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Exploring Role Method as an Identity Building Tool with Adolescent Adoptees:

Development of a Method

Capstone Thesis

Lesley University

May 5, 2023

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Clinical Mental Health Counseling: Drama Therapy

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Abstract

The developmental task for adolescents concerns identity formation. Adoption literature indicates that for adolescent adoptees, the task of identity formation is often complex. As compared to their non-adopted peers, adolescent adoptees must contemplate their identity with informational factors and with potential gaps in their life stories. Though it is acknowledged in the literature that identity formation for adolescent adoptees is complex, and that adolescent adoptees seek mental health services in high percentages, little formal research has been conducted to investigate the usefulness of drama therapy in the treatment of adolescent adoptees, or the adoptee population overall. In response to a lack of prior research, this thesis asks: In what ways might the drama therapy approach of role method support identity formation in adolescent adoptees? After implementing a role method intervention with one adolescent adoptee client over three 50-minute sessions, results indicate that role method supported the client with self-perception and integration of identity as an adoptee. Implications include ways in which the structure and flexibility of role method align with the unifying and individual experiences of adolescent adoptees.

Keywords: adolescent adoptees, adoption, identity formation, drama therapy, role method

Author Identity Statement: As a White, middle-class woman from the Midwestern United States who is not an adoptee, an outsider from the adoptee community, I aimed to center the diverse experiences of my clients in the development of this method. I am grateful to the clinicians at my internship site and the adoptee community for sharing with me their stories, wisdom, and expertise.

Exploring Role Method as an Identity Building Tool with Adolescent Adoptees: Development of a Method

Introduction

All of those touched by adoption have a unique and individual story that needs to be shared...once we make sense of our story, we have a better understanding of who we are and that allows us to move forward.

—Jennifer Eckert, *Why I Care*

According to Erikson's stages of development, adolescents' developmental task centers on identity development (Kiang et al., 2006). Adolescents (adopted or otherwise) often begin to focus on establishing who they would like to be and individuate from their parents in a transition toward adulthood (Chopik et al., 2013). Specifically for adolescent adoptees, biological family information, adoptive family information, and potential "lack of information about birth parents, date, place" may impact and complicate their life stories (Homans, 2006, p. 4). Therefore, the process of forming one's identity may also contain added complexities, including missing information, additional information, and a history of loss and separation. Personal accounts from adoptees and adoptee educators note that identity formation for adolescent adoptees is greatly impacted by each adoptee's understanding of their personal history (Itkowitz, 2022). The question "who am I?" often contains hard-to-answer questions for adoptees in comparison to their non-adopted peers when adoptees' knowledge about and understanding of their biological history contains varying degrees of complete/incomplete information (Kranstruber & Kellas, 2011).

Relative to non-adoptee adolescents, adolescent adoptees seek mental health services in higher percentages (Keyes et al., 2008). Additionally, researchers acknowledge that the

developmental task for adolescent identity formation is complex for adoptees (Howard et al., 2014; Kim & Ginther, 2019; Smit, 2002). However, through database searches on drama therapy interventions conducted with adoptees (using the Lesley library database and Google Scholar), it is apparent that little formal research has been conducted to investigate the usefulness of drama therapy in the treatment of adolescent adoptees or the adoptee population overall. In response to a lack of prior research, for this thesis investigation, I ask: In what ways might the drama therapy approach of role method support identity formation in adolescent adoptees?

Role method allows the client to explore their role repertoire and experiment with what is “me” versus “not-me” (Landy, 1992, p. 7). It offers the opportunity to play with and name parts of the self with the intention to “respond to the identity question: ‘Who am I?’” (Landy, 1992, p. 14) and encourages the understanding of self with complexity and multiplicity. In this thesis, I explore how both the structure and openness of role method might inform identity formation for the adolescent adoptee who is impacted by biological origins, adoptive family relationships, changes in what is known about biological family history over time, and other salient areas central to the unique circumstances of the adoptee (Howard et al., 2014; Kim & Ginther, 2019; Smit, 2002). I will review the literature on adoption, adolescent adoptees with a focus on identity formation, and role theory/method to ground and inform the proposed method with the current state of adolescent adoptee research. Finally, I will introduce a role method intervention with one adolescent adoptee client and discuss the implications for the greater adolescent adoptee population.

As an intern at a nonprofit organization that provides services to individuals, groups, and families touched by adoption in the Northeastern region of the United States, I have learned that while “there is no singular ‘adoption experience’” (Brodzinsky et al., 2022, p. 2), adoptees share

a history of relinquishment (Child Welfare Information Gateway, 2018). Oftentimes, this personal experience with relinquishment and loss goes unacknowledged when the traditional adoption narrative minimizes the loss of one's birth family and emphasizes the adoptee's luck to have been chosen by a new family (Smit, 2022). I have learned through my internship experience that the adoptee population is frequently misunderstood in the mental health field, and therefore, services often can be ineffective. As a recipient of intensive training regarding working with adoptees as a mental health counselor through my internship site in addition to my graduate-level training as a drama therapist, I felt inspired to pursue a drama therapy intervention-based capstone project to contribute to the adoptee community that has welcomed me as a new clinician. Though my immediate family story does not involve adoption, extended family members and close friends have been impacted by adoption, and I have newfound understanding about the possible implications of adoption on their identities and stories.

Literature Review

Adoption

In reviewing the current literature on adoption, though the adoption experience is varied, I aim to provide context for the lived experience of adolescent adoptees relating to their identity formation as informed by their adoption history. For the purposes of this thesis, I define adoptee identity development according to the Grotevant et al. (2017) conceptualization: an individual's identifying and integrating of parts of themselves they can control (e.g., occupation and preferred interests), parts of themselves where individuals have less control (e.g., ethnic identity and racial identity), and for the adoptee, the additional question of "What does being adopted mean to me, and how does this fit into my understanding of my self, relationships, family, and culture?"

(Grotevant et al., 2017, p. 2195). In the following section, I present definitions of key terms and brief summaries of adoption-related circumstances.

Adoption Systems in the United States

Definitionally, adoption is the result of a legal process which “involves the legal transfer of parental rights and responsibilities from a child’s birth parents to adults who will raise the child” (Wiley, 2017, p. 985). The surrendering of the child and separation from the birth parents is commonly referred to as *relinquishment* (Anderson, 2020; ter Meulen et al., 2019). In the United States (U.S.), individuals or families seeking to adopt a child may pursue domestic adoption or international (sometimes referred to as intercountry) adoption (Agnich et al., 2016; Wiley, 2017). It is estimated by a 2002 survey that upwards of two thirds of people from the U.S., either through the presence of adoption in their family system or through friendship connections, are affected by adoption (Agnich et al., 2016). Additionally, though it is difficult to estimate adoption statistics due to the vast number of agencies and types of adoption, it is approximated that 4% or more of the U.S. population is adopted (Agnich et al., 2016).

Within the domestic adoption system, the birth parents, the relinquished child, and the adoptive parent(s) are all living within the U.S. (Wiley, 2017). Under the general category of domestic adoption, the parent(s) seeking to adopt may pursue adoption through either public or private systems. In public domestic adoption, state involvement has led to the removal of a child from their biological family, and the parent(s) seeking to adopt work with child welfare systems, most often the foster care system. According to a 2014 report by the U.S. Department of Health and Human Services, in 90% of adoptions from foster care, children are adopted by relatives or foster parents (Hegar & Scannapieco, 2017). When a child is adopted by a relative, the adoption is considered a *kinship adoption* (Hegar & Scannapieco, 2017). Private adoptions are facilitated

by private adoption agencies (Agnich et al., 2016; Wiley, 2017) and primarily place infants into adoptive homes (Grotevant et al., 2017).

In international/intercountry adoptions, the adoptive parent(s) adopt a child from another country (Agnich et al., 2016; Brocious, 2017; Wiley, 2017). Of all international/intercountry adoptions in the U.S., 85% are transracial adoptions, which signifies that the adoptive parent(s) is/are of one race/ethnic group and the adopted child is of a different race/ethnic group (Pinderhughes & Rosnati, 2015). In the majority of transracial adoptions (both domestic and international/intercountry), White parents are often the adopters and children of color are often the adoptees (White et al., 2022).

Across all paths to adoption, the level of information sharing between birth parents, adoptees, and adoptive parents may vary greatly (Crea & Barth, 2009). The strictest, most confidential adoption arrangement is considered a closed adoption, where communication between birth parents and adoptive parents is mediated through an agency and records (such as original birth certificates) are often sealed (Crea & Barth, 2009; Kranstuber & Kellas, 2011). Strict, closed adoptions were a more common practice thirty to forty years ago when there was an increased general societal fear that openness in adoption would “harm children by threatening their attachments to their adoptive parents” (Crea & Barth, 2009, p. 608). Adoption trends, however, have changed (mainly in the domestic adoption sphere) along with shifts in research, policies, social movements, and societal attitudes toward the benefits of openness in adoption arrangements (Agnich et al., 2016; Crea & Barth, 2009; Homans, 2009). The term *openness* in adoption, though, encompasses a spectrum of forms and frequencies of information sharing arrangements between birth parents and adoptive families, e.g., direct or agency mediated

contact, contact via letters or via in-person meetings, and level of access to birth family or adoption records (Agnich et al., 2016; Crea & Barth, 2009).

Stereotypes and Dominant Narratives of Adoption in the U.S.

A variety of adoption stereotypes, narratives, and generalized assumptions permeate the culture of the U.S. regarding the different members of the adoption kinship network (AKN), which includes “birth parents, adoptive parents, adoptees, foster parents, siblings, grandparents, etc.” (Baden, 2016, p. 2). These unacknowledged yet pervasive stereotypes and societal narratives about the AKN can be harmful to adoptees’ identity formation and self-esteem (Baden, 2016). Examples of such narratives include the stereotypical profile of a birth mother, which consists of a young woman of low socioeconomic status, sexually promiscuous, and/or unmarried, and the narrative of the birth father as irresponsible and “troubled” (Baden, 2016, p. 4). Another example of societal messaging relating to adoption is the common stereotype of adoptive parents as “saviors,” reflected in sentiments such as “you have done so much for you[r] kids by adopting them” (Baden, 2016, p. 18). With birth parents painted in broad strokes as shameful and inadequate while adoptive parents are perceived as the “saviors,” it logically follows that the narrative surrounding adoptees is they are lucky to have been saved and should be grateful to have been rescued (Baden, 2016; Dann et al., 2021; Sun, 2021). More broadly, the unnuanced stereotypical adoption narrative, that the adoption of a child is a solution to a problem and a win/win for all parties involved, can be linked to identity-related distress in adoptees (Baden, 2016).

The Possible Impact of Adoption on Adoptees

In 1982, Silverstein and Kaplan conceptualized the seven core issues of adoption, a model that encapsulates the impact of adoption and the lifelong experiences of the members of

the AKN (Branco et al., 2021). In 2019, Roszia and Maxon presented updates to the model in their publication, “the seven core issues in adoption and permanency,” with increased focus on attachment and trauma (Branco et al., 2021, p. 111). The seven core issues of *loss, rejection, shame and guilt, grief, identity, intimacy, and mastery and control* are often referenced in the adoption literature (Branco et al., 2021; Grotevant, 1997; Ornelas et al., 2007; Smit, 2022). As this investigation centers on identity development for adolescent adoptees, I will briefly present the full framework and will elaborate on the *identity* core issue in forthcoming literature review sections. Though the framework is intended to apply to all members of the AKN, I will outline the impact of adoption specifically on adoptees.

“Without loss there would be no adoption” (Smit, 2002, p. 144). *Loss* refers to the multiple and complex losses for adoptees – the original separation and loss of birth family and the way that loss is felt in different ways over the lifespan, such as the recognition of the loss of birth culture (Branco et al., 2021; Roszia & Maxon, 2019). The seven core issues in adoption and permanency model (Roszia & Maxon, 2019) recognizes that for children of any age, even infants, the separation from birth family, specifically their birth mother, can adversely impact adoptees separately from any pre-adoptive traumatic experiences. The separation between a birth mother and child has been referred to as a “primal wound” (Verrier, 1993, p. 1). Next, the core issue of *rejection* may be felt as the perceived and/or actual rejection by the birth family or feeling like the “other” in the adoptive family or other groups (e.g., racial/ethnic groups and peer groups) (Branco et al., 2021; Roszia & Maxon, 2019; Samuels, 2022). *Shame and guilt* may be experienced by adoptees as the feeling of unlovability or unworthiness and is often internalized by societal messages such as “why didn’t her REAL family want her?” (Baden, 2016, p. 5). *Grief* refers to the process that an adoptee may undergo of acknowledging the often-unacknowledged

adoption loss(es) (Baden, 2016; Roszia & Maxon, 2019). *Identity* refers to the adoptee experience of acknowledging the impact of the circumstances of one's adoption on one's sense of self (Branco et al., 2021; Roszia & Maxon, 2019), which along with the core issue of *intimacy* in relationships, can be made challenging by early trauma experiences, as described by Heller and LaPierre (2012):

“Early trauma compromises their sense of safety, their right to exist and be in the world, and their capacity for connection. Therefore, they may not learn what it feels like to have a sense of self, to be connected to their body and they are left frightened of intimate connection” (p. 127).

Finally, the core issue of *mastery and control* describes that for the adoptee, the impact of adoption can be continually felt through the lifespan. *Mastery and control* encompass “the lifelong process by which the Seven Core Issues are integrated, acknowledged, and accepted” (Branco et al., 2021, p. 111).

Roszia and Maxon's (2019) conceptualization grounds the adoption stereotypes and dominant narratives of the previous section within the model. For example, as the core issue of *shame and guilt* may be informed by societal messaging (Roszia & Maxon, 2019), the model suggests that when the societal narrative that adoptees should be grateful to have been adopted (Baden, 2016; Dann et al., 2021; Sun, 2021) conflicts with one's personal narrative, shame and guilt may be experienced. Similarly, the identity-related distress that an adoptee may feel due to the stereotype that adoption is a win/win for all parties (Baden, 2016) is grounded within the core issue of *loss*. Such a stereotype does not acknowledge an adoptee's “core loss” of birth family and, when ignored, can be felt as a “secondary loss” (Roszia & Maxon, 2019, p. 37).

It is apparent across adoptee literature that adoptees are overrepresented in the clinical mental health setting and that adoptees seek services in higher numbers than their non-adopted peers, though consensus is lacking for the cause of such overrepresentation (Atkinson & Riley, 2017; Baden, 2016; Grotevant et al., 2017; Howard et al., 2014; Keyes et al., 2008; Midgley et al., 2018; Pivnick, 2010; White et al., 2022; Wiley, 2017). However, adoptees are often dissatisfied with the adoption competency of their mental health clinicians (Atkinson & Riley, 2017; Davis-Brown & Maynard, 2021). Adoptees and adoptive families have reported that non-adoption-competent clinicians communicate the same adoption stereotypes and stigmas as the general population (Baden, 2016). Wiley (2017) alluded to many clinicians' lacks of awareness of the core issues of adoption when she noted, "therapists were reported to be insensitive or lacking in adoption knowledge in areas including attachment, trauma, loss, and use of appropriate language" (p. 992). Adoption-competent clinicians who understand the possible impacts of adoption on adoptees are said to be imperative to the success of adoptee mental health treatment (Atkinson & Riley, 2019; Davis-Brown & Maynard, 2021; Wiley, 2017).

Adolescent Adoptees

In this next section, I will more specifically outline the developmental processes of adolescents and adolescent adoptees with a focus on identity development.

The Developmental Stage and Task of Adolescents

Adolescence is defined as the period of time between the onset of puberty through adulthood and often concludes around twenty years old, though the exact number of years varies between individuals (Kelemen & Shamri-Zeevi, 2022). At this stage of development, according to Erikson's theory of development across the lifespan, adolescents' developmental task centers on forming identity (Kiang et al., 2006; Sebre & Miltuze, 2021). The developmental questions of

adolescence tend to reflect sentiments such as “‘who am I?,’ ‘how am I perceived by others?’ and ‘who do I wish to become?’” (Sebre & Miltuze, 2021, p. 868). As adolescents confront these questions, the community surrounding them (e.g., parents, family members, and peers) affects the nature of their identity exploration (Kelemen & Shamri-Zeevi, 2022).

Implications of Adoption on Adolescent Identity Development

Adolescent adoptees often experience added complexities to the identity development process in comparison to their non-adopted peers. Complexities may arise from varying degrees of difference in appearance from their adoptive family, incomplete birth family information or genealogical information (e.g., knowledge of birthplace or identifying information about birth family), and differences between birth and adoptive family cultures (Dunbar & Grotevant, 2004). Differentness in racial or ethnic identity from adoptive family may be additionally salient for adoptees, as increased visibility of adoption often leads to reactions from community members, peers, and unfamiliar people (Baden, 2016). Adolescents of color who have been transracially adopted may face complications in racial identity formation due to a lack of information about/relationship with their racial community and lack of assistance from adoptive family members in navigating racism (Samuels, 2022). Similar complications are faced by international/intercountry adoptees who have been disconnected from their birth country culture (Tan & Liu, 2019). While open communication regarding adoption can positively impact adoptees and their adoptive parent relationships (Agnich et al., 2016; Wiley, 2017), adolescent adoptees are not often in the position to control the information they have or receive.

Treatment Landscape for Adolescent Adoptees Seeking Mental Health Services

When adoptees do not receive adoption-competent services, their needs often go unmet (Atkinson & Riley, 2017; Davis-Brown & Maynard, 2021). While the literature offers adoption-

competent approaches, few identify adolescents as the intended recipients of treatment. Dunbar and Grotevant (2004) suggest the appropriateness of a narrative/storying approach in mental health treatment for adolescent adoptees, though these approaches are more commonly practiced with adult adoptees (Dann et al., 2021; Koskinen & Book, 2019; Kranstuber & Kellas, 2011). Midgely et al. (2018) offer a mentalization-based adoption-competent treatment model, though they describe the approach for children and families and do not specify tailoring the model to adolescents and identity-related concerns. Howard et al. (2014) created the adoption-competent trust-based relational intervention (TBRI). While adolescents were included in their sample, the framework centers the relationship between adoptive parents and adoptees. With less focus on other relationships and realms in adolescent adoptees' lives beyond adoptive parents, the intervention connects less directly to the adolescent adoptee concern with identity formation. Similarly, the inclusive family support model introduced by Kim and Tucker (2020), while adoption-competent, does not center the adolescent adoptee in treatment, instead focusing on the adoptive family as a unit to help families navigate openness post-adoption.

Role Theory/Method

Finally, I will review the literature on role theory/role method and draw connections between the drama therapy approach and the salient themes for adolescent adoptees.

Description of Role Theory/Role Method

Landy's conception of role theory, influenced by prior theorizing of Sarbin, Goffman, Moreno, and others, proposes theatre as a metaphor for life and the actor as a metaphor for individual people (Ramsden & Landy, 2021). With theatre as the life metaphor, Landy offers that individuals take on and play out many roles in their lives, and an individual's collection of roles they play, their role system, is a representation of one's personality (Ramsden & Landy, 2021).

Early in their development, infants and children begin as role recipients. For example, they receive the role of *eater*, essential to survival (Landy, 1993). Interacting with the social world, children can become role takers and begin to separate themselves from other people, what is “me” versus “not-me” (Landy, 1992, p. 7). Finally, individuals become role players when they exhibit choice and control over the roles they play (Ramsden & Landy, 2021). Through decades of studying the canon of Western dramatic works, Landy distilled the most commonly occurring role archetypes and created his taxonomy of roles. Each role in the taxonomy can function within an individual’s “triadic system” of role (protagonist), counterrole (antagonist), and guide (Ramsden & Landy, 2021, p. 89). Utilizing role theory allows for an individual to view themselves with varying levels of distance – certain roles in one’s role system may be thought of as more heightened or theatrical (more distanced), while others may be thought of in a more realistic style (less distanced). When aesthetic distance is reached, an individual can “express feeling without the fear of becoming overwhelmed, and...reflect upon an experience without the fear of completely shutting down emotionally” (Ramsden & Landy, 2021, p. 91).

Role theory conceptualizes health in two parts. First, when a person is able to “live with ambivalence, contradictory tendencies and paradox,” they understand that their inner roles may conflict and interact, and therefore are in good health (Landy, 2009, p. 73). Second, good health is signified by a person’s ability to play many roles proficiently (Ramsden & Landy, 2021).

Role method is one of the many approaches to drama therapy and is the application of role theory into practice (Ramsden & Landy, 2021). Following the steps of role method allows the therapist to guide the client through envisioning their role system, trying on new or familiar roles, understanding the relationships between roles, and working toward balance in their role

system. In examining a single role in the client's role system, Ramsden and Landy (2021) present eight steps:

1. Invoking the role.
2. Naming the role.
3. Playing out/working through the role.
4. Exploring alternative qualities in sub-roles.
5. Reflecting upon the role play: discovering role qualities, functions and styles inherent in the role.
6. Relating the fictional role to everyday life.
7. Integrating roles to create a functional role system.
8. Social modeling: discovering ways that clients' behavior in role affects others in their social environments.

(Ramsden & Landy, 2021, pp. 99-100).

Role Method with Various Populations

Role method has been utilized across mental health settings, with children, adolescents, and adults, and with a variety of mental health conditions and diagnoses (Klees, 2016; Landy, 2009; Marchant, 2019; Rossman, 2020). Landy outlines that between his and his students' work, role method has been employed with clients with ADHD, addictions, PTSD, schizophrenia, bipolar disorder, incarcerated adults and adolescents, and others (Landy, 2009). In multiple clinical situations, through engaging in an embodied role experience, role method has been shown to result in greater self-understanding and self-regulation (Klees, 2016; Marchant, 2019; McMullian & Burch, 2017; Owen, 2022; Schorr, 2021).

Clinical Indication for Role Method with Adolescent Adoptees

Drama therapy approaches have been demonstrated as effective with children and adolescents (Berghs et al., 2022). To date, in surveying the drama therapy literature, little research was located directly tying role method to adolescents. Therefore, a theoretical alignment between role method and the adolescent adoptee population may strengthen the clinical application of role method as a tool in supporting identity formation in adolescent adoptees.

Firstly, the developmental task of adolescents that includes identifying “who am I?” “how am I perceived by others?” and “who do I wish to become?” as articulated by Sebre and Miltuze (2021, p. 868), may be naturally explored with the “me” versus “not-me” experimentation of role method (Landy, 1992, p. 7). As previously noted, adolescent adoptees, in particular, may consider additional identity building questions such as what it means to be adopted and how that understanding integrates with other aspects of the self (Grotevant et al., 2017). Role method’s consideration of the client’s role system offers potential adolescent adoptee clients a context to integrate different aspects of identity, i.e., to fit in parts of self with others.

Secondly, role theory as a theoretical framework and role method as an intervention value multiplicity and paradox (Landy, 1992). Part of the multiplicity and paradox of role method emphasizes that the roles within an individual’s role system may change over time (Landy, 2009). This concept aligns with the *mastery and control* core issue of adoption. As *mastery and control* acknowledges that adoption is a lifelong journey (Branco et al., 2021), role theory and method acknowledge that one’s role system evolves over time. Introducing the concept of a role system to adolescent adoptees offers consideration of the lifelong journey of adoption with respect for the knowns, unknowns, and possible changes. The other consideration of multiplicity and paradox in role method concerns the conflicting nature of the roles an individual plays (Landy, 2009). Importantly for adolescent adoptees, when forming identity may feel additionally

confusing, role method offers a snapshot of one's role system right now, conflicting roles and all. Such a snapshot may be felt as concrete and grounding in addition to flexible over time.

Lastly, as “all of those touched by adoption have a unique and individual story” (Eckert, 2020, 00:02), role method can be considered clinically indicated, as it offers flexibility in employing the steps of the method (Landy, 2009). For example, while the third step of role method is “playing out/working through the role” (Ramsden & Landy, 2021, p. 100), the way a client works through that step is not prescribed by role method (Landy, 2009). Therefore, it can be tailored to the preferences of the client and the style of the clinician, a strength for a diverse population such as adolescent adoptees.

Methods

The purpose of this inquiry was to explore how the drama therapy approach of role method might support adolescent adoptees' experience of identity formation. I selected my clinical internship site placement as the setting for this investigation where the majority of my individual therapy clients are adolescent adoptees. In designing this intervention, I operated with four underlying assumptions. First, a central developmental task of adolescents is identity formation (Kiang et al., 2006; Sebre & Miltuze, 2021). Second, adolescent adoptees may face complications when considering identity-based questions due to the impact of the core issues of adoption (Branco et al., 2021; Roszia & Maxon, 2019) and the specific circumstances of their adoption history (Dunbar & Grotevant, 2004). Third, there is a gap in the literature for approaches that target adolescent adoptees. Fourth, there is indication in the literature for theoretical alignment between role method and the adolescent adoptee population (Branco et al., 2021; Grotevant et al., 2017; Landy, 2009; Sebre & Miltuze, 2021).

Setting and Intervention

The intervention was conducted in the Greater Northeastern region of the U.S. at an outpatient nonprofit organization specializing in providing therapeutic services (e.g., individual therapy, family therapy, group therapy, and search and reunion support) to members of the ATN.

Due to the constraints of the capstone thesis, I chose to implement the intervention with one individual therapy client over three weekly 50-minute sessions. The participant was a 16-year-old male-identifying domestic adoptee from foster care in the process of questioning his racial/ethnic identity. I had previously conducted eleven weekly 50-minute sessions with the client with the focus on building rapport, developing the therapeutic relationship, and identifying the client's goals and hopes for individual therapy. As this client indicated an interest in identity exploration, I chose him for the capstone thesis role method intervention. To tailor the application of role method to an adolescent adoptee client, I consulted with two adoption-competent therapists. First, I consulted with one of the on-site clinicians at my internship, who is herself an adult adoptee, regarding the introduction of role method using the role profile card sort. The role profile card sort is an assessment tool used to identify the present makeup of an individual's role system (Landy & Butler, 2012; Landy et al., 2003). Second, I consulted with my internship supervisor regarding working through the eight steps of role method with adolescent adoptees.

Intervention Space and Materials

The intervention took place in a mid-size outpatient therapy office. The office contained a three-seat sofa and two large chairs around a circular coffee table along with a desk in the corner. Surrounding the furniture in cabinets and on shelves were a variety of toys, games, fidgets, and art materials. Though filled, the room allowed for space to walk around. Over the course of three 50-minute sessions with my client, I planned to work through steps 1-6 of role method, as steps

7-8 deal with the transformation of a role and require deeper exploration beyond three introductory sessions (Landy, 2009). Materials for the role method intervention included a notebook and pen for my own in-session notes, the role profile cards for the card sort exercise in the first session, and with the client's verbal consent, a password protected phone to take a photo of the client's card sort. The photo was deleted after the third session. In the following sections, I outline the steps of the intervention in each session and the system I utilized for processing the experience.

Intervention Design

Session 1

Before introducing a novel activity, I chose to warm up with the client in a familiar way through a verbal check-in that had been utilized in previous sessions: "What is the color of your mood today?" Second, I introduced the concept of role theory, including that one's personality can be thought of as a collection of roles and that categories of roles can include role, counterrole, and guide. Third, to elicit the client's thoughts and experiences with role in his life, I facilitated a role brainstorm with the prompt, "What are some roles (or categories of roles) that you have seen in your life?" Fourth, I presented the role profile card sort asking the client to sort the role cards into the categories of *who I am*, *who I want to be*, *who is blocking me?* and *who can help me?* (Landy & Butler, 2012). I used role type cards and sorting categories inspired by Landy and Butler (2012) (see Appendix A). Finally, I engaged the client in discussion with prompts such as, "Which roles were easy to sort?" "which roles were hard to sort?" "do you feel that any of your roles are missing?" and "are there any roles you'd like to explore more deeply?" Session concluded by revisiting the check-in with a mood color check-out.

Session 2

I began the second session with the mood color check-in. Second, I reviewed the card sort with the client and asked if there was a role calling out to him that he would like to explore further. Third, in order to invoke the role (step 1 of role method), I guided the client through a brainstorm of examples of that type of role, a guided visualization to further solidify his version of the role (see Appendix B), and a walk around the space in order to assist the client in getting the role into his body. In the guided visualization, I invited the client to name the role (step 2 of role method). With the client enrolled, to play out and work through the role (step 3 of role method), I enrolled as an interviewer character writing a book about the client's selected role. I interviewed the client as the expert about that role. I allowed the client to guide my interview, but I prepared certain prompts, such as "I hear you have quite the story to tell," and "when did you become a _____ (category of chosen role)?" After the interview, I guided the client through de-roling by shaking out. To close session, I invited the client to reflect on the role play (step 5 of role method) and identify a role that might be in the way of the explored role (step 4 of role method). Session closed with a mood color check-out.

Session 3

I offered a final mood color check-in for the third role method session. Next, to reflect on the last session, I asked the client if he had new thoughts or discoveries to share about last week's role exploration, an opportunity to relate the fictional role to everyday life (step 6 of role method). Third, I reviewed the concept of counterrole with the client and asked him to identify a possible counterrole to last week's role (step 4 of role method). Fourth, I utilized the same procedure with the client to invoke and name the counterrole (i.e., brainstorm, guided visualization, and walk around the space). Fourth, I enrolled as the same interviewer as in the previous session to assist the client in working through the counterrole – I introduced myself and

shared that I was writing a book about last week's role, and I wanted to include the perspective of someone who feels very differently from the role. Again, I allowed the client to guide my interview, but I prepared certain prompts, such as "I hear you have quite the story to tell," "when did you become a _____ (category of counterrole)," and "I hear you know _____ (name of last week's role)." I led the client through de-roling in the same manner as in session 2, and I engaged the client in a similar out-of-role discussion. As with the prior two sessions, I concluded with the mood color check-out.

Processing

After each session, I followed the same processing procedure. Immediately following the client's session, I journaled in three categories – general thoughts/observations, my client's reaction (what I noticed about my client's body/posture/affect), and my reaction (how I felt in my body/posture/affect).

Results

Session 1

The client, Leo, entered the office with the usual bounce in his step and sat down on the center cushion of the three-seat couch, his preferred place to sit. I followed Leo's lead and sat in my usual chair facing the couch, angled to the right. However, from Leo's sturdy posture and steady gaze, I sensed he was preparing to tell me something out-of-the-ordinary. When offered the mood color check in question, Leo answered that his mood was blue today, his favorite color. He was feeling calm and felt ready to focus on himself in today's session. I offered to Leo that with his self-focus in mind, today might be a good day to try a new drama therapy activity. In the past, we had worked with story and metaphor, so I expected Leo to be open to the suggestion. He

agreed to try a new activity with eagerness, and I explained the concept of role theory, as described in the methods section.

We proceeded to the brainstorm portion of the session – I asked Leo to answer the question, “What are some roles (or categories of roles) that you have seen in your life?” I offered that these roles could come from many places, e.g., his personal experience, from other people’s experiences, from media, and from fiction. He responded with a combination of role types: professions, such as *athlete*, *teacher*, and *actor*; family roles, such as *father* and *aunt*; and roles related to personality traits or emotions, such as *fearful person* and *brave person*. We transitioned to the main therapeutic activity of the session, the role profile card sort. I observed that Leo sorted the cards quickly, though he stopped to consider a few of the cards more deeply. Certain cards caused him to giggle, such as *vampire* and *zombie*, while others elicited humming or mumbling. Midway through the sort, Leo asked what he should do if the card didn’t apply to him at all and didn’t fit into any category. I asked him what he would like to do with those cards, and he created a pile off to the side. Once Leo felt comfortable with where he sorted all cards, I began asking him questions to reflect on the sorting experience.

Leo reflected that the role cards felt sufficient to him – he did not feel any roles in his role system were missing from the card sort. He also reflected that all the cards stirred up thoughts and feelings about which he would have a lot to say. When asked which cards were easy to sort, he shared that he felt confident with where to place *the helper*, *the dreamer*, *the believer*, *the friend*, *the calm person*, *the survivor*, *the victim*, and *the optimist*. I shared with him that I was not surprised to learn that these roles felt easy to place, as I had observed him place them with speed. Next, he explained that *the hero*, *the rich person*, and *the beauty* were hard to place. I shared that again, I could sense the difficulty because of the time and care he took to

place those three cards. He connected the difficulty of locating *the rich person* role within himself, citing his complicated feelings about wealth – though he has expressed that he seeks to be rich and comfortable, he is aware of the stereotype that rich people often cause harm. He connected *the beauty* to his complicated relationship to self-love, and he couldn't decide whether that card applied to who he is now or who he would like to be. The last card that Leo wanted to discuss was *the special person* card. He linked this card to his identity as an adoptee, sharing he finds it hard to accept that he is special or loved and worries that those who love him will leave him. I made the clinical decision to introduce the concept of the “primal wound” to my client to normalize his experience of unworthiness or fear of rejection as a common experience of adoptees (Verrier, 1993, p. 1).

To conclude the session, I returned to the mood color question as a check out. Leo shared that he felt yellow, which signified to him brightness and happiness. He explained that it feels good to know who he is, and it also feels good to know what he's striving for, i.e., who he wants to be. In preparation for session 2, when asked which roles he might want to explore more deeply, Leo offered *the average person*, *the warrior*, and *the lover*. Through the card sort and reflection, by observing Leo's energized posture and prosodic vocal tone, I intuited that the exercise offered him both insight and containment. I left the session similarly energized and surprised by the depth of Leo's insight into his identity as an adoptee. I looked forward to the deeper role method exploration of sessions 2 and 3.

Session 2

After the color check in and reviewing Leo's card sort from the previous week's session, Leo decided he would like to begin his exploration with *the lover* role. In brainstorming images or words that come to mind when he thinks of the character archetype, *the lover*, Leo

enthusiastically relayed moments from favorite movies, describing images of men running after trains, throwing rocks at windows, and going out of their way for love. Once Leo felt satisfied with the brainstorm, I invited him to call to mind his version of *the lover* – what does his *lover* role, isolated from the rest of his role system, look like, act like, feel like? Through the guided visualization, I intended for Leo to potentially discover some qualities about his *lover* role, though I offered that if no images or information came to mind, that was perfectly okay - this was just one way to start to get to know the role. After the guided visualization, Leo shared that rather than visualizing his *lover* role, he saw very clearly his *lover* role's love interest. He saw her in detail with a particular height and in particular clothes walking out from behind a white mansion with a pebble-lined path. He described the feeling of seeing her to be like a dream. As the clinician, I felt some tension arise in myself realizing that my directions were not clear, but I could sense Leo's satisfaction with the creative process – he smiled and energetically gesticulated his hands when describing what he saw. His shift from the original instructions did not detract from his *lover* character's development.

We continued by moving into the embodied portion of the role method session. Having discovered some qualities about his love interest, it was now time to deepen the exploration of *the lover* role. I noticed tension in Leo's shoulders. Before beginning to move around, he expressed hesitance in getting up and acting as a character. Though he liked acting, he shared that he was intimidated by improvising. As the clinician, I felt compelled to pause to get a better understanding of Leo's relationship to performance and theater. We discussed what it meant to perform for the sake of the process versus the product, and Leo indicated he felt comfortable to continue. He followed my verbal instructions and built his *lover* character from his feet to his head, though midway through he did acknowledge feeling dizzy walking around such a small

space. He finished building his character from a standing (rather than walking) position. I verbalized the distinctions in Leo's body position – his chest was more open and his eyes were wide. He called it his love-struck look.

With his *lover* starting to form, we transitioned into the interview portion of the session. I took a moment to embody the interviewer character and explained to Leo that I was writing a book about what it means to be a lover, I was so grateful for his agreement to be interviewed, and I was very excited to hear from his expert perspective. Leo wove together a story from the perspective of his *lover* character, “Ricardo,” with minimal interjecting from me as the interviewer, about his life, finding his love (who he had visualized in the previous exercise), and what being a lover means to him. After shaking off the “Ricardo” character, Leo and I closed our session by reflecting on the embodied interview exercise. Leo expressed surprise at how the character of “Ricardo” flowed through him. He noted that it was easier to open up when he was playing someone else and recognized that in doing so, he was still opening up about himself in a way. I observed that though it took Leo some time to warm up to the idea of embodying a character, by the time he was interviewed, he was engaged and connected with the character.

Session 3

Leo entered the office light on his feet and smiling. The mood color check-in led naturally into a short conversation about last week's role exploration where he connected the fictional role of “Ricardo” to past moments in his relationship. Specifically, the lovestruck look that he discovered when embodying the character of “Ricardo” felt familiar to his life experience. With his excitement about “Ricardo,” I sensed that Leo might be interested in focusing more on *the lover* role rather than transitioning to consideration of a counterrole. However, Leo expressed curiosity about the counterrole, so I explained the concept of

counterrole as an opposite or a role in conflict with the *lover* role. While Leo could easily describe qualities of how he imagined *the lover's* counterrole to be, he found it difficult to label the counterrole as “the _____.” *The suicide, the critic, and the pessimist* all felt incomplete. Ultimately, he landed on *the zombie* as the counterrole to his *lover* role.

The guided visualization resulted in very specific imagery for Leo. He described seeing a dirt path lined with trees and a cobblestone fence along either side. Additionally, he described *the zombie's* appearance in detail. I asked what name he heard for the role, if any, and he shared he heard his own name. At this point, I felt some discomfort. I worried that Leo was too enmeshed with this role, or under-distanced from it, if he felt that he and the role shared a name. I asked if he would be willing to consider a different name for the role, as *the zombie* is a part of himself rather than all of himself. He asked if he could stick with his own name for *the zombie* role for now but offered that he was willing to consider changing the name later. During the walk around the space to embody *the zombie*, I observed more exaggerated changes to Leo's body than during his embodiment of *the lover*. His posture was overly hunched, and his face noticeably shifted to a more sullen, depressed state.

With the character in his body, Leo was ready to transition to the interview, so I once again embodied the same interviewer character. Almost immediately, I felt immersed in *the zombie's* world. Leo described himself in role with clarity and vivid imagery. His vocal tone deepened and his gaze remained on the floor except for occasional moments of eye contact with me for emphasis. When asked about his relationship to *the lover*, “Ricardo,” *the zombie* responded with a ten-year history of their friendship and separation. In this moment, I felt my responses in-role as the interviewer aligning with how I would respond as the therapist out-of-role, which I reflected might indicate the depth of connection Leo might feel to his *zombie* role.

After finishing the interview and de-roling by shaking off the character, Leo reflected that though *the zombie*, who he still called “Leo,” was way more negative than Leo in his day-to-day life, he thought that maybe others in his life see him like *the zombie*. He elaborated that they may see him like *the zombie* when they are upset with him; people often see the bad things in him rather than the good things. During the check-out, Leo explained that he wanted to continue thinking about a new name for *the zombie*, rather than his own name, during the week.

Discussion

With an acknowledgement of the complex identity formation process for adolescent adoptees, I implemented a role method intervention with one adolescent adoptee client to understand how a drama therapy approach might support his identity formation process. In previous literature, role method has aided clients in their identity exploration and self-understanding (Klees, 2016; Marchant, 2019; McMullian & Burch, 2017; Owen, 2022; Schorr, 2021). Here, I explored how role method’s simultaneously structured and flexible approach would accommodate both the unifying and individual circumstances of an adolescent adoptee.

Findings and Implications

After three sessions utilizing role method, the client, Leo, identified the organization of his present role system and began to deepen his understanding of himself through the development of one role and counterrole within that system. In the following sections, I will highlight themes from each session with Leo and their connection to adoption, adolescent adoptee, and role method literature.

Session 1

I identified six of the core issues of adoption in the first role method session: *loss, rejection, shame and guilt, grief, identity, and intimacy* (Roszia & Maxon, 2019). First, Leo

aligned himself, who he is, with the roles of *the survivor* and *the victim* and connected those roles to the loss of and rejection by his birth family. Second, in his description of *the special person* role, Leo identified his feelings of unlovability, an example of how adoptees may experience the core issue of *shame and guilt* (Baden, 2016). In naming that he knows on one level that his adoptive family loves him Leo recognized the dissonance he feels; the contradiction between feeling loved and like he can't be loved. Perhaps Leo's contradictory relationship to *the special person* is also impacted by the societal narrative that adoptees should be grateful to have been adopted (Baden, 2016; Dann et al., 2021; Sun, 2021); a question for future sessions. Fourth and fifth, by connecting how he sees himself to what being adopted means to him, Leo evoked his experience of the core issues of *grief* and *identity* (Roszia & Maxon, 2019). Sixth, Leo's analysis of what *the beauty* means to him regarding his relationship to himself and to others can be understood as relating to the core issue of *intimacy* (Branco et al., 2021; Roszia & Maxon, 2019).

By observing Leo at the end of the first session and noticing his energized posture and voice, I expected that the role profile card sort exercise provoked excitement in him regarding the self-exploration process. Such an invigorated reaction, rather than a depressed or low-energy reaction, is an indication of balance within Leo's system (Landy & Butler, 2012). The role profile card sort, therefore, can be considered an appropriate assessment tool for Leo that provided him and me direction for additional identity-related questions. Considering that the literature indicates that adolescent adoptees may question how their identity as an adopted person integrates with the other parts of themselves (Grotevant et al., 2017), the role profile card sort provided Leo the structure (i.e., role cards and the categories of *who I am*, *who I want to be*, *who is blocking me?* and *who can help me?*) with which to begin exploring these multiple identities in

the therapy space. Additionally, in discussion, Leo expressed satisfaction with being able to name who he is now and who he would like to become. The holding of these two selves, a present and a future version (among other versions of the self) is a feature of role theory, where multiplicity and paradox within a person's ever-changing role system is part of the theory's framework (Ramsden & Landy, 2021).

Session 2

Following the first three steps of role method (Ramsden & Landy, 2021), the creation of Leo's *lover* role, "Ricardo," further supported his identity development. The brainstorming portion of the session provided the platform to make explicit the messages he has received about what a "lover" should look like. He expressed having been influenced by grand gestures and romantic settings, in media and in direct life examples. The role method process demonstrated his awareness of the influences on his conceptualization of his *lover* self, e.g., his community, his family's expectations, the media, and all influences that have been previously identified as impacting adolescent identity development (Kelemen & Shamri-Zeevi, 2022). Additionally, by brainstorming qualities of *the lover* as an archetype before discerning which of those qualities fit with his version of *the lover*, Leo experimented with trying on, with the "me" and "not-me," one of the intended results of role method (Landy, 1992, p. 7).

After embodying the character, Leo reflected that "Ricardo" flowed through him. This flow state may have been afforded by reaching aesthetic distance (Ramsden & Landy, 2021). By taking on a character rather than speaking from his own perspective more directly, he could open up more comfortably. With aesthetic distance reached, Leo reflected that he understood how opening up as "Ricardo" was really a way of opening up about himself. Leo's feeling of opening

up to himself, or getting to know himself, is an example of his exploration of self as a feature of identity formation (Kiang et al., 2006; Sebre & Miltuze, 2021).

I identified *intimacy*, one of the core issues of adoption of (Roszia & Maxon, 2019), as the central theme of the second role method session. Leo selected and explored *the lover* character, rather than directly confronting his experience of love, which perhaps offered containment to the topic of intimacy/relationships. What's more, his embodied exploration of how he wants to love and be loved relates to one of the questions that is characteristic of the adolescent developmental task: who am I and how am I perceived by others? (Sebre & Miltuze, 2021). Lastly, in session 2, the flexibility of role method's implementation (Landy, 2009) allowed Leo to personalize the intervention, evidenced by visualizing his love interest rather than his *lover* role and responding to the interview with his own improvisational style. His unique preferences were privileged above maintaining a strict directive, an important component of an intervention intended for the adoptee population, as each individual adoptee has a unique perspective (Eckert, 2020).

Session 3

At the start of the third role method session, Leo connected the previous session's role play/role exploration to his everyday life, an example of step 6 of role method and of the integration of his character exploration to his greater concept of his identity (Ramsden & Landy, 2021). Additionally, the character development of Leo's *zombie*, the counterrole, centered around the significant loss of and separation from the role, *the lover*. Especially considering that Leo felt deeply connected - and perhaps enmeshed - with *the zombie*, as he gave the character his own name, one could view *the zombie's* story as evoking what is concerning Leo himself. It is possible to draw connections to the majority of core issues of adoption (Roszia & Maxon, 2019)

in *the zombie's* story. The story centered on the loss and estrangement from “Ricardo,” (relating to the theme of *loss*), the rejection he felt (relating to the theme of *rejection*), the embarrassment in feeling emotional about acknowledging the loss of “Ricardo” (relating to the themes of *shame and guilt* and *grief*), and the effect of that embarrassment on how he sees himself as unworthy of friends/not needing friends (relating to the themes of *identity* and *intimacy*). However, even though I noted the closeness that Leo might have felt to *the zombie* role, utilizing role method offered the client the context to consider the role as a part of himself, which he could continue to integrate and fit in with the rest of his role system in future sessions (Ramsden & Landy, 2021).

Implications

With its holding of the core issues of adoption in addition to the themes of the developmental stage of adolescence, role method was supportive for Leo in his identity exploration. The features of role method (e.g., aesthetic distance, flexible steps, and the “me” and “not-me” examination) assisted in evoking and containing an adolescent client’s identity-related questions about himself (Kelemen & Shamri-Zeevi, 2022; Kiang et al., 2006; Sebre & Miltuze, 2021). Role method also allowed for additional considerations related to the client’s adoptive identity, including the core issues of adoption (Roszia & Maxon, 2019) and the influence of societal narratives on adoptees (Baden, 2016; Dann et al., 2021; Sun, 2021).

Limitations

Though I concluded that role method was supportive for an adolescent adoptee client in the exploration of his identity, this investigation was limited by numerous factors. First, as role method was only implemented with one client, the findings are difficult to generalize across the greater adolescent adoptee population. Importantly, the client is a 16-year-old male domestic adoptee from foster care. His experience may be distinct from other domestic adoptees from

foster care who were adopted at the same age, adopted at different ages, or who are currently the same age or a different age. His experience may also differ from adolescent adoptees of different adoption backgrounds such as domestic transracial adoptees or international adoptees.

Additionally, as the conclusions drawn are subject to my observations and interpretations, this intervention is impacted by my bias as the researcher, which is impacted by many factors, e.g., my social locators, my level of training as a graduate student, and my perspective as an intern. Finally, though I consulted with the available literature and two adoption-competent mental health counselors (one of whom is an adult adoptee) to tailor role method to the adolescent adoptee population, the design of the method was limited to these perspectives.

Future Research

To continue investigating how role method can support adolescent adoptees with the process of identity formation, I plan to conduct future weekly, 50-minute sessions with the client, Leo, and follow all eight steps of role method (Ramsden & Landy, 2021). It would also be beneficial to replicate the role method exploration with a larger sample of adolescent adoptees, with various adoption histories and backgrounds, to provide a larger sample from which to generalize discoveries, as the adolescent adoptee population is incredibly diverse. Additionally, as a drama therapy graduate student who has received adoption-specific therapy training, I hope for future collaboration between drama therapists and adoption-competent therapists, who have additional experience and training, to tailor role method more specifically to the adolescent adoptee population. Further, future research that compares role method to other drama therapy approaches could strengthen the basis for the appropriateness of role method or illuminate other supportive drama therapy methods for adolescent adoptees in the mental health setting. Finally, for adolescent adoptees, I am curious about the usefulness of an approach inspired by both role

method and internal family systems (IFS), a therapeutic approach that similarly offers clients the perspective that they are a collection of parts (Hodgdon et al. 2022). Internal family systems has been referenced as a supportive treatment approach for adoptees in accounts by adoption-competent clinicians in-person, through podcast episodes, and in other media sources (Karanova, 2021; Radke, 2018; Yoffe, 2022).

Conclusion

To explore how a role method intervention might support adolescent adoptee clients in their often additionally complex process of identity formation, I developed and implemented a drama therapy role method protocol with one adolescent adoptee client. The structure of the method allowed the client to consider his identity by conceptualizing his role system, i.e., what the many roles are that he plays at this stage of life, and how those roles interact, conflict, and work together. The flexibility of the method allowed the client, a unique individual within the greater adolescent adoptee community, to more thoroughly explore which role/counterrole pair, which parts of himself, felt most salient and in need of playing out. For this client, the utilization of role method evoked consideration of themes relating to adolescent identity formation in addition to themes specific to adolescent adoptees, such as the core issues of adoption (Roszia & Maxon, 2019). I look forward to the future investigation of how the multiplicity and paradox of role theory (Landy, 1992), that a person's role system continues to change over time, may support the lifelong, ever-transforming journey of adoption (Branco et al., 2021).

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Appendix A

Role Profile Card Sort Categories and Role Types Inspired by Landy and Butler (2012)

Role Categories (printed as index cards to act as category headings):

Who I Am, Who I Want to Be, Who Is Blocking Me, Who Can Help me

Role Types (printed as index cards to be sorted by the client into the role categories):

Mother	Wife	Husband	Son
Sister	Brother	Friend	Witness
Killer	Suicide	Father	Special Person
Daughter	Pessimist	Orphan	Poor Person
Outcast	Visionary	Hero	Believer
Healthy Person	Vampire	Optimist	Calm Person
Rich Person	Free Person	Sinner	Saint
Doubter	Artist	Child	Adult
Elder	Beast	Average Person	Sick Person
Clown	Wise Person	Innocent	Victim
Perfectionist	Survivor	Zombie	Slave
Rebel	Egotist	Fearful Person	Villain
Adolescent	Helper	Beauty	Warrior
Healer	Lover	Critic	Average Person
Dreamer	Ignorant Person		

Appendix B

Guided Visualization Script

“This exercise is intended to offer you a chance to start exploring your _____ (role type that the client has chosen to explore) role. We will start by taking a deep breath together in and a deep breath together out. Find a comfortable position in your seat. Often people like the feeling of their feet on the floor and their arms resting softly at their sides. You are here in this room – feel the couch under your bottom and against your back, notice any sounds you might be hearing, any scents in the air. Next, I invite you to either close your eyes or find a soft gaze. I will now begin describing a scene that you can envision in your mind’s eye.

You are walking along a path outside. Maybe the path is made of cobblestones, grass, asphalt, dirt, or something else. What do you hear as you walk along this path? Are there birds chirping, is the wind rushing? Are there trees around or buildings? You are alone on this path, feeling calm and peaceful. After some time on this path, you start to sense a presence coming toward you from the opposite end of the path. You can’t see the presence yet, but you are not threatened by it – you are curious about what is walking your way. Eventually, the figure enters your line of sight and becomes bigger to your eyes as it gets closer. This is your _____ (type of role the client has chosen to explore) role. What is the pace of this figure – are they walking quickly or slowly, straight or in a zigzagging way? As the figure gets closer, you start to notice their features. They may be tall or short or somewhere in the middle. You notice their height in comparison to your own. You also notice what they are wearing, their hair, and any other physical features. When the figure is close to you and facing you, you both stop walking. You can tell they have something to say. They open their mouth and share, ‘My name is (blank).’ You

might hear a name come out of their mouth or you might not – either way is okay. Next, they say, ‘I am the _____ (type of role the client has chosen to explore) and I want (blank).’ Again, you might hear what they want or you might not and that is okay. If you do hear their voice, notice its tone, quality, and pitch. After they have shared with you, they are ready to leave. They may say goodbye to you by speaking, shaking your hand, maybe by giving you a hug, and then they walk down the path in the opposite direction from you. You continue in the direction that you were walking, leaving the figure behind. You are alone once again, peacefully walking along the path.

I now invite you to begin transitioning back to this room, this therapy office, and out of the scene in your mind’s eye. You can again start to notice any sounds you might be hearing, any scents that linger in the air, the feeling of the couch, the floor under your feet. When you are ready, you may open your eyes or refocus your gaze.”

THESIS APPROVAL FORM

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

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