James Madison University
JMU Scholarly Commons

Dissertations, 2020-current The Graduate School

8-1-2021

Healing attachment wounds: Drama therapy within an interpersonal theoretical frame as a group treatment modality

Julia Dobner-Pereira

Follow this and additional works at: https://commons.lib.jmu.edu/diss202029

Part of the Clinical Psychology Commons, Other Theatre and Performance Studies Commons, and the Social Justice Commons

Recommended Citation
Dobner-Pereira, Julia, "Healing attachment wounds: Drama therapy within an interpersonal theoretical frame as a group treatment modality" (2021). *Dissertations, 2020-current*. 40.
https://commons.lib.jmu.edu/diss202029/40

This Dissertation is brought to you for free and open access by the The Graduate School at JMU Scholarly Commons. It has been accepted for inclusion in Dissertations, 2020-current by an authorized administrator of JMU Scholarly Commons. For more information, please contact dc_admin@jmu.edu.

Healing Attachment Wounds: Drama Therapy Within an Interpersonal Theoretical Frame as a Group Treatment Modality

Julia Dobner-Pereira

A dissertation submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Doctorate of Psychology

Department of Graduate Psychology

August 2021

FACULTY COMMITTEE:

Committee Chair: Dr. Ken Critchfield

Committee Members/ Readers:

Dr. Anne Stewart

Dr. Cara Meixner

Dedication

To the six incredible *Exploring Identity* group participants – I am eternally grateful.

To all the queer doctoral students speaking truth to power.

Acknowledgments

Group Participants – Thank you for engaging in this process with me, and for bringing all of your roles so beautifully and bravely, in support of each other.

Ken Critchfield – Thank you for being my guide, advocate, mentor, supervisor, and friend. Thank you for the gift of IRT. I have deep respect for you as a clinician, researcher, and an all-around wonderful human being. I look forward to a life of collaboration and friendship.

Paulihna Sorbi – Thank you for saying YES to co-facilitating group with me, and embracing both me and drama therapy with open arms. You are such a special soul and your presence added grace and wisdom to this process.

Rebekah Martin – Thank you for taking this project on as a research assistant, and being enthusiastic about every twist and turn on this wild journey! I absolutely could not have done this without you.

Vesna Hart – Thank you for your endless, solid support, especially through the most challenging phases of my experience in the program. You are a force and your existence in this field provides great comfort to me.

Anne Stewart – Thank you for all of the knowing glances, walk and talks, clinical and research consultation, play, and love. You are such a warm spirit and you held solid ground for me when I needed it the most. I am also forever grateful for your support of my dear Christian and our relationship.

Cara Meixner – Thank you for teaching me (and many of us) mixed methods with such passion and vigor! Your class was a revelation and a reminder that I can do research in a way that feels aligned with my social justice roots and my ethics. Thank you also for encouraging me to honor this alignment within this document.

Maria Hodermarska – Thank you for being my protector, my solid warrior woman guide, both in reality and in my internalized, ever-present version of you. You are so important to so many people, and I am honored to be in your orbit.

Danny Haywood – Thank you for being you, and thank you for venturing with me into clinical work, guiding me in finding my clinical identity. Thank you for seeing *me* and encouraging authentic me to be present in the work.

Mary McCrae – Thank you for the incredible training in racial and cultural group dynamics. Thank you for being a model for excellent group facilitation.

Hala Alyan – Thank you for your ongoing support and love. Thank you for being a model of honoring your roles as a psychologist and an artist. Thank you for helping guide me toward incredible, life-changing opportunities.

Robert Landy – Thank you for all the roles, and for your trust in me to creatively use this wonderful theory.

Nina Garcia – Thank you for your magic, and invaluable training in psychodrama.

Elizabeth Swearingen – Thank you for holding me and seeing me all along. Thank you for seeing all my parts and loving all of me.

My JMU cohort – Thank you for your endless support and solidarity, and for not letting the haters pull us apart!

My CMTP cohort and faculty – Thank you for honoring all of me and inviting important parts of me to come to life again this year. This dissertation would not be where it is without all of your support and love!

My dear friends – Thank you for your patience and love as I complete this doctorate. I love you all so much.

My parents – Thank you for your endless, unwavering, unconditional support and love.

My sister – My dear sister, thank you for seeing me, believing in me, and keeping me humble ☺ I love you.

Myself – Thank you for knowing your own truth and not sacrificing it. Thank you for sticking with this program and this work even when powerful people tried to intimidate you. Thank you for speaking up when you knew you had to. Keep that spirit alive, forever.

Christian – My partner, my love, my endless supporter. Thank you for holding my hand all along this journey we have taken together. Thank you for being my mountain. Thank you for believing in us, even when the going got tough and we were both finishing dissertations (or comps, or classes, or grading, or planning a wedding…) at the same time. Thank you for reminding me to cherish all of it. I love you.

Table of Contents

Dedication…ii
Acknowledgements…iii
List of Tables…vi
List of Figures…vii
Abstract…viii
Introduction…1
Literature Review…6
    Introduction…6
    Group Psychotherapy…6
    Interpersonal Reconstructive Therapy…8
    Drama Therapy…13
    Conclusion…27
Methods…29
    Developing the Intervention…30
    Procedures for Research Evaluation of the Proposed Group Intervention…30
    Mixed-Methods…33
Results…52
    Qualitative Data…52
    Quantitative Data…75
    Integration: Overall Themes…80
Discussion…84
    Reflection on Group Design…85
    Reflections on the Mixed-Methods, Participatory Research Design…86
    Key Findings…89
    Strengths of the Study…104
    Limitations of the Study…105
    Implications and Future Directions…107

Appendix A…110
Appendix B…111
Appendix C…117

References…131

LIST OF TABLES

1	Descriptive Statistics & Wilcoxon Signed-Ranks Test for CORE-OM	76
2	Descriptive Statistics & Wilcoxon Singed-Ranks Test for INTREX	78
3	Service Satisfaction Survey	80

LIST OF FIGURES

1	Mixed Methods Research Design	37
2	Pre- to Post- Introject Changes	79
3	Visual Integration of Qualitative Themes and Quantitative Changes	82

Abstract

Drama Therapy is an active and experiential form of psychotherapy that is useful for group and individual therapy with a variety of populations (Dintino & Johnston, 1996; Emunah, 1999; Johnson, 2009; Landy, 1996, 2009; Sajnani, 2010). Often, there is ample work within the therapy process on understanding and shifting interpersonal patterns. Interpersonal Reconstructive Therapy (Benjamin, 2006; 2018) offers a set of organizing principles emphasizing how early relationship patterns are copied in present relationships with self and other in order to conceptualize and guide treatment, focusing on in-session processes (Critchfield & Benjamin, 2006). The potential for integrating Drama Therapy and interpersonal modalities such as Interpersonal Reconstructive Therapy is rich, as experiential interventions invite clients to engage through creativity and embodiment, reaching the "primitive brain" (Benjamin, 2018) where relational learning can take place. This mixed-methods study investigated a group protocol that integrates these approaches, evaluating the group processes and subsequent changes in participants' interpersonal patterns and distress levels. The analysis of this group indicated that adaptive change occurred through factors of group connectedness and cohesion, experiential processes, validating experiences, identifying barriers and red patterns, finding new ways of being and desired future states, and integrating new ways of being within group sessions and in outside experiences. The adaptive change included measurable symptom reduction, particularly in areas most targeted by the group including lessening of functional (relationship) difficulties, as well as adaptive changes in self-treatment.

Keywords: Drama Therapy, Interpersonal Reconstructive Therapy, interpersonal theory, experiential therapies, group therapy, mixed methods

Chapter I

Introduction

Drama Therapy is a form of creative arts therapy used in individual and group settings (Landy, 1996). Within group treatment it is used with a variety of populations, including incarcerated individuals, veterans, individuals with personality disorder diagnoses, anxiety, and depression. It is also commonly used within communities to problem solve and build interpersonal connections. Drama Therapy has a robust theoretical foundation and many of the field's practitioners and researchers position themselves within a social justice participatory frame (Sajnani, 2016). There is great potential for integrating Drama Therapy with other approaches to psychotherapy. This dissertation offers an intervention that integrates Drama Therapy interventions within the framework of Interpersonal Reconstructive Therapy (IRT).

Interpersonal Reconstructive Therapy (IRT) is a form of integrative psychotherapy that brings together wisdom from attachment and interpersonal theories, as well as object-relations psychoanalysis, to understand current problems. Interventions are drawn from existing approaches and have important roles for techniques addressing existential/humanistic, cognitive, affective, and behavioral domains across the change process (Benjamin, 2000). In particular, IRT provides a valuable framework for understanding adult distress and symptoms through patterns learned in early attachment relationships. There is research supporting the utility of this frame to conceptualize clients in order to promote therapeutic change and guide interventions within individual psychotherapy contexts (e.g. Critchfield, Benjamin, & Levenick, 2015). However, there are not many existing studies specifically evaluating its efficacy to promote interpersonal

change within a group therapy context. In a dissertation study, Cañate (2012) found that it was challenging to facilitate an IRT group process because members avoided the discussion of their interpersonal patterns. Lorna Smith Benjamin (2018) has named a need for experiential interventions in IRT. Often, when our deep attachment needs and fears emerge in the therapeutic process, they are difficult to name with language. In his text *The Body Keeps the Score,* van der Kolk (2014) illustrated the processes by which the body remembers trauma, additionally to and at times separately from one's conscious awareness. Experiential approaches like drama therapy provide techniques that are suited to exploring internalized attachment relationships and learned patterns through embodiment and play rather than relying on verbal description. Instead of focusing primarily on higher-order cognition, the client is connecting to their felt sense and primal nature, which Benjamin (2018) refers to as "C1AB sequences" (i.e., primitive Cognition, Affect, and related Behavior) that are linked to internalized attachment figures, and are understood to be central to healing attachment wounds (van der Kolk, 2014). Targeted use of experiential techniques deepens a client's ability to not only understand but also experience their patterns in therapy. To experience new ways of being, clients might experiment and live out alternate "parts", and ways of being, thereby facilitating movement toward their therapeutic goals. Whereas IRT provides a conceptual frame to guide and select interventions from a range of existing approaches, Drama Therapy theory offers a range of specific interventions for clinicians to use, with a specific focus on embodiment and play. Consequently, there is great potential in integrating these approaches to support therapeutic change.

IRT tailors therapy relative to what a client has learned and internalized about the self and others in the context of close attachment relationships, and has also been applied in diverse treatment settings (including the group modality) with a range of client severities (Benjamin, 2000; Canate, 2012; Critchfield, Levenick, & Benjamin, 2015; Panizo, Dobner-Pereira, Critchfield, & Benjamin, 2018). Through the lens of IRT, patterns learned from caregiver relationships and copied in present contexts are discerned in part through a frame that acknowledges both “red self” (maladaptive) and “green self” (adaptive) relational patterns (Benjamin, 2006; 2018). Red patterns, such as walling off from one’s partner, are often learned through necessity and “make sense” within an individual’s relational and sociocultural context. Drama Therapy interventions can be used to explore and enact patterns associated with internalized attachment relationships and separate self-states through embodiment. These self-states may be understood as the roles an individual plays in life and what these roles bring out; for example, one client may identify as sister, warrior, clown, and fool (Landy, 1996). For this client, the role of the warrior may be associated with green patterns (like self-love, or a loving stance toward others) that are associated with resilience and surviving a childhood trauma. The fool role might be more associated with red patterns; perhaps in this role the client tends to wall off in shame. Through movement and embodiment, playing in relationship in the moment, Drama Therapy invites Benjamin’s (2018) notion of the “primitive brain” to engage, enhancing the client’s ability to not only understand but also experience their red, green and integrated “selves” in therapy to deepen awareness and make more choices possible.

The purpose of this study is to learn about how interpersonal patterns (both with the self and others) shift during participation in a group therapy process that uses Drama Therapy interventions within the framework of Interpersonal Reconstructive Therapy. Two main types of techniques used in Drama Therapy will be applied in this study: role method and developmental transformations, to deepen the processes of Interpersonal Reconstructive Therapy. Optimally, the group therapy process will promote therapeutic change, measured through increases in over-all well-being and shifts in relational patterns away from red/maladaptive, and toward green/adaptive ways of being. This study could have great clinical significance related to the nature of group psychotherapy and the integration of psychotherapy approaches. This study also has significance in its potential to contribute to the literature on Drama Therapy and IRT. Drama Therapy has been supported primarily through qualitative research (e.g. Savage, 2018; Vielleuse, 2015; Wood, 2016) for promoting therapeutic change and well-being through both individual and group psychotherapy. However, there are few quantitative or mixed methods studies on its efficacy. Research on IRT in a group setting (Cañate, 2012) offered the foundation for this work and outlined a protocol. The limitations mentioned, regarding the group going off topic from the relational work of IRT, may be mitigated by the experiential nature of the group design within the study at hand.

To achieve the stated purpose of this study, a convergent mixed methods design (Creswell & Plano Clark, 2017) will be used to integrate both quantitative and qualitative data.

The core questions guiding both quantitative and qualitative strands is: Does engagement in group therapy integrating Drama Therapy and Interpersonal

Reconstructive Therapy promote therapeutic change? If engagement and change are evident, how do intra- and interpersonal patterns change during a group psychotherapy process that uses Drama Therapy interventions within the framework of Interpersonal Reconstructive Therapy?

Chapter II

Literature Review

Introduction

Both Drama Therapy and Interpersonal Reconstructive Therapy (IRT) have emerged as therapeutic interventions fairly recently, within the last forty years. Drama Therapy's predecessor Psychodrama was among the first psychological interventions used at a group and community level. There are currently no research studies integrating Drama Therapy methods within the conceptual frame for IRT. The peer-reviewed literature reviewed in this section was chosen to illustrate the context, theory or practice of Interpersonal Reconstructive Therapy (IRT) or Drama Therapy.

Group Psychotherapy

Over 100 years of research on group psychotherapy process exists (Barlow, 2010). Group therapy began with Psychodrama. Early studies of this format (Mann, 1966; Stotsky & Zolik, 1965) illustrated change in behavior, attitude and personality after group therapy intervention, regardless of the specific orientation used by therapist or measures used by researchers. In the 1970s, many studies focused on measuring a heterogeneous offering of group psychotherapy, often delivered to individuals in inpatient settings, with some studies focusing on college students, outpatient clients, and incarcerated populations. In the 1990s, many of the studies honed in on specific approaches, separating cognitive-behavioral, psychodynamic, behavior, and interpersonal/psychodynamic approaches.

Burlingame, MacKenzie, and Strauss (2004) offered a way of organizing outcomes in group psychotherapy research with five interrelated factors: patient

characteristics, leader characteristics, structural factors, formal change theory, and small-group processes. Patient characteristics include current symptoms, level of severity of symptoms, personality, and interpersonal style (Burlingame, MacKenzie & Strauss, 2004). The facilitators are the leaders and they impact the group through their own personality and therapeutic style. Group norms, session frequency, group setting, size of group, and time of group are structural factors. The change theory of the therapeutic approach impacts group processes as they determine therapeutic interventions and activities within the group. Barlow, Burlingame, and Fuhriman (2000) pointed out that there is controversy regarding how and why these frameworks of group therapy work. Cañate (2012) stated that precise group therapy change mechanisms may involve "uncovering covert intrapersonal processes such as group member feelings/thoughts about the self" (p. 21). To this end, the present study involves participants rating their intrapersonal processes using a quantitative and qualitative measure after group sessions.

Elements of group process that are linked through research to therapeutic outcome include cohesion, working alliance, group climate, and empathy (Burlingame, Fuhriman, & Johnson, 2002). Johnson et al. (2005) researched how these elements overlap definitionally and statistically. They found that all subscale dimensions were correlated significantly as predicted, which they interpreted as a suggestion that the scales measuring these elements may be reflecting a higher order construct. Cohesion can be understood as the therapeutic relationship in and among group members and the feeling of alliance and collaboration on inter- and intrapersonal levels (Burlingame, Fuhriman & Johnson, 2002). The working alliance is the focus of all group members and facilitators on collaboratively working toward treatment goals (Johnson et al., 2005). The group

climate is the atmosphere of the group, that is ideally therapeutic in order to provide space for meaningful disclosure and emotional expression (Burlingame, Fuhriman & Johnson, 2002). Empathy refers to a sense of caring and understanding amongst group members and facilitators. These factors that contribute to therapeutic outcome allow clinicians to promote successful outcomes in group regardless of the therapeutic technique.

Interpersonal Reconstructive Therapy

IRT is a psychotherapy approach that uses the Structural Analysis of Social Behavior (SASB) model as a theoretical framework to understand interpersonal behavior. IRT is thought to be particularly useful with treatment-resistant populations who tend to relapse and find themselves in and out of treatment frequently (Critchfield, Levenick, & Benjamin, 2015). IRT is grounded in the creation of a case conceptualization that requires a deep and collaborative understanding between client and therapist (Benjamin, 2003; 2006). The literature reviewed will outline some of the history of this approach, the key elements of the framework, and research related to IRT and group psychotherapy.

SASB

The Structural Analysis of Social Behavior (SASB) model, a circumplex model of interpersonal behavior, provides a rigorous, empirically-validated framework for describing interactive relational patterns with self and others (Benjamin, 1974, 2000; Benjamin, Rothweiler, & Critchfield 2006). This model can be used to assess interactions and conceptualize an individual’s relational patterns. This understanding is integral to IRT. The SASB is a well-validated circumplex model that serves as a framework describing interpersonal relational behaviors (Critchfield, Panizo, & Benjamin, 2019).

The SASB Model can be viewed in the book *Interpersonal Reconstructive Therapy: An Integrative, Personality-Based Treatment for Complex Cases* (Benjamin, 2003/2006).

There are three dimensions of SASB: Focus, Affiliation, and Interdependence/independence. Attentional focus may be on self, other, or introjected, which refers to behavior directed inward toward the self. Affiliation ranges from hostility (far left on visual model) to love (far right). Interdependence/independence ranges from enmeshment (bottom) to differentiation (top). Combining focus, affiliation, and interdependence describes an individual behavior. Sometimes, if an individual is communicating a mixed message, a complex code might be used. To assess an individual's patterns, the Intrex questionnaire, which asks the individual to make self-ratings about how they treat themselves and important others, as well as how they perceive others treating them and each other, can be used. A healthy relational pattern is associated with the internalization of a caregiver as a secure base. These patterns are associated with the right region of the SASB model – general friendliness and moderation between connectedness/enmeshment and separateness/differentiation. This stance allows for flexibility and spontaneity. Maladaptive patterns are associated with deviation from the secure base, which may include hostility, extreme enmeshment or counter-dependence, difficulty maintaining a focus on self or others, and/or rigidity. When maintained as a baseline in normal social settings, these patterns are typically associated with psychopathology.

IRT Processes

The treatment process of IRT is organized around the notion that evolutionarily, copying loved ones makes sense as it aids in survival through appropriate cueing of

safety and threat (Benjamin, 2003/2006; 2018). Presenting concerns and symptomatology are understood as the maladaptive application of internalized problematic rules and values learned from important caregivers and applied to current circumstances. Typically, according to IRT theory, maladaptive patterns are resistant to change because of the desire to seek proximity to internalized attachment figure(s). This can occur in three ways: copying the actions of the important other (identification), acting as if they are still present (recapitulation), and treating oneself the way the important other treated you (introjection). As noted previously, IRT differentiates between red and green patterns. Red patterns are those that are maladaptive – the problem patterns we learned that keep us loyal to problematic familial dynamics and leave us yearning for the love or approval from the attachment figure. Green patterns are the healthy adaptive patterns that one can grow toward or learn, that we all have a right to. For IRT researchers and clinicians, the reason we maintain maladaptive copy processes is at least partially explained by the concept of the Gift of Love (GOL), which iterates that acting in learned, old ways keep us close to our caregivers in a continued attempt to get their approval and love (Benjamin, 2003).

At its core, IRT is an integrative frame, meaning that specific interventions chosen for a particular client or group can be drawn from any modality as long as they fit the client need and align with the over-arching treatment principles. These over-arching principles and ways of conceptualizing can be used to organize treatment over-all, while any therapeutic modality or style of intervention can be utilized within this frame (Benjamin, 2006). The five steps, collaboration, learning about patterns, blocking maladaptive patterns, enabling the will to change, and learning new patterns, frame the

core foundational premise for the client's self-discovery and self-management throughout the therapy process. IRT is an ideal framework to use drama therapy methods within, because of the principles of change that allow for creative tailoring. IRT does not require the use of "red" and "green", instead it is recommended that interventions be tailored for the specific client's needs. So, if using drama therapy, a client may choose a "guide" role that helps them and discover "green" patterns associated with that role while using the guide as the healing image and organizing force for their healthy patterns rather than using the specific language of "green". In addition, SASB-based tracking allows us to understand a client's patterns regardless of whether or not they are using "IRT" language or perhaps exploring a role.

IRT and Attachment

The focus on interpersonal and intrapsychic patterns that are copied from internalized representations of important others is grounded in the theory of attachment (Benjamin, 2003). Bowlby (1969) wrote about attachment to the mother as an essential, reflexive phenomenon. In his early observations of parent-child interactions, he was able to describe the unique bond between mother and infant, as well as the significant impairments and distress that resulted from a disrupted bond. If a healthy attachment does exist, the child is able to develop the capacity to shift, or "dance," between healthy dependence and interdependence. If the bond is not secure, the infant may develop pathology resulting from being overly dependent or independent.

Ainsworth developed the Strange Situation experiment, resulting in the creation of a theory of attachment styles to put language to the security or dysfunction seen in infant-mother relationships (Ainsworth & Bell, 1970). Ainsworth defined attachment as a

bond between one person and a specific other. Within a typical attachment relationship, there is a desire and attempt to maintain proximity to the attachment "other," and to seek physical contact or communication across distance. They found, by observing infants within eight episodes (strange situations), that generally, in the presence of their mothers, infants were able to explore. In the mother's absence, infants explored less and instead cried and searched for the mother. When she returned, most infants attempted to stay close. However, with some children, they resisted contact upon the mother's return, at times while also attempting to maintain contact or proximity. Ainsworth's work developed and set the stage for the spectrum of attachment styles to be understood, as well as the application of a child's relationship with their mother to their experiences internally as well as their experiences with others.

IRT and Group Psychotherapy

The SASB model is a framework that makes the client's important people and their internalized representations the key focus of treatment (Benjamin, 2000). The client's "internal working models" guide the client's current relationships with themselves and others. Using SASB, the clinician and client can understand the client's current patterns and the internalized figures, and the copy processes that are occurring and may not be apparent to the client. In a group setting, Benjamin (2000) offered a model that prepares clients for group engagement by offering them their IRT case conceptualization before starting group sessions, and then positions the group as a major vehicle for change. Thus, the clients collaboratively assist each other in working through the steps of IRT.

Cañate's (2012) dissertation illustrated a SASB-based group process. She used qualitative inquiry to understand the group's unfolding thematically. She found that though members were encouraged to explore their interpersonal patterns within group sessions, there was significant avoidance of these topics. The present study hopes to address this issue by using a primary intervention, Drama Therapy, that allows for exploration and enactment of patterns associated with internalized attachment relationships and separate self-states through embodiment rather than primarily verbal processing.

Drama Therapy

While theatre has been recognized as therapeutic since Aristotle's time, the origins of using drama in the practice of psychotherapy in the U.S. began with Psychodrama (Moreno, 1921). Building from this work, as well as ideas from social psychology and psychoanalysis, Robert Landy pioneered the field of Drama Therapy in the United States in the 1970s, when he began practicing and writing about Role Theory and Method. Developing in the U.S. (primarily in New York and San Francisco at first), and spreading nationally, the practice of Drama Therapy is now taught in the U.S. and internationally with terminal degrees at the Masters' and Doctoral level. Many states now recognize creative arts therapists with licensure and the modality is becoming more integrated into outpatient and inpatient therapeutic programs. There are currently over ten main approaches in the book *Current Approaches to Drama Therapy* (2009).

Drama Therapy: Role Theory

Robert Landy created role theory and method, a foundational Drama Therapy theory (1991). Building from the work of social psychologists (Goffman, 1959) and

psychodramatist J.L. Moreno (1946), Landy offered a therapeutic method based on the understanding that “human beings are role takers and role players by nature”, and “the personality can be conceived as an interactive system of roles” (2009, p. 67). Citing Jungian theory, Landy based this method on the concept that humans have a totality of roles available at any given moment, which structure their personalities. Ideally, this role system allows one to embody their most salient role in any given moment, calling one role into the foreground as “others fade into the background” (2009, p. 71). Jason Frydman (2016) further described role as “a basic unit of personality containing specific qualities that provide uniqueness and coherence to that unit… [it is] the container of all the thoughts and feelings we have about ourselves and others in our social and imaginary worlds” (p. 42).

According to this theory, for healthy individuals, roles are integrated as a “role system” (Landy, 2009). All roles are relational, and are learned through experiences and interpersonal relationships, including early attachment relationships. In role theory, pathology emerges when there are too many or too few roles, leading to role confusion or rigidity, or roles are not integrated to provide choice and stability. In therapy, using role method helps a client to identify roles that are most present for them, examining roles that they identify with in the present moment (role), roles that may stand in their way (counter-role), roles that help them (guide), and roles that they want to be someday but are not yet (destination). The therapist and client (or clients) can then explore the Hero’s Journey, where a Hero sets off on a journey toward a destination, and somewhere along the way they encounter an obstacle. A guide figure helps them confront their obstacle and move toward their destination.

Examining one's circumstance through role and exploring relationship through role fosters *aesthetic distance,* a "balance between thought and feeling", which allows "a deep emotional resonance, but also a feeling of control" (Scheff, 1979). In drama therapy, dramatic enactment through role method and other approaches encourage one to explore themselves, their life circumstances, and their past through a place of *aesthetic distance* – approaching material through metaphor and abstraction at an ideal distance to work therapeutically, avoiding *underdistance,* a heightened state of arousal and affect that blocks healing by activating the fight or flight system (FFS), or *overdistance,* a lack of connectivity and investment to the work. The drama therapist must help the client to maintain aesthetic distance, by serving as "guide, standing apart from the client, sometimes as witness, other times as coach, encouraging him, finally, to find his own guide" (Landy, 2009, p. 78). Role in performance allows one to expand their understanding of the roles that make up their mosaic of "self" or "guide" and to expand their repertoire of roles that they can identify with and/or embody.

Britton Williams expanded on Landy's Role Method to create a Relational-Roles Assessment Protocol (2020). Her method implicates the relationship between the therapist and client directly, as she noted existing drama therapy literature has not emphasized this important element of effective psychotherapy. Williams wrote that "*role* is inherently relational…within the therapeutic encounter, both the therapist and the client are responding to the (real or perceived) emergent role(s) of the other" (p. 184). Williams wrote about the therapist's responsibility in building their own awareness of their own roles and their perceptions of the client's, and the impact of these interpersonal dynamics on clinical decision making and practice. Williams' method involves a reflexive process

in which the therapist identifies roles they feel are emergent for self, roles that are emergent for the client, and roles that emerge through the client-therapist relationship. The client engages in this process as well, and the client and therapist co-create meaning. Williams' method centers the relationship between therapist and client, and the roles emergent within the relationship. There is great potential in applying these relational concepts to the relational processes central to the client in their head and outside of the therapy space (i.e. attachment figures and important others) through the lens of Role Theory and Method.

Drama Therapy: Developmental Transformations

In Developmental Transformations (DvT), sessions "consist entirely of dramatic, improvisational interaction between the therapist and client" (Johnson, 2009, p. 89). As articulated in *Current Approaches to Drama Therapy* (2009), Johnson named the four major components of these embodied encounters: transformation, embodiment, encounter, and playspace. DvT theory is ever evolving. At present, Johnson is more concerned with four elements of representation of reality, which he called the fundamental instabilities: po'a (the representation of experience is always incomplete), h'ish (the representation of experience is always inexact), t' (the representation of experience is always inaccurate), and x'i (the representation of experience is always intermittent) (Johnson, 2015, p. iii).

The bedrock of DvT theory is the acknowledgement that being is unstable – that we are in a flow of life that is ever-changing and we exist in a world of difference. The body is privileged as the source of knowing. Dintino, Steiner, Smith, and Galway (2015) wrote of the key aspects of play that are "integral to the healing properties of DvT:

paradox, saliency, and aesthetic distance" (p. 15). The central paradox in play, real and not real, allows for newness to exist. Salience, they wrote, allows for play to be "truly engaging and satisfying" (Dintino, Steiner, Smith & Galway, 2015, p. 16). Connecting to Landy's description of aesthetic distance for role theory and method, they argued that collapse of play may occur in states of under/over-distance.

DvT can help individuals "disrupt and destabilize encrusted forms of thinking and behavior, and to tolerate the multiplicity of desire" (Sajnani, 2009, p. 481). The patient and therapist work in tandem to not only work on treatment goals or focus on symptom reduction, but also to have an intimate human interaction. Johnson wrote, "if I am a source of turbulence, interacting with another source of turbulence greatly increases my sense of instability. No wonder that we long to look out to sea, to work the land, to go to bed, and to be left alone! Our intimate relationships with each other are highly unstable, and all too often our repeated attempts to stabilize them lead to their death and encrustation" (Johnson, 2009, p. 92). In DvT, the client receives real time practice in riding this turbulence and instability with the therapist as guide and playobject – "as the client's playobject, the therapist becomes an animated presence that the client must contain; the roles of container/contained are therefore partly reversed in this method of therapy" (Johnson, 2009, p. 95). With DvT, the therapeutic space can exist as a place to explore and find pieces of identity and lived experiences that otherwise appear shut down in a forensic psychiatric treatment setting. There is the capacity here to explore shifts in identity, and to examine identity and relationship between the therapist and the client. Mayor (2012) wrote about this potential to specifically examine how to play with race, by considering DvT through a critical race lens. She described the potential for DvT, or play,

to encourage ethical therapeutic alliances, as our work has "personal, social, and political implications and possibilities; therefore, our community must take a more active role in discussions of difference in the training of future creative arts therapists" (Mayor, 2012, p. 218). In 2018, Mayor expanded on this work, creating a performative exploration (in article form) exploring DvT as a practice of resistance and imagination. She wrote, "DvT is a deeply embodied and affectual practice, yet during article reading and writing we are often dissociated from our embodied experience" (2018, p. 237). This issue is one the writer confronted as well, in attempting to write about (and disembody) a research study that was active and embodied. Mayor writes and performs through writing, evaluating issues of power within the relational dynamics and systems surrounding therapeutic encounter. She wrote, "Our community is not immune from sexism, racism, colonial desires. Our desires to spread DvT are steeped in these discourses. Embedded in many of our histories, including my own, are legacies of colonialism and the idea that we have THE RIGHT answer – here it is! A practice of freedom! You're welcome!" (2018, p. 245).

Drama Therapy as a Group Therapy Intervention

Drama Therapy as a group intervention has roots in psychodrama, the earliest form of group psychotherapy, founded by J. L. Moreno (1946). Moreno worked through interpersonal dynamics and problems in the lives of prostitutes, his first clients, and then went on to work with a broad range of populations and create a therapeutic theatre hospital in Beacon, N.Y. There are numerous qualitative studies on psychodrama (e.g. Sternberg & Garcia, 1989; Blatner, 2000), both as an individual and group intervention.

The following articles are included to familiarize the reader to Drama Therapy group work with some focus on interpersonal and intrapsychic patterns.

Psychodrama involves enacted scenes from participants' real lives or dream lives. The facilitator helps the protagonist (client with the story being played out) to express the unexpressed, and to engage in new ways of being (Garcia & Buchanan, 2000). Psychodrama involves a warm-up, selection of a protagonist, whose story will be played out, the action phase, in which the enactment is planned and then occurs, and then deepening of the enactment through various methods of the facilitator. The facilitator may invite soliloquys from the protagonist or auxiliary roles, invite doubling, role reversal, and mirroring. Once a group is adept at psychodrama, they can spontaneously utilize these methods with no invitation from the facilitator.

Hug (2007) wrote about the potential for psychodrama to engage both hemispheres of the brain in a way that talk therapy alone does not. Hug argues that the work of psychodrama frees up spontaneity and enables "malleability of memory [that] can be employed to implant modified memories in service to coping skills" (p. 231). Hug also points to the vitality of change occurring with appropriate physiological arousal. As Scheff (1979) indicated in writings about aesthetic distance, over-arousal (under distance) impairs the functioning of the cognitive mind and can re-traumatize, while under-arousal (over distance) impairs the engaged body-mind connection necessary to access internal information. The knowledge of this bridge, requiring both experiential healing and cognitive reflection with appropriate *aesthetic distance,* informs and situates the work of drama therapy. Dayton (2015) wrote about neuro-psychodrama in the treatment of relational trauma specifically. She created a model of Relational Trauma Repair (RTR)

that focuses on treating complex trauma with psychodrama. She came to this approach in seeing how powerful psychodramatic work was for her clients with relational trauma. She wrote (2015, p. 9):

> The roles played out in the drama act as a stimulus because they replay the scene that clients wish to explore…like actors in their own dreams, they say what was never said and release a side of themselves that has been constricted by the confines of life and the frozenness of trauma. By this revisiting of relational moments or dynamics that went awry and reentering the self that they lived in then, trauma-related sensations, memories, and mentations are more easily accessed and action patterns rise to the surface and pull along with them the feelings, thoughts, words, and gestures that are encoded into them…The trauma extremes of shutting down and high intensity do not necessarily respond to words.

A recent article that focused heavily on the various relational techniques of psychodrama within group therapy processes in outpatient clinics was written by Skolnik (2018), who emphasized the utility of using psychodrama interventions within group therapy. This article describes three case examples from the writer's experience as a group therapist. The writer does not clarify whether they are attempting to engage in a case study or a narrative description outside the realms of research. While it is difficult to ascertain major findings from this article, the group protocols and processes illustrated through the descriptions are similar to the intervention featured in the proposed dissertation study; thus, Skolnik's subjective review of these group processes will be considered. In this vein, the author presented four major ways psychodrama can be integrated within group process–through the primacy of relationship, the artistry of practice, roles, and through phases in group process. The author then presented three case examples that elucidate this integration. The author provided no explanations regarding the methods used to gather the case examples.

The first case example narrated a caregiver support group with seven members that met for five months. The author provided dialogue from and a subjective narrative of the group session, which involved the members reflecting on their interpersonal relationships through drama therapy interventions. A theme that emerged through the author's reflection on the group process was the impact of interpersonal relationship building and support as inherent to change. Skolnik (2018) wrote, "the group members were the vehicles for change in the group by playing roles and providing feedback and support. The experiential aspect of the role-play promoted spontaneity and creativity" (p. 67). The author emphasized the intervention's utility in helping the group member to identify problematic patterns within relational dynamics and shift to engage in new patterns.

This theme of interpersonal support emerged in the second case example as well, which was an illustration of a psychodrama group for domestic violence victims that depicted how group members supported each other in preparing for court trials. This case elucidated how the members processed interpersonal dynamics through the roles they played in a mock-trial, providing them enough distance to frame their own experiences within the role. The last case example described similar outcomes of the group process through the participants' sharing of personal stories to connect, but was less focused on interpersonal relationships overall.

Skolnik concluded that group work and psychodrama share similar approaches. It is important here to note that psychodrama is the foundation for group psychotherapy work, as the first psychological treatment groups in the United States were grounded in psychodramatic techniques. Moreno, the founder of psychodrama, gave the first

presentation on group treatment to the American Psychological Association in the 1930s. The author did not position this work within the broader literature; however, there is ample research on Drama Therapy as a group intervention. Though Skolnik did not state any explicit philosophical stance, a constructivist perspective seems evident given her placement in the field of social work and her constructivist descriptions of experiences of mental illness. With those major concerns stated, this article presented a solid summary of psychodrama's history and major interventions.

Therapeutic Theatre is another group-level drama therapy intervention, though it is not group psychotherapy per se. Laura Wood (2016) implemented and studied a therapeutic theatre process, Co-active Therapeutic Theatre (CoATT) as her qualitative doctoral dissertation. The therapeutic theater process involved a group intervention aimed at devising a script and theatrical production with clients who were all in active recovery from an eating disorder. Similar to the present study, Wood used qualitative methods to "[value] multiple narratives and voices, holding that there is no single knowable truth" (2016, p. 109). Wood found that her CoATT method provided an innovative option for clients with eating disorders, following hospitalization. She also argued that it was effective, based on the alignment between the themes that emerged through qualitative coding of the CoATT process, and the existing taxonomy of comprehensive areas central to recovery by Noordenbos (2011). Participant feedback was a central part of Wood's findings. Participants commented both on the efficacy of the process for their recovery as well as feedback about *why* the process worked well for them, and what they would change to make the process even more effective.

Drama Therapy with clients with interpersonal challenges

There is a variety of specialized research that focuses on using Drama Therapy and/or experiential interventions with specialized populations. Because the present study is focused on situating Drama Therapy within an interpersonal frame, the literature reviewed in this section is centered on using Drama Therapy with clients with personality disorders. Furthermore, IRT has been researched most heavily with clients that fit criteria for a personality disorder diagnosis.

Snijders, Amons, and Dierick (2015) published a case study on facilitating a person-centered/experiential (PCE) group psychotherapy process with clients who meet a diagnosis of borderline personality disorder. The intervention Snijders et al. used was not distinctly Drama Therapy; however, this study was relevant to ours due to their use of processes that encourage clients to experience emotionally activating moments within group to try new ways of reacting and being in relationship to other group members. This method of group therapy is positioned by the authors within the literature on PCE therapy, which uses an understanding of interpersonal problems to understand borderline symptoms–usually stemming from maladaptive patterns learned in early attachment relationships, particularly with caregivers who did not provide a secure base for a child to understand their own states of dysregulation.

Snijders et al. (2015) presented "school transcending relational and task-oriented treatment principles, supported by research in a variety of treatment models for borderline clients" (p. 30), crediting Critchfield and Benjamin (2006) and Oldham (2001)'s work. Here they overlap directly with the interpersonal research, grounded in the theory of the structural analysis of social behavior (Benjamin, 2000). The guidelines they iterated to frame their approach is first directed toward the therapists' ability to engage in

an emotionally intense long-term relationship with client, building a positive working alliance and collaborating to create treatment goals formulated around the emotional, behavioral, and cognitive patterns that underlie the distress. Snijders et al. (2014) justified their use of group therapy by emphasizing the relational interpersonal focus that fosters the experiential element through present interactions that can be experienced and processed.

The authors provided guidelines for the process of selecting participants and facilitating the group process. Elements of the initial phase were encouraging group cohesion and working through interpersonal challenges and building a secure group. To describe the intermediate phase, Snijders et al. (2015) presented brief case narrative to illustrate the therapists' task of facilitating without overly guiding the group's content. Relatedly, an example is used to illustrate a moment when the therapist intervened directly to avert a traumatic conflict. This led a client to reflect on what would be termed in IRT a "gift of love" regarding her attachment relationships, narrating: "I have remained loyal to them, cherishing an illusion that I might one day receive their unconditional love and appreciation. I did not dare admit and accept the true feelings I had harbored for them" (p. 25). From an IRT perspective, this statement is at the core of interpersonal change (Critchfield, 2019) and would have been useful in positioning these researchers' applied work in the larger theoretical frame of interpersonal theory. Overall, the researchers provided clinical examples that illustrated how to help clients change patterns, though do not explicate this method. Again, the research would have been strengthened had the authors given credit to the underlying interpersonal principles being invoked.

Despite these limitations, this study has philosophical and methodological strengths. Snijders et al. (2015) assume a constructivist stance, suggesting that there is no one presentation or truth to a personality disorder; rather, it is a set of patterns constructed through an individual's experiences in the world and understanding of reality. This theoretical frame is highly aligned with Interpersonal Reconstructive Therapy (IRT) and is based on the same underlying interpersonal theory. Further, the authors positioned themselves in the inquiry process, articulating that the study provides a description of the client-centered/experiential approach based on the 40 years of experience that Snijders as first author had as a facilitator of their approach. A recent study by Doomen (2018) continued the exploration of group psychotherapy for individuals with personality disorders, evaluating the use of schema-based drama therapy interventions.

Doomen (2018) studied the efficacy of drama therapy, specifically that which is schema-based, in treating clients with cluster C personality disorders. This quantitative exploratory study, which took place in the Netherlands, asked: "what is the extent to which drama therapy is effective in the treatment of cluster C personality disorders?" (p. 66). Doomen (2018) used a single group design (n=8) to test the drama therapy protocol through the Mode Observation Scale (MOS; Bernstein et al., 2009) and a pre-posttest using the Schema Mode Inventory (SMI; Young et al., 2008). The drama therapy protocol utilized improvisational techniques to help clients embody the four elements of nature (fire, wind, water, air), learning to imagine internal dialogue within the various modes and eventually script their own stories through psychodrama within each of the modes. Participants engaged in group therapy for 2.5 hours every other week; in total, six sessions were captured. The two scales used were completed by the group facilitator and

by the clients. The group facilitator used the MOS to rate presence and intensity in 18 schema modes throughout the group; this was also assessed by outside raters for reliability purposes. The SMI was completed by clients to identify which schemas they engaged in throughout group. This research design was grounded in a postpositivist philosophy, as the author was working from the premise that there were identifiable prototypes that could be measured reliably for each schema mode.

The results supported the notion that schema focused drama therapy results in significant therapeutic change regarding expressing emotions, reducing destructive coping, and increasing healthy modes of being. Overall, participants' engagement in critical or punishing schema modes decreased. The clients' time spent in free child mode, described as a state of flexibility, playfulness, and wonder, increased. Doomen (2018) noted that in-group ratings were generally higher than self-ratings, perhaps because clients were able to fully experience new schema states in group but perhaps not always continue the work in life. They noted that changing personality patterns often take long-term treatment and work.

The study had significant limitations. The literature review included assumptions that were underdeveloped. For example, Doomen (2018) wrote that drama therapy is a powerful technique when used within a schema focused framework, yet there was no sophisticated explanation of how these processes might occur. The author clearly defined the problem in the field, stating that while drama therapy has shown to be a meaningful intervention, effective in helping clients with PD diagnoses access emotions and stimulate spontaneity in interpersonal interactions, there is not research on the impact of schema focused drama therapy on individuals with PDs. Additional limitations regarding

methodology included the potential for replication and/or inference. Eight clients participated, so statistically-based inferential conclusions for generalization are unrealistic. It was unclear at what point participants were explicitly briefed on what schema modes are. There was no control group comparison. Additionally, raters were judging behavior by video-recording, which often appears less intense then live viewing. This study also brought up a fascinating question: what is the difference between enacted emotions and 'real' emotions, and does it matter? To clarify, if an individual experiences (enacts) their feelings of frustration within a drama therapy scene, does this achieve the same catharsis or consecutive resolve as enacting this in a real-life situation would? Additional research is necessary to understand this and contextualize the implications of these findings.

Conclusion

The literature reviewed here supports the assumption that drama therapy is a potentially useful modality for clients experiencing a range of diagnoses appropriate for outpatient treatment, and that situating drama therapy interventions within an interpersonal frame is useful for conceptualizing client needs and for tailoring and understanding therapeutic change processes. Methods related limitations that emerged thematically across this literature review involved: (1) a lack of clarity regarding methods implemented (2) a shallow review of relevant literature that fails to recognize key contributions, and (3) statements made regarding group process and outcomes that are not clearly attributed to an individual's subjective observation. This study is written with the intention to acknowledge the significant history of group therapy, drama therapy, and interpersonal reconstructive therapy. The author will attempt to be transparent regarding

the rigorous methodological design by constructing a devoted methods section that will be parsed and included in any and all literature about this study. Finally, the author is approaching this research with a constructivist approach. Thus, observations of group process will be clearly labeled as either an individual's own self-reflection, the facilitator's reflection, a researcher's interpretation using a theoretical framework, or an outside coder's reflection. This intentional process is meant to support the constructivist notion that our individual experiencing and understanding of reality is constructed and subjective, with the implication that each of these points of view cannot be assumed to be interchangeable with any another.

Chapter III

Methods

Studying processes of group therapy can help to predict and manage outcomes in psychotherapy. Using the group process model introduced in the literature review (Barlow, Burlingame, & Fuhriman 2005), the authors aim to design and study a group process combining Interpersonal Reconstructive Therapy (IRT) and Drama Therapy interventions. The purpose of this study was to investigate the potential impact of combining these two approaches, specifically encouraging participants to gain insight, explore, and embody patterns within the group that align with their IRT case conceptualization, and thus build on the work of Cañate (2012) by incorporating methods with potential to offer deeper engagement with core relational themes. The researchers sought to understand the processes of group thematically and to measure a change process through monitoring shifts in interpersonal patterns. This study involved (1) development and implementation of a new/adapted intervention approach, (2) utilization of a mixed methods design in order to conceptualize and track forms of engagement and change in a small clinical sample, and (3) formally combined qualitative and quantitative approaches for evaluation of the new intervention (e.g., service satisfaction, tolerability, perceived usefulness), as well as its processes and outcomes. The result is a method of group intervention that is integrative, grounded in coherent theory, has evidence in support of its principles, and can be taught to others and utilized at the clinic the study occurred at or similar treatment settings, to help clients and open the door to accumulated research on the method over time.

Developing the Intervention

The process began with identifying a gap in the current therapy offerings at the JMU CAPS clinic. As of January 2018, there were no group therapy options available to clients. The researchers identified a need for group offerings to enhance service to clients and to fulfill the training missions of the clinic. The author began to create a group protocol to pilot with the consultation of her advisor, Drama Therapy professionals, and the clinical director of CAPS. She used her past experiences from her Masters degree in Drama Therapy, during which she led Drama Therapy groups in inpatient and community clinic settings and her current training in Interpersonal Reconstructive Therapy to design a group process intended to guide individuals in gaining insight in how they treat themselves and others and finding new ways of being in relationship. The overall goal of creating the protocol was to create a structure and format that was a guiding framework organized around principles, but also specific enough so that it could be taught and replicated. Within that structure, because of the best practices for process-oriented group therapy, therapists must be able to be responsive to themes and needs that emerge in group processes, responding to what comes up in the here-and-now. Please review the training manual attached as Appendix C for further information about the intervention itself.

Procedures for Research Evaluation of the Proposed Group Intervention at CAPS

The Institutional Review Board (IRB) at James Madison University granted permission to conduct this research project. This project was executed using a mixed methods design.

The group treatment process involved a consecutive eight-week process with one, 1-hour session held per week. Treatment began with an initial intake and screening interview to ensure appropriateness for group therapy. Participants were asked to complete an informed consent document that provided the choice to engage in the research study or decline and participate in an equivalent therapeutic group process. No participants declined to consent. However, researchers were prepared to provide the option to engage in an equivalent group psychotherapy process at an alternate weekly meeting time, or be placed on a wait list to receive an equivalent group treatment. We did have a few individuals reach out after the group was full, and they were placed on a waitlist for the next iteration of the psychotherapy group.

Because this research study follows and evaluates an applied clinical intervention, all participants in the group were first CAPS clients who completed all clinic intake documentation, and then elected to also allow research use of information/data generated through their participation, as well as completion of additional measures that were only for research purposes. After completion of the necessary CAPS intake documents, participants engaged in a life history intake interview modified from the standard CAPS intake interview to provide additional focus on interpersonal history and current functioning sufficient to create an IRT formulation. Participants also completed two measures specifically implemented for the research study: the CORE-OM, which is also used for non-research clients at the clinic, and the Intrex Questionnaire.

Following this first intake session, participants began the 8-week group psychotherapy process. The focus of the group process was on exploring identity and building healthy interpersonal relationships. The first half of the group sessions focused

on building group cohesion and exploring the roles one plays in life. Participants engaged in a "role sort" during the first group session, as a way of initiating their self-reflection and priming conversation and reflection about interpersonal patterns. Participants each chose roles they identified with from a stack of roles cards, a deck of 70 roles created by Robert Landy (2003) by finding and naming classic roles in literature and theatre. They were instructed to select one card from the deck at a time, to fit the prompts "This is Who I am", "This is Who Stands in My Way", "This is Who Helps Me", and "This is Who I Want to Be" (Landy & Butler, 2013). The facilitator then invited group members to illustrate others' stories by playing out "Hero's Journeys" as improvised scenes (Landy, 2009). The facilitator invited clients to reflect on the roles they identify with presently, the roles that stand in their way and those that guide them, and the roles associated with future states/destination states, through embodiment. Group members had the chance to have their journeys witnessed and to participate in other members' journeys. The second half of the group continued to deepen this process by entering participants' stories with less aesthetic distance, through the use of techniques from psychodrama. Using psychodrama, which invited them to enter scenes from their own lives and relationships, they explored interpersonal patterns live, and facilitators encouraged participants to identify their own stuck patterns and to learn new ways of being through various self-states and roles.

After each group session, individuals filled out a shortened version of the Intrex Questionnaire and a qualitative reflection about their interactions and self-concepts during the group. The group process and reflections totaled about 1.5 hours per week. Upon completion of the group psychotherapy process, participants engaged in a

debriefing and reflection session with the group facilitator. During this session, they were also invited to give feedback about the group and overall research process, and they were invited to wonder with the facilitator about what the results might show. At the conclusion of this session, they filled out post-assessment measures: the CORE-OM, Intrex, and Service Satisfaction survey. Each of these measures will be described (pp. 43-46).

In addition to self-report measures, the following qualitative data were collected: video-recordings (and transcripts) of sessions, progress notes, facilitator reflections and qualitative responses provided after each assessment ("Modified Intrex"). As is the case for all CAPS psychotherapy sessions, groups were video-recorded as a clinical procedure as well as a research procedure, and for the research specifically, recordings were selectively transcribed (one session from the beginning, one from the middle, and one from the end of the group process). Following CAPS procedures, formal progress notes were created for the clinical record, as well as more reflective and expanded "psychotherapy notes" and reflections from the clinicians for the purposes of the research study.

Mixed Methods

The aims of this section are to explain why mixed methods research is appropriate for this study. Mixed methods research is ideal for this research question, because using just one data source for this project would not provide a thorough and sufficient exploration. By relying on both qualitative and quantitative approaches, we can gather more evidence and draw on the strengths of both methods to honor the complexity of this area of research (Creswell & Plano Clark, 2017). This method is also appropriate because

we are not simply interested in outcomes (i.e. whether the intervention is effective and/or whether clients are satisfied with the experience provided); we are instead primarily interested in focusing on the change process itself and how/whether change occurs through shifts in interpersonal and intrapersonal patterns through the course of group psychotherapy in a manner that conforms with the theory. The intervention is designed to foster a particular kind of engagement and focus, and so will be deemed a successful pilot if there is reasonable evidence of those processes. In Burlingame's (1995) report on a meta-analysis on group psychotherapy efficacy, and in Barlow's (2010) review on the last 100 years of group psychotherapy research, much of the methodology used in the literature is experimental and focused on post-treatment change. Similar to the psychotherapy research literature more generally, findings regarding group treatments suggest they benefit those who participate, regardless of theoretical approach or population served. Given these findings and the early stage of development for the current approach, the work here focused primarily on careful analysis of the experience of the participants to inform processes and principles of the therapy (and any modifications that may be needed going forward), rather than focusing on outcomes alone in the more traditional sense. The present methodology expanded traditional quantitative elements focused on symptomatic outcome to include ratings of self-concept /self-treatment. The integration of quantitative outcomes with qualitative data allowed for a much deeper examination at the process-level of change – a level of analysis that is optimally informative for developing and refining the treatment approach at this stage.

Group Development and Mixed Methods Design

The purpose of this study was to develop a group intervention that integrates the Interpersonal Reconstructive Therapy (IRT) approach to conceptualization, treatment planning, and tracking of relational processes, with specific Drama Therapy interventions and principles aimed to guide clients in exploring and shifting interpersonal patterns. We were interested in evaluating the intervention, measuring therapeutic change, clients' engagement, and the processes of change in group psychotherapy. These foundational evaluations verified that the intervention is safe and provided information on its efficacy. For the purposes of our primary research questions, we were interested in evaluating shifts in interpersonal and intrapsychic patterns and in unearthing themes that emerged that offered insight around how experiential elements connect with engagement goals and offer new information about change processes in group psychotherapy, including the phenomenology of the therapist. The experience of the therapist was seen as valuable not only to inform about change processes in the proposed work, but also to anticipate how the process will be taught to, and implemented by, other clinicians who will also need to navigate and contend with their own perceptions and experiences of the complex-and-evolving relational process.

The primary (core) research questions are:

Does engagement in group therapy integrating Drama Therapy and Interpersonal Reconstructive Therapy promote therapeutic change?

If change is evident, how do intra- and interpersonal patterns change during a group psychotherapy process that uses Drama Therapy interventions within the framework of Interpersonal Reconstructive Therapy?

To investigate these questions, we used a convergent mixed methods design, which is ideal for a therapeutic intervention study with a small sample size and a shared set of experiences, as it allows the researcher to collect subjective experiences from participants while simultaneously allowing for data to be collected through standardized measures. This aligns with a constructivist approach, as the researchers gained knowledge from the perspective of both the self and others, in order to track interpersonal and intrapsychic patterns, recognizing that one's construction of reality and their experiences of themselves and others are subjective. The constructivist approach is especially relevant for analysis of an intervention like the one implemented here, which involves deliberate engagement of all participants (including the researcher) in a set of shared and embodied, collective meaning-making experiences, that aimed to foster individual-level and group-level change that generalizes outside the group. This intervention approach and research design addressed salient needs by collecting both quantitative and qualitative data concurrently but separately before integration (Creswell & Plano Clark, 2017).

The central research question reveals the researcher's interest in process. We believe that a deep inquiry process that will provide rich descriptive qualitative data is most helpful for the study of a therapeutic intervention like the one proposed here. The nature of the work is more aligned with qualitative approaches due to the oft-elusive quality of therapeutic work, thus this study will be weighted as QUAL + *quan,* meaning that there will be more of an emphasis on qualitative data. Quantitative data will be used to supplement or strengthen qualitative findings (Creswell & Plano Clark, 2017).

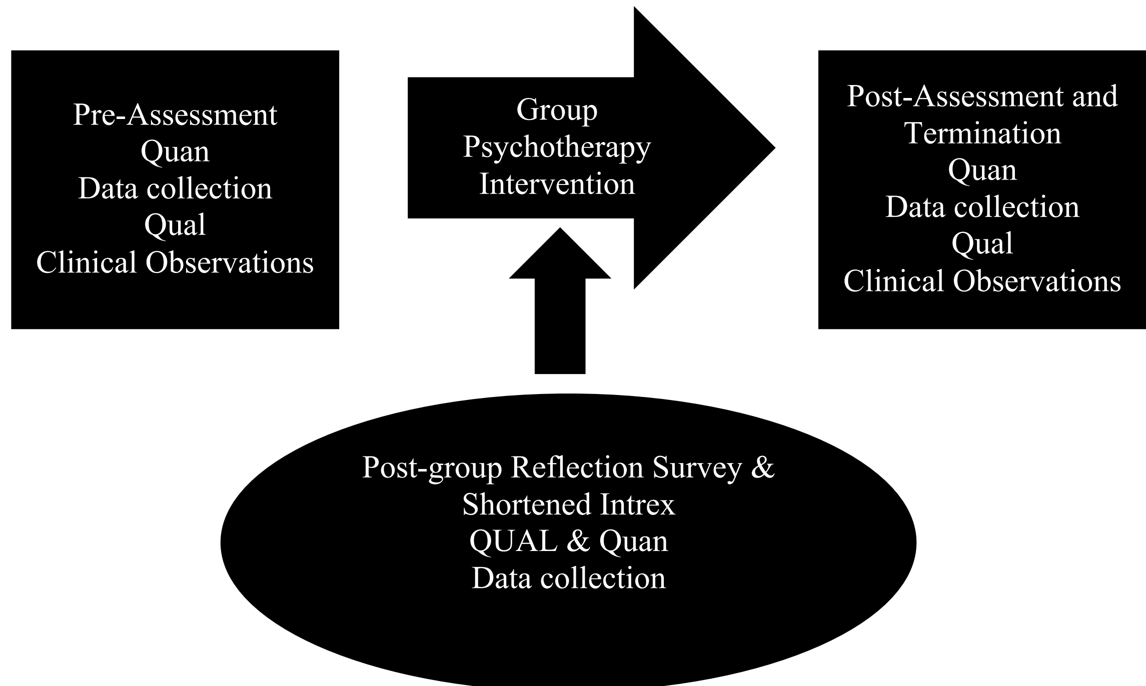

Figure 1. Mixed methods research design.

Participants

Clients. In a technical sense, participants were identified for the study using a form of sampling that involved standard methods of advertisement, referral, and self-selection into group participation used in clinical settings. To reach potential participants, we asked clinicians at the outpatient clinic hosting the group to refer their clients, and posted flyers around the clinic. In addition, we sent out an e-mail about the opportunity to all college students at the university associated with the clinic. The marketing material emphasized the focus on identity and interpersonal relationships and stated that creative arts therapy techniques would be used. It also stated that the group would involve

research participation. Participants were adults who responded to these purposeful recruiting efforts, who were not in acute distress (at risk of harming themselves or others, or actively experiencing symptoms of psychosis that would make it difficult to engage in group), as determined by intake interviewers. The size of the sample was appropriate for a therapeutic group: six participants. All procedures were reviewed and approved by the IRB as well as clinic administrators. Multiple groups and a wait-list were offered to make additional opportunities and choice available, as well as to understand relevant processes and outcomes.

Therapist and Researcher. The author is uniquely positioned as creator and facilitator of this group intervention. The two group facilitators were: the author, and another second-year Clinical Psychology PsyD student in the author's cohort. The second facilitator is a biracial cisgender heterosexual woman of Latino and Middle Eastern descent. She was interested in training in drama therapy, and had ample experience in IRT from her previous training within the same doctoral program. For this section the author will write in first person to reflect on her personal and professional background and how they impact this study.

I am a white, queer, generally able, cisgender woman and student, who was born in the United States to a middle-class family of Portuguese and Italian descent (third-generation immigrants) on the maternal side, and Irish, English, and German descent on the paternal side. Both of my parents were researchers, who worked on solely quantitative research projects in prestigious academic institutions. My identities, particularly my whiteness, working within a predominantly white institution,

undoubtedly impacted my research process. My queerness also impacted my process, and gave me a unique emic lens.

My identity as both a therapy service user and therapist positioned me with both an emic and etic perspective to this project. I have engaged in my own therapy processes at various phases of my life since adolescence, and could relate from this emic perspective to many of the challenges that participants worked on throughout the group therapy process. As a therapist, I embrace the role of the Wounded Healer (Nouwen, 1979), and integrate this emic perspective into my clinical work, as many therapists do. However, I was in the role of therapist/facilitator and not as participant, and thus also entered the process from an etic perspective. This position affords power, as ultimately the facilitator guides the group, makes decisions, and impacts participants' therapeutic processes from beginning to end. In the current study, this power is enhanced further by having designed the treatment approach and research procedures. This power is situated within a broader structure of supervisory oversight for service provision and graduate trainee experience, as well as IRB and clinic-level review of research procedures.

My family background in traditional academia, as well as the professional "family" tree that my advisor, and now I, are connected to, helped to ground me and have confidence in myself as a researcher. Additionally, from a critical lens, I also tried to question the ways of knowing passed down to me, and examine the growth areas of these legacies that I could unlearn (deconstruct) or shift in alignment with a critical, constructivist, social justice lens.

I am trained both in Drama Therapy and in Clinical Psychology, including Interpersonal Reconstructive Therapy practice and research. I have an emic perspective to

the research and clinical worlds of both featured approaches. I also have experience leading group therapy processes in a variety of settings including outpatient clinics, community centers, hospitals, and forensic units. I am privy to the challenges in understanding and articulating the nature of group processes and this knowledge was central to deciding on a mixed methods design.

In line with the Constructivist Grounded Theory approach, and approaches used commonly in Drama Therapy pedagogy, I hold a Critical Social Justice lens actively within my work as a therapist, researcher, and participant in society. For the purposes of this project, this lens informs both how I work with participants during the therapy process, and the lens by which I view, analyze, and construct meaning throughout the data analysis and writing process. This lens also impacted my work with the research team and my advisor, and directly influenced my choice to include this section.

To engage in reflexivity during the process, I tracked my own reactions to the process after each group session by journaling through a stream of consciousness and poetic reflection. As I engaged in the process, I noticed my own reactions and my curiosity about the research process. I noted what I experienced as the subjective facilitator and used these memos to engage in a reflexive process with the data as I experienced it throughout the process, in order to continue questioning: what is mine, what is emerging from the voices of the participants, and what is ours?

Trustworthiness and Rigor

The primary tools of trustworthiness used were (1) member check-in, (2) the use of multiple coders for qualitative strands, and (3) triangulation (Krefting, 1991). Member check-in will occur at the end of the group psychotherapy process. During the final

reflection sessions with the facilitator, participants were invited to wonder with the facilitator about what the data would show. They were also invited to reflect on how the group "worked" and what made it meaningful. Ideally, member check-in would go further, and would involve consulting with participants about the results after data is analyzed. The team chose to end communication with participants after termination, for protection of their therapeutic process. However, it is possible to engage in member check-in therapeutically, and in future studies this would be valuable and add rigor to the results reported. For the qualitative data strands, trustworthiness was established by creating a coding team with three separate coders analyzing the data and engaging in consensus processes to promote a reflexive review that integrated multiple perspectives during data analysis. Finally, since I am both the group facilitator and the primary investigator, a process of triangulation was used. This involves relying on the other investigators (my advisor, a research assistant, and a peer in my cohort) and on group members in order to reduce bias in my own evaluation of the group process. The ability to address these potential concerns are further evidence for the utility of a mixed methods design, which further involves triangulation through the use of multiple research traditions (i.e., qualitative and quantitative).

Measures

Modified Intrex and Qualitative Reflections regarding interpersonal processes. Following each group session, a modified version of the Intrex short form (1 item per SASB cluster) was used. Participants were asked to rate how they treated themselves and other group members when themselves, and when in different roles during the group process. In addition, they answered questions about their experience in

group and their experience in a role associated with their IRT-defined “green” (adaptive) patterns and “red” (maladaptive) patterns. Modifications to the Intrex in terms of specific relationships, states, roles, or contexts is allowable to tailor the focus for a specific relationship or interactional context (Benjamin, 2000).

Service Satisfaction Survey. The Service Satisfaction Survey (Benjamin, 2003) is a standard measure used at CAPS when clients are done engaging in therapy services. The survey combines quantitative and qualitative questions. Internal consistency of the 5 items on the survey has been estimated at alpha = .93 in prior work in another outpatient setting (Critchfield, unpublished data).

The Life Information Survey. This is a standard clinical intake measure at CAPS. The group intake interviewer (the author) administered the standard protocol as a semi-structured interview, but focused follow-up questions on the segments of the interview that are most related to interpersonal processes (i.e. family background, and current relationships). This information was used to guide and contextualize interventions later on in the actual group process, as well as to help orient client expectations for the kinds of patterns, histories, and experiences that will inform the treatment approach. This qualitative, semi-structured, clinical approach to assessment of relationship patterns was supplemented by quantitative ratings made on the Intrex measure (described below). No prior reliability or validity evidence is available for this semi-structured, narratively-based, clinical measure. The clinicians providing the Intake Interviews were trained in Interpersonal Reconstructive Therapy, and thus used the Relationship section of the Life Information Survey to expand on topics most relevant to attachment history and

associated patterns, as Lorna Smith Benjamin does and wrote about in the seminal IRT texts (Benjamin, 1993; 2003).

The Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM). The CORE-OM (Evans et al., 2000) is a clinical measure used with all clients at the CAPS clinic to measure therapeutic outcome; it will be employed as per usual at baseline and termination of the group work, but also additionally for research purposes. The CORE-OM is a self-report questionnaire that asks clients to respond to 34 questions about how they have been feeling over the last week by rating the items from 'not at all' (0) to 'most or all of the time' (5). The CORE-OM is the product of rigorous psychometric testing and refinement. Barkham, Mellow-Clark and Stiles (2015) detail reliability and validity studies of this measure. They cited an earlier study by Connell, Barkham, Stiles, et al. (2007) in a general population that produced an alpha of .91 (*N*=535). They also reported convergent validity supported by high correlations with the Beck Depression Inventory (BDI), the Patient Health Questionnaire-9 (PHQ-9; Kroenke, Spitzer, & Williams, 2001), and the Structured Clinical Interview for DSM (SCID; Spitzer, Williams, Gibbon & First, 1992).

Intrex (Benjamin, 1974, 2000). The Intrex is an self-report measure used in this study for research purposes. It asks clients to rate their own behavior in relation to self and others, as well as the perceived behavior of significant other persons with whom they have been or are presently in a relationship (Benjamin, 1988). This measure has a long research track record reviewed by Benjamin, Rothweiler, and Critchfield (2006). The Intrex is available in short, medium, and long form.

The items on the Intrex questionnaire were created to represent a corresponding combination of dimensions on the Structural Analysis of Social Behavior (SASB) Circumplex Model. The standard series of Intrex ratings involves rating an introject (treatment of self by self at best and worst), the relationship with a significant other (SO) at best and worst, their memory of their mother at age 5-10, their father at age 5-10, and father and mother with each other. For the medium form, there are two items per octant. For the long form, there are four or five items per octant. Raters score each item from 0 (does not apply at all/never) to 100 (applies perfectly/all the time). Between 0 and 100 there are ten point intervals and a rater can bubble in any point on the continuum (i.e. a rater could rate an item a 30).

All of the items in the questionnaire represent the corresponding combination of underlying dimensions on the model. An example of an item for the point "Protect" (1-4; +4.5, -4.5) is "With much kindness, X teaches, protects, and takes care of Y". This item indicates a focus from subject X to subject Y, and has the value of being closer to love (+4.5) and to control (-4.5).

The number of items depends on which version of the Intrex you are using. The full long-form has 108 items, to correspond with the 108 points in the full SASB model (Benjamin, 1974; 1979, 1984). The medium form has 16 items (2 per cluster) to evaluate the introject, and 32 items (2 per cluster) to evaluate interpersonal interactions. The short form is a set of 24 items. This has just one item for each cluster of the Cluster Version of the SASB model (Benjamin, 1987).

For the purposes of this study, participants completed the standard series, medium form, at pre- and post- measure points. Relationships measured were: relationship with

self (Introject) at best and at worst, relationship with a significant other at best and at worst, relationship with mother and father age 5-10, and relationship between mother and father. This assessment is comprehensive and can be used to understand relational themes and their repetition across developmental history (Critchfield & Benjamin, 2008; 2010).

Reliability. According to a publication by the creator of the SASB Intrex and her colleagues, test-retest reliabilities have been 0.841 for the medium form (Benjamin, Rothweiler, & Critchfield, 2006). In the SASB technical manual, details around this coefficient are provided, particularly that the sample size consisted of 60 students and the timespan was six-weeks (Benjamin, 2000). The medium version of the Intrex was assessed using split-half reliability, as a measure of internal consistency, and its correlation averages approximately 0.82 (Benjamin, Rothweiler, & Critchfield, 2006). The technical manual noted that this coefficient was derived from assessing 98 volunteers and evaluated the internal consistency within items per model point as these sets of related items are attempting to measure a particular area on the SASB model. Measuring internal consistency across all items would be problematic and erroneous (Benjamin, 2000).

Validity. Rothweiler (2004) did an extensive study to assess content validity. The affiliative dimension had more accurate ratings (7.8% average deviation). For the autonomy dimensions there was 17.6% variance. The authors also reported content validity based on participants' generally affirming their summaries and graphs, as the reports aligned with their experiences in their relationships (Critchfield & Benjamin, 2006). Construct validity was assessed using principal components factor analysis to reconstruct the model based on emergent dimensions of participants' self-ratings (Critchfield &

Benjamin, 2006). They found that the factor loadings that emerge were correlated with the underlying model, however the model is not a perfect circle. The two dimensions are represented and a circle is created around them; however, the resulting shape is more an oval stretched along the affiliation axis, rather than a strict circumplex. Benjamin notes that this structure conforms well to theory that gives primacy to Affiliation over Interdependence in terms of their hypothesized role in human evolutionary history, noting that the oval shape indicates that the dimensions are not arbitrary and cannot simply be rotated mathematically as in other circumplex models (Benjamin et al, 2006). The SASB-based Intrex Measure has demonstrated predictive validity by predicting therapy outcome in multiple studies (see review in Benjamin et al., 2006). For example, Jorgensen, Hougaard, Rosenbaum, Valbak, & Rehfeld (2000) found that SASB-coded interpersonal processes during the assessment interview correlated significantly with interpersonal processes early in therapy and also correlated with treatment outcome.

Analysis of Data

Qualitative Data. Qualitative data were (1) drawn directly from clinical observation and reflection on the group sessions themselves, (2) coding of transcribed video recordings, (3) Modified Intrex qualitative responses, and (4) progress notes. The clinical observations were recorded by the group facilitator after each session. Facilitators documented behavioral observations as well as content and process of each client's participation during group sessions and notes/charting. The lead facilitator and author checked her own observations with those of the co-facilitator, to co-construct meaning and check for accuracy. She also checked these observations with those of the research assistant who watched the clinical video recordings as she transcribed.

Data were prepared by transcribing video sessions and inputting written responses from the Modified Intrex and facilitator reflections into computer files by the primary investigator and the research assistant. The data were organized by participant for interviews and qualitative measures, and by group session number for video transcriptions and facilitator notes. The research team evaluated the data as a whole, through an initial qualitative pass, in order to get a sense of some general themes and note initial reflections. Next, researchers used an emergent qualitative coding technique organized by constructivist grounded theory to capture thematic elements that emerged in and across sessions.

The researcher (primary investigator), advisor, and research assistant used an emergent coding technique to code select Modified Intrex responses, and then applied the same codebook of themes to characterize group transcripts (Fonteyn, Vettese, Lancaster, & Bauer-Wu, 2008). After coding a sample of the qualitative survey responses (three participants) and discussing codes as a research team, researchers assembled and carefully edited the codebook in Appendix B.

The research team coded therapy sessions from the beginning, middle, and end of sessions three, five, and seven. A multi-step process of coding the post-group surveys as well as the sessions grounded codes in the participants language/experience, while also using data that (through questions asked within the Modified Intrex forms) elicited the IRT and Drama Therapy theory in their responses. As we coded the session transcripts, we continued to rely on language used by participants, adding to and editing the codebook after coding the first transcript (session three), and continuing to generate codes, organized using NVivo software. The codebook was modified and expanded as

necessary, which allowed themes to emerge from the group process that were not necessarily tied to any pre-determined or theory-driven language. After coding session five, we made minor changes to the codebook. Data saturation appeared to be achieved following the coding of this group session and no changes were necessary for coding of session seven.

Following the emergent coding process, after grouping codes and evaluating thematic trends, the researchers began describing themes and categorizing the data. Researchers used a constructivist grounded theory (CGT) approach to create a model of interrelated themes. Thematic, grounded-theory analysis has the capacity to pick up on important themes that are expected to exist at higher levels of conceptual abstraction (e.g., nature of roles evoked, engagement of affect, and other possibilities). Kathy Charmaz (2014) further developed grounded theory from a constructivist stance, creating CGT, which guided our research process. Constructivist grounded theory acknowledges that the researcher's biases and opinions cannot be removed from their process of coding the data. The process is fluid, open-ended, and interactive. Researchers interact with the data to pursue analytic directions. These interactions allow emerging analyses to continuously be engaged with and constructed (Charmaz, 2014).

The themes that emerged helped researchers understand if and how the group participants worked through their therapeutic goals, and how their interpersonal and intrapsychic patterns shifted during the group process. Themes that emerged were directly related to these intrapsychic and interpersonal processes – for example, if a client wanted to work on increasing their engagement with others and being more open about their inner experience, we would expect changes in themes that emerge in their dialogue

from perhaps more surface-level or avoidant thematic content to more personal and/or revealing content regarding their inner state and experience in group. The group as a whole might move from discussing issues not directly aligned with the goals of group to speaking and engaging with themes relevant to relationship – perhaps themes of grief, loss, conflict, love, or fear. In addition, we noted participant's self-rated SASB positioning as they rate intrapsychic patterns after each session, which helped to contextualize the qualitative data.

Finally, in order to prepare for integration, the Primary Investigator/author represented the qualitative findings through a model of themes, illustrating how emergent themes were connected. A summary of qualitative findings and an assessment of the meaning of these findings was developed in concurrence with an integration process with the quantitative data (Creswell & Plano Clark, 2017). This process engaged the author in a reflexive process during the integration of the data, elucidating specific limitations and/or strengths of both methods in capturing group process and interpersonal patterns. From the qualitative experience, we were able to gain knowledge about how much of what we were observing was grounded in the group process itself, rather than in external factors that could confound quantitative data (e.g., in the absence of control conditions, shifts in the seasons, progress in individual therapy, or other unanticipated variables could drive quantitative results). However, even with this qualitative data of the group process itself, we know that individual's outside worlds intersect with and impact their group therapy process and change process, and is actually an essential part of change in therapy. Qualitative data provide the greatest chance of detecting extra-therapeutic contributions to change and evaluate their relevance to in-session work.

Facilitator's reflections were not coded as part of qualitative data, but are included separately here, as a subjective set of data written from the perspective of the facilitator (author) and co-facilitator. These results were not included in identifying themes and/or creating the diagram of the group change process, but were utilized to reflect at the end of the Results section and within the Discussion section, taken at face value and reflected upon from the perspective of the Primary Investigator/author, the co-facilitator, and the research assistant.

Quantitative Data. Quantitative data were analyzed through statistical analyses to assess a number of related questions bearing on therapeutic change, as well as process-based mediators of change. Methods involved calculating changes in mean scores between pre- and post- testing for each quantitative measure, and conducting non-parametric t-tests (Wilcoxon Signed Ranks Test). This allowed us to reflect on shifts and to evaluate potential associations between interpersonal patterns, well-being, symptoms, and service satisfaction. At the outset of the analysis process, we expected SASB-based measures to reflect relational patterns shifting toward more adaptive positions associated with secure-base patterns (i.e., in the direction of greater self-directed affiliation). We expected the CORE-OM to indicate shifts toward well-being, with less symptoms. Ideally, we hoped that the service satisfaction measure would indicate that the client feels they benefitted from being in group and are satisfied with CAPS services.

Mixed Methods Integration. We integrated the data in order to understand and track both changes in symptoms and interpersonal and intrapsychic patterns, as well as how they changed, which involved coding qualitative data as articulated previously and analyzing quantitative data through individual score changes, and group-level changes.

To integrate qualitative and quantitative strands, we looked closely at the relationship between the two strands, with the hopes of understanding stability and change within interpersonal patterns and linking in-session process to outcome. We created a diagram that linked sequential qualitative themes to quantitative changes.

Interpersonal history and current relationships were assessed in SASB terms at baseline, the intervention then elicits relational patterns to enact and explore, assessing in SASB terms and written narrative after ever session, and then again following group engagement. There is methodological consistency in conceptualization and measurement of history, current concerns, treatment processes, and outcomes. Researchers evaluated whether shifts reported through quantitative self-reports aligned with the thematic coding of group sessions (Creswell & Plano Clark, 2017).

Chapter IV

Results

Results will be presented in order of qualitative data, followed by quantitative data, and finally mixed methods integration. To review, the group process consisted of eight sessions total, and we coded sessions three, five, and seven. The full group protocol is available in Appendix C.

Participants were six (n = 6) individuals who were all enrolled in courses at James Madison University (both undergraduate and graduate), recruited as described under Method. All participants identified as women. Five out of six participants identified as LGBTQ+. The age of participants ranged from 19-22 years old. All participants were born in the United States. Four participants were White, one participant was Middle-Eastern, and one participant was Latinx.

Qualitative Data

Two overarching categories emerged as we qualitatively examined the data and gained perspective on the overall process of change within this group: (1) guides/catalysts of change that allowed participants to move through their perceived barriers and enable change[1] and (2) barriers of change. Within each of these overarching categories are themes and sub-themes that emerged during the data analysis process. As described in the Methods section, we used a constructivist grounded theory approach to analyzing the qualitative data (Charmaz, 2014).

Catalysts of Change

[1] To gain further understanding of the codebook that was developed, then organized into hierarchical categories, and then further organized by over-arching themes, please see the final codebook used, within the Appendix B.

Deepening experiential processes.

Vulnerability[2] in group. Throughout the progression of group therapy, participants increasingly expressed emotion and appeared emotional (noted through descriptors in the typed transcript) in session. Participants' stated future wishes often evoked notable vulnerability as well. Participants expressed wants or desires for the future, which was often paired with intensity of emotion. Early in the group process, participants commented (at times) that their wants felt far away, and at times noted that it was difficult to see a bridge from where they were to what they wanted; for example, one participant stated, "I just keep picturing my life – one day – and there's just so many other things I want but where do you start." This participant then elaborated to elicit a specific relational conflict, stating: "where do you start by letting somebody know they hurt you and not wanting to tell them that because you don't want them to hurt." In other moments, participants expressed a want or desire aligned with their current state, as it was playing out within the group or within a specific scene. When one participant reached her destination role, the helper, she stated "I want to help other people. I want to be out here." Often, these moments of expressed want or desire aligned with moments of tearfulness (a marker of vulnerability) and connection.

Participants often opened up with emotional content about elements of their own experience, activated by participating in or viewing the Hero's Journey or Psychodrama of the week. At times, they also appeared to be affectively impacted (e.g., "tearful" noted in session transcripts) without explaining the emotional content that was evoked in them.

---

[2] Vulnerability here refers to a state of emotional openness and healthy trust in relationship (see Brene Brown's work for reference, e.g., TED, 2011).

Participants also spoke within the sessions about feelings that they experienced out of group, and shared how they coped with these experiences with their fellow group members. For example, during session three a participant disclosed: “I was sitting there like – this sucks, but tomorrow I’m going to feel better. It just sucks right now… I can cry a little bit right now but tomorrow it is going to be better.” In this particular moment, she was describing the choice to not use marijuana to cope, and instead sit with her difficult emotions, trusting that the overwhelming feelings would pass.

Emotional vulnerability was also present within the embodied scenes during the group process. In alignment with the attachment-informed conceptual frame (Interpersonal Reconstructive Therapy) of the group, family dynamics were often evoked in group sessions. Group members often expressed emotion regarding their own family dynamics, and were typically met with support and validation by fellow group members. Within enactments, these moments happened in vivo, rather than discussing or commenting on things going on outside of group. For example, during an enactment in session five, a participant stated: “I feel…scared. I want to go over there (*tearful)* toward my mom, and I want to go over there *(pointing toward friend in corner)* but with her *(pointing to mom)* I don’t know how to… without it being volatile and angry.” Participants in supportive roles within the enactment offered guidance, including: “it’s going to be so painful, but you can do it.” The therapist also facilitated deepening of the affective experience, by prompting further exploration within an enactment or even directly doubling[3] participants in the enactment; for example, stating “I see this is painful,

[3] Doubling: This is a psychodramatic technique that involves the director or a participant supporting the role of the protagonist or an auxiliary by standing behind them and saying things they may want to say or may be withholding. The protagonist/auxiliary who was doubled then decides whether to repeat what was said, change it, or not repeat it at all.

and it is, and it's allowed to be" which was then directly repeated by the participant playing the protagonist's (in this enactment) friend.

Validating experiences in group.

Adaptive friendships. Themes of connection, validation, and group members relating in accepting and supportive ways were present from session three, the first session coded, and the connectedness between group members became increasingly apparent and commonly seen in the transcripts as the group progressed. Within session five, the connectedness between group members, and their support of each other's change processes, became more central. Coding reflected group members connecting, relating, validating each other, and working hard to make sure they correctly understood and reflected the other. For example, within session five, one participant played a pivotal role as the "friend" in the psychodrama, which paralleled her role as friend within the here-and-now group dynamics. The role of the friend in this session was connected to green patterns, allowing the protagonist of the psychodrama to express herself with emotion and vulnerability and be supported and loved by her friend, when her mother could not show her this support or love and had reacted coldly to her (coded as red patterns). In this way, the role of the friend was an essential support both within enactments and within the group dynamics.

It is also notable that participants often worked hard for each other in group sessions, particularly within the context of enactments when they were playing roles or characters for other group members, and spoke to this commitment. For example, after a particularly emotional psychodrama played out between a participant and her emotionally neglectful mother, the participant playing her mother stated: "I just noticed it was like

really hard for me… When you asked me to be that role – I was like oh God – I started to relate a little – at one point I was trying not to cry and I was holding it back and I could see you I could see how much it hurt – and I was like I want to just hug you. But I was like no I have to be in this role." This participant had processed her own dynamics with her mother in a previous session's Hero's Journey, and thus her hard work was not only interpersonal and in support of the other group member, but also aligned with her own internal work and change process, as reflected in the quotation about how she related to the other participant's enactment.

Developmental factors. In this group, all members were currently enrolled in college or graduate programs. Some of the content that emerged throughout group sessions had to do with their decision-making regarding their college careers and futures, and paired challenges of differentiation from their family systems. Group members often shared vulnerably in group and provided validation and guidance for each other; for example, one participant shared she was applying to graduate programs and she was "pretty panicked about it." She stated, "I had everything set up for sending it all out, and I couldn't do it. (*tearful)* I had to make a choice right then and there, and I made it." Other participants provided validation, and shared similar experiences. Within the enactments that played out, participants often described wrestling between their family's needs, and desires for them, and their own. Within one participant's Hero's Journey, she described feeling "defeated almost – like I'll just settle, that's what my family wants, I'll just settle" as she faced the self-identified obstacle role in her journey, which she chose to represent as the mother role. She relied on other group member's as she explored this stuck feeling and what was beyond it.

Identity.

Queer Identity. Queer identity, first salient in the first session of group when a participant chose the "Queer Person" role card and then the facilitator self-disclosed as queer, became more salient as group progressed. This was reflected in increased codes for this role that marked increased sharing in group regarding this role and part of participants' identities. It is notable that during group, five out of the six group members came out as LGBTQIA+. They identified differently, with some group members identifying as queer, some bisexual, one asexual, and one questioning. The group appeared to become a container for them to explore these parts of themselves in a setting where they were understood and validated, without their identity/coming out becoming the primary focus.

Identity and Relationships. Within the work of group, participants explored their own identities and worked through related interpersonal challenges. One participant worked through issues regarding acceptance by others within her family system, notably her mother. She described being at a point in her life where she felt her mother's lack of acceptance and support was an obstacle to her moving forward, and within one session wrestled with her grief and disappointment that came with acknowledging her mother could not (or would not) show up for her in the way she needed. Old red patterns were coded as she evoked this dynamic within her description of her dynamic with her mother, and the ways this had impacted her own self-concept and relationships. She chose to explore this within that session's psychodrama, with the guidance of the group facilitator. In the enactment where she directly confronted her mother, she spoke freely and openly about her feelings, and was validated by other group members. She stated: "I want you to

get the fuck over that I'm gay, and I want you to stop worrying so much about my body, and my weight, and all of it… And I want you to say that you love me, and I want you to say that you're proud of me….” She went on to say, “You knew there was something wrong with me and you didn't get me the help. And I had to do all that shit on my own.”

Within this enactment, this participant did not get what she needed from her mother, even after reversing roles with the participant playing her mother. Her mother remained cold and unresponsive. Here, the peer group entered as a primary support, both her friendships evoked in the drama and the support of her fellow group members. Green patterns were evoked in the subsequent enactment of her speaking to her friend (within the psychodrama) about her experience of her mother, related hurt, and core emotional needs that were not being met. Her friend offered empathy and positive regard, at which the protagonist participant began to express herself more openly and non-defensively, coded as green patterns in the data.

In observing this theme of peer support becoming central and helping participants to move toward new ways of being emerging within the data, the author notes from her personal experience that for queer folks in general, the peer group often becomes a primary family system, especially when the biological family system is not accepting.

Honesty and connection in group. Group dynamics reflecting honesty and connectedness were increasingly present as group progressed. Notably, even in session three these dynamics were present. Group members reflected openly about their own experience, their experience of others within enactments, and their experience happening in the here-and-now of the group process.

Reflecting on their own experience, group members often spoke of witnessing themselves and their own internal process after being in the moment of an enactment. For example, one participant noted the tension between supporting a group member's change process and also acknowledging the importance of her care for her family members, and remarked "it felt good to do that…I really did believe everything I was saying…. We know that if we don't take care of ourselves, we can't [take care of others], so it felt so good to say. I meant it, I really meant it." This participant also remarked on how she experienced another group member within the enactment, stating: "just like seeing your gratitude toward me for saying all those things – because I did also like truly mean all of it… I could see how happy you were just to like reach the end and to hear those words and have me feel so happy for you… (*smiling, tearful).*"

Within the here-and-now experiences of enactments and of reflection/processing, group members engaged honestly and with interpersonal connectedness. In the previously mentioned session where a group member chose to play out a scene in which she came out to her mother (again) and her mother responded coldly, the group member remarked, as an aside to the therapist, "she doesn't say anything (tearful). I don't know." Rather than finding a false closure to the psychodrama and a "happy ending," this participant's honesty then led to an alternate, unexpected ending of her stepping away from expectations of resolution, freeing her to be assertive and honest with her unresponsive mother, and then getting emotional support from her friend.

Often, participants were also honest about what they wanted to explore more deeply in group sessions, offering stories or themes to their fellow participants and facilitators with the option to explore them more deeply. In setting up for the final

psychodrama of the group, members offered “unfinished business” they wanted to explore, which ranged from “tearing their family apart,” to rape accusations a family member faced, to feeling emotionally responsible for other people, to being abandoned by friends with no explanation.

In terms of honesty and connectedness within the here-and-now group dynamics and reflective processes following enactments, group members were most commonly open in this way during the penultimate group session, preceding the termination session. Some of the things participants said reflected mixed experiences of dread and excitement regarding the group process; for example: “like I never want to come, and then I’m always glad I did. But I’m worried about not having this consistent thing built into my life where I have to like examine my emotions sort of. And like…I don’t know I really like social accountability… this has been a really big part of like keeping my life together…” Some group members remarked on feeling that this wasn’t the right time for their healing processes, and expressed honest feelings about wishing they had encountered the group earlier. One participant said “I feel like this was a resource I needed a year ago. And all that stuff that was hurting has since scabbed over. And I don’t know if it all scabbed over in the right way. But I felt myself picking the scab when I don’t have to.” Another participant agreed with this notion, stating “I mean I went to the therapy at [college counseling center] which did also help a lot but I know that this kind of thing specifically with everything that happened last year definitely would have helped me a lot more…”

Other participants reflected in this session about their “mess” when one participant used this metaphor, stating, “I have made progress. It doesn’t look like it

because it's a mess, but I have made progress in selecting and figuring out – like it's a mess, but it's my mess so I feel better about it if that makes sense." This elicited a discussion about the process of changing, and participants acknowledged the "messiness" of change.

Finding new ways of being.

Effort toward change and awareness of patterns. Participants spoke actively, and demonstrated, the effort they were making toward change, which involved recognizing and understanding old maladaptive patterns (and roles), and moving toward new ways of being. In earlier sessions, their reflections were often marked by recognition; for example, one participant noted that she was trying to use a maladaptive coping mechanism (substance use) less. She spoke in one group session about how she realized she uses the substance to check out, stating: "And so when I use that coping mechanism, I no longer think about the negative feelings, but it also means that like I no longer face it."

Other group members began speaking about future-oriented visions for themselves, that helped them stay motivated when feeling down. One participant stated, "My vision of what that place is like is so specific. And not actually until recently was it as specific as it is, but now that I have that…I can like figure out the steps to get there… So yeah that's what I do when I get (inaudible) – I think about that place." In the group sessions transcribed, other group members spoke about their future visions both in individual reflective moment and within the enactments, when thinking about their destination (This is Who I Want to Be) roles.

Activating the Hero's Journey. Within the first four group sessions, the Hero's Journey was a central part of the group process, and many members both enacted their

stories within this frame and/or reflected on each other's stories, learning about themselves through others, within this frame. Within one particular Hero's Journey, the participant who was the protagonist/hero chose to be in the role of the sister (for "This is Who I Am). For this participant, she identified that the sister is a difficult family role associated with martyrdom, and letting herself and her own needs go. In this journey, the mother role was the obstacle, embodying Red patterns of control and staying stuck, caring for others above oneself. In the enactment, the obstacle (mother) said things like: "there are people here that need your help and you're ignoring them. You're being selfish – and you should care about them, you should be here." This elicited a statement of the conflict the sister faced; she stated: "I want to reach my goals, but right now I feel like maybe just staying here is what's best? You know like, I can help people from here, so why do I have to keep going?" Her inner conflict between old Red patterns and more adaptive Green alternatives was stated and activated within the Hero's Journey itself. As this played out, the guide figure for the Hero, who was the lover, activated Green patterns of self-acceptance and self-love, and reminded the sister of her vision for the future. The destination was the role of the helper – through the journey, the hero discovered the need to integrate care for self and care for others within this destination, finding herself back home within herself. When setting up this role, she stated: "The helper is probably somewhere comfortable and feel like they got everything together. And like ready to help themselves, but also other people, and can balance that." At the end of the journey, the helper stated, "you deserve to be out here," to which the protagonist participant stated "that feels really nice." The Hero's Journey, both when enacted explicitly and through the arc that was seen within similar enactments (i.e. Psychodramas), evoked difficult family

roles as obstacles, often associated for clients with stuck places, and finding their way and their guide within other parts of themselves. Clients who were witnessing the activation were often tearful and emotionally impacted when witnessing others and eliciting their own inner narratives; for example, at the end of the aforementioned Hero's Journey the participant playing the Helper role stated: "I could see how happy you were to like reach the end and to hear those words, and have me feel so happy for you, that was really great (*smiling, tearful).*"

Guide roles and destination roles. Often, guide roles and destination roles were evoked within the Hero's Journey and in participant's reflections about psychodrama enactments. These roles were often dually coded with Green patterns. For some participants, the guide role was represented as The Lover role. One participant described this role as: "It's all sorts of lover, external and internal. It's the external like my boyfriend, people that love me, they're trying to be like – you don't need to be in the corner anymore…but then like the – inside myself – the self-love – trying to learn to be like I love you for you, saying that to myself." She then trained another participant to play this role, and said: "yeah, you're trying to get me from this point to that point, but not like force me, kind of nurture me, edge me on. You're like – you can do this on your own will." This statement aligns with and was also coded as Green patterns, or new, more adaptive ways of being, as she explicitly states how she can lovingly and respectfully support herself through this internal role of the Lover.

As with guide roles, destination roles were evoked both explicitly within Hero's Journeys, for example the Helper role previously mentioned, and implicitly as participants enacted their goal states. For example, the participant who confronted her

mother in the enactment of session five, enacted a destination state for herself in her assertion of her true feelings and needs. Often for participants, like in this case, destination states did not mean false resolutions or happy endings, but were associated with asserting themselves and setting boundaries. Another example of this occurred within a psychodrama in session seven, when a participant was asked by the facilitator what else she needed to say to end an interaction with an old ex-friend; she stated: “I’m done, I don’t want to talk to you anymore, don’t even bother to contact me, you’re not worth it and I know I’m going to be so much better in life without you in it.”

Assertiveness and Differentiation. During all sessions, and increasingly in session seven, the theme of assertiveness was evident. Within the psychodrama with the ex-friend in session seven, the participant playing the protagonist was able to assert how she truly felt toward the friends who had bullied her and left her out. She expressed anger that she had previously said she avoided, wanting a sense of resolution. In this scene, the protagonist was also able to give up her wish to get it right with a friend group that was mistreating her, and chose to set a boundary at the end of the scene rather than move toward a superficial resolution. She was able to express her needs to a supportive friend she then brought into the enactment, with guidance from the therapist doubling and coordinating role reversals.

Integration of new roles, parts of identity, and patterns.

Destination, “sorting through the mess.” Participants spoke of their “destination,” often evoked during the Hero’s Journey within group, as aligned with their goal states and future roles. Some of these roles include the adult, the helper, and the optimist. These destination states were often associated with balance, and a focus both on

caring for oneself and caring for others. In psychodrama enactments, scenes of asserting oneself or changing the outcome of a difficult situation was also coded as reaching a destination state.

In the penultimate group session, the session began and ended with participants actively reflecting on their process of change and how they showed up within the group. The participants' direct quotes from the group sessions illustrate their change, and their understanding of getting closer to their destination or goal states:

> Participant 1: I feel like I agree with that. Like I tried to feel like – forcing my stuff into a little pretty box. And this has kind of let me open it even a little bit and like sort some of it and so, by doing that you know when you start like organizing your room and you have to take everything down so it looks like a mess before it's like clean – that's what's going on now. That's like the best analogy. Like it looks like a disaster, cause I'm still trying to figure out where everything goes.
>
> Therapist: yeah.
>
> Participant 2: and you're actually like, doing work.
>
> Participant 1: and I have made progress. It doesn't look like it because it's a mess, but I have made progress in selecting and figuring out – like it's a mess, but it's my mess so I feel better about it if that makes sense.
>
> Therapist: yeah – and what a tool to be able to sort through it and look at all of it. That will probably be important throughout life…
>
> Participant 3: I agree and I feel like going through this has been messy – like that was so good I'm glad you said that (referring to Participant 1) – but I feel like I've been going through that and throwing away things I don't need and then also

> being like you know this is my best (inaudible) but like it's good I've been noticing things even little things but it's hard so – and so, I'm not *there* – but you know what is there? – but I feel better about things and like going through and looking at the processes that we've been going through – I don't know (inaudible) – but I feel better about things.

This reflection illustrated the participant's ability to be honest and vulnerable within the group process, and she also spoke to her personal journey of making effort toward changing and identifying green patterns associated with her destination state. She indicated an acceptance of being on a journey toward change, without having to be perfect or "there."

Trust and validation. As the group process progressed, group members were increasingly more vulnerable and honest with each other than in previous sessions. This was prompted both by reflection about termination and saying goodbye. Particularly in the penultimate session, which was one participant's last session, all participants were able to express their feelings toward the person who was leaving.

The final statement that one participant made (the participant who was leaving and would not be able to attend the final session) summarized many important themes of the group's process, and thus part of her final statement is included here:

> It's this group of very confident women who are also recognizing their weaknesses are or where something is unclear in their life – everyone here has been so proactive about addressing their feelings and the issues they're experiencing in their lives and that means a lot to me because I struggle a lot with – who I am – because I'm constantly examining things even when I don't want to in my life, and like what areas I'm trying to constantly like improve my life in and like chase after this wholehearted life that I want to have and sometimes I feel like even though so many of you felt like you were at the (inaudible) part of your role, I just have seen you take ownership of like everything you've done,

> like everybody in here has taken ownership of their feelings and weaknesses and strengths and have used that to like pursue something greater. That was super positive for me, to sort of like get my ego knocked down but like also see that you can have this kind of like… chasing after that as well as being like open and compassionate and all of those things, cause I feel like I am so self-centered sometimes.

This participant actively spoke to these themes of trust and validation, as well as themes of making effort toward change, being vulnerable, and pursuing "something greater" or a destination state. Her reflection, and the group members reflections back to her, further broadened the concept of a destination as an ongoing process, holding acceptance for self and others (in her words, openness and compassion) and motivation to change. She identified her own stuck (red) pattern of not investing in friendships, which she had reflected on following her psychodrama enactment, and was motivated to change, finding more intimacy and closeness. She embodied this shift in her ability to share openly with the group in her last session. She was validated by other group members, including a group member that stated "I know how difficult it was for you to be vulnerable – so I'm very thankful that you were able to do that with us and that I got to know you a lot more."

In addition to these active reflections that increasingly occurred during later group sessions, trust and validation was also clear during psychodrama enactments. Often, the group members involved in the drama and the witnesses exhibited freedom of expression and increased affective expression within group. Participants were also often able to release previously withheld emotions more freely in the context of the group.

Integration of new roles. During the warm-up to the penultimate group session, participants identified roles they had played throughout group process, with each other, as a way of reflecting on the many parts of self/roles that had come forward over the course of the group. For many of the roles identified, including "mother," "warrior," "victim,"

"friend," "clown," the majority of the participants (and facilitators) stepped into the circle that indicated their identification with that role. The ability for participants to step flexibly in and out of roles they had played was indicative of their own self-awareness and their increased flexibility and spontaneity.

Participants also enacted roles and patterns they had integrated within later group sessions. For example, in their moment of sharing and saying goodbye to one participant in the penultimate session, many of them actively embodied roles of witness, lover, friend, and sister, and embodied green patterns of actively protecting and trusting each other, affirming one another, and being loving toward each other.

Identifying Barriers and Red Patterns

Data analysis also revealed themes that seemed to prevent participants from progressing in their change process. Some of these barriers were named by participants early in the process, while others emerged as they gained insight over the course of the group.

Difficult obstacle roles. Participants identified difficult obstacle roles and associated patterns, rooted in family relationships, and in past romantic relationships. Two roles that emerged within multiple group sessions were mother and sister. In multiple participants stories, the role of the mother often presented as a controlling obstacle, enforcing patterns of control and self-control, and keeping clients from more desired patterns such as feeling free and self-affirming. The sister role presented for one client in a session where her Hero's Journey was enacted as other-oriented, letting oneself go, and centering other family member's needs. The client who participated as the "hero"

in that session's Hero's Journey[4] self-identified with the sister role and identified the mother role as holding her back.

Another difficult role that was linked to both familial patterns and romantic relationship patterns for one participant was the "Victim" role. This was defined as an obstacle role. The group member who played this role acknowledged how difficult it was to block someone else's progress (as the Victim role), though they do the same thing to themselves.

The Friend role was typically associated with adaptive, green patterns for this group, but at times was associated with being a martyr, or being done healing due to not wanting to return to painful relational experiences.

Group dynamics of being challenged, stuck, and conflicted. These experiences came up when group members referenced problems they faced outside group, and these group dynamics played out within group session reflections and enactments. When participants discussed problems on the outside, these reflections were often coded as "stuck" and typically existed as separate stories from the main action of the group. For example, in one session a participant stated: "when I talked to my advisor, she said I might have to stay another year here. And I can't afford that, so – I don't really know what I'm doing at that point." This statement is reflective of the participant's feeling of being stuck, though in stating it to the group she is also being vulnerable in group, and potentially engaging in green patterns.

[4]Hero's Journey: The Hero's Journey, discussed in the Literature Review (pp. 18) is a drama therapy technique from Role Theory with a four-part construction: a hero goes on a journey towards a destination, and along the way confronts or avoids an obstacle, with the help of a guide.

Within the enactments, at times participants reported feeling stuck in their roles. For example, when the protagonist in the psychodrama in session five faced a potential confrontation with her mother, she said “I want to go over there *(gesturing toward participant in the corner playing her mother)…* I don’t know how to, without it being volatile, and angry.” After confronting her mother, and reversing roles to offer a potential response or resolution from her mother in the enactment, she stated: “she doesn’t say anything. I don’t know.”

At times, participants also reflected in the moment on being stuck, without answers or clear outcome. For example, one participant reflected on a relationship ending. She said, “I mean I kind of just accepted it. Because you know…like things are open ended and you don’t have to like have an answer so I kind of just like accepted that for myself?” In this moment, she reflects on how she justified not knowing, and re-opens the situation for reflection from the group.

Participants often reflected on feeling conflicted about their change processes, or challenged by their own or group-level processes. One conflict that emerged often was whether or not to be vulnerable. At times, this was about vulnerability they were reflecting on that happened outside of group. For example, one participant stated: “I think the reason why…it’s like…when something upsets me it’s not nearly as bad as that other stuff was. So when I’m not trying to cry of this, but I also think like it’s OK to cry over like whatever… but now it’s like this thing happens…and maybe that’s good like I’ve done so much worse this is fine. But also like…healthy release.” This participant is wrestling with whether or not crying means she is not doing well, and she is exploring whether crying means she is back in a difficult place. This conflict about the purpose of

feeling emotions and vulnerability rather than pushing things down and seeming OK to avoid pain, came up often for participants. There seemed to be an unspoken rule for some that feeling negative emotions meant they would spiral into darkness.

Within enactments, being conflicted often allowed participants to take pause and assess the reality of the situation. For example, in one enactment the inspiration for exploring the scene was an ongoing unresolved conflict and unfinished business. As the protagonist set up her psychodrama regarding the unfinished business, she stated: “I just want to know why. Because I don’t understand why people could just go and drop someone without giving them explanation.” In the drama itself, she took pause and noted conflict about possible resolution to this wondering. She stated: “I don’t even know what to say to that. Cause it’s not like, accepting. She’s not really trying to understand what I’m trying to say at all. So like…I don’t know.” These moments of uncertainty and pause were typically followed by new emergent ways of shifting the scene, in this case coming from the protagonist herself who decided to set a boundary and end the relationship she had remained conflicted about.

Understanding patterns and blocking red patterns. In group sessions, participants often exhibited awareness of their patterns, both through reflection and embodiment. An obstacle that showed up repeatedly for group members, as previously mentioned, was the mother role. The mother was identified as the obstacle in the Hero’s Journey of session three, and showed up again (though not explicitly) in the psychodrama during session five. Protagonists of both enactments identified the mother role as the obstacle within their own narratives. Within the action of the psychodrama of session five, the protagonist realized her mother is not able to give her what she wishes for, and

rather than continuing the pursuit, she said what she needed to say and then turned toward internal and external resources (friendships) to get her needs met. This indicates a parallel process of the friend in the *enactment* showing up for her, while in tandem the group member friends in the *group itself* played important roles for her and showed up for her. After moving through the obstacle presented by the role of the mother (understood as both the mother in her and her actual mother), her emotional needs are met in a new way. In addition, with both her mother and her second friend in the actual scene (with whom she has had conflict and distance), she chooses to be appropriately assertive, approaching necessary conflict, coded as green patterns, rather than continued avoidance and distance.

Moments in group that were coded explicitly as red patterns involved participants either naming a pattern that they had previously identified as maladaptive/red or were implicitly designating as a stuck old pattern. Sometimes the therapist's intervention labeled the pattern as explicitly red. For example, in one session a participant was reflecting on the role of the "optimist" that was for her an initially desired state that she was now problematizing. She stated, "I had my goal as being a true optimist kind of thing instead of like all the time putting on a façade, of wanting just like I don't know…caring about other people more than myself." The therapist responded, "and that might be something you wonder about as kind of red, like closing off and not letting people see you – and maybe as group goes on you might noticed when you may be able to let go in that way and let yourself kind of be a hot mess in here."

Within enactments themselves, participants played out red patterns and then found new ways of being within the scene. For two coded sessions, these red patterns were associated with the obstacle role of mother, and the mother in the psychodrama, and

for one coded session the red patterns were associated with the dynamic playing out between the protagonist and her friends who had abandoned her. In each enactment, participants re-played the old patterns to then disrupt the old, encrusted story to find new ways of being, aligned with green patterns, within the enactment.

Facilitator Reflections

Facilitator #1 (author)'s reflections were noted after each section. Main themes from these process-based notes involved reflections on group dynamics, the feel of the group session that week, specific members' comments, and the facilitator's own responses and reactions to leading the group that week. After the first session, the facilitator noted what group members chose to "leave behind" (as part of an exercise where they were invited to leave something behind that they did not want to take with them into the next week). Participants chose to leave "laughing it off," "saying 'I'm fine,'" and "fear."

The facilitator noted that significant roles that came up were the critic and the queer person. Group members specifically discussed vulnerability, and their experiences of discomfort or comfort with being vulnerable. The facilitator noted that in earlier sessions, roles that were particularly affect-inducing, such as the critic, at times led participants to shut down or seem "in their head" during enactments. The facilitator noted that when participants were coming out to each other in group, as queer, asexual, and bisexual, they were at times very open, tearful, and expressive, and other times when speaking about challenging experiences appeared shaky as though they were trying to hold back intense emotion.

In later group sessions, the facilitator noted the emotional intensity of some of the enactments. For example, the facilitator noted how one participant was able to confront a friend and express their anger, saying “Fuck you!” The theme also emerged in this group of feeling “I’m done with that/over it” in reflections and exploring what it would mean to “pick the scab.”

Facilitator #2 noted similar patterns. She commented on the emotional intensity of Hero’s Journeys early on, particularly the emotional pain seen when exploring dynamics within family systems. She also noted when a group member expressed challenges about crying in front of others, and marked that her eventual emotional expressiveness within the group seemed “uncomfortable, but green.” This clinician (Facilitator #2) also noted the “green” patterns within later psychodramas, when participants were able to express their feelings. Facilitator #2 also noted the dissonance in one session about folks discussing how they wish they had engaged in group in the midst of relational drama, rather than in retrospect. She noted that people may “lack some insight” in regards to working on the self in relation to past events.

Final Processing Notes

Similar to the above data, the lead clinician/author took final progress notes after final processing sessions with group members. These notes were not coded; however, significant themes and reflections were noted upon review. Group members generally noted that the group process was significant for them. One group member remarked that she was able to process things from her past, and be more compassionate with herself. She commented on what she has learned through friendships, and how it felt to be “seen” by various group members. She became tearful when she mentioned how another group

member supported her, and remarked that her tears were tears of gratitude. Another group member commented that she was able to move away from obsessive compulsive patterns, and begin to embrace more messiness and flexibility in life. She said she feels able to accept herself more and be flexible with others. She also reported she is more open to a cohesive thread and “grey area.” This client reported that she wanted to continue therapy following group. Another group member said she noted shifts from being hard on herself toward a more compassionate stance. She reported she is working on having boundaries and being assertive in relationships. She was tearful in recognizing the meaning of these changes. She expressed gratitude about the process overall. Another client reported she felt she was able to find her authentic voice and be more assertive through group. Another client reported she has noted her own red patterns that re-emerged over break, and she noted herself trying to be self-reflective and isolative again. She reported a desire to continue her therapy work, especially in processing her queer identity and family dynamics.

Quantitative Data

Quantitative data from the Core-OM and Intrex measures illustrated therapeutic changes from pre- to post- evaluation. Researchers collected Core-OM and Intrex data at the intake meeting before the group psychotherapy process started (*Pre-Score)* and at the processing meeting after the group psychotherapy process ended (*Post-Score)*. In addition, researchers collected data from the Modified Intrex after every group psychotherapy meeting.

We aimed to determine whether there are significant differences in symptom severity (Core-OM) and Interpersonal and Intrapsychic patterns (Intrex) over the course

of the study. To investigate our research questions, we conducted the Wilcoxon signed-rank test. This test is the nonparametric equivalent to the repeated-measures t-test. For this test, normality is not assumed. We chose this test because of our small sample size (*n* = 6).

Core-OM

Our descriptive data of the different Core-OM scores over time (*Pre-Score, Post-Score)* provides us raw data to estimate what our Wilcoxon Signed Ranks test may reveal.

Table 1
Descriptive Statistics & Wilcoxon Signed-Ranks Test for CORE-OM

Measure	Pre-Score Mean	Pre-Score *SD*	Post-Score Mean	Post-Score *SD*	Z-Score	*p*
Well-Being Concerns	56.34	10.84	50.99	9.18	-1.153	.249
Symptoms	58.03	10.36	54.96	9.79	-.734	.463
Functional Difficulties	52.85	8.25	46.25	8.04	-2.201	.028*
Risk Harm	48.14	5.22	46.61	3.67	-2.121	.034*
Total	55.48	9.35	49.93	8.64	-1.363	.173

*N = 6; * =* $p < .05$

This analysis suggests that symptoms related to both risk and functional difficulties decrease over time for group participants. Functional Difficulties in this case addresses general functioning, close relationships, and social relationships (Barkham, 2005), the primary domain of focus for processes described in prior sections. The Risk subscale captures self-reported data that may indicate that a participant may be at relative

risk of harming themselves or someone else, and an elevated score indicates acute safety concerns (Barkham, 2005).

Intrex

Our descriptive data of the different Intrex scores over time (*Pre-Score, Post-Score)* provide us raw data to estimate what our Wilcoxon Signed Ranks test may reveal. The Intrex measure scores are separated into scores by focus and by cluster, including clusters 1 through 8. Our study asks how interpersonal and intrapsychic patterns change. Because we are focused on how patterns change as a result of group participation, we are interested in how people treat themselves in and out of group. We asked participants to complete a full version of the Intrex pre- and post- group, and a modified Intrex with self-treatment items only after each group session.

For the purposes of our analyses, we ran preliminary tests for significance for self-treatment (Introject) at best and at worst, to determine whether there was significant change at the Affiliation dimension (AF) or Autonomy dimension (AU). We found that AF for the "at best" circumstance was significant using the Wilcoxon method ($z = -2.2$, $p = .03$), which gave us permission to look further at each cluster. With this initial confirmation of overall change in the predicted direction (i.e., greater affiliation toward the self), we ran Wilcoxon signed-ranks test for each cluster that comprises the AF aggregate dimension.

Table 2
Descriptive Statistics and Wilcoxon Signed Ranks Test for INTREX

Measure	Pre-Score Mean	Pre-Score *SD*	Post-Score Mean	Post-Score *SD*	Z-score	*Asymp Sig (Two Tailed)*
Cluster 1	64.17	26.347	63.33	23.594	.000	1.000
Cluster 2	80.83	21.075	85.83	23.327	-.921	.357
Cluster 3	86.67	19.408	94.17	6.646	-1.342	.180
Cluster 4	85.83	18.552	95.83	4.916	-1.604	.109
Cluster 5	44.17	24.983	11.67	16.931	-2.207	.027*
Cluster 6	26.67	25.232	2.50	6.124	-2.032	.042*
Cluster 7	5.83	12.007	1.67	4.082	-.535	.593
Cluster 8	16.67	17.795	10.00	12.649	-1.841	$.066^{+}$

*N = 6; * =* $p < .05$; $^{+}$ = trend, $p < .10$

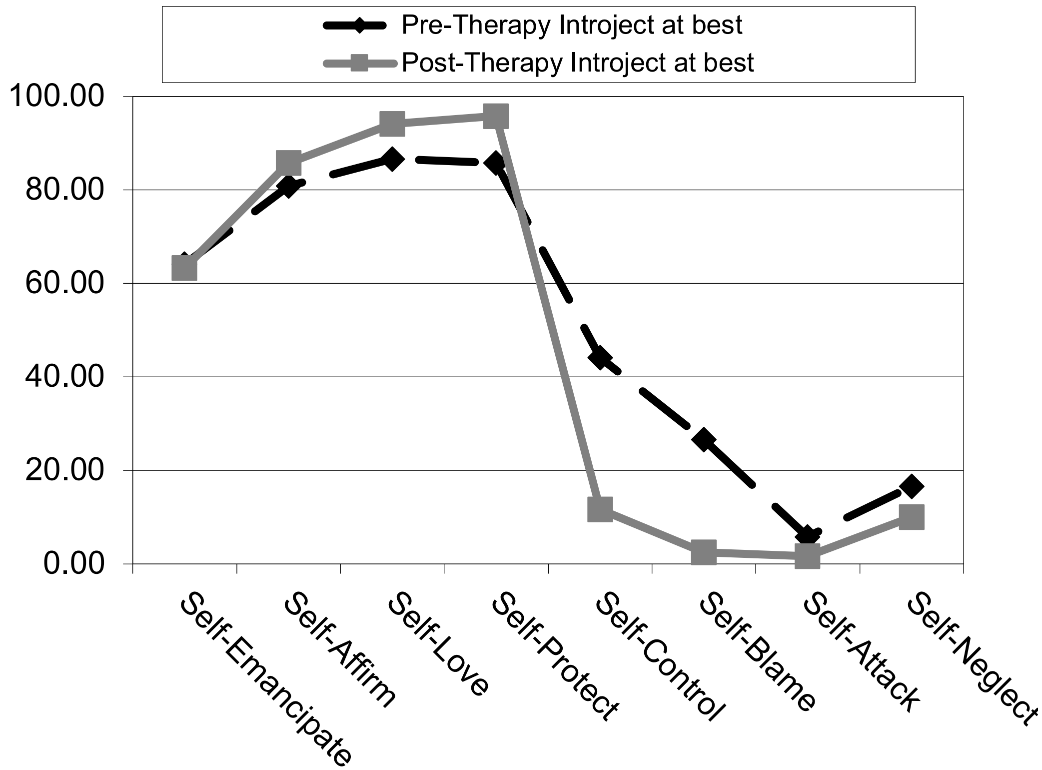

Figure 2: *Pre- to Post- Introject Changes*

To determine whether there was a significant difference in the mean scores between *Pre-* and *Post-* scores, we conducted a Wilcoxon Signed-Ranks test. Our data provides statistically significant evidence that participants' symptoms scores changed significantly from *Pre-Score* to *Post-Score* time points in clusters 5 and 6. This analysis suggests that participants experienced adaptive changes in their patterns of relating over time when participating in the Drama Therapy and Interpersonal Reconstructive Therapy group.

Service Satisfaction Survey

The Service Satisfaction Survey was only given at one time point, *Post* group, because it asked participants to evaluate their satisfaction in the group process. These

data are displayed in Table 3. Client scores reflect high levels of satisfaction regarding their group therapy experience.

Table 3
Service Satisfaction Survey

Question	Mean
How much has your CAPS therapy helped you deal with the problems that brought you to therapy in the first place?	1.5
How much has your CAPS therapy helped you to feel better?	1.5
How much has your CAPS therapy helped you to feel better?	1.5
Overall, how helpful has your CAPS therapy been to you?	1.5
How satisfied have you been with your CAPS therapy experience?	1.66

N = 6; Key: 1 = As much as possible; 2 = Very much; 3 = Somewhat; 4 = Very little; 5 = Not at all

Within the qualitative responses, participants commented that the most beneficial part of their CAPS therapy was gaining new perspectives, working on “personal issues,” becoming a better version of themselves, having social accountability, engaging in movement and play, as well as psychodrama. They commented that the group was “powerful” and “healing.” They also wrote about how important the community of support was. When asked what they would change, one member wrote that they wished it was longer. As final comments, one member wrote: “Changed my life. Thank you.”

Integration: Overall Themes

The themes described were then synthesized into a visual diagram reflecting the overall change process for this group. The author created this visual diagram after coding all sessions, reflecting on themes and coding with the two other researchers, and

reviewing codes and references on an individual level. This diagram helps both integrate the quantitative and qualitative data and hypothesize about a theoretical frame to answer the research question: How do interpersonal and intrapsychic patterns change during a group process that integrates drama therapy interventions within an interpersonal framework?

Visual Integration of Qualitative and Quantitative Results

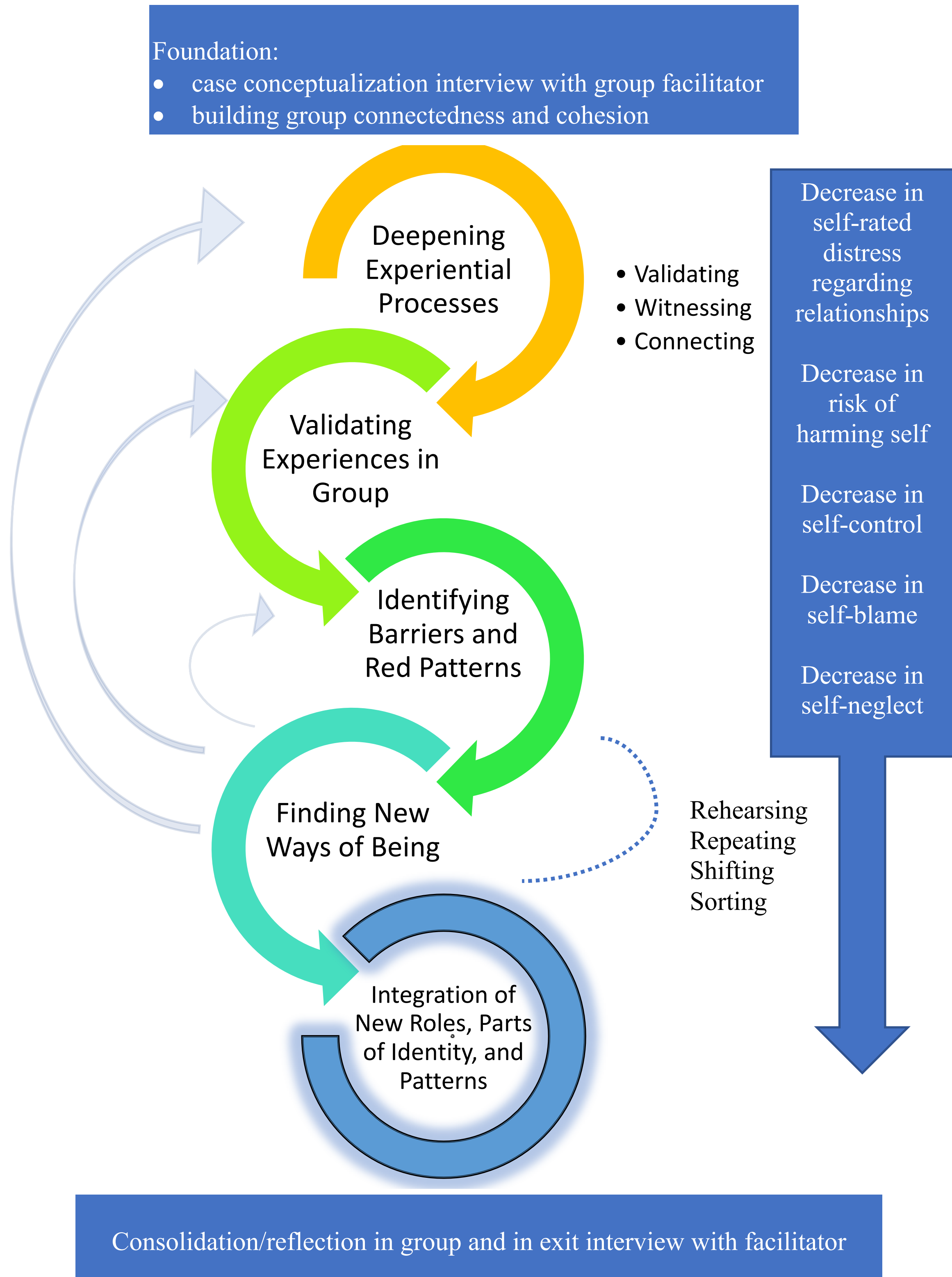

Figure 3: Visual Integration of Qualitative Themes and Quantitative Changes

As this change process evolved over the course of group treatment, shifts in interpersonal and intrapsychic patterns changed in ways that align with adaptive changes that are associated with secure attachment patterns (Benjamin, 2000). In addition, participants' symptoms of distress decreased, particularly in the areas of functional difficulties (the realm of relationships with self and others, and daily living) and safety risk. The qualitative data, which provided the foundation for this sequential figure of the group therapy process, is thus supported by the temporal changes reflected in the quantitative data. This combined image illustrates outcome and process data together. The outcome is understood as decreased symptoms, as well as decrease in intrapsychic patterns of self-blame, self-neglect, and self-control. The process is illustrated in the thematic categories of validating experiences in group, deepening experiential processes, finding new ways of being, and integration through drama therapy within an IRT frame. Potentially, these themes are the reason the therapeutic outcomes occurred.

Chapter V

Discussion

The purpose of this study was to (1) create a group therapy protocol that integrates experiential interventions from drama therapy within the conceptual frame of Interpersonal Reconstructive Therapy (IRT), and (2) gain an in-depth, process and outcome oriented understanding of how interpersonal and intrapsychic patterns change as a result of this group psychotherapy approach. The analysis of this group indicated that adaptive change occurred through factors of group connectedness and cohesion, deepening experiential processes in group, validating experiences in group, identifying barriers and red patterns, finding new ways of being and desired future states, and integrating new ways of being within group sessions and as reflected in outside experiences. The adaptive change included measurable symptom reduction, particularly in areas most targeted by the group including lessening of functional (relationship) difficulties, as well as adaptive changes in self-treatment, moving away from self-attack, self-blame, self-control, and toward self-protection, self-love, and self-affirmation. This is reflective of Henry, Schacht and Strupp (1986) linking of changes in introject patterns to changes in symptoms. In reflecting on the outcome results of the intervention, it is notable that changes in self-concept and changes in symptoms go together, with no explicit focus on coping mechanisms or symptom change itself (Ryum et. al, 2015; Henry et al, 1986).

This chapter will include a reflection on the group design and methodology, as well as a discussion of key findings as related to Interpersonal Reconstructive Therapy and Drama Therapy. The integrative model displayed at the end of the results section

(Figure 4) will be analyzed through the lens of an IRT change process, as well as through the lens of Drama Therapy theory. Finally, the author will review strengths and limitations, as well as implications and contributions to the field more broadly.

Reflections on Group Design

The group protocol was designed to provide participants IRT scaffolding pre-group engagement, during and after group sessions, and post- group engagement. The individual pre-group interview and first group session provided space for the clinician and client to collaborate in order to come up with an IRT case formulation, making sense of current symptoms in the context of client's relational history. During group sessions, IRT theory was interspersed lightly, with the language of red and green patterns most actively emphasized. Much of the group sessions themselves were dedicated to experiential interventions from drama therapy. These interventions allowed participants to experience their interpersonal and intrapsychic patterns in action. Particularly within Hero's Journeys, participants linked past to present sequentially by the nature of Hero's Journeys, and evoked family roles. The Modified Intrex (filled out after each session) and final reflection session provided a reflective space for participants to put language to what happened for them throughout the group process. It seems the Modified Intrex helped solidify the IRT case formulation and connection to their therapy goals, which may have made the group more effective. Participant responses to the Modified Intrex, which asked them to reflect on red and green roles and related patterns, integrated their theoretical knowledge of IRT. This also seemed to have an impact on the participants' abilities to use the language of both IRT (namely, red and green) and drama therapy (namely, roles) in their reflections during the group processes.

Reflections on the Mixed-Methods, Participatory Research Design

In the tradition of participatory and constructivist research, this section is meant to provide further transparency and reflection about our study's design and our process as researchers. The participatory nature of this research design meant that participants were involved in the research project with transparency. From the beginning of the study, the author/facilitator had a discussion with each participant about the purpose of the study and why we selected the measures we did. At the end of the group, participants reflected with the author during the final processing session. Members reflected on their own process through group and their experienced outcomes, and also discussed what they felt "worked", what did not, and what they thought the data would show. The author also asked participants what they felt happened as a result of the group, and their answers largely aligned with what both the quantitative and qualitative analysis suggested. Participants were also invited to discuss what they might change about the group or research process. The Service Satisfaction Survey measure provided a data point for this final reflection, though the content of the final reflection sessions were not analyzed as part of the qualitative data. In most participatory approaches, the participants would be more involved in creating the research questions themselves, and would engage in check ins regarding the data throughout the process. However, since the participants in this study were also engaged in a therapy process, the research team wanted to largely maintain the credibility of the data based on the therapy process itself, until the final measures were collected. In future iterations of this work, in alignment with participatory design processes, it will be important to engage therapy clients more actively in the

design, and invite these community members to share in the analysis, writing, and publishing process.

As part of this participatory, constructivist approach, the author and the group co-facilitator also engaged in their own self-reflexive processes as part of the study. This process involved both written reflections following group sessions and verbal conversations following groups, to process what happened during the group. For the author/facilitator, this certainly impacted her subjective experience of the data and story of "what happened" in group. As she wrote the first draft of the results section of this dissertation, she overly focused on her narrative of the group. One of her committee members advised her to return to the data and to her bottom-up, constructivist approach of honoring the participant's words, in the data, as central. She re-started the results section following this feedback, writing by theme rather than by session.

The participatory research design is situated within a critical social-justice framework that privileges the participant's experience and benefit over the end results or any gain by the researchers. Historically, research was a tool of colonialism, and largely remains grounded in a practice of colonization. While anti-racist, decolonial research must be participatory, not all studies with these aims privilege decolonization, which requires centering the benefits to participants rather than the researchers. In this case, there was reciprocity of benefits to both the participants and to the researchers. The team actively reflected on how to stay grounded in the therapeutic work and aligned benefits, privileged over the research aims.

Linda Tuhiwai Smith, PhD (Ngati Awa, Ngati Porou, Maori), scholar of education, researcher, and critic of colonialism, wrote *Decolonizing Methodologies*

(1999). Tuhiwai Smith wrote, “It appals us that the West can desire, extract and claim ownership of our ways of knowing, our imagery, the things we create and produce, and then simultaneously reject the people who created and developed those ideas and seek to deny them further opportunities to be creators of their own culture and own nations” (1999, p. 1). The author attempted to attend to this problematic history and engage in reflection regarding the repetitions of colonialism in her own research practices. By contributing this study to the field, the author hopes to join the many social scientists who are shifting the methods of how research is conducted, what constitutes data, and how the field defines research science. The author integrated identity and culture into the therapy process, in alignment with and beyond present APA guidelines, and with intention wove these aspects of participants’ identities into the analysis. The participatory frame described involved consistent review of the research process and possible results with group members, both within group sessions and in final processing sessions. This is a small step toward deconstructing the traditional, colonial ways we do research, but it pales in comparison to the directions proposed by Tuhiwai Smith. Ideally, the field will continue to move toward a disruption of research as colonization. Tuhiwai Smith wrote particularly of indigenous research, and within a case study with the Maori communities she proposed priorities that involve the Maori evaluating their own needs and priorities, and creating community-driven research methods, that can be reviewed and applied to other research settings.

Tuck and Yang (2014) provide guidance on research refusal. They wrote about the recent considerations of ethical standards in research practice, that often do not do enough to ensure research practices are valuable to the communities being researched and

deeply ethical. The authors proposed refusal to do research or refusal within research as a type of investigation. They iterated the history of researchers allowing participants to speak, but only narratives of pain. They wrote about how researchers "provide recognition to the presumed voiceless, a recognition that is enamored with knowing through pain" (p. 227). The focus on pain and damage-centered narratives are not only incomplete, they also disproportionately benefit the researcher and harm the communities whose suffering is on display. Tuck and Yang (2014) additionally proposed that the academy does not deserve to have access to all forms of knowledge. The authors provide an exploration of refusal. Without providing a particular framework (as refusal is contextual and particular), they provide ways of thinking about refusal. Refusal could be found in desire, saying no, or exposing the "complicity of social science disciplines and research in the project of settler colonialism" (p. 243), amongst other practices. The author of this study both recognizes her own practices of refusal within her trajectory as a doctoral student and social science researcher, as well as the need to further refuse and create new, generative spaces.

Key Findings

This section will outline key findings from the results of this study, from the theoretical perspectives of both IRT and Drama Therapy. As a reminder of the author's positioning, she is trained both in Drama Therapy (masters-level) and Clinical Psychology and IRT (doctoral-level). She will reflect from both of these positions, as this study is integrative.

IRT Theory Reflections

Both the quantitative changes measured through the Intrex measure and the qualitative analysis reflect a change process that would be predicted by IRT theory. The change process for the group as a whole, captured through the qualitative coding and aligned quantitative findings, aligns with the steps of the IRT therapy change process. These steps will be outlined in the following sections, as a way of further reflecting on the qualitative findings. Major processes that occurred, now stated in IRT terms, involved differentiation from maladaptive internal figures and oppressive forces, with the support of the group's cohesive warmth, along with the adoption of more adaptive ways of being with self and others.

This group intervention focused on both exploring identity and building healthy relationships. Foundational to both processes is building patterns of self-love, affirmation, and protection. The majority of this chapter will focus on the qualitative findings, which were complemented by the quantitative pre- to post- outcomes. In our analysis of the Intrex data, we focused on participants' self-treatment. In absolute terms, the data moved in the hoped-for directions: participants' self-blame, self-neglect and self-control decreased over the course of the group. We also noted that means increased for the adaptive clusters, including self-affirm, active self-love, and self-protect. The changes were more than can be explained by chance fluctuations with regard to reductions in self-blame and self-control. This overall pattern aligns with adaptive changes from an IRT/SASB lens, as participant maladaptive patterns decrease and adaptive patterns increased. Recent IRT process and outcome research shows that gift of love work (the core of IRT therapy concerned with how patterns with attachment figures repeats in

current relationships) correlates with adaptive changes in self-concept and self-treatment (Critchfield, Dobner-Pereira, Panizo, & Benjamin, 2018).

Over the course of the group, participants' self-control, self-neglect, and self-blame patterns shifted significantly, and adaptively, through the use of embodied interventions. We believe this occurred more quickly and effectively than what would have occurred with talk therapy alone. Experiential interventions that involve embodiment in the here-and-now require a certain level of freeing oneself, and disrupting old, stuck ways of being (Johnson, 2009; Sajnani, 2016) in one's body and in relationship to the self and others**.** From a place of less control, blame, and neglect, participants were free to find new ways of being (green patterns) that aligned more with their desired self, embracing more of their experience (even the "negative" parts), and asserting themselves more actively. They were also able to more flexibly move toward new patterns, without being as blocked by conscious defenses than they might have been if we were predominantly using a talk therapy approach.

The changes in self-concept reflected a shift toward more adaptive, secure attachment with the self, i.e. higher scores in self-affirm, love, protect, and lower scores in self-blame, attack, ignore, control. Through the qualitative data, these patterns were also observed in the late stages of embodiment within the enactments, whether within a Hero's Journey or Psychodrama. Participants worked through familial patterns, identifying stuck places and aligned red patterns, and moved toward goal destination states, and aligned green patterns.

The IRT change processes, described and outlined by Lorna Smith Benjamin (2003/2006) align with the change processes indicated by our data, which will be spelled

out in detail below. The theoretical model of change (Figure 4) displayed within the Mixed Methods integration section mirrors the IRT model closely. The major steps of change within the IRT process are (1) Collaborate, (2) Learn about patterns, (3) block maladaptive patterns, (4) enable the will to change: dare to change and let go of old wishes (while simultaneously blocking the red pattern of clinging to old wishes) and (5) learn new patterns. Benjamin further elaborates on each step by outlining specific aligned steps of self-discovery and self-management.

Group Cohesion, Shared Experience, and Deepening Experiential Processes as Catalysts of Change: Aligned with IRT Steps One and Two

The foundation of this group therapy process was group cohesion, and aligned honesty and connection within the group. These themes were apparent in the data across sessions, and preceded the "steps" of the group change process (see Figure Four). Group cohesion is an element of group psychotherapy that is broadly recognized as an essential piece of the therapeutic efficacy of a group process (Burlingame, Fuhriman, & Johnson, 2002).

Within this particular group, the theme of connection and friendship evolved quickly and remained present throughout the group's development. This elucidates an important difference between group psychotherapy and individual psychotherapy, as the evocation of the "friend" role as a healthy attachment, with more distance to allow for practicing green patterns with less emotional flooding, became a common pattern amongst group members. The facilitators could not have predicted this; it emerged perhaps due to the developmental reality of group members (college-aged, when the peer group is central), and then became a central theme of the group process.

Within this relationally connected group setting, themes of honesty and vulnerability emerged. These developments aligned with IRT Steps One and Two: Collaboration, and Learning about Patterns. As group members reflected on their experiences within early group sessions, they shared openly with each other, and often spoke of their internal experiences within enactments and their experiences within the group itself. The scenes they enacted were often emotionally evocative, and got to the "heart of the matter" quickly. In this group setting, participants were adept at holding space for each other's emotions, as seen in their reflections and the frequent coding of honesty and vulnerability. In addition to aligning with the first two steps of IRT, these themes remained salient throughout the course of the group. Generally, throughout the process the group members' openness and vulnerability was met with kindness and support, rather than dismissal, rejection, or overcontrol. Unique to this group, drama therapy evokes this type of engagement at its foundation (through safety setting, aesthetic distance, and doubling/coaching from the facilitator), and IRT theory orients this process specifically toward attachment and adaptive relating.

Within these first steps of the therapy process, understanding and integration of culture and identity is essential, and this group had some particularly important shared cultural experiences that were central to their connection.

Culture and Identity. Culture and identity are always important foundational elements of the therapeutic process. We must strive to understand client's intersecting identities (Crenshaw, 1991; Hays, 2008/2016), our own identities, and the differences and similarities between the identities and experiences of client and therapist. Within a group psychotherapy setting, the identities and cultures of group members become salient to the

group level cohesiveness, and can help or hinder the group process. In this particular group, both the author (and primary group facilitator) and five out of six group members identified as LGBTQ+. The sixth identified as an ally and was actively affirming of fellow group members' identities. Within group, participants revealed that they read the "Exploring Identity" tagline on the group flyer, and this stuck out to them as an ambiguous indicator of LGBTQ+ focus. The group and facilitator had a good laugh about this, and generally folks felt grateful to be sharing space with other LGBTQ+ people. This became an important alignment and theme that was central to multiple enactments and reflections. This shared identity may have further catalyzed the change process for this group specifically. As referenced in the Results section, often for LGBTQ folks the peer group becomes a primary (or adjacent, and important) family system. In this group, participants possibly connected more immediately and deeply in part due to their shared identities. In group, there was the opportunity to both experience support within the group itself, which for some may have felt similar to familial care and presence, in addition to working through their family patterns and finding new ways of relating within the group dynamics.

Race and ethnicity also became salient at points throughout the group process, though were not explicitly discussed within the sessions transcribed. Cultural norms regarding therapy and romantic relationships were brought up, as the author recalls, in pre-therapy interviews and in select group sessions. The facilitators were a white woman of European descent (author) and a middle-eastern and Peruvian woman, thus reflecting the racial and some of the ethnic identities within the group.

In the setting of a university that is a predominately white institution and upholds heteronormative cultures, that all group members (as undergraduates and one masters student) and the facilitators (as Doctoral students) attended, it seemed this process of engaging in group psychotherapy with other LGBTQ+ folks was generally liberating, and at the least affirming. This also aligns with the outcome shifts we observed in the data.

Guide Roles and Destination Roles. The content that illustrates this theme connected closely with IRT Step Two. These roles aligned with Green patterns, which makes sense, as these choices of roles are meant to evoke an individual's desired future states (goal states, or "healing image" in IRT language), and an individual's internal resources that help them get to those desired states, i.e. their adaptive patterns. For example, as one participant enrolled another in her guide role (The Lover role), she stated: "you're trying to get me from this point to that point, but not like force me, kind of nurture me, edge me on. You're like – you can do this, on your own will." She is directly identifying and explaining the patterns of this internal resource (Guide role) that align with Green adaptive patterns, of self-love, self-affirmation, and self-protection. This has great implications for the value of working through roles (in this case, the guide role) to elicit adaptive ways of being, without the therapist super-imposing the idea of what "adaptive" is through heady, theory-driven language.

Validating Experiences in Group and Identifying Barriers and Red Patterns: Aligned with IRT Steps Three and Four

Validating Experiences in Group. The thematic content aligned with this category fits with steps three and four of IRT therapy: blocking maladaptive patterns and enabling the will to change. In this stage of therapy, participants were grieving losses and

"unmasking," giving up old loyalties (Benjamin, 2003/2006). They were moving toward their new goals and ways of being, and more consistently being self-compassionate and reacting differently throughout group sessions. Connection and validation amongst group members was a central part of these processes. The participants shared parts of their identities, including their LGBTQ+ identification, became salient at times within enactments, and likely enhanced their capacity to "get it" and show up for each other. Moments of refusal within enactments often led to participants generating new directions spontaneously, at times different from the facilitator's initial guidance. After one participant pivoted direction in a scene with her mother, she then grieved the reality of her mother's reactions to her, and asserted herself freely. The participant playing the friend role was an essential support both within the enactment and within the group dynamics. Group members reflected back on these processes in the penultimate session of group, and spoke to themes of social accountability, examining their emotions consistently, appreciating each other, and "figuring out" their "mess."

Identifying Barriers and Red Patterns. The process of Identifying Barriers and Red Patterns often involved identifying and confronting difficult obstacle roles, working through group dynamics that had to do with being stuck, challenging, and conflicted, and blocking Red patterns. These processes aligned with IRT Steps Three and Four as well, as they often involved seeing it differently and reacting differently, changing self-talk and behavior, and finding new ways of being while grieving losses (Benjamin, 2003/2006).

Participants often identified Barriers through identifying and exploring their Obstacle roles. Often, these roles were rooted in familial relationships, broken friendships, or past romantic relationships. Two commonly identified obstacles were

Mother and Sister. These roles primarily involved SASB patterns of Control, Blame, and Self-Control, Submit, Self-Blame. After identifying these roles as Obstacles, participants were able to play out their attempts to move past, integrate, or confront their obstacles. Within enactments, these obstacles often tried to keep them from more adaptive and desired patterns such as freeing the self, affirming the self, or loving the self, as well as connecting with and trusting others.

Especially in the middle stages of group, participants often spoke of feeling conflicted, acknowledging their desire to change and confront their barriers/obstacles, but feeling afraid of doing so due to potential repercussion, associated with letting go of their familial loyalties from the IRT frame. Within the group process itself, participants often expressed some conflict regarding how much to share, and how vulnerable to be. With increased self-awareness and openness regarding this conflict, participants were more able to affirm each other's vulnerability, and encourage a culture of emotional openness.

Being "Done" Healing: A Unique Barrier to Change. A theme that emerged within the data of the final session coded for this research study was representative of a barrier to change that emerged from time to time throughout the group process, and was observed by both facilitators in their post-group reflections, and conversations. This theme emerged with one participant in particular, who frequently referenced a painful past relational experience of being betrayed and abandoned by a close friend. She spoke to being conflicted about "picking the scab" of that wound unnecessarily. In the final session, she and one other member reflected on a wish that they could have experienced the group during or directly following their most challenging relational experience, as they still felt ambivalent about going back to old wounds. This refusal was respected by

the facilitators, in line with processes of good therapy, as well as deeply ethical processes of research. To powerfully guide these participants into their pain, exposing their narratives both within the therapy space and to the research process, would be an abuse of power.

Acting Out as Action. Within enactments, participants literally took action and played out their patterns—a fully embodied version of Step Four of IRT: Enabling the will to change. In verbal psychotherapy, this Action step occurs through discussion in therapy paired with making changes in interpersonal and intrapsychic relating both within sessions and in real life. In this version of IRT, using drama therapy, participants' action occurs first within the group itself, as real time enactments of their challenges. For many of the participants of this group, action that was associated with the later stages of their change process, and new adaptive Green patterns, involved assertiveness and differentiation. This makes sense within the context of their general developmental stage, as they were all college-aged or recently graduated.

Enactment involves preparation, enrolling participants as auxiliary roles and/or parts of the self, playing out the action of the scene, followed by reflection (typically). The enrolling and reflection processes encourage mentalization, or thinking about thinking. This helps to enhance the observing ego, which is a key part of the process of IRT therapy. Within the action, or playing out of the scene itself, participants engaged fully, bringing their "primitive" brain online so they could both think and feel through the scene, fully embodied.

Finding New Ways of Being and Integration of New Roles, Parts of Identity, and Patterns: Aligned with IRT Step Five. Toward the end of the group

process, in the last few sessions, the group as a whole and individual participants were more actively engaged in steps three through five of IRT: blocking maladaptive patterns, enabling the will to change, and learning new patterns. These new ways of being were often associated with participants' identified Destination states, within the frame of the Hero's Journey. Within the framework of IRT theory, and within the framework of group dynamics, it makes sense that they would be at this stage around sessions six and seven, as these sessions marked the middle to end of the group process temporally, and the process of these sessions involved building from the foundation of collaboration and awareness to engage participants in the process of seeing things differently and reacting differently, grieving losses, and accepting what is so they could move forward. In session seven, the themes that emerged most often aligned with increased vulnerability, connection, and green patterns. At this stage, participants were actively blocking maladaptive patterns and engaging in deeper, more vulnerable material within group sessions. They were also trying out new ways of being within the group sessions themselves and speaking to these efforts outside of group.

Some of the roles associated with Destination states included the Adult, the Helper, and the Optimist. These states were often associated with a balanced state, from an IRT standpoint a balance between actively caring for self and caring for others. In psychodrama enactments, these later stages were often associated with asserting oneself, and changing the outcome of a difficult situation. Often this also involved differentiating from relationships that were previously stuck in cyclical Red patterns. In the penultimate session, participants reflected on these later stages of the change process.

Reflecting on Complex Interpersonal Pattern Dynamics

In group therapy, there is less opportunity than in individual therapy for the therapist/facilitator to untangle the green from the red within relationships and/or scenarios that involved a complex combination of both adaptive and maladaptive patterns. However, group members did at times speak to this tension themselves, and at times would point out this complexity when participating in each other's scenes. For example, within the psychodrama in session seven, it seems that the client who received primary focus in the session, the protagonist's, relationship with her mother elicited both Red and Green patterns. In reflecting on this moment, it exemplifies the some of the complexity for the therapist when facilitating group therapy versus individual therapy. In individual therapy, the therapist and client could unpack the adaptive and maladaptive patterns learned with Mom. In group therapy, especially in this embodied form, the facilitator uses the action of the embodiment to show the true dynamic and then encourage and/or elicit Green. Within this scene, which occurred during Session Seven, the protagonist had chosen her mother to play a vital support, and her mother's presence did allow her to assert herself to her ex-friends. Her mother's care also allowed her affect to deepen within the scene, as she exposed her true feelings of hurt and vulnerability due to the friendship betrayal. However, she was also perhaps overly identified with her mother and the paired familial patterns of keeping things positive, and avoiding negative emotions. Following her moment of emotional clarity and vulnerability, she pushed these feelings aside as her mother encouraged her to see the positive and remember how wonderful she was. This interaction is just one example of many moments in group when complex relationships elicited a set of complex SASB codes.

Building on the History of IRT Group Work

The study at hand built on the valuable contribution of Cañate (2012), who centered her dissertation research on an IRT group therapy process that she designed, facilitated, and studied. As reviewed, Cañate found two major themes within her data, the first being that group members were "highly resistant" to overt discussions of their interpersonal relationships and related patterns, and second that religion was a central theme and greatly impacted how information was processed by the group. These findings align with the study at hand in some ways, as identity (rather than religious identity, LGBTQ+ identity) was a central organizing theme and in some ways provided a shared cultural understanding. Additionally, in the study at hand, discussions of patterns and individual case formulations were often not overt. However, with this group, the provision of roles and experiential interventions allowed the case formulation to be invoked with safe aesthetic distance, reducing the likelihood of defensiveness and distraction which appear to have occurred in Cañate's group.

Drama Therapy Theory Reflections

Drama therapy theory and interventions were applied from two theoretical orientations: Role Theory (Landy, 2009) and Psychodrama (Garcia and Buchanan, 2009). The facilitators also relied on concepts from Developmental Transformations (Johnson, 2009) in warming up to group sessions and as transitional tools during group sessions. Broadly, Drama Therapy centers spontaneity and flexibility as central to psychological health. In this group's process, the qualitative themes as well as the quantitative changes (decreased self-control/ over-control) indicated increased spontaneity and flexibility as participants engaged in group.

The change process, as understood through Role Theory, involves an individual moving from their starting space as Hero toward their Destination, strengthening their ability to work with their Guide and move through their Obstacle(s). Within this group process, Drama Therapy, especially Role Theory and Psychodrama, scaffolded here and now enactment of Red and Green patterns learned in early attachment relationships, so that participants could play out dynamics in current contexts and learn from them, then practicing new ways of being in current context of the group.

The Hero's Journey structure was the main Role Theory theoretical application and aligned intervention used within this group. In session one, participants were encouraged to create their own mini case formulation and treatment plan for themselves, using the role sort and Hero's Journey structure. In this session and in subsequent sessions, participants were encouraged to reflect on "red" and "green" patterns that aligned with their roles, and reflect on where these patterns came from within their important attachment relationships, eliciting a cognitive understanding of copy process. Then, within enactments of these Hero's Journeys, participants actually played out their patterns and were able to enact shifts from red to green ways of being.

Within the data pulled from sessions three, five, and seven, the Hero's Journey captured in session three, and aligned themes coded within the data, exemplify the way the Hero's Journey structure allowed participants to actively enact their change processes. In a particular case example, the participant's Obstacle role (The Mother) was associated with red patterns, including Self-Control, Self-Attack, and Self-Blame. The participant's guide role, the Lover, and destination role, the Helper, were aligned with green patterns, including Self-Affirm, Self-Love, and Self-Protect. The Helper was also associated with

other-focused green patterns, including Protect, Affirm, and Active Love. By explicitly evoking the Mother role in this Hero's Journey, the participant was facing both the recapitulation of dynamics with her Mother and how they impact her relationships with others and navigation of her life, and the introjection of her Mother, as she evoked the internalized Mother in her Hero's Journey. Within the structure of the Hero's Journey, the facilitators guided participants to activate patterns of the Hero's family system and aligned copy processes. The facilitators never inserted these connections artificially, they instead deepened what the client already brought in and invoked through their role selections. The facilitators then helped guide the client toward green patterns aligned with their destination role, and deepened moments when these shifts were aligned with increased range and intensity of affect.

What allowed for change to occur, as indicated by the qualitative coding of the group data, was deepening of process, which means increased openness, connection and vulnerability amongst group members, and aligned increased adaptive self-treatment, allowing for the facilitator to continue guiding the group toward the later stages of IRT work, enabling the will to change. Through careful interventions by the therapist (see Appendix C for a description of the interventions facilitators used) during Hero's Journey and Psychodrama enactments to enable affective presence and enable green, encouraging healing image wants and desires from participants to emerge. From the facilitator's reflections, it was noted that as participants began to tolerate intense feelings within group without becoming dysregulated, there was increased connection to other group members, and they also commented on moments outside of the therapy process when

they were able to allow their own vulnerability and emotional exploration, tolerating distressing emotions, with less succumbing to old red patterns.

Within psychodrama enactments, this here-and-now process became even more impactful, as psychodrama moves closer to participant's actual experiences with less aesthetic distance. Within psychodrama enactments, the therapist strategically inviting the clients to reverse roles throughout the psychodrama. The protagonists of the dramas were invited to narrate not only their own position and situation, but also those of the auxiliary roles. This enriched the detail and "reality" of the scene, deepened affect, and made the scenes fit with credibility so participants could step into their own choices and assertiveness as scenes progressed and change occurred within the enactments.

The group itself was the foundational support system that allowed change to occur, both through validation amongst peers within group, generation of emergent ideas and ways of being, and reparative experiences within the group. It seems the group was perhaps so effective because of this dual-level engagement: participants both understood the foundation of IRT enough to take a top-down reflective approach to labeling their own patterns as red and green and understanding the impact of early attachment relationships on their present functioning, while also being engaged in experiential, here-and-now interventions and engaging with emergent bottom-up processes.

Strengths of the Study

The study at hand possesses many strengths, including the relevance of the group intervention to an identified need in the field, the provision of a clinical offering and paired research study, pre-post design with sensitive measures, the availability of the protocol for future use, and the mixed methods, participatory design which allowed for a

focus on whether observed processes mapped onto the underlying theory of change. This group intervention was created as a response to the clinic's need and as a response to Lorna Smith Benjamin's call for more experiential interventions that engage the primitive brain in the therapy process (2018). The group protocol that was created is now available for continued use within the clinic at James Madison University, and/or for use by outside clinicians in any clinical treatment setting. The research study provides preliminary process and outcomes data that suggest the clinical relevance and efficacy of combining experiential approaches like Drama Therapy within interpersonal, attachment-based approaches like Interpersonal Reconstructive Therapy. The findings suggest large effects, which suggest the treatment is potent, especially with such a small sample and short-term treatment. This study aligns with the trajectory of IRT clinical research.

The design of the study itself is also a strength, as outlined earlier in this chapter, as it integrates both Qualitative and Quantitative methods in a Mixed Methods design. The author chose to use a Mixed Methods, Constructivist, Participatory design, rather than relying solely on a more objectivist approach.

Limitations of the Study

There are several limitations to this study, and several possible perceived limitations that were addressed by using a constructivist, participatory design.

There were some limitations to the qualitative coding process due to the potential impact of relational power dynamics, and the impact of COVID-19. Power dynamics included the reality that the author, undergraduate research assistant, and faculty advisor were the three coders. The research assistant was relying on the author for course credit, and the author on her faculty advisor for passing the dissertation and graduating. While

we were cognizant of these dynamics and reflected on them during moments of decision making, they undoubtedly had some impact on the coding process. In addition, due to COVID-19, all coding and consensus conversations occurred virtually. This proved challenging at times, as we were not able to look at data side by side. An additional specific limitation is noted in the process of coding. The codes "red patterns" and "green patterns" were the most theoretical/top-down codes, and often researchers differed on how our own interpretations of red and green patterns impacted the way we coded. Typically, we came to a consensus through looking at the data together line by line.

The main limitations of this study from the quantitative lens are the small sample size, and no control group. Within this context of initial treatment development, as well as the mixed-methods design of the study at hand, these factors are acceptable. For example, qualitative reports of what was meaningful to participants allowed for direct knowledge of "uncontrolled" variables. However, future studies should evaluate the intervention outcomes on a larger scale. In addition, we were interested in whether the change process aligns with the underlying theory in a way that generalizes across different groups. We were heartened to observe that in the present setting through careful analysis of qualitative themes, and paired quantitative changes, it does.

A possible perceived limitation is that the principal investigator and author also designed and co-facilitated the group therapy sessions. While in a traditional quantitative study this would indeed be a limitation, this project's design allowed for the author to reflect on her subjective experience and construct meaning with the participants and the rest of the team. Rather than attempting to be as objective as possible, subjectivity was welcomed and examined. The data and findings of this project are undoubtedly

influenced by the unique group of individuals that engaged, and future studies will help to unravel what processes and outcomes occur consistently, regardless of the specific group. The findings of this study do align with IRT and Drama Therapy theory, in that the results align with the expected and desired outcomes would be based on these theories of therapeutic change.

A limitation of the impact of this group treatment, and thus of the study, is that for our Intrex measure, the quantitative measure of interpersonal and intrapsychic patterns, we focused only on changes in self-treatment. This data set showed a significant, positive change. We chose to focus on this subset because it relates most to the therapeutic focus of this group, and was consistently rated in the same way on the Modified Intrex (regardless of what roles participants played in group).

Implications and Future Directions

The most significant implication of this study is the clinical implication that integrating experiential interventions, like Drama Therapy, within an attachment-based interpersonal conceptual frame, like Interpersonal Reconstructive Therapy, is clinically effective. This study provides empirical evidence to support this treatment approach, as well as subjective high satisfaction ratings from participants. This study also lays the groundwork for further replications to evaluate this approach as well as other similar integrated experiential approaches.

On the process level, this study also reveals clinical implications about how change occurs in group psychotherapy. The observed processes of change, as summarized in figure three within the results, map ideally onto the expectations that led to this integration project. The expected mechanisms of change were activated in ways

that map onto the IRT theory, and the outcomes were therapeutic and adaptive from a generalist perspective as well as from an IRT specific lens.

Beyond the contributions to the field of Drama Therapy and to the theory and approach of Interpersonal Reconstructive Therapy, this study also has implications for interpersonal and experiential approaches more broadly. Virginia Satir's experiential family therapy work aligns closely with this group psychotherapy approach. Her use of the self, sculpting and embodiment, disrupting the status quo, and tapping into the here and now offered a version of family therapy that was dynamic and effective. The study at hand lends further evidence to the credibility of her way of working, which fits well into the legacy of Drama Therapy. Additionally, many of the interventions of psychodrama and other drama therapy approaches align with the traditions of Emotion Focused Therapy and Accelerated Experiential Dynamic Psychotherapy, due primarily to the focus on client's here-and-now experiences within therapy. Some of the central interventions of these approaches, including two chair and role play, closely mirror the tools of Drama Therapy.

This study also has implications for the work of Diversity, Equity, and Inclusion and provides valuable tools for privileging identity, cultural context, and individual's phenomenological experiences, that may be utilized within psychotherapy and within educational institutions and systems more broadly. This group intervention could be adapted to be a workshop for colleges and universities, clinical training programs, and professional settings. This group may also be useful in serving individual affinity groups, including LGBTQ+ folks (as occurred spontaneously with the group in this study), Black people and People of Color, indigenous populations, rural populations, disabled folks,

and any other group that may benefit. In addition to the benefits of providing psychotherapy groups to specific groups, the tools may also be used to inform how to hold space for various diverse identities within one group, and for encouraging cross-cultural exploration if multiple disparate cultural groups are coming together in one space. This group model centers identity at its core, and thus could provide a valuable intervention in therapy spaces and within institutions that are predominantly white and historically oppressive, as long as the facilitators implementing the group are well trained and committed to their own journeys of anti-racism and cultural humility.

In terms of continued clinical research, the study may be replicated within this setting and within other treatment environments, to test the efficacy with additional clinical populations. More broadly, the author hopes that clinical researchers will see the potential in integrating experiential interventions that activate the "primitive brain" within the Interpersonal Reconstructive Therapy approach. Additionally, future studies might look at data from gesture and embodiment, from analyzing the video transcripts for this information and creating a system to code and make sense of this valuable information. The author ultimately hopes that researchers will continue to study Drama Therapy as an effective approach for group therapy (in addition to individual, couples, and family therapy). There is a great need in the field for more research studies that investigate the processes by which Drama Therapy works therapeutically, and provide the outcome data that will continue to elevate the field and support the hiring of Drama Therapists within primary clinical roles in all treatment settings.

Appendix A: Measures

Full copies of measures are not included, for copyright concerns.

- Life Information Interview (Standard Clinical Measure at CAPS)
- Core-OM
- Intrex
- Service Satisfaction Scale
- Modified Intrex: Weekly Interpersonal Functioning Survey

Appendix B: Coding

Codebook created from Coding of Modified Intrex Measures

Codes\\Codebook 2 - edited 6.2020\\Codebook from Modified Intrex2

Name	Description
Change	use when there is an explicit or implicit change process being referenced or occurring in session.
Accepting Challenges	Use when a participant indicates a shift in their acceptance of difficult circumstances or negative emotions. Rather than avoiding, becoming dysregulated, or other maladaptive patterns, they speak about an acceptance or ability to recognize challenges differently.
Awareness of Patterns	use when a participant acknowledges their patterns - could be about where they came from, current patterns playing out in life, or how they are within the group itself. could be explicitly talking about patterns or noticing something implicitly
Barrier to change	use when a participant talks about something keeping them stuck, blocking them, obstacle, barrier to change process. something between them and their goal / future self.
Coping Mechanisms	use when a participant discusses ways they cope - particularly shifts in the ways they cope. for ex, participant noting decreased substance use and increased emotional reflection/journaling. could be subtle or overt.
Effort toward change	Use this code when someone indicates they are trying to change (actively), or discusses how they are working toward a goal. can happen in here and now or be about external efforts they reference

Name	Description
Learn to build and maintain healthy relationships	use when a participant discusses or enacts change toward more adaptive ways of being specifically within a relationship - with themselves or others.
New realizations	use when a participant indicates new awareness or realization about their patterns and/or their change process. can also use when realizations arise in the role play of action in group via a hero's journey or psychodrama.
Noticing more green	use when a participant indicates they have noticed more healthy/adaptive/green patterns. can explicitly call them green or not.
Experiential	Use when participants are described as being emotional, or experiencing something significant in an embodied way, and when they themselves articulate an experience like this.
Emotion	use when a participant is describing or experiencing (as describe) heightened emotion and affective resonance during group
Feel	Use when a participant discusses something they feel, in the moment or in another moment (past)
Want or Desire	Use when a participant indicates something they want, in the moment, or in the future
External factors	use when a participant indicates that external factors are impacting their group process and this seems particularly relevant/salient to their change process or to the group process in that segment
Goals	Group member is explicitly indicating their goals or desired future states
Accepting Challenges	accepting challenging situations, emotions, trying to "embrace bad days and feelings"
Adaptive Habits	goal of building green patterns, coping

Name	Description
	mechanisms, habits/behaviors that are adaptive interpersonally and generally
Develop Identity	goal of further understanding self and developing identity
Healing Image	goal of understanding goals, what one is moving toward, or reference to that healing image that one imagines
Healthy Relationships	goal of building / maintaining healthy relationships, identifying healthy relationship patterns, identifying what this looks like on an individual level
Green Patterns	Use when participant explicitly indicates healthy pattern happening in group or outside, or within self, or implicitly engages in green pattern in the here and now or in describing outside situation (for example: saying "I see you and understand you" could be coded as accepting other)
Block red pattern	
Group Dynamics	many of these will overlap with red or green patterns. Please label double - as things happening in the moment (finding a label within the group dynamics category or labeling broadly as group dynamics) and coding it as something within the red or the green patterns list.
allow self to be vulnerable	
approach other	
challenging	
conflicted	
connected	
honesty	
letting go	
relating to others	
respectful	

Name	Description
Stuck	
Old stories	When a participant references something from the past coming up again, or something that has been happening for a long time
Psychological Mindedness Reflection	participant discusses self-awareness - of their internal state (thoughts, emotions), how the work is being applied outside group
Red Patterns	Use when participant explicitly indicates maladaptive pattern happening in group or outside, or within self, or implicitly engages in red pattern in the here and now or in describing outside situation (for example: saying "stop talking - you don't get it" could be coded as control other)
Role	
Application of Role	use when participant uses role to explore real life situations in group or outside of it. also when participant references or reflects on how they play a role in life, or how they have shifted because of their awareness of roles they identify with/stand in their way/help them/want to move toward.
Destination	Role/state of being associated with future self, where they want to be
Guide	Role/state that helps them, that can be an agent of change to help them overcome barrier/obstacle and move toward their destination
Hero	Role/state that they identify with now - "this is who I am"
Me	
Obstacle	role/state that stands in their way - that is a barrier (though a role they identify with in some way) that stands between them and their destination
Significant Role	a role the participant marks as significant,

Name	Description
	in any way - perhaps they've played this role for a long time, feel stuck, etc…
The adult role	
The Artist Role	
The Best Friend Role	
The Bisexual Role	
The clown role	
The daughter role	
The Fool Role	
The guardian role	
The Hate Role	
The Helper Role	
The lover role	
The mother role	
The Pain Role	
The Queer Role	
The Sister role	
The Student	
The Sucker Role	
The Victim Role	
The Witness Role	

This word map was created using NViVo – it represents the most common words within the three transcripts we analyzed.

Appendix C: Group Protocol

Drama Therapy and Interpersonal Reconstructive Therapy Protocol for Group

To be used by trained, supervised clinicians only

Julia Dobner-Pereira
James Madison University

Development of Group

This group protocol was developed in tandem with a research project to study its effectiveness. The process described within this manual will detail a clinical process and will not include description of the research-only measures. There is a measure that is used for both purposes - research and clinical - which is described and should be implemented regularly as part of the group process.

Overview of Group

The group process begins with an intake session. Following this first intake session, participants began the 8-week group psychotherapy process. The focus of the group process is on exploring identity and building healthy interpersonal relationships. The first half of the group sessions focus on building group cohesion and exploring the roles one plays in life. Participants engage in a “role sort” as a group, which means choosing from a stack of roles cards, a deck of 70 roles created by Robert Landy (2003) by finding and naming classic roles in literature and theatre, to fit the prompts “This is Who I am”, “This is Who Stands in My Way”, “This is Who Helps Me”, and “This is Who I Want to Be” (Landy & Butler, 2013). The facilitator invites group members to illustrate each others’ stories by playing out these “Hero’s Journeys” as improvised scenes. The facilitator invites clients to reflect on the roles that stand in their way and those that guide them through various art mediums. Group members have the chance to have their journeys witnessed and participate in other members’ journeys. The second half of groups used psychodrama, improvisation and/or scene work to deepen exploration of interpersonal

patterns, identifying their own stuck patterns and learning new ways of being through various self-states and roles. After each group session, individuals fill out the shortened INTREX and a qualitative reflection about their interactions and self-concepts during the group. The group process and reflections total about 1.5 hours per week.

Upon completion of the group psychotherapy process, participants engage in a debriefing session with the group facilitator. This is optional, both for the facilitators (they should decide whether it is clinically important) and for the participants.

General Notes:

- For this protocol, Group sessions 1-3 and 8 should remain the same general structure - this is important for them to reflect on roles throughout and gain some understanding of red/green intrapsychic and interpersonal patterns
- Group sessions 4-7 have a fair amount of flexibility. Depending on the group, there are 3 options for how to deepen the experience:
    - Play/Improvisation
    - Psychodrama
    - Rainbow of Desire - This technique involves sculpting a problem/situation and then deepening it through a variety of methods, including:
        - Assigning auxillaries to play parts of self

Intake Interview Process:

The structure of the interview is this:

1. Talk to client about group therapy and get a sense of their expectations. Provide frame for this process – summarize the overall frame of understanding how early attachment relationships are impacting us in the present and what patterns we're repeating. Rather than just talking about this, we use creative means to explore in session. This might include identifying the roles we play in life and where we learned them, enacting short scenes with other participants, or using images and metaphors to reconstruct narratives of who we are and where we want to go.
2. Explain to client that you want to get to know them more so you can help them engage in self-reflection and self-awareness that will guide their process through group. This information will also help you as the facilitator and/or you will provide the facilitator (if you are not the facilitator) with general information

about their current reasons for pursuing group therapy, goals, and how past early attachment relationships are being copied in the present.

3. Use life information survey to get BASIC information about client – do not go into all sections. Do risk assessment, substance use, get a sense of their general functioning level. If they are functioning well enough to participate in group (i.e. not actively suicidal or homicidal, psychotic, using substances to the point of dysfunction) then proceed to ask brief questions about sections including academic functioning, medical history, etc… just to catch any red flags or particularly protective factors. You want to focus most of your time on the childhood and relationship sections à so once you get there…
    1. Then, Lorna Benjamin style, you collaborate with the client to understand how their current symptoms "make sense" given their early attachment history and relationships with important others. Help them understand that all humans learn from these early relationships and copy these patterns, because that's how we learned to survive, even when some patterns are unhealthy. We might copy them by being like the important other, acting as if they are still in charge and perhaps finding ourselves in relationships with someone like our caregiver, or internalizing a pattern and treating ourselves the way we were treated by an important other.
    2. Give them a basic frame of red and green patterns, and they will (usually) latch on to this and notice some of the ways they've copied less healthy patterns and some of the ways they would like to change. You can also help them understand the basic difference between intrapsychic patterns (going on in their internal world/their relationship with themselves) and interpersonal patterns (how they've learned to be with others and respond to others). With some clients it is possible to create a pretty complex understanding of where they are now and why, with others you will just touch on a few themes and "plant some seeds" for further reflection. There is no right way or "one size fits all". Also, the relationship is the most important part of this whole process. That comes first and will carry people through group in a way that is (hopefully) therapeutic/helpful. So building rapport and collaboration is the foundation of any other work done in this first session.
4. By the end of the interview, briefly summarize what was discussed and help them identify a few concrete goals for group. Try to connect the goals to their case conceptualization with them.
5. Write up a note on the conceptualization that will help the facilitator understand this client and help the facilitator tailor interventions toward this client's "green" goals/progress in therapy.

Supplies

Intake measures packet:

- Encounter form
- Informed consent
- CAPS intake packet
- Life information survey
- Intrex
- Core-OM

Group materials/measures needed each week:

- Role cards
- SASB cards (only for certain sessions)
- Encounter forms
- Modified INTREX
- Goal cards (after the first session create a card with the client's goals that they identified on the modified intrex)

Exit packet:

- Intrex
- Service satisfaction survey
- Core-OM
- Encounter form

Group Sessions:

Session	Main Activity/ Objective	Overview of activities	Instructions- Warm-Up	Instructions - Primary Intervention	Instructions- Closing ritual
1	- Group Cohesion - Trust Building - Beginning to learn about roles and patterns	a. Tell a lie about yourself b. Sound and Movement c. The Wind Blows Main Intervention: Roles - Mini Hero's Journeys Cool Down: At end of session- introduce SASB and IRT, explain these will be frameworks to go back to at the beginning and the end, even though drama therapy will be our main method Closure: Thorn & Rose	Choose ONE: a. Participants go around and tell the group a lie about themselves or their current state, and group members ask them questions about the lie. b. Participants go around and create a sound and movement for how they are feeling. After they offer their sound and movement, the rest of the group reflects it back. c. Participants go around and say "The Wind blows for __" and state a loose idea, such as: "The Wind blows for people who like purple" and then becomes more	Roles: Participants chose one role that describes who they see themselves to be. Then embody the role chosen and explore it: why do you feel that way? Etc… ii. Participants choose two choose separate roles: This Is Who I am [reflect] Then: This is Who I want to be This is what stands in my way [reflect] This is who helps me Then embody those roles chosen and explore them: Why does it stand in your way? etc... iii. Participants create a sculpture of the roles chosen starting	Go around - one thing you've learned about your "green" patterns and one thing you've learned about your "red" patterns

			descriptive, such as: "The Wind blows for anyone who's lost a parent"	from Who I am to Who I want to Be. Each participant gets to mold their own story with the help of the other participants. 3.. Explain copy process- what we learned from attachment figures 2. Explain the idea of red and green patterns / role states 4. Sculpt – in role – how you are relating to others in a "green" state vs. a "red" state 4. Process	
2	Enhancing role work as a way to explore identity and continue learning about patterns	- Tell a lie about yourself - Sound and movemen t - Review roles - Hero's journey – what was it like? - SASB intro - give clusters - Red/Gree n into - thinking about patterns	- Participants go around and tell the group a lie about themselves or their current state, and group members ask them questions about the lie. - Participants go around and create a sound and movement for how they are feeling. After they offer their	- Participants go around the group and reintroduce what roles they had last session - Participants talk about what it was like to choose roles - Create Hero's Journey sculpts and play out journeys - Participants create a sculpture of the roles chosen starting from Who I am to Who I want to Be.	Closing ritual - ask group about what they would like to do each week to close group. I like to do something they would take and something they would leave in the circle. The group may want to add something like a movement they do at

			sound and movement, the rest of the group reflects it back.	Each participant gets to mold their own story with the help of the other participants. - Explain and/or continue explaining copy process- what we learned from attachment figures - Explain the idea of red and green patterns / role states	the end of each group, or a breath, etc...
3	Learning about SASB and our roles	Warm up - sound and movement into spectogram . Warm up to spectogram- 2. In group - how others treat you 3. How you respond to others i. Return to motivation ii. Reflect on last time's hero journey iii. SASB intro - give clusters on floor iv. Learned from parents v. Red/Green intro - thinking about patterns	Sound and movement: Participants go around and create a sound and movement for how they are feeling. After they offer their sound and movement, the rest of the group reflects it back.	Spectogram: SASB: Give each participant a handout of the SASB model and discuss what it is about iv. Touch on how parents or significant others (such as an aunt, uncle, babysitter, grandparents...) impact their interpersonal relationships v. Touch on the “red” and “green” states and bring up patterns. See if any of the participants have noticed any patterns Embodiment:	Do closing ritual

		1 4. How you treat yourself		→ embodiment - create green/adaptive sculpt of a stance they typically have with another → create red/maladaptive sculpt of a stance they typically have with another	
4	Warm up to doing full psychodrama next week	- Spectogram - Improv/Play	Sound and movement: Participants go around and create a sound and movement for how they are feeling. After they offer their sound and movement, the rest of the group reflects it back. Allow this to evolve further into play, and ask participants permission to enter more of a playspace if it feels comfortable/alive	→ Spectogram - do spectograms of major issues that have come up in group so far → Also do some meta spectograms - → Where we are → How you feel about taking risks From there, you can do some improv/play to explore what's come up *or* You can choose some common shared theme and create scenes about them and have participants tap in and out to change the scenes	Do closing ritual
5	Psychodrama	A. Warm up - Social Atoms B. Action C. Integration/Sharing	1. **Warm-Up**: Sculpt - how relating to self in green state/red state Hand out paper and describe social atom -- Individuals create social atoms and	3. Protagonist chooses members of the group to represent individuals or items in his or her social atom (auxillaries) - Choice is based on sociometric principles such as *tele*	7. **Integration/Sharing:** Group members share experiences (both those who acted as auxillaries

			share them with the group. 2. Protagonist is chosen by the group (or by volunteer) Often chosen by nature of issues that represent concerns of most group members	- May choose member to play self 4. Protagonist creates social atom on the stage. - Places individual group members at places and distances reflective of social atom diagram - May give members lines of dialog to speak, or way to stand/move, etc. 5. **Action**: Enactment of social atom - Protagonist may walk through group members, may interact with them -- Therapist/Director may utilize techniques such as doubling, role reversal 6. Protagonist "finishes" the "scene" - May involve changing parts of the atom	in the scene and those in the audience). Do closing ritual
6	Psychodra ma	a. 2nd psychodramatic exercise -	Warmup - Have them walk around the room, warm up their bodies in general, then give the prompt of thinking about relationships - and think about unfinished business -	→ Walk and talk - director (either facilitator) walks around the circle with the protagonist to discuss the scene and circumstance, and figure out what feels most salient to explore. Also get details as you narrow in like where did this	Integration /sharing Then do closing ritual

			An unfinished conversation, cut ties, etc.. some unfinished business that is still with you Have a brief sharing to choose protagonist by placing hands on shoulder of story they are drawn to	happen, who's there, set the scene, etc... → Protagonist chooses members of the group to represent individuals or items in the scene with the help of the director. Choice is based on sociometric principles such as *tele.* May choose member to play self → Protagonist and director create scene. → May give members lines of dialog to speak, or way to stand/move, etc. → **Action**: Enactment → Protagonist may walk through group members, may interact with them -- ***Therapist/Director may utilize techniques such as doubling, role reversal*** → Protagonist "finishes" the "scene → May involve changing parts of the scene or re-playing certain elements	

7	Psychodrama or group enactment	a. Each person tells a secret story that is present for them i. Create sculptures for each story ii. Choose one sculpture to play out further with psychodrama/enactment	Warmup - Have them walk around the room, warm up their bodies in general, then offer them a prompt (at this point, it's good to choose something that continues to come up in group, or that most of the group can relate to	If psychodrama, use instructions from previous sessions but offer a new prompt for participants to think about -->Have a brief sharing to choose protagonist by placing hands on shoulder of story they are drawn to OR If you are choosing to do a group enactment, you could have the group construct short scenes together	Integration /sharing Then do closing ritual
8	Will vary based on how you choose to end with group	General outline/some options: - Return to motivation/goals - what brought you here, where are you now - Role Sort - return - either one individual, looking at roles together, or group role sort (i.e. where was the group -- where are we now)	Will vary based on how you choose to end with group	Will vary based on how you choose to end with group	The entire group this time will be a closing

		- Our journey as a group - building a bridge (each person writes 3-5 things on pieces of construction paper, as a group we build a bridge). You could also do this with a ball of yarn, by having each participant hold onto a piece of yarn from a big ball of yarn, and then tossing the ball as people share so at the end you have a giant web of yarn/interconnectedness - Sharing/what you've			

		learned about yourself, relationsh ips, red and green			

References

Ainsworth, M. D. S. & Bell, S. M. (1970). Attachment, exploration, and separation illustrated by the behavior of one-year-olds in a strange situation. *Child Development,* 41 (1), pp. 49-67.

Barlow, S. (2010). Evidence bases for group practice. *The Oxford Handbook of Group Counseling.*

Barlow, S., Burlingame, G., & Fuhriman, A. (2005). The History of group practice: A Century of knowledge. In S. Wheelan (Ed.), *Handbook of group research and practice* (pp. 39–64). Thousand Oaks: Sage.

Barkham, M., Mellor-Clark, J., & Stiles, W. (2015). A CORE approach to progress monitoring and feedback: Enhancing evidence and improving practice. *Psychotherapy, 52 4*, 402-11.

Barkham, M., Gilbert, N., Connell, J., Marshall, C., & Twigg, E. (2005). Suitability and utility of the CORE-OM and CORE-A for assessing severity of presenting problems in psychological therapy services based in primary and secondary care settings. *British Journal of Psychiatry,* 186 (239-246).

Benjamin, L. S. (2000). Interpersonal diagnosis and treatment in group therapy. In A. Beck & C. Lewis (Eds.), *The process of group psychotherapy: Systems for analyzing change.* Washington, DC: American Psychological Association.

Benjamin, L. S. (2000) *Intrex user's manual*. University of Utah; Salt Lake City.

Benjamin, L. S. (2003/2006). *Interpersonal Reconstructive Therapy: An Integrative, Personality-Based Treatment for Complex Cases.* New York, NY: The Guilford Press.

Benjamin, L. S. (2018). *Interpersonal Reconstructive Therapy for Anger, Anxiety and Depression: Healing broken hearts, not broken brains.* Washington, D.C.: American Psychological Association.

Benjamin, L. S., Rothweiler, J. C., & Critchfield, K. L. (2006). The use of structural analysis of social behavior (SASB) as an assessment tool. *Annual Review of Clinical Psychology, 2,* 83-109.

Blatner, A. (2000). *Foundations of psychodrama: History, theory, and practice* (4th ed.). New York, NY, US: Springer Publishing Co.

Bowlby J. (1969). *Attachment. Attachment and loss: Vol. 1. Loss*. New York: Basic Books.

Burlingame, G. M., MacKenzie, K. R., & Strauss, B. (2004). Small group treatment: Evidence for effectiveness and mechanisms of change. In M. J. Lambert (Ed.), *Bergin & Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 647–696). Hoboken, NJ: Wiley.

Cañate, R. (2012). Change in group therapy: A grounded theory inquiry into group and interpersonal patterns in a community sample (Unpublished doctoral dissertation). Brigham Young University, Utah.

Charmaz, K. (2014). *Constructing grounded theory: A practical guide through qualitative analysis* (2nd ed.). London, England: SAGE.

Connell, J., Barkham, M., Stiles, W., Twigg, E., Singleton, N., Evans, O., & Miles, J. (2007). Distribution of CORE–OM scores in a general population, clinical cut-off points and comparison with the CIS–R. *British Journal of Psychiatry, 190*, 69 - 74.

Crenshaw (1991). Mapping the margins: intersectionality, identity politics, and violence against women of color. *Stanford Law Review,* 43 (6), 1241-1299.

Creswell, J. W. & Plano Clark, V. L. (2017). *Designing and Conducting Mixed Methods Research, 3rd Edition.* Sage Publications Ltd: CA.

Critchfield, K. L., & Benjamin, L. S. (2006). Principles for psychosocial treatment of personality disorder: Summary of the APA division 12 task force/NASPR review. *Journal of Clinical Psychology, 62,* 661-674. Doi: 10.1002/jclp.20255

Critchfield, K. L., Benjamin, L. S., & Levenick, K. (2015). Reliability, sensitivity, and specificity of case formulations for comorbid profiles in Interpersonal Reconstructive Therapy: Addressing mechanisms of psychopathology. *Journal of Personality Disorders, 29*(4), 547–573. https://doi.org/10.1521/pedi.2015.29.4.547

Critchfield, K. L., Panizo, M., & Benjamin, L. S. (2019) Formulating Key Psychosocial Mechanisms of Psychopathology and Change in Interpersonal Reconstructive Therapy. In *Case Formulation for Personality Disorders.* Ed. Kramer, U. London, UK: Elsevier Academic Press.

Critchfield, K. L., Dobner-Pereira, J., Panizo, M., & Benjamin, L. S. (2019, August). The Gift of Love as a key mechanism of change in Interpersonal Reconstructive Therapy. Paper presented as part of a panel titled "Effective Psychotherapy Using Principles from Attachment Theory and Developmental Psychopathology" (Lorna Smith Benjamin, chair) to the American Psychological Association, Chicago, IL.

Dintino, C., & Johnson, D. R. (1996). Playing with the perpetrator: Gender dynamics in developmental Drama Therapy. In S. Jennings (Ed.), *Drama Therapy: Theory and practice* (Vol. 3) (pp. 205–220). London, England: Routledge.

Dintino, C., Steiner, N., Smith, A. & Galway, K.C. (2015). Developmental transformations and playing with the unplayable. A Chest of Broken Toys, 2, 12-31.Doomen, L. (2018). The effectiveness of schema focused Drama Therapy for cluster C personality disorders: an exploratory study. *The Arts in Psychotherapy,* 61, 68-76.

Emunah, R. (1999). Drama Therapy in action. In D. Wiener (Ed.), *Beyond talk therapy* (pp. 99–124). Washington, D.C.: APA Publications.

Evans, C., Mellor-Clark, J., Margison, F., Barkham, M., Audin, K., Connell, J. and McGrath, G (2000). CORE: Clinical Outcomes in Routine Evaluation. *Journal of Mental Health, 9,* (3), 247-255.

Fonteyn, M. E., Vettese, M., Lancaster, D. R., & Bauer-Wu, S. (2008). Developing a codebook to guide content analysis of expressive writing transcripts. *Applied nursing research : ANR*, *21*(3), 165–168. https://doi.org/10.1016/j.apnr.2006.08.005

Frydman, J. S. (2016). Role theory and executive functioning: Constructing cooperative paradigms of drama therapy and cognitive neuropsychology. *The Arts in Psychotherapy,* 47, pgs. 41-47.

Garcia, A. & Buchanan, D.R. (2000). Psychodrama. In P. Lewis & D.R. Johnson, (eds.) *Current approaches in drama therapy*, Springfield, IL: Charles C. Thomas Publishing, Ltd

Goffman, E. (1959). *The presentation of self in everyday life*. New York: Anchor Books.

Hays, P.A. (2016). *Addressing Cultural Complexities in Practice: Assessment, Diagnosis, and Therapy* (3rd edition). Washington, D.C. : American Psychological Association.

Henriques, G., & Asselin, C. (2012, May). The Well-Being Interview. Paper presented to the 28th annual meeting of the Society for the Exploration of Psychotherapy Integration; Evanston, Il.

Henry, W. P., Schacht, T. E., & Strupp, H. H. (1986). Structural analysis of social behavior: Application to a study of interpersonal process in differential psychotherapeutic outcome. *Journal of Consulting and Clinical Psychology, 54*(1), 27–31. https://doi.org/10.1037/0022-006X.54.1.27

Hug, E. (2007). A neuroscience perspective on psychodrama. In Baim, C., Burmeister, J., & Maciel, M., *Psychodrama: Advances in Theory and Practice* (227-236). East Sussex: Routledge.

Johnson, D. R. (2009). Developmental transformations: Towards the body as presence. In D. R. Johnson & R. Emunah (Eds.), *Current approaches in Drama Therapy* (pp. 89–116). Springfield, IL: Charles C Thomas.

Johnson, D.R. (2015). A Chest of Broken Toys: A Journal of Developmental Transformations. Retrieved from: http://www.developmentaltransformations.com/images/A_Chest_of_Broken_Toys-2.pdf

Johnson, J., Burlingame, G., Olsen, J., Davies, R., & Gleave, R. L. (2005). Group climate, cohesion alliance, and empathy in group psychotherapy: Multilevel structural equation models. *Journal of Counseling Psychology,* 52(3), 310-321.

Jørgensen, C. R., Hougaard, E., Rosenbaum, B., Valbak, K., & Rehfeld, E. (2000). The Dynamic Assessment Interview (DAI), interpersonal process measured by Structural

Analysis of Social Behavior (SASB) and therapeutic outcome. *Psychotherapy Research, 10*(2), 181-195. http://dx.doi.org/10.1093/ptr/10.2.181

Koehn, C. V. (2007). Experiential work in group treatment for alcohol and other drug problems, *Alcoholism Treatment Quarterly,* 25 (3), 99-11. Doi: 10.1300/J020v25n03_08

Krefting, L. (1991). Rigor in qualitative research: the assessment of trustworthiness. *The American Journal of Occupational Therapy,* 45 (3), 214-222.

Landy, R. (1996). *Essays in Drama Therapy: The Double Life* (London: Jessica Kingsley).

Landy, R. (2009). Role theory and the role method of Drama Therapy. In D. Johnson & R. Emunah (Eds.), *Current approaches in Drama Therapy* (Second ed., pp. 65-89). Springfield, Illinois: Charles C. Thomas.

Landy, R. & Butler, J. (2013). Assessment through Role Theory. In D. Johnson, S. Pendzik, & S. Snow (eds) *Assessment in Drama Therapy.* Springfield, IL: Charles C. Thomas.

Mann, J. (1966). Evaluations of group psychotherapy. In Moreno, J.L., Friedmann, A., Battlegay, R., and Moreno, Z. T. (Eds.) *The International Handbook of Group Psychotherapy*. New York NY: Philosophical Library.

Mayor, C. (2012). Playing with race: A framework and approach for creative arts therapists. *The Arts in Psychotherapy, 39,* 214-219.

Mayor, C. (2018). Political openings in Developmental Transformations: Performing an ambivalent love letter. *Drama Therapy Review,* 4:2, pp. 233-47, doi: 10.1386/dtr.4.2.233_1

McRae, M. B., & Short, E. L. (2010). *Racial and cultural dynamics in group and organizational life: Crossing boundaries.* Sage Publications, Inc.

Moreno, J. L. (1946). *Psychodrama*, first Vol. New York, NY, US: Beacon House. http://dx.doi.org/10.1037/11506-000

Newman, T. (2017). Creating the role: how dramatherapy can assist in re/creating an identity with recovering addicts. *Dramatherapy,* 38(2), 106-123. Doi: 10.1080/026360672.2017.1340492

Nouwen, H. J. M. (1979). *The wounded healer: Ministry in contemporary society*. Garden City, N.Y: Image Books.

Nyklicek, I. & Denollet, J. (2009). Development and evaluation of the balanced index of psychological mindedness (BIPM). *Psychological Assessment,* 21 (1), 32-44.

Oldham, J. M. (2001). Integrated treatment planning for borderline personality disorder, in *Integrated Treatment of Psychiatric Disorders*. E. by Kay J. Washington, DC: American Psychiatric Publishing, pp 51-77

Panizo, M., Dobner-Pereira, J., Critchfield, K. & Benjamin, L. S. (2018, May). IRT in a Group Setting. Poster presented at the Society for the Exploration of Psychotherapy Integration.

Rothweiler, J. C. (2004). An evaluation of the internal and external validity of the Intrex and Interpersonal Adjective Scales. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 65*(2-B), 1038.

Ryum, T., Vogel, P. A., Walderhaug, E. P., Stiles, T. C. (2015). The role of self-image as a predictor of psychotherapy outcome. *Personality and Social Psychology,* 56, 62-68.

Sajnani, N. (2009). Theatre of the oppressed: Drama therapy as cultural dialogue. In D. R. Johnson, & R. Emunah (Eds.), *Current approaches in drama therapy* (pp. 461-482). Charles C. Thomas Publishers.

Sajnani, N. (2010). Mind the gap: Facilitating transformative witnessing amongst audiences. In P. Jones (Ed.), *Drama Therapy: Clinical work and research into practice,* Vol. 2 (pp. 189–207). London, England: Routledge.

Sajnani, N. (2016). A critical aesthetic paradigm in Drama Therapy: aesthetic distance, action and meaning making in the service of diversity and social justice. In *Routledge International Handbook of Dramatherapy*. Eds. Jennings, S. & Holmwood, C. New York, NY: Routledge.

Satir, V., Stachowiak, L., & Taschman, H. A. (1975). *Helping families to change.* New York, NY: Tiffany.

Savage, M. (2018). Young women adopted from foster care create personal public service announcements: Narrative constructs in arts-based enquiry. *Qualitative Research in Psychology*, doi: 10.1080/14780887.2018.1442692

Scheff, T. (1979). Catharsis in Healing, Ritual, and Drama. Berkeley: U. of California Press. Skolnik, S. (2018). A synergistic union: Group work meets psychodrama. *Social Work with Groups,* 41 (1-2), 60-73. Doi: 10.1080/01609513.2016.1268522

Snijders, J. A., Amons, P. J. T., Dierick, P. (2015). Client-centered/experiential group psychotherapy with borderline clients: specific processes and challenges. *Person-centered and Experiential Psychotherapies,* 14 (1) 18-31. Doi:10.1080/14779757.2014.991936

Sternberg, P., & Garcia, A. (1989). *Sociodrama: Who's in your shoes?* New York, NY, England: Praeger Publishers.

Stotsky, B. D., & Zolik, E. S. (1965). Group psychotherapy with psychotics: 1921-1963—a review. *International Journal of Group Psychotherapy, 15*(3), 321–344.

TED. (2011). *Brené Brown: The Power of Vulnerability* [Video]. https://www.ted.com/talks/brene_brown_the_power_of_vulnerability/up-next?language=hy

Tuck, E. & Yang, K. W. (2014). R-words: Refusing Research. In D. Paris and M.T. Winn (Eds.) *Humanizing Research: Decolonizing Qualitative Inquiry with youth and Communities.* Thousand Oaks, CA: Sage Publications.

Tuhiwai Smith, L. (1999). *Decolonizing methodologies: research and indigenous peoples*. Zed Books: London, UK.

Van der kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma.* Viking.

Vielleuse, C. (2015). *Taking up space: A case study exploration of the combined use of kinesphere and scenework in therapy for adolescents with Anorexia Nervosa* (Unpublished graduate research project). Concordia University, Montreal, Canada.

Yalom, I. D. (1995). *The theory and practice of group psychotherapy.* 4th ed. New York: Basic Books.

Williams, B. (2020). 'The R-RAP revisited: Current conceptualizations and applications',

Drama Therapy Review, 6:2, pp. 183–201, doi: https://doi. org/10.1386/dtr_00027_1

Wood, L. L. and Mowers, D. (2019). 'The Co-Active Therapeutic theatre model: A manualized approach to creating therapeutic theatre with persons in recovery', *Drama Therapy Review*, 5:2, pp. 217–34, doi: 10.1386/ dtr_00003_1

Wood, L. L. (2016). *The use of therapeutic theater in supporting clients in eating disorder recovery after intensive treatment: A qualitative study* (Unpublished doctoral dissertation). University of Missouri-St. Louis, St. Louis, Missouri.