Emotional expression and regulation in a school-based drama workshop for immigrant adolescents with behavioral and learning difficulties

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ABSTRACT

The construct of emotion regulation (ER) has received considerable emphasis in developmental psychology, with growing interest in the possible association of dysfunctional ER with various forms of child and adolescent psychopathology. However, the empirical study of emotions often entails their abstraction from the immediate context – particularly, from interpersonal and social variables having a pivotal role in the origin and modulation of emotive processes. In this study we used a school-based drama intervention with special class, immigrant adolescents with behavioral difficulties as a real-life context for the study of forms of emotional expression (EE) and strategies of ER using qualitative methods of analysis. Our findings suggest some impairment in EE and ER in this study sample. In addition, we observed difficulties accessing a range of emotions appropriate to a variety of circumstances, anger being the predominantly expressed negative emotion. Hypotheses drawing on issues of immigration and marginalization were raised to explain this finding. In general, the drama process seemed to help emotional expression and awareness and to foster a transformation of emotive processes in the sense of a "collective ER." The importance of teacher awareness of students' dominant emotional state and its potential impact on learning was emphasized.

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The prevalence of various forms of psychopathology, including affective and behavioral disorders, increases significantly during adolescence. Emotion regulation (ER) has been shown to play a significant role in developmental psychopathology (Cole, Michel, & Teti, 1994), either being a risk factor or a concomitant feature of several behavioral disorders in adolescents (Silk, Steinberg, & Morris, 2003) that ultimately lead to psychosocial maladjustment and poor school achievement. Previous studies support the notion that adolescents who have problems regulating their emotions are more vulnerable to both internalizing and externalizing problems (Casey, 1996; Eisenberg et al., 2001) and that emotion-dysregulation factors could be a common correlate of both internalizing and externalizing disorders in adolescents (Silk et al., 2003). More generally, emphasis has been placed on the importance of an optimal management of emotive processes for adaptive psychosocial functioning (Zeman, Cassano, Perry-Parrish, & Stegall, 2006). ER should be targeted in mental health prevention and interventions programs for adolescent populations. A better understanding of ER during adolescence and a better insight into the emotional experience of these youth may help understand individual differences in adjustment and develop school and community-based interventions directed at preventing and treating adolescent problems.

Emotion regulation in adolescents

The concept of ER has become very popular in the psychological literature in recent years in parallel with new trends in the study of emotional development that emphasize the functional aspect of emotions (as closely linked to motivation, personal goals, and action) and the importance of socialization processes both in the development of ER and in the organization of emotional systems (Cole, Martin, & Dennis, 2004; Saarni, Campos, Camras, & Witherington, 2006). Recent research trends emphasize how emotions are embedded in ongoing interpersonal transactions, considering them antecedents and organizers of personal and social behaviors rather than external reflection of internal states. The currently widely accepted definition of ER (Thompson, 1994) underscores: (a) the dialectical nature of ER, seen both as a behavior regulator system (self-management) and also as the result of extrinsic influences by means of which emotion is ultimately regulated, and (b) the difference between ER and emotional

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control or restraint: ER also includes amplification of emotional arousal according to the specific goals of the situation. Studies have shown how a significant amount of ER occurs under the influence of others. Infants acquire capacity for managing arousal in the context of a close relationship with the caregiver, and, as the child matures, parents have a significant role, in the development of competent emotional behavior in their offspring and in its socialization (i.e., integration within widely accepted cultural norms). Studies on attachment and ER patterns have shown how a secure attachment is a mediator for an optimal ER in adolescents and adults (Cassidy, 1994; Howard & Medway, 2004; Zimmermann, 1999). An important requisite of emotional competence (EC) – considered a normal developmental outcome of adolescence, as reviewed in Saarni (1999) – is the capacity for empathetic involvement in others' emotional experience without being overwhelmed by others' emotions. The ability to help others regulate their behavior promotes prosocial behavior but also a sense of self-efficacy and well being that are also intrinsic to EC.

Emotional dysregulation, as opposed to adaptive ER, when it becomes a stable pattern in an individual, is linked to psychopathology. Dimensions or modes of ER that are relevant to both typical and atypical development (Cole et al., 1994) include: (a) access to full range of emotions, including access to those emotions that are held as typical and appropriate for a particular situation, (b) modulation of intensity and duration of emotions, (c) fluid transition from one emotion state to another (flexibility), and (d) verbal regulation of emotional processes (i.e., ability to talk about emotions using a vocabulary of clearly differentiated emotional words). These components of ER are mastered by means of different strategies of ER that do not need to be conscious to be activated and that include both intrinsic and extrinsic regulatory efforts. They involve the implementation of (Thompson, 1994): attentional processes (which modulate the intake of emotionally arousing information); cognitive reinterpretation and causal attributions, including denial, projection, and avoidance; behavioral processes involving access to coping resources (material and interpersonal) and the ability to select among a broad range of emotional expression (EE) modes the ones that are more adequate to a certain context and to cultural display rules; and appraisal processes that allow for ongoing monitoring of one's own emotional state and its behavioral output and for the reinterpretation and modulation of internal emotional cues. Some of these modes and strategies are pertinent to the constructs of emotional understanding (EU) and emotional expression, which have been considered respectively as a mediator (EU) and a form (EE) of ER and have been studied in normative and psychopathological populations of children (Southam-Gerow & Kendall, 2002). Coping strategies also overlap to some extent with ER strategies. Coping has been extensively studied in children and adolescents and is considered an aspect of ER. Coping strategies, assigned to different coping dimensions, as defined in empirical studies (Compas, Connor-Smith, Saltzman, & Thomsen, 2001), have sometimes been used interchangeably with ER strategies. Strategies can be adaptive or maladaptive depending on the context and the specific social demands of the situation. However, studies in coping in adolescents have shown that disengagement coping, which involves avoidance, denial, and wishful thinking, is generally associated with worse functioning and considered ineffective as compared to the more complex and cognitively demanding strategies that involve facing the stressor or adapting to stressful circumstances (Silk et al., 2003).

Along with a growing emphasis on the complexity of ER processes, awareness has emerged of the limitations of the empirical study methods and of the need for new approaches to the study of emotive processes (Lazarus, 1999; Saarni et al., 2006). Most studies that have looked at coping in adolescents, as well as the few that explored the relation between ER and adjustment, are not only subject to several biases (Silk et al., 2003; Stone et al., 1998), but they are acontextual. Teens are either asked to recall or imagine a stressful or emotional-laden experience or presented with vignettes and then asked a series of questions, or endorsed a checklist in order to tap into their retrospective or hypothetical emotional responses. In this way emotion regulation behaviors are separated from real-life situations. Moreover, studies have shown that children will often engage in ER strategies of which, when asked, they claim ignorance (Southam-Gerow & Kendall, 2002). Even those studies that used the experience sampling method to dissect the dynamics of discrete emotional states and strategies of response in real-life experiences, besides having a very low participation rate (Silk et al., 2003), have the ability to assess only a narrow slice of the multifaceted construct of ER (e.g., negative emotions only), so that the complexity of the ER process that colors the emotional experience is ultimately lost. Moreover, these methods do not shed light on the capacity of adolescents to spontaneously recognize and label own and others' emotional states. There is a need for integration of different studies and methods to help us explore the emotional world of adolescents with different behavioral disorders. To our knowledge, no study has looked at the complexity of emotions and emotion regulation in a real-life context in adolescents with behavioral disorders. We thought that a drama-based school workshop with adolescents (as described below) could represent an optimal arena for the investigation of emotions as they are contextualized through personal narratives and through their enactment. As stated by Campos, Frankel, and Camras (2004) "both emotions and ER center on dealing with the problems of existence and of adaptation to the reconstructed past, the attributed present and the predicted future."

Drama-based interventions in children and adolescents

Since Slade's pioneering work with children in 1950s UK, based on the idea that the use of stories, movement, and role play could foster children's physical, emotional, cognitive and social development (Slade, 1954), drama-derived techniques have been widely used in mental health facilities with young people. Drama therapy has been regarded as particularly suited for children since it is rooted in the natural developmental processes of play, storytelling, and role-playing, which do not primarily rely on verbal ability and which are a natural way of making meaning and organizing emotional experiences. For teenagers, theater represents a safe place that facilitates conflicts expression and the exploration of alternative solutions through the use of metaphor (MacCormack, 1997; Rousseau et al., 2005). It also offers a forum for dealing with personal difficulties (McCaslin, 1981), and facilitates nonverbal expression, which is important for youth with verbal limitations and behavioral disorders (Anderson, 1992). Forum theater has been used in school to foster young teens' emotional intelligence (Day, 2002). Authors claim that drama, by triggering emotional expression, helps ameliorate emotional symptoms and fosters emotional development (Emmunah, 1990).

Despite the increasing popularity of theater in school, there are only a few reports on the use of drama in school interventions addressing the adolescent population (Novy, 2003; Wright, 2006), and the literature supporting the drama process as an educational or therapeutic tool for culturally different and/or behaviorally disturbed teens is very scarce (Anderson, 1992; Jackson & Bynum, 1997; Rousseau et al., 2005). Systematic evaluations of drama-based interventions in school are lacking; however, the few existing studies are very encouraging (McArdle et al., 2002; Rousseau et al., 2007).