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Becoming The Monster:

The Use of Monstrous Role with Queer Adults in a Partial Hospitalization Program

Capstone Thesis

Lesley University

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Drama Therapy

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Abstract

There is an established history of horror genres being used as an allegory for otherness, especially in regard to queer identity. For much of western media history, these monstrous roles were one of the few ways queer individuals could see themselves in stories. While these depictions were primarily negative, queer people nevertheless found a way to positively identify with the experience of the monster. This positive identification with traditionally negative depictions inspired the creation of a role method-based intervention for use with queer adults in a partial hospitalization program. Two back-to-back 45-minute groups were conducted on two separate occasions to explore this framework. After each series, the thesis writer recorded a monologue as their own monstrous role to identify themes that emerged from the group. Through this process, it became clear that while monstrous identification can be a powerful tool for better understanding oneself regarding otherness, the depth of related work needs to be spread over a longer period of care for full integration and understanding.

Keywords: drama therapy, role theory, LGBTQ+, queer identity, monsters, partial hospitalization program

Author Identity Statement: The author identifies as a US born, native English speaking, white, transgender lesbian residing in the northeastern United States.

Becoming The Monster:

The Use of Monstrous Role with Queer Adults in a Partial Hospitalization Program

Introduction

Monsters are complex story constructs with varying intent and impact depending on the media in which they find themselves (Skal, 2012). What the culture and the author have to say about what is considered monstrous, or “other,” changes based on how they are depicted (Ng, 2012). For example, In *Beauty and the Beast*, as Gaston rallies the villagers to slay the Beast, they gather their swords, axes, and pitch forks and sing as they march towards the castle, “*We don't like / What we don't understand / In fact it scares us / And this monster is mysterious at least*” (Ashman & Menken, 1991). Howard Ashman, the main songwriter for this film, was a gay man who died of AIDs a few months before *Beauty and the Beast* came out. He drew on his own experience of societal persecution against the gay community, specifically during the AIDs crisis. According to an interview with a friend and producer, Don Han, “He was really dealing with a debilitating disease, in an era when it was stigmatized. And so, there were so many of those underpinnings to the movie that people may not have seen” (Brew, 2010, para. 30).

There is a fear of otherness, of individuals who are different from oneself, that pervades American society. With increasing political attacks against queer people, such as Florida’s recent “Don’t Say Gay” bill or Texas’s new law that makes providing gender affirming care for children a felony (circa 2022), it is easy to see that some people view queerness as a threat (Beauregard et al., 2017; Bregman et al., 2013; Rojas et al., 2019). This fear comes from three

main beliefs: that someone in an individual's life might be queer, that queerness is a threat to others as it has been frequently associated with crime and sexual perpetrations, and that queerness is a threat to the community as it erodes traditional gender roles and family values (Benshoff, 1998). These fears and discomfort with queerness have led to many depictions of queer people as monstrous, as well as many monsters having allegories to the queer experience. These fears, stigmas, and negative stereotypes frequently act as barriers for queer people seeking mental health treatment (Beauregard et al., 2017). This is doubly harmful, as many times queer individuals are seeking treatment as a direct result of discriminatory behaviors, microaggressions, and familial rejection (Vosvick & Stem, 2019; Bregman et al., 2013). In my own work, I have observed that many young queer people enter treatment with this feeling of monstrousness hanging over their heads. They are afraid of diving into their personality and discovering who they really are for fear that they *will* be the monster that society thinks they are.

Throughout this thesis I use the term queer to refer to gender and sexual minority individuals. This is an intentional choice, deriving from a rejection of cis-heteronormativity to describe community defined by difference. "Queerness" also strives to include any person whose identity is made inherently political and othered, an intersectionality attempting to cover disability, mental illness, and issues of race (Benshoff, 1998; Butler, 2006).

All these complex feelings are compounded by the stigma that the United States has around mental illness. Films like *Psycho* (1960), *Split* (2016), *The Roommate* (2011), and *Silence of the Lambs* (1991) all propagate the idea that people with mental illness are dangerous monsters who will kill you the moment that the fancy strikes them. Both queer people and those with mental illness have a long history of being depicted as dangerous monsters, and many monster stories can be read as allegory for queerness or mental illness. Because of this, queer

people with mental illnesses find themselves at a terrible intersection of monstrous identities hoisted on them by societal opinions and depictions.

In fact, between the years of 1934 and 1968 the Hays Motion Picture code forbade the representation of queer folks in any film unless they were the villain and were punished in some way by the end of the film (Motion Picture Association of America, 1934). This legacy of queer coding villains and monsters has continued up to this day, with true, authentic, representation only increasing in recent years. As queer folks were unable to see themselves as the heroes in popular media, many began to identify with the monster instead (Benshoff, 1998).

The focus of this capstone thesis project is to develop a drama therapy method to address this idea of *monstrous queerness* in a partial hospitalization program (PHP). As a distanced, embodied practice that can directly engage with internal role systems (Landy & Ramsden, 2021), drama therapy is uniquely situated to assist queer clients in dialoguing with the parts of themselves they may consider “Monstrous.” Despite this, there is little published research on the use of drama therapy in the PHP setting (Lazar, 2018). There is also a dearth of research on effective interventions for queer individuals in the mental health industry at large (Vosvick & Stem, 2019) and other than some master’s level theses (e.g., Dennis, 2020; Huerta, 2018; Huston 2021; Lazar, 2018; Lisman, 2019; Lunardi, 2019; Soubosky, 2021; Truax, 2020) there is little peer-reviewed published work on using drama therapy specifically with a queer population. As for the intersection of interventions for queer individuals at a PHP level of care, only two other theses have explored the topic (i.e., Dennis, 2020; Lunardi, 2019).

Through my own work with queer adults in a PHP setting, I have developed a method aimed at addressing the specific needs of this population. Societal stigma towards queerness and mental illness has led many of these individuals to feel like monsters--others doomed to be

exiled to the fringes of society (Benshoff, 1998; Bregman et al., 2013; Rojas et al., 2019). It is my belief that by intentionally harnessing this monstrous identity using role method (Landy & Ramsden, 2021), clients will be able to address the parts of themselves widely viewed as other, monstrous, and frightening, and transform them into a source of personal strength. That by embracing and becoming the monster, they can learn to love the things about themselves that society has told them to fear.

Literature Review

Monstrous Queerness: The Allegory of Other as Monster in Western Media

In Harry Benshoff's 1998 work *Monsters in the Closet: Homosexuality and the Horror Film*, he explored the ways in which one can read queerness in most western horror media. Beginning in the late 1700's and coming into prominence with the gothic writers John Polidori (*The Vampyre*), Lord Byron, Percy, and Mary Shelly (*Frankenstein*), the genre of gothic horror has had queer underpinnings since its inception. Benshoff (1998) wrote that the thematic core of horror exists in three main principles: normality, usually in the form of heterosexual patriarchal capitalism; the other, usually in the form of the monster; and the interaction between the two. This fear of monstrous otherness has been weaponized against queer people frequently. Benshoff cited the "Hell House," a Fundamentalist Christian take on the classic Halloween Haunted House that replaced the zombies, vampires, and werewolves, with drug using, queer, AIDs patients to scare "straight" any teenagers unlucky enough to step inside. The message was clear; queer people, especially gay men, are horrifying monsters that should be considered a threat to personal identity, interpersonal safety, and to the fabric of society itself.

However, Benshoff (1998) also pointed out that for a long time these monsters, and the flamboyant villains who made them, were the only representation that queer people had--the only way of feeling seen and recognized in popular media. Anyone can identify with the experience of

feeling different, left out, and isolated, and horror films invite identification with the monster as their heteronormative leads are bland and uninteresting. This leaves the mad scientist and his horrible creation as the only narratively complex and interesting characters on which to project oneself. But a horror film has a clear beginning and end. It is laid out like a ritual to invite its viewers into a different and scary world, one with monsters and terrors; then it ends and those who entered are allowed to return to their normal world. However, those with lived experience of persecution, of having to hide oneself from the light of society for fear of the angry mob, such as queers, the disabled, the mentally ill, can truly empathize with the monster's plight.

Benshoff (1998) goes on to explore the ways in which the American horror film and the queer community grew and changed around one another. The monsters of the 1920s were different than those of the 1950s which were different than those of the 1970s and beyond. While the fear of the other remained present throughout the decades, who is considered the other and how the other should be dealt with continued to change (Benshoff, 1998, 2012). However, the queer underpinnings of the genre remained and grew closer to the surface such as with the camp hit, *Rocky Horror Picture Show*, which is explicitly queer. It is important to note that Benshoff's book was published in 1998, towards the tail end of the AIDs epidemic. While much progress has been made since then, queer people continue to fight to be accepted.

Benshoff expanded on his work in a 2012 essay, "'Way Too Gay to Be Ignored': The Production and Reception of Queer Horror Cinema in the Twenty-First Century," in which he argued that the proliferation of LGBTQ media has led to the implicit queerness of horror films finding a large queer audience who demand explicit queerness. No longer confined to the subtext, queer horror filmmakers can bring the queerness inherent in their work to the surface

and address it directly. However, Benschhoff noted that these films rarely do well in the box office and frequently received critical backlash from straight audiences.

One modern interpretation of the monster queer, which avoided the straight backlash by appearing heterosexual, would be Guillermo del Toro's 2017 film *The Shape of Water*. In this film, Elisa, a mute woman, rescued a fishman from the American government's cruel experimentations with the plan to release him back into the sea. Over the course of several months, she found herself falling in love with the monster, seeing in him a kindred spirit. She signed to her neighbor, a gay man struggling to make it as an artist, "When he looks at me, the way he looks at me. He does not know what I lack or how I am incomplete. He sees me for what I am, as I am" (del Toro, 2017, 46:35-47:00). While the love portrayed between Elisa and the Creature was heterosexual, it was still queer through the lens of queerness as otherness. Throughout the film it was the othered, a mute woman, a fishman, a gay man, and a Black woman who are portrayed as heroes and it was the cis-heteronormative, able bodied CIA agent who was the real "monster," dedicated to their destruction (Zamantakis, 2018).

Queer Theory: Unity Through Difference

Originating in the early 1990s, queer theory is a form of literature and cultural criticism that seeks to question the traditional binary model of understanding the world through ingroup versus outgroup, normal versus other (Butler, 2006). This theory calls on us to consistently question the status quo--to question what should be considered "normal." Queer theory asks: what is dominant? What is true? And how has the dominant pushed the truth that is inconvenient to it to the fringes by defining it as unnatural and other. Using this definition of queer theory and through it, queerness itself, we can begin to call into question not only the idea of otherness as it

relates to gender identity and sexual attraction, but neurodiversity and mental illness as well (Benshoff, 1998, Picart & Browning, 2015).

Reinforcing Queer Theory

Despite queer theory's assertion that gender is a construct and must be questioned and deconstructed for social progress (Butler, 2006), some critics of queer theory have said that it still holds gender identity to be a static experience rather than a fluid one. Transgender theory arose out of the history of feminist and queer theory to fill this gap (Breux & Thyer, 2021). Transgender theory posits that it is not enough to simply recognize trans identities as existing, but instead see transphobia as a colonizing tool to erase the cultural expressions of Black, indigenous, and people of color in the United States. The theory's principles are "you are who you say you are, you exist, you are not invisible, you should not be subjected to the emotional labor of educating others, and you are the expert on your own body and life's experience" (Breux & Thryer, 2021, p. 74).

Semp (2011) noted how the dominant paradigm of psychology research was a positivist one, where scientific evidence backed by experiments and statistics is the only way of understanding the world. In contrast, queer theory is constructionist and claims that knowledge is gained through experiencing and interacting with the world and that knowledge is therefore subjective. Semp further argued that a positivist view of queer identity breaks its various sub communities into smaller, separate categories. This further separation from the "normal" led to homosexuality becoming pathologized and further othered. Semp suggested that rather than centering sexuality in a therapeutic intake or interview (i.e., what is your sexual orientation?) that a narrative therapy approach should be used that centers the client's personal experience with their identity (e.g., how would you describe your sexuality? Is it important in how you see

yourself? What other aspects of your identity are important?). By centralizing queerness, rather than approaching it as one piece of a nuanced identity, Semp argued that therapists could end up further essentializing and marginalizing clients. However, it is important to note that Semp used the acronym LGB which excludes the experiences of trans individuals from the queer umbrella. This may be in part because Semp was specifically writing about sexual attraction without exploring gender expression, but as trans experience has frequently been ignored or covered up in favor of the white gay male experience (Breux & Thyer, 2021), it is important to name and recognize this exclusion.

Rosenberg (2018) used a queer theory framework in a series of interviews with eight queer people living in Western Australia to challenge the idea of a linear sexual development culminating in “coming out.” Participants named how even before they knew their identities, they searched for experiences to explain their feelings; how external, othering messages from society were internalized and became self-stigma, further delaying self-realization; the delayed onset of personal sexual discovery; and what it meant to be fully accepting and embracing of one’s own sexual identity. While the results of this study were limited due to the small sample size and their general heterogeneous demographics, it established a useful metric for evaluating where a queer person is on their journey of self-acceptance. Contrary to the dominant narrative, coming out is not one big dramatic reveal where the queer person bears their heart and are forever-after seen, acknowledged, and known as their truest self. Instead, it is a continuous, non-linear process that happens externally on an individual level and case-by-case basis; whether a person is “out” does not fully reflect their own identity (Brumbaugh-Johnson & Hull 2019; Khuzwayo, 2021; Rossman et al., 2017). “Coming in” acknowledges the reality and fluidity of one’s process toward self-acceptance of things that they once thought made them monstrous

(Rosenberg, 2018). This study also emphasized the importance of community acceptance of the ways in which the individual is different, and, through that acceptance, growing into a place of strength.

Writing on the queer ethics of monstrosity, MacCormack (2012) philosophized on what is the right, ethical way to treat others in relation to ourselves. MacCormack (2012) stated that categorizing what is monstrous is an act based in defining what an individual finds “aberrant—both fetishized and maligned” (p. 255). She then explained how ethics do not exist on an individual level but in relation to one another and are based on desire. Citing Spinoza, Deleuze, and Foucault in her assertion, she posited that when individuals encounter others like themselves, they experience joy and wonder. MacCormack (2012) then explored several ways in which people have been perceived as monstrous in ethical encounters including heavy body modification, mucosal femininity, and animal-like qualities. In traditional ethical relations, the monstrous has been considered disruptive, traumatizing, and horrifying, an obstacle to be overcome. However, through the application of queer theory, that disruption and the newness provided by the monstrous relation can be revelatory and wonderful. MacCormack (2012) concludes by claiming that the Monster exists primarily in relation:

We are all monsters and all not monsters depending on our relation with signifying systems. Power is its own act of desire. Imagination through encounters with alterity that catalyze loss of self is a form of desire that is, like the spectacle or encounter with the monster itself, both frightening and compelling, seductive, and dangerous. (p. 263)

She compared the concept of the monster to the ethical concept of the friend, one that does not exist outside of oneself, but as an internal expression of thought, like drama therapy’s role method (Landy, 1994), “Monsters have stood as symbols of a need for ethical address in the face

of an entity that refuses the modes through which we have come to be used to addressing otherness and self' (MacCormack, 2012, p. 264). MacCormack's ideas on queer monster ethics support the idea that monstrosity, though frightening, does not preclude individuals from positively identifying with the monster. Monstrosity is a symbol, and it is a call to action; it is the dark reflection of the self as well as the shocking truth of being. It is everything and nothing; it is too much/not enough. The monster exists in the in between, in the relation between the me and the not me, self and the other.

Drama Therapy: Creating A Monstrous Menagerie using Role Method

The presence of this dialectic is central to drama therapy. Drama therapy, the intentional use of drama and/or theater processes to achieve therapeutic goals (North American Drama Therapy Association, n.d.), is an ideal tool to allow individuals access to the parts of themselves that seem too big to hold. One approach in the field, role method, developed by Landy (1994), uses archetypes as they appear in various forms of media to explore how those roles manifest in aspects of the self (Landy & Ramsden, 2021). Role theory posits that individuals are made of a catalogue of roles, units of personality, that manifest in different situations and with different groups of people. For example, an individual may be playing the role of the caretaker when they take care of their children, but that role may also appear in other aspects of that person's life such as being the responsible member of a friend group who attends to the others' emotional needs at the expense of their own. Role method is the practical application of this theory, which allows individuals to explore their catalogue of roles, identify which are present in different aspects of their lives, and directly engage with those parts of themselves through role-play, scene work, and dramatic projection (Truax, 2020; Landy & Ramsden, 2021). Landy and Butler (2012) used this method as an assessment tool, observing participants sort Landy's predetermined roles into four categories: *this is who I am, this is who I want to be, this is who is blocking me, this is who can*

help me. By observing how participants sort the roles, and what they imbue each role with as they are sorting them, the observing clinician can guide embodiment and exploration of the roles that carry more emotional weight.

However, this method is not without criticisms. The names which Landy pulled from are incredibly “Western,” and mean very different things to different cultures (Stevens, 2018; Truax, 2020). Stevens (2018) offered an alternative, acknowledging that one’s race, class, sexuality, and gender affect the way that a role manifests for an individual. His process encourages clients to develop their own catalogue of roles rather than use the ones offered by Landy (1994). Queer theory supports this questioning of the dominant narrative (Butler, 2006), and engages with roles as stereotypes that have been traditionally used to oppress and other Black Americans (Stevens, 2018).

It is important to recognize at this juncture that the monstrous Other has not just been used to negatively portray queer people. In monster films such as *King Kong* (1933) and *Night of the Living Dead* (1968), race is either implicitly or explicitly correlated with monstrosity (Brakke, 2001; Novak, 2012). The monster ape Kong has long been recognized as a symbol of subconscious white fear and insecurity about Black masculinity and sexuality (Frazier, 2007) and the main character of *Night of the Living Dead* is a Black man who in the end is shot and killed by a posse of “rescuers” who were unable to distinguish a Black man in need of help from a flesh-eating monstrosity. Just as Stevens (2018) seeks to reclaim and integrate historically oppressive stereotypes into his Black American Role Taxonomy, the harnessing of monstrous queerness recognizes the historical ways in which queer people have been depicted as monsters and integrates those roles as powerful parts of the self rather than a source of shame (MacCormack, 2012).

Truax (2020) gave us another alternative to the traditional role sort method by offering an additional category for using the role sort with a queer population. Truax identified how many queer individuals feel forced by society into roles that do not feel real or natural to them, creating the category of *this is who I have to be*, which creates a counterrole to the category of *this is who I want to be*. They conducted a role exploration group at a PHP for queer adults, inviting clients to identify this additional role and share a monologue as this role. They noted that clients seemed hesitant to engage with this role, positing that the reason there was any engagement whatsoever was because the group was made up solely of other queer people. However, clients seemed ready and excited to engage with the other categories. Their work suggests that queer clients can identify and explore their system of roles as they can readily identify various ways of presenting with different individuals due to both perceived and real danger of sharing parts of their identities with others.

Dramatic Reality and the Playspace

Drama therapy operates in an imagined space separate from normal reality, called the dramatic reality (Pendzik, 2006). Dramatic reality is referred to by several different names across the current approaches of drama therapy including surplus reality, fantastic reality, fictional present, liminal field, and playspace (Pendzik, 2006). This separation from the everyday allows a degree of distance, a framework with which a participant can hold a difficult experience in such a way that allows them to access both their logical mind as well as their emotional mind (Emunah, 2020). Within this playspace nothing is real, and anything can happen. The act of entering and exiting this imagined reality allows individuals to keep the events of the play within that space, offering yet further distance and permission to play (Johnson & Pitre, 2021; Pendzik 2006).

Partial Hospitalization: Needs and Goal

Partial hospitalization is a level of care for individuals in a degree of crisis below inpatient, but higher than outpatient. It is meant for two points in time: to prevent a necessary entrance into inpatient or to support a patient's transition from inpatient back into the community (Thomas et al., 2009). It "resulted from a shortage of beds and inadequate funding in existing hospital facilities rather than a change in treatment philosophy or theoretical rationale" (Schwartz & Thyer, 2000, p. 14). Multiple mental illnesses are treated in communal settings. Occasionally partial programs are specialized for populations such as adolescents, dual diagnosis, women, women of color, and queer individuals (Arbour Hospital, 2020). Partial hospitalization programs are highly structured and have proven effective in treating depression in adults (Schwartz & Thyer, 2000). As PHPs are primarily focused on short term stabilization (Thomas et al., 2009), if any trauma work occurs, it is only the first phase: safety and stability (Arbour Hospital, 2020).

In a study of 626 patients at a PHP, McHugh et al. (2014) reported that 45% of the participating sample experienced a reduction in distress intolerance at the time of their discharge from the program. While their sample was predominantly white (91%) and dealing with major depressive episodes ($n = 312$), a wide range of other diagnoses and ages were represented in the study. However, it is important to note that 157 participants did not complete a formal discharge, suggesting that they may have simply left the program. The researchers also note that this reduction in distress intolerance may have been the result of regression towards the mean. In addition, 30% of the sample reported an increase of distress intolerance. The realities of PHP are on full display in this study: despite filling an economic need, the results of PHPs are often mixed. In a similar study of patients being treated for depression at the PHP level, Schwartz and Thyer (2000) found that all participants in the study ($n = 9$) reported a decrease in depression

level. While they did still report some depression, all suicidality had subsided. However, many of the participants had previously attended the PHP and were attending the program an additional time, calling into question the long-term effectiveness of this level of care (Schwartz & Thyer, 2000). While PHP can be effective for dealing with non-life-threatening mental-health crises by providing the patients with tangible coping mechanisms, without follow up trauma-informed outpatient care to address the underlying issues, readmission is likely (McHugh et al., 2014; Schwartz & Thyer, 2000).

Summary

To summarize, there is a history of depicting what society considers other as monstrous (Benshoff, 1998). Despite this, due in part to the lack of other representation and in part to reclamation of stigmatizing language and imagery, many queer people have come to identify with the monster once meant to inspire horror (Benshoff, 1998; del Toro, 2018; Zamantakis, 2018). Queerness, racial minority, mental illness, and physical disability can be understood as other through the lens of queer theory--that difference can become a strength once it is accepted and integrated (Butler, 2006; Breaux & Thryer, 2021; Rosenberg, 2018; Semp, 2011). Drama therapy can be used as a tool to approach and understand that othered role, the frightening part of oneself, by actively engaging it within a playspace (Emunah, 2020; Landy & Ramsden, 2021; Landy & Butler, 2012). Through this process of embodiment and role-play, individuals can transform that part of themselves to be something helpful rather than harmful, a source of strength rather than shame or guilt (Landy & Ramsden, 2021; Stevens, 2018; Truax, 2020). This allows clients to integrate that part of themselves more fully into their larger role system, affording the strength and insight to be used to promote distress tolerance, emotional regulation, and provide a gateway to recovery (Armstrong et al., 2019). As this intervention is set in a PHP,

it is important to acknowledge the limitations that are inherent in this level of care. PHPs provide clients with foundational mental health coping strategies without beginning the second phase of trauma care (Schwartz & Thyer, 2000; McHugh et al., 2014).

Methods

It Was a Dark and Stormy Night: Background and Preparing Participants for Group

This intervention took place twice in a PHP program outside of a mid-sized Northeastern city in the United States, once in January 2022 and six weeks later in March 2022. Six weeks is the longest that any clients are allowed to stay in the program, so this time frame was selected to guarantee different individuals would participate each time. Clients are asked to stay in the program for at least two weeks but are not required to commit for any length of time. Program size varied between 30 and 45 individuals split between two simultaneous groups of 11 to 23. The program conducts five 45-minute groups a day, five days a week. The topics of the group vary by the day, three of which are always check in, check out, and dialectical behavior therapy. Other topics include cognitive behavior therapy; relapse prevention; open process; relationship dynamics; anger management; gender, sexuality, and self-awareness; trauma and recovery; expressive therapies; empowerment; and peer-led groups. Clients attend groups with the same cohort except for expressive therapies group. During this group clients are given two options to choose between. Clients who attend the program are required to be above the age of 18 and identify as queer in some way. Common presenting issues for clients in the program included depression, anxiety, gender dysphoria, bipolar disorder, borderline personality disorder, complex posttraumatic stress disorder, and substance use. This intervention occurred during the Covid-19 pandemic, so all groups were conducted via telehealth. This intervention was offered in addition

to the typical groups for the day in two 45-minute groups separated by a 45-minute break for lunch. A licensed clinician from the site observed both groups.

The day before offering the intervention, I explained to the clients that I would be running an experimental drama therapy group. I informed them that to attend the second group they must attend the first group and that if they attended the first group, the expectation would be that they attend the second group. I let the clients know that the intervention was an implementation of my capstone thesis, but that I would not be collecting any data or identifying information.

Monstrous Origins: The Development of the Method

The intervention that I designed grew out of my desire to use a contained version of a role-playing game as a therapeutic activity centered on identity exploration. *Monsterhearts* (2017) is a game created by Avery Alder where the players take on the roles of high schoolers in a world where monsters are very real. In addition to navigating the messy social dynamics of high school, many of the players are also secretly monsters themselves. The game also encourages players to explore queer content as “it gives you new dimensions of shame, confusion, and desire to explore. It dismantles stale genre conventions and builds new stories out of the pieces. It breathes life into the monstrous” (Alder, 2017, p. 36) In a genre already rife with queer allegory and coding (Benshoff, 1998), Alder (2017) asks players to use the game to “challenge your own ideas about gender, sexuality, relationships, what’s normal and what’s monstrous” (p. 37). *Monsterhearts* acknowledges how during adolescence individuals are desperate to find a sense of belonging, and how being seen as different and/or not part of the “it crowd” can be devastating. Adolescents are often so desperate to belong that they hide parts of themselves, make risky, rash decisions, and act in self-destructive ways (Flykt et al., 2021).

Monsterhood can therefore be used as a distanced allegory to explore actual issues that the player may have experienced in their own lives (Baker, 2019; Lazar 2018).

The initial method I proposed was drawing from a list of volunteers in the PHP, selecting five group members based on self-reported commitment, willingness to play, and comfortability exploring potentially activating topics. With this group I would implement three 90-minute sessions over the course of a week as well as individual meetings to process events that occurred in the game. However, several factors prevented the implementation of this original method. The use of role-playing games as therapy is still in its infancy (Bowman & Lieberoth 2019; Daniau 2016; Enfield, 2007; Funyak, 2019) and there were some questions as to whether insurance would cover such groups. In addition, the structure of a PHP meant that I was unable to pick who could attend my groups and I could not dramatically break from the established structure of the program. With these limitations in mind, I took the core aspects of *Monsterhearts* that I considered to have therapeutic potential for queer adults (e.g., Benshoff, 1998; Lazar 2018; Dennis, 2020), role development (Landy & Butler, 2012; Landy & Ramsden, 2021; Stevens, 2018; Truax, 2020), and dramatic play (Landers, 2002; Pendzick, 2006) and reconstructed them into a more standard drama therapy intervention.

As Landy's role taxonomy was drawn from archetypes commonly found in western plays (Landy & Butler, 2012; Landy & Ramsden, 2021), it does not encompass the entirety of the roles experienced by individuals outside of the heterosexual paradigm (Stevens, 2018; Truax 2020). It is therefore appropriate to turn to the media where queer individuals have seen themselves, albeit in a negative light (Benshoff, 1998), in the queer coded monsters and villains of horror movies past. Here, queer individuals can begin to reappropriate the monster queer and question what about themselves is truly other by giving that part of themselves a name and a voice. They can

then play with that monster in a distanced, yet embodied way to begin reincorporating that role into their full self.

Rise My Creation: Constructing a Catalogue of Monster Roles

I began the group by asking the clients to check in with their name, pronouns, and the first thing that comes to mind when they hear the word “monster.” This form of check in (name, pronouns, and a question related to the group they were about to participate in) was standard for the program. After the clients had finished checking-in, I reflected on some of the major themes that emerged and asked them to keep these in mind as we moved into the next portion of the intervention.

Next, I let the group know that this would be an embodied and potentially activating activity that played with our monstrousness. I asked them to pay close attention to how they were feeling during each portion of the intervention so they could take a step back whenever the material felt like it might be too much. With this trigger warning shared, I introduced the concept of role to the group (Landy & Ramsden, 2021). I explained that sometimes roles may be over or underdeveloped and that by naming them, embodying them, and playing with them, we can begin to expand our role repertoire and call on our different roles when and how we need them (Landy & Ramsden, 2021; Truax, 2020). I then shared my screen to display a blank word document in which were three example roles based on the archetypical Hollywood movie monsters: the Vampire, the Construct (Frankenstein’s Monster), and the Werewolf. I asked the group what it looks like when these roles were present with them, keeping in mind that everyone’s version of each role would be different.

After giving the group some time to share, I asked them to name what other monster roles they could identify in themselves. Once the role was named, I added it to a word document so

that everyone could see it and refer to it for the next step of the intervention. Now that we had a thorough list of roles, I asked the group to pick one that was strongly present with them that day and create a character based on that role. To facilitate this process, I offered the group the following prompts: Who are you? What are you? How do you feel about being what you are? Are you out as a monster? To whom? What happens when the monstrous part of you is in complete control? What happens when you completely deny your monstrous parts? When you are out of control, how do you find yourself again? What do you want more than anything else?

I ended the first half of this group by asking the clients to enroll as their character and to introduce themselves to the group beginning with “I am—.” By way of example, I introduced my own version of the Construct, a porcelain doll named Victoria who desperately wanted to learn all she could about humans so that she could be one too. Once everyone had named their role, we broke for lunch and participants were informed we would be playing with the characters afterwards.

Becoming the Monster: Playing as the Created Role

Upon returning from their break, I named the importance of witnessing (Bleuer & Harnden, 2018; Webb, 2018), as due to time restraints it was unlikely that everyone would be able to enroll in the play that would follow. I then named the agreements of the playspace, the dramatic reality that the group is entering together in order to act as a container for the play (Pendzik, 2006). We agreed that what happens in the playspace is imaginary although it may draw from reality; we agreed that while we might portray harm, we will not commit it; and we agreed that we are all playing with our stuff and to see and recognize one another’s experiences as they are portrayed (Johnson & Pitre, 2021).

Once the rules were established, we began to relationally attune by mirroring one another's movements. Once I sensed we were ready to begin the play, I invited them to see and describe the curtain separating the real world from the playspace. Now in the play space, I asked the group to become the characters they had created and invited them to share with us something they needed to do. Once an idea for a scene had been offered, I asked the protagonist to choose other members of the group to enroll as the other characters that the protagonist needed for their scene. While the scene went on, I stepped into the role of the director and offered probing questions, as to where the scene was going, what was likely to happen, and what the protagonist wanted to happen.

When about 15 minutes remained in the group, I asked the clients to derole by miming taking off a mask or costume and inviting the clients to say, "I am not [the monster role], I am [their name]." We then exited the playspace by stepping out from the curtain as a group. To close the dramatic play and shift into processing time, I asked the group, "Is there something you want to say to this role and is there something the role wants to say to you?" We then shared about what that experience was like, what stuck out for them, and what they will carry with them into the end of their day.

Changes and Reflections

The second time I ran this group I made the following changes based on continued research and my experience with running the group the first time. In preparation for the role work of this group, I led a role method group the week before to scaffold in the concept of role and save time during the intervention itself. I also explicitly acknowledged the history of queer coding in western horror media as well as the desire to claim certain monstrous images for oneself. At the end of the first group, I prompted the participants to think of a one to two

sentence pitch for the monster role they had just created if they would like to be the protagonist for the second group. As part of the warm-up for the second group I named three roles from the list that the participants had created and asked for one person to step in and offer a line and a movement as the role, which the rest of the group mirrored back. I then had the group sociometrically select the scene that would be explored, asking which of the provided options they felt like they needed to witness today.

Following the intervention, I ran the following check-out group in case there were any lingering thoughts or feelings that the participants still needed to express or explore. However, the second time running the group the program had switched to two separate check-out groups, so there was no guarantee that everyone who attended my group would be in the check-out group that I ran. When I arrived home afterwards, I recorded a brief vlog as Victoria on what she had seen that day and what she had learned about being human from other monsters.

Results

Fifteen clients attended the first series and 17 attended the second; most clients identified as transgender or gender nonconforming. Both groups were predominantly white with only one person of color in each. Both groups had a mix of clients who had actively participated in my previous drama therapy groups as well as those who were primarily observers. Several members of both groups had physical disabilities, so all invitations to engage in movement were offered with the caveat of “to the best of your ability.” Clients were asked to check in with an association they had with the word “monster.” Several themes emerged. The first was the traditional definition of monster: a horrible creature, a murderer or serial killer, and/or something evil. The second theme was the sympathetic monster, something misunderstood, and something that seems different. The third theme was more related to popular culture than to traditional monstrosity;

these included Monster energy drinks, the film *Monsters Inc.*, and Nikki Minaj's verse on the track "Monster" by Kanye West (2010).

As I moved into the psychoeducation portion of the group and explored the meaning of role, the groups moved in different directions. In the first group there were several clients who were concrete and struggled to understand the definition of role. I mitigated this issue in the second group by providing a role sort group the week prior. As a result, most participants had a working definition of role. Those who did not were able to rely on the rest of the group for support, observing how they engaged with the concept and following along in a similar manner. In both groups there were clients who self-identified as having disassortative identity disorder and found the concept of role challenging. I scaffolded the concept by asking them to focus on whoever was fronting, which personality was in the driver's seat, in this moment, and how that version of themselves behaves in different circumstances. After providing this reframe, clients seemed to accept and engage with the intervention.

When I provided the example roles of the Werewolf, the Vampire, and the Construct, both groups identified with each in similar ways. A unifying theme between all three roles was that of being made by someone else, potentially without the creature's consent. Participants connected this with monstrous roles potentially emerging out of traumatic experiences and that we as human beings are not able to choose the circumstances of our creation, the family, and situations that we were born into were out of our control. The Werewolf was also associated with being out of control, and several clients with bipolar disorder were strongly drawn to that aspect in connection with their own diagnosis. Participants associated the Vampire with themes of being draining, of taking from the people around them to feed themselves. Participants also explored the topic of consent in relation to the Vampire. They asked how it is possible to be an ethical

Vampire; to take what they need from someone else with permission. The Construct was the role most heavily associated with queer identity by participants, specifically gender identity. In addition, participants dealing with imposter syndrome or with low self-esteem named how they sometimes feel more like an assemblage of parts than a real person.

As I moved into the portion of the activity where participants created a catalogue of monstrous roles, individuals seemed excited and had little difficulty listing various kinds of monsters. Some participants named how they identify with the monsters they provided, and others simply listed kinds of monsters. I asked about the therapeutic potential of three categories of roles; the first were named characters such as Beast or Ursula. I asked the participant to reframe these as archetypes rather than the specific instance of the character, resulting in the Beast and the Sea Witch. The second were the underdistanced roles of the Broken/Mentally Ill person and the Virus. In both cases I mentioned the importance of naming these roles as they were present with us in the group space, however, I also reminded people that directly engaging with this sort of role at this level of care could be potentially activating and to be mindful of what role they chose to elaborate on further in the next section. The final role that I questioned the therapeutic benefits of was that of the Wendigo. As this is a creature of Canadian First Peoples that is frequently appropriated by popular media, I did not know if the group could engage with it in a respectful way (see Appendix A).

The final section of the first group was the creation and sharing of roles. In the first series, clients asked if they could select multiple monsters. I asked that they either pick one or combine the roles into a new one for the purpose of this exercise. This was done primarily due to time restrictions, as I did not believe that there was time to explore multiple roles in a group this size. Several clients chose to do so, creating The Puppet-Beast and the Vampiric Wolf, as

examples. While everyone was able to name a monster role as well as how it functions in their life only two clients were able to give the archetype a specific name (e.g., Dan, Garbitrax, etc.). In response to the prompt: “are you out as a monster?” several clients stated in their monologues that they could not hide what they are and could only function as a monster. When participants introduced their characters there was a much higher connection with their mental illnesses than with their queer identity, with only one client in the first group making a clear connection to their identity.

In the first enactment coming back most participants reported they had difficulty relaxing and were focused on their monsters. As I attempted to explain the rules of the playspace, participants asked for further clarification on both mutuality and restraint from harm. Moving into the playspace I offered a mirroring warmup, asking individuals to follow one another’s movements.

When the group seemed ready to begin, I chose the first person to volunteer as the protagonist. I made this decision to keep the group moving as quickly as possible, so that there might be time to explore more than one scene. The individual was a trans-fem nonbinary person in their late 20s, had been in the program for three weeks, and was dealing with depression, anxiety, and gender dysphoria. They offered a scene where a puppet-beast seeks an ally to escape from their puppeteer. They selected two other individuals to hold these roles, a cis-female person (puppeteer) and a nonbinary person (ally). As we began the scene, the protagonist informed the group that the scene would be very silly, adding that if they didn’t make it silly, they wouldn’t be able to take part in the scene. This demonstrated they were aware of the distance they needed to embody this difficult role. All three participants seemed engaged and embodied, the puppet-beast flopped around their chair to demonstrate their difficulty moving themselves, the puppeteer

sinisterly manipulated the puppet's strings, and the ally leaned closer to their camera to provide as much support as they could through the telehealth format. The scene followed the puppet as the puppeteer left them to roll in the mud. There they were found by the ally who lifted them up and offered them a tree branch to support themselves. After inviting the puppet-beast to get coffee with them the puppeteer returned to make the puppet-beast dance for them all day and all night. When the ally tried to intervene, the puppeteer made the puppet-beast lash out at them. Here we explored two different endings; one in which the puppet-beast left with the puppeteer and one in which the ally provided them with the tools to cut their own strings.

The second time I ran this group I began the warmup with sound and movement and then chose three unused roles from the list and asked the group to provide a movement and a line to demonstrate how one might play that role. After each movement I had the group mirror it back. This time I had the group select the protagonist for the play, as the first instance of facilitating this intervention showed there would not be time to do more than one scene. They selected a transwoman in her mid-20s dealing with social isolation, depression, anxiety, and gender dysphoria. She enrolled as a Lich, an undead wizard who has achieved immortality by removing their soul and storing it in an object, who was looking to hire a team of adventurers to find her lost heart. This was one of the few instances where the participant had chosen a name for their character. I worked with the protagonist to select the roles that the adventuring team would occupy, winding up a thief with a heart of gold, a historian, and a purposeful one. The thief with a heart of gold (mid 20s nonbinary) suggested they steal others' hearts to stitch into a new one, the Historian (late 20s cis-female) suggested the Lich examine their records to find when they lost their heart, and the purposeful one (mid 20s nonbinary) reminded her not to lose sight of why they started all this and why they set out to become all knowing in the first place. These

participants all costumed themselves with items in their own homes unprompted by me.

Unfortunately, by the time we had established the scene and the roles had all entered and offered their lines, we were out of time.

When deroling, both groups varied in their responses. Several participants were only able to offer something they would like to say to their role or something their role would like to say to them, but not both. Feedback from the groups was positive, with many participants reporting that they had fun. Due to time restraints, there was only time to process in the first group. One line that the puppet beast had said resonated with many of the witnesses. As they were directed to act negatively towards their ally, they had lamented how their situation had made them both a victim as well as a victimizer. At the end of the second group, I asked participants to journal about their experiences, or to bring anything that stuck out to them to their individual clinicians.

Discussion

The purpose of this method was to use the history of queer coding monsters as a framework for an embodied role method intervention so that queer people could identify parts of themselves they view as frightening and othering and transform them into a source of strength. My approach was to facilitate the construction of monstrous characters that the clients identified with and guide the group in an improvised exploration of those roles. I found that queer clients were able to construct and share a part of themselves they found monstrous, and that most clients focused on their mental health rather than on their queer identity. Given time restraints inherent in the structure of the program, I found it difficult to engage in anything beyond foundational work. I also found that the decreased interpersonal connection from telehealth affected the ability of witnessing clients to stay fully engaged with the play. From these observations I believe that this method would be most effective either in a different setting, such as outpatient, a community

support group, an after-school program, or a PHP program with a more consistent schedule of drama therapy-based interventions.

All participants in the intervention were able to identify a monstrous role and briefly introduce that role to the group. At the end of the exercise, they were also able to derole and reflect on the experience of intentionally holding that monstrous part of themselves. I believe that clients made more connections to their mental illnesses than with their queer identities due to the nature of where this work is taking place. Even though this program is specifically for queer adults, it is a high level of care, and the focus of that care is more on their mental health than their identity as queer. As such, while queer identity is still present and inherent in this discussion of monstrosity, it acts more as a framing rather than as the focus of the work. In a different queer specific setting where the primary focus of care is on the integration and understanding of identity it is likely that queer identity would have been the focus. However, using the framework of queer theory (Butler, 2006), any othering identity can be understood to be monstrous (Benshoff 1998), and that part of oneself, that role, can be used as a basis for better understanding the self (Landy & Butler 2012) and can still be transformed into a source of strength (Enfield, 2007).

Another recurring theme I noticed in the introduction of the monster roles was individuals saying that they are unable to hide what they are. I believe there is a connection to be made here between the ideas of both passing and as well as “visible” chronic disability. Passing refers to the practice of hiding a socially marginalized identity (e.g., racial, disability, gender) in order to blend into broader society (Nicolazzo, 2016). Most clients in this PHP are trans, and are in the beginning stages of their transition, and struggle with frequent misgendering microaggressions that further exacerbate their underlying mental health struggles. While one’s

sexual identity is more easily hidden from the public eye, once someone begins the process of transitioning, or presenting oneself in a gender non-conforming manner, it becomes more difficult to hide that part of oneself. One client who used a mobility aid connected their physical disability to their monstrous identity. As stated by MacCormack (2012), monstrosity exists in relation. Whether that monster is visible to oneself or to any who meet them can change the way that one views their monster and interacts with it.

As I noted during the first group, it was difficult to scaffold in all the necessary concepts into two 45-minute sessions. This led to my decision to run a role method group the week before the second series. As only one expressive therapy specific session is offered at this site per week, it was difficult to familiarize the group with the basics of drama therapy as well as make time for the intervention itself. Both sessions, but especially the second, felt as if we reached the point where we could begin to do the real role exploration work just as we ran out of time. It felt as if the groups were excellent foundational work that could be built upon in further sessions. However, due to PHP being short term (Schwartz & Thyer, 2000; Thomas et al., 2009), with the average client in this program staying for 3-4 weeks (Thomas et al., 2009), and clients continually rotating into the program, it is difficult to run a series of drama therapy groups that scaffold onto one another. Between the high client turnover rate and the clients being able to choose which of two expressive therapy groups to attend, it is expected that all expressive groups offered at this site are immediately accessible to anyone who chooses to attend. As such, it is difficult to continue to explore the themes that arise beyond the group itself.

I noticed that clients began to drift and lose focus when in the witnessing role. This was especially true of the second series where the role training portion of the exercise took up much of the time and there was not time to offer reflections about the experience at the end. I think had

these groups been offered in person rather than through telehealth, there may have been less of an issue. However, given that the enactment was the fourth of five groups offered that day, it is entirely possible that the group was suffering from Zoom fatigue (Salim et al., 2022). Some solutions to this problem that come to mind are imposing a time limit on scenes, rather than letting them play out naturally, or asking participants to come to the group with a more tangible goal. For example, the prompt “a puppet asks an ally to help it stand up for itself” has more of an inherent and contained structure than “a Lich hires adventurers to find their lost heart.” While this scene offers itself for a more ongoing narrative that could be revisited over the course of several sessions, the puppet-beast scene from the first series was more self-contained and considerate of the time limitations.

I believe the first half of this intervention is well scaffolded and contained and does not require any major changes. However, if I were to run the second half of this intervention again, I would pay closer attention to time; I may even set a 10-minute limit on scenes and limit the number of characters allowed to cut down on role training time. As it currently stands, given the short-term nature of the program and limited opportunities (once a week for 45 minutes) to engage in a purely drama therapy modality, I cannot recommend this method for the PHP it was conducted at in its current form. If the program had the flexibility to offer this group in hour long chunks over the course of a week, then after the first two sessions, the group would require significantly less scaffolding and could simply enter the playspace following a brief warmup (Emunah, 2020; Johnson & Pitre, 2021; Pendzik, 2006). More scenes could be explored, and we could potentially even play with different monsters interacting with one another once the group got to know them.

Conclusion

Despite the limitations of the intervention in this setting, my work here reinforces the idea that the use of monsters and monstrosity can be key avenues of inquiry for drama therapists working with queer clients. Participants in the intervention demonstrated excitement and investment not only in creating a catalogue of monsters with which they identify but also in creating their own monstrous persona through which they could express the ways they felt othered. In an ideal world, I believe this intervention would be most effective in a longer group of about 8-12 participants. A smaller group would allow for more time for introductions and group interviews to get to know the monsters better. I also think that offering this group multiple times over the course of a week would allow participants to explore their monster more fully in relation to their identity as well as their ongoing mental health treatment. Queer people have been called monsters for an awfully long time, and that experience of being othered can take on a life of its own. But at the end of the day, that monster is still a part of us that is worthy of love and compassion. It can be difficult to become the monster—to step into the purposeful other that exists in the ambiguity of relation. We must be able to define our own monsters, rather than let society define them for us.

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Appendix A

Roles Named by Individual Participants Across Both Groups

The Beast	The Revenant	The Zombie	The Cursed
The Ghost	The Invisible Man	The Alien	The Imposter/Changeling
The Necromancer	The Black Dog	The Siren	The Dementor
The Blob	The Hatman	The Shadow	The Brain-In-A-Jar
The Witch	The Sea Witch	The Puritan	The Body-Snatcher
The Djinn	The Fire Spirit	The Cryptid	The Living House
The Hunter	The Birdman	The Clown	The Robot
The Ooze/Slime	The Hydra	The Dark Force	The Lich
The Devil	The Swamp Monster	The Puppet	The Puppeteer
The Broken	The Poltergeist	The Mummy	The Banshee
The Cerberus	The Mothman	The Mindflayer	The Thing
The Medusa	The Gremlin	The Reaper	The Haunted Doll
The Flesh Eater	The Cubi (Succubus/Incubus)	The Dragon	The Skeleton
The Giant Monster	The Minotaur	The Slenderman	

Note: Bolded roles appeared in both groups

THESIS APPROVAL FORM

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Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Drama Therapy, MA**

Student's Name: Zaira Boylan

Type of Project: Thesis

Title: Becoming The Monster: The Use of Monstrous Role with Queer Adults in a Partial Hospitalization Program

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Jason S. Frydman, PhD, RDT/BCT, NCSP _____