Exploring Story: A Drama Therapy Intervention for Adolescent Immigrants with Depression

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Abstract

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Canada's immigrant youth is growing; projecting that by 2016 foreign-born adolescents and children of foreign-born parents will comprise 25% of the population. Understanding their mental health patterns and vulnerabilities is pivotal for the creation of initiatives enhancing protective factors, while minimizing the risks related to immigration. Currently, adolescents in Canada have the highest rates of depression in the country. Statistics outlining the prevalence of depression for adolescent immigrants have shown mixed results. But research evaluating trajectories of depressive symptoms demonstrate that they are affected by the same risk and protective factors identified in the general adolescent literature. By employing narrative elements from de Saint-Exupery's The Little Prince, a unique clinical intervention program is proposed based on drama therapy principles to decrease and/or prevent the development of depressive symptoms. The relevance of core drama therapy factors is discussed (i.e., distancing and projection), along with the importance of employing story, role playing, and action-oriented group interventions. The proposed program aims to address a series of therapeutic objectives: (a) to foster support by exploring client's support networks; (b) to explore self-identity and autonomy, facilitating individuation processes; (c) to create space for emotional corrective experiences; (d) to develop coping capacities when facing relational conflicts.

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Introduction

Depression is considered the fourth leading cause of disability and premature death in the world, and adolescence is the prevalent time of onset for this disorder (Report on Mental Illnesses in Canada, 2002). The Canadian Community Health Survey showed that in the past decade, adolescent depression and suicidality rates have remained unchanged; showing a lifetime prevalence of 7.6% for depression and 13.5% for suicidality among adolescents aged 15 to 18 (Cheung & Dewa, 2006). A report on mental illness in Canada (2005) revealed that individuals under 20 years of age have the highest rate of depression symptoms in the country. These statistics do not distinguish between immigrant and non-immigrant adolescents, an indication of the gap in the literature examining mental health patterns amongst immigrant adolescents in Canada. Additionally, current research depicts mixed findings, where there is inconsistency in whether first generation adolescents are more susceptible to depression (Sirin, Ryce, Gupta & Rogers-Sirin, 2013) or if migrants' health tends to erode over time and across generations (Kirmayer et al., 2011; Wu & Schimmele, 2005). However, the most recent study conducted in Canada examining longitudinal trajectories of depressive symptomatology for immigrants across generations has shown that second-generation status was associated with greater symptoms of depression during late adolescence (Nguyen, Rawana, & Flora, 2011).

Nguyen and colleagues (2011) argued that understanding the vulnerabilities adolescents from immigrant families face is pivotal in Canada, as 20% of youth under age 18 are foreign-born children or children of foreign-born parents; projecting that by 2016, these children will compose 25% of the population. In doing so, they stated, it is crucial

that governments develop initiatives fundamentally enhancing protective factors for immigrant adolescent mental health, while minimizing the risks related to immigration. Given these reasons, this research paper focuses on understanding the risk and protective factors that influence the prevalence of depressive symptoms in second-generation adolescents. By conducting a comprehensive literature review as means to understand these factors, this paper aims to propose a unique clinical intervention program based on drama therapy principles to strengthen this population's coping capacities.

Drama therapy is an active form of experiential group psychotherapy that makes use of dramatic processes, such as storytelling, role playing and improvisation, to achieve psychotherapeutic purposes (Jones, 2007). Currently, the number of interventions that have been found efficacious in the treatment of immigrant adolescent depression is very limited. However, the results of one specific program employing action-oriented psychodramatic techniques with Latino youth and families demonstrated an impact in reducing depressive symptoms and parent-adolescent conflicts (Smokowski & Bacallao, 2008). The program proposed in this research paper will also employ action-oriented psychodramatic techniques. However, it will operate under a wider working framework, as it will include the use of narrative approaches to facilitate a safe exploration of issues through the use of distance, projection, and role play; all core elements of drama therapy.

Method

The purpose of this research paper is to study how a narrative-framed drama therapy intervention, utilizing story creation and dramatic processes, can be used to assist second-generation adolescents living with symptoms of depression. Research on adolescent depression and immigrant health emphasizes the importance of targeting

populations who might be at risk and provide them with preventive treatment (Kirmayer et al., 2011; Lewinshon, et al., 1994; Thapar, Collishaw, Pine, & Thapar, 2012). The hope is that a thorough understanding of the population and the proposed intervention will support the employment of this unique drama therapy approach to strengthen this population's resiliency and coping capacities. To accomplish this goal, a theoretical methodology has been utilized, specifically comprising of the first stages of intervention research (i.e., explanatory research, conceptualization, and program design; Fraser, 2004).

Intervention research consists of developing and designing systematic change strategies (Fraser, 2004). The first stages of intervention research comprise the identification of populations with heightened risks and the specification of factors that are associated with elevated levels of vulnerability. This is the basis for identifying mediating protective processes that may be strengthened through intervention (Fraser, 2004). Hence, a great focus of this research is placed on gaining theoretical and empirical understanding of the risk factors adolescent immigrants face in regards to depression. Consequently, a firm foundation to develop an intervention program appropriately designed to address the population's needs may be established.

The chosen population comprises second-generation adolescent immigrants. This entails Canada-born youth aged between 15 and 18 who have one or two foreign-born parents. The focus on this specific population relies on research showing that second-generation youth in their late teens show higher rates of depressive symptoms (Nguyen, Rawana, & Flora, 2011). Moreover, during this time of adolescence (beyond age 14), these individuals are in the process of becoming more introspective and capable of

abstract thought (Cossa, 2006). This is a necessary developmental threshold to consider when thinking of employing drama therapy techniques that require more complex thought and communication processes. Additionally, it is important to mention that this researcher is herself, a second generation immigrant. Thus, it is pertinent to admit that this writer's subjective experience as being part of this population may constitute a bias for the selection of relevant data and how it may have been synthesized. However, it may also constitute a strength in presenting a critical perspective and synthesis of the analyzed information. Additionally, this author's clinical experience, personal feelings, interests and biases might impact the program design. However, this factor has been taken into account through constant reflexivity and transparency in the creation of the project.

The procedure adopted in this study primarily consisted of conducting a comprehensive survey of the literature on the relevant theories and empirical findings regarding second-generation adolescents experiencing depressive symptoms. The main fields explored within this search were drama therapy, psychology, cross-cultural psychology, and psychoanalysis. The data included both theoretical and empirical peer-reviewed journal articles and books that are pertinent to the scope of the research. This served the purpose of developing a background perspective for understanding both the risk factors this population faces, and the current intervention strategies suggested by clinical and empirical studies. Additionally, the diverse sources were critically analyzed and synthesized with the purpose of addressing the strengths and gaps in the literature. It is upon this foundation that a clinical program identifying how story-creation and sociodramatic processes may potentially address the population's vulnerabilities and help

strengthen resiliency and coping skills for immigrant adolescents at risk for depression is proposed.

Results

Adolescent Depression

Adolescents face a series of inherent developmental challenges that may affect their vulnerability to depressive symptoms. Under an object-relations framework, Aberastury and Knobel (2010) explained how adolescents undergo three fundamental types of grief: (a) grief for the loss of the child's physical body; (b) grief for the role and identity of the child, which leads the adolescent to renounce dependency and accept the responsibilities of young adulthood; and (c) grief for the childhood parents which the teen tries to persistently retain in his personality, seeking the refuge and protection that they represent. Briefly, adolescents are trying to cope, organize and integrate the loss of their childhood and of their parental figures while facing the new responsibilities that adulthood portends. This theoretical framework proposes an explanation of how the inherent challenges adolescents face are a 'normal' aspect of this developmental stage in life. But it could also be argued that these challenges may affect adolescents' vulnerability to risk factors that could precipitate depressive symptoms. Mann (2004) supports this perspective, asserting that the loss of earlier object ties generates depressive symptoms for adolescents.

In an attempt to delineate what constitutes depression and depressive affects, The Diagnostic Statistical Manual of Mental Disorders (DSM-IV) presents some of the symptoms that may constitute a major depressive disorder: fatigue, loss of interest or pleasure in daily activities, disturbance in sleeping patterns, psychomotor agitation or

retardation, lack of concentration, feelings of worthlessness, and recurrent suicidal ideation, among others. The only difference outlined between adults and adolescents/children is that the latter may exhibit irritable rather than depressed moods. Additionally, the context in which depressed adolescents present difficulties diverges from that of adults' (e.g., conflict with parents, rather than spouse; school rather than work-related problems; Lewinshon et al., 1994). However, the general problems in cognitive and social interactional functioning are surprisingly similar, thus arguing that depressed adults and adolescents share similar psychosocial characteristics. Countering the DSM-IV's conceptualization of depression under a diagnostic framework, it is important to note that depression can be viewed as a continuum. That is, adolescents whose symptoms are not enough to meet the threshold for diagnosis are subject to impairment and future risk for a full-blown depressive disorder (Thapar et al., 2012). Thapar and colleagues further noted that it is important to target these individuals and provide them with preventive treatment and strategies.

Depression in adolescents is overlooked more often than it is in adults, possibly because of the recurrence of irritability, mood reactivity and fluctuating symptoms in adolescents (Thapar et al., 2012). This could imply that Western social constructions of adolescence may influence underdiagnosing adolescent depression. For instance, Anna Freud (1958) claimed that it is too difficult to indicate the limit between normality and pathology in adolescence, and she considered the disturbance in this stage in life as normal, further noting that it would be abnormal to witness a stable equilibrium during adolescence. More recent theoretical formulations support this perspective (Aberastury & Knobel, 2010). However, Mead's (1928) anthropological studies contest this view,

explaining that experiencing adolescence as stressful and strenuous might also be dependent on our social constructs and on how Western society has defined this developmental stage. This being said, regardless of how adolescence and the disturbances lived within it are constructed, one can still argue that teens in our society are subject to struggles that affect their wellbeing and their development. Therefore, it is crucial to acknowledge that social notions of adolescence can become problematic when these individuals might indeed be at risk of suffering from major depressive episodes or disorders later on. For this reason, it is important to develop treatment programs for adolescents that do not yet exhibit all the symptomatology of depression, but whose current signs may be negatively affecting their daily functioning and/or interaction with their world. Moreover, these theoretical ideas mainly contribute to acknowledging that adolescents may be more susceptible to depression as they already undergo a process of grief, adjustment through isolation, and the potentialities of acting out, all coping responses to this transition in life.

Additionally, the aforementioned symptomatology may have lifelong negative repercussions in the physical and psychological wellbeing of the adolescent as it may interfere with her/his abilities to engage effectively in primordial tasks (Galambos, Leadbearer, & Barker, 2004). Adolescent depression is a predictor of higher rates of suicides and serious psychosocial deficits (Anastasopoulos, 2007; Cheung & Dewa, 2006). It was found that suicide is the second-to-third leading cause of death in adolescents, and more than half of the victims were reported to have a depressive disorder at time of death (Thapar et al., 2012). Thus, Thapar and colleagues strongly suggest that suicidal risk should be monitored within this population, with some of the possible

warning signs being social withdrawal, decline in academic achievement and changes in peer and family relations. Adolescent depression has also been linked to substance abuse, academic failure and problems in interpersonal relationships (Galambos et al., 2004; Gjerde, Block, & Block, 1988; Thapar et al., 2012). This suggests that regarding depression and suicidality in conjunction is imperative.

Depression in Second-Generation Adolescents in Canada

Despite potential underdiagnosing trends, official reports indicate that adolescents' susceptibility to depressive disorders is prevalent in Canada (Cheung & Dewa, 2006). However, the statistics outlining the prevalence of depression for adolescent immigrants have shown mixed results. Kirmayer et al. (2011) conducted a thorough literature review outlining common mental health problems in immigrants and refugees in Canada. Their meta-analysis shows confounding trends: studies from small community samples indicate that immigrant youth are more at risk for depression and other disorders, while large-community surveys indicate that immigrant youth do not have higher rates of psychiatric disorders than native-born counterparts. On the contrary, they indicate that newcomer youth excel in many areas, for instance showing both achievement and drive in academic spheres. In Canada, the positive outlook of newcomers' mental health status has perplexed clinicians, as it is inconsistent with research showing that migration processes increase risk for depression and other mental disorders for these populations (Wu & Schimmele, 2005). Despite the increased vulnerabilities that immigrant populations present, a report on mental health of Canada's immigrants indicated that immigrants who have recently arrived show significantly lower

levels of depression than individuals born in Canada. This epidemiological paradox is called 'the healthy migrant effect.'

Despite of these findings, a number of studies have shown that the healthy migrant effect tends to erode over time; the longer immigrants reside in Canada the more their mental health deteriorates matching the levels of Canadian-born individuals (Kirmayer et al., 2011; Mental Illness and Addiction in Canada, 2009; Wu & Schimmele, 2005). This degeneration has motivated researchers to study the longitudinal trajectories of immigrant mental health across generations. But interestingly, current studies on depression and youth with migrant backgrounds show mixed findings. For instance, a recent study in the United States shows that first-generation adolescents experience higher levels of depressed/anxious symptoms and of withdrawn/depressed symptoms throughout specific trajectories in their high school years (Sirin et al., 2013), thus concluding that first generation adolescents are more susceptible to suffer from depressive symptoms than second-generation teens. However, other studies do confirm that the healthy migrant effect grows weaker over time, demonstrating that second-generation immigrant status is related to higher levels of depressive symptoms in late adolescence (Nguyen, Rawana, & Flora, 2011; Wu & Schimmele, 2005).

The literature investigating second-generation adolescents' mental health in Canada is limited and it usually focuses on intergenerational status comparisons. Perhaps this trend in the literature is related to the healthy migrant effect and the need to understand the deterioration of resiliency across generations through time. Furthermore, no studies comparing second-generation teens' health with Canadian-born adolescent samples were found. However, studies in Norway, Austria and Switzerland do depict

that second-generation adolescents have significant higher levels of depressive symptoms than adolescents natively born in these countries (Fandrem, Sam, & Roland, 2009; Stefanek, Strohmeier, Fandrem, & Spiel, 2011; Vazsonyi, Trejos-Castillo, & Huang, 2006). Although migration policies and processes are different in these countries, the gap in the Canadian literature supports the need to examine this population more closely in order to address their needs.

Risk Factors and Protective Factors

The severity of the impact that immigrant adolescent depression may have on the present and future wellbeing of this population requires the identification of both the risk and protective factors that play a role in the development of these symptoms. This can allow the identification of second-generation adolescents that are at elevated risk for depression and influence the design of preventive intervention programs based on enhancing the protective factors (Galambos et al., 2004; Lewinsohn et al., 1994; Nguyen, Rawana, & Flora, 2011). Research evaluating trajectories of depressive symptoms among children and adolescents from immigrant families show that they are affected by the same risk and protective factors identified in the general adolescent literature (Nguyen, Rawana, & Flora, 2011). This consistency was also found by comparing the general risk and protective factors found in both sets of literature. Consequently, the literature for each group will be seen in conjunction and at times compared and contrasted. In this section, risk and protective factors will be discussed under three groupings: cultural identity, social support, and parental processes and behaviour.

Cultural identity. The traditional perspective adopted by researchers examining immigrant health is based on considering assimilation and acculturation processes as

major determinants of wellbeing (Vazsonyi et al., 2006). Within this framework, the notion of acculturative stress is considered as the most salient risk factor found in the literature examining health trajectories for immigrant youth. Acculturative stress may be a risk factor for reducing self-esteem and psychological wellbeing (Berry, 1990). It refers to the possible challenges immigrants encounter when negotiating between the values from their heritage culture and the host culture (Berry, 1997). Based on this perspective, when looking at second-generation adolescents' health, some research proposes that they may be at a higher risk in comparison to their non-immigrant counterparts, as they encounter adjustment problems in their process of attaining assimilation (i.e., integration into host culture; Vazsonyi et al., 2006). One could argue though, that their vulnerability is not necessarily related to struggles in assimilating into the host culture solely. Rather, it may be based on their struggles in adapting to the socializing pressures from both the host society and their family's cultural values (Sirin et al., 2013; Vazsonyi et al., 2006). This is supported by current findings indicating that acculturative stress is positively correlated with the presence of depressive symptoms in second-generation adolescents (Turjeman, Mesch, & Fishman, 2008).

When attempting to understand immigrants' loss of resilience across generations, Nguyen, Rawana, and Flora (2011) argued that identification with heritage culture might be a protective factor for second-generation youth. Their study showed that higher proficiency in English or French for this population was related to higher rates of depressive symptomatology. This view challenges the aforementioned notion that acculturation is associated with benefits and diversity with risk. It rather poses the latter as a protective factor, corroborating research that correlates identifying with the natal

culture as a strong predictor of psychological wellbeing (Abad & Sheldon, 2008). Moreover, second-generation youth may be at higher risk for depression as they may face such social stressors as poverty, marginalization and discrimination, with neither the protection of a secure identity and the traditional values their parents possessed, nor a secure bicultural identity (Rothe, Pumariega, & Sabagh, 2011). As identity formation is a primordial task for adolescents who are undergoing their second individuation processes (Mahler, Pine, & Bergman, 1963), one could argue that the difficulty in forming a stable bicultural identity in this stage may be a risk factor in developing depressive affects. Mann (2004) asserted that immigrant parents might fear their adolescent children identifying with the host culture, potentially preventing them from establishing intimate relationships with peers. This in turn affects the adolescents' individuation, as identification with peers represents an important transitional object in the process of separating from their family and creating their own identity (Aberastury & Knobel, 2010). Interestingly, when immigrant parents gave more autonomy to their children in choosing which cultural values they preferred, adolescents were more likely to identify with the family's culture of origin, and as a result both autonomy and natal culture identification was associated with better wellbeing (Abad & Sheldon, 2008). Parental processes and their role on identity formation, support and autonomy will be further discussed in the subsequent sections.

Social support. Galambos et al. (2004) argued that lack of social support plays a significant role in predicting the change of depressive symptoms. They found a negative correlation between these two variables, indicating that as social support decreased, depressive symptoms escalated. Moreover, they explained that social isolation and

depressive symptoms can reciprocally influence each other, thus, a lack of social support may not only increase-depressive symptoms, but may also originate from feeling depressed. This can increase the likelihood of a major depressive episode over time. Given these findings, they highlighted the importance of maintaining good relationships with family members and forming external support networks (friendships and intimate relationships) during late adolescence. Specifically, given the nature of the questions explored in this study, the authors hypothesized that the poor social support found might have reflected problems with family relationships rather than with peers. This corroborates other findings that highlight the role of parental processes and behaviours in the formation and prevalence of depressive symptoms in immigrant adolescents. This particular risk factor, although fundamentally associated with social support, will be explored independently in the subsequent section.

The presence of social support has been regarded as a protective factor for second-generation adolescents in particular. Kirmayer and colleagues (2011) explained that the immersion of migrant youth within communities with a high composition of immigrants from the same ethnic background buffers the effects of migration losses, isolation and discrimination. They argued that their better adjustment might occur partly through the presence of positive role models, a higher sense of ethnic pride, and social support. Moreover, supportive communities, family integrity and support constitute relevant factors in the promotion of resiliency amongst immigrant children and youth in other countries as the U.S. (Rothe et al., 2011). The literature further highlights the importance of the youth's perception of this support. Katsiaficas, Suárez-Orozco, Sirin and Gupta (2013) define the perception of social support as:

> A sense of emotional and academic support for various issues through social resources that one is connected to… [and it] means feeling as though there are 'people to turn to' in one's life, which helps individuals emotionally by providing emotional sustenance, acceptance, and a sense of belonging. (p. 29)

Particularly in adolescence, Katsiaficas et al. stated that perceiving support from others serves the function of maintaining and promoting psychological wellbeing, which coincides with findings that promote positive peer-relations as protective factors against depression for adolescent immigrants (Nguyen, Rawana, & Flora, 2011). Katsiaficas and colleagues found that perceptions of social and academic support mediated the relation between acculturative stress and depressive symptoms for first and second-generation youth. Based on this, they recommended the creation of more solid academic support networks. This can facilitate access to mental health resources in school and hence, potentially reduce the detrimental effects of acculturative stress on immigrant youth.

Parental processes and behaviour

Family systems theory. This theory, developed by Bowen (1966, 1978), elucidates that families are emotionally interdependent, affecting and reacting to each other's feelings, thoughts, needs, and actions. The presence of tension within the system can produce stress reactions that affect the emotional connectedness of the family members. Thus, a change in the functioning of one family member predictably results in similar changes in the functioning of others in the family. As children transition from childhood into adolescence, the family's equilibrium is disrupted and a new and different balance must be established (Steinberg & Silk, 2002). Additionally, the process of immigration and acculturation influences the parents' behaviours and reactions, in turn

altering the family balance, and potentially preventing the completion of adolescent processes and the generation or persistence of depressive symptomatology (Mann, 2004; Rothe et al., 2011; Vazsonyi et al., 2006).

Autonomy, harmony and conflict. Steinberg and Silk (2002) analyzed parent-adolescent relationships and their impact on adolescent adjustment under the conceptualization of three parenting dimensions: autonomy, harmony and conflict. The way parents react to migration processes affects their children adolescents' health and adjustment in this developmental stage. Particularly, the parents' availability for providing support, allowing autonomy and resolving conflicts (Mann, 2004). When parents are able to encourage exploration within the external social world (e.g., by developing peer relationships) while also providing a secure base for them, adolescents are more likely to develop a healthy sense of self (Vazsonyi et al., 2006). On the contrary, when parents are overprotective and controlling, adolescents face difficulties individuating and developing a healthy sense of autonomy, ultimately leading them to experience depressive or anxiety symptoms (Holmbeck & Leake, 1999; Mann, 2004). According to Mann (2004), adolescents from immigrant families have a more difficult task than their counterparts in the formation of their future self-identities. This, she argued, is partly due to some parents' difficulty in allowing their children to establish external ties with peers, as a way of preserving family values. Given the critical relevance of individuation and autonomy in preventing the formation of depressive symptoms, Rothe and colleagues (2011) encouraged clinicians that treat adolescent immigrants and adolescents from immigrant families to develop therapeutic goals mainly

based on facilitating adolescent individuation and the completion of basic processes in this stage.

The domain of harmony encompasses elements of parental cohesion, (emotional) support and connectedness (Steinberg & Silk, 2002). Research has found that second generation adolescents who perceive that their parents (especially their mother) understood them, were fair to them, and manifested affection towards them experienced less depressive symptoms, showing that harmony is a strong protective factor at any age (Nguyen, Rawana, & Flora, 2011; Vazsonyi et al., 2006). Lastly, extensive research on the conflict dimension provided strong evidence that hostile and conflictual interaction between parents and their children results in negative effects for the children, including the precipitation of depressive symptoms (Lewinsohn et al., 1994; Schwartz et al., 2012; Vazsonyi et al., 2006). The process of immigration and acculturation may produce inter-familial conflicts contributing to heightening tensions in the family equilibrium (Rothe et al., 2011).

In general, parental processes and family factors may be augmented for second-generation adolescents, maybe because of limited external support networks outside of the family unit (i.e., absence of extended family, potential hostility or discrimination from the host culture, immigrant underuse of mental health services). It could also be due to the family's difficulty in negotiating outer and natal values and the struggle parents undergo in accepting their children's integration of local values, further affecting their individuation processes. Overall, it is impossible to make generalizations about immigrants and about the factors that may protect them or increase their vulnerability. However, current findings bring to light the importance of regarding adolescent

immigrants in conjunction with their peers, considering their family processes as key factors in their health and the impact of their outer network systems. The following proposed intervention attempts to address these factors and create ways of fostering a dialogue amongst immigrant youth regarding their relation to their respective worlds and how it affects them.

Previous Interventions

A very limited number of intervention programs implemented with immigrant youth to decrease and/or prevent depressive symptomatology were found. Interestingly, the only study testing the efficacy of a preventive intervention program for immigrant adolescents was based on an action-oriented psychodramatic group intervention for Latino youth and families (Smokowski & Bacallao, 2008). This multifamily intervention program was created specifically to help participants develop bicultural coping capacities in order to face acculturative stress and promote family adaptability. These were considered relevant protective factors against the development of mental health problems for immigrant adolescents and their families. A one-year follow-up after the program completion showed that participants in the action-oriented psychodramatic program demonstrated lower rates of oppositional defiant behaviour, anxious depression, and parent-adolescent conflict. These results were compared to control support groups, which explored similar themes but did not implement psychodramatic action-oriented techniques. Smokowski and Bacallao (2008) argued that utilizing psychodramatic techniques in a multifamily group format "not only maximizes the potential for impacting parent-adolescent communication, but it also allows multiple family members to practice

new skills and increases the probability of expanding social support networks for families participating in the groups" (p. 9).

Although a number of cognitive behavioural therapy (CBT) intervention programs have proven effective in the treatment of adolescent depression, there is a gap in the literature regarding their impact on immigrant youth. However, efforts have been made to promote the creation of culturally adapted evidence-based treatments (EBD) for immigrant youth with depression (Nicolas, Arntz, Hirsch, & Schmiedigen, 2009). Nicolas and colleagues emphasized the importance of creating new programs that are customized from the onset to address the cultural differences that characterize the diverse immigrant groups in North America. They developed a culturally adapted psycho-educational CBT intervention for Haitian American youth experiencing depression. This intervention was designed to teach adolescents skills for controlling depression by covering the following areas: relaxation, pleasant events, negative thoughts, social skills, communication, and problem solving. Similar CBT approaches that also focus on these areas have been found effective for decreasing adolescent depression (Sandil, 2006), but their generalizability to immigrant youth is currently questionable. This is mainly due to the lack of research studying the validity of depression measures with this population (Sandil, 2006).

Drama Therapy Interventions for Adolescents

Group therapy

When looking at the literature and some of the research elucidated, one can argue that a potential effective treatment for second-generation adolescents with symptoms of depression is the use of group psychotherapy. Clinicians working with adolescents

encourage the utilization of group therapy as it provides necessary peer connections, while supporting peer feedback (Cossa, 2006). Additionally, adolescents may feel safer in numbers, becoming more involved as other peers engage in the therapeutic process (Rambo, 2002). Working in a group setting may be more conducive to creating a therapeutic framework that addresses the aforementioned protective factors. For instance, working with peers "optimizes these interpersonal connections, and provides a kind of support and safety that adults alone, no matter how well intentioned, cannot provide" (Cossa, 2006, p. 21). By intending to strengthen the adolescents' support networks to lessen depressive symptoms, a group intervention aims to form a support system in and of itself. Additionally, from a psychoanalytic perspective, some argue that the group could represent a transitional object, thus facilitating the process of individuation (Ashbach & Schermer, 1987 ; Levin, 1982). In this sense, the group becomes a container for the adolecent to experience support and process key developmental tasks while reinforcing social and problem-solving skills through the inherent group dynamics.

Regardless of the psychotherapeutic approach, the therapeutic factors that constitute group psychotherapy (Yalom & Leszcz, 2005) might be of great value for creating a safe space for adolescents in the exploration of group dynamics. It may provide them with opportunities to experience the universality of their state of being and life situations. This can help them gain perspective over their circumstances, while allowing them to feel understood. Additionally, group psychotherapy can allow members to demonstrate altruism and help each other, thus generating feelings of purpose and pride, while instilling self-esteem; all protective factors against adolescent depression

(Nguyen, Rawana, & Flora, 2011; Yalom & Leszcz, 2005). In this sense, group members benefit not only from receiving help, but also by engaging in the inherently satisfying feeling that emerges from giving (Yalom & Leszcz, 2005). In this context, the nature of group dynamics allows for interpersonal learning, which is essential in understanding the underlying issues associated with depression. Yalom and Leszcz (2005) explained, "It is necessary, first, to translate depression into interpersonal terms and then to treat the underlying interpersonal pathology" (p. 24). Group psychotherapy allows for the exploration of interpersonal relationships and the conflicts that may underlie them, laying the groundwork for instilling a corrective experience of such relationships. Finally, group members would be able to do so as a result of the cohesion and trust that originates from working in a closed and consistent group.

Creative and action techniques

The particular use of creative and action techniques with youth has been considered beneficial as it fosters expression (Cossa, 2006; Emunah, 1985; Rousseau et al., 2005) while effectively working with the resistances particular to this population (Emunah, 1985). Cossa stated that adolescence is characterized by being a time of extremes, and the use of action techniques, such as psychodrama, role play and enactments, facilitates a safe and supportive exploration of these extremes. Working with adolescents involves considering their reactions and resistances to treatment. These are partly based on how they relate to authority, which is in turn associated to how they relate to their parents (Emunah, 1985). These resistances may manifest through rebelliousness towards both the leader and the group itself. For instance, they could be seen as clients challenging the leader's interventions by refusing to participate in the exercises or

revealing “provocative” material for the purpose of testing the therapist’s ability to maintain control (Emunah, 1985). Particularly, Emunah argued that drama therapy permits bypassing or minimizing youth’s resistance to treatment as it playfully channels acting-out behaviours through dramatic exercises that invite playing with the resistance rather than shutting it down.

Drama provides a structured and controlled setting for expression of all kinds of behaviours, attitudes and emotions (Emunah, 1985). It promotes the exploration of alternative solutions to conflicts (Moneta & Rousseau, 2008) as “new ways of coping with situations and expressing emotions can be examined and practiced” (Emunah, 1985, p. 78). For adolescent immigrants whose difficulties may lie in coping with conflictive situations either at home or school, dramatic enactments may permit them to experience other possibilities on how to face such challenges. It could also allow them to explore their self-identity through safely experimenting with new identities found in role enactments (Emunah, 1985). In doing so, they may have the opportunity to experience what is like to be in the role of a parent or an authority figure, and thus observe their particular situations or those of others from a different perspective. This quality of witnessing or observing oneself through the eyes of others, or from the perspective of a role, facilitates the exploration and understanding of interpersonal relationships. In doing so it permits youth to understand through enactment the intricate difficulties that characterize these relationships and how they contribute to their depressive symptomatology.

Despite of the potentialities found in employing creative and action techniques with youth, the literature supporting the use of the dramatic process as a therapeutic

instrument for adolescent immigrants is insufficient; but a few studies based on one particular school-based drama therapy program show promising results (Moneta & Rousseau, 2008; Rousseau et al., 2005; Rousseau et al., 2007). Rousseau and colleagues developed a 10-week school-based drama therapy program in Montréal with two groups of newly arrived immigrant adolescents, as well as one group of second and third-generation adolescents. The main goal of the program was to prevent emotional and behavioural problems as well as to enhance academic performance. These workshops operated under a drama therapy framework, using Jonathan Fox's *Playback Theatre* and Augusto Boal's *Forum Theatre* (Boal, 2000; Salas, 2009). They found that the workshops were a safe space for the participants to act out transitions associated with adolescence. Most participants shared in common the loss of cultural markers and rituals that could facilitate their passage into adulthood. The intervention allowed the participants to explore experiences and possible solutions related to the contradictory expectations they receive from both their family's culture and the host culture. This, they explained, tends to aggravate the process of separation associated with transitioning into adulthood, confirming other findings in the literature (Mann, 2004; Rothe et al., 2011). This study is particularly relevant given the protective qualities present in facilitating the completion of developmental processes such as individuation in preventing depressive symptomatology. This program also indirectly addressed the impact of acculturative stress on emotional impairment, as it operated under the premise that strengthening personal and group identity can improve adolescent immigrants' wellbeing. As a result, researchers found that the drama therapy workshops significantly decreased adolescents'

overall impression of impairment by symptoms along with decreasing the interference of symptoms with friendships, home life, and extracurricular activities.

Use of story and narrative

Despite of the growing popularity of employing narrative approaches in diverse disciplines (i.e., the humanities, social sciences, and health care), evidence-based research and empirical works on its application are scarce (Bennett, 2012). This is perhaps due to the qualitative nature of meaning-making intrinsic to the narrative approach. Specifically, the use of story-creation and narrative in the treatment of adolescents and adolescents from immigrant backgrounds who suffer from depressive symptoms is limited. In spite of this, authors who have employed a narrative approach and story-creation with adolescents have attested to its value in addressing basic developmental tasks and in the treatment of diverse clinical conditions (Bennett, 2012; Campbell & Trowell, 2005; Mulvaney, 2011; Silver, 2011; Vanheule & Hauser, 2006). This particular intervention will draw from certain propositions inherent to a narrative therapy framework, but they will be primarily conceptualized through drama therapy approaches. In narrative therapy, the main premise is that the person is not considered as the "problem", but rather the problem is the problem. In this sense, a great emphasis is placed on the externalization of the problem, so that the individual distinguishes him/herself from it and can therefore develop strategies to cope with it in a healthy way avoiding self-blame and promoting personal agency (Bennett, 2012). This particular approach is somewhat similar to the concept of distance (particularly over-distance) often employed in drama therapy, where the client is able to externalize the material through dramatic media. This concept will be further explored in the subsequent section.

In the field of drama therapy, the use of story and story-creation is vast and varied. Some approaches are based on telling personal stories (Dunne, 2009; Gersie, 1997; Moran & Alon, 2011), fictional stories (Lahad, 1992), and using pre-existing stories or fairy tales (Silverman, 2004). Regardless of the approach, most story explorations in this field make use of dramatic processes as means to achieve specific psychotherapeutic goals. Some of these processes include enactment, role playing and embodiment, among others. The exploration of stories through dramatic media can allow the expression of affect in a safe manner and it facilitates the exploration of conflict and its transformation by enhancing personal agency. Stories are not rigid and through a dramatic exploration of its elements they can be transformed allowing for opportunities to rehearse conflict-resolution or instilling acceptance and awareness of the impact of how family or peer relationships affect wellbeing. The proposed clinical intervention will make use of story and narrative in a two-fold manner: (1) by employing an existing story/literary work as an overarching container for the entire group series and (2) by encouraging each group member to create fictional stories that could elicit the exploration of real and personal stories. The premise is that stories allow for the creation of a necessary distance for the adolescents to explore their personal narratives safely and in a non-invasive manner. A specific account of how this will take place will be explained in the following section, addressing distance and projection, two drama therapy core elements.

Distance and projection. In drama therapy, the use of distancing is considered a core element. The use of the dramatic material (i.e., symbol, characters, role, etc.) generates a needed distance so the person can explore her relationships, issues or

'problems' through a different perspective. Whether the person is too emotionally involved with his reality or denies the effect it has on his affect, the use of dramatic techniques can allow a shift in the person's relationship with the material they bring to therapy. The goal is to reach what is called aesthetic distance, where the clients are able to attain a balanced state of attention and involvement in a dramatic situation (Landy, 1996). This way, they can see themselves from a safe distance while recognizing and working through difficulties and challenges they are living. Emunah (1985) stated that the particular relevance of using distancing techniques with youth relies on how it permits new behavioural responses to become acceptable to the self and to the peers in the group. She explained that distance could be attained through the use of role, time and space within enactments, which allow the adolescents to examine situations from different angles and have diverse options at their disposal when confronting realities. Moreover, she argued how relevant this may be for adolescents, as they have not yet fully developed their capacities to process, assess and constructively cope with the many conflicts that may constitute their lives. Thus, navigating their realities through the distance granted in dramatic media, along with the guidance of the therapist, adolescents are encouraged to develop independent thought and autonomy in a gradual manner, and in a shared and interconnected context.

Landy (1996) conceived the relations between role and self, actor and observer, one role and another role, as dialectic interactions. For him, the degree of distance established between these entities allows the actualization of dramatic projections, and eventually a life-drama connection. In drama therapy, the concept of projection is not only conceived as a defense mechanism, but also as a mode of expressing inner emotional

material into a dramatic representation (Jones, 2007). He finds that the relationship between personal content and dramatic material gives space to the juxtaposition between self and non-self. The connection between these two entities renders the client the opportunity to be an observer/participant in his own life and drama. Jones (2007) argued that this is a key element in generating a different type of involvement for the individual and the explored material, as they can become engaged through a different perspective (i.e., by playing a fictional role, the role of a parent or a friend, by embodying the feeling of a story, etc.). Shifting someone's perspective through the use of dramatic processes may allow the individual to feel less emotionally overwhelmed or even increase their affect awareness if they are rather resistant or disconnected from the material. By increasing or decreasing the distance between the person and their material, a balance can be reached and an empathic response can be fostered either through living/acting or witnessing.

The Program

Therapeutic objectives. With the ultimate goal of decreasing and preventing the development of depressive symptoms, this intervention aims to address a number of objectives: (a) to foster support through the ultimate creation of a support system (i.e., through the therapeutic group) while also exploring how the adolescent's support network outside the group is actually constituted; (b) to encourage the exploration of self-identity and autonomy as means to facilitate the individuation process; (c) to provide a space for corrective emotional experiences through the exploration of inter-relational conflicts between the adolescent and his/her family, peers and others; (d) to develop coping capacities when facing these conflicts.

Story as container: The Little Prince. In this particular intervention program, the story of The Little Prince by Antoine de Saint Exupéry (1943) is proposed as the overarching metaphorical framework that will define the series. Although other stories could also be considered pertinent, this particular one has been chosen given its numerous similarities with the experience that adolescent immigrants may live and with the therapeutic goals sought. The Little Prince depicts the quest of a boy who leaves his home planet to travel to other planets, searching for something. As he travels from place to place, his encounters with others teach him about his own values, resulting in the construction of his own conception of what gives meaning to his life. This realization encourages him to return to his home planet, but not without having first inspired the life of a pilot whose plane crashed in the desert. As the Little Prince strives to find what he is looking for, he realizes that the key lies in the connection between him and other beings, which ultimately motivates him to return to his roots. This metaphor is crucial as it reflects the therapeutic goals of the program: to emphasize the relevance of creating supportive connections between the adolescent and the people in her/his life; and to facilitate the process of individuation as adolescents are encouraged to understand how both home and host cultural values comprise their self-identity. This concept has been supported by others who have interpreted The Little Prince's journey as a metaphor for individuation (Ablon, 1989). The narrative of The Little Prince is seen as parallel to the period of adolescence: as a journey towards the encounter with oneself.

Therapeutic alliance. It is crucial to dedicate sufficient time to establish the therapeutic alliance between the group and the practitioner. Particularly with adolescents, it is recommended to employ dramatic play and games at the onset of the group, as means

to facilitate group cohesion and trust amongst the group members and the leader (Emunah, 1985). For the past 60 years, cumulative empirical research has demonstrated that successful therapy outcomes are highly correlated to the quality of the therapist-client relationship, especially when characterized by trust, warmth, support, acceptance and empathic understanding (Norcross, 2011). Such results are independent of the therapist's school of thought or therapeutic approach. Additionally, attending to the formation of a therapeutic alliance facilitates the accomplishment of therapeutic goals focused on treating depressive symptoms in adolescents, and it supports adolescent development and wellbeing (Bennett, 2012). Clinicians from different backgrounds that wish to employ this intervention are encouraged to do so with already-founded groups, in which the therapeutic alliance is well-established. For newly formed groups, it is advised that a therapeutic alliance is established prior to the implementation of this intervention program. For the purposes of this research paper, particular means to build an alliance will not be discussed, but left to the individual therapist.

Entrance stage: My Support Universe. The first part of the program will consist of developing the foundation for the rest of the series. By employing metaphorical elements drawn from The Little Prince and incorporating them into drama therapy and psychodramatic approaches, the exercises designed for this intervention are aimed to address the four therapeutic objectives previously described. In this stage the group is encouraged to focus on completing the exercise entitled “My Support Universe”. This exercise is an adaptation of the Social Atom, a sociometric technique originally developed by Moreno (1947). This technique is usually employed as a psychodramatic warm-up, as it provides the group members a visual configuration of the most meaningful

people in their lives and the levels of proximity between the self and each one of them. As it fulfills the goals of a warm-up, the exercise may not only provide important information about the client's life and relationships, but it also aims to increase the level of emotional involvement (Kellerman, 1992). In this particular clinical program, this exercise fulfills the goals of a warm-up, but it does not represent the actual warm-up of the sessions. Rather, it is an overall point of reference the group is invited to visit at the beginning of each session.

First, each participant receives a sheet of paper, markers, crayons and pencils. Then they are asked to draw a large circle having in mind that they are drawing their personal universe. In the centre of this circle they will draw a smaller circle where they place themselves (this will be their personal planet). Then they are asked to think of the six most important people (whether dead or alive), institutions, animals, or spiritual entities/figures in their lives. In doing so, certain symbols will be utilized to denote gender (i.e., circle if female, triangle if male, a circle within a triangle if transgendered and/or intersex). A square will indicate a person who has passed away. The gender of this person could be indicated with a symbol within the square (i.e., a triangle inside a square if male). An institution may be depicted as a spiral, and a simple drawing may be used for an animal, if applicable. In this way their universe will now have significant relationships as planets that revolve around the self. Participants will be asked to keep in mind whether these planets provide them with support (emotional, financial, moral, etc.); this will be depicted through distance (i.e., the closer they draw the planet to the centre, the greater the support, the farther away from centre, the lesser the support). If a planet does not provide support of any kind, it will be drawn outside the borders of the outer

circle. The size of each planet will reflect the influence of such person/institution (i.e., the bigger the planet, the more significant the influence on the self). The term 'influence' will be left open for interpretation. Each participant will be asked to share his/her own universe with the group, and give concrete examples of whether, and how, each planet provides them with support. This exercise may take more than one session to complete, as all participants should be given a chance to share. Once everyone has had the opportunity to share, the group is invited to create a portable mural with all the universes, so it can be hung from a wall in the room where the group takes place. The mural will be taken down at the end of each session and put away in a safe place in order to maintain confidentiality. The goal is to use these universes as maps for the journey that the group will take together throughout the series. As each planet in the support universe will be explored in the other stages of the program, a clear picture is formed on how elements of The Little Prince are used as containers for the series.

The main goal of this exercise is to lay the foundation for the rest of the program. It does so by creating a framework that emphasizes the understanding and the future exploration of support networks in the adolescent's life as a principal therapeutic objective of the intervention. Given the negative correlation found between social support and depressive symptoms, it is relevant that participants are invited to concretize and visualize their support network, while simultaneously realizing its complexity. This is done by challenging the withdrawal tendencies of adolescents with depression: by having a visual product that depicts their lives as parts of a whole that do not exist in isolation, but instead forms part of a social system – a universe that can be ascribed with meaning. The exercise also provides a gateway to commence the exploration of the

domain of harmony (i.e., the levels of support, cohesion and connectedness experienced between the adolescent and their parents). Additionally, the metaphor of having diverse planets configuring their personal universes could encourage their involvement, as this image could be seen in parallel with that of the diverse cultures constituting their identities. This is relevant as it promotes an inclusive perspective in regards to their conceptualization of their self-identities, as dynamic bicultural formations influenced by diverse cultural factors and values.

Warm-up: Six-Part Comic. This stage begins once the universe mural has been created. The format of the series primarily consists of regarding the clients in relation to the planets within their support universes. The group is invited to choose which planet they wish to visit prior to starting this exercise. The planets will be considered through general categories (i.e., family planet, school planet, peers/friends planet, extra-curricular activities planet, etc.). For instance, if group members had chosen 'mother', 'brother', 'math teacher,' as people in their support universes, then the first two would fall under the 'family planet' category and the latter under the 'school planet.' Each Six-Part Comic will be drawn under the assumption that we are on the planet that we will be exploring, so the created stories will have to be related to that specific context (e.g., if we are on the family planet, the story must be related to family). The Six-Part Comic is an exercise based on Lahad's (1992) Six-Part Story Making Method (6PSM). This method was first developed as a tool to assess different coping styles. The 6PSM is based on the premise that the story created by the client shows, through metaphor, his/her habitual perceptions or reactions to the world (Lahad, 1992). This method has also been used as an intervention, given that the themes, conflicts, and problem-solving capabilities that

emanate from the story communicate something meaningful about the client's personal experience (Dent-Brown, 2011). This way, this exercise can be an effective method to begin an exploration of the client's conceptualizations of obstacles and how he/she copes in the face of challenges by using both distance and dramatic projection.

This exercise consists of asking each participant to draw a 3x2 grid and consider it a comic strip, thus having six squares in which to develop a story. They will be asked to draw the following on each square: (1) the main character of their story; (2) the task or problem the character needs to achieve/overcome; (3) who/what can help the character resolve/accomplish the task; (4) who/what stands in the way of the character achieving the task; (5) how does the character cope/overcome the task or problem; and, (6) what happens after the problem is dealt with. Clients are encouraged to keep the story fictional, so for instance, the characters do not necessarily have to be human. The state of fiction is thought to increase the distance between the client and their explored material, which in turn, heightens their sense of safety. This exercise will be considered as the warm-up for most sessions. The goal is to guide participants to find meaning within each sphere of their lives (i.e., school, family, social relationships, extra-curricular) and work through the obstacles that prevent the participants from connecting to their support universes. This may allow the clients an opportunity to understand and concretize what they wish to achieve in their lives/relationships, what challenges them to accomplish such wishes and how they can cope with the difficulties. Moreover, the Six-Part Comic has the goal of 'setting the scene,' and allows the drama therapist to understand the common group narratives while honouring personal journeys.

Action phase: Enactment. In this phase, some of the objectives of the intervention are similar to Emunah's (1994) mid-session action phase: to facilitate communication and collaboration amongst group members and encourage self-revelation. But, the means through which these objectives are achieved vary from Emunah's model. Particularly, this phase will draw from the different elements found in the Six-Part Comics as a way of ultimately exploring personal stories through improvised enactment. Initially, the fourth element of the Six-Part Comic will be examined: who or what stands in the way of the character achieving his or her task. Once each member has the opportunity to share his or her Six-Part Comic with the group, the leader considers which stories should be further explored. In doing so, the drama therapist will take into account common themes that may have been raised in the stories and pressing issues that may have surfaced. Once the story or stories have been chosen, the obstacles in the fourth section of the comic will be extrapolated for further examination. The teller(s) will be asked to make a life-drama connection, and thus think of situations in their lives where they have felt challenged by similar obstacles. For instance, if a group member created a story in which an ant desired to climb a tree but the ant's father did not let it because it did not understand the ant's language, and hence its request, then the theme generated from this obstacle might be 'misunderstanding in the family.' Hence, the teller(s) that shared similar obstacles in their stories could be asked to describe when they felt misunderstood by their families.

At this point a number of different interventions may be used to explore the relationship between the teller(s) and the "obstacle-theme" derived from the story. Drawing from psychodrama, sociodrama and drama therapy, the main dramatic elements

that will be employed at this stage are role playing, role-reversal and sculpting. All of these elements will be considered under the framework of improvised enactment. There could be many variations of this stage, depending on the client, the story, and the therapist's judgment of what techniques would be better suited for the development of the enactment. What is important to keep in mind is that the adolescents are encouraged to enter into a surplus reality, an 'as-if' state that "does not operate in the actuality of life but rather in the semi-real situation of play" (Kellerman, 1992, p. 114). Moreno created the notion of surplus reality to refer to a number of psychodramatic techniques (i.e., role training, role playing, role reversal, etc.) as instruments in a drama (Cossa, 2006). The concept of surplus reality may also be regarded in conjunction with other notions in drama therapy, such as dramatic reality and playspace as it fulfills similar objectives.

Role play. Cossa's (2006) work explains the diverse ways in which role playing can help adolescents in a group therapy context. Role playing allows for the safe exploration of a vast array of behaviours, emotions, and situations, representing a means for rehearsing ways of coping with reality and practicing social skills. Adolescents may perceive reality as being more rigid than adults do, maybe due to how adults usually make important decisions and impose rules in the adolescent's life. Role playing can allow adolescents to become active agents as they learn how to cope with the actual reality while rehearsing different possibilities within the surplus reality. It can also help them realize the process of human interaction and how relationships are bound to change and evolve as situations and personal circumstances develop. This is key when considering the impact of parental relationships on teens' development and experienced symptoms. Yalom & Leszcz (2005) argued:

> Growth-inhibiting relationship patterns must not be permitted to freeze into the rigid, impenetrable system that characterizes many family structures. Instead, fixed roles must be constantly explored and challenged, and ground rules that encourage the investigation of relationships and the testing of new behavior must be established. (p. 16)

Role playing can become a crucial mechanism through which fixed roles within relational dynamics can be explored and challenged. Through role playing, the adolescent can test and practice new ways of coping with their emotions, while gaining insight and potentially influence a change in their behaviour (Emunah 1985). Moreover, role playing has been particularly effective in its contribution to the formation of a unified and consistent sense of self, as it helps people distinguish between self and other, and between reality and fantasy (Kellerman, 1992). These are all crucial aspects in facilitating the completion of developmental tasks such as individuation and identity formation while exploring the impact of family and peer relations on the self.

In the context of the program, a teller may be invited to explore the moment in which he felt misunderstood by the parent by playing himself in a scene. He could be asked to think of the place where that moment happened in reality and even set the scene by moving and placing furniture in the room. He could also cast auxiliaries (i.e., other group members) to play-roles in his drama. This could help him warm-up and become more involved with the material explored. While the client is exploring the 'obstacle' in his life story, the therapist can at this point draw from elements found within the Six-Part Comic to guide the adolescent through his drama. For instance, he could make reference to what helped the character in the story to overcome the obstacles, or to the personality

characteristics the client ascribed to that character. This could also allow the adolescent realize the types of support that are at his disposal when encountering difficulties. Moreover, different endings could be explored in the role play expanding the types of roles usually played by self and others, and providing perspective about alternative outcomes. For instance, a client's main coping response to feeling misunderstood by his parent may consist of withdrawing and isolating himself in his room, thus eliminating all possible communication. This isolation could also contribute to enhancing depressive symptomatology and coping patterns. But in the role play, the adolescent could be encouraged to try different responses by, for example, trying to explain his emotions when the parent does not understand him. Although the adolescent may continue to feel that he could not perform such an action in reality, he may have the chance to learn about his coping mechanisms and how they impact his state of being.

Role reversal. This technique is often used in psychodrama but also applied in drama therapy. It consists of taking a role other than oneself while responding to the original role being played. For example, an adolescent playing himself may be having a conversation with his mother who is being played by an auxiliary (another member of the group). Then the therapist may ask the client to reverse roles with the auxiliary and respond to himself through the 'voice' and perspective of his mother. This can provide the client with the opportunity of seeing (perhaps for the first time) the same situation but through his parent's perspective. This not only gives information about how the client perceives his parent, but also helps him to better understand the parent's responses and behaviours. Moreover, the client can also have an outsider view of himself, which could contribute to challenging the rigidity in how he conceives the situation. Carrying forward

the same example, when the client role-reverses to play his mother, he might have the opportunity to see and feel what is like to see himself withdraw from a situation and lock himself in a room. He might begin to wonder how that behaviour impacts his mother and the rest of the family and be surprised by the types of emotions that could arise from the situation. It is argued that self-awareness and insight are heightened when adolescents play themselves, but great therapeutic benefit may come as well from playing adult authority figures (Emunah, 1985). Furthermore, there is an added benefit for the group members playing auxiliary roles. They too have the opportunity to gain perspective, and relate to the story or the different characters by having the chance to play a parent, a bully or a teacher. Likewise, those who remain as audience members can similarly benefit from witnessing the action, but their presence can also provide support, guidance, and companionship to those acting, while representing a pool of individuals that could be chosen to take a part in the enactment (Jones, 2006).

Sculpting. This technique is widely used in drama therapy. It is one of the many ways clients explore material non-verbally and through the use of embodiment. Sculpting may be used in diverse ways: the client could choose a group member to be 'the clay' and he could play the role of the sculptor. He then can guide the clay to take on a body position or gesture that could represent a feeling, a state of being or a situation. But sculpting can also come from the other, as he/she responds to what is being shared through a body sculpt and even add a sound or one word to it. Moreover, the sculpt does not have to remain static; a movement can emerge from it to describe, more deeply, a specific idea (i.e., a fluid sculpt). This technique could be a useful way for a client to safely learn about how the group perceives material she has shared, to feel understood

and witnessed, and to gain insight about a situation. Sculpting can be a way of working with a personal experience by externalizing it from the self. It is also an opportunity for the group to show empathy and connect with stories through alternative means of expression, facilitating the integration of insight and deepened awareness. Furthermore, sculpting transitions easily to role playing.

By following the same example utilized thus far, the group is split in two and both halves are made aware that they should pay extra attention to the story shared by the teller. After this, they will be asked to promptly respond in the form of a fluid sculpt. One half is told that they will represent the perspective of the parent, while the other half is prepared to represent the perspective of the adolescent storyteller. Each half responds one at a time to the story. The teller is welcome to suggest changes to the sculpts if they are not reflective of her experience. Then, the teller selects the most salient element of each sculpt and asks those group members to stay onstage. The other group members take their seats. In their own time, the two remaining participants are asked to find a word or short phrase that inspires their movement. They are also asked to repeat their action and phrase lines over and over as the therapist guides them to transform it into a scene about (following the previous example) misunderstanding between the parent and the adolescent. This scene can, but need not follow all the literal elements shared in the story. This exercise draws from *Sociodrama* and Forum Theatre as group members are invited to step into the role of the adolescent, each proposing a different way of dealing with the situation. While the role of the adolescent is played by a number of different participants, the same individual plays the role of the parent throughout. This conveys that at one cannot control others' behaviours, nor change who they are, but one can find

other ways to look at and behave towards a given situation. As the session draws to a close, the teller is asked if any of the solutions proposed are realistic. If not, the teller is invited to propose a realistic alternative. It is possible that for some obstacles, there is no solution. The therapist would then facilitate a discussion about this and about the importance of accepting a reality, emphasizing that while the situation itself may be unchangeable, the individual has the power to change her relationship to the obstacle.

Closing phase: Group processing. This final phase of the intervention is similar to the stage of Sharing in psychodrama. Like Sharing, it consists of concluding the enactment and it "incorporates the protagonist back into the group and offers the group members an opportunity to connect, on a personal level, with the issues and concerns explored in the drama" (Garcia & Buchanan, 2009, p. 418). In this stage, the group is asked to abstain from analyzing the teller/protagonist's story and/or behaviour. Instead, the group is invited to share how they related and were affected by the aspects explored in the story/enactment and what they learned from witnessing and participating in the teller's journey (Blatner, 2000). This phase is very relevant as it allows the group to become emotionally and personally involved with the teller and his/her story, instilling feelings of universality and validation (Kellerman, 1992). This can further consolidate the formation of a support network within the group. Moreover, this stage brings a closure to each session and allows the teller and the group to process important material in order for them to transition out of the session.

Discussion

This study aimed to propose a unique drama therapy intervention, based on story exploration through dramatic processes, with the ultimate purpose of strengthening

coping capacities for second-generation adolescents experiencing depressive symptoms. A comprehensive analysis of depression in immigrant adolescents in Canada was conducted, along with a thorough examination of the factors that may precipitate and prevent the development of symptoms for this population. Despite the gap in the literature, an overview of adolescent depression in Canada and its relation to experiences for their migrant counterparts showed similarities in the types of risk and protective factors that affect the prevalence of depressive symptomatology. Specifically, both populations shared the influence of social support and parental processes and behaviour on the development of depression, while cultural identity was seen as particularly significant for immigrant adolescents experiencing depression. Based on these results, a unique drama therapy intervention was conceived to address these factors. This was created by taking metaphorical elements found in de Saint-Exupéry's The Little Prince (2000) and adapting drama therapy methods such as Moreno's Social Atom (1947), Lahad's 6PSM (1992), Boal's Forum Theatre (2000), Fox's Playback Theatre (Salas, 2009), and a variety of techniques associated with story exploration and enactment found in sociodrama, psychodrama and drama therapy.

An examination of how these approaches would provide therapeutic benefits for the immigrant adolescent was provided. Specifically, an account was given as to how these techniques could lead to a safe exploration of the factors and conflicts that contribute to the adolescent's symptomatology. This would be achieved through instilling awareness of his/her coping responses to stress caused by relational dynamics in their support networks. Additionally, the intervention was designed to promote the adolescent's agency and active involvement, as it aims to foster understanding and

change in his/her coping mechanisms while facilitating individuating processes within a supportive framework. By discovering how the adolescent relates to his/her 'support universes,' the hope is that the intervention will create a foundation for the immigrant adolescent to explore the complexity inherent in identity formation, as they are given the opportunity to exercise autonomy and decrease their patterns of withdrawal and isolation.

Areas of further research involve creating a drama therapy group for second-generation adolescents and implementing the proposed program in order to measure the effectives of the intervention in decreasing depressive symptoms and heightening coping capacities. This could be done as part of an after-school based program or adapting it to be part of weekend retreats organized through the schools' counseling departments. These approaches may be more effective given the time constrains that adolescents and their families may have, along with the trends found in the research regarding the large percentage of immigrant populations who underutilize mental health services (The human face of mental health and mental illness in Canada, 2006). In order to test the effectiveness of the program, comparisons could be made between control groups that are either not receiving therapy or are receiving other types of therapy. Furthermore, clients could be administered pre-post tests using the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) or Children's Depression Inventory (CDI; Kovaks, 1992) to measure for changes in self-reported symptoms. The CDI can only be administered to children and adolescents through age 17, but research has shown that it has high measures of reliability and validity (Sandil, 2006). Additionally, implementing the intervention in a large number of groups could allow for a better understanding of the impact of the intervention on the change of symptomatology and coping behaviours.

Ultimately, it would be beneficial to test the intervention on adolescents with varying immigration statuses along with adolescents from Canadian families to assess its generalizability for other populations.

The current study is subject to several limitations. For instance, the only data analyzed is comprised of theoretical and empirical findings, but it lacks the perspectives of expert clinicians in the field of drama therapy or other fields who have worked with this population. This was due to time constrictions along with the scarceness of drama therapists who are experts in working with this population. This poses a threat to the validity of this study, as it has assumed that the analyzed findings are correspondent to the actual experiences of adolescent immigrants with depression. Future research could address these limitations by conducting focus groups with members of this population while also interviewing practitioners from different disciplines that have worked with adolescent immigrants. Another potential limitation of this study is this researcher's bias as she belongs to the immigrant population, which may have influenced how she discerned the relevance of the data collection and its synthesis. Finally, it is important to note how the experiences of adolescent immigrants are fully interrelated to the functioning of the entire family. Given this understanding, it is the hope that other health practitioners are able to encourage family members to receive the appropriate support and not solely rely on treatments that only focus on the adolescent. Although it is necessary to conduct further research, the proposed drama therapy intervention shows potential in providing the necessary support to adolescent immigrants facing depression, while encouraging the development of adequate coping skills.

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