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# Exploring Role Method as a Means of Emotional Regulation: A Development of a Method with Dysregulated Adults in a PHP Setting

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## Abstract

Emotional dysregulation is comorbid with a wide spectrum of mental health diagnoses. However, in a partial hospital program (PHP) setting, the roots of emotional dysregulation cannot be thoroughly treated due to the temporary nature of such programs, despite its impact on the wellness of clients. Yet, it has the potential to be explored more in-depth through drama therapy techniques due to the distanced and playful methods of the practice. This thesis method explores the effect of a strengths-based, drama therapy intervention in a PHP setting. The method took place over four sessions, with a fluctuating group ranging from five to seven members (12 members total across all four sessions), both in person and over telehealth. The sessions applied Landy's (2003) role taxonomy and strengths-based practices to help guide the group members in creating their own *power role*. This role was used as a means for the group members to approach their emotional difficulties from their strengths. The sessions progressed from the group members identifying their role repertoires, to creating their power roles, to finally enrolling as a power role while facing a destabilizing role that they carry. The facilitator played the opposing roles in the final sessions. Each session had an additional drama therapist present so thorough notes could be taken after the fact. Although only four out of the 12 participants were present for all four sessions, the group appeared to grow more confident in their ability to self-sooth and manage emotion, even if not all of them were able to fully to enact those coping skills while enrolled.


*Keywords*: emotional dysregulation, drama therapy, strengths-based approaches

*Author Identity Statement:* The author identifies as a straight-passing, queer, White woman from Illinois of mixed Eastern European ancestry.

# Exploring Role Method as a Means of Emotional Regulation: A Development of a Method with Dysregulated Adults in a PHP Setting

## Introduction

"We all benefit when mental health professionals take the time to find out what is 'right' about people, while seeking to help them deal with presenting problems. As a clinician, I simply grew tired of using the DSM to document what was wrong with clients. After all, what was so-called wrong with them could hardly ever be used to help them get better" (Jones-Smith, 2014, p.1).

Mood dysregulation is the inability or difficulty to control and adjust unpleasant emotional states, often resulting in anxiety and aggressive behavior (Dadomo et al., 2016). It can stem from a host of underlying diagnoses, from depression to bipolar disorder to PTSD (Sharma-Patel & Brown, 2016). Due to variable causes, it can be difficult to use therapy to stabilize emotional fluctuations, especially if a client is at a partial hospital program (PHP). The barriers in this environment are mainly caused by the extremely short-term nature of PHP settings. Delving too deep into emotional triggers is not advisable since the client is in a higher-risk state and the treatment is only temporary (McHugh et al., 2014). Therefore, trauma work and individual therapy that delves deep into distressing life circumstances are discarded in favor of group treatments that are highly influenced by cognitive behavioral therapy (CBT). Although CBT is useful for building new processes of thought, there are those who argue that "improved cognition does not necessarily mean improved emotion regulation" (Dadomo et al., 2016, p.1). Considering this acknowledgement of the body's key function in emotional regulation, I am curious about the effectiveness of drama therapy with populations who suffer from mood dysregulation in PHP treatment programs. I wondered if using role theory and method (Landy, 1993) from a strengths-based approach could help dysregulated clients integrate more adaptive

behaviors and narratives through embodiment and develop roles that lean on their strengths. Role method, in this case, has the potential to be highly effective while focused through a strengths-based lens, as it provides an opportunity to identify positive parts of the self. Additionally, these parts can be embodied through roleplay, thus giving the client a chance to practice new reactions to destabilizing situations through the filter of these positive roles.

Once, while running a psychotherapy group on codependency at my clinical internship, I started discussing perpetrator and victim dynamics as they pertained to argument styles. I landed on this subject due to many of the group members describing experiences where they felt too afraid to address their needs with their partners on account of their partners reacting with "intense anger" and "defensiveness." In the middle of this discussion, a group member raised her hand, dropped her gaze to the floor, and informed the group that she didn't relate to feeling victimized. Rather, she felt that she was the perpetrator, and that she could never control her emotional reaction no matter how much guilt and sadness her actions brought her later.

This example is notable because this client had the desire to handle conflict more adaptively but felt disempowered to do so because of her dysregulated mood. Additionally, this client's self-esteem was significantly damaged by her inability to regulate, as evidenced by the fact that it caused her to self-identify, or enroll, as a villain in her relationship. These components indicate a potential vicious cycle where a person cannot break free of the role of the "perpetrator." It is because of instances like this that I became curious if role theory and method (Landy, 1993) can open a pathway to emotional regulation. There is an opportunity for the client in role taxonomy to isolate and understand emotional reactivity through the movement of social function, purpose, and perspective (Landy, 1993). So, perhaps the "perpetrator" can be shifted

from a central placement in the client's identity and space can be made for a more adaptive role to be discovered and performed.

In this thesis I explore the connection between role and emotional regulation, in addition to inquiring about how the embodiment of a novel, strengths-based role can affect the dysregulated moods of those enrolled in a PHP program. I will review literature on drama therapy in PHP settings, strengths-based approaches, role theory, mood dysregulation, drama therapy as treatment for mood dysregulation, and the integration of CBT and the expressive arts therapies. This is meant to provide a solid foundation to the method that I will be introducing: a four-part series of sessions centered on identifying roles that trigger distress, impulsivity, and maladaptive behavior and actively developing and rehearsing roles that are built from the clients' strengths.

Since I am mindful of both the purpose and duration of PHP settings, it is my intent to spend much less time on the negative roles of the participants since they are likely to be already enrolled in these deleterious self-conceptions. Instead, this intervention will focus on positive, self-affirming roles in order to stabilize the client for a lower level of care and provide a sense of efficacy and hope for future treatment. This thesis will report on the findings of this intervention, in addition to limitations and barriers. The end goal is to be able to make recommendations for facilitating drama therapy interventions in a PHP setting with the goal of treating mood dysregulation.

## Literature Review

### Cognitive Behavioral Therapy

Cognitive behavioral therapy is a method that focuses on the perception of a client and how their thoughts and beliefs affect their reaction towards certain events and interactions (Beal,

2021). With this as its core, CBT operates on the belief that cognition can be changed and that change can cause a desired behavioral shift (Beal, 2021). Cognitive behavioral therapy is an umbrella term that consists of various offshoots, including rational emotive therapy, problem-solving therapy, and acceptance and commitment therapy (Beal, 2021). Most of these methods require that the client learn to distinguish reality from emotional experience and transform their cognitive narrative in order to better tackle the mental health issues that are ailing them. Regarding emotional regulation specifically, CBT utilizes grounding techniques such as progressive muscle relaxation and breathing training, in addition to its repertoire of identifying and modifying problematic thought patterns (Hazlett-Stevens & Fruzzetti, 2021). Even with these physiological interventions, there have been many questions and critiques surrounding CBT and whether it is effective with emotional dysregulation (Dadomo et al., 2016).

To fill this gap, many CBT-informed therapies have emerged, and several focus on conceptions of self that inform various parts of identity, thus coloring the reaction to given circumstances (Dadomo et al., 2016). Dadomo et al. (2016), explore the application of modes in relation to emotional regulation. They found that shifting self-perceptions can be formed around the schemas or modes such as “Angry Protector,” “Happy Adult,” and “Lonely Child,” which are various mental states described by emotion and social placement. Once those modes are recognized, their coupled behavior can be identified. This CBT inspired technique shares some resemblances to role theory (Landy, 1993). Role theory also attempts to merge social function/placement and emotion into numerous states of identity, although role theory has a larger emphasis on self-perception in those states (Landy, 1993). Both operate on the thought process that once the client knows which role or mode they are acting from, coping skills can be pinpointed and the role or mode can be transformed into something more adaptive. According to

Dadomo et al. (2016), this method of using schemas and modes is effective in working with emotional dysregulation. Considering that modes have a resemblance to the mechanics of role in role theory, this information provides a sturdy foundation for this thesis method's application of drama therapy in cases of emotional dysregulation.

**Strengths-based Therapy**

Strengths-based therapy is also derivative of cognitive behavioral therapy. Its primary technique is improving the mental health of clients through emphasizing their strengths and connections in order to build self-efficacy and reinforce pride in their identity (Jones-Smith, 2014). The theory behind strengths-based therapy has its roots across multiple platforms, but starts with Donald Clifton, who did a study on success (Jones-Smith, 2014). Clifton's research asked the question "what would happen if we studied what is right with people?" which is the cornerstone of strengths-based philosophy (Jones-Smith, 2014, p. 5). Additionally, strengths-based therapy adopts a self-healing view, where the success is contributed to the resources of the client, rather than that of the therapist (Sharry, 2004). Strengths-based practices have been used by therapists and social workers alike in order to help clients deal with their diagnoses by understanding that they are more than their pathology and possess tools and traits that can help them thrive (Jones-Smith, 2014). Jones-Smith (2014) writes that she initially started utilizing strengths-based therapy in order to better her work with young BIPOC clients. She found that the method helped lend this population a greater sense of control and helped create an enhanced sense of belonging when used to connect her clients to their culture and community (Jones-Smith, 2014).

Although empirical evidence on strengths-based therapies is lacking, there are some similar methods that appear to be effective. "Strengths-Based Case Management…is an

illustration. Studies of SBCM, including a number of randomized controlled trials (RCTs) and quasi-experi- mental designs, have reported a range of positive out- comes including reduced hospitalization and increased social support…" (Rashid, 2015, p. 26). Another study found that utilizing CBT with a strengths-based perspective, instead of a deficit-within-diagnosis perspective can lead to client betterment (Rashid, 2015). Therefore, it is in my interest to integrate strengths-based practices in order to foster a sense of accomplishment, engagement and motivation, which are also core concepts of strengths-based and positive psychology therapies (Rashid, 2015). This previous research indicates an opportunity for clients to gain a more empowered view of themselves, and thus take away a more lasting, stabilizing effect when getting treatment from a strengths-based approach.

**Emotional Regulation, Definition and Common Interventions**

Emotional regulation is the ability to identify, shift and understand emotions (Sharma-Patel & Brown, 2016). Emotional dysregulation therefore, is the difficulty or the inability to evaluate and adjust ones emotional state which can lead to multiple kinds of psychopathologies (Sharma-Patel & Brown, 2016). The most common diagnoses tend to be depression, anxiety, borderline personality disorder, bipolar disorder, substance use disorders and PTSD (Sharma-Patel & Brown, 2016). Lee et al. (2020) describe emotional dysregulation as "characterized by nonacceptance of emotional responses, difficulties engaging in goal-directed behavior and impulse control, lack of emotional awareness and clarity, and limited access to emotion regulation strategies" (p. 162). Gratz and Roemer (2004) have highlighted the interesting fact that understanding and learning to shift from one emotion to another is far more useful than simply controlling the expression of an emotion.

Additionally, researchers have found that controlling the expression of or suppressing emotion can cause higher physiological activation, thus making the regulation of feeling even more difficult and unstable (Gratz & Roemer, 2004). This can lead to greater dysregulation, greater chances of psychopathology, aggressive, and abusive behavior (Gratz & Roemer, 2004). Considering this, there seems to be clear advantages of being able to acknowledge emotion and the roots therein. Therefore, the feeling can be expressed more adaptively so it can shift to another state with less intensity (Gratz & Roemer, 2004).

Emotion dysregulation has been strongly linked to intimate partner violence (Lee et al., 2020). Lee et al. (2020), notes that dysregulated affect can lead to psychological, physical and sexual violence due to the perpetrators difficulty to identify and modulate negative emotion. Additionally, uncomfortable emotions that cannot be processed often lead to projection, thus making a target out of those in close relationships with perpetrators (Lee et al., 2020). However, this research takes care to acknowledge that dysregulation occurs within and becomes influenced by relationships. “To our knowledge, no research to date has examined the relation between emotional dysregulation and intimate partner violence (IPV) using a dyadic perspective (i.e., assessing emotional dysregulation among both partners). This perspective is critical because emotion regulation is deeply embedded in social processes ”(Lee et al, 2020, p. 163). This point of inquiry is critical because it highlights how our relationships shape our regulation response: if one’s partner is also struggling to regulate, their dysregulation perpetuates the dysregulation of the other.

Additionally, there are enlightening studies that indicate that emotional dysregulation is tied to early experiences of abuse and insecure attachment. According to Siegel (2013), synaptic pruning occurs with excessive cortisol secretion, thus leading to emotional difficulties in adult

life. “Because the right brain regulates affective experience, it is posited that trauma renders these individuals unable to process and regulate intense positive and negative affective states. Overwhelming affect that could not be processed in childhood leads to functional impairments that complicate emotional processing in adulthood. Schore (2003) notes that individuals with right brain impairment are compromised in their ability to sense and reflect on changes in subjective self-states. This culminates in a heightened state of overwhelming affect that leads either to an emotionally driven outburst or to dissociative withdrawal” (Siegel, 2013, p.166).

This theory is of interest to this thesis because it indicates the need for an intervention that is not only cognitive in nature, but also physical. This two-pronged approach could help clients become educated on their own bodily signals and triggers, thus leading to a more grounded understanding of their emotional reality. It also speaks to the potential effectiveness of embodiment, and the impact of co-regulating with a facilitator and/or a group. Embodiment would be effective here because it helps the client actively feel the somatic differences between emotional states while in therapy. This, in turn, can provide an opening to become more aware of bodily tell-signs that indicate increasing dysregulation, thus prompting the client to utilize coping skills.

**Role Theory and its Application**

Role theory operates on the premise that we, as human beings, are comprised of archetypal qualities and traits (Landy et al, 2003). These qualities and traits feed into roles that encapsulate various behaviors and ways of viewing oneself and one’s circumstances (Landy et al, 2003). These roles are sorted into six categories: social, cognitive, affective, aesthetic, spiritual and somatic (Landy, 1993). Each of these domain’s house myriad roles that define how the client views themselves, their function, values, and beliefs depending on the situation and

social placement at hand. Role theory includes Landy's role taxonomy which is a list of roles that can help the client solidify their own role repertoire with more insight and growth potential (Landy, 1993) This journey of discovery and transformation is aided by the tools of embodiment, dramatic projection, roleplay, and aesthetic distance.

Dramatic projection is the process where clients project their experiences and personal aspects onto an object or character in order to externalize their problems (Jones, 2007). Role play is the act of a client playing themselves or a character in spontaneous improvisation in order to discover aspects of themselves, uncover behaviors and further externalize inner conflicts (Jones, 1996). Aesthetic distance refers to the ideal emotional release and availability of a client during a therapeutic setting (Jones, 2007). Distancing is commonly used as a tool to create interventions that are accessible to clients. Accessibility, in this case, is referring to not emotionally overwhelming the client and often involves role play and dramatic projection in order to do so (Jones, 2007). Embodiment is the act of getting a client to be in and use their body in treatment as a means to make discoveries that are both emotional and physical (Jones, 2007). Embodiment is a crucial element for role play, aesthetic distance, and dramatic projection, because scaled use of the body allows the client to put themselves in the here-and-now. This practice of being present allows clients to try on new roles in a manner that is accessible (Jones, 2007).

These tools provide a unique situation where the client can become aware of the physical sensations and thought processes that certain roles bring to their everyday encounters (Landy et al. 2003). With more awareness of the body's warning signs and how they physically react to certain scenarios, ideally the client can become more informed on the root of their emotional dysregulation. The client can have opportunities in treatment to identify if they are experiencing emotional flashback triggers or becoming more stimulated in certain scenarios (Landy et al.

2003). Additionally, they might discover if certain roles calm them or provide the cognitive ability to deal with distressing events (Landy, 1993) All of these discoveries can lead to newfound insight that can guide the client in discovering and utilizing more adaptive roles.

Landers (2002) makes a correlation between the role of masculinity in today's society and behavior. He describes how utilizing role in developmental transformations (DvT), as well in other drama therapy methods (such as roleplay and embodiment), provides opportunity to find new roles that can help redefine negative aspects of overarching male identity (Landers, 2002). He writes "The state of as if, a condition of the playspace reinforced by frequent enrolling and de-roling, transformation of scenes, and comments on the play as it is occurring, may have the effect of driving a wedge between the role and the man playing the role. He may find he is no longer compelled by the role but has more control over it" (Landers, 2002 p.24). Although his use of role is within the framework of DvT, it still operates similarly in other techniques of drama therapy, which also rely on enrolling, de-roling, role reversal, and role switching. In Landers' examination, he found that a normally violent client began to express fear or empathy towards the people he would normally hurt in roleplay when Lander's shifted the client's roles to the point where the act of violence was no longer objectified. This example shows the power of social, cognitive, and affective roles, and how much they can influence behavior and emotional regulation. Additionally, this study highlights how personal negative roles are influenced by toxic roles in society, thus illuminating the layers in which role taxonomy operates.

Blacker et al (2008) conducted a study to research the effectiveness of drama therapy interventions for anger management (which indicates individuals who are struggling with emotional regulation). Blacker et al. (2008) reasons that "Drama furthermore enables participants to practise newly-acquired skills and roles, as well as self-reflection…It is therefore an efficient

tool for exploring destructive behaviours and practising alternatives, thereby enhancing social skills, problem solving, and self-control skills…" (p.131).

The study included 62 adult offender males from different prisons who were all convicted of acts of violence or aggressive offenses (Blacker et al., 2008). The study incorporated drama therapy techniques and CBT to help the participants identify the somatic experiences of their anger, reflect on the causes of their anger, and practice new coping skills while experiencing anger (Blacker et al, 2008). The results of this study revealed that the members had improved with their expression, tolerance, and communication of anger. This indicates that other forms of emotional dysregulation, not just dysregulated anger, can benefit from drama therapy interventions.

**Partial Hospitalization Program Setting**

There are not many studies that explore PHP settings nor a PHP's approach for explicitly dealing with emotional dysregulation. A PHP is a temporary mental health program that takes clients who are higher-risk and have more severe manifestations of mental health issues (McHugh et al, 2014). However, McHugh et al. (2014) did a study, on whether or not a PHP treatment setting can help clients with distress intolerance. Although distress intolerance is different from emotional dysregulation, it is a part of emotional dysregulation as a whole and shares the trait of the afflicted individual being unable to manage negative emotions (McHugh et al., 2014). McHugh et al.'s (2014) study included 656 patients admitted to McLean Hospital's Behavioral Health PHP and took measures with MINI diagnostic interviews, the distress intolerance index, the CES-D-10, and STAI-B scales. The results of this study indicated that there was a significant change in distress tolerance in over 30% of the sample pool, while others experienced a more nominal positive change (McHugh et al., 2014). This study shows that a PHP

program may be ideal for handling distress intolerance and emotional dysregulation, because the treatment plans emphasize addressing negative cognitions and stabilizing behavior (McHugh et al., 2014).

According to Schwartz and Thyer (2000), the first PHP was not implemented in the United States (U.S.) until 1948. Although PHPs initially were formed due to a shortage of beds, the first ones formed in the U.S., Canada, and England were meant as a supplement and independent form of treatment rather than a substitute for inpatient (Schwartz & Thyer, 2000, p.14). However, there has never been a uniformed definition or programming flow for partial hospitalization programs. Partial hospitalization programs can vary from transitional care from inpatient (whether it be stepping up or stepping down), rehabilitation for serious disorders, or serve as another form of 24-hour care (Schwartz & Thyer, 2000, p.15). Additionally, PHPs differ from one another depending on their population focus, treatment methods, and program structure. Therefore, it is important to note that my PHP site had an adult program that ran from 9:00am to 2:30pm, Monday through Friday, with a focus on adult populations that included both mental health disorders and substance use disorders. The programming at this facility included four group therapy sessions and individual case management that spanned from crisis counseling to resource procurement. The group therapy sessions encompassed daily mental health assessments, psychoeducation, processing group, and expressive arts therapies.

The broad scope of this literature review served to define the main components of my working method for my drama therapy intervention. Strengths-based approaches and role theory have the potential to work effectively together due to their transformative perspective on behavior. However, I found in the development of this method that their potential is tied to appropriately utilizing them in a PHP environment and properly responding to the causes of

emotional dysregulation. The entire execution of my method was done in order to explore what limits worked best with the two therapies given the setting and the population.

## Methods

### Setting

I designed a strengths-based, drama therapy intervention that took place in a PHP setting over the course of four sessions. Each session was 90 minutes long with a group size ranging from five to seven participants, who were either on-site at the PHP or joining via telehealth. Over the duration of the sessions, there were 12 participants total. Seven were in the first and second groups and five in the third and fourth. I personally was located at the site, facilitating with the in-person group members and connecting with the others over Zoom. The purpose of the duration of this intervention was to allow the participants ample time to familiarize themselves with their own personal role repertoires and to build a therapeutic connection with the facilitator. I did not wish to exclude those who could not come onsite to the program, so the in-person and online group members took turns being in "enactment" or "active witnesses" in order to accommodate the hybrid state of the sessions.

### Population

The four-session intervention was created with the intent to help PHP participants who struggle with emotional dysregulation and self-identify as "perpetrators" or have difficulty with conflict. The overarching goal was to use role theory in conjunction with strengths-based therapy in order to help clients create a role (a dramatic part that we dubbed their "power role") specifically designed to assist them in managing their emotional state and shift more quickly to an affect that promoted calmness, control, self-esteem and self-efficacy. The idea behind this was the need to combine CBT with an embodied practice so that the participants could learn more

about their physical triggers and be given access to a mode of thinking that both empowered them and helped the process of self-soothing.

**Group Structure**

The enrollment process of this group was done by asking the program members if they struggled with emotional regulation via anger, anxiety or impulsive actions. The resulting recruitment included diagnoses of bipolar I and II, borderline personality disorder, generalized anxiety disorder, major depressive disorder, histrionic disorder and dual diagnosis. The group members fluctuated with each session but included a core four members throughout the entirety of the four sessions. The group remained open across the whole duration of the intervention in order to offer specialized care to PHP participants. Therefore, each group started with a brief introduction to Landy's role taxonomy (Landy, 1993), a warm-up to foster group cohesion, and a brief explanation of the role of witness. All the group members were informed that they had the job of actively witnessing enrolled participants which included: watching closely, noticing changes, and reflecting on what was being shared (Jones, 2007). Active witnessing was utilized in this way in order to construct a supportive environment, where group members could build trust and receive feedback to help create meaning and integrate that meaning into their experience (Jones, 2007).

**Recording Process**

Every one of these sessions was executed with another trained drama therapist in order to maintain a safe and supported environment for the participants. Also, the presence of this co-facilitator allowed for an in-depth debrief after each session which aided in accurately recalling and recording events. Within this post-session discussion, a conversation around the structure of the session, group dynamics, and reoccurring therapeutic themes occurred to better identify and

record data. After the debrief, detailed notes were made about the session, as note-taking during the intervention was not conducive to the facilitator engaging in dramatic play.

## Intervention

### *Session One*

The first session of this intervention was set up to introduce the members to Landy's role taxonomy at length in order to establish a strong foundation with the method. Additionally, time was provided for the group to share their narrative of emotional regulation and dysregulation. In order to achieve this, the group was given a role sort that included social roles, cognitive roles and affective or aesthetic roles. Social roles included terms such as mother, sister, daughter, coworker, student, friend, etc. (Landy, 2003). Cognitive roles included optimist, pessimist, rich person, poor person, special person, sad person and numerous others that described how the group members thought about themselves (Landy, 2003). Aesthetic roles where more goal or values oriented and were comprised of dramatic states of being, such as warrior, protector, zombie, saint, beauty, etc. (Landy, 2003). Each of these categories was defined for the group members and included a list of Landy's roles so that they could self-identify. After going over the initial list, the group members were encouraged to add their own roles to each domain in order to increase relevancy and honor individual cultural experiences.

Once the list of roles was established in the first session, the group was asked to identify the roles that they related to the most and which of those roles helped them regulate and which got in the way of regulation (Landy, 2003). The group then discussed how the identified roles played into challenging and destabilizing situations. The group members were interviewed using dramatic play in order to pinpoint when a specific role was initially adopted, what its function was, and how its management or amplification could help with their current emotional struggle.

***Session Two***

The second session was designed to ease the group into embodying their role repertoire. Therefore, this session involved the group embodying a key helping role. This group's goal was to focus on the existing strengths of the participants so that they could experience the physical sensations of empowerment and control. Additionally, this group was framed around strengths with the intent of stabilizing the participants, considering the temporary therapeutic setting and higher level of care.

Once enrolled in these helping roles, the group was lead in an interviewing exercise where they were able to embody these positive personal traits in turn. This was facilitated by guiding the group members in adopting a posture, voice, and specific name for the role that they felt like was the most helpful to them on the given day. The roleplay was then concluded in the session with each of the participants speaking an affirmation to themselves from the perspective of the helping role. The intent of this was to enhance self-esteem and self-compassion among the group members in order to strengthen their confidence around utilizing coping strategies for emotional regulation.

***Session Three***

The third session was devoted to creating and solidifying the group members' power roles. They were instructed to create this role by combining their helping roles with a role they wished to be able to embody and call upon more often. The goal for this role was to be a tool that the group could actively use in order to stabilize themselves in a triggering situation or what the group called an "off day." The group was lead in an embodied role play exercise where they named their power role, defined its characteristics, and practiced utilizing it in dramatic play.

In this session the group took extra time to log the physical and emotional differences that they experienced when they embodied their power role. They did this by taking notes on how their body felt before and after embodiment. The intent behind this was to help increase their awareness of physiological cues and find a positive mental framework for navigating difficult interactions that have historically resulted in dysregulated behavior. Additionally, this group leaned heavily on play, which meant that the group was encouraged to step into improvised scene work that showcased the power of the new roles (every group member demonstrated how their role would say no to boundary-violating requests, for example). This was orchestrated so that aesthetic distance could be achieved while dealing with the concept of adversary.

***Session Four***

The fourth session directly dealt with using the group's previously defined power roles to help emotionally regulate during times of distress or activation. This was achieved by starting the group in a peaceful beach scene that was defined by all the participants. Once the group was warmed up by introducing themselves, as their power role on the beach, we began a casual conversation about what feelings, behaviors, and circumstances we would have to deal with once we left our paradise. Once the challenges were identified, the group was asked to condense their struggles into a single role that represented them best.

The second part of this session was done in a series of one-on-one enactments between a group member and myself, while the remaining participants were enrolled as active witnesses. The one-on-one enactments started with the participant in their power role, and I was enrolled as the role they were struggling with. Pulling from what was discussed on the beach and previous sessions, I would repeat concerns and ask the enrolled participant how they might help me with

my predicaments, to which they would respond. The enactment proceeded with multiple occurrences of role reversal, where the participant and I would switch between the two roles. This was done at strategic moments where the client was dysregulating in their struggle role and needed to step back into the support of their power role. Additionally, the participant was switched back to the role of the struggle when it was clear the enactment needed the participant to model the reality of their difficulty in order to guide the power role's purpose.

The thought process behind this enactment exercise was to give the participants real-time practice switching to a more regulated mindset while experiencing potentially destabilizing emotion. Furthermore, with the other group members enrolled as active witnesses, the participant in the enactment could get feedback that positively enforced their experience. They could get their peers' observations on their changes of affect, receive praise for their ability to self-sooth and sooth others, and have their areas of difficulty and strength be validated. This session was concluded with group members creating a gesture from their power role that they could take with them as a powerful reminder. This was done in order to provide the group members with a physical reminder of their power and a means of calling upon these roles that help them regulate.

## Results

Six patterns emerged during the four-week process of this intervention. First, roles that supported dysregulation had links to childhood trauma. Second, roles that supported regulated emotional states incorporated the clients' strengths and values. Third, both dysregulating and regulating roles had adaptive qualities. Forth, role reversal promoted the use of emotionally regulating coping skills. Fifth, distancing with role aided the client in examining their own behaviors. Lastly, dramatic play created space for clients to discover various aspects and purposes behind their roles. Additionally, most of the clients who participated in this intervention

named that their purpose of joining the group was to deal with intense feelings and actions that were motivated by sensations of distress, anger, hopelessness, and frustration.

During the first session of the intervention, one of the group members was able to make a connection regarding a blocking role and their emotional dysregulation. The blocking, or dysregulating role, was the Critic and contributed to the client's distress because it was judgmental and increasingly irritated with others. The client was asked when they first noticed themselves operating from the perspective of the Critic. The client responded that they remembered their household as tumultuous and dysfunctional when they were a child. The first time they witnessed other families presenting as stable and supportive, they became critical and resentful of their own. Thus, the role of the Critic was born, a role that had its roots in feelings of injustice, distress and frustration. Once the client could conceptualize the root of the Critic, they expressed a sense of relief because they felt they could understand themselves and their anger better.

An overwhelming six out of seven participants echoed this experience of linking dysregulating roles to adverse childhood experiences during this first session. The outlying client did not reflect on his childhood, nor did he share the same experience of having difficulty with distress, anger, hopelessness and frustration. Instead, this client wished to be in the group because of his impulsivity around enjoyable/gratifying activities and was interested in exploring the positive aspects of his spontaneous behavior.

Nearly every group member had a pattern of difficulty with identifying their strong or helpful roles when prompted, yet once they finally selected an adaptive role, they responded positively to participating in role embodiment and play. In the second session, one group member was struggling with the social role of Mother. She reported feeling comforted by the

discovery that her self-created Warrior Mother role could be just as protective of herself as it was for her children. She came to this conclusion when she created an affirmation for herself while role playing as the Warrior Mother. This affirmation stated that she was enough and that she had the strength to care for herself and therefore be a good guardian for her children. The creation of this role was healing for the client, because of the abuse she experienced with her own enmeshed mother and daughter social roles. The client expressed that this made it difficult for her to emotionally regulate in her mother role with her children, because she was constantly judging herself as a parent.

In the third session of the series, the group was lead in an activity where they practiced saying “no” and setting boundaries. This exercise prompted laughter and visible relaxation around normally stressful activities, as they explored gentle ways of expressing their needs and more assertive means of being heard. Two out of the seven group members reported that they enjoyed this exercise because it allowed them to practice more adaptive modes of advocating for needs, especially considering previous advocating behaviors that defaulted to aggressive and defensive tactics. However, there were two other group members who expressed that the group play did not feel authentic, and thus they did not think the enrolled practice of boundary setting was going to yield any changes in their everyday lives. Additionally, four out of seven participants found it challenging to embody their self-created power role and at times dropped the embodiment part of the intervention altogether.

In the fourth session, there was a group member who claimed they could not escape their depressed thoughts and feelings of loss. This client created a power role known as Light which pulled upon her spiritual beliefs and values. In this session, the client switched between the role of Light and another role that encapsulated her feeling of loneliness with the facilitator. While

enrolled as Light, this client was able to give herself advice on how to let people back into her life. The client noted after the enactment that she did not feel like she could access this advice previously and that the roleplay added a layer of authenticity that gave the advice more validity. This client went on to express to other clinicians at the PHP site that roleplay was a helpful form of therapy for her, as she found that it made easier for her to confront her behaviors and thought patterns in a constructive manner.

Additionally, in the fourth session, there was another client that was able to move from a dysregulated state to a regulated one while embodying her power role. This client created a role called the Tamer in order to combat a blocking role that she named the Rollercoaster. The Tamer was calm, validating of feelings, and understanding of others, while the Rollercoaster was unpredictable and based its experience of reality on extreme, fleeting emotions. This client switched between the roles of Tamer and Rollercoaster with the facilitator, as it was done with other one-on-one enactments that session.

However, while enrolled as the Rollercoaster the client became dysregulated and distressed by the negative thoughts that manifested in the spontaneous play. As the dysregulation became apparent, the facilitator asked the client to switch to the Tamer, while the facilitator took on the role of the Rollercoaster. The client was then able to engage in a crucial moment of regulation, where they were able to adopt the calmer demeanor of the Tamer and soothe the facilitator enrolled as the Rollercoaster. This act entailed the client giving validation to the Rollercoaster, naming the fears behind the role's turbulent feelings, and expressing that it was "okay" for the Rollercoaster to be emotional because being emotional was "human." Following this enactment, the client expressed pride, confidence, and relief that she could talk herself down through the roleplay with the facilitator. She expressed to the group that she at first felt

overwhelmed by the pivotal role switch but felt motivated to calm herself in order to help her counterrole and “save” the facilitator from seemingly experiencing distress.

While witnessing the enactment between Light and Loneliness, the other group members shared that they felt inspired by Light’s ability to compassionately problem-solve. Additionally, they expressed that they were proud of and impressed by the client who was able to regulate the Rollercoaster with the Tamer. This feedback created a closing conversation about what the other group members were getting out of witnessing the individual enactments. Four of the five final group members reported they felt like they learned coping skills from watching their peers enroll as power and blocking roles. One group member noted that the session made them feel more connected to other people. Another group member felt emotionally charged by the session and wanted to practice regulation coping skills afterwards.

At the end of the final session, the group was asked for mood ratings and feedback on the experience. The majority of the group reported they felt grounded and calmer and expressed that they would like the drama therapy emotional regulation group to continue because they felt like they were gaining skills from the sessions. Although there were varying levels of difficulty and disconnection with embodiment and roleplay throughout all four sessions, the members reported lower mood ratings at the end of each session. There were two exceptions where members reported higher ratings: one client at the end of the first session and another client at the end of the fourth. There was one other client who attempted to join the second session of the intervention but felt too overwhelmed by the roleplay and chose to leave and not rejoin the group.

There were only four group members who completed all four sessions of the intervention, while eight other group members were either discharged or admitted in the middle of the series.

The four members who had full attendance demonstrated increasing openness to roleplay by their willingness to jump right into an enactment by the third and fourth sessions. These members had the opportunity to build upon their self-created roles and reported that they found the structure of the sessions to be useful, as they felt that they learned more about the roots of their role repertoire with each session. Furthermore, these members expressed that the more they embodied a strength-based role, the more they could believe in their good qualities and their ability to calm themselves down. This reported experience from these group members may indicate that the intervention has the potential to provide clients with emotional insight, somatic awareness, and coping skills geared toward self-soothing and emotional regulation.

## Discussion

As illustrated by the client who used her role as the Tamer to help regulate herself, the therapist embodying and playing an auxiliary ego gives the client the opportunity to care for themselves in an externalized scenario. The externalization of this internal role allows for the client to separate their identity from the behavior and thought pattern they are struggling with (Landy, 2003). This act provides two things: cognitive restructuring around problematic beliefs that rely on the concept that the client is broken, and mental space for the client to focus on their strengths since their weaknesses are no longer being viewed as main features of self. In the instance of the client who was the Tamer, this externalization appeared to empower her to tackle her own negative and distressing thoughts with more confidence, perhaps due to this compartmentalization of identity.

Another element at play could be the motivator of the client to soothe the therapist. When the therapist embodies the blocking role, it can also involve the therapist embodying the distress or dysregulation of the client. Both the Tamer and Light responded with a sense of urgency when

I took on their blocking roles; it appeared as though they did not want me to suffer the way they had. Thus, both clients seemed to be driven to regulate and look at the problems in play more objectively which had been historically difficult for them in the past.

This role reversal has the potential to be highly adaptive in this setting, because the client can practice taking care of themselves from this novel perspective of the self as "another" who deserves compassion. Plus, with this shift between regulated role and dysregulated role, the client can note the differences in their physical and cognitive experiences. This can be invaluable information for the client, because with it they can formulate a triage method for dysregulation because they have both identified the different states and rehearsed modulation. It is important to note that this type of roleplay must be done carefully, as it is crucial for the client to not reinforce co-dependent behaviors such as exclusively caring for others and becoming enmeshed with the emotions of others.

The aesthetic distance of this intervention also provides a unique opportunity for pause. The movement between roles gives the client a moment to view their difficulties from a distance, thus creating more time for them to problem-solve (Jones, 2007). I observed that the group members could hold the duality of feeling distress and playing distress, just as they could with feeling calm and playing calm. As they navigated these opposites, the stakes seemed to sit at a manageable level due to boundaries of reality and fiction being clearly defined with role and play space (Jones, 2007).

I also noticed the presence of authenticity. During the other groups I have run at a PHP level, the clients appeared to disengage with strengths-based approaches or self-esteem building exercises because they felt they were being asked to identify something about themselves that was not true. However, during the role building, roleplaying, and role reversal elements of this

thesis method the group members seemed to feel more convinced of their abilities. Perhaps this is because the group members were acting out their strengths and testing them with one another and the facilitator. Additionally, the client who created the power role of Light, noted that the advice and support that she gave to herself in the role reversal session felt authentic. Therefore, she felt far more empowered by the experience, which was such a notable shift in affect that the other group members were able to identify it and reflect it back to this client.

The directives of the first and second sessions also provided space for the group members to look at the origins of their dysregulated roles. One example of this is the client who pinpointed the moment when they first adopted the role of Critic. Because they uncovered the history of the role, the client was able to trace their irritability with mistakes to the injustice of having a turbulent home in childhood. With this knowledge, he can separate lower-stakes stressors from the higher stakes of familial dysfunction, which harkens to Seigel's (2013) findings on how trauma in childhood affects emotional awareness, tolerance, and expression. This can be a rare chance for a client to begin cognitively restructuring thought patterns because they can access the roots of their outlook and behavior.

Even though the contexts of certain roles and scenarios can potentially be fear-inducing or overwhelming for clients, drama therapy introduces an element of play (Jones, 2007). The element of play appeared to be a notable factor in making the space of the sessions safe enough for the group members to explore their role repertoires. Many group members expressed hesitation and vulnerability when confronted with the task of identifying and embodying their strengths. Therefore, I leaned on the tool of play in order to make this act of positive self-association more tolerable.

Another important finding from this intervention was the fact that the group members felt that their power roles were achievable. As previously discussed, most of the group members felt that their power roles were authentic. This authenticity was supported by the design of this intervention, specifically the intention of the group members to create a power role that both contained and expanded upon their strengths. This inclusive and expansive element created an achievable goal of self-regulation, because it was already rooted in their adaptive skills that could be enhanced by typical PHP methods. Therefore, this intervention could work well with standard PHP programming, because the focus of regular group sessions can be incorporated in this drama therapy method.

Another interesting result of utilizing strengths-based role therapy for dysregulated individuals was the holistic provision of applying various roles. Different roles gave the group members different perspectives and approaches on their problems. Some clients like Light or the Spirit of Aloha, were able to work through the issues at hand through a spiritual lens that supported radical acceptance and grounding techniques. Other roles that emerged, such as the Tamer and the Empress, offered up hard practicalities that helped clients fact check their irrational beliefs and emotion-informed conclusions. The possibilities within roleplay can accommodate a spectrum of coping styles that respect the experience of an individual and their value systems.

The final observation of this thesis method was an unintentional commonality amongst the group demographics. Upon reflection, an overwhelming percentage of participants expressed dysregulation in the specific context of the Mother role. Six of the participating group members in the first and second groups noted their inability to regulate greatly impacted their capacity as a mother and disrupted their relationships with their children. Considering this, the strengths-based

element of the group became compelling, because many of the members needed to find empowerment around their role of Mother in order to start regulating while enrolled in it. For example, the client who created the Warrior Mother had to first create a mantra affirming that she was "good enough" before she could engage in the role further. In another case, a client's relationship with her son was affected by state involvement, and because of this she would not engage with the Mother role at all. Instead, she wanted to embody a role that felt like a clean slate so she could begin to look at the parts of herself that she might define as adaptive, strong, or positive. In many ways, this illustrates the need for a strength-based framework around challenging roles, especially if the role is carrying heavier amounts of guilt, frustration, and resentment.

## Conclusion

The goal of this thesis method was to explore the effect of a strengths-based drama therapy intervention for a client base struggling with emotional dysregulation at a PHP level of care. This was meant to address group members who felt as though they were playing the role of a perpetrator in their own lives due to their inability to manage the feeling of, and their response to, intense fluctuating moods. Over four sessions, the group members created a power role in order to help discover emotional triggers, identify their physical responses, and create a new way of handling distress and anger through an empowered perspective.

What became apparent through this method was that the clients' negative perspective of themselves and negative reaction from their relationships often thwarted their attempts at self-soothing. Depending on the role that they were playing and who they interact with in that role, the group members were more susceptible to dysregulation. However, once they were given a power role to act from while inhabiting those other social and cognitive roles, most of the group

members were more successful at self-soothing and tolerating distress. This dichotomy indicates that the roles in which the client plays in their daily life is connected to their emotional health, or "Well-being and psychopathology do not reside entirely inside clients but derive from a complex interaction between clients and their environment" (Rashid, 2015, p.26). Additionally, witnesses to the enactments of the sessions appeared to feel a vicarious sense of accomplishment, which aided them in their own exploration of self and role. This phenomenon speaks to the power of group therapy, drama or otherwise, while facilitating treatment for emotional dysregulation due to the element of social processes in emotional regulation (Lee et al., 2020).

Given this reality, there should be further research applied to strengths-based approaches paired with drama therapy in relation to emotional dysregulation. Although my thesis method was a short series of sessions with a fluctuating sample size, there appeared to be notable strides in emotion management and feelings of self-efficacy. Role theory and role play combined with an intentional incorporation of strengths gave the group members an opportunity to become someone other the villain, someone who experiences all the same hardships and imperfections but can save the day in the end. With this in mind, I hope we can continue to grow a practice in drama therapy where we can address difficult comorbid mental health issues, such as emotional dysregulation and the resulting behavior, with a larger focus on what is "right" with the client.

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*THESIS APPROVAL FORM*

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**Student's Name: _Meghan Owen**

**Type of Project: Thesis**

# Title: Exploring Role Method as a Means of Emotional Regulation: A Development of a Method with Dysregulated Adults in a PHP Setting

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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.

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