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**Text-based drama therapy and role: Development of a method for identity integration of
adolescents exposed to trauma at a partial hospitalization program**

Lesley University

Capstone Thesis

3/30/2023

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Drama Therapy

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Abstract

Trauma interacts with adolescent's growing understanding of their identity, yet their formative intra- and interpersonal skills may need extra guidance while enrolled in partial hospitalization programs (PHPs). This capstone thesis utilized role method and a selected scene to help adolescents exposed to trauma with identity integration while at a PHP. Through researching adolescent development, trauma, identity, and interactions between those three factors, an intervention was devised to facilitate identity integration using a selected scene from a play independently created of the therapeutic group. The results indicated that there was reflection and perspective growth after the intervention was utilized. The scene might have become a container for experiences that could not be expressed fully, supportive of traumatic response, and allowed for identity understanding and integration.

Keywords: trauma; adolescence; identity; identity integration; role method; performance; text-based; drama therapy

Author identity statement: The author identifies as a US born, Midwesterner, native English speaking, White, cis-gendered male, heterosexual, who resides in the northeastern United States.

Text-based drama therapy and role: Development of a method for identity integration of adolescents exposed to trauma at a partial hospitalization program

When I was an actor, I found myself drawn to the idea of theatre as a healing force. Through many post-show interactions, I would have an audience member greet me to shake my hand and head back to their family, near wordlessly, in some state of affect. Whether it was Stephen Sondheim's *Assassins* or Disney's *Beauty and the Beast*, there was a naturally connective piece to theatrical productions. One imprinted moment was after performing in a production of *Mary Poppins* I saw a man peel himself away from his family. He bolted to me, and his affect was immediate: swollen eyes, shaking hands, and the expression of someone who had deeply felt something. All he could do was shake my hand and, with a cracked voice, utter "thank you." That was a moment that continued to solidify the power of productions, words written by a usually absent author yet fully embodied and offered through the dramatic encounter. While actors debriefed their performances, they might easily be heard pontificating why such connections exist, comparing notes with one another on moments that felt fulfilling to the performer and the witnesses. This repeating cycle kept me in productions, yet I sensed there was more fulfilling work to be done.

There is value to witnessing theatrical productions, and their healing properties have been used throughout time to find catharsis and *aesthetic distance* – or the ability to balance the emotion of a moment or memory and the cognition to relate it to the present - to operate within life's play (Landy, 2008). In the heart of drama therapy lies the art of theatre creating, doing, and making. While central to the theatre-making process, the use of independent plays and scenes are less scrutinized within drama therapy practices. Less examined still is utilization of scene work

within partial hospitalization program (PHP) levels of care, where clients in crisis seek stabilization often within the extremes of over- and underdistanced states. Ongoing studies and practices examining productions co-created between client(s) and therapist(s) have shown that devised productions have demonstrated effectiveness with myriad symptoms and diagnoses, such as eating disorders, anxiety, and trauma (Emunah, 2014, 2019; Jarman, 2014; Wiener, 2014; Wood & Mowers, 2019).

However, little examination on plays has been independently made, particularly within the lens of North American culture and practices. Doerries (2016) explored just how influential a night at a staged reading can be, evoking complex conversations from the reading of Sophocles and Euripides. Readings as performances, often without most props or scenery, still manage to spark a notable level of connection, making connective performance possible with little-to-no preparation and extra resources. Can such a practiced structure be used in drama therapy practice? What effect might independently-created scripts, or scripts whose author was not involved within the therapeutic process, have on people in crisis?

The effects of trauma in adolescence can often interrupt the developmental goal of identity formation, dramatically alter the conception of one's understanding of the world, and open an adolescent to flashbacks that could continually transport them to one of the worst moments of their developing lives (Berman et al., 2020; Erikson, 1968; Felitti et al., 1998; Levine, 2010; Perry & Szalavitz, 2006; van der Kolk, 2014; Waterman, 2020). Such disruptions can have implications for future trajectories leading to poorer health outcomes and qualities of life (Berman et al., 2020; Felitti et al., 1998). It is crucial that validation and connection with others become an asset when an adolescent is challenged by a traumatic event; as seeing oneself

in others, real or imaginary, allows new ways to express the weight and challenges that the holder feels (Volkas, 2014).

Can reading scripts from playwrights outside of the therapeutic group help an adolescent in navigating the collision of trauma and identity? In this thesis I will explore the current state of the literature concerning methods and effectiveness of independently created scripts within therapeutic practice, connections and interruptions between trauma and identity with a focus on adolescents, and the uses of performance within the PHP setting. I will then introduce a drama therapy method that utilizes role theory (Ramsden & Landy, 2018) and readings within the time-limited structure of PHP treatment for adolescents in crisis that have a history of trauma. Findings will be reported based on two separate implementations of the proposed method with separately run groups at the PHP setting. Finally, my observations and reflections will offer insight on suggestions for further research and clinical considerations. It is my hope that this thesis will add to the discourse of the effectiveness of drama therapy as a tool for identity repair after trauma and further insights on the interactions between identity, trauma, and adolescents.

Literature Review

Adolescence Development

Cognitively, massive amounts of changes occur: synaptic pruning of unused synapses, reinforcing and strengthening of synaptic connections through myelination, particularly in the prefrontal cortex to the brainstem (Berk, 2022). These changes allow an adolescent to deepen their critical thinking, executive functioning, reasoning, and problem-solving skills (Perry & Szalavitz, 2006). These developments occur as neurons create larger reactions with neurotransmitters, continuing throughout adolescence, which means a challenge during this

growth period is inhibition, planning, delaying immediate gratification, and social/emotional regulation (Berk, 2022; Perry & Szalavitz, 2006).

Adolescence is focused on *identity vs role confusion* (Erikson, 1959), where an adolescent is testing their identity, attempting to find what adequately matches their values, beliefs, dreams, and activities to the culture and environment surrounding them. This focus on identity formation creates interactions between larger ecological systems through interpersonal exchanges, like employment, opinions on sports teams, music, or politics, while balancing the microsystem of friends and wanted or unwanted social circles (Sokol, 2009). The complexity of adolescence deepens as they gain more autonomy and independence, increasing interactions between academic materials and relationships between peers, teachers, parents, and other authority figures, then deepening their awareness of the larger systems that surround them (Hong et al., 2021; Waters et al., 2009). Adolescents examine their world as they journey through it, learning cultural norms and expectations through trial and error or explicit instruction from their caregivers or respected members of their community, the role models from which the adolescent builds upon (Erikson, 1963; Landy, 2008; Mahn, 2003). Within this communal wisdom is explained how members are expected to express their feelings of grief, anger, joy, sadness, shame, excitement, and many other emotions. Erikson, as quoted by Sokol (2009), said “Individual and society are intricately woven, dynamically related in continual change” (p.140). The lexicon the individual uses to express or contain is connected deeply to the world around them and how they see themselves in it.

Vygotsky imagined the foundation of development on social and experiential terms, requiring both for mastery of tasks and integration for the individual (Rubtsov, 2020). Within

Vygotsky's developmental theory, the child examines an object or idea with someone who shows a level of mastery, and the acceptance or rejection of the object or idea occurs on the intrapersonal plane (Rubtsov, 2020). Within this structure the environment an adolescent exists within and those that interact with them contribute to how they see themselves and react and integrate with stimuli. Vygotsky emphasized social interaction as a way of learning as reported by Eun (2019) "dialogic interactions between people are influenced by their inner motivations and the importance he attributed to interpreting the meanings contained within verbal exchanges" (p.19). A feature of Vygotsky's work is the *zone of proximal development* which is central to his view of human development. Zone of proximal development was defined by Vygotsky, as shared by Eun (2019), as "the distance between the actual development level as determined by independent problem solving and the level of potential development as determined through problem solving under guidance or in collaboration with more capable peers" (p. 19). The dialogue and discourse has "an effort to negotiate meanings as participants of the teaching and learning process attempt to co-construct a new understanding" (Eun, 2019, p. 19). Social interaction and collaboration become central to integration of concepts, paramount in the social stage of adolescence. The process of the mastery is assisted and collaborated interpersonally then mediated intrapersonally, connecting the individual with society at large (Eun, 2019). Parallel to the mastery processes is integration starting with *internalization*, occurring when assimilating input from interpersonal interactions and operating within the given cultural structure's rules, then next to *externalization* which occurs when a new culture is created like collaboration agreements between people. Development within Vygotsky's concepts becomes dynamic and allows for the individual and the culture to exist collaboratively (Mahn, 2003).

Physical development and social/emotional development seemingly have dependent

goals. Changes within an adolescent's body interact with needs to be seen and understood throughout their physical development. Erikson (1968) offers a focused view of adolescence as understanding the world and seeing oneself in it, testing the parts of oneself and the levels of equilibrium established through discovery. The vastness of the world, though, can lead to overwhelm and disillusionment or acceptance and fertile ground for growth. Deeper examination of their role models helps adolescents decide where their identity lies, as they further their abilities to think abstractly and comprehend systems that were too distant to be noticed when younger. Erikson's view could begin with the individual's examination within their world, while Vygotsky bases his view on the social world first. Through collaboration and experience, Vygotsky shares that these encounters help shape an adolescent mind by concretizing knowledge within dynamic structures of the zone of proximal development and internalization and externalization. Both perspectives explore the importance of interpersonal interactions, paramount to adolescence and establishing oneself.

Identity

Erikson (1968) suggested that identity was the answer to "who am I?"- however concrete or obscure the answer might be. Another view of identity is as the traits, parts, qualities, and self-concept that inform a perspective of the world, offering context to how one interacts and operates within the world (Liu & Turner, 2018). For another context on identity, McAdams, as referenced by Syed & Mitchell (2015) shared:

It is through telling stories and constructing a personal narrative that individuals integrate their past, present, and future. Identity is not only revealed through telling stories, but identity itself is a story, an extended narrative through time that

the narrator works to keep going. (p. 3)

Adolescence provides the cognitive capacity to reflect and integrate what has been experienced into a dynamic identity (Marin & Shkreli, 2019). Examining how one changes throughout their life via a contextual view of identity, communities help establish positionality based on physical traits and interests and domains, like “White” and “Asian American,” or “gamer” and “gym rat” (Syed & Mclean, 2015). Social acceptance into the community allows for examination of the subcategories, like bandwagon fans to fanatics for sports teams, yet the umbrella of the identity holds the many members together (Liu & Turner, 2018). When these memberships are threatened by internal and external stimuli, individuals begin to question their identity and futures (Berman et al., 2020; Waterman, 2020).

Identity disruptions, as defined by Mitchell et al. (2020), describe alterations to an identity due to major life events such as bereavement or religious conversion. For example, themes that were found among veterans were “loss of meaning or purpose,” “disconnection between past, present, and future selves,” “loss of self-worth,” and “role dysfunction” (Mitchell et al., 2020, p. 2162). These themes can be positioned within the identity formation objective of adolescence. Mitchell et al. (2020) connected identity disruption “with greater [posttraumatic stress disorder] symptom severity, lower life satisfaction, and greater reintegration difficulty at baseline” and “a lower trajectory of social support over time” (p. 2163). Given the social importance of adolescence, identity disruption could be extremely altering.

Identity integration was most ascribed to Erikson’s (1968) statement of “a subjective sense of invigorating sameness and continuity” (p. 19). Context and time are factors of healthy integration, however Syed and Mclean (2015) expanded the factors to include self and society.

Integration takes many forms, as described by Syed and Mclean (2015): *contextual or spatial integration* – integration across multiple domains and ecological systems; *temporal integration* – integration across past, present, and future; *ego integration* – integration over time through the context of multiple domains; and *person-society integration* – the internalization of cultural aspects within the individual.

Identity formation and continued integration are complex tasks that are a focus within adolescence (Erikson, 1959; Syed & Mclean, 2015). While there are shifts within identity throughout life, those within the identity vs. role confusion stage of development require social stimuli, life experiences, and the abilities to reflect to create an understanding of themselves (Marin & Shkreli, 2019). However, there are disruptions impactful enough to change the way an individual interacts with their internal and external stimuli. This impacts adolescence by increased changes in possible traumatic brain injury, fractures, depression, anxiety, suicide, diabetes, alcohol and substance abuse, and lowered quality opportunities for education, occupation, and income (Felitti et al., 1998).

Trauma

According to the American Psychological Association (2008) “trauma is an emotional response to a terrible event like an accident, rape, or natural disaster” (para. 1). However, trauma may also be an ongoing event, caused by an initial interruptive force either in a single event or multiple occurrences that affects the mind and body of the victim (Malchoidi, 2015). The interruption can change the baseline of the traumatized individual so that their sympathetic nervous system responses become flooded from a smaller window of tolerance, constrained by the timing and quality of the interruption(s), and reorganize the brain (van der Kolk, 2014). van

der Kolk (2014) used a brain scan to show how Broca's area, a speech center of the brain, had lower productivity when compared to the limbic brain and visual cortex during trauma-related flashbacks. The lowering of operational standards of the speech areas of the brain and the high activation of the emotional and relational showed the mental lock that occurs within a traumatized person's brain functioning, especially as they attempt to tell others what and how they experienced. The flashbacks of the traumatic event can cause the body to harness the same tension as the initial event while pulling the traumatized person from the current moment, disrupting the playfulness and communication skills that serve the individual in a non-traumatized state (Levine, 2010). Perry (2006) described the flashbacks as a developmental interruption which pulls people back to their age when the event happened.

The crises of life often can leave one on a spectrum of response to the trauma-connected stimuli. Waterman (2020) described the variety of identity interruptions that trauma can enforce; from identity resilience to identity loss, and trauma's interaction with the development of identity: trauma-shaped or trauma-centered identity. If a person can only see themselves as connected to their trauma, they are in a state of "role lock" where the accessible roles a person can utilize are diminished and portions of the self are largely unplayable (Young & Wood, 2018). Stepping into the space of growth, the self contains accessible roles for various occasions by using aspects of their experience with fictionalized stories (Landy, 2008).

Successful treatment for trauma can be approached through three different methodologies as van der Kolk (2014) shared: reconnecting with others and processing memories, medications and/or technologies that can stabilize the brain's restructuring, and/or allowing the body to experience the tension resulting from the trauma's emotional distress.

Trauma and Adolescence

Trauma has the potential to affect the identity of a person at any age, perhaps with increased gravity in adolescence given the ongoing construction and deconstruction of identity. Waterman (2020) developed a taxonomy of nine possible interactions between trauma and identity:

1. *Identity resilience* – maintenance of the identity commitments despite the traumatic event;
2. *Identity affirmation* – aspect(s) of the traumatic event serve to reinforce present identity commitments;
3. *Identity delay* – distress from the traumatic event freezes the identity commitments. This would remain present until in recovery and can evolve into a different identity state;
4. *Identity threat* – traumatic event triggers identity questioning like “how can I keep doing/believing in...”;
5. *Identity loss* – an aspect of identity is abandoned due to the traumatic event.
6. *Identity alteration* – due to the traumatic event, the individual adapts to altered circumstance;
7. *Identity replacement* – follows *identity loss*, the individual abandons a previously held aspect of identity and considers an alternative unrelated to previous commitments;
8. *Trauma-shaped identity* – significant changes in the identity commitments caused by the traumatic event, which would have been highly unlikely without the occurrence of the traumatic event;

9. *Trauma-centered identity* – survival of the traumatic event becomes the pervasive, defining focus of the identity with seemingly all aspects of identity affected. (p. 61-63)

Within this array, Waterman (2020) showed the breadth of experience that a trauma can hold with multiple instances of identity states being related. Two individuals that witnessed the same violent action can conceivably be set on two different identity trajectories from that experience. The variables for such differences and how an individual's identity could be shaped by a trauma are many: duration, relational proximity, the type of trauma experienced, resilience to PTSD, age of the individual, and presence of positive social support (Waterman, 2020).

Identity is an expansive and complex idea that spans across all domains of life (Erikson, 1968; Mitchell et al., 2020; Syed & Mclean, 2015; Syed & Mitchell, 2015), yet found to be the crucial task of adolescence (Erikson, 1959). Trauma, however, can alter identity by reshaping it to fit a new understanding of an individual's world and their narrative (Marin & Shkreli, 2019; Waterman, 2020). Through positive social supports, skills of reflection, and details of the traumatic event(s) (Marin & Shkreli, 2019; Waterman, 2020), a person might have the reliance required for identity integration (Erikson, 1968; Syed & Mitchell, 2015). However, the question emerges, what methods could be appropriate for adolescents affected by traumatic symptoms? Can drama therapeutic methods offer relief and perspective for adolescents who have been so disrupted that their words are insufficient to describe their experiences?

Role Method

Role method (Landy, 2008) aims for clients to live their lives with the ability to maintain a large array of playable roles when dealing with life's inevitable struggles and achieve *aesthetic*

distance. Aesthetic distance is the midway point of *underdistanced*, or being emotionally flooded, and *overdistanced*, or denial of emotion. Aesthetic distance balances “feelings and thought, experiences and reflection” (Landy, 2008, p. 203) The playable roles are inter- and intrapersonal parts of a person that create the whole persona when combined. Landy (2008) describes eight steps to working with role through role method:

1. *Invoking the role*, initiated within the warm-up process to bring awareness to roles;
2. *Naming the role*, brings definition through labelling the role;
3. *Playing out/working through the role*, story creation or creative, narrative directives possibly moving to dramatic enactment;
4. *Exploring relationships of role to counterrole and guide*, the possibility to identify counterrole and guide through the playing of the roles;
5. *Reflecting on the role-play*, begins after de-rollement, allowing for space to claim the differences and similarities between the role and the person;
6. *Relating the fictional role to everyday life*, the explicit connections formed from the role play and the real life of the actor;
7. *Integrating roles to create a functional role system*, the further examination of roles and their development within the role system;
8. *Social modeling*, discovering ways that clients’ behavior in role affects others in their social environments. (p. 112)

Although the steps can be met at various moments, the methodical usage of role allows

for clients to “enter old relationships in new ways” (Landy, 2008, p. 113). Landy notes that these steps are not linear, with clients reaching steps through various avenues and not all work is fully observed by the therapist. He further comments, “integration, however, is not necessarily a conscious process, to be discovered in conversation. It often occurs unconsciously, as clients trust the process, allowing themselves to stay open to unconscious experience” (p. 113).

The role method (Landy, 2008; Ramsden & Landy, 2018) offers a perspective of identity with a focus on how an individual interacts with the world around and within them. “Role method, at best, functions as classical theatre which invites an audience into a fictional world that is not so different from reality as it appears” (Landy, 2008, p. 126). Landy (2008) continues that role method “seeks to help clients discover a conscious link between the fiction of the drama and the reality of everyday life” (p. 126). Identity examination and integration, then, are created through the separation of role and self (Landy, 2008). This assessment is accomplished by presenting people with role names and questions of “who am I?”, “what/who do I want to be?”, “who is blocking me?”, and “who can help me?” (Landy & Butler, 2011, p. 152). Within the identity formation process, a central task to adolescence, these questions are vital to ask. When someone has the vocabulary to name what role is operating in each moment, the processing of actions becomes deeper.

Expanding the exploration of active parts through role method sheds light on other forces at work: *counterrole* and *guide* (Landy, 2008). An agent in opposition, the counterrole can be viewed as the role that is seeking to fulfill another need. They are not always in cardinal opposition, like *hero* and *villain*, but more so create tension within the person and dramatic encounter. The guide serves within a mediating position:

The function of the guide as one who leads a hero on a treacherous journey to an unknown destination serves as apt metaphor for the hard journey from trauma to recovery. Further, as therapists play out the function of guide as witness, they provide an extra degree of comfort for clients who need unconditional validation. (Landy, 2008, p. 223)

Throughout clinical work the therapist enrolls as guide, however it is the hope that the client builds a guide role that examines interactions at aesthetic distance to instill within the client the ability to maintain a dynamic role system that can “transform experiences into stories, tell the stories to appropriate listeners, and change stories according to changing circumstance from within and outside world” (Landy, 2008, p. 110). Through this perspective, the stories and consequent roles one interacts with can impact the continuing formation of their own, foundationally true for adolescence. Through playing of roles in group performance, Keisari (2021) noted, “the participants could explore deep aspects of the self and their inter-connectedness” (p.9).

Role integration may be critically important as an adolescent examines their existing role repertoire. They notice situational maladaptive routines within their narrative through the developing vocabulary of role (Landy, 2008). Naming the role that is in use can create mental and emotional distance from the encounter to achieve aesthetic distance as demonstrated by Landy’s (2008) work with the client Derek. Through role method Derek was able to re-examine his story and find aesthetic distance to integrate the new perspectives he played with throughout the session. Aesthetic distance is the catharsis of role method, as Landy (2008) explained “Role method is an indirect approach that depends upon the safety of role and story to contain strong

emotion” (pp. 125–126); “When working through role method, clients often experience catharsis...the form of catharsis is unique in that it integrates both affect and cognition” (Landy, 2008, p. 223) allowing clients to take control of and modulate their own expressions.

Performance- and Text-based Practices

Performance-based drama therapy utilizes dramatic reality to allow clients to explore therapeutic goals through play and imagination that would have been otherwise underdistanced (Pendzik, 2021). Performance is central to this practice of drama therapy as “...the performative frame is the therapeutic setting: Therapeutic performance is a time-limited intervention in which the development and the presentation of a performance constitutes the therapeutic process itself” (Pendzik, 2021, p. 247). All aspects of theatre production are taken into account including the performance in front of an audience as a *planned crisis* for actor-clients to negotiate their emotional progress and regulation as the day of performance approaches (Pendzik, 2013). There are many forms that performance-based practices take: self-revelatory (Emunah, 2019), autobiographical (Pendzik, 2021), playback theatre (Muckley, 2021), co-active therapeutic theatre (Wood & Mowers, 2019), improvisation (Gluck, 2021), and restoried script performance (Dunne, 2016). Role method has been used to create therapeutic theatre within a classroom structure which allowed for enabled student-participants to engage with roles to create distance and play while maintaining investment within the communal project of the production (Chang, 2017). Inherent in these methods is the integration of performance as a vital part of therapy as a closure to the therapeutic work.

How can performance benefit drama therapeutic practice? Jenkyns (1996) shared that drama therapy becomes a unique, transformative space:

...where no one individual is a detached audience to another, observing the spectacle, but is involved in their own role of audience both to bear witness and to touch and be touched by action the poetic act is that of creating new meaning through metaphor. This is especially evident in text work since a text is primarily a piece for the theatre and therefore needs to have the theatre dynamic reflected in the setting of the dramatherapy group. (p. 71)

The usage of independently-created scripts, or scripts created by individuals with no contact to the therapeutic group, within drama therapy sessions can help create aesthetic distance (Meldrum, 1994). The independently-created text allows both performer and witness to apply their own experience to the words, giving voice to otherwise unsaid and possibly isolating thoughts and emotions (Hovland, 2016). Being able to express these held experiences with others becomes vitally important for the processing and alteration of developing heuristics. In text-based work, the script offers space as a transitional object to choose characters to embody while projecting parts of the actor onto the scripted character while other parts remain not part of the actor and “thus strengthen the individual’s sense of ‘I am’ and ‘This is not me in relation to another’” (Jenkyns, 1996, p. 32).

Jenkyns (1996) shared many accounts of text-based drama therapy with individuals which created a space for growth, challenged maladaptive mechanisms, and created community and support. During this work, Jenkyns (1996) provides three phases: *en-rollement* – becoming the chosen or assigned part, *occupying the role* – or maintaining the role throughout the work, and *de-roling* – returning to the client, all features within Landy’s (2008) role method. These journeys lasted for weeks and would accompany acting training and introduction of a theatre-

maker's vocabulary for blocking along with dramaturgical dives into the text and personal exploration on the client's part. Jenkyns (1996) developed a four-week structure working with two actor-clients exploring Samuel Beckett's *Waiting for Godot* (1956) where they would meet and explore therapeutic themes utilizing the play as a container and transitional object. Through the sessions, they would examine themes, dramaturgical findings, train acting skills, and weave therapeutic guidance through four meetings (Jenkyns, 1996).

The usage of text-based practices within PHPs, however, is under-researched. While scripts may be utilized, there are no studies found that examine the effects within a time-limited program. This gap in the research could be addressed with further explorations on how independent texts interact with clients.

Partial Hospitalization Programs

According to guidelines by the Centers for Medicare and Medicaid Services (2022),

Psychiatric partial hospitalization is a distinct and organized intensive psychiatric outpatient treatment of less than 24 hours of daily care, designed to provide patients with profound or disabling mental health conditions an individualized, coordinated, intensive, comprehensive, and multidisciplinary treatment program not provided in a regular outpatient setting. (sec. Coverage Guidance)

An individual or family may use a PHP after discharging from a residential program, "stepping down" to help the transition to outpatient care, to prevent enrollment in a residential program, or "stepping up," or services for rehabilitation (Schwartz & Thyer, 2000). A PHP's focus is crisis stabilization through building coping and grounding skills, psychoeducation, psychotherapy, occupational therapy, with some variance from site to site (Madakasira, 2022, p.

29).

For adolescents there is an added factor: “adolescents in PHPs often remain in their homes, which limits the degree of social and familial disruption associated with care” (Del Conte et al., 2016, p. 19). According to the Substance Abuse and Mental Health Services Administration (2022), 992,671 adolescents from the age of 12 to 17 sought mental health services, 52.5% were designated as *serious emotional disturbance*, and 30.1% of admissions were related to trauma- and stress-related symptoms; community-based services, which can include PHP services, admitted 99.7% of those adolescents sampled.

The brief programming can affect the admissions and discharges that could happen from day-to-day. Within such a structure, it may be beneficial for drama therapists to forgo the theatre vocabulary, and, instead, focus on the connection between script and user. The brief services also imply that full productions, or dramaturgical-level readings, could not be produced due to the limited time and continuous change in group membership.

Methods

Setting

The intervention was held in a PHP facility in a mid-sized city in the greater Northeastern region of the United States that serves adolescents from 13 to 18 years of age and adults from 18 years old (and who no longer attend high school) and beyond. This PHP site has approximately 1,094 adolescents admitted a year, with over 90% completing the two-week programming. This site’s programming for adolescents follows the same structure every day: check-in, an hour-long psychotherapy intervention, 45-minute psychological education, lunch allowing time to eat and process the day, tutoring, and an hour-long expressive therapy session which can be art therapy,

drama therapy, or poetry therapy.

Intervention Group

The aim of the group was to create an experience that connected the adolescent's dilemma with roles to project upon, gaining aesthetic distance, and furthered vocabulary to express themselves. The intervention took place in a room designated to hold group therapy for six to 10 adolescents with varying diagnoses and referring incidents centered around PTSD and complex PTSD, with symptoms of disassociation, hypervigilance, reported physical tension, outburst, and dysregulation with comorbidities such as major depressive disorder, generalized anxiety disorder, attachment disorder, and adjustment disorder.

The groups I led consisted of eight adolescents from 13 to 18 years of age who had been at the facility for more than two days and less than 10. In group one, three of the group members identified as female and five as male, of which six identify as cisgendered, one as transgender, and one as nonbinary. Group two consisted of six female-identifying, one male-identifying, and one nonbinary group members. Seven of the members are of European American, one of Indian American in group one, and group two consisted of two of European American, two of African American, and four of Hispanic and/or Latin American. All 16 members had traumatic histories of sexual, emotional, verbal, and/or physical abuse. This group was chosen because of the variety of engagement levels and the pattern of limited verbal engagement throughout prior group therapy sessions displaying limited insight through identifying few applicable roles and constrained narratives. The intervention was held over a one-hour planned period designated as "expressive therapy" within the programming. While drama therapy is offered at the site, it is not an explicitly assigned structure within an adolescent's program.

Intervention Description

The intervention is called “scene reading.” The activity incorporates core drama therapeutic principles of active-witnessing, dramatic projection, engagement in dramatic reality, and distancing (Frydman et al., 2022) and utilizes role method (Landy, 2008) to expand the clients’ role system to allow them to obtain stronger narrative understanding of their identity. For the purposes of this thesis, I focused on steps 1-7 of role method: creating a space for role to be played with, explored, discussed, and integrated. Step eight, social modeling, was not examined throughout this process due to the constrained time of the PHP setting and the development over time required for social modeling. The goals of the intervention were to create aesthetic distance and explore relationships between role and counterrole, while maintaining my status as guide to facilitate productive, reflective discussion.

I held two sessions on separate days with two separate groups of adolescents. The sessions included a warm-up question and activity, role exploration, reading of a scene from *I and You* by Lauren Gunderson (2014) three times, re-examination of roles, free-writing, and a closure. The same roles, scene, warm-up activity, and closure were used in each group. My own observations were written in journal entries from the brainstorming of the intervention through the practice of it.

I made copies of the role sheet and script for each group member to have one with an extra in case an accident was to occur. Chairs were arranged around a central table for everyone to be seated. The groups were first instructed to introduce themselves and answer the question of “If you could be an object in the room, what would you be and why?” The group was then instructed to create a one-word story about a great success. Sheets of paper were then passed out,

one for each member, that had 30 roles on them with space for three extra roles if a group member wanted to add a role that was not present on the list. They were instructed to mark in a way of their choosing roles that answered the question of “who am I?” Then copies of the selected scene from *I and You* were distributed with the instruction to have two group members read the scene while the remaining members use a writing device that was provided to make notes or highlight phrases and moments that they connected with. The scene was read three times with different performers each time, taking approximately 35 minutes. After the third reading of the scene, group members were directed back to their role sheets to answer the question once more of “who am I?” The group was given five minutes to complete the role re-examination. They were then invited to free write about their experience throughout the intervention for five minutes. The selected closure was the prompt “Today I heard a story about ____ and I learned ____.” I thanked the group for their participation, asked if they would want to read the whole play, and took the role sheets with me, examined each for themes and progression, and stored them in a locked filing cabinet.

I and You

The selected scene occurred near the beginning of act 3. It opened with Caroline and Anthony, the two adolescent characters, bonding over their assignment on Walt Whitman. The scene shifts when Caroline uses self-deprecating language and Anthony attempts to comfort her. Caroline then describes how “everybody is trying to make things ‘upbeat’ and ‘positive’ and it’s like *I’m not an idiot I get what you’re doing and it’s just making it worse*” (Gunderson, 2014, p. 55). This passage may mirror interactions among adolescents who may be in affected episodes; giving words to an experience they might be having. Anthony then offers defiant support, creating exchanges with him challenging maladaptive defenses like using humor to expose

feelings in an overdistanced way. These challenges build until Anthony, in the stage directions, sits by Caroline and they hug. Caroline becomes vulnerable with Anthony, which allows Anthony to support Caroline by first offering verbal reinforcement that he will continue to support her, then by sitting next to Caroline. Caroline allows herself to cry. Anthony uses both humor and comfort to relieve Caroline from feeling isolated within her challenge. Focus then shifts towards the assignment that brought them together: recording insights about a poem from Walt Whitman. To begin the recording, Caroline receives reassurance from Anthony that she is ready to film her findings.

This passage offers a dramatic structure to Caroline and Anthony being the role and counterrole, allowing the guide to be the therapist. Within this structure, the actors and witnesses can project their experiences and create connections during the reflection stage, while using the script as a distanced container for experiences that have been inefficiently or ineffectively shared. The aesthetic distance created through this scene ideally allows the adolescents to better understand and articulate their inner worlds.

Results

The first group had a heavy atmosphere as I entered the room, many group members had their hoods up and heads down on the table in front of them. From previous encounters with this group, I knew there were physical signs of depression and anxiety in the group members, with moments of disassociation. Due to the varying levels of exposure to role method, some group members scoffed and playfully commented on roles that were absurd to them while others began to mark their pages speedily when the sheets were disbursed. The wait for the first volunteers was nerve-wracking, as no one initially wanted to perform in front of the group. I remarked that

“if you’re afraid that you might not know what to say, the good news is the words are already there. All you have to do is affect your scene partner.” This seemed to ease the performance anxiety and was later confirmed during a group member’s debrief. Once the readings began, however, there was a switch in posture and attentiveness. The character of Caroline talks about the false positivity she noticed in others who would hear of her physical illness. This was a speech that routinely garnered more attention and energy from group members, noticed by their leaning into the script, vocal energy when performing, head nods, and/or finger snapping while the section was read. After the first reading of the scene, we debriefed about what images and ideas group members felt attuned to and how it felt to perform. The next time I asked for performers, many hands were raised. The quickest hands were from members of the group who spoke the least. Upon finishing the second reading, performers were physically grounded and shared openly about connections they made with their characters. It was then that connections between group members began to emerge with “yes, and...” energy building within the group environment. After the third reading of the scene there was enough energy that it seemed we could have read and discussed this for hours more.

Examining the role sheets, I saw that seven of the eight group members had made additions or subtractions from their original examination. The quality of the reflection was attuned to the difficulties the clients were facing in other domains. “Helper,” “supporter,” “advocate,” and “sick one” were roles invoked or commented upon in relation to themselves or expectant interpersonal supports of parents, teachers, and coaches. There were observable tonal shifts in the voice and grounded physical activity throughout the reflections.

The second group was observed to be higher in mood, almost with a manic atmosphere

when I had begun the intervention. Where group one had extra work to get through the warm-up, group two needed boundary reinforcement from me to not derail into tangential conversation. I remember thinking “well, this might be a trainwreck.” As we broached the reading of the scene, two group members quickly volunteered and popped out of their seats as I shared it was their choice to sit or stand. The first two pages, which were a grounding force for group one, were performed with the energy of constantly seeking a joke as observed through their vocal energy, miming, and looks to those witnessing, which seemed to distance them from the content. However, when the confrontation between the characters was direct, the performers seemed chained to the scene with moments of tension-breaking giggling. Group members connected with the supportive character, Anthony, in their attempt to help Caroline build hope and noted that confrontation sometimes needed to happen. Like the first group, after the first reading many volunteers emerged and the readings became more grounded, yet every performance after was seated.

This group was exceedingly ready to perform, almost to the level of dysregulation, yet the embodiment tethered the performers and witnesses to the play, evident by their physicality throughout the scene reading and concentrated, active witnessing by non-performers. The group refrained from utilizing the vocabulary of role method, yet they did connect Anthony to other supportive figures in their lives.

Generally, although met with seemingly opposing ends of a spectrum, the containment and connection of the scene prevailed in creating discourse to explore challenges the adolescents had faced almost wordlessly. A majority within the first group gravitated towards the character of Caroline as she voiced her exhaustion and despair for experiences that were forced on her.

The second group had most clients connecting with Anthony, the support, as he tried to challenge and affirm Caroline's feelings. Each group managed to discuss the perspectives of both characters even as their attentions stuck with one character. The discussions in both groups seemed almost to be discovery processes themselves as the reflections carried the excitement of new thoughts and words for otherwise silenced experiences.

Discussion

This project was intended to explore the usage of scene readings of independently-created plays within the time sensitive environment of a PHP. Examining the scene work and the adolescent's relationship to it through role method (Landy, 2008) created a container for their experiences, space to connect more deeply with the work, and access focal points for future growth. The two groups that completed this intervention had vastly different initial connections to the scene and the idea of performance, yet the discussions carried similar themes and levels of reflection. Adherence to role method allowed for reflection to occur through continual attention on the intra- and interpersonal levels as clients embodied the role and explored potentially parallel experiences with the distanced characters within the play. The time-limited programming of a PHP might prevent fully realized therapeutic productions, however the impact of the work could allow for others to find growth areas for future work with an outpatient therapist. Guiding the adolescents to further developing their emotional and experiential vocabulary is rewarding, as the group and therapist collaborate in the approach and discussion.

The literature shows that role method can allow for embodied encounter and offers structure enough for emotionally dysregulated adolescents (Berman et al., 2020; Landy, 2008). Many of the adolescents at the PHP might have been underdistanced given the higher levels of

care. They could be set within either extreme of underdistanced or overdistanced, however my belief was that any position along that spectrum could benefit from role work. Those who were underdistanced would have an opportunity to voice feelings they had been clutching without expressing, while overdistanced clients would be able to connect their experiences with the characters within the play and the group members around them (Johnson & Emunah, 2021). The utilization of role method and the experience of the scene might have helped to create a stronger vocabulary for how the adolescent experiences their world. This work could support the development within the cortex offering new language and experiencing an exchange that could mirror some intrapersonal challenges they might encounter (Berk, 2022; Perry & Szalavitz, 2006; van der Kolk, 2014). The progress towards stability in the intrapersonal domain could scaffold towards a sustainable role system and identity resilience (Landy, 2008; Waterman, 2020). Such growth can restore curiosity and playfulness, hallmarks of health, to the identity focus of adolescence (Erikson, 1968; Perry & Szalavitz, 2006; van der Kolk, 2014).

Limitations

At this PHP I introduced performance-based drama therapy interventions. As part of the ideology of the site, embodiment was an often-overlooked quality of the work. Embodiment, as I have experienced, shows the level of buy-in from the clients (Jones, 2007). The work these adolescents have been tasked with is largely worksheet-based, meaning that even the expectation of exploratory, embodied therapeutic directives were going to need foundational work to be effective. However, embodied interactions with adolescents held challenges, as “resistance” became a reoccurring theme within my personal journal entries on the creation and implementation of this intervention. Within the attempt to cultivate a more embodied culture at the site, the resistance would appear as moments of shutdown and disassociation or disinterest

despite the possible psychosomatic responses within expressive directives. It was decided during a supervision session that development of a drama therapy introduction could name foci, goals, and techniques to prepare the adolescents for the work ahead. Themes that would be continually introduced were “play,” “roles,” and “widening perspectives.” This introduction had immediate reactions that did create more engagement, however changes between deliveries were not tracked. The scaffolding of the introduction might have given clients more information to prepare themselves for interactions, despite being in the same adolescent groups throughout the day. As was mentioned, social interactions and identity formation are central to adolescent development which could bring near constant transactions of social exchanges, as in examining the worth of vulnerability, whether to impress others or to be noticed at all (Erikson, 1968; Mahn, 2003). However, a plateau was reached regarding embodiment due to the rules and practices of the PHP of “no touching” and many sessions being worksheet focused, limiting interpersonal interaction. To invite deeper embodiment, further development of a drama therapy introduction will be essential, especially as I practice in environments that do not have drama therapy as an explicit, foundational practice.

Another limitation is the amount of programming a client experiences from other therapists. The client will usually interact with two to three clinicians a day, each with different styles and methodologies. The effectiveness of a group scene reading could be dramatically affected by the types of groups and individual engagement to different material over the course of the day. Due to the number of clinicians, it is unlikely that every client experiences the same group directives. However, the benefit of a group scene reading directive is that it can create space to process feelings around the multilevel therapy the adolescents are exposed to.

Further Research

Central to this exploration is the need for further research on therapeutic performances within PHPs. Due to the nature of the PHP, clients are predominantly in spaces of high affect and require stabilization. Through performance and methodical processing, I believe there could be greater understanding for the clients and the effectiveness of scene work within the production-creation process. What are the effects of varying levels of dramaturgy for the scene? How much of the context is shared of the scene and play? Such positions could have effects on the efficacy of the intervention.

Another process to be examined is the efficiency and effectiveness of how characters are developed within therapeutic spaces and how the creative work can help reform disrupted identities when working with victims of trauma. Role method (Landy, 2008) provides a roadmap of how roles can be examined and their importance within understanding the self. However, how drama therapists approach role creation is underexamined within the existing literature. Such research could help deepen the impact of role creation, whether through imaginative directives based on role play or using the text as a container for experience.

Lastly, further research could examine the impact of scene readings as a viable intervention for emotionally dysregulated clients. What are the enduring effects of reading an independently created scene to help adolescents create a viable narrative? Does the act of scene work without the expectation of a full performance help ameliorate identity formation and narrative?

Conclusion

The results show that adolescent identity, as understood through the lens of trauma-

exposure, can be re-examined within the structure of a scene reading. If there is enough buy-in and connection to the source material, clients will have space to project and reflect their experiences through structured performance. More research is needed to examine the factors within the intervention and impact of scene readings without full productions. This study shows that the examination of role and structured performance can help better understand one's post-traumatic identity.

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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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