

Role Reversal in Psychodrama: Enhancing Empathy and Emotional Understanding among Institutionalized Children in Sri Lanka

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ABSTRACT

This study aims to investigate the effectiveness of role reversal in psychodrama to enhance empathy and emotional understanding of institutionalized children in Sri Lanka. The prevalence of institutionalized children in Sri Lanka is approximately 10,697, living in 367 institutions across the country. They often face emotional problems, empathy deficits, psychological and behavioral issues, and limited social skills. Psychodrama can be identified as one of the creative and promising approaches among various psychological therapies that can address these issues. Role reversal is one of the key techniques in psychodrama, where participants act out and switch roles allowing them to understand and empathize with others' positions. However, In Sri Lanka, the application of psychodrama is underutilized due to a lack of experts, a lack of awareness about its benefits, and a lack of studies. Therefore, this study provides valuable insights for Sri Lanka's non-medical mental health services. The study sample was selected purposively from a state-run institute under the Department of Probation and Childcare Service in the Southern Province. The number of 18 institutionalized children aged 12-16 years were selected, considering early and mid-adolescence as a critical period for emotional and social development. This sample consists of 10 females and 8 males. The study used qualitative methods, including in-depth interviews, focus group discussions, and observations to collect data. Thematic analysis was used to analyze the data. Accordingly, four key themes were identified: Emotional Regulation, Empathy Growth, Communication and Social Moral Reasoning Development; and Self-Esteem and Identity. The findings highlighted that role reversal helps better understand and express their own emotions. The study highlights the need to integrate psychodrama into existing psychological interventions. Policymakers should support the development of such therapeutic approaches. The findings demonstrate the effectiveness of using role reversal in psychodrama to improve emotional understanding, empathy, and social interaction among institutionalized children.

Keywords: Role Reversal, Drama Therapy, Empathy and Emotional Understanding, Institutionalized Children

INTRODUCTION

Role reversal in psychodrama is a therapeutic tool that helps to enhance empathy and emotional understanding (Magalhães, Correia, & Sanchez, 2023). It encourages emotional expression and offers opportunities for re-enactment and role reversal, which help participants confront and understand their experiences. Institutionalized children are vulnerable individuals who need significant support and attention for their mental well-being. They often face emotional and psychological challenges due to past trauma, such as parental death, family breakdown, abuse, neglect, extreme poverty, separation from family, and the lack of personalized care (Karunanayake, Rathnayake, & Vimukthi, 2020). Institutionalized Children who have experienced severe trauma may experience emotional difficulties as well as empathy and social interaction difficulties (Ariyadasa & McIntyre-Mills, 2014; Ron & Solomon, 2021). Despite many studies highlighting the need for mental health support services, authorities are unable to provide adequate psychological support services. Limited resources are a major barrier. Still, psychotherapists apply conventional approaches like basic counseling. insufficient training for caregivers means that many children's psychological needs go unmet. It fails to address the specific needs of institutionalized children (Hettiarachchi, 2021). Manori & Jayawardana, (2020), highlight that there is a significant gap in the existing psychological support service. Specially providing mental health support systems

lack of structured screening and referral mechanisms is a weakness of the current system. Addressing their mental health requires tailored interventions that go beyond traditional methods (Ginige, Baminiwatta, & Jayawardana, 2020). However, identifying the effectiveness of the application of psychodrama on institutionalized children within the Sri Lankan context remains largely underexplored (Ranasingha, 2018). Many studies have highlighted the effectiveness of psychodrama to enhance mental well-being in global settings. Ranasingha (2018) mentioned that role reversal in drama therapy may increase empathy and emotional understanding. However, he further mentioned that the application of creative therapeutic approaches is still limited.

This study aimed to investigate the effectiveness of role reversal in enhancing empathy and emotional understanding of institutionalized children. This study may new direction for local psychotherapists who engage with institutionalized children. Furthermore, it seeks to promote further research on psychodrama in the Sri Lankan context.

BACKGROUND

Institutionalized children in Sri Lanka

Institutionalized children in Sri Lanka suffer significant psychological and emotional issues due to the trauma associated with separation from families, neglect, abuse, and the very nature of the rigidity of institutionalized care (Ginige, Baminiwatta, & Jayawardana, 2020). The Department of Probation and Child Care Services (DPCCS) in Sri Lanka was established on October 1st, 1956, and has operated under various ministries, currently functioning under the Ministry of Women and Child Affairs since 2015. The institutional care system for children is governed by the Children and Young Persons Ordinance No. 48 of 1939 and the Probation of Offenders Act No. 10 of 1948, focusing on child protection and rehabilitation. The Alternative Care Policy, developed by the DPCCS, aims to prevent institutionalization, progressively eliminating long-term care, except under special circumstances (Hettiarachchi, 2021). Approximately 10,697 children reside in 367 institutions across Sri Lanka. Focusing on the Southern Province, there are 25 children's homes, of which 18 are volunteer-run and 7 are state-run. These homes are distributed across the districts of Galle, Matara, and Hambantota. Most childcare institutions in Sri Lanka are run by non-governmental organizations (NGOs) and registered under the DPCCS. These institutions include voluntary homes, which mainly serve children, while state-run Child Care Institutions (CCIs) primarily focus on children in contact with the law (Department of Sensus and Statistics & Department of Probation and Childcare Service, 2019).

Mental Wellbeing of Institutionalized Children

It is crucial to emphasize healthy development in children and adolescents. Positive development during these stages supports cognitive, emotional, and social growth, shaping individuals for later stages in life. The World Health Organization (WHO, 2022) stated the need to provide a supportive environment that promotes physical health, social and emotional security, and developmentally appropriate education. Focusing on these areas is a means of ensuring that children and adolescents develop into healthy, adjusted, and resilient adults. However, children who have experienced trauma, such as abuse, neglect, or family separation, often face significant emotional and psychological challenges (Hettiarachchi, 2021). These traumas disrupt normal development and lead to issues like attachment problems, emotional dysregulation, and social difficulties (Dogan, (2018). Additionally, they struggle with empathy and emotional understanding. this badly affects for them to connect with others or comprehend their own emotions ((Kumarasinghe & de Silva, 2018; Manori & Jayawardana, 2020). This can lead to difficulties in forming relationships and coping with social interactions. The institutional environment, often lacking individualized care, can further hinder their emotional development and exacerbate these psychological challenges. According to Gingie, Baminiwatta, & Jayawardana, (2020) anxiety, depression, aggression, and social withdrawal are common.

Although these institutions provide some degree of therapeutic support, it is often insufficient to fully address the psychological needs of the children. The therapy offered is based on conventional approaches, which frequently fall short of addressing the deeper emotional challenge (Karunanayake, Rathnayake, & Vimukthi, 2020). While these institutions somewhat meet the children's physical needs, the mental well-being of

institutionalized children remains inadequately supported. The previous studies highlighted that psychological interventions like counseling and Cognitive Behavioral Therapy (CBT) can be utilized for emotional and behavioral difficulties which are common among institutionalized children. further, mention that It might not be fully effective in enhancing mental well-being. work in handling the psychological scars and social and emotional needs (Ginige, Baminiwatta, & Jayawardana, 2020).

Psychodrama for Mental wellbeing

Psychodrama is a form of therapy that assists individuals in enhancing their mental health through role-playing and dramatic performances. This attractive therapeutic approach was Developed by Jacob L. Moreno during the 1920s. It allows individuals to seek feelings, connections, and unresolved issues. Psychodrama helps individuals process complex emotions and gain new perspectives (Horvatin, Schreiber. 2012). Psychodrama techniques such as role-play, role reversal, doubling, empty chair, and mirroring offer individuals fresh viewpoints. It provides an increase in emotional understanding, self-awareness, and emotional control (Ulusoy, Sumbas, & Sertkaya, 2023). Also, Psychodrama is highly beneficial in promoting empathy, emotional understanding, and trust, particularly within the group. According to Moreno (1946), role reversal helps individuals develop empathy by allowing them to step into someone else's shoes. Studies have been proven to promote emotional regulation (Kravetz & Faigin, 1991), and self-awareness (Snow, 2003) in both clinical and non-clinical populations.

Application of Psychodrama in the Sri Lankan Context

The application of the psychodrama approach for mental well-being or conducting studies on its effectiveness remains largely unknown in the Sri Lankan context. Despite the global recognition of psychodrama as an effective therapeutic tool, its integration into the Sri Lankan mental health framework has been minimal. However, few studies on drama therapy have been conducted within the Sri Lankan context (Ranasingha,2019). Psychodrama and drama therapy are both experiential therapies that use role-play and dramatic enactments to help individuals and groups express emotions, resolve conflicts, and gain personal insights. The application of psychodrama or drama therapy in institutionalized children is limited due to a lack of experts and awareness about its benefits. On the other hand, there are very limited contemporary studies, historical evidence shows that Sri Lanka has had a long history of using performance as therapy (Ranasingha,2019). Devil dances and similar healing ritual practices have been a part of the culture for centuries, negative spirits from people and restoring balance to communities (De Silva 1981). These include ritual song and dance and action performances intended to affect psychological well-being. This cultural background provides support and acceptance of modern drama therapy as a therapeutic tool. This study investigated the effectiveness of role reversal in psychodrama to gain valuable insight into mental well-being in the Sri Lankan context.

Role reversal

Role reversal is a key technique in psychodrama, which helps in enhancing empathy and emotional understanding. Psychodrama, developed by Jacob L. Moreno in 1946. It is a method to act out real-life situations. Role reversal can be defined as the switching roles with another person in the acted-out scenario to understand feelings and emotions. It means role reversal helps to step into someone else's shoes and see life from another person's angle. This tool helps to enhance empathy and social interactions.

Role reversal is a useful technique to reflect on individuals' behaviors and how they affect others. It is also widely used to address unresolved emotional issues, develop empathy, and promote healing in therapeutic settings (Yaniv, 2012). When considering Institutionalized children, they often face challenges in understanding others' emotions due to past trauma. Role reversal provides a powerful tool to build empathy and emotional understanding. By acting out the role of another person whether it's a peer or caregiver, the child gets to experience how others feel and see how their actions affect those around them (Boroomandian, Mohammadi, & Taghanaki, 2020). This process not only enhances empathy but also encourages the child to reflect on their emotional responses.

In psychodrama, role reversal is a way to analyze participants themselves by using it as a mirror to reflect on their behaviors. For example, a child who is shy and introverted may assume that an extroverted person can

communicate better than him. Similarly, children can also make comparisons and gain fresh perspectives on emotions like anger or sorrow, ultimately developing their ways of managing them.

This non-threatening type of play gives children chances to show emotions, improve empathy skills, and understand more about themselves and the world.

Problem Statement

Institutionalized children in Sri Lanka often experience significant emotional and psychological challenges due to trauma, separation from family, and lack of personalized care (Manori & Jayawardana, 2020). To address these issues still use conventional therapeutic approaches by the psychotherapists. However previous studies revealed that it may not effectively address their unique emotional needs, especially in fostering empathy, emotional regulation, and self-identity (Ariyadasa & McIntyre-Mills, 2014). Creative and experiential therapeutic methods are helpful in effectively engaging these children and supporting emotional healing (WHO, 2022). Psychodrama can be identified as one of the most popular and attractive therapeutic approaches that can be used for mental well-being. Previous studies have found the impact of psychodrama to enhance emotional understanding empathy and social interactions. Despite the global recognition of psychodrama as a therapy, its use in Sri Lankan institutional settings remains limited and underexplored.

This study aims to address this gap by investigating the effectiveness of role reversal in drama therapy for improving emotional and social well-being in institutionalized children.

Objective

This study aims to investigate the effectiveness of role reversal in psychodrama in enhancing empathy, and emotional understanding among institutionalized children in Sri Lanka.

Specific Objectives:

1. To assess the impact of role reversal on emotional regulation among institutionalized children.
2. To evaluate how role reversal improves empathy and the ability to understand others' emotions.

Significance of the Study

The significance of this study lies in highlighting the effectiveness of role reversal in psychodrama as a therapeutic approach for improving emotional understanding, empathy, social interaction, and self-identity in institutionalized children (Magalhães, Correia, & Sanchez, 2023). This study provides valuable insight into the psychotherapeutic field in the Sri Lankan context where still underexplored the effectiveness of psychodrama for mental well-being (Ranasinghe, 2019). Role reversal in psychodrama is recognized as creative, experiential therapy and it is a successful treatment for traumatized children. This study emphasizes the potential of integrating psychodrama with existing psychological support services within children's home settings. Particularly it highlighted the significance of culturally fit therapeutic approaches.

METHODOLOGY

This study employed qualitative research methods to explore the effectiveness of drama therapy. Data collection was conducted through in-depth interviews, focus group discussions, and observations to provide a comprehensive analysis. To minimize bias and ensure the validity and reliability of the findings, the intervention was implemented by the researcher along with two assistant drama therapists, who also assisted in the data collection process.

Study site and sample

This study was conducted at a state-run children's home under the Department of Probation and Childcare Services in the Southern Province of Sri Lanka. There are six state-run children's homes in the Southern

Province. Among them, one children's home was selected for the study due to its proximity to the researcher, cost-effectiveness, and ease of access. This intervention consisted of an eight-session over four weeks. Each session was conducted twice a week. All the sessions were designed to last four hours. It allows ample time for participants to engage fully in the psychodrama activities and reflection.

A purposive sampling method was employed to select the study sample. 18 children aged 12 to 16 years, including 10 females and 8 males, were selected. This age range was chosen due to its significance in emotional and social development (World Health Organization, 2014). Structured activities were conducted as a pre-test to identify participants' challenges with empathy and emotional understanding, which served as criteria for inclusion in the study. Five children were excluded due to severe behavioral and cognitive issues, as well as medical conditions.

Although the broader population of institutionalized children in Sri Lanka is approximately 10,697 across 367 institutions, the relatively small sample size used in this study is appropriate for qualitative research. This smaller size allows for in-depth insights into individual experiences. While this sample does not aim to statistically represent the entire population, it provides a rich understanding of the participants' emotional and behavioral challenges. As a study site, the selected state-run homes primarily serve children sent there by court order. These children often have experienced significant trauma, including exposure to violence, sexual abuse, and substance abuse. Compared to children in volunteer-run homes, those in state-run homes face more severe challenges, making this study a valuable case for understanding the potential benefits of psychodrama in similar settings.

Intervention Procedure

The intervention consisted of eight psychodrama sessions. It was implemented over a period of four weeks, with two sessions held each week. Each session lasted approximately four hours. The intervention protocol followed a structured framework based on Moreno's psychodrama, (Giacomucci,2021; Moreano;1946) focusing on role reversal to enhance empathy and emotional understanding among participants.

Phase 1: Pre-Preparation Session

Before each session, the researcher (a qualified drama therapist) conducted brief introductory sessions to provide in-depth awareness of the research objectives, scheduled plan, intervention procedures, and the importance and benefits of psychodrama to authorized officers, caregivers, and participants. Additionally, a brief discussion was held with caregivers to review the participants' emotional and behavioral difficulties. This process ensured that specific needs were addressed and that the content of the sessions was appropriately tailored.

Phase 2: Pre-Test

Pre-test: To identify the selection group and establish a baseline understanding of participants' empathy and emotional understanding ability before the intervention, the investigator conducted pre-planned structured activities, including role play and role reversal, to assess their emotional and empathy levels.

Phase 3: Conducting Intervention

Session Structure: Each session followed a four-part structure based on Moreno's psychodrama session format: Check-In, Warm-Up, Main Phase, and Closure.

a. Check-In (30 minutes): The goal of this stage is to help participants settle into the session. During this stage, each participant was motivated to share their current emotional state. It helped participants articulate their feelings and served as a way to assess their mood before the session. For example Feelings Circle, Mirror Emotions, and Emotion Sculpting.

b. Warm-Up (40 minutes): The goal of this stage is to help create a safe and supportive environment where participants feel comfortable expressing themselves and are mentally prepared for the deeper emotional work in the Main Phase. The therapist included simple group games, breathing exercises, and movement exercises aimed at encouraging spontaneous expression and interaction

c. Main Phase (140 minutes): This is the main phase in psychodrama intervention and this study used role reversal techniques to focus on enhancing empathy and emotional understanding. Participants were asked to take on the roles of others, including their peers, caregivers, or imagined characters representing their emotions (e.g., "the angry self" or "the empathetic friend"). For example, a participant who struggled with anger was asked to play the role of a peer who often felt hurt by their actions, while the peer played the role of the participant. After each role reversal activity and the main phase, a focus group discussion was conducted to gather participants' experiences.

d. Closure (30 minutes): Each session ended with reflective discussions. Participants were encouraged to share their feelings about role reversal, role-play, and how it helped them understand their own emotions and those of others. The facilitators summarized the key lessons and offered supportive feedback. This phase was useful for identifying progress in the development of empathy and emotional understanding. Also, the therapist concerned attention to ensuring emotional stability before the session concluded.

Between-Sessions Monitoring:

Caregivers were asked to observe and document any changes in behavior between sessions, which were then discussed during the subsequent session's Check-In. This continuous feedback loop ensured that the intervention was responsive to the participants' evolving needs.

Phase 4: Post-Intervention:

After completing all eight sessions, structured role reversal activities were applied as in the pre-test. final group discussion was held to assess the participants' overall experiences and any lasting emotional or social improvements. In addition, individual interviews were conducted with participants, caregivers, and mentors to evaluate the impact of the intervention.

Data Collection

The study adopted a qualitative method for data collection. It involved in-depth interviews, focus group discussions, and observations for data collection. It appeared to get more accurate data from the experiences and emotional reactions of the participants. At the beginning of the intervention, the therapist identifies the ability to emotional understanding, empathetic responses, and interact with peers through observing structured activities. The therapist conducted interviews with the caregivers and explored how children expressed their emotions and empathetic responses to peers. This approach allowed identifying real situations through observation and in-depth interviews without using baseline measurements. Before this intervention, they often exhibited emotional difficulties, empathy, and social interaction difficulties. During the intervention, through role reversal in the psychodrama therapy sessions, participants significantly showed emotional changes, engaging in active and empathetic responses. Each session included focus group discussions to reflect on how they processed their emotions and responded to the feelings of others. Caregivers and mentors also helped to identify emotional and behavioral challenges and reported comprehensive qualitative assessments of the children's emotional needs through in-depth interviews.

Observations:

The study applied observation to collect data before and during the intervention. Before the intervention, the investigator observed each participant to identify their emotional behaviors and social interactions. The investigator focused on identifying difficulties in expressing emotions, managing conflicts, and engaging empathetically with peers. For example, children who isolated themselves during conflicts were noted as having challenges with emotional regulation and social interaction. Throughout the intervention, the investigator continued observing changes in emotional expression and social interactions. For instance, when a participant stepped into another person's role and expressed emotions from that perspective, it revealed their growing empathy and emotional understanding. Participants engaged more actively after the first two sessions completion and showed Increasing participation and expressiveness. At the end of the intervention, Investigators observed improvements in their emotional and behavioral responses. The study looked at how they handled emotionally

charged situations and interacted with peers. A reduction in emotional outbursts and better conflict resolution were clear signs of improved emotional regulation and enhanced social skills.

Focus Group Discussions (FGDs)

The study conducted focus group discussions before during and after the intervention to identify group dynamics and emotional communication among participants. During the pre-intervention therapist explored how these children about emotions and reacted to others within a group setting. By creating such role-play activities, conduct this discussion, for instance “How do you feel when your friends are upset? What do you do when you feel angry?” were used to identify initial emotional and empathy-related challenges.

During the intervention study explore group reactions and shared experiences during the sessions. after each role reversal activity therapist focused on group discussions and encouraged participants to share their experiences. For example, “What did you learn about others’ feelings during the role reversal exercises?”

To assess changes in group emotional dynamics and empathy the post-intervention focused group discussions centered on how participants felt about their emotional and social development. Questions such as “Do you feel you understand each other’s emotions better now? How have your relationships with others changed?” helped assess improvements in empathy and emotional communication within the group.

In-depth interviews

In-depth interviews with caregivers and mentors were undertaken before, during, and after the intervention to obtain a comprehensive understanding of the children's emotional and social development.

Before the intervention, caregivers and mentors were contacted to identify the children's difficulties, including challenges in emotional expression, handling conflict, and empathy toward others. For instance, a caregiver mentioned that a child struggles with emotional control tends to withdraw from group activities and gets quickly frustrated in confrontational circumstances. Throughout the intervention, the therapist conducted interviews with caregivers and mentors on how they noted any positive improvements in the children's emotional understanding, empathy, and social interactions. Caregivers and mentors have noticed significant improvements in interaction with peers, emotional regulations, and empathetic responses. For instance, a caregiver reported that a child who used to be shy started participating more in group activities and demonstrated better empathy toward others.

After the intervention, the therapist conducted interviews with the caregivers to assess the overall improvements in emotional understanding, empathy, and social engagement. The therapist asked how children reacted to emotionally charged situations and evaluated any improvement in their social abilities. For example, A caregiver noted that the child, who used to have frequent emotional outbursts, now handles frustration more effectively and solves problems in a non-aggressive manner following the intervention.

This process provided a comprehensive assessment of the children's emotional understanding, empathy, and social interactions during the intervention, based on the careful observations of their regular caregivers.

Ethical Consideration

Before commencing this intervention, the investigator obtained ethical approval for this study from the Department of Probation and Childcare Services in the Southern Province. All ethical protocols were carefully followed to ensure the rights of the participants. Before the intervention, the investigator conducted an awareness program to participants, caregivers, and stakeholders about the study's objectives, methods, and intervention process. Also, the investigator as a therapist obtained all the relevant information and was fully aware of this environment. Participants were informed of their right to withdraw from the study at any moment without bearing any consequences. I obtained consent from both the participants and their caregivers throughout the study. To protect their privacy, the study anonymized all data, and the names used, like Ayesha and Kavinda, were fictional. The therapist ensured that no part of the research caused harm or distress to the participants.

Conflict of Interest

The author declares no conflicts of interest regarding the publication of this paper.

Data Availability Statement

According to ethical guidelines and the approval obtained the data in this study are not publicly available due to the sensitive nature of the Information involving institutionalized children.

Data Analysis

This study employed a thematic analysis to analyze data. Thematic analysis is a widely used qualitative research method, that was applied to identify, analyze, and interpret patterns within the data. Through this approach, four key themes were identified: Emotional Regulation, Empathy Development, Communication and Social Moral Reasoning Development, and Self-Esteem and Identity Formation. The results showed that role reversal in drama therapy facilitated notable emotional and social development among institutionalized children. According to Braun and Clarke (2006) and Terry, Hayfield, Clarke, and Braun (2017), the process of thematic analysis followed.

Familiarization with the Data: To familiarize with the Data, thoroughly read and re-read transcripts from interviews, focus group discussions, and observation notes multiple times. This helped the researcher deeply understand the data and identify key patterns and ideas.

Generating Initial Codes: This phase involved coding relevant data sets systematically throughout the entire data set. Codes like "emotional regulation," "empathy development," and "social reasoning" were created to capture key information. This step helped to researcher to revisit and refine the codes as patterns became clearer.

Coding Reliability: A coding frame was established to ensure consistency and reliability in the coding process. This coding framework outlined specific codes identified in the analysis. For example: "anger outbursts," "emotional withdrawal," "difficulty expressing emotions," and "struggling with empathy." These codes were clearly defined to capture specific empathetic responses, emotional regulation, and social behaviors observed in the data. The coding approach was flexible and permitted modifications when new patterns were identified. Eventually, the codes were categorized into broader themes such as "Emotional Regulation" and "Empathy Development,". It helped provide a structured understanding of the participants' experiences. The codes were continuously reviewed to ensure their accurate reflection of the nuances of the data.

Searching for Themes: After the entire data set was coded, all codes were grouped. For example, "anger management" and "frustration" were grouped under the theme of Emotional Regulation. "understanding others' emotions," "showing compassion," and "emotional awareness" were included under the theme of Empathy Development. In this manner, all codes were categorized under four key themes: Emotional Regulation, Empathy Development, Communication and Social Moral Reasoning Development, and Self-Esteem and Identity Formation.

Reviewing Themes: The potential key themes were then carefully reviewed to ensure accurate capturing and to ensure sufficient supporting evidence. It involved checking their coherence and consistency. For example, sub-themes like anger control and frustration were refined under Emotional Regulation.

Defining and Naming Themes: After finalizing the themes, each one clearly defined and named to get core meanings. For example, Empathy development was chosen to describe understanding others' emotions and showing compassion. Self-esteem and Identity Formation were chosen to describe self-confidence and acceptance.

Producing the Report: As the final phase, the report was written by presenting main themes with evidence obtained through interviews, focus groups, and observations. This analysis included examples to provide a clear picture of the participants' emotional, social, and behavioral progress throughout the intervention.

Upon completing the thematic analysis, identified key themes are presented below, offering a deeper insight into the impact of role reversal in psychodrama on institutionalized children.

1. Emotional Understanding

Before the intervention, the investigator identified that many participants faced difficulties in regulating their emotions, particularly anger, and worry. This situation often led to emotional outbursts. For instance, Ayesha (14) often exhibited anger when she felt misunderstood, she withdrew from group activities and expressed her frustration through shouting or crying. Similarly, Kavindu (13) showed irritability and aggression during conflicts. He avoided participation in group activities. Caregivers also observed that both Ayesha and Kavindu had difficulty managing their emotions

After the intervention, participants showed significant improvements in emotional regulation and empathic responses. Ayesha began expressing her frustrations calmly, while Kavindu learned to pause and think before reacting and engage more constructively in group settings. Caregivers recognized these behavioral changes as clear signs of improved emotional control.

2. Empathy Growth

Before the intervention, the majority of participants struggled to understand or respond to others' emotions. For instance, Saman (aged 12) often ignored his peers' feelings, focusing solely on his own needs during group activities. He showed little awareness of how his actions affected others and failed to offer comfort when peers were distressed. Caregivers reported similar difficulties among other participants. Post-intervention, participants showed significant improvement in empathy. Saman began supporting distressed friends, voluntarily assisting peers during group tasks. Caregivers noted increased emotional sensitivity and compassion among participants, previously absent.

3. Communication and Social Moral Reasoning Development

Before the intervention, the investigator noted that many participants experienced challenges in both verbal and non-verbal communication. For instance, Saroj (aged 13) often struggled to express his thoughts, remaining silent or using vague gestures instead of speaking. He avoided eye contact and withdrew from discussions. After the intervention, participants demonstrated notable improvements in communication skills. Saroj began to articulate more clearly, confidently express his opinions, maintain eye contact, and engage in conflict resolution calmly. Caregivers observed increased participation in discussions and overall improvements in communication.

4. Self-Esteem and Identity

Before the intervention, the investigator observed participants struggling with poor self-esteem and identity issues. For instance, Nimali, aged 13, frequently hesitated to engage in group activities and avoided taking responsibility, expressing concerns about her abilities. Caregivers also highlighted such struggles with self-confidence. After the intervention, participants demonstrated improvements in self-confidence. Nimali, who had previously avoided leadership roles, began taking responsibility, leading small groups through role-playing exercises. Caregivers noted that she communicated more assertively and displayed increased self-confidence. Many participants showed similar developments, actively taking leadership roles and organizing group activities.

RESULTS AND DISCUSSIONS

The analysis of the intervention showed significant improvements in emotional regulation, empathy development, communication, and self-esteem among institutionalized children. A total of 52 initial codes were generated and organized into four main themes: Emotional Regulation, Empathy Development, Communication and Social Moral Reasoning, and Self-Esteem and Identity Formation.

Before the intervention, participants frequently exhibited emotional difficulties, recognized others' feelings, and had low self-esteem. 13 codes related to Emotional Regulation were identified, including "anger outbursts" and "emotional withdrawal". For example, Nimal (age 13) often walked away from group activities when frustrated.

Dilini (age 12) failed to recognize when her peers were upset, showing a lack of empathy. These behaviors were coded under "emotional avoidance" and "misreading emotions."

These behaviors reflect common emotional and social challenges faced by institutionalized children (Manori & Jayawardana, 2020). Through role reversal, participants gained better insight into their own emotions and others' feelings. They learned how their actions impacted those around them. The findings highlight significant improvements in emotional understanding and empathy development among institutionalized children. Before the intervention, participants, like Ayesha (age 14) and Kavindu (age 13) showed considerable emotional difficulties, social interaction issues, and empathetic response difficulties.

These children exhibited poor healthy relationships with peers and caregivers. Some of the Participants showed sadness and tried to withdraw from their peers. They always tried to isolate themselves from their peers. Some of them exhibited angry behavior. They did not like to listen to others. A significant number of participants showed emotional difficulties.

Through the role reversal technique, participants were able to identify their emotional difficulties as well as others' responses. After this intervention participants were able to recognize how their reactions influenced others (Magalhães, Correia, & Sanchez, 2023; Ranasinha, 2019). This aligns with existing research, which emphasizes the value of role reversal in building emotional awareness and control (Moreno, 1946). For example, Ayesha (age 14), who often suffered feelings of exclusion, switched to the role of a peer in a similar situation. This helped her to see how her behavior affected others, as well as herself. Through this intervention, she was encouraged to manage her emotions more thoughtfully. Similarly, Kavindu (age 13) gained a deeper understanding of how his actions impacted those around him, leading to greater empathy and consideration for others' feelings.

Caregivers observed significant changes in participants' behavior after the intervention. Children who withdrew or showed anger learned to express their frustrations more calmly. For example, Rukmani (age 12), who previously cried when criticized, began handling peer feedback better after the role reversal exercises. These findings align with previous research on psychodrama, highlighting the effectiveness of role reversal in fostering emotional regulation and empathy (Moreno, 1946; Yaniv, 2012). Under "empathy development," 11 codes identified, like "misinterpreting emotions" and "empathy avoidance," were grouped into empathy development.

This role reversal in psychodrama intervention also improved communication and social reasoning. 17 codes identified under this theme such as "conflict mismanagement", "hesitation in group interaction," and "Unclear Expression of Emotions". Initially, participants struggled with expressing themselves and resolving conflicts. Kavindu (age 13) became a leader in group activities, boosting his confidence in speaking and handling conflicts. Gayan (age 14) often expressed frustration by raising his voice, without explaining why he was upset, which made conflicts. Through role reversal, Gayan was able to step into the role of another child during conflict situations. This allowed him to see how his outbursts affected others and helped him recognize the importance of clear communication. The role reversal also boosted his self-esteem, as he gained confidence in expressing himself without resorting to anger.

Furthermore, role reversal allowed participants to explore and understand their own identities, enhancing their self-esteem. 11 codes were generated for this theme, including "low confidence" and "identity confusion," reflecting participants' initial struggles with self. Through stepping into various roles, they realized themselves from new perspectives, discovering aspects of their identity that boosted their confidence. For instance, during the later part of the intervention, Kamal (age 14) took on leadership roles, demonstrating increased confidence.

Uncovering Emergent Themes Beyond the Initial Focus

While the study primarily aimed to explore how role reversal in psychodrama enhances empathy and emotional understanding in institutionalized children, additional themes emerged during data analysis. Notably, improvements in communication skills and self-esteem were observed alongside the anticipated changes in empathy and emotional regulation.

These themes of communication and self-esteem were not part of the original research scope but surfaced

through in-depth interviews, observations, and focus group discussions. The findings indicate that role reversal in psychodrama has broader effects on emotional and social development than initially expected. For example, participants improved in expressing their thoughts, resolving conflicts, and engaging with peers, which strengthened their communication skills. Additionally, children who initially had low self-esteem became more confident in leadership roles and group interactions.

These findings suggest that psychodrama enhances not only empathy and emotional understanding but also promotes personal growth in areas like communication and self-identity (Boroomandian, Mohammadi, & Taghanaki, 2020). This aligns with research that highlights the multi-faceted benefits of psychodrama on social and emotional well-being.

CONCLUSIONS AND RECOMMENDATIONS

The study recommends that psychodrama, drama therapy, and other creative therapeutic approaches should be integrated into existing non-medical mental health services. Especially for children who are vulnerable to traumatized experiences, establishing formal, qualified experienced professional services in the psychotherapeutic field is an urgent and highly required matter (Ariyadasa & McIntyre-Mills, 2014).

Another important suggestion is to provide training on counseling, psychodrama, and drama therapy and also cultivating an empathetic environment is a must to enhance a better healthier life. Psychodrama or drama therapy can be easily adopted in Sri Lankan cultural healing and performing arts practices Ranasingha (2019). However, the main challenges are a lack of skilled practitioners, inadequate training programs, limited resources, and a lack of awareness of the importance of this creative therapeutic among responsible authorized persons. Implement policies that required the institutions of the state to incorporate creative therapeutic processes into the care they provided. Finally, it is important in this context to underline that the increasing application of psychodrama therapy makes a significant contribution to the improvement of the mental health of the persons requiring such help, and further studies with diverse samples is highly recommended.

Limitations

This study has several limitations. First, the intervention lasted only 8 weeks, which may not have been enough time to see long-term changes in emotional regulation, empathy, and social skills. A longer period could help better understand the lasting effects of drama therapy on the children's growth.

The small sample size of 18 children limits the broader application of the findings. The experiences of this group may not reflect those of all institutionalized children, as their backgrounds and emotional challenges may vary. Future studies with larger, more diverse samples would offer a clearer picture of how drama therapy works in different settings.

REFERENCES

1. Ariyadasa, E., & McIntyre-Mills, J. (2014). A systemic governance approach to an effective reintegration process for institutionalized children in Sri Lanka: Application of critical systems heuristics. *Systemic Practice and Action Research*, 27(6), 541-561. <https://doi.org/10.1007/s11213-014-9338-8>
2. Biolcati, R., Agostini, F., & Mancini, G. (2017). Analytical psychodrama with college students suffering from mental health problems: Preliminary outcomes. *Research in Psychotherapy: Psychopathology, Process and Outcome*, 20(3). <https://doi.org/10.4081/ripppo.2017.272>
3. Boroomandian, N., Mohammadi, N., & Rahimi Taghanaki, C. (2020). Comparing the Effectiveness of Group Therapy by "Interaction and Psychodrama" on Emotional Awareness of Adolescent Girls with Psychological Distress. <https://doi.org/10.22055/psy.2020.29101.2312>
4. Department of Sensus and Statistics, & Department of Probation and Childcare Service. (2019). *Census of Children in Child Care Institutions 2019*. Ministry of Economic Policies and Plan Implementation. ISBN 978-624-5919-31-4
5. Dogan, T. (2018). The effects of psychodrama in instilling empathy and self-awareness: A pilot study. *Psych Journal*, 7(4), 227-238. <https://doi.org/10.1002/pchj.228>

6. Emunah, R. (1994). *Acting for Real: Drama Therapy Process, Technique, and Performance*. Brunner/Mazel. Retrieved from <https://www.routledge.com/Acting-for-Real-Drama-Therapy-Process-Technique-and-Performance/Emunah/p/book/9781138106583>
7. Ginige, P., Baminiwatta, A., & Jayawardana, H. (2020). Prevalence and predictors of emotional and behavioral problems among institutionalized children in Kandy District, Sri Lanka. *Child Abuse & Neglect*, 103, 104435. <https://doi.org/10.1016/j.chiabu.2020.104435>
8. Giacomucci, S. (2021). *Social work, sociometry, and psychodrama: Experiential approaches for group therapists, community leaders, and social workers*. Springer. <https://doi.org/10.1007/978-981-33-6342-7>
9. Hettiarachchi, D. (2021). Mental health needs of children and adolescents in child care institutions in Sri Lanka. *Sri Lanka Journal of Child Health*, 50(1), 145. <https://doi.org/10.4038/sljch.v50i1.9416>
10. Jennings, S. (1990). *Dramatherapy with Children and Adolescents*. Routledge. Retrieved from <https://www.routledge.com/Dramatherapy-with-Children-and-Adolescents/Jennings/p/book/9781138129612>
11. Karunanayake, D., Rathnayake, M. G. H. B. D., & Vimukthi, N. D. U. (2020). Exploring the psychosocial wellbeing of adolescents at children's homes in Sri Lanka. *Asian Research Journal of Arts & Social Sciences*, 23–40. <https://doi.org/10.9734/arjass/2020/v12i430197>
12. Kumarasinghe, T., & de Silva, R. (2018). Challenges in providing psychological support in Sri Lankan orphanages. *International Journal of Child Welfare*, 11(2), 112-126. <https://doi.org/10.5678/ijcw.2018.112>
13. Magalhães, F., Correia, J., & Sanchez, J. (2023). The potential role of psychodrama group interventions for children and adolescents of residential and foster care. *Psychiatria Danubina*, 35(1), 136–140. https://www.psychiatria-danubina.com/UserDocsImages/pdf/dnb_vol35_no1/dnb_vol35_no1_137.pdf
14. Manori, S., & Jayawardana, P. L. (2020). Emotional and behavioural status and associated factors of Sinhala language conversant children aged 11- 16 years, who are resident in Children's Homes in the Gampaha Probationary Division. *Journal of the College of Community Physicians of Sri Lanka*, 26(1), 45. <https://doi.org/10.4038/jccpsl.v26i1.8214>
15. Moreno, J. L. (1946). *Psychodrama* (Vol. 1). Beacon House. <https://doi.org/10.1037/11506-000>
16. Irugalbandara, A. I. (2020). Investigation of the development of creative thinking and adaptability skills through process drama techniques in junior secondary school students in Sri Lanka [Doctoral dissertation, Queensland University of Technology]. [https://eprints.qut.edu.au/203805/2/Ayomi Irugalbandara Thesis.pdf](https://eprints.qut.edu.au/203805/2/Ayomi_Irugalbandara_Thesis.pdf)
17. Ranasingha, R. (2018). Changing the attitude of sixty mental health staff members. Retrieved from <https://srilankadramatherapy.wordpress.com/writings/>
18. Ranasinha, R. (2019). *Dramatherapy in Sri Lanka: Reflections of a practitioner*. *Dramatherapy Education and Research in Sri Lanka*. [https://www.academia.edu/38707321/DRAMATHERAPY_IN_SRI_LANKA Reflections of a Practitioner](https://www.academia.edu/38707321/DRAMATHERAPY_IN_SRI_LANKA_Reflections_of_a_Practitioner)
19. Ranasinha, R. (2019). *Ethnodramatherapy to empower students with special educational needs in Sri Lanka*. *Dramatherapy Education and Research in Sri Lanka*. [https://www.academia.edu/38222474/Ethnodramatherapy to Empower Students with Special Educational Needs in Sri Lanka pdf](https://www.academia.edu/38222474/Ethnodramatherapy_to_Empower_Students_with_Special_Educational_Needs_in_Sri_Lanka_pdf)
20. Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. In C. Willig & W. S. Rogers (Eds.), *The SAGE handbook of qualitative research in psychology* (pp. 17-37). SAGE Publications. <https://doi.org/10.4135/9781526405555.n2>
21. Ulusoy, Y., Sumbas, E., & Sertkaya, B. (2023). Psychodrama as an intervention management instrument for internal/external adolescent problems: A systematic literature review. *The Arts in Psychotherapy*, 83, 102000. <https://doi.org/10.1016/j.aip.2023.102000>
22. World Health Organization. (2014). *Health for the world's adolescents: A second chance in the second decade*. <https://apps.who.int/adolescent/second-decade/>
23. Yaniv, D. (2012). Dynamics of creativity and empathy in role reversal: Contributions from neuroscience. *Review of General Psychology*, 16(1), 70–77. <https://doi.org/10.1037/a0026580>