in grasping social roles and

identities, and how they viewed their daily lives as performance in which they could function

ahead of their current level of development, opening up new possibilities for further

development. Performance social therapy was defined by Feldman (2008) as:

> Human beings come together with others and actively organize and reorganize their life
>
> space in the creation of a performatory environment one in in which individuals are able
>
> to break out of constraining social roles…and do something new. (p. 86)

This concept may be challenging to some adolescents who have been traumatized and

demonstrating severe anxiety that inhibits their ability to be more spontaneous and venture out of

their comfort zones. Feldman (2008) discovered school-aged children were able to find a

heightened sense of self and move away from socially set roles. These roles, however, are

viewed differently due to the culture and set of values. Practitioners of drama therapy implement

role-playing, embodied actions, and improvisational techniques that may be initially difficult.

Through repetition and engagement in the therapeutic process, alliances are formed, which over

time allow adolescents to enter a space where they are less vulnerable and open to exploring the

different alternatives life offers them as they move through the adolescent stage. Therapeutic

theatre allows for participants to collectively create theatre through meaning-making and an

engagement in discussing the issues (Conrad, 2004a). Conrad (2005) disagreed with the term at-

risk as it viewed adolescent qualities negatively, placing them in a bad light for others within

their support network. Bailey supported the collaboration of script building and performing on

stage, which provides a sharing of stories and witnessing from the audience, therefore promoting

healing (Bailey, 2009).

After-school programs using therapeutic theatre. After-school programs that use other

strength-based interventions, like therapeutic theatre, help teach students to break free from

socially-assigned roles and engage in positive risk taking tasks that promote SEL (Feldman, 2008). Therapeutic theatre may provide students an opportunity to strengthen SEL skills such as increasing awareness, self-esteem, and develop protective factors in preparation of current or future adverse situations. The combination of drama therapy and theatre techniques "engage students in a process of emotional integration…we can reach students who many never otherwise have the opportunity to access much needed services" (Feldman, Jones, & Ward, 2009, p. 286).

ENACT, a drama therapy program based in New York City, is one of two drama therapy programs, along with Creative Alternatives of New York (CANY), that utilizes drama therapy in school settings. After school drama therapy programming is implemented within the five boroughs. ENACT received grants to develop trauma-informed and dropout-prevention workshops that foster SEL among children and adolescents. Over periods of time, the creation of "culminating performances" empowers youth and can transform student behavior (Feldman et al., 2009, p. 290). ENACT and CANY work with students throughout the academic year in their after-school programs developing script and theatrical performances based on social issues important to students (Feldman, Ward, Handley, & Goldstein, 2015).

ENACT also developed an observational assessment to clarify the organization's philosophy on modifying student behaviors and reducing the risk of school dropout. An action research methodology was employed. Drama therapists, teaching artists, and other school staff in seven school sites and 65 classrooms completed these observations, including 22 domains on inclusion, positive risk-taking, and articulation of reflective thinking. A four-point Likert scale was used, with higher mean scores reflecting exemplary evidence. Findings indicated students engaged in workshops demonstrated trust, articulated feelings, and were focused. The effectiveness of workshops was strong in sense of inclusion, scene material relevance, and

student understanding of issues. Although no control group was used with this study, the authors

recommended future studies include clinical trials to develop construct validity. Evaluations of

ENACT from outside researchers generated a shift in philosophy moving toward including arts

in education and providing models that increase SEL in order improve personal responsibility

and tolerance, leading to positive success in school (Feldman et al., 2015).

Adolescents struggling with engagement in school or dealing with family and

intrapersonal issues may find therapeutic theatre to be an effective tool to increase resilience and

support in the building of positive relationships. Within an after-school program in an academic

setting, students may be presented with the opportunity to find a common ground while engaging

in discussions about personal and social issues, and attending to their emotional needs through

dramatic interventions. Opportunities to find greater voice and be witnessed by loved ones can

be a metaphor for taking a positive risk and altering perceptions of oneself, family, and others.

The intersections between adolescents developing new meanings open up possibilities to be more

available emotionally and socially, to take positive risks, and continue toward a positive

trajectory in their development.

Rationale for Research

The rationale for this dissertation research is to examine the impact therapeutic theatre

has on resilience among adolescents. Due to gaps in research on therapeutic theatre, drama

therapy, and interventions promoting resilience, the intent of this study is to extend the research

across disciplines including arts in education, cultural studies, and public policy. This study is a

follow-up on the investigator's examination on the impact of therapeutic theatre on adolescents

at-risk of mental illness stigma. Both the pilot and dissertation examined the qualitative

experiences of adolescents in different settings. In addition, the dissertation research employed a

mixed method approach to assess quantitative change in resilience over a period of time. Lastly,

resilience researchers have suggested resilience is best examined during the course of the life

span, the intent of this study is to pilot therapeutic theatre as an intervention for adolescents that

may lead to further examinations with different groups over time.

CHAPTER TWO

Literature Review

The literature review for this study will survey the construct of resilience as it relates to definitions and the prevalence of protective and risk factors for adolescents at-risk for dropping out of school. A section on origins of resilience will include longitudinal studies with different populations, models to better conceptualize resilience and the development of measurement scales, and interventions with adolescents fostering resilience. The last part will provide a working definition of therapeutic theatre, studies, and examine the relationship between therapeutic theatre as it relates to adolescents in particular academic and after-school settings.

Operational Definitions

The term resilience relates not only to humans or living organisms, but also to communities ravaged by natural disasters, chaotic weather systems, and the construction of infrastructures to help aid communities rebound from natural disasters or other forms of trauma. Masten (2001) defined resilience as a phenomenon in which positive outcomes occur despite the threat of adaptation or development. According to Masten (2001) and Rutter (1987; 2006), resilience does not occur if there has been no significant past or present threat to development. Luthar (1999; Masten, 1999, 2001) questioned whether resilience should be defined on external adaptation (e.g., school achievement) or internal criteria (e.g., psychological well-being or low distress). Recent trends in resilience have moved away from psychopathology to protective factors. For example, if certain variables predict psychopathology with the absence of social support, then presence of social support may predict the absence of psychopathology (Bonanno & Diminich, 2013). Although the literature on psychological resilience has expanded and

evolved through the decades, the unique developmental experience among individuals and

cultures makes it difficult to establish a clear operationalized definition (Rutter, 2006). More

specifically, resilience should be viewed as having no singular traits, processes, or outcomes

(Roosa, 2000). However, any other perspective is bouncing back from adversity involved fixed

and stable trait where there can be negotiating and adapting to significant stress or trauma (Lee et

al., 2013).

Resilience has been viewed as a dynamic process encompassing positive adaptation

within the context of significant adversity, employing an interaction between risk and protective

factors that modify effects of adverse events (Luthar, Cicetti, & Becker, 2000; Olsson, Bonds,

Burns, Vella-Brodrick, & Sawyer, 2003). Rutter (1987) noted that operationalizing resilience is

not looking for protective factors that make individuals feel good but rather processes protecting

them from risk mechanisms. The American Psychological Association (http://www.apa.org)

contended psychologists are best suited to define resilience, due to its multidimensionality; there

is no one clear trait or characteristic defined as resilience. Resilience may be described as a

personal process due to individual strengths, skills, and experiences (Newman, 2005). Early

studies on resilience utilized a developmental psychology orientation; however, further

indicators may include theoretical paradigms stemming from biology, psychology, and how

sociocultural factors mediate how one responds to adverse situations (Southwick, Bonanno,

Masten, Painter-Brick, & Yehuda, 2014). Resilience involves multiple processes embedded in

varying contexts such as cultural and global aspects (Masten & Obradovic, 2006; Ungar, 2008).

Resilience has more recently been described as a culturally variant construct depending on

navigation through internal and external resources (Ungar & Liebenberg, 2009). Adverse risks

may not be due to psychological processes, but biological factors including premorbid conditions

such as: positive toxicology at birth, disruption of attachment caused by removal of primary caregiver, neglect, abuse, or parental incompetence.

Due to the wide range of how individuals overcome adversity when faced with similar challenges, studying resilience should begin with environmental and not biological or genetic risks (Rutter, 2006). Ungar (2004, 2011) and Hauser (1999) emphasized resilience as a postmodern phenomenon based on the nonlinear experience of adapting from adversity. The term *thriving* has been suggested as an alternative to resilience based on returning to or being better off after an adverse experience (Carver, 1998). An ability to thrive can be based on the individual ability to bounce back from illness or health related stressors (Smith et al., 2008). One may argue perceptions of individuals who rebound from debilitating psychiatric or physical disabilities can withstand any challenge and build greater self-esteem, confidence, and strengthen relationships. Recent literature on resilience has focused on how human strengths emerge, including the trials and tribulations individuals endure (Ryff & Singer, 2003). A challenge in operationalizing resilience is understanding the mechanisms and resources youth use to overcome adversity and foster adaptation to developmental outcomes (Smokowski, Reynolds, & Bezruczko, 1999). A criticism of resilience is routed primarily within the discipline of developmental psychology, where more studies are needed on examining the lifespan through multi-disciplinary means. Sharpening these concepts would better operationalize resilience (Cicchetti & Garmezy, 1993; Windle, 2010). Writers on resilience have examined what qualifies as levels of threat or risks to safety as these vary across individuals who have their own definitions of adversity. Due to the personal nature of adversity or obstacles, Sameroff and Rosenblum (2006) criticized resilience definitions by offering a definition for individuals with a psychiatric diagnosis as a challenge due to:

Conceptions of mental health include everyday adaptations to varying situations, which is the opposite of mental illness, which is the lack of everyday adaptation. Mental illness is the opposite of resilience in that behavior does not change with the situation. (p. 117)

Some researchers have ascribed that clinicians need to define adaptation or health as a prerequisite, as there is no agreement on a definition (Beardslee, 1989). Beardslee (1989) found the best way to study resilience is by asking individuals what sustains them. There is diversity in the literature based on the notion that resilience occurs at different rates among individuals, groups, and similar risk groups.

Developmental perspective. From a developmental perspective, individual functioning through the phases of development varies as emerging personality, self-regulation, and attachment play roles in how adaptation is successful. Confronting and moving forward in each phase, thus building on previous adaptations, is a healthy indicator of self-organization (Sroufe, 2005). Tenets of developmental psychopathology emerged from examinations of maladapted children at risk for perinatal hazards, parental psychopathology, and loss (Masten et al., 1999).

Youth who exhibit resilience obtain insights regarding their obstacles and willing to strive to achieve despite them (Edwards, Mumford, & Serra-Roldan, 2007). Resilience is an acquired ability that develops over time, impacted by factors such as personal temperament and home environment (Rutter, 2013). To better understand how youth respond to stress or threats, there needs to be an understanding of desired positive outcomes, risk factors to threats, and protective factors facilitating resilience (Masten, Herbers, Cutulli, & Lafavor, 2008). It can be suggested that resilience remains a complex phenomenon best measured from childhood to adulthood, examined using multiple ontological lenses, levels of adversity, and measured based on adaptation of individuals moving through different stages of life. According to Rutter (2006,

2013), testing of "environmental mediation of risks and quantification of the degree of risk"

(2013,p. 474) is one of the ways resilience can be inferred. Identifying moderators may further

operationalize resilience and increase researchers' understanding of how risk factors influence

development (Roosa, 2000). A complete survey of one's past includes uncovering data that may

be prevalent in preparing a child to face threats as they continue to develop (Ungar, Ghazinour,

& Richter, 2013). Much like Sroufe (2005) ascribed, attachment serves several functions

including regulation of emotions and security for children to explore their environments (Masten

& Coatsworth, 1998). Investigators developed strategies to analyze competence, assets, and

protective factors along with psychopathology risks and stressors (Masten & Obradovic, 2006).

Resilience and vulnerability. Researchers have been extrapolating differences between

resilience and vulnerability. Vulnerability is the increased likelihood of negative outcome,

usually as a result of risk. Resilience may refer to avoidance of problems associated with

vulnerability. Youth with greater flexibility in coping frequently attribute negative experiences

to external factors and maintain strengths and assets to fare better when faced with adverse

situations (Yates, Egeland, & Sroufe, 2003). To better differentiate resilience from vulnerability,

the idea of overprotecting youth and avoiding risk can be viewed as an indicator of vulnerability,

yet for resilience to emerge, exposure to risks is necessary to positively adapt through

developmental stages (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). To better

understand the difference in vulnerability and resilience, three models of resilience were

identified by Fergus and Zimmerman (2005) to better understand the mediating process between

protective and risk factors: Compensatory, Protective, and Challenge. A compensatory model is

when a protective factor operates in the opposite direction of a risk factor. The protective model

asserts that assets reduce the effects of a risk on a negative outcome. For example, the

relationship between low socioeconomic status and conduct behaviors may be reduced when parental support acts as a moderator. The challenge model asserts that when youth are exposed to moderate levels of risk, they become better equipped to manage more significant risks in the future. However, the risk must be challenging enough where adolescents can learn from experience on how to overcome it. Different forms of resilience develop from traumatic events leaving residual emergent or minimal impact related to understanding the trajectory of positive adjustment when faced with chronic or single incident trauma (Bonnano, 2004). Bonnano and Dimininch (2013), described emergent resilience as positive adjustment measured in response to stressful circumstances and observed after the circumstances have subsided. Chronically stressful events lead to greater psychological and physiological problems. Emergent resilience isolates factors contributing to children's long-term effects while minimal impact resilience suggests little to no lasting impact on functioning and stable trajectory before and after traumatic episodes (Bonnanno & Diminich, 2013).

Levels of vulnerability along with development may push children toward or away from a diagnosis. Rutter (1987) noted that interactions are essential for protective processes to better understand what psychological mechanisms may be implicated. By strengthening a core set of protective mechanisms, individuals would have greater protection against risk mechanisms. Interventions designed to improve health outcomes are aimed to decrease high-risk behaviors (Ahern, Kiehl, Sole, & Byers, 2006). Rutter (1987) identified four processes of protective factors: (1) Reduction of risk impact, (2) Reduction of negative chain reactions, (3) Establishment and maintaining self -esteem and self-efficacy, and (4) Opening up for new opportunities. Rutter (2006) was concerned with the developmental and situational mechanisms involved in protective process. For example, children at risk of health problems may have a

protective mechanism to mediate more severe physical problems. Children reared by non-biological caregivers may also be at risk of more conduct-related behaviors, if remaining with biological caregivers.

Bleuler (1984, as cited in Alvord & Grados, 2005) described a young teenage girl caring for siblings due to the hospitalization of her chronically ill institutionalized mother and alcoholic father. Later in her life, she was married and reported having a content life. Murphy and Moriarty (1976, as cited in Luthar, Lyman, & Crossman, 2014), examined vulnerability and coping patterns for children exposed to stressors such as death or injury in the family. Anthony (1974) identified individuals who did well despite multiple risks. Writers began to use the term resilience shortly after this due to the impermanence of positive adaptation and new vulnerabilities and strengths emerging during the life span (Luthar, Lyman, & Crossman, 2014).

Resilience seems to be beyond the scope of any specific theory, as threats to individuals range in severity and may extend from trauma and psychopathology to oppressive threats such as societal, political or institutional threats. Recent shifts have included individual traits to notions of adaptation despite accumulating risks and understanding protective factors that mediate effects of adversity (Bottrell, 2009). The process of how individuals adapt to the severity of these threats needs further examination. In summary, resilience research using interventions would benefit from precise terminology to build upon earlier classifications and ensure vitality (Sameroff & Rosenblum, 2008).

Models of Resilience

Constructionist and ecological models. Ungar (2004) proposed two models of resilience: ecological and constructionist. The constructionist approach to resilience is the accrual of resources based on interactions between individuals and their environments to define them as healthy amidst adverse conditions. The source of constructionist approaches focuses on postmodern thought, and under the assumption that at-risk youth discover and nurture personal traits, family support and other networks such as improvement in one's family and socioeconomic environment contribute to increased resilience. There is diversity in how resilience is nurtured and maintained. Ungar (2004) added:

> A constructionist interpretation encouraged openness to a plurality of different contextually relevant definitions of health offering a critical deconstruction of the power different health discourses carry. (p. 345)

It can be suggested youth diagnosed with a medical illness or psychiatric disorder are at the whim of providers who benefit financially, hence providing implications for how individuals utilize services in the community (e.g., mental health services, chemical dependency) based on socioeconomic status, availability of services, and insurance plans.   The availability of resources is essential when faced with limited utilization of services.

The theory of an ecological model is a recursive, transactional process of protective and risk factors, using qualitative and quantitative measures that are empirical and generalizable. Bronfenbrenner's (1977) ecology of human development model was one of the first to study across disciplines the variance occurring on different ecological levels. Three aspects of human development were examined: (1) individuals perspective of the environment, (2) environment surrounding individual, and (3) interaction between the individual and their environment. Hence, this process defines how youth adapt and develop over time (Reifsnyder, Gallagher, &

Forgione, 2005). Bronfenbrenner (1979; Reifsnyder, Gallagher, & Forgione, 2005) further

extended this work through an attachment framework defining four systems addressing

protection and fostering of healthy development. The *microsystem* is the immediate setting with

mother and child, while the *mesosystem*, *exosystem*, and *macrosystem* all overlap. Depending on

the presence of mother's competencies, these systems impact the child. The exosystem, where

institutional environments such as services and policies are delivered, play an important role in

continued development of youth.

Models of resilience must distinguish what is necessary evidence of healthy functioning.

Ungar (2008) posited interactional processes are an evident trend to model individual change

based on development. Creating an environment that provides the opportunity for change is an

example of social ecology.

Ungar and Liebenberg (2009) employed a social ecological perspective on resilience and

affirmed it as a culturally determined construct. Individual navigation through health sustaining

resources that experience well- being via family, community, and culture provide experiences in

culturally meaningful ways. The authors used the Child and Youth Resilience Measure (CYRM):

a 58-item survey reduced to 28 items for youth in 14 sites, globally. The authors hypothesized

aspects of development vary culturally and contextually and aspects of coping may be invisible

to outsiders who have ideas of what is and what is not coping or adapting. Participants were 1451

youth who had faced risks as determined by committee of experts; all youth had to be exposed to

three significant risks. Results found global aspects of resilience across culturally diverse

populations. Girls had more in common in different countries than boys. Factor structures

showed adolescents living in communities with high social cohesion (e.g., common goals, trust)

compared to low social cohesion, in particular developing countries. Findings showed different

meanings and interaction of resilience factors is not universal. Western boys and girls showed

high rates of controlling their future ($\alpha = .84$) and social maturity ($\alpha = .80$) but moderate social

acceptance of peers ($\alpha = .52$). Non-western girls had higher level of self-efficacy ($\alpha = .82$)

compared to high social cohesion boys ($\alpha = .75$). However, non-western boys' low social

cohesion had a large correlation for confidence ($\alpha = .91$) and self/other perceptions of values ($\alpha

= .92$), as well as being responsible for themselves ($\alpha = .99$). Correlations found resilience has

different patterns of how it is understood and expressed. A limitation of this study was the

absence of European and marginalized groups, which would further generalize the findings.

      Attachment theory. Sroufe (2005) launched a pioneering longitudinal Minnesota study

hypothesizing that attachment was essential in understanding infant-caregiver interactions. In

the 1970s, 200 mothers viewed at moderate risk and living in poverty were recruited from an

urban sample. Antecedents of attachment and observations of parent and child occurred twice in

the first six months of birth, and assessed at 12 and 18 months. Comprehensive measures, age-

by-age assessment, and development in content were important parts of the study. Sroufe (2005)

felt:

      Showing that quality of attachment and other aspects of adaptation improve or worsen as

      supports for the family increase and decrease, we not only confirm that parents are not

      free-standing entities. We also gain some insight into the developmental process. (p. 354)

The author made predictions of children's behaviors based on attachment history and found if

behaviors have changed over time, it does not mean attachment did not play a role. Other

moderators in conjunction with attachment produced positive outcomes. Yet, some areas of

functioning were stronger than others, including academics compared to parental competencies.

Hence, other aspects of care and the ability to self-organize are essential in development aside

from attachment. Variations of attachment may impact the development and personality of

individuals. Sroufe (2005) described attachment as a transactional non-linear model, extending

Bowlby's (1973) seminal work on attachment models:

> Established patterns of adaptation may be transformed by new experiences, while, at the
>
> same time, new experiences are framed by, interpreted within, and even in part created by
>
> prior history of adaptation. (Sroufe, 2005, p. 350)

Sroufe (2005) used Bowlby (1973) and Ainsworth's (1979) theories on attachment and infant

behavioral patterns to capture organizational structure of children using different sets such as

self-regulation, curiosity, entrance into peer groups, and the emergence of identity/personality

development through late adolescence. Attachment theory and Bronfenbrenner's (1979) ecology

model have been invaluable contributions to operationalizing resilience, based on the ideas of

close proximity, security, formed bonds, and setting a groundwork for individuals to construct

their social environment based on this interactional, embodied process. It can be suggested

attachment models are an important part of trauma work, evidenced by the individuals

internalized level of security, and proximal placement of the primary caregiver when traumatic

episodes occur.

An interactive didactic approach established by Alford and Grados (2005) in which

youth, teacher, and caregivers collaborated to build SEL skills and construct solutions to

problems provide a greater sense of inclusion and empowerment. This model encouraged youth

to express feelings and strengthen social skills by developing appropriate social interactions and

protective factors. While the definition of resilience remains complicated to operationalize due

to the frameworks and multidimensional domains of individuals, with strengths and deficits, it

can be suggested more research with diverse groups can continue to extend the definition of resilience and be more generalized across populations.

A team of parents, teachers, psychologists, and other professionals contribute to building ecology for at-risk youth (Edwards, Mumford, & Serra-Roldan, 2007). Creating an environment that provides the opportunity for change is an example of social ecology. The individual capacity for individuals to navigate through psychological and cultural resources help to sustain well-being when faced with adverse situations (Ungar, 2008, 2011).

Ungar (2011) identified four principals of ecology to further broaden social ecology as a dependent concept: decentrality, complexity, atypicality, and cultural relativity. Decentrality describes youth trajectories based mostly on the quality of its environment. A more concrete definition of this model is the nature emphasizing the youths' social and physical ecology, interaction between child and environment, and propensities toward upward development. Complexity occurs when youth begin displaying patterns, which ebb and flow over time due to the complex nature of emotional and psychological changes until their social and physical ecologies are held constant. Atypicality suggests that the environment protects youth when resources are not easily accessible and greater emphasis is on behavioral functioning when other pathways are blocked. Ungar (2011) noted when this model is used, "resilience will manifest in ways that we may not want to promote but that are necessary because of the social ecologies in which children survive" (p. 8). Cultural relativity describes the processes of growth that are embedded, culturally and historically, in which individuals are able to share values, beliefs and customs (Ungar, 2011; Wong, Wong, & Scott, 2006). The more connections youth have with cultural values, or expectations, the more likely they will be seen as resilient. However, many researchers, clinicians, media, or other systems or individuals of power dictate good outcomes

(Ungar, 2011), thus taking power away from youth who have experienced adversity and succumbed to marginalized roles.

Recent studies promoting a social ecological frame highlight the broadest influences on well-being via social environment variables are school, community, and family (Ager, 2013). Ungar (2011) supported the notion that "resilient children and youth are characterized by individual, social, and environmental qualities that we have come to associate with resilience" (p. 343). Hauser (1999) noted that studies of resilience are placed in three categories: (1) epidemiological -case narratives; (2) longitudinal studies relating to at risk groups overcoming adverse situations better than expected outcomes; and, (3) life course development relating to changes in functioning based on going through life changes and adaptations.

Resilience is complicated by the fact that sampling measures for some stages of development may not be appropriate for all stages. The use of some measures may provide contradictory findings of resilience. Hence, certain factors place children in risk but there is no clear universal set of conditions that can protect children. Individuals have characteristics that are unexpected based on the amount of threats occurring and the anticipated development of future problems. Research construct studies that pay too much attention to the "relativistic nature of resilience" (Ungar, 2004, p. 355) lose the understanding of the phenomenon of resilience.

Origins of Adolescent Resilience Research

Much of the longitudinal research on resilience stems from the fields of medicine, developmental psychology, and behavioral sciences. The understanding of risk and protective factors are essential in how to better support adolescents (Zolkoski & Bullock, 2012). The earliest literature described children of schizophrenic mothers who thrived despite living with a

chronic mentally ill caregiver (Luthar, Cicchetti, Becker, 2000). From the 1920s to the 1940s, schizophrenia was perceived as a degenerative condition leading to chronic impairment (Bleuler, 1950; Cicchetti & Garmezy, 1993). In the 1970s, studies on resilience emerged introducing behaviors and adaptive outcomes between children and adolescents who were able to persevere under risky conditions compared to others who struggled (Masten & Obradovic, 2006). Cicchetti and Garmezy (1993) described children of individuals diagnosed with schizophrenia as possessing qualities of resilience. Adaptive processes factored into models, including the complexity of developmental trajectories and successful adaptation, evidenced this phenomenon. Garmezy was interested in the prognosis of patients with chronic psychiatric disorders, with a focus on premorbid functioning (Masten & Powell, 2003). Later work by Garmezy and Streitman (1974) identified the importance of protective factors for at-risk populations, especially children of individuals with chronic mental illness. Garmezy and Streitman (1974) and Rutter (1979) found subsets of these children having healthy developmental patterns. Gottesman (1974, as cited in Zolkoski & Bullock, 2012) studied twins in biological and foster care settings to determine etiology of schizophrenia.

Werner and Smith's (1993; 1989) longitudinal study beginning in 1955 included a multidisciplinary team of medical and healthcare providers studying 698 children born on the island of Kaui. The goal was to document the progress consequences and adverse rearing conditions due to perinatal conditions. This study was one of the first to examine roots of resiliency for children who successfully coped with risk factors and the protective factors they used. Nearly one-third of the children (n= 201) were born into poverty, while 70% had learning/behavioral problems by age 10, and psychiatric/conduct problems by the time they were 18. A small number of participants (n=72) or 1/3 of the high-risk cohort developed into

competent, confident, and caring adults. Sixty percent had achieved education beyond high school. Many with conduct problems (*n*=103) avoided criminal activity in adulthood. Having an intact family was a major protective factor for those who were already labeled as troubled by age 10. Stability at home, with additional supports in the community, contributed to increased adaptability. This study set a foundation for developmental psychopathology through the interplay of studying high-risk groups and normal developmental theory. For participants, there was a desire to detach or distance from stressors that had occurred in their home environments.

Adolescents are at risk of negative outcomes such as self-injury or suicidal thoughts due to the emotional internalized and environmental stressors (US Department of Health and Human Services, 2003). The development of the Project Competence program by Garmezy and Masten, in 1974, focused on criteria for competence in positive adaptation for children who demonstrated successful behavior in multiple domains of achievement while completing age-salient tasks in their environment (Masten & Obradovic, 2006). These achievements were viewed as benchmarks due to "specific to a developmental period and are contextualized by prevailing sociocultural and historically embedded expectations" (Roisman, Masten, Coatsworth, & Tellegen, 2004, p. 123).

Research on resilience has included a bevy of theory-driven construct building, with few empirical studies on interventions with adolescents. A review of literature indicates that the presence of resiliency in adolescence may shift in adulthood due to ability or inability to adapt to stressful occurrences (Hunter & Chandler, 1999). Scholars have hypothesized resilience is a process occurring during the course of life as a nonlinear phenomenon measured from childhood to adulthood (Hauser & Allen, 2007). Resilience theory has conceptualized a framework for strengths-based approaches in understanding development and designing interventions (Fergus &

Zimmerman, 2005; Zimmerman, 2013). One criticism of resilience theory is identifying its

range of resiliency through the examination of several domains (e.g., social, family, educational)

instead of having a singular definition (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003).

And, as discussed, the diversity of definitions makes resilience difficult to measure (Tusaie &

Dyer, 2004). Thus, research measures have been implemented as a way to assess adaptive and

maladaptive functioning based on diverse social ecologies, and interaction between risk and

protective factors (Ellis, Figueredo, Brumbach, & Schlomer, 2009). The presence of risk and

promotive factors help produce positive outcomes, or reduce and avoid negative outcomes. For

example, children growing up in poverty accumulate assets and resources as protective factors

such as mentors or opportunity structures (Fergus, & Zimmerman, 2005; Southwick, Morgan,

Vythilingham, & Charney, 2005).

Resilience Interventions

There are considerable gaps in the research regarding interventions that closely examine

the interactive process of risk and protective factors. Many examples of overcoming adversity

come from case studies, use narrative interviews, or develop scales to quantitatively measure

change. However, there have been several interventions conducted and published utilizing SEL

and resource building for adolescents. The Youth Empowering Strategies (YES) program

(Wilson, Minkler, Dasho, Wallerstein, & Martin, 2008) was created for underrepresented

elementary school students in an after-school setting as a participatory action initiative to

promote SEL skills including problem-solving, social action, and civic participation. In a pilot

of the program, fifth graders exposed to social or environmental stressors were recruited, and

paired with high school or college age students as mentors. Interventions ran for 16 weeks using

visual arts, team building, and development of a social action project. Proposals were submitted

that focused on school engagement and negative school environmental conditions including teacher layoffs, repainting a graffiti-laced shack in the community, and positive student behavior campaigns. Students were asked to place proposals into action, pending approval from school staff. Even if not completed, students were provided opportunities to think critically, understand expectations, and feel more empowered. Time constraints limited the project but students with assistance from facilitators engaged in periods of reflection and sought cultural change within their school.

The Father and Sons program was developed using a quasi-experimental, non-equivalent design to examine the influence nonresident fathers had on sons in avoiding risky situations (Caldwell, Rafferty, Reischl, Deloney, & Brooks, 2010). The authors posited that nonresident fathers engaging in observational learning could become positive role models and improve skill building. The inclusion process included African American fathers and their eldest sons for a total of 287 father-son families in both intervention and comparison groups. This was a pilot study lasting 15 weeks. Interventions were rooted in cultural rituals, symbolism, responsibility, emotional wellness, and connection. The authors believed observational learning could enhance behavioral capacity to increase communication between fathers and sons. Measurements included a parent-child communication scale, youth assets scale, race-related socialization, parenting skill scale, role-modeling behavior, and non-violence strategies scale. Pre-test analysis was conducted using t-tests to compare the intervention and comparison groups. ANCOVAS were used to test the effect of interventions and selected outcomes, which were then categorized into father and son outcomes. Pretest mean scores in fathers' outcomes produced slightly higher scores in the comparison group ($n=129$) compared to the intervention group ($n=158$) in most outcomes. Highest mean scores were for parent-child communication and race-related

socialization. Mean scores were similar for boys in those outcomes, in addition to scoring higher

for parental monitoring and intentions to avoid violence. ANCOVA was run post-intervention

for fathers' and sons' outcomes to assess effect size and differences between intervention and

comparison group. For fathers, results yielded significance in five outcomes for the intervention

including parental monitoring (M= 16.37, SE= 0.20 versus M= 16.00, SE= 0.23, $p<0.04$, n^2=.02),

and parenting skills satisfaction (M= 6.87, SE=0.08, $p<.05$, n^2=.04). Sons' outcomes yielded

significance in five outcomes including parental monitoring (M= 15.46, SE= 0.24, $p<0.5$,

n^2=.05), and intentions to avoid violence (M= 20.88, SE=0.33, $p<.02$, n^2=.02). The recursive

cycle of monitoring may be beneficial to increase communication and change attitudes.

Dialogue between fathers and sons was a positive outcome as it deepened understanding and

ability to relate to each other's experiences. Parental monitoring and intentions to avoid violence

may be important factors in father-son relationships to set boundaries, build positive peer

relationships, and assure youth are not engaging in harmful activities.

The Aban Ayah youth project developed a curriculum for African-American youth to

understand community violence and reduce externalizing behavior (Segawa, Ngwe, Yi, & Flay,

2005). The program was developed for elementary school aged children to increase

understanding of what causes violence and its consequences. A six module intervention series

was led by a clinician in classroom settings to help students cope with exposure to violence.

Students were asked to complete a short survey upon completion of the curriculum. In its first

year of inception 34 students participated. In the second year, 55 students participated. In the

third year, 43 students participated. Data were collected combining the first two years for a total

of 89. Mean scores over 4.0 on the scale indicated responses were somewhat agree to strongly

agree. The seven questions related to the relevance of the curriculum, group experience, conflict

resolution, and school experience. All questions had mean scores above 4.0 with relevance of the curriculum being highest ($M = 4.72$, 4.69) and group experience being the lowest ($M = 4.08$, 4.09). Third year student results scored highest in relevance ($M = 4.70$) and questions about content and understanding had mean scores ranging from 4.09-4.81. Results indicated general enjoyment of the curriculum. Perhaps more facilitator engagement or involvement by teachers may have provided higher scores. There were neither control or intervention groups nor pre-intervention measurements. Presence of adults who can engage with younger children can translate to an increase in SEL and understanding how risky behaviors contribute to negative consequences. All three of these examples demonstrated the importance of adult figures, which are essential for youth to develop greater awareness emotionally and strengthen supports that may have not been available in the past. Interventions facilitated at elementary school age are encouraging as they provide modeling and connection at a time when children are starting to become more aware of the social world outside of their families. Additionally, youth educated on the values and history of their cultures may engage with other disciplines to promote policy change on reducing violence and accessing positive resources from community members.

Resilience Measuring Scales

It would be beneficial to develop measures of resilience that are quantitative and specific to a population, and then examine several domains combined with a qualitative component to address the personalized process of resilience. There have been several efforts to develop measurement scales for adolescents. Jew, Green, and Kroger (1999) developed a scale examining resilience through a psychological context. They developed a measure based on research by Mrazek and Mrazek (1997), who posited responses to stress are influenced by the

capacity to process an experience, attach meaning, and incorporate it into one's belief system. By increasing confidence and competence, individuals can better use skills in stressful situations.

High school freshmen from a lower middle socioeconomic class ($N =408$) completed the 60-item surveys (Jew, Green, & Kroger, 1999). In addition, records were accessed from the Iowa Test of Basic Skills to assess student functioning. Four different studies on definition, development, revision, reliability, and validity of resilience were conducted examining the correlation between four subsets of resilience: (a) optimism, (b) future orientation, (c) belief in others, and (d) independence. Results in the first study conducted in 1989 assessed internal consistency reliability and validity. Correlations were calculated, items detracting from internal consistency lowered the scale from 60 items to 37. The authors identified four subscales: optimism ($\alpha=.82$), Future orientation ($\alpha= .70$), Belief in others ($\alpha= .66$), and independence ($\alpha= .66$). There were significant albeit low correlations in three of the four subscales and academic achievement, with the highest in belief in others for the whole composite ($\alpha =.30$, $p<.05$). The second study drew a random sample of 50 students who completed the CD scale along with a self-perception instrument and internal-external locus of control scale, and an adaptive behavioral checklist. Data were collected following the course of 23 weeks from administering the scales. Coefficients were similar as in the first study, and correlations with validation measures were low to moderate. No subscale correlated with the adaptive behavioral scale. The third study examined the relationship between the non-institutionalized group and institutionalized group. Resilience scales were administered to the institutionalized group, while data from the original sample were used to compare differences. Results showed non-institutionalized students scored higher means than institutionalized group for three of the subscales: optimism ($M= 3.70$, $SD= .60$, $t(23)=2.75$, $p<.01$), independence ($M= 3.32$, $SD= .75$,

t(28)= 2.72, *p*<.01), and future orientation (*M*= 3.90, *SD* = .55, *t*(28)=2.73, *p*<.01). This study

lacked diversity as all institutionalized students were Caucasian, compared to pilot study, which

had 80% Caucasian participants. Future research should focus on a more diverse population, and

the introduction of an intervention to assess the validity.

Conducted in 1994, the final study conducted by Jew, Green and Kroger (1999) was with

(*N*=392) junior and high school students from lower to middle socioeconomic status. The scales

were administered in January and again in May. An adolescent coping scale was additionally

administered at post-test to 25% of the sample. Test-retest reliability and correlations were

calculated posttest. The strongest internal consistency reliability among subscales was future

orientation (.95) posttest, with the weakest being independence/risk taking (.77). Correlations

between pre-post test and coping found significance in both future orientation and active skill

acquisition but not for independence/risk taking. This last study suggests adolescents are

focused on higher levels of achievements but uncertain about becoming more self-reliant and

autonomous. More current research and naming the scale would be beneficial in differentiating

from other resilient scales.

Oshio, Nagamine, Kaneko, and Nakaya (2003) studied undergraduate students in Japan

(*N*=207) to construct the validity of an adolescent resilient scale.   Participants ranged in age

from 19-23 years old. The adolescence resilience scale was comprised of 21 items and three

factors: (a)novelty seeking, (b) emotional regulation, and (c) positive future orientation. The

other scales included a negative life events scale and general health questionnaire, in which

higher points represented poorer health. Pearson product moment correlation coefficients

showed positive intercorrelations among adolescent resilience scale variables novelty seeking

(*d*= .75, *M*= 3.72, *SD*= .61, *p*<.001), emotional regulation (*d* =.79, *M*= 3.03, *SD*=.66, *p*<.001) and

positive future orientation (*d*= .72, *M*= 3.41, *SD*= .84, *p*<.001). The authors created three

clusters based on the negative life events survey and health questionnaire, in which they

identified well-adjusted, vulnerable, and resilience. Means and effect size were calculated for

the adolescent resilience scale using one way variance resulting in significance for all groups,

with the well-adjusted group (*n* =86; *M* =3.49, *SD*= .47, *p*<.01), and resilience groups (*n*= 45;

M=3.48, *SD*=.53, *p*<.01) scored higher than the vulnerable group (*n*=76; *M*=3.11, *SD*= .49) for

total resilience. Effect size between adjusted and vulnerable groups (*d*=.80), vulnerable and

resilient groups (*d*=.74) and well-adjusted and resilient groups (*d*=.02) supported construct

validity and indicated that when faced with negative circumstance, individuals have the ability to

demonstrate resilience. More clarification is needed for defining *vulnerable, resilient, and well-*

adjusted.

The Connor-Davidson Resilience Scale (Connor & Davidson, 2003) was constructed to

develop a valid and reliable measure for resilience, establish values for general population and

clinical samples, and assess the variance of resilience based on pharmacological treatment in a

clinical population. To assess reliability, samples came from a general population group (*n*=

577), adults receiving outpatient care (*n*= 139), adults receiving psychiatric outpatient/private

practice care (*n*= 43), participants with generalized anxiety disorder (*n*=25), and subjects in two

clinical trials for PTSD (*n* = 22, and n = 22) for between group comparisons to assess pre-post

treatment change. The authors assumed resilience would be lower in psychiatric participants

compared to the general population. Analysis from participants yielded five factors: (1) personal

competence, and tenacity, (2) trust in one's instincts, (3) positive acceptance of change, secure

relationships, (4) control, and (5) spiritual influences, hence creating different domains to be

examined. Mean and median scores were calculated and significance was found between the

first group and each of the other groups, between the second group (receiving primary care) and the group with generalized anxiety disorder, and between the second group (receiving primary care) and the groups with PTSD. The general population group scored the highest ($M = 80.4$) while the PTSD groups scored lowest (M=47.8, M=52.8). Negative Pearson and Spearman correlations were calculated for the psychiatric group, using an additional measure of vulnerability. Higher levels of resilience indicated lower level of perceived stress. PTSD participant's mean scores increased from pre-post (M=56.8 to M=68.9). Although no duration of time was documented in this study, implications include that individuals with psychiatric diagnosis are at risk of having lower resilience compared to other groups while individuals with PTSD may demonstrate greater resilience over time. Other implications suggest that medication, interventions, and other biological factors may also contribute to overall scores on the scale.

Wagnild (2009; Wagnild & Young, 1993) developed the Resilience Scale (RS) for the older adult population. The scale was created to recognize personal strengths and for individuals to develop strategies to extend personal capabilities. The RS previously measured self-esteem, sense of coherence, and life satisfaction. After several applications of RS, raw scores greater than 145 demonstrated moderate to high resilience, scores of 125-145 were identified as moderately low, and scores less than 120 were identified as low levels of resilience. Wagnild and Young (1993) identified five characteristics of resilience for this scale: perseverance, equanimity, meaningfulness, self-reliant, and existential aloneness (uniqueness/freedom). Previous studies were with caregivers for individuals diagnosed with Alzheimer's disease, undergraduate and graduate students, and first time mothers going back to work.

RS for youth and adolescents. Previous studies with adolescents using RS found a lack of resilience related to hopelessness, life threatening behaviors, and connectedness (Rew et al.,

2001). Hopelessness and connectedness had 50% variance. Aside from Hunter and Chandler's (1999) study, which will be explained in further detail, a difference among racial groups was not reported in other studies using RS with adolescents. Homeless adolescents scored the lowest mean on the RS scale. Internal consistency scored high in 11 of 12 studies. More longitudinal studies are needed.

Hunter and Chandler (1999) conducted a pilot study using the RS and triangulated research design using 10th and 11th grade inner city high school students in New England (N=51). The sample consisted of 28 boys and 23 girls, 42 of whom identified as minorities, six Caucasians and three from other racial groups. The authors' intention for this study was to examine adolescents perceptions of resilience and to assess if the RS was a compatible instrument to measure resilience. Participants were administered the RS and a qualitative free writing exercise where participants wrote about surviving and overcoming adversity in their lives. Initial qualitative themes on resilience were emotional insulation, self-reliance, self-protective, and inability to trust. Post-intervention themes showed a change in perception and better understanding of resilience, as themes moved away from isolation, or egocentrism, to a greater sense of community, inclusion, and trust with others. Pre-test mean scores for all participants on the RS indicated fairly strong resilience (M =5.3), as a score of 7.0 the scale was deemed very resilient. Girls' scores were lower (M=4.9) than boys (M=5.3). Post-test mean scores increased for both boys (M=6.1) and girls (M=5.6). These findings stress that interventions for resilience can increase awareness and change perceptions of adolescents becoming more thoughtful and reflective, hence being able to look outside themselves and receive support from others.

Resilience Scales with Different Cultures. Ungar and Liebenberg (2009) argued that resilience is a culturally determined construct. Painter-Black (2015) described culture as "shared knowledge or shared expectation a shared understanding of the world" (p. 234). In addition, moral, social, and structural dimensions of one's culture are important for building resilience and sustaining health and wellbeing. A team of researchers from 14 countries collaborated on the development of the Child and Youth Resilience Measure (CYRM). The CYRM is 58-item questionnaire created from 2003-2005 in 14 global sites. Questions focused on Bronfenbrenner's (1979) writing on ecological hierarchy: microsystem, exosystem, and microsystem. The sample consisted of 1451 youth who faced risks as evidenced by committee of experts. All youth had to be exposed to three significant risks to participate. Results using Chronbach alpha showed reliability in items which were nested in an ecological model micro (.84), meso (.66), community (.79), and culture (.71). Further exploration separating genders provided a seven-factor stable structure that would account for varying levels of cohesion depending on developed for underdeveloped countries. Western boys and girls showed high rates of controlling their future (Chronbach's α =.84) and social maturity (α = .80), but moderate social acceptance of peers (α =.52). Non-western girls had higher level of self-efficacy (α=.82) compared to high social cohesion boys (α=.75). However, non-western boys' low social cohesion had a large correlation for confidence (α=.91), self/other perceptions of values (α=.92), and being responsible for themselves (α=.99). Socioeconomic status and gender both played an important role in developing the CYRM as the experience of gender and class provide different experiences of what resilience means and how it can be understood across cultures.

Ungar and Liebenberg (2011b) employed a mixed methods approach with the CYRM to create a tool for cross-cultural study of resilience accounting for resources available to youth

globally. The authors believed a mixed methods approach was an appropriate method in

resilience research in order to "compare the results of our quantitative findings with young

people's descriptions of their experiences of complex interactions to nurture and maintain well-

being within their challenging social ecologies" (p. 128). At least two participants from each

global location who identified as "doing well" and were asked about resources contributing to

good outcomes despite facing risk were qualitatively interviewed (*N*=89). For the quantitative

component, participants were chosen from homogenous community meant to represent single

racial group and one set of cultural norms (*N*=1451). Although the goal was to create a single

measure of resilience, 32 domains were identified across the 14 communities. Quantitative data

were analyzed using factor analysis including identifying the structure of youth interpretations on

the CYRM, and reducing the number of items best representing resilience across the sites.

Qualitative data analysis used grounded theory approaches and codes from transcriptions to

investigate validity of CYRM offering voices to inform quantitative data. Seven aspects or

tensions of resilience were identified from qualitative interviews: (1) access to material

resources, (2) relationships (3) identity, (4) power and control, (5) cultural adherence, (6) social

justice, and (7) cohesion. Using Cronbach alphas, there were four factor structures resulting in

four groups of participating youth: minority world (girls/boys), majority world girls, majority

world boys high social cohesions, majority world girls, and high social cohesions. Themes from

qualitative data were not congruent with quantitative findings. Questions to be eliminated from

the CYRM were nonresponses or variance depending on communality criterion. Scores of under

.45 were identified as low communality and eliminated. New questions produced how resilience

is measured in different cultural groups, hence the authors concluded:

An understanding of resilience as the capacity of individuals to navigate toward resources

and negotiate for these resources to be provided in culturally relevant ways that reflect

their availability and accessibility within the social and physical ecologies of the

individual. (p. 142)

Mixed methods studies contributed to voice of marginalized youth and with the construction of

questions, individuals' ontological views play a large role in responses. The reworking of

questions and collaborating with other disciplines may continue to add validity to measures of

resilience.

Masten, Hubbard, Tellegen, Garmezy, and Ramirez (1999) conducted an urban sample in

the Midwest comprising of 27% minority elementary school children ($N =205$). Students were

followed over a 10-year period to assess three domains of competence from childhood to

adolescence academic achievement, conduct, and peer social competence. In addition, multiple

aspects of adversity and psychosocial resources were assessed. For example, intellectual

functioning and the linkage with parental competencies was a guiding question in this study.

Notably, the prevalence of conduct-related behaviors was based on the level of parental

competencies. There was a focus on variable and covariance patterns to demonstrate

comparisons in how groups share certain features compared to other groups. Children were

initially recruited from third through sixth grade in two schools housed in the same complex.

Although over 25% of participants were minorities, the authors believed they were

underrepresented in this study. Data were collected over several time periods. The first time

period was in one school (1977-78) and second period was one year later in a second school.

The first follow-up assessment occurred seven years after initial contact in which participants

completed questionnaires including life events, multidimensional competence rating, behavior

problem checklist, and status completed by adolescents and parents. The second follow-up at 10 years included questionnaires assessing mood, life events, personal attributes, brief IQ test, and interviewed. Nearly 90% of the cohort completed follow-up assessments (*N*= 189). Pearson Correlation coefficients indicated a widening of the gap between low-high IQ and adversity, and parental competencies and conduct behaviors. IQ showed significant social competency in childhood, not adolescence, and negative correlations of low IQ and high adversity were related to conduct problems. The findings from this study provided a framework for future work on competence, risk, and resilience (Masten & Powell, 2003). The development of measurements for resilience is essential for understanding adaptation especially across cultures; however, more randomized trials, and interventions are needed. Thus, correlations for construct validity are important but more generalization is needed.

Qualitative Studies on Resilience

Ungar (2008) identified qualitative studies that contribute to resilience research by deepening understanding of the phenomena through narratives. Ungar identified the relevance in five different ways: (1) Study phenomenon in specific contexts; (2) Trustworthiness based on thickness of description of context; (3) Elicit and add power to minority voices accounting for "localized definitions of positive outcomes" (p. 94); (4) Avoid generalization of outcomes favoring transferability; and, (5) Social and cultural factors play a role in determining what are good and bad outcomes, hence researchers being accountable for social location Children may be resilient in one or more domains but vulnerable in other areas.   More research on resilience related variables such as gender, class, and ability is needed to account for the complexity of people's experiences and relationships based on social and political contexts. Narratives produce standpoints of marginalized people "giving voice to those who are otherwise silenced in the

production of knowledge contributes to a deeper understanding of the localized discourses of resistance that permeate disadvantaged communities" (Ungar, 2008, p. 94).   .

Hauser and Allen's (2007) longitudinal study on the unfolding of resilience used a follow-back design with adults who faced adverse situations as children. The researchers originally recruited early to middle range adolescents (*N*=146) who were psychiatrically hospitalized and faced at least two adverse situations in 1978. This research consisted of two groups: former psychiatric patients from a hospital and volunteers in high school. Hauser and Allen (2007) examined the mechanisms of resilience as it occurred through adulthood. The authors used a person centered approach from previously recorded interviews to better understand how resilience changed over time and develop revised, previously identified protective factors. Hauser and Allen (2007) used narratives to develop individual outcome profiles including: ego development, close relationships functioning, and social competence. An empirical definition was created in which the authors linked assessments with each profile. Percentile scores over 60 were considered resilient. Participants whose social competence scored under the 50% was based on substance use in past six months, criminal behavior over six months, and chronic psychiatric symptoms. Former patients who fell between the 40-60th percentiles were defined as average functioning. Nine participants fit this profile and were interviewed annually for a 20-year period. Case examples weaved narratives of their developments and the accrual of resources while moving through developmental stages. Some conclusions were how self-constructions changed over time as participants were able to self-reflect, develop a sense of agency, self-complexity, persistence, and increased self-esteem.

The ability to increase interpersonal relationships and mentoring was instrumental for these participants as they revealed vulnerable sides of themselves, and even after disappointing experiences, led successful lives.

Beardslee (1989) used a qualitative study to challenge researchers to further define health or adaptation as a prerequisite before operationalizing resilience. Researchers who have identified individuals as high risk have characterized adaptation based on an individual's ability to report about what has sustained them in their lives. Current behavioral functioning is the first step in assessing resiliency and overall adaptation. Close relationships, certain temperaments, and thoughts of mode and action when faced with stress can impact resilience. Beardslee was interested in what sustains individuals regarding resilience. At the time of this study, no standardized instruments existed for measuring resilience, and the sample consisted of individuals living and working in unusual life situations. Participants included children living with parents with affective disorders ($N = 275$) from 143 families. The 20 youth with the best functioning in high-risk families were selected two and a half years after an initial assessment. Eighteen participants were interviewed using a short assessment of adaptive functioning and an in-depth life history. Data collection used open-ended interviews and examining past/current issues with a focus on a greater awareness of oneself. Participants identified having quality relationships with others, the ability to problem solve, and caring for ill parents. Participants addressed self-reflective difficulties such as self-perception, self-esteem, and the overwhelming feelings of parentification yet found themselves having greater empathy and ability to think independently as a result of being caregivers to parents. Lastly, they learned how to obtain a better locus of control and maintain a sense of identity. Qualitative research methods involving narrative coding and qualitative interviewing illuminate individuals' experiences, and suggest

opportunities for meaning making. The onset of future longitudinal qualitative research with diverse adolescents is necessary to understand their worldviews based on language, culture, and identity. The presence of researchers onsite to conduct other qualitative methods, including ethnographic studies, increases credibility, validity, and builds rapport.

Therapeutic Theatre in Fostering Resilience

Therapeutic theatre, a method of drama therapy that is both process-oriented and performance-based (Snow, 2009), has no clear definition. Austin (1917) was one of the earliest scholars on drama therapy who established a framework for therapeutic theatre. Austin (1917) described performance as originating from the central character's personality shaped through the embodied acquisition of positive/negative attributes of the lived environment. The character's role is further developed "during the positive moments the originative elements of the play-personality resides in the developing role…during the negative moments the role himself has conceived of it as residing in his environment" (Austin, 1917, p. 74).

Hence, the script of the play is subsequently developed through the interplay of positive and negative interactions between the central character and cast members. Jones (2013), in a recent critique on Austin's (1917) writing, suggested "the audience and the therapeutic performance are connected to his conceptual framework of contrast, dynamism and transformation. Audience and those creating the performance are seen in dynamic tension and this contrast produced therapeutic results for the audience" (Jones, 2013, p. 355). These relational interactions result in the central character emerging in a different or positive way than prior to the performance, leading to a circumstance for therapeutic drama to occur to understand the tension between the individual and audience/performer relationship and performance-enhancing the positive and reducing the negative (Jones, 2013).

Drama therapists recently became familiar with Austin's (1917) seminal work, and have continued to advance the field of drama therapy through writings on technique, and theory. Drama therapists agree that therapeutic theatre performances consisting of an individual or group can: (a) shift performers intrapersonal states of wellbeing, (b) confront or accept all aspects of life, (c) build supportive network with others, and, (d) let go of the burdens of the lived experience, educate an audience, and empower performers (Hodermarska, Landy, Dintino, Mowers, & Sajnani, 2015).

According to Jennings (2011), Pendzik (1994), and Mitchell (2005), therapeutic theatre is described as a ritualistic process revealing struggles in the lives as individuals and groups, and evokes an emotional response from the audience (Jennings, 2011). Mitchell (2005) described therapeutic theatre as a structured drama therapy process in which participants "enter a liminal space, where the givens of daily life are let and go and new possibilities can surface" (p. 50). Drama therapy techniques are provided through different stages with the intention to remove the individual's obstacles or blocks limiting emotionality, leading to change and "discover a new potentiality within themselves" (Mitchell, 2005, p. 50). Mayor and Dotto (2014) described therapeutic theatre as challenging the power structures in society by developing themes based on cultural or social history, and encouraging adolescents to enact problems they face on a daily basis.

Bailey (2009) added that performance can illuminate social political commentary, offer the therapeutic element, and potentially desensitize traumatic memories while increasing audience awareness. In this process, however, there may be more regression due to emergence of painful emotions (Emunah, & Johnson, 1983; Johnson, 1981; Mayor & Dotto, 2014). Chronic mentally ill adults demonstrated varying levels of resilience during phases of a

therapeutic theatre process (Johnson, 1980).   Emunah (1994) noted that individuals who

participate in a therapeutic theatre process tell real life stories and reveal their identities and

history to an audience. Emunah (1994) added therapeutic theatre is extended from therapy to

education and produces not only personal material but also universal. Snow's (2009) model on

therapeutic theatre emphasized the healing, and symbolic/archetypal qualities that lead to

"potential for positive transformation of the self-concept" (p. 127).

   Therapeutic theatre differs from other performance-based methods envisioned by drama

therapists. These methods include: self-revelatory performance, autobiographical performance

(Emunah, 2015), aesthetics (Pendzik, 2008) and therapeutic theatre performance research

(Sajnani, 2013). Self-revelatory theatre is the creation of "an original theatrical piece out of the

raw material of current life issues (Emunah, p. 71, 2015). Performances provide a working

through of life issues, which are shared to educate the audience and lead to achievement for the

performer (Emunah, 2015). Autobiographical performance uses storytelling of personal material

without the intention of leading to healing or transformation, but more for connecting with an

audience (Emunah, 2015). For the adolescent, engagement in the therapeutic process promotes

skill-building, build trust leading to achieving emotional release, and expressing pain, strengths,

and inner resources (Emunah, 1990). Adolescents turning to a peer support group as opposed to

family may reduce feelings of isolation and gain a greater sense of belonging.

   Pendzik (2006, 2008) argued that aesthetics play a role in the amount of freedom a

participant has based on the shifting roles the therapist has in the therapeutic theatre process. For

example, the therapist may witness a scene "through the eyes of a theatre director" (p. 95), in

which the participant plays a role in a certain way that may not be supported by the therapist.

Pendzik (2015) stressed the importance of the therapist maintaining a supportive stance to allow

more authenticity without constraint. Sajnani (2013) extended Pendzik's (2008) work on aesthetics by reflecting on the social and political commentaries enacted in theatrical performance that illuminate the lived experience of marginalized groups where therapeutic performance research "arises from the interplay of ethnography and therapeutic theatre in drama therapy…that carries the potential for compelling art, rigorous inquiry, and healing for participants and audiences" (p. 385). The affective quality of therapeutic theatre is not necessarily measured but may be felt by audience members, based on the material witness on the stage. Hodermarska et al. (2015) posited the implications of therapeutic theatre as risk taking:

> We have the opportunity to lay bare the essence of the drama therapeutic process to operate in the tender care of all concerned and risk being seen on a stage in front of an audience…exploring the nature of the performers as well as the nature of the performance. (p. 182)

Research on Therapeutic Theatre

Therapeutic theatre has been viewed as a positive experience of group collaboration while working toward achieving therapeutic goals. Snow, D'Amico, and Tanguay (2003) employed a phenomenological approach to understanding the experiences of cognitively impaired adults performing a play in front of a live audience, defining it as therapeutic theater. Roles were specifically picked out for performers that were consistent with their identities and personas. After performing, participants reported feeling more cohesive as a group and demonstrated greater empathy toward each other.

In a landmark study on drama therapy and performance, Johnson (1980), while working with inpatient psychiatric adults, examined the association between patients' symptoms and theatrical performance. The study examined two performances facilitated in the institution. The first performance had four men and four women. Seven of them were diagnosed with chronic schizophrenia, and the eighth was diagnosed with borderline personality disorder. The second performance, done a year later, had five men and two women. They were all diagnosed with schizophrenia. Data were collected using checklists that measured social contact and clinical state. The checklists were categorized into different themes including peer socialization, group involvement, mood disturbance, thought disorder, and anxiety, among others. These checklists were completed by nursing staff reporting on patients during four separate periods: (1) pre-rehearsal; (2) during the four weeks of rehearsal ending with the performances; (3) four weeks after performance; and, (4) eight to 12 weeks after the performance (for the first play only).

For the first play, Johnson (1980) concluded that the group was more social and less symptomatic than the control group in the rehearsal and performance period, although the result was not statistically significant. However, there was a worsening of symptoms ($t(7) = 1.53$, $p <.10$) four weeks after the play as well as less social contact ($t(7) = 2.20$, $p <0.05$) in the same period. The study cited that the patients "fully recovered" (p. 269) from the symptom increase and withdrawn state during the period eight to 12 weeks after the play. In the second play, the patients had less social contact four weeks after the performance but there was no change in the clinical state throughout the study other than a slight increase during the rehearsal and performance. None of these changes were statistically significant. It is likely that the combination of the fragility of patients, the intense rehearsal schedule, and lack of processing of the termination of the play resulted in worsening of symptoms after the performance. The specter

of being reintegrated into the community may have been a factor, as well. Future studies might focus on more psychiatrically stable patients who could have greater ego strength to tolerate termination. A less restrictive environment, such as an outpatient or day treatment program, and a larger number of participants could also facilitate more meaningful processing of performance experiences, perhaps yielding more significant results.

Due to the lack of studies in this area, more research is needed using quantitative as well as both pre- and post-performance measures. Anecdotal reports also support the use of performance-based interventions with individuals with mental illness. Emunah and Johnson (1983) directed several plays with an inpatient psychiatric population. Play development revolved around the patients' real life experiences. Patients engaged in a rehearsal period, which helped set boundaries and develop group cohesiveness. The patients reported feeling powerful when confronting audience members. Although this report did not use an empirical research design, the performers' experiences support the use of performance-based interventions to combat stigma. Further research to develop interventions for education and contact is warranted.

In another qualitative study, Peleg, Lev-Wiesel, and Yaniv (2014) used *testimony theater* to develop creative arts projects between Holocaust survivors and second and third generation youth to increase awareness. In this theatrical intervention, testimonies were collected from the survivors and varying drama therapy techniques were used with the youth such as improvisation, role-playing, and playback theater. Youth performers collaborated with survivors on a weekly basis over the course of a year to build cohesion as a group by engaging in different drama therapy techniques. The initial months were used to establish a safe space for survivors to process testimonies. During the remainder of the year, a play was developed, leading to a performance in front of an audience. An analysis of the performances found themes that

included the traumatic impact of genocide, survival, and being labeled with a number in

concentration camps. Survivors reported that they found a collective voice, and took on

empowered roles of being "storytellers" instead of being a "number" (p. 415). The results of this

study generated interesting questions that need further exploration, such as how the testimonies

informed the audience and changed their perceptions of the Holocaust and its survivors.

Using *ethnodrama* techniques, Snow and D'Amico (2015) studied female adolescents

exposed to significant trauma who were living in a residential facility. Mienczakowski (1997)

described ethnodrama as "explanation and expression in a public forum which open its meanings

to its informants as well as to wide audiences including the academy" (p. 170). In this method,

members of an audience can more visibly see stigmatized performers who have been previously

devalued or demoralized. Participants ($N = 9$) from different cultural backgrounds were

interviewed and engaged in art and drama interventions (Snow & D'Amico, 2015). Themes

coded from interviews included attitudes toward their situation, how outsiders viewed them,

hope for the future, and sense of self. The use of art media contributed to data collection,

culminating in a rehearsal and seven-scene performance for service providers and families. The

audience completed a pre-performance questionnaire reflecting on stigmatizing attitudes and

perceptions. Descriptive statistics revealed audience members ($n = 33$) agreed or strongly agreed

that adolescents are concerned about how others view them (61%) and helping others (81%); yet,

a lower percentage strongly agreed they are concerned about the future (9%), while only (3%)

agreed or strongly agreed these adolescents were "black sheeps" in their families (p. 213). If the

audience was more mixed with nonfamily members and the general public, there may have been

clearer opportunities to examine attitude changes.

Summary

The number of adolescents needing emotional and social support in school settings to better manage trauma-related or other adverse related symptoms is profound. As evidenced by the review of literature, resilience has no clear operationalized definition. Although rebounding or bouncing back from adversity is a primary tenet, culture, personality traits, and other variables contribute to the resilience phenomenon. Empirical support for adolescents demonstrates that fostering SEL is a burgeoning area that needs examination (Greenberg, et al, 2003) Skill building is necessary to increase positive resources and reduce risk of negative behaviors such as substance abuse, as well as internalizing pathological symptoms contributing to high school dropout (Durlak, et al, 2017).

Although introducing SEL skills with youth at a younger age may be beneficial, the leap into adolescence is a biological, physiological, emotional maturation period that varies from individual to individual.   It can be suggested that previously acquired skills or resources may help adolescence navigate through this challenging period, yet it is a nonlinear period, where adolescents may be triggered, regress, and be at their most vulnerable (Olsson, Bond, Burns, Vella-Brodric, & Sawyer, 2003).   Kia-Keating, Dowdy, Morgan, and Noam (2011) suggested an integrative conceptual model focusing on examining risk and protective factors. The authors suggested involvement between the "individual, family, community, and cultural factors…are thought to influence the entire system" (p. 221). These pieces may provide a transactional ecological model that posits interventions "need to attend to multiple levels of an adolescent's social ecology and not just rely on building individual assets in isolation" (Kia-Keating, Dowdy, Morgan, & Noam, 2011, p. 222).

Due to the crucial stage of adolescent development, identity is important in making choices about social groups and maintaining a certain status in school (Moses, 2015). Hence, the desire for adolescents to participate with a community of peers may provide opportunities to develop knowledge that improve status in school and differentiate themselves from primary caregivers (Erickson, 1968), where they can be trusted and less scrutinized, leading to greater self-efficacy, autonomy, and empowerment.

The integration of expressive therapies into traditional and non-traditional high school settings and after-school programs has the potential to fill this need, especially for adolescents facing multiple or severe stressors (Durlak, Dymnicki, Taylor, Weissber, & Schellinger, 2011). Expressive arts interventions may provide opportunities for students to engage in periods of self-discovery where they can build a support network, improve social skills, problem-solve, and develop the capacity to resolve conflicts without the use of violence, ultimately promoting tolerance (Bailey, 2009; Mayor & Dotto, 2014; Snow & D'Amico, 2003, 2015). Through these relational actions, underlying concerns of the group collective emerge that inform and define lived experience (Snow, 2009).

Therapeutic theatre for adolescents needs further examination. Aside from Snow and D'Amico (2015), few empirical studies have been conducted with this population. Due to the adolescent period of vulnerability, where academic and social functioning can be compromised, process-oriented interventions are needed to support adolescents as they face future adversities, in conjunction with improving academic achievement.

CHAPTER 3

Method

The purpose of this study was to examine the potential of therapeutic theatre with respect to resilience among adolescents with indicators of school dropout. This study employed mixed methods using quantitative scales and qualitative interviews with adolescents in an afterschool drama therapy program over 12 weeks from March until May 2017. The Behavior Assessment System for Children Second Edition (BASC-2) and the Resilience Scale (RS) were administered to six participants at the beginning and completion of the 12-week interval, which included weekly group drama therapy interventions leading up to a live performance, and one week post performance. A mixed method design was employed as mixed method approaches provide alternative perspectives, and illuminate the phenomenon when combined with standardized test data to cross-validate or corroborate findings (Hanson, Creswell, Plano-Clark, Petska, & Creswell, 2005).

Research Design

Mixed methods approaches are not intended to replace qualitative or quantitative methods, but to draw on strengths and minimize weaknesses each approach has (Johnson & Onwuengbuzie, 2004).   Johnson and Onweungbuzie (2004) argued that researcher methods need to complement each other, and researchers should use multiple methods "to facilitate communication, to promote collaboration, and to provide superior research" (p. 15). Ungar and Liebenberg (2011) contended mixed method approaches are necessary in resilience research to "compare the results of quantitative findings with young people's descriptions of their experiences of complex interactions to nurture and maintain well-being within their challenging

social ecologies" (p. 128).   Creswell and Plano-Clark (2011) posited a philosophical framework

is essential when developing a mixed methods research design. The researcher employed a

pragmatic approach by using "all types of data to best answer the research questions" (Creswell

& Plano-Clark, 2011). Johnson and Onuwuengbuzie (2004; Johnson, Onuweuengbuzie, &

Turner, 2007) supported pragmatic approaches due to the integration of multiple perspectives

and approaches and "can be mixed into another research paradigm" (Johnson, Onuweugbuzie, &

Turner, 2007).

Measurement Tools

   BASC-2. The BASC-2 is a multidimensional system designed to evaluate behaviors and

perceptions for children and adolescents aged 2 through 25. The BASC-2 examines aspects of

personality such as positive and negative dimensions (Reynolds & Kamphaus, 2008) which can

be used diagnostically to aid in educational classification or differential diagnoses. The self-

report of personality (SRP) completed by adolescents yields a range of scores for individual

scales. The clinical scales measure maladjustment, and adaptive scales measure positive

adjustment (Reynolds & Kamphaus, 2008).   The BASC-2 can illuminate behavioral problems

and be a tool to help document behaviors associated with diagnostic codes in *The Diagnostic*

Statistical and Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association,

2013). For this study, 10 scales deemed appropriate for assessing resilience were used:

personal adjustment composite indicating positive levels of adjustment, clinical scales measuring

levels of maladjustment, and the emotional symptoms index (ESI) scale which is an indicator of

emotional problems more specifically internalized problems. Norms for the BASC-2 are based

on a national sample, representative of the United States with regard to gender, race, geographic

region, and clinical or special education classification. T scores are derived from raw scores and

used as a type of normative score for all scales. T scores describe distance from the mean (*M*

=50; *SD* = 10). Lower T scores on certain composite scales may be related to deficits in other

learning domains such as social skills. Poor attention or lack of competencies may not be limited

to lack of focus but other mood states such as anxiety, neurological, or environmental stressors

(Semrud-Clikeman, Walkowiak, Wilkinson, & Minne, 2010). However, students who have

demonstrated good competence skills in other areas, may show greater desire to achieve in

school and be more future oriented (Christenson & Thurlow, 2004).

    Clinical scales. Clinical scales in the BASC-2 measure maladaptive behaviors in which

higher T scores indicate maladjustment. Clinical scale T scores ranging from 60-69 are

considered at risk, T scores of 70 or higher are considered clinically significant. For this study,

clinical scales include internalizing problems (social stress, anxiety, depression) and school

problems (attitude to school, sensation seeking). According to Reynolds and Kamphaus (2008),

academic difficulties are linked to behavioral problems. The attitude toward school and

sensation seeking scales, gage the student relationship to the school and the potential to engage

in hazardous risk-taking behaviors. At-risk scores indicate a clear discomfort with school (e.g.,

dissatisfaction with teachers, peer relationships, environment), while clinically significant scores

indicate students may be at greater risk of exhibiting externalizing behaviors or extreme isolation

(Reynolds & Kamphaus, 2008).

    As a way to release internalized tension, some adolescents may engage in sensation

seeking behaviors such as substance abuse or conduct related behaviors. At-risk and clinically

significant scores indicate boredom, higher energy level, and potential for substance use

(Reynolds & Kamphaus, 2008). More positive adaptation to school and emotional well-being

may lead to future thinking and positive risk taking as opposed to negative perceptions, which

may lead to negative risk-taking behaviors or dropping out (Robbins & Bryan, 2004). Youth

diagnosed with ADHD or depression have poor academic outcomes, yet assessment of school

attitudes, study skills, and adaptability paired with assessment may indicate improvement in

school functioning. Hence, the accumulation of social stress may lead to somatization

symptoms, or inadequacy leading to maladaptive behaviors when faced with new circumstances.

The anxiety, depression, and social stress scales assess feelings of dread, hopelessness, and

worries typically irrational for individuals, yet may be chronic evoking greater emotional lability.

Results of rating scales are not the equivalent of a diagnosis; yet, they provide information

involving co-occurring problems. Hence, the severity of anxiety and depression, in conjunction

with other stressors, significantly interferes with the students' abilities to establish and maintain

interpersonal relationships and impact performance in school (Volka et al., 2010).

 Adaptive scales. Adaptive scales in the BASC-2 measure positive adjustment. For this

study, a personal adjustment composite (e.g., interpersonal relationships, self-esteem, self-

reliance) were used with respect toward aspects of resilience. Adaptive scale T scores in the 31-

40 range is at-risk. Scores under 30 are clinically significant. More clinical attention is paid to

at-risk scores, as these are indicators that more treatment is necessary to reduce risk factors

(Reynolds & Kamphaus, 2008). As opposed to clinical scales, high scores are positive or

desirable characteristics, while low are more problematic areas (Reynolds & Kamphaus, 2008).

The interpersonal relations scale assesses success and enjoyment of relating to others, while self-

esteem assesses self-satisfaction. However, adolescents who tend to score low for interpersonal

relationships have difficulty seeking out positive peer relationships (Reynolds & Kamphaus,

2008). Furthermore, the BASC-2 self-esteem scale assesses acceptance and trust that are

considered crucial especially for adolescents with low self-esteem (Reynolds & Kamphaus,

2008). Positive peer relationships with peers, adults, and positive sense of identity are indicative of good self-esteem, yet Kamphaus, Distefano, and Lease (2003) posited some adolescents might have poor self-esteem with the absence of psychological difficulties. The self-reliance scale assesses confidence and the ability to make independent decisions. Higher scores indicate ability to embrace new challenges have better access to internalized resources, demonstrate greater responsibility, and better tolerance of painful emotions. At-risk or clinically significant scores may indicate more obstacles when confronting new challenges, most notably in school achievement.

BASC-2 validity. The BASC-2 is comprised of positive and negatively worded items to guard against response sets (Comrey, 1988; Reynolds & Kamphaus, 2008). The F-index assesses whether a participant responds to items negatively. Reynolds and Kamphaus (2008) explained the F-index is considered "fake bad" (p. 70) due to participants attempting to look severely disturbed by choosing items reflecting abnormally high numbers of symptoms. The L-index is viewed on the other extreme, or as fake good. It may show responses that present an idealized view of self. High L scores indicate self-report scales may be overly positive. The V-index is nonsensical items that are marked due to carelessness, or failure to cooperate with the assessment process. Scores in the caution or extreme caution range suggest a participant may be uncooperative.

Resilience Scale. The RS was developed by Wagnild and Young (1993) after a qualitative study with women who adapted successfully after a self-identified major loss. Wagnild and Young (1990, 1993; Wagnild, 2014) identified five characteristics of resilience based on responses from the participants when asked about self-identified loss. Wagnild (2009; Wagnild & Young, 1993) conceptualized these five characteristics as the core foundation for the

scale:

*Perseverance***:** individuals' willingness to struggle, remain invested in process to

overcome adversity.

*Equanimity***:** balance perspective of life and experiences, waiting for what comes

moderating responses to adversity.

*Meaningfulnes*s: Life has a purpose and recognition there is reason to continue living.

Self-reliance: Drawing on one's personal strengths and using them to guide their actions.

*Existential Aloneness(Authenticity)***:** All individuals are unique, some experiences are

shared, while others are to be faced alone.

These five characteristics were based on indicators of resilience morale, self-esteem, and life

satisfaction Refer to Appendix B for RS. Wagnild (2016) argued resilience is a state versus trait

phenomenon in which inherited traits and/or human experiences influence behavior, while Rutter

(2007) argued resilience occurs only after one faces adversity. Wagnild (2016; Wagnild &

Young, 1993) submitted having a sense of purpose in life is an important characteristic of

resilience, ultimately leading to a resilience core. The stronger a resilience core, the healthier the

lifestyle one is able to maintain. The RS is 25 items using a 7- point Likert from 1 (disagree) to

7 (agree). Total sum scores from the RS greater than 145 indicate higher levels of resilience,

125-145 are moderate scores, and 120 or below reflect low levels of resilience (Wagnild, 2009).

There have been three RS studies with adolescents, findings have suggested adolescents

attempted to make positive connections with peers, overcome feelings of hopelessness, and

ultimately developed a stronger belief in themselves, even managing their own failures and

negative coping strategies (Hunter & Chandler, 1999; Rew, Taylor-Seehafer, Thomas, &

Yockey, 2001). In a review of studies using the RS with adolescents and adults (Wagnild, 2009),

the lowest average score was 119.2 among homeless adolescents, while other scores were moderate at 140 to 148. Without secure attachments or resources from home and community, adolescents with untreated psychiatric disorders may struggle deeply with finding meaning and persevering. The RS can be useful when used in longitudinal studies with diverse groups or in experimental designs with control versus treatment groups, as pre-test and post-test may be beneficial in tracking changes in resilience.

Qualitative Interviews

The purpose of qualitative interviews was to provide multiple perspectives of resilience from adolescents, based on their individual experiences. Questions focused on how adolescents have faced adverse circumstances, inquiring about protective factors or resources they have accrued to help them when faced with risky situations, and how they rebound from obstacles. Connecting therapeutic theatre with resilience qualitatively was hoped to make invisible qualities such as the therapeutic alliance, visible and offer opportunities for participants to be seen and heard (Feldman, Ward, Handley, & Goldstein, 2014). Several exploratory questions were included leading to opportunities to greater dialogue and new inquiry. Participants and their individual knowledge can contribute a greater method of social construction through interacting with similar experiences (Creswell, 2013). Ungar (2008); Glantz & Sloboda, 1999; Masten, 2001), argued qualitative components can address the hurdles quantitative resilience researchers miss that diminish validity. Interviews provide narratives of adolescent perspectives which can be largely different from adults and develop into different self-realizations (Beardslee, 1989). For the context of resilience, interviews can uncover phenomenological processes that are not elicited through quantitative measures, add power to marginalized voices, and "account for unique localized definitions of positive outcomes" (Ungar, 2008, p. 86).

The investigator attended several after-school program meetings to introduce the study and gage interest from possible participants. Qualitative interviews were conducted concurrently with quantitative measures at the beginning of study and post-intervention. Post-intervention interviews conducted one week after performance probed the participants' experiences and the RS assessed any changes in resilience that might support the ENACT curriculum (see Appendix C for interview questions). Qualitative data were obtained through semi-structured, open-ended interviews. Interviews questions were intended to elicit narratives from participants based on identifying protective factors and risk factors, when faced with emotional stressors from the home or school environment. Questions on levels of engagement in a therapeutic theatre process were intended for participants to identify roles or themes based on personal or social issues they would like to share to an audience based on the performance theme, which was resilience.

Setting

The study was conducted at a co-ed, multilingual, multicultural public high school located in Brooklyn, New York. Compared to other New York City schools, the school was fairly small with only 268 students (https://insideschools.org/school/15K592). Demographics for the school at that time were that student were 35% African American, 36% White, 17% Asian, 7% Hispanic, and 4.5% other groups. Males represented 55% of the population, and 14% of students were diagnosed with a learning or physical disability.

The school has faced adversity. It opened in 2007 as a middle school, and focused on Arabic themes including teaching Arabic language, which catered to the predominantly Arabic neighborhood but with low attendance rates. Over the past few years, the school had added a rigorous international baccalaureate program that promoted cultural understanding. In addition, other services are provided to help newly immigrated students in transitioning to the school.

The school reported that more than half of students (57%) felt the school offered enough programs, or supports to keep them engaged in school, 55% believed programs, classes, and activities were enough to develop their talents outside of the classroom, and 53% felt they were challenged in most of their classes. As of 2016, the four-year graduation rate was 67% compared to the 77% citywide average. Future outcomes are predicted to be less than the city average for test scores, as only 22% of students graduate to enroll in city colleges without remedial help. Lastly only 12% of students take a college level course or professional certificate, which is nearly 30 points below the city average (https://www.usnews.com/education/best-high-schools/new-york/districts/new-york-city-public-schools/khalil-gibran-international-academy-147528).

Participants

After approval from Lesley University Institutional Review Board, six participants provided parental consent and gave assent to participate after recruitment from the onsite drama therapist. Participants were recruited by the onsite drama therapist through the school-based drama therapy program ENACT. An after-school drama therapy program was conducted throughout the academic year from September through June. This was a convenience sampling study as interested participants returned completed consents to the drama therapist. Due to the small number of consents no groups were assigned.

The total number of participants was six. The ethnic breakdown of participants included two Latino, two African American/West Indian, and two members with mixed ethnicities. Five of six participants lived in Brooklyn. Four males and two females participated in the study. The mean age for participants was ($M =16.2$). All participants were in grade 10 or higher. Refer to Table 1 for demographic information.

Table 1

Demographics for Sample Population

Demographic Information	Amount	Percentage
Ethnicity		
African American	2	33%
Latino	2	33%
Multiethnic	2	33%
Residence		
Brooklyn	5	83%
Manhattan	1	17%
Gender		
Male	4	67%
Female	2	33%
Grade		
10th	3	50%
11th	2	33%
12th	1	17%

Research Protocol

The intent of this study was to develop a more unified understanding of the resilience process in an academic setting using therapeutic theatre as the intervention. Participants attended a weekly drama therapy after-school program on Thursdays beginning in September 2016 through the first week of June 2017. Research data were collected pre and post for a period of 16 weeks from the week of March 1st, 2017 through the week of June 5th, 2017. Measurement of the intervention began March 9th and ended May 25th. Pre-intervention quantitative scales were completed by participants on Wednesday March 1st and qualitative interviews were conducted on Wednesday March 8st. Post-intervention scales were completed the week of June 6th and interviews were held on Friday June 9th two weeks after the performance. The investigator

targeted this phase of measuring resilience as group members were more familiar with each

other, and themes and script development for the performance were commencing.

Intervention

Participants attended a weekly after-school drama therapy program for 75 minutes.

Group sessions were facilitated by a New York State licensed creative arts therapist who was

also a teaching artist, and a drama therapy student intern. The group began in the fall, shortly

after the academic year began. Group sessions consisted of interventions focusing on:

embodiment, group cohesion, role identity, increasing expressive skills, and enhancing SEL

skills. The 16 weeks of the therapeutic theatre program in the spring that were the focus of the

data collection period consisted of constructing themes, identifying roles, and the development of

a script. The final script was performed for a live audience at the end of May.

The onsite drama therapist from ENACT and her intern coordinated handing out and

retrieving completed BASC-2 and RS surveys. The researcher was a nonparticipant and came to

inform participants at the school of the study, provide consents, and be visible to build rapport.

Weekly intervention groups occurred for 11 weeks, while the final two weeks

participants rehearsed, memorizing the script, and performing it. The following interventions

were carried out:

Weeks 1 and 2. Interventions throughout the course of the academic year focused on

team building and self-regulation. Participants reoriented with each other after winter break and

worked on identifying themes important to them that they wanted to share with an audience. The

drama therapist encouraged participants to consider social issues that might impact informing the

audience. To prepare thinking about these issues, participants engaged in drama therapy games,

journal writing, and brainstormed about possibilities.

Weeks 3-5. As participants developed greater rapport, drama therapy exercises focused on dissecting proposed themes, and identifying core issues designed to increase students' ability to engage in critical thinking, and psychological awareness (Emunah, 2015). Participants engaged in role playing, free association, and improvisational games to embody these issues and explore further until they were able to achieve a central goal.

Weeks 6-8. Participants continued to deepen character identification, develop identifying traits, and types of relationships. Writing prompts were offered to help students express and explore topics in a more focused way. Although some of the developed material would not appear in the performance, participants were given the opportunity to think more about their roles in society.

Weeks 9-11. Characters were fully developed and the final theme was selected as part of the group scene. These two weeks focused on finalizing the script and preparing for performing on stage through imaginative play, improvisation techniques emphasizing deepening of role development, group dramatic games extending embodied practice, dyad work, and improvisation.

Weeks 12-13. The final two weeks was the rehearsal period and performance focusing on embodied work, strengthening group cohesion, letting go of internalized stress, reimagining roles, identifying with character, and embodying one's character. Participants engaged in a dress rehearsal process, using repetitive activities to increase familiarity of role and reduce anxiety they may have been experiencing as the performance approached. Participants completed the performance at the end of May in front of classmates, family, community members, and other school professionals.

Data Analysis Procedures

Quantitative data analysis. The quantitative data were analyzed by comparing pre and post intervention scores from the self-report questionnaire of the BASC-2 and assessing changes in composite scores for clinical, and adaptive scales. The BASC-2 SRP scale was completed on paper by participants. Responses were entered into BASC-2 Assist software, and checked by the investigator twice for accuracy of responses. The BASC-2 Assist program calculated T scores using 90% confidence level and alpha p <.05 from the general combined sex norm which indicated how participants in this study compared with the general population for adolescents of the same age. Mean scores were calculated in Microsoft Excel from individual T score pre-post intervention to examine change. A composite mean score was calculated by entering the mean percentile scores for each individual pre- and post-intervention to examine change as a group. Participants completed a paper version of the RS. Individual scores were summed pre-post intervention. A composite mean score was calculated pre-post intervention to determine change.

Qualitative data analysis. All participant interviews were transcribed manually with Express dictate digital dictation software. Responses to questions were coded with values coding. The application of values coding is based on perspectives of participants attributing values, beliefs and attitudes. According to Saldana (2013), values are the "importance we attribute to oneself, another person, thing or idea" (p. 110). Attitudes are how participants thought and felt about themselves, another person, thing or idea. Beliefs include values and attitudes, and additionally personal knowledge, experiences, opinions, morals and other perceptions of the social world. Saldana (2013) argued all three components of values coding may interplay or influence each other and "manifest themselves in thought, feeling, and action…what a participant states are his or her values, attitudes, and beliefs may not always be truthful or harmonize with his or her observed actions and interactions" (p. 111). It can be

suggested this may be true for adolescents, as due to the critical period of development, they are

still formulating their values and belief systems. Yet, with protective factors in place, these

values can continue to be nurtured and more specifically defined.

This study employed a concurrent embedded design. Qualitative and quantitative data

were brought together for further analysis. The BASC-2, RS, and qualitative interviews were

triangulated by connecting qualitative themes as they related to responses from BASC-2 scales,

and RS sum scores.

Chapter 4

Results

The intention of this study was to examine the potential of therapeutic theatre to impact resilience in adolescents. A mixed methods approach was employed using self-reported quantitative measures (BASC-2, RS) and qualitative interviews administered concurrently in two phases, during the course of 16 weeks. Data were collected and analyzed for trends. All participants were given pseudonyms so real identities remain confidential. Six participants, four males, and two females consented to this study. The ethnic breakdown of participants included two Latinos, two African American/West Indian, and two members with mixed ethnicities. Five of six participants lived in Brooklyn. Four males and two females participated in the study. The mean age for participants was ($M =16.2$). All participants were in grade 10 or higher. Refer to Table 1 for demographic information.

Performance

The performance is considered data due to interventions being a drama therapy process which led to the developing of themes, construction of narratives, and participant engagement in front of an audience. The performance occurred in a theatrical space on May 24th, 2017. The audience included members of the community, family, peers, school personnel, and staff from ENACT, who also participated in the show. Several ENACT programs from different schools, developed scenes for the performance in which the theme was resilience. Participants for this study developed a scene about electing a president of color for the United States, individual participants describing periods of adversity in their lives, ,and the group "standing" for various social and political issues. The scene was 25 minutes in duration, in which individual participants played a role and memorized lines.

BASC-2 Results

For this study, raw scores were converted to T scores, which indicate the distance from the combined group-norm mean, which is 50 with a standard deviation of 10. In all BASC-2 scales average range is within one standard deviation for the general population (41 to 59). In BASC-2 clinical scales (anxiety, attitude to school, depression, social stress, and sensation seeking) scores between 60 and 69 are considered at-risk. More than one at-risk classification may indicate significant emotional or behavioral problems requiring treatment, yet not severe enough to warrant a diagnosis. Scores of 70 or greater on the clinical scales are considered clinically significant, meaning high levels of maladaptive behaviors or absence of adaptive behaviors. For the adaptive scales (personal adjustment, interpersonal relationships, self-esteem, and self-reliance) scores between 31 and 40 are considered at risk, while scores of 30 or lower are clinically significant and are signs of a negative attitude or emotional lability, where intervention or engagement in treatment is warranted (Reynolds & Kamphaus, 2008). The emotional symptoms index (ESI) is composed of four scales from the internalized problems composite, and two from the personal adjustment composite. Elevated scores of more than 1 *SD* on several of the component scales on the ESI may indicate serious emotional difficulties.

At the pre-intervention phase of data collection, four out of six participants scored at-risk or clinically significant for one or more scales from the BASC-2. Four participants scored at-risk or clinically significant for internalized problems (e.g., social stress, anxiety, depression), three scored in at-risk or clinically significant for school problems (e.g., sensation seeking, attitude toward school). Four participants scored at-risk or clinically significant for personal adjustment composite (e.g., self-reliance, self-esteem, interpersonal relationships). No participants scored at-risk or clinically significant for ESI. li

Individual BASC-2 results.

Max. Max scored at-risk (64) for social stress within the clinical scales at pre-intervention. At post-intervention this score had changed to normal All adaptive scales fell within the normal range. Refer to Figure 1 for Max's results.
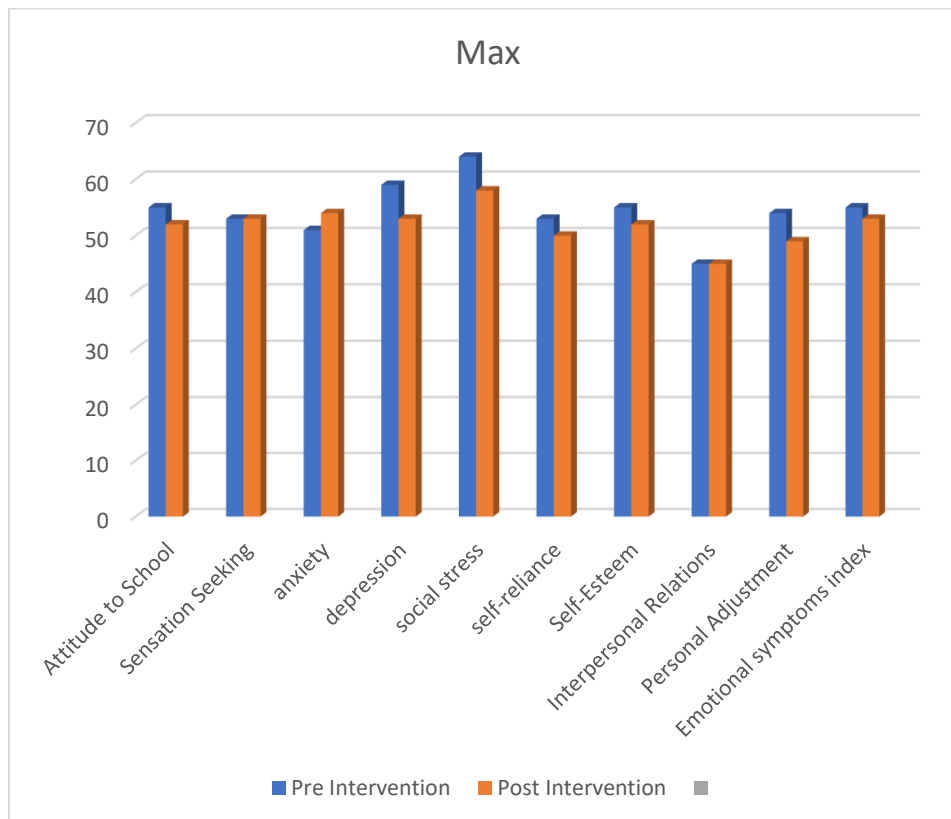

Figure 1. Comparison of BASC-2 scale scores beginning and end of 16-week period for Max.

Alex. Alex scored at-risk for sensation seeking (65) and anxiety (61) in clinical scales pre-intervention. Both scores were within the normal range post-intervention but Alex scored at-risk post-intervention for self-reliance (38) among adaptation scales. Refer to Figure 2 for Alex's results.
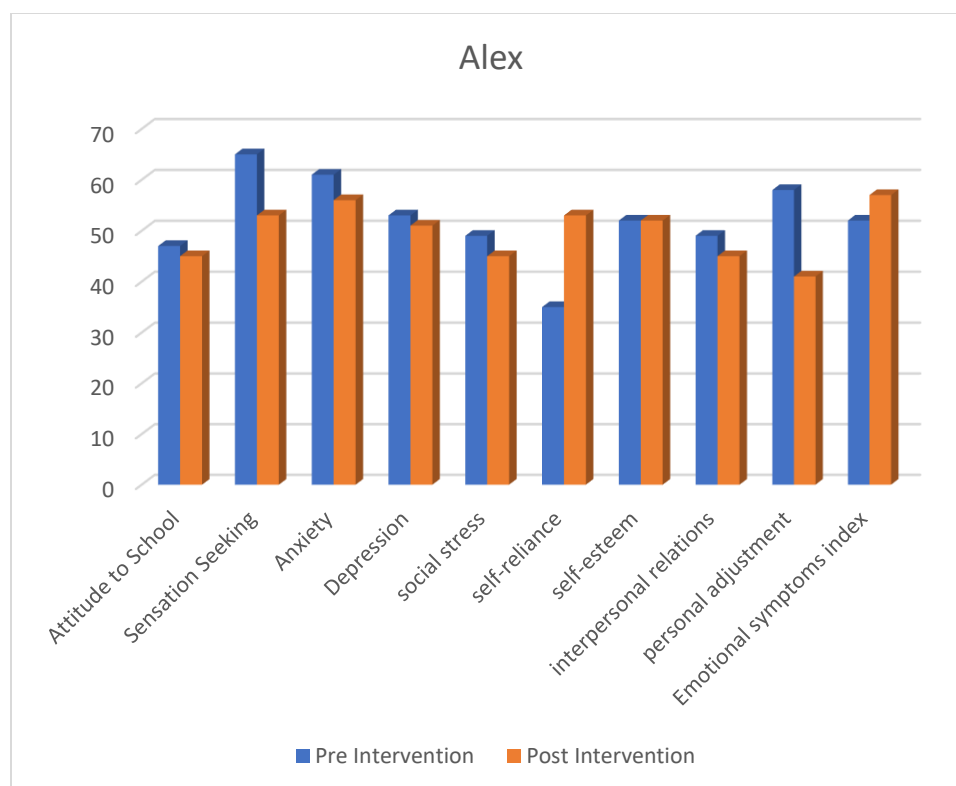
Figure 2. Comparison of BASC-2 scale scores beginning and end of 16-week period for Alex.

Ali. Ali Scored clinically significant on all measured clinical scales: attitude to school

(80), sensation seeking (70), social stress (80) anxiety (73), depression (82) pre-intervention. For

pre-intervention adaptive scales Ali scored clinically significant for personal adjustment

composite (30), interpersonal relationships (22), and self-esteem (20). The ESI (83) fell into

clinically significant classification. For post-intervention clinical scales, attitude to school (70)

decreased 1 SD, but still remained clinically significant. Sensation seeking (60) decreased 1 SD

moving to at-risk classification. Other clinical scales, social stress (66), and anxiety (67) moved

from clinically significant to at-risk classification, while depression remained unchanged at

clinically significant. Although ESI (74) score decreased, it remained in the clinically significant

classification post-intervention. For adaptive scales post-intervention, personal adjustment (32)

interpersonal relationships (32), and self-esteem (33) all moved from clinically significant to at-

risk classification. Refer to Figure 3 for results.
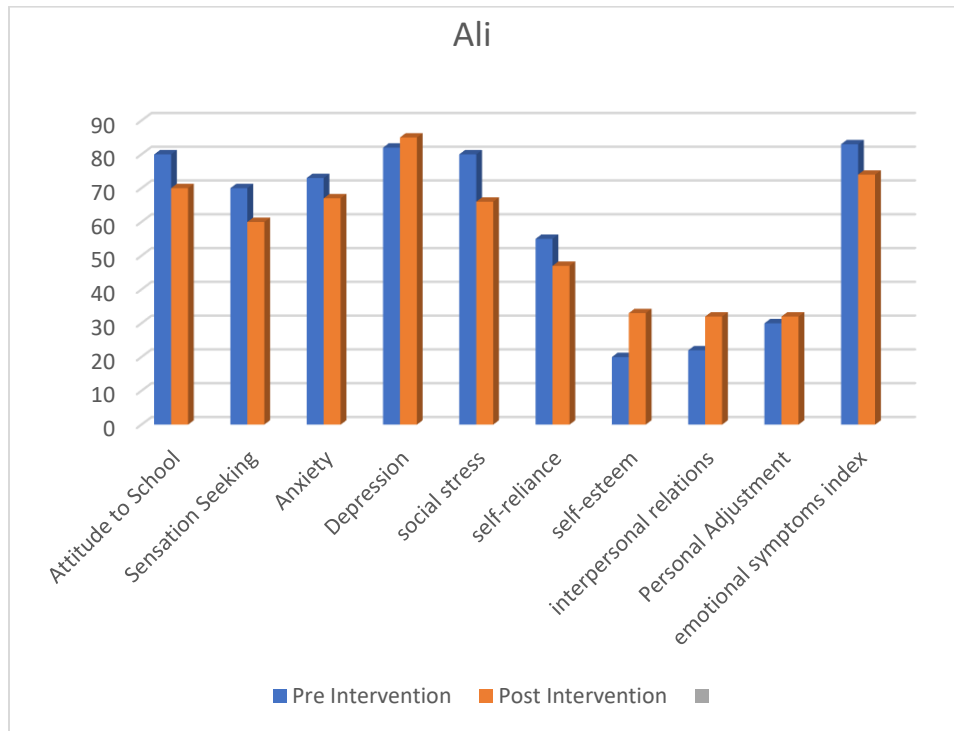
Figure 3. Comparison of BASC-2 scale scores beginning and end of 16-week period for Ali.

Liz. Liz was the only participant whose scores fell within normal range for all measured

scales. pre-post intervention. Refer to Figure 4 for Liz's results.
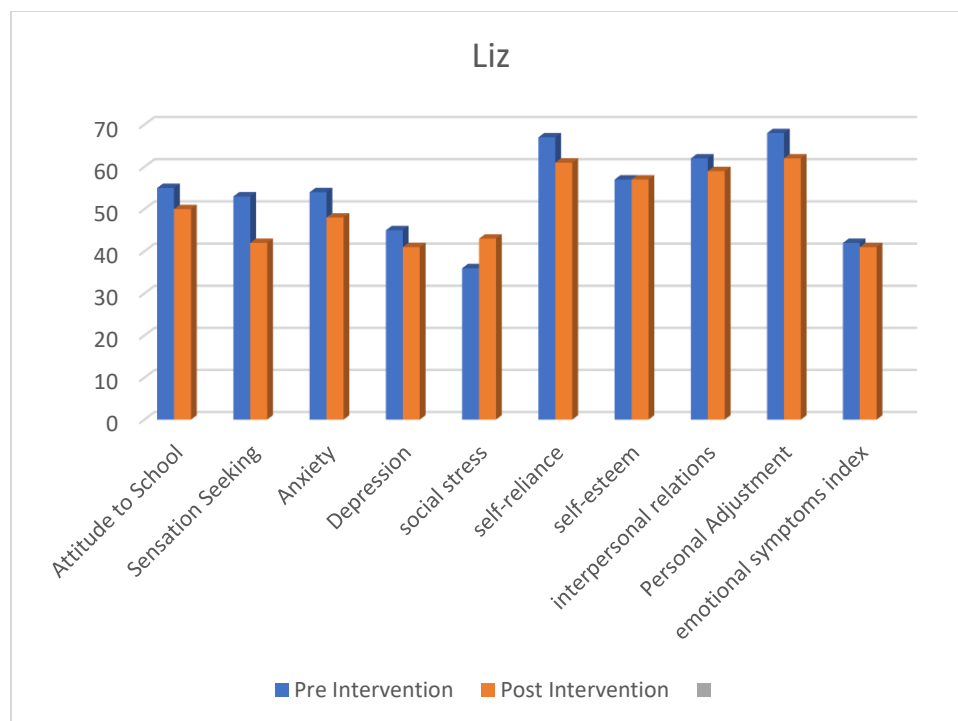
Figure 4. Comparison of BASC-2 scale scores beginning and ending of 16-week period for Liz.

Oliver. At pre-intervention, Oliver did not score at-risk or clinically significant for either clinical or adaptive scales pre-intervention. Post-intervention Oliver scored at-risk classification in the social stress (66), scale and clinically significant for anxiety (80), and depression (78). For adaptive scales, Oliver scored within the clinically significant range for personal adjustment composite (40), interpersonal relationships (29), and self-esteem (30). The ESI moved from normal to clinically significant (76). Refer to Figure 5 for Oliver's results.
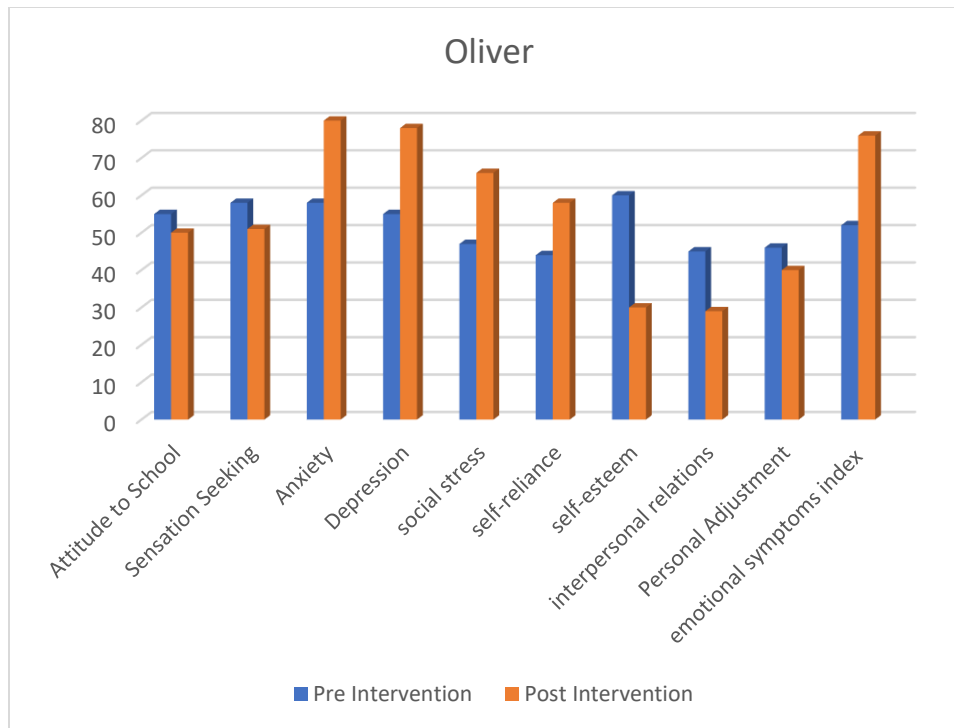
Figure 5. Comparison of BASC-2 scale scores beginning and end of 16-week period for Oliver.

Billy. Billy scored within normal range for all scales except self-reliance (35) which fell into the at-risk classification pre-intervention. Post-intervention, self-reliance moved within normal range. All clinical, adaptive scales, and ESI were within normal range post-intervention. Refer to Figure 6 for Billy's results.
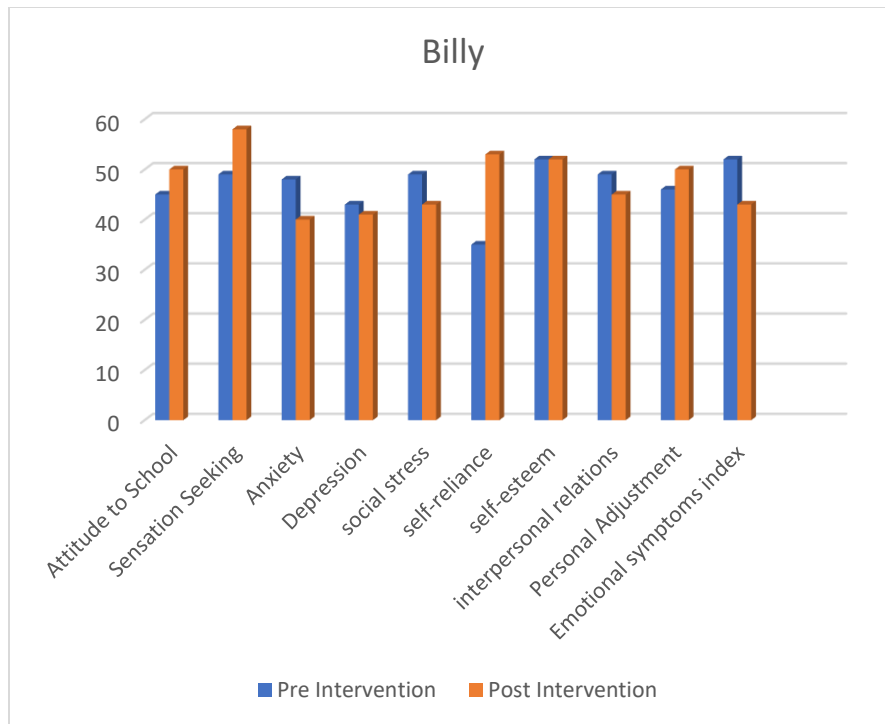
Figure 6. Comparison of BASC-2 scale scores beginning and end of 16-week period for Billy.

   Group. T scores from individual scale pre-post intervention were calculated into mean

scores for the whole group. Findings from group scores were analyzed the same as individual

scores. All clinical scales and ESI score remained within normal range (55-57.5) pre-

intervention. Adaptive scales remained with normal range (49-51.5) pre-intervention. Post-

intervention clinical scale and ESI scores remained within normal range (52.8-58.2) and adaptive

scale scores (45.2-51.2) remained within normal range. Attitude to school and sensation-seeking

minimally decreased, while internalizing behavior scales remained the same. Refer to Figure 7

for the group results.
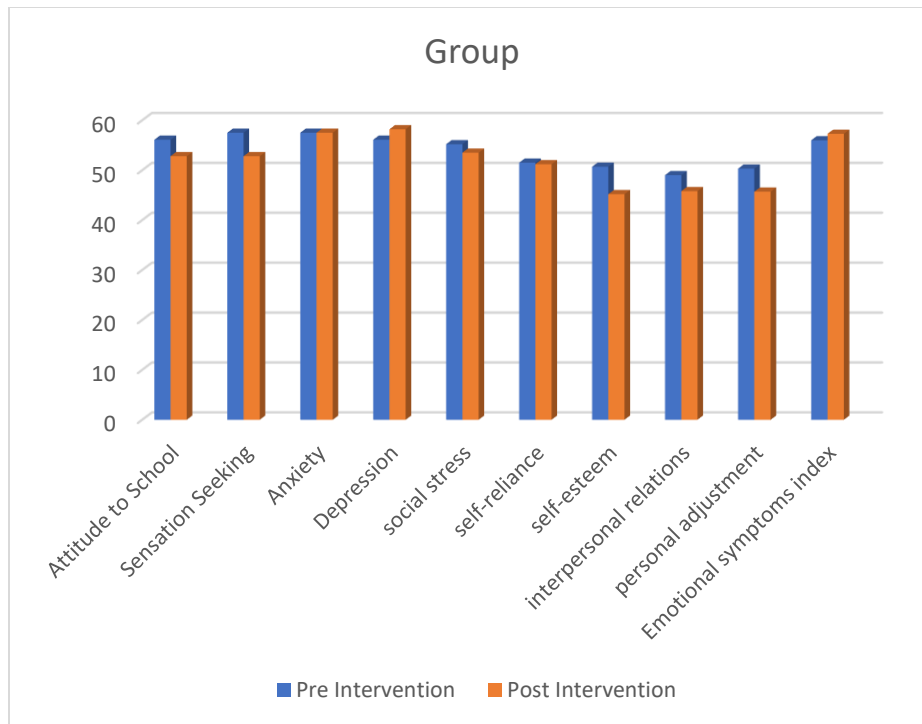
Figure 7. Combined group comparison scores for BASC-2 scale scores beginning and end of 16 week period.

Resilence Scale (RS) Results

The RS is 25 items, scored using a 7-point Likert scale. The range in score for the RS is 25 to 175. The questions are based on five characteristics of resilience considered to represent core resilience with higher scores representing greater resilience (Wagnild, 2009; Wagnild & Young, 1993). Sum of individual scores at post- intervention ranged from 113-146. Based on Wagnilds (2016) interpretation of scores, participant individual scores ranged from low (101-130) to moderate/moderate high range (131-160) levels of resilience for pre-post intervention. Four participants scored within the moderate range: Max, Alex, Liz, and Billy pre-intervention. Max, Alex; Billy scored 144 and Alex had the highest score (149). Ali and Oliver scored on the low end, under 130. Post-intervention Max, Liz, Oliver, and Billy scored within the moderate range with Billy having the highest score (146). Group mean scores were *M*= 134.7, *SD* = 13.5

pre-intervention versus *M*= 134.8, *SD* =14.4 post-intervention; see Figure 8). The mean score

indicated the group as a whole had a consistent, moderate level of resilience. Three out of six

participants' scores increased at the end of the 12-week period.   Oliver had the largest increase

of 29, Liz had the second increase of 12, Alex had the largest decrease of 29, and Ali had a

decrease of 11. The remaining participants had minimal decreases in scores.
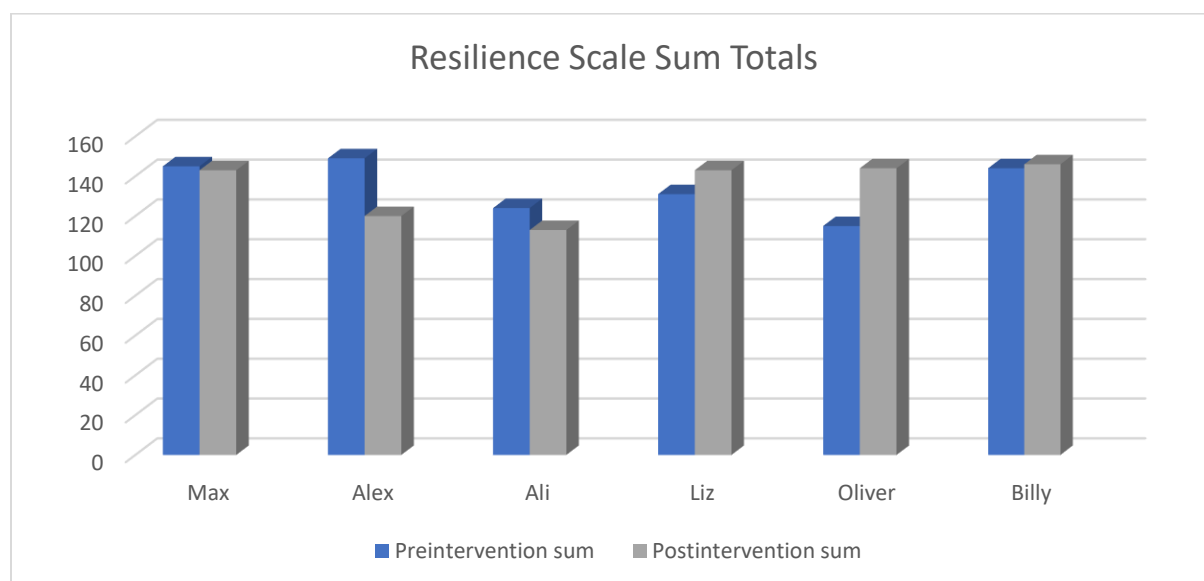
Figure 8. Comparison sum scores for all participants pre-post intervention on RS scale.

Changes in RS, like the BASC-2, should be viewed with caution due to the short period of time

of measurement and variability depending on participants' mood states. For example, Ali scored

at-risk or clinically significant for at least seven scales pre- and post-intervention, indicating a

negative view of self or provocative tendency to represent current functioning as worse than it

actually was. For Alex, responses from the post-intervention RS and BASC-2 indicated a

decrease in the ability to adapt evidenced by lower scores on self-esteem and personal

adjustment scale. Table 2 displays changes in RS item mean scores and categorization in the RS.

The mean of group sum scores remained unchanged post-intervention. Hence, there is little

variability among the five characteristics in the group mean scores. Authenticity (*M* = 5.9, *SD* =

0.63) was the highest mean score among the characteristics in the group pre-intervention and

post-intervention ($M = 5.6$, $SD = 0.66$) followed by purpose ($M = 5.6$, $SD = 0.77$). Self-reliance

($M = 5.2$, $SD = 0.29$) and equanimity ($M = 5.1$, $SD = 0.64$) were the lowest mean scores in the

group. Among the highest scored individual items, participants identified self-discipline,

personal accomplishment, self-acceptance, and okay with not being liked. These findings

indicate participant resilience may be based on personal traits and they were able to maintain low

to moderate levels of resilience. This is consistent with Rutter (1987, 2006; Luthar & Brown,

2007) inferring traits are strengthened by the quality of relationships adolescents have in multiple

environments.

Table 2

Group Mean Scores for RS Pre-Post Scale Items and Five Characteristics of Resilience

Characteristic	Item	Pre-score	Post-score
Self-Reliance	I usually manage one way or another	5.2	5.5
	I feel I can handle many things at a time	4.5	4.8
	I can get through difficult times because I've experienced difficulty before.	5.7	5.5
	In an emergency I'm someone people can rely on.	5.5	5.2
	When I'm in a difficult situation I can usually find my way out of it.	5.7	5.2
	Characteristic mean/SD	5.3/0.5	5.2/0.29
Purpose	Keeping interested in things is important to me.	5.5	5.7
	I feel proud that I have accomplished things in my life.	6	6.3
	I seldom wonder what the point is	3.7	4.3
	I keep interested in things	5.7	6
	My life has meaning	5.8	5.7
	Characteristic mean/SD	5.3/0.93	5.6/0.77
Equanimity	I usually take things in stride	4.5	4.8
	I take things one day at a time	5.0	5.7

	I can usually find something to laugh about	6.7	5.3
	I can usually look at a situation in a number of different ways.	5.2	5.7
	I usually do not dwell on things that I can't do anything about.	4.2	4.2
	Characteristic mean/SD	5.1/0.97	5.1/0.64
Perseverance	When I make plans I follow through with them.	4.7	5.5
	I am determined	4.8	5.5
	Self-discipline is important	6.0	6.2
	Sometimes I make myself do things whether I want to or not	5.3	4.5
	I have enough energy to do what I have to do.	5.7	5.5
	Characteristic mean/SD	5.3/0.56	5.4/0.61
Authenticity	I am able to depend on myself more than anyone else.	6.3	5.7
	I can be on my own if I have to.	6.2	5.7
	I am friends with myself.	5.0	4.7
	My belief in myself gets me through hard times.	5.5	5.3
	It's okay if there are people who don't like me.	6.5	6.5
	Characteristic mean/SD	5.9/0.63	5.6/0.66

Note. Wagnild's (2016) Resilience Scale users guide.

Results indicated they were persistent and purposeful toward achieving success in school and beyond. Adolescents deemed at-risk may perceive themselves as not being constructive members of society, hence placing greater emphasis on school engagement and persevering (Conrad, 2005).

Qualitative Results

Participant interviews pre- and post-intervention were transcribed manually and analyzed. For interview questions see Appendix A. Values coding was applied and is a collection of three

constructs: values, attitudes, and beliefs leading to a greater understanding of perceptions and values that have meaning in participants' lives. Pattern codes group themes from the first cycle into smaller constructs where there is a commonality, and synthesize into narratives identifying interrelationships (Saldana, 2013). Three themes were identified in all constructs for each participant, to provide the reader with a manageable sample of the ontological, pragmatic views of participants, for a total of nine for each participant. The researcher developed reflective narratives for each participant before and after the intervention, incorporating participant values attitudes, and beliefs.

Pre-intervention interviews. Four participants' values at pre-intervention emphasized the importance of academic achievement, graduating high school, and preparing for the future. Three participants identified mentoring or spiritual practices that were instrumental in sustaining engagement in school. Oliver and Alex addressed maintaining wellness through sport or spiritual practice and developing strategies to organize their lives. For example, Alex worked after-school at a grocery store to save money for college and completed assignments to keep his grades up and not fall behind in class. Oliver saw playing basketball as an opportunity to stay healthy and expend energy. Mentoring was an important value for Ali and Oliver, while Liz valued being in the role of caregiver or support for others.

Attitude responses addressed the stressors of school, striving to get out of comfort zones by being in drama therapy programming, the tension of avoiding conflict, and empowerment. Three participants stated that they found school boring or were stressed out due to school work. Two participants expressed an attitude of moving away from the past and trying to fit in socially with the rest of their peers in school. For example, two participants created YouTube videos outside of the intervention as a way to connect with an audience, and expressed desires to

achieve goals of working in technology or becoming filmmakers. For example, Billy sought out

people who were positive as a way to stay focused on goals.

Belief responses provided some perspectives on role development for the performance

and revealed some attributes from participants. Several participants felt their roles would be

small, but also represent a journey toward a positive life. Other participants reflected beliefs

about self-care and being more responsible, having better control of anger and other emotions.

Participants expressed belief in becoming more independent, but also trepidation of school

failure leading to a greater sense of disappointment for themselves or family members. Max

internalized a belief of being dependent on others and not feeling self-reliant, while Alex

expressed beliefs of being a dependable person who believed equality and freedom was possible

for all individuals. Beliefs illuminated more of the internalized feelings participants were dealing

with and looking to maintain self-control and achieving self-acceptance. Table 2 displays pre-

intervention values coding based on themes emerging from interviews for individual participants.

Table 3 displays narrative reflections for each participant.

Table 3

Examples of Values, Coding for Individuals Pre-intervention

Participant	Value	Attitude	Belief
Max	Graduate on time Pushed to do better Trust others	Prone to give up on things Can handle certain problems continued conflicts w/peers	Dependent on others school is stressful Play small role in show
Alex	Managing life Save money for college Spirituality is important	Leave things in the past I can help others Everybody is a hero	Equality for all Dependable Catch up academically
Ali	Violence should not happen	School is pointless	Be happy with yourself

	Resist oppressive systems	Others won't bring me down	Express anger verbally
	Mother is a mentor	Succeed in life	Pray for self-control
Liz	Caregiver	Lost in translation	Improving life
	Academic success	School is boring	Fear of disappointing
	Sense of curiosity	Good listener	Performing is real me
Oliver	Self care	Stressed from school	Basketball is important
	Ask for help	Improve self-expression	Close with teachers
	Mentorship is important	Responds to positive reinforcement	Improve my grades
Billy	Push away bad influences	Importance of being social	Loyal to friends
	History of the world	Life curiosity	Successful filmmaker
	Dislike fake people	Wants to be on stage	Stay on positive path

Table 4

Reflective Participant Narratives for Individual Participants Pre-intervention

Participant	Narrative
Max	*Max was a 16-year-old male. A good student, Max remained focused on graduating on time. Some difficulties included managing anxiety and stress by demands of school. Max lacked confidence in managing conflicts, interpersonal problems, and was dependent on others when feeling overwhelmed. This was Max's first time in ENACT and saw himself playing an insignificant role in the performance.*
Alex	*An 18-year -old male of Palestinian/Puerto Rican descent, Alex described himself as a socially conscious person who embraced individuality and freedom, and was connected to the Arabic culture. Alex repeated a grade in elementary school due to learning English as a second language. He felt he had to catch up with school work to keep up with peers. Sometimes it was difficult to keep up academics due to working after school. Alex wanted to play the role "hero of world problems."*
Ali	*Ali was an 18-year-old Hispanic female who described herself as depressed and angry, but gets good grades, and has been accepted into Syracuse University. Ali is an advocate for anti-oppressive, anti-violence practices. Due to domestic violence in the family, she identified her mother as a source of strength. Ali's biggest challenge has been nurturing creativity. Ali believed in being positive although she has struggled due to feeling disenchanted at school, especially toward peers and teachers. Ali participated in three previous ENACT programs.*
Liz	*Liz came to the United States from the Dominican Republic with her father and younger sister She learned the importance of valuing education, and a sense of curiosity leading to academic success. Her participation in ENACT the past three years has challenged her to confront her fears, of which her biggest is disappointing herself and her parents. Her engagement in ENACT has provided her opportunities to think reflectively about difficult teen decisions*
Oliver	*Oliver is a 15-year-old African American male in 10th grade. He takes pride in his work and feels like he has a good relationship with teachers where he can ask for help when needed. Some of his challenges include understanding the work, which frequently stresses him out, but he wants to improve his grades and graduate on time. This is his first year in ENACT and is unsure what kind of role he wants to play or to disclose to others*
Billy	*Billy is a 15-year-old male in 10th grade of German-American and Arabic descent. Billy described having a curious attitude toward the world and*

> *seeking to become a filmmaker. Billy felt stressed in school due to the work*
> *affecting his mood and motivation to do well. Billy sought out positive*
> *people to be more social and stay out of trouble. Billy wanted the audience*
> *at the performance to see him as talented and go somewhere in the future.*
> *"I want them to remember me and my name."*

Post-intervention interviews. Post-intervention, post-performance interviews were conducted one week after the SHOW UP performance. The researcher met individually with participants and asked follow-up questions related to participation in the therapeutic theatre process and reflections on the performance. Values responses extended pre-intervention values by placing strong emphasis on school and being able to bounce back from adverse situations by remaining positive, collaborating more with others, and pushing themselves to get through the school year. All participants expressed desires to take more risks and that engagement in therapeutic theatre inspired many to focus on personal and social issues important to them. For example, one participant said, "I've learned to overcome my fears, if I always stay on the what ifs, then I'll never know what would happen."

Participant attitudes expressed their desires to change themselves, especially uncomfortable traits. Half the participants had an attitude that they could have greater voices and adapt to difficult changes that may occur in the future. Two participants remained steadfast on being themselves and not conforming to certain roles that may be ascribed to them in school or in society. One participant identified being comfortable with flaws and being able to laugh at them. An overarching theme for all participants was that by being on stage, they took a large risk being seen by their community of peers and family members. Three participants felt the performance was a microcosm of their life reflecting taking risks, becoming more flexible in their thinking, and stepping outside of their comfort zones.

After a week of personal reflection, participant beliefs focused on plans for the future,

making better choices, and the benefits of engaging in the ENACT therapeutic theatre program.

Participants identified what "they stood for" stating personalized education plans, equality, and

supporting anti-bullying campaigns as ways to repair schools. Several participants felt happy

with the performance and enjoyed being on stage with peers.   Five participants felt other

students in the school should participate in ENACT as it had many benefits including learning

how to take positive risks. For example, one participant noted peers could develop new tools to

cope and be a support for others who are facing adversity. One participant identified a benefit of

continuing the ENACT curriculum for future students as useful to continue conversations about

social issues, building a sense of community, and developing personal growth. Table 5 displays

post-intervention values codes from individual participants. Table 6 displays narrative reflections

for each participant post-intervention.

Table 5

Examples of Values Coding for Participants Post-performance.

Participant	Value	Attitude	Belief
Max	Emotionally availability Conflict avoidant More socially conscious	Adapting to change Problem solver Motivated for school	Open to taking new risks Thinking before reacting Can be a support for others
Alex	Pushed to improve Stand up for myself Strong identity with culture	More spontaneous Laugh at myself No need to compete	Embrace new challenges Acceptance of myself Identify with Arabic precepts
Ali	Greater persistence Performing is positive Don't stay on what ifs	Learn to be myself Forced to be social Motivated to succeed	Tolerance toward others Stop being afraid Accomplish things with love
Liz	Success equals proud parents We learn from each other Remain positive even with Loss	I'm going to achieve I got this (on stage) Take more risks	No drama in life Others will find their voice Bullying impacts everyone negatively.
Oliver	Education leads to success Maintain school attendance Ask for help	Reduce conflicts More playful More confident	Parents understand me more Wants to be independent Performing feels good
Billy	Education impacts future Learn from mistakes Respect others	Face future without fear Other perspectives Are important No repeating Negative patterns	Schools need to be fixed Some risks have benefits Everyone should have Personalized education plan

Table 6

Reflective participant narratives for individual participants post-intervention

Participant	Narrative
Max	*Max felt participation in ENACT and in the performance helped him become more solution focused, concerned about injustices and remain focused on school. He was not as concerned about seeking help from friends. He learned to take his time in dealing with transitions in his life and thinking before acting. He admitted his confidence is greater and is more social around others, instead of being limited to an audience of those who see his YouTube videos.*
Alex	*Alex identified his participation in ENACT as encouraging for him to take new risks and be more vigilant regarding standing up for himself, finding strength and being proud of his cultural identity. Although Alex struggled with feeling academically behind other peers his age, he eagerly awaited new challenges, facing his fears and dealing with liminal or ambiguous space as he moves closer to graduation.*
Ali	*Ali participated in three previous ENACT programs and felt more supported emotionally since investing in the process. She identified having greater persistence in school and to take more risks. During the course of three years she felt a better sense of self control and acceptance. She believed participation in ENACT was a privilege where students can learn about dealing with conflicts and continue to develop emotionally.*
Liz	*Liz discovered greater voice during the therapeutic theatre process and after the performance Her engagement in the process encouraged her to take more risks for herself and make her parents proud. The theme of her group's performance was on anti-bullying and she was personally aware of the negative impacts. She felt others can be empowered by finding their voice, sharing their struggles while engaged in the ENACT process.*
Oliver	*Oliver was proud of his attendance in school as he attended more than 90% of school days. He participated consistently in After-school programs, and although at times he was distracted or not participating, he developed positive tools*

as evidenced by feeling more spontaneous and keeping himself in shape by playing basketball. Oliver sought to avoid conflicts, ask for help and continue in ENACT in hopes of feeling more confident.

Billy

Billy demonstrated a desire to improve schools. Billy believed students were worthy of having a personalized education plan that would provide more perspectives and help others who were struggling. He felt by learning from past mistakes, he could make healthier choices and be respectful toward others based on their backgrounds. He was open to future possibilities and not afraid of taking risks.

Embedded Mixed Methods Results

Responses from qualitative interviews pre- and post-intervention found support for therapeutic theatre as an intervention in reducing elements thought to contribute to school dropout, and for managing internalized emotional symptoms associated with at-risk behaviors and symptoms such as depression, anxiety, and social stress. The values, attitudes, and beliefs participants identified demonstrated similar qualities to the RS five characteristics of resilience: purpose, perseverance, equanimity, self-reliance, and existential aloneness. However, qualitative and quantitative data contradicted each other as post-intervention interview responses provided a positive outlook toward the future, while personal adjustment scales and the RS varied individually and raised questions about reliability of responses. The investigator created tables of the relationships between post-intervention interview texts, associating BASC-2 scales, and the five characteristics of resilience for the RS to illuminate how therapeutic theatre may be a mediator for at-risk youth and impact resilience (Refer to table 7). For example, texts related to negative mood or affect were associated with RS and BASC-2 clinical scales. Texts eliciting positive subjective experience were associated with RS and BASC-2 adaptive scales. Post-performance interview texts supported the five characteristics of resilience and extended

conceptualizations that resilience is based on personality attributes contributing to positive

personal adjustment with less of an emphasis on psychiatric labeling. Further examination of the

relationship between psychological well-being and perceptions of adjustment are warranted.

Table 8 refers to interview responses regarding school problems, supporting positive trends as

evidenced by lowering of attitudes toward school, and sensation-seeking scales.

Table 7

Examples of Participants' Post-Intervention Interview Responses and Relationship to RS (Five Characteristics), Clinical and Personal Adjustment (BASC-2 scales)

RS Characteristic	Interview Response	BASC-2 scale
Purpose	What's important for me is doing well in school, being successful and making my parents proud (Liz)	Personal Adjustment
	I can stand up to whatever I want to do while facing my fears (Alex)	
Perseverance	During the show I had my head down and I was so scared to look up but when I did everything just left. the moment it was a beautiful moment I connected with the audience and its something I would like to feel again (Ali)	Self-esteem, Anxiety
	The group benefited me because it made me confident (the show) and I can try out new things in the future (Max)	
Equanimity	Friends are a good tool for me, I can tell them everything. They can't put me in the best situation but at least they can help me get to where I need to be (Billy)	Interpersonal Relations, Social Stress
	In the future I would like to seriously explore a happy show. The past years have been sad like bullying, that's important, but I want a show to be	

	something makes us happy, instead of being worried (Liz)	
Self-reliance	I feel free, free from trains, I get to live on campus, its better than taking a train which will motivate me to go to classes (Ali)	Self-esteem, Personal Adjustment
	A month ago, I was failing one of my classes, then half of myself said I couldn't do it but then had to	
	get up say I could do it get help from my teacher see what I could do to bring my grade up (Oliver)	
Existential Aloneness (Authenticity)	Before I was the type of person who kept feelings to myself if I was sad, and somebody asked how are you I would continue my day, and I would stay with my feelings (Alex)	Self-esteem, Depression, anxiety
	In eighth in grade I was shy, I wouldn't talk to anybody or raise my hand. I feel ever since I came to	
	this school, and started ENACT last year, I feel I have developed more socially and been able to make more friends.	

Table 8

Examples of Relationship between Pre- and Post-Intervention Interview Responses and BASC-2 School Problem Scales (attitude to school and sensation seeking)

Participants	Pre-Intervention Response	Post-Intervention Response
Max	I just want to pass and graduate on time. School is the biggest stressor for me. (attitude to school)	I know how to take the time to do something first before reacting. (sensation seeking)

Alex	Grades are my biggest source of stress. I have to go to work after school, it's a lot (sensation seeking, attitude to school)	If I did better when I was younger I wouldn't be in this mess. I want to finish this year and next so I can go to college. (attitude to school)
Ali	School is boring. Teachers won't give you specific things, it has to be their way. (attitude to school)	I have never been left back the thoughts of going to college are overwhelming. I'm going to Syracuse (sensation seeking)
Liz	I'm disappointed in my grades, they are not bad but not the grades I want. (attitude to school)	In school I learned how to stay focused and not get caught up in the drama. (sensation seeking, attitude to school)
Oliver	I like getting my education so I can get a good job. Being distracted is a challenge. (attitude toward school, sensation seeking)	I like going to school, I haven't missed many days. (attitude to school)
Billy	The most difficult thing for me right now is learning how to be organized and do my work. I get distracted easily. (sensation seeking)	My thing is to create a personalized education plan. I

	don't like how the school system and I want to fix it. (attitude to school)

While participants reported school as the primary source of stress, their values, attitudes, and beliefs may have been supported and reinforced via engagement in the drama therapy intervention. Weekly drama therapy interventions provided a space for greater interpersonal demand, hence greater SEL. The development of a script, and execution of the performance, seem to have allowed participants to learn about risk-taking techniques, feeling more confident, complementing their academic competencies, maintained their school engagement, and supported utilizing resources outside of school promoting well-being.

Chapter 5

Discussion

The purpose of this study was to examine the potential influence of therapeutic theatre on indicators of resilience in adolescents at-risk of school dropout. A mixed methods approach was employed to better understand multiple indicators of adolescent resilience, identify personal attributes as protective factors, and to examine the interaction between risk and protective factors via the adolescents' experiences of therapeutic theatre interventions. Changes were assessed in pre- and post-intervention scores from clinical scales (anxiety, depression, social stress, attitude to school, sensation seeking), adaptive scales (personal adjustment, interpersonal relations, self-reliance, self-esteem) the ESI, a global indicator of emotional disturbance on the BASC-2 and level of resilience was measured using the RS. Qualitative interviewing was used to illuminate the personal attributes (e.g., values, attitudes, beliefs) of participants processing their experiences from therapeutic theatre as it related to academic and social adjustment. The design provided more information on the effectiveness of therapeutic theatre as an intervention and yielded implications for future research and policy initiatives.

Participants for this study were recruited by the school onsite drama therapist from ENACT, who employed weekly after-school programing for teenagers to strengthen resilience, foster social and emotional learning (SEL) and strengthen self-regulation skills to aid in tolerating stress related obstacles. Participants completed scales and individual qualitative interviews shortly before embarking on a 14-week therapeutic theatre process. Post-intervention scales and interviews were completed two weeks after a theatrical performance in front of an audience of family members and peers for a measuring period of 16 weeks. Descriptive data analysis from the BASC-2 found support for the group in regards to improved management of school problems (attitude to school, sensation seeking) with other clinical (anxiety, depression,

social stress) and adaptive scales (personal adjustment, self-reliance, self-esteem, interpersonal

relations) remaining within normal range. Findings from the RS found participants' resilience

scores ranged consistently from low to moderately high pre and post-intervention.

Values coding from qualitative interviews revealed nine themes for each participant using

three constructs: values, attitudes, and beliefs.   Embedding qualitative data within a quantitative

design produced associations with five characteristics from the RS: purpose, perseverance,

equanimity, self-reliance, and existential aloneness (authenticity), and clinical, and adaptive

scales from the BASC-2. Therefore, aspects of participants' personal characteristics emerged

from data supporting literature that resilience is strongly based on individual characteristics

(Bonnano & Diminich, 2013) and reinforced through the acquisition of resources in multiple

environments including school, home, and community (Masten, 2001; Mastern & Obradovic,

2006; Rutter, 2006). Findings also supported other research that resilience remains an interactive

phenomenon between protective and risk factors (Ager, 2013), leading to inferences that

individuals have good outcomes despite adverse circumstances (Rutter, 2013). Data analysis

also supported theatre was beneficial in stabilizing indicators for high school students at risk of

high school dropout (Feldman, 2008; Conrad, 2005; Snow & D'Amico, 2015; 2003).

Therapeutic Theatre Interventions

Results from this study showed a therapeutic theatre intervention process provided

participants greater voice and discovery of life stories in which "personal, social, or cultural

truths are revealed" (Emunah, 1994, p. 252). In addition, participations were more tolerant of

feelings and had a more balanced view of the social world around them.   In fact engagement in

weekly drama therapy interventions elicited participants identifying having more confidence,

decrease in risk taking, new positive supports, and greater emotional integration (Feldman,

Jones, & Ward, 2009).   Participants demonstrated the capacity to be more responsible for their actions that enhanced their positive social identity. These findings support Banduras' self-efficacy theory (as cited in Eccles & Wigfield, 2002) that organization and execution of a plan can lead to problem solving and accomplishment. Findings were also consistent with Banduras' writing on positive psychology describing individuals as being "decision makers with choices, preferences, and the possibility of becoming masterful" (Seligman & Csikszentmihalyi, 2000, p. 8). Pendzik (2013) contended that engagement in a therapeutic theatre process can offer invaluable information regarding adolescents' psychological makeups, social patterns, and views of their inner worlds, leading to conflict resolution, hence opening up possibilities to have greater flexible thinking.

The interactional process therapeutic theatre had on resilience was evident by participants describing being in a group was a catalyst for change. Although it is difficult to ascertain what produced change such as interventions that fostering play and creativity (Orkibi, Bar, & Eliakim, 2014) being with peers on stage, witnessed by an audience (Hodermarska, Landy, Dintino, Mowers, & Sajnani (2015), the group process itself appeared to promote well-being. Participation in a group was a microcosm of the participants lived experience (Emunah & Johnson, 1983); collective disclosure of personal material on stage may empower individuals (Orkibi, Bar, & Eliakim, and offer creative mastery (Emunah, 2015).

The Complex Resilience

In regards to the phenomenon of resilience, the ability to bounce back or rebound from adversity by maintaining emotional well-being, and improving self-efficacy is a strong indicator of resilience (Olssen, et al, 2003). Indicators of risk in this study were high scores on the BASC-2, in particular, the clinical scales. Although school problems (clinical scale) scores decreased

post-intervention, so did personal adjustment. However, there is a fine line between quantitative and qualitative findings which is where researchers have grappled on how resilience is to be measured. As noted earlier in this study, the operationalization of resilience remains difficult due to factors related to culture (Panter-Brick, 2015), individual meaning of resilience (Masten, 2001), definition of risks (Ungar, 2004), and the measurement or interactions between risk and protective factors (Rutter, 2013; 2006) without the presence of pathology (Bonanno, 2004). Researchers agree that to best examine positive outcomes, it should be measured longitudinally, Hauser & Allen, 2007; Werner, 1993). Findings from this study demonstrate the potential impact therapeutic theatre has on resilience among adolescents. Descriptive statistics, revealed group clinical and adaptive scales were within the normal range post-intervention. Although adaptive scales decreased for the group and varied individually, these results should be viewed with caution based on the multiple factors individuals face in any given time. Research on resilience has suggested as youth overcome lower levels of risk they become more prepared to "overcome more significant risks in the future" (Fergus & Zimmerman, 2005, p. 404). Results from this study supported literature findings that resilience is not static, more than quantitative, and may be measured by personal accomplishments, happiness, physical well-being (Tusaie & Parker, 2004), and changes in response to variables including intervention strategies (Lee et al, 2012).

In previous quantitative research on therapeutic theatre, Johnson (1980) endorsed how a therapeutic theatre process can emotionally flood chronically mentally ill adults, and that following up with participants after hospital discharge can assist in reintegration in the community. Although the Johnson study was with more emotionally fragile participants, this study demonstrated the capacity to be competent in multiple domains, including the tolerating of emotions that may have aided in sustaining low to moderately high levels of resilience (Wagnild,

2009).

Therapeutic Theatre as a Mediating Process

Writers have described resilience as a phenomenon that is manifested by the interaction between risk and protective factors, but there is a lack of evidence documenting how this process occurs (Masten, 2001; Masten, et al, 1999; Masten & Coatsworth, 1998; Rutter, 2013). An attachment framework may articulate this process. In this study, participants may have found greater awareness by moving through a period of secure attachment (Sroufe, 2005) in which participants experienced periods of regression, progression, vulnerability and freedom. A constructionist lens may view therapeutic theatre as a set of behaviors and internalized capacities and characteristics that are unexpectedly enacted through roles and character development (Ungar, 2004; Austin, 1917). Jennings (2011) described engaging in a drama therapy process resulting in performance as a ritualistic process that is "essential physical, sensory, and rhythmic…what is embodied and embedded in both the individual and the social group" (p. 206). Jennings ascribed this process as similar to infants' first sensory experiences.

Although resilience is not visible, it is experienced through the senses, or aesthetically (Pendzik 2006). Sajnani (2012) described the concept of relational aesthetics as the enactment of oppression or illness through an emotional continuum, revealing struggles through performance (Bailey, 2009; Hodermarska Landy, Dintino, Mowers, & Sajnani, 2015). The aesthetics of performance or any artform are not necessarily optimistic, but one of vulnerability to transformation. Participants did appear to move through an emotional continuum from the intervention period through post-intervention, evidenced by acknowledging, not succumbing to academic or emotional stressors. Snow and D'Amicos (2015) found at-risk adolescent females, expressed optimism and shared stories of disrupted attachment and trauma, after engaging in an

intense process of engaging in drama and art interventions. Johnson and Emunah (1983) articulated how patients in an inpatient psychiatric unit experienced the transformative healing process by rehearsing, writing a script, and performing in front of an audience. This process was instrumental in participants re-evaluating perceptions and gaining greater insight. Emunah (1994) supported how therapeutic theatre interventions with adolescents "facilitates a high level of social interaction and provides a sense of belonging, connectedness, intimacy-ingredients essential to the well-being of all people" (p.293).

Pendzik (2013) identified a six-key model that examined subjective experience in which narratives are expressed, validated, explored, witnessed, owned, and transformed. Findings from this study demonstrated participants moved from a general understanding of their values, beliefs and attitudes, to greater complexity, culturally bound, and less egocentric values system. Hence, adolescents who play an active role in the development of the play develop protective factors, reduce risk, and create counter narratives reinforcing their strengths (Conrad, 2004b). Although these examples may provide potential into how the process of resilience unfolds, more analysis is needed.

Resilience and Positive Psychology

Participants in this study seemed to find greater voice by being vulnerable and witnessed on stage, but acknowledging a sense of optimism.   According to practitioners of positive psychology, optimism and hope are associated with positive outcomes "that is conveyed by the institutions and communities with which they interact" (Gillham & Rievich, 2004, p. 151). The current movement of positive psychology and strength-based focus is resurging (Brackenreed, 2010). Hence, instead of focusing on negative attributes, which adolescents often internalize to the detriment of academic and social functioning, writers on resilience suggest aiding

adolescents in identifying their unique traits and characteristics.

The field of positive psychology emerged from imbalances in clinical psychology research, which focused primarily on mental illness. Findings for this study were consistent with literature on positive psychology and resilience. Positive psychology has been rooted in the literature of resilience, notably the wish for individuals to have a greater sense of hope and optimism as it is related to different situations (Gillham & Reivich, 2004). Seligman and Csikszentmihalyi (2000) identified positive psychology paradigm as a shift in focus toward assessing and curing individual suffering. Duckworth, Steen, and Seligman (2005) defined positive psychology as "the scientific study of positive experience and positive individual traits, and the institutions that facilitate their development" (p. 630). Focusing on strengths and less on negative thoughts may reduce internalized symptoms, but this becomes difficult to assess based on one's social ecology (Masten, 2001; Rutter, 2006: Ungar, 2008, 2011). Seligman and Csikszentmihalyi (2000) pointed toward research trends indicating the deleterious effects of psychiatric disorders on individuals, families, and social relationships.

In the current study, participants reported less fear of taking risks and an increase in confidence after the performance. The disclosure or presence of mental illness was not acknowledged in qualitative interviews. It can be suggested that participants perceived themselves as positively adapting organisms. Participants reported positive themes after engaging in therapeutic theatre, especially after the performance. Engagement in the flow of interventions and learning how to identify individual strengths may have provided some satisfaction (Seligman & Csikszentimihalyi, 2000). Although participants felt uncertain about life after high school, there was optimism they would be successful and make themselves and

their parents proud. Optimistic individuals have been shown to have greater success in work and report less anxiety and depression (Gillham & Reivich, 2004; Gladstone & Kaslow, 1995).

Depression becomes a risk-factor when not treated, leading to detrimental outcomes and (Seligman, Ernst, Gillham, Rievich, & Linkins, 2009), increasing risk of school dropout (Masten & Obradovic, 2006). Researchers have uncovered that individuals use strengths or individual traits to combat the onset of mental illness including but not limited to: courage, future mindedness, optimism, interpersonal skills, hope, and honesty (Rutter, 1987; Seligman & Csikszentmihalyi, 2000). One participant, Billy, proposed fixing the school systems to better equip students for the future and developing individualized plans for students to succeed. This was supported by Seligman, Ernst, Gillham, Rievich, and Linkins (2009), who proposed implementing well-being into school curriculum to produce better learning outcomes and instill hope and optimism. Considering that participants identified feeling stressed about school, this proposal is warranted. Hence, resilience is fostered by an individual's participation in processes that make positive outcomes possible (Ungar, Russell, & Connelly, 2014). Although participants' values may have been instilled through trial and tribulation (Ryff & Singer, 2003), the presence of drama therapy interventions supported participants in recognizing their strengths and looking beyond themselves. In addition, they gained greater senses of hope and optimism.

Academic Buoyancy

Academic buoyancy is a relatively new paradigm examining how individuals adapt to challenges or setbacks in school (Putwain, Connors, Symes, Douglas, & Osborn, 2011). Martin and Marsh (2009) argued resilience placed too much emphasis on challenges and adversities outside of the academic setting, and not enough on daily stressors of school such as decreased grades or loss of motivation. Fredrickson (2001) extended the literature on positive psychology

by developing the broaden and build theory, positing positive emotions may broaden students'

ability to respond to actions and increase ability to access resources, thus leading to improvement

in academic competencies. Martin (2013) contended the challenge between discerning resilience

from academic buoyancy was that academic buoyancy was poised to reduce minor negative

outcomes, while academic resilience reduced major negative outcomes. One can argue that

individuals who experience challenges in school are the only ones who can dictate what is minor

and what is major. Participants seemed to view their academic experience as stressful enough to

the point where they were carrying mild to moderate symptoms of anxiety and depression.

Regardless, if these issues are not met, negative outcomes may worsen.

      In a follow-up question during post-intervention interviews, participants articulated how

engagement in therapeutic theatre was fruitful by being more aware of socially conscious issues

as well as learning more about themselves. In addition, participants with a few years remaining

in school aimed to continue participation in therapeutic theatre to strengthen their internal and

external resources, hence demonstrating academic buoyancy and paving the way for future

participants to engage in a program that can sustain and motivate them. It is difficult to ascertain

when participants were able to integrate and identify values, attitudes, and beliefs, but based on

participants' interview responses, they were prepared to take on new obstacles and not be afraid.

Bouncing Back: A Social Ecological Approach

      For adolescents, adversity can be viewed as chronic stress due to threats to development

such as exposure to perpetration: child abuse or domestic violence (Porche, Fortuna, Lin, &

Alegria, 2011), war or community violence (Panter-Brick, & Leckman, 2013), leading to

internalized stress based on home or academic environment (Martin & Marsh, 2009). The ability

to bounce back or rebound from adversity by maintaining emotional well-being is a strong

indicator of resilience (Olssen, et al, 2003). Literature on mentoring (Carver, 1998), that can

help reduce risks (Fergus & Zimmerman, 2005) and positively influence adolescents

(Zimmerman, Bingenheimer, & Notaro, 2002) may foster resilience and be a protective factor.

Although none of the participants identified stressors outside of school, the burden of staying

pace with the work was the source of emotional distress. Participants never reported any

inclination of dropping out of school, but identified confiding with teachers, peers or the onsite

drama therapist as people they could turn to whom they trusted and felt safe.

A social ecological approach to adolescent development and understanding how

adolescents interact in their environment and overcome adverse circumstances can be interpreted

similarly to Bronfenbrenner's (1979) ecological model on child development through micro,

meso, exo, and macrosystem (Ungar, Ghazinour, & Richter, 2013).   For example, a student with

a learning disability may cope well within a smaller supportive classroom, however if offered

untimed test taking and better management of completing assignments via coordination between

parents and teachers, the student's outcomes may be improved. The integration of

interdisciplinary approaches between school staff and community stakeholders can contribute to

the development of interventions supporting a social ecological frame, hence strengthening

resilience (Luthar & Cicchetti, 2002). Participants in this study appeared to be at different

phases of navigating through a social ecology frame. For example, in Ali's case, her mother

played an important role by providing protection through a turbulent period of domestic violence

and guiding Ali from micro through macrosystems to achieve positive outcomes in school. For

Max, peer relationships were important to cope with the stressors of school. Both Max and Billy

identified being close friends and expressed wanting to continue creating YouTube videos as a

creative outlet, but in hopes of achieving success beyond the classroom. In fact, all participants

seemed to adapt toward a place from an egocentric view to a more balanced view of their

internal world and social reality around them.

Data analysis, supporting Feldman's (2008) postmodern work on a social ecological

framework that employed therapeutic theatre in an after-school setting to examine how

adolescent engagement in performance was based on students' social identities and roles offering

possibilities for positive development. Writers on therapeutic theatre posited that consistent

interventions untangle the web of social relations, emotional development, and "growing

expressive artistic skills underlie the surface of the final performance and help define the

performative frame" (Snow, 2009, p. 119). Adolescents deemed at-risk may perceive themselves

as not being constructive members of society, hence placing greater emphasis on school

engagement and persevering (Conrad, 2005). Conrad's (2005) work with aboriginal youth

explored values and perceptions using participatory theatre for community development.

ENACT's work in school and after-school settings reinforced the development of

culminating performance that empowered and transformed student behavior through using

personal perspectives to strengthen resilience (Feldman, Jones, & Ward, 2009). The theme for

ENACTS's show in this research was resilience. On a weekly basis, participants constructed

ideas based on social issues important to them, that generated themes and introduced critical

thinking skills. Bailey (2016) posited, groups working collaboratively developing an artistic

product can positively facilitate change. In addition, Mitchell (2005) endorsed the group's task is

"to create a piece of theatre, the product is important to the process and can be therapeutically

important" (p. 53). Continuation of research in fields of school-based mental health, drama

therapy, and arts in education while partnering with other community providers can support

social ecological models and be a valuable resource to increase resilience (Feldman, Ward,

Handley, & Goldstein, 2015).

Therapeutic Theatre, Resilience, and Culture

Writers using a multicultural lens identified resilience as a quality for individuals to participate in a process that make it likely to overcome adversity, hence interventions such as therapeutic theatre with different cultural groups may inform individuals on how culturally bound contexts impact developmental pathways leading to greater resilience.

Panter-Brick (2015) argued resilience is consistent with dignity, social justice, or respect. In addition, Panter-Brick (2015) stated "moral, social and structural dimensions to resilience matter for sustaining health and wellbeing" (p. 236). Emunah (2015) contended therapeutic theatre is based on performance by a group of individuals, sharing similar issues, and often considered marginalized. Qualitative analysis found participants identified their cultural identity strongly stemming from a variety of sources including family and religious/spiritual rituals. In some cases having faith in text or other spiritual practices assisted participants in moving away from feelings of isolation and more toward feeling contained and motivated. Since all participants came from different ethnic backgrounds, the varying ranges of qualitative and quantitative responses may be embedded into a more cultural construct supporting literature resilience is a global phenomenon, with culturally specific aspects (Ungar, 2008; Ungar & Liebenberg, 2011).

Culture is a large aspect of adolescent identity and can be viewed as a risk factor due to an adolescent feeling like an outsider in an institutional culture, such as a school (Brackenreed, 2010). Conversely, schools or other structural systems attempt to make youth "fit into the structures of our institutions and programs rather than attempting to make the programs fit the needs of student" (p. 114). However, in an interdisciplinary panel on resilience, Panter-Brick

identified it as a global phenomenon where individuals can sustain well-being by "harnessing resources" (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014, p. 4), and how resilience "involves more than just a narrow definition of health or the absence of pathology" (p.4). For example, Alex and Liz identified having strong cultural influences that shaped their identity. After moving to New York with family, Liz described experiences of starting a new school, and picking up now easy concepts were lost in translation while starting high school, and the struggles of acclimating to a new environment. Coincidentally, Liz played this out in a previous ENACT performance in which there was playful dialogue with another peer, in which neither could understand the other. This informed the audience on how even though language barriers exist, there are ways to meet each others' needs by negotiating through barriers. Alex identified closer with precepts from the Koran as Muslim and Arabic. "I am Palestinian, I would represent my country with their clothing…I will not forget who I am. I identify myself more as Arab. I feel like they should all get along and not fight anymore… They should become a family and be as one, have some peace and freedom for once in life. People are on this side or that side, less than in the middle. I feel like people realize this is happening now, do an agreement and work things out…There are better ways to handle success than fighting". Hence, Alex's desire to have heroes may be a means to survival. In the case of Alex's family homeland, overcoming adversity and increasing resilience may be a daily struggle.

Limitations

There were many limitations for this study, especially regarding threats to internal and external validity. Although resilience is best measured longitudinally, this study can be viewed as a short-term assessment of therapeutic theatre as an intervention to measure the efficacy of resilience among adolescents. One of the primary limitations was the short duration of

measurement. Due to resilience being a nonlinear phenomenon that is best measured over time, a 12-week period can only provide small evidence of the intervention's impact. Data collection began six months into the school year, where participants had already engaged in the therapeutic theatre process and built rapport, making it difficult to ascertain how much change had already occurred. The investigator did not have access to attendance records for participation in weekly groups, raising questions about causality.

The small sample size of this study prohibited a randomized controlled trial (RCT) design. Genders were not evenly represented (four male, two female), limiting the ability to compare their experiences. Future studies using a RCT design with a larger may be better to generalize findings and strengthen support for therapeutic theatre being a catalyst for resilience. Future studies with a larger sample size, from diverse cultural backgrounds may be able to extend literature on global resilience to correlate responses, especially using mixed methods design, to better interpret the relationships between two data sets. A follow up RCT study employing a mixed methods approach where participants are placed in a non-therapeutic theatre intervention compared to those attending a therapeutic theatre process may provide different adolescent perspectives of experience and offer a significant effect size.

The variance in scores for individual BASC-2 scales may be based on several threats to validity: (a) the investigator was not present to build rapport with participants hence leading to quick responses; (b) random answering of questions; (c) long length of survey; (d) time needed to complete the survey; and (e) other external stressors related to home life, school, or social life. Lastly, responses may have been related to mood or extraneous circumstances. There was no follow-up with any participants after data collection to assess risk. However, the addition of qualitative data illuminated participants' overall perspectives not just numerically.   The

investigator did not utilize all of the scales available in the BASC-2, which would have provided

more information on diagnosis (Attention Deficit Hyperactivity Disorder), school problems

(attitude toward teachers) and internalized problems (locus of control). Completion of these

scales would have provided a wider range of scores compositely, illuminating the

multidimensionality of participants. The RS was selected for this study due to its high inter-rater

reliability, and construct validity. Other scales with strong construct validity (e.g., Connor-

Davidson) may have been more appropriate. Further studies on resilience employing a battery of

measurements on resilience may offer different interpretations, hence further operationalizing the

definitions.

Interviews with participants were brief, ranging from 15-30 minutes. Ali, Billy, Liz, and

Alex were more eager to talk than Oliver and Max, making it difficult to get information or

elaborate on interview questions. The investigator did not have access to any school records for

participants and could not identify any learning difficulties, trauma, history, prevalence of mental

illness, or family demographics. This may have played a role in how participants responded.

For example, Oliver was distractible, had pressured speech, and needed some questions

concretized. However, the absence of academic records seemed to offer more of a dialogue

without participants perceiving judgment. Documents may have provided participant trauma

history or provided other relevant information regarding levels of adversity. The BASC-2 scales

were distributed to a teacher and caregiver for all participants. Although most were returned to

the investigator, these scales were not used for this study. Future studies may incorporate all

surveys to better assess the social ecological framework for participants.

The BASC-2 may have produced reading fatigue as it consists of 176 items. The

wording of some questions may have been confusing or, conversely, participants may have

purposefully answered questions negatively. For example, Ali identified being a non-conformist, hence eliciting more provocative responses in the quantitative scales. Responses not answered accurately or truthfully most likely impacted scores, which were tabulated into a software program. The F index in the BASC-2 manual informed the investigator of possible responses. For example, Ali and Oliver provided mostly negative responses in one or both phases of data collection. The investigator was not present during completion of the BASC-2 further and could not clarify questions for participants. In the case of those two participants, they completed the BASC-2 and the RS at the same time, further adding to possible reading fatigue. The RS has been used with adolescents in only a few studies, and was originally designed for older adults; however, there is a new 14-item scale measuring resilience, which may have greater construct validity. Reviewing responses with participants may have impacted scores, as there were variations in both phases.

Strengths

The study's biggest strength was the cooperation and support from ENACT and school personnel for flexibility in meeting with participants. The lead drama therapist and intern recruited participants during an after-school program, and followed up with them to return completed scales. The investigator had no prior relationship with participants, which helped increase validity as they were open and thoughtful regarding their responses. All participants remained with the study through its entirety and completed all self-reported scales strengthening reliability of the study. In regard to the research design, the BASC- and RS scales were appropriate measures to use to examine changes in resilience. Outcomes from this study provided support for the literature on resilience in terms of characteristic traits of participants. Furthermore, the intervention of therapeutic theatre incorporated action-oriented interventions

designed to increase personal adjustment and self-regulation skills. Mixed methods provided a voice for participants to describe their perceptions of resilience and adjustment in high school, while quantitative data provided multiple meanings across different variables. Qualitative interview questions were open-ended and opened up other possibilities for new questions and insights. All participants were verbal, and although they did not report any trauma-related difficulties, they identified the primary source of stress was school and were working to remain in class and ultimately graduate. Values coding was an effective form of qualitative coding due to the alignment with definitions on resilience. However, second cycle coding employing pattern coding may have provided a reductionistic approach generating more inference. Lastly, although the performance piece for participants was short in duration (15-20 minutes) as other ENACT programs shared the stage, participants appeared to draw strength from being on stage and being witnessed by an audience, suggesting they wanted to continue attending after-school programs throughout their remaining time in high school.

Implications

The purpose of this study was to examine the potential of therapeutic theatre on adolescents regarding resilience. The accrual of resources (e.g., protective factors) obtained through multiple environments may decrease the risk of adolescents dropping out of school or engaging in other negative behaviors such as problems with conduct, chemical dependency, or untreated mental illness (Durlak, Dymnicki, Taylor, Weissberg, & Schellinger, 2011). Adolescents unable to utilize effective resources within the community or school in combatting threats to adversity need to push toward an action of policy reinforcing physical and emotional well-being (Ager, 2013). Changes in policy go beyond school, including home environments and surrounding communities.

Therapeutic theatre after-school programming may be an invaluable tool for students with indicators of school dropout as it can provide a safe holding environment, facilitate mentoring (Carver, 1998) and provide additional teaching methods not introduced in the classroom (Harding, Safer, Kavanagh, Bania, Carty, Lisnov, & Wyscokey, 1996). Additionally, interventions inform drama therapists and other authority figures (e, g, teachers, administrative staff) on how adolescents live their lives and producing strategies to better connect on a personal level (Snow & D'Amico, 2015, Emunah, 1990; 1985). The conventional school day for adolescents can be monotonous where some students struggle to maintain focus and need to conform to bureaucratic rules and structures which can be challenging when faced with internalized symptoms. Participants identified school as boring yet revealed connecting with the drama therapist after-school provided a greater sense of belonging and feeling less burdened by stressors of school. Hence interactive drama therapy group work where peers can connect by activating their imagination, create a dramatic reality of their experiences (Pendzik, 2013) change perceptions, modulate mood, and kept students on a positive trajectory supporting SEL (Feldman, Ward, Handley, & Goldstein, 2015).

Due to the amount of time students are in the classroom, policies that are trauma-informed, and culturally relevant are needed (Mayor & Dotto, 2014). Hence, for schools to remain at a larger capacity, services are needed in place, especially in lower socioeconomic neighborhoods where adolescents may not as much access to services (Brackenreed, 2010). Development of curriculums in schools promoting well-being and SEL are necessary to: (1) promote skills and strengths that are valued by most parents, (2) produce measurable improvement in student behaviors and well-being, and (3) facilitate engagement in learning and achievement (Seligman, Ernst, Gillham, Reivich, & Liinkins, 2009).

For therapeutic theatre, the combination of adolescent positive values, beliefs, and attitudes in tandem with redefining narratives may provide a space for personal growth and SEL (Feldman, Jones, & Ward, 2009; Snow, D'Amico, & Tanguay, 2003). Therapeutic theatre is a relational process (Feldman, 2008) accruing protective factors through a social ecological frame (Bronfenbrenner, 1979; Bonanno & Diminich, 2013), hence a constructionist approach (Ungar, 2004) provides new meaning for adolescents (Pendzik, 2006). The results from this study provide valuable information regarding how adolescents define resilience. Participants embodied persistence and positive adaptation, as evidenced by accruing values, beliefs, and attitudes that allowed them to remain engaged in school. The aspects of resilience identified were embedded in cultural and spiritual ideals (Painter-Brick, 2015). From an aesthetics perspective, participant narratives conveyed to an audience can increase awareness and allow the audience to confront their own experiences of oppression (Sajnani, 2012).

Due to limited empirical research in the field of drama therapy, more studies on resilience with youth of different cultures can extend the literature on resilience on a more global scale. Considering drama therapy interventions in this study focused on the cognitive, emotional, affective and behavioral competencies for adolescents (Taylor, Oberle, Durlak,and Weissberg, 2017) future research employing therapeutic theatre interventions should emphasize how participants are the bearer of knowledge (Snow & D'Amico, 2003). The sharing of an original script with a live audience, may alter perceptions of audience members leading to greater financial support for after-school, and impacting family systems in a positive way.

Lastly, expressive therapists conducting performance-based interventions face the challenge of positioning themselves within a structural setting to instill change, lending voice to others as a means to resist sources of oppression.

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Appendix A

The Behavior Assessment System for Children, Second Edition (BASC-2) (Reynolds & Kamphaus, 2008)

> Is a rating scale consisting of 176 items completed by participant, parent/guardian, teacher. A multidimensional system that provides better understanding of student behaviors and mood. Measures risk of internalizing and externalizing behaviors, and differentiates diagnostic criteria including ADHD, Depression, Anxiety.

Appendix B

Resilience Scale (Wagnild & Young, 1993)

25-item scale

		Disagree	Agree

1. When I make plans I follow through with them   1 2 3 4 5 6 7
2. I usually manage one way or another   1 2 3 4 5 6 7
3. I am able to depend on myself more than anyone   1 2 3 4 5 6 7
    else.
4. Keeping interested in things is important to me.   1 2 3 4 5 6 7
5. I can be on my own if I have to.   1 2 3 4 5 6 7
6. I feel proud that I have accomplished things in   1 2 3 4 5 6 7
    my life.
7. I usually take things in stride.   1 2 3 4 5 6 7
8. I am friends with myself.   1 2 3 4 5 6 7
9. I feel that I can handle many things at a time.   1 2 3 4 5 6 7
10. I am determined.   1 2 3 4 5 6 7
11. I seldom wonder what the point of it all is.   1 2 3 4 5 6 7
12. I take things one day at a time.   1 2 3 4 5 6 7
13. I can get through difficult times because I   1 2 3 4 5 6 7
    Have experienced difficult things before.
14. I have self-discipline.   1 2 3 4 5 6 7
15. I keep interested in things.   1 2 3 4 5 6 7
16. I can usually find something to laugh about.   1 2 3 4 5 6 7
17. My belief in myself gets me through hard times.   1 2 3 4 5 6 7
18. In an emergency, I'm someone people generally   1 2 3 4 5 6 7
    can rely on.
19. I can usually look at a situation in a number of   1 2 3 4 5 6 7
    different ways.
20. Sometimes I make myself do things whether I   1 2 3 4 5 6 7
    want to or not.
21. My life has meaning.   1 2 3 4 5 6 7
22. I do not dwell on things that I can't do anything   1 2 3 4 5 6 7
    about.
23. When I'm in a difficult situation I can often find   1 2 3 4 5 6 7
    find my way out of it.
24. I have enough energy to do what I have to do.   1 2 3 4 5 6 7
25. It's okay of people don't like me.   1 2 3 4 5 6 7

Appendix C

Interview Questions

First phase interview questions

1. What do you like most about school?
2. What is most difficult for you in school?
3. How do you bounce back from difficult situations?
4. What are some emotions you feel when faced with difficult situations?
5. How comfortable are you expressing your feelings?
6. What makes you interested in this study?
7. What would you like others to know about you?
8. What motivates you to perform in front of a live audience?

Post performance interview questions

1. How do you bounce back from difficult situations?
2. What are some new emotions or feelings you have learned while being in this group?
3. What has helped you own up to your feelings?
4. How have you changed since the start of this group until now? How did you act/behave in drama group compared to other groups you belong to?
5. What was it like to perform in front of family/friends?
6. How can being in this group benefit you in the future? How do you see it benefitting others?