

Persona Non Grata: A Theoretical Exploration of De-Roling in Drama Therapy

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## **ABSTRACT**

### **Persona Non Grata: A Theoretical Exploration of De-Roling in Drama Therapy Literature**

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This research examines the phenomenon of de-roling in drama therapy literature and inquiries about its purpose and application. As de-roling has historical roots in acting, a therapeutic underpinning is sought to define its purpose in a healing context. An expansive search spanned drama therapy literature, with exclusion criterion being artefacts devoid of a de-rolment component and content expressed in a language other than English. Application of de-roling is found to include interventions utilizing: physical, verbal, props, space, costumes and cognitive aspects. Literature indicates the purpose for de-roling relates to: (1) transitioning from one state of being to another, (2) sharing and reflecting on character enactment, (3) letting go of a character or a negatively felt sensation, (4) setting boundaries to create distance, and (5) integrating for learning and to amalgamate character qualities. Other professions using a de-roling method, namely theatre, education, mental health and medicine are explored to discover variance in purpose and application. Exploration of the five outlined purposes delivers new and diverse ways to view de-roling therapeutically. Future exploration using other research methodologies is suggested.

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“De-roling – the leaving a role – is as important to the effectiveness of role work as enrolement  
and even the role play itself.”

Jones, 2007, p. 216

“There is no such rarified position as a fully de-rolled human being.”

Robert Landy, 2009, p. 76

“The purpose of art is washing the dust of daily life off our souls.”

Pablo Picasso, BrainyQuotes, n.d.

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## Chapter One: Introduction

Roles play a part in defining the self, contingent on actions and interactions with others and the world (Landy, 1993; Sarbin, 1986). In drama therapy, an intentional use of “role” provides a self-discovery outlet for clients to: try on new roles, gain insight into stagnantly expressed roles and identify contradictory or counter roles. Transitioning from one role to another is a process, involving a mental, emotional, behavioural, and physiological shift (Landy, 2009). In a therapeutic setting, the therapist facilitates role transitions and attunes to changes in the client’s display of affect and behaviour. Role creation can include adapting the space, using props, and adding costumes, to facilitate the client’s self-exploration. Transitioning away from a role, or *de-rolment*, is a process where the role played ceremoniously ends and awareness is essential: (1) to validate contributions attained from playing the role (Landy, 1992) and (2) to re-establish connection with one’s authentic self (Grootboom, 2012) or gain neutrality (Landy, 2009).

A role transition in daily life frequently happens without dedicated conscious awareness towards understanding the implications of one’s role choice(s). For example, a parent arriving home from work, stepping away from their work role and into the role of parent may or may not consist of a ritual consciously orchestrated around this shift. Transitional rituals happen in three stages: (1) as a separation from one reality and state of being, (2) to transitioning into new “territory”, where there is a potential for change, and (3) as an opportunity to re-integrate newly acquired wisdom and transformation (Jennings, 1992, p. 13). Jennings (1992) equates rite-of-passage or transitional rituals with the sacred space held in drama therapy, a place where vulnerabilities can be safely held, witnessed, and transformed. De-roling rituals in drama therapy possess these stages and provide a space to contain and process emerging changes.

Methods of de-rolment are diverse and take into consideration the client’s circumstances, needs and consequently, the therapist’s intervention choice. Transitioning back to “self” occurs through reclaiming cognitive, affective, somatic, spatial, and physical aspects of one’s identity. In applying a de-roling technique the therapist’s intention is to witness a sense of congruency in the client’s comportment and a full and safe return to the “here and now” of reality. Synchronicity of the self is not achieved if emotional and physical expression is not consistent, leaving a gap and a false sense of self to linger (Cuddy, 2015).

De-roling has roots in the theatre world; yet ubiquitous practice is not standard (Bailey & Dickinson, 2014). Actors endeavour to meticulously *take on a character* and de-roling can be seen as letting the character go. In a therapeutic setting, the goal of de-roling is not unilaterally purposed to *let go* of the *persona non grata* or otherwise “unacceptable person” or unwelcomed person (Persona non grata, 2014, p. 924). Rather, in therapy, transitional moments (i.e. moving away from a character) that evoke strong feelings ought not be regarded as a moment to mitigate discomfort, but as an opportunity for integration, exploration, and curiosity. Viewed as a processing tool, de-roling provides space to integrate, unravel, and hold the persona non grata as deemed necessary in the moment.

This exploratory theoretical research investigates the phenomenon of de-roling in drama therapy literature, discovering how and why it is applied and potential missing factors from procedures and theoretical principles. Interest in the topic was derived from experiences as a student in coursework and at internship sites, namely an elderly care center and a women’s prison. Details relating to these experiences can be found in the *Discussion* section. De-roling is not taught as a complete course in the drama therapy curriculum; however in role-method, role-play, improvisations, and psychodrama, de-roling techniques are discussed and tried out. It is unclear why the literature is devoid of a step-by-step procedural guide for de-roling techniques. As a comprehensive examination outlining the purpose and application of drama therapy de-roling practices is not currently available, this research intends to fill this gap.

## Chapter One: Methodology

### Purpose

A methodical, investigative account relating to de-roling and an outline of fundamental concepts defining the phenomenon was not found in drama therapy literature. This study seeks to discover the intervention's inherent purpose and application with the primary research question: "how is de-roling discussed in drama therapy literature?" Findings from this research could be used to: (1) develop de-rolment techniques, which integrate therapeutic purpose, (2) educate new students entering the field of drama therapy, and (3) provide bases for continued research.

### Method

This section outlines a methodological rationale for choosing a theoretical exploratory model to investigate the phenomenon of de-roling. Theory is a grouping or system of ideas to explain a phenomenon, which can define cause-and-effect relationships and be tested (Creswell, 2009). Theory seeks to frame curiosity and develop a method around knowledge. Galtung (1977), sociologist and mathematician, outlined three ways for viewing a theory, to structure ideas in a larger world context:

1. *theory construction as a way of storing old knowledge about old reality;*
2. *theory construction as a heuristic to develop new knowledge about old reality;*
3. *theory construction as an instrument to create new reality.* (p. 190)

The theoretical approach for this current research is structured to develop new knowledge about an old reality; principally, exploring existing methods of de-roling to discover new ways of interacting with the phenomenon.

Exploration is synonymous with research; applying methodological measures to unknown and unseen experiences thereby contains the process of curiosity (Stebbins, 2001). Exploratory research can be divided into three different approaches: (1) examining, analysis, and investigative, (2) engaging in the phenomenon to test and experiment with it and (3) for diagnostic purposes which implies knowing what is under investigation and methodically searching for answers (Stebbins, 2001). To investigate de-roling, this exploratory theoretical research corresponds most appropriately with the first approach, as a comprehensive understanding of the phenomenon does not exist. The three-steps outlined are not inherently

sequential, however, additional qualitative/quantitative research can be recommended for further studies. To satisfy the second approach, for example, an arts-based, phenomenological follow up research would provide an opportunity to test and experiment with notions found in this research, whereby the researcher interviews (i.e. films) and catalogues a journey of de-roling from the perspective of client/therapist. Finally, future researchers may diagnostically investigate de-roling through a qualitative intervention research once the phenomenon is more fully understood and the researcher is aware of what specific aspects are under investigation.

### **Data Collection**

A systematic literature exploration uncovered a data set from public and privately hosted databases. Concordia Universities Libraries' Creative Arts Therapies Major Sources databases were searched, namely the following: PsychoInfo, EBSCOHost, ERIC, and PubMed (Medline) as well as public database, Google Scholar. Search criteria using the words “de-role”, “de-roling”, and “drama therapy” and a combination of these words (i.e. “de-role” and “drama therapy”) rendered diverse data sets (for an overview of the search results, see Table 1). An attempt to broaden the search with other means of definition, for example “stepping out of role” and “taking off a role”, proved futile.

Table 1  
*Search Sets and Outcome*

<b>Database</b>	<b>De-Role</b>	<b>Other Language</b>	<b>Duplicate</b>	<b>Not Relevant</b>	<b>Not Accessible</b>	<b>Relevant Articles</b>
PsychInfo	43	42	-	-	-	1
EBSCOHost	283		1		-	0
ERIC	10	9	1	1	-	0
Medline	317		1	-	-	0
Google Scholar	239	67	7	107	7	52

Table 1: Search Sets and Outcome

Note: This table outlines findings from a variety of database searches.

Records in the search were eliminated if the information: (1) appeared in another language other than English, (2) duplicates of articles were already acquired, or (3) the content was irrelevant. For example, the Google Scholar search produced the following results: total records (n=239), language other than English (n=67), duplicates (n=7), non-relevant topic

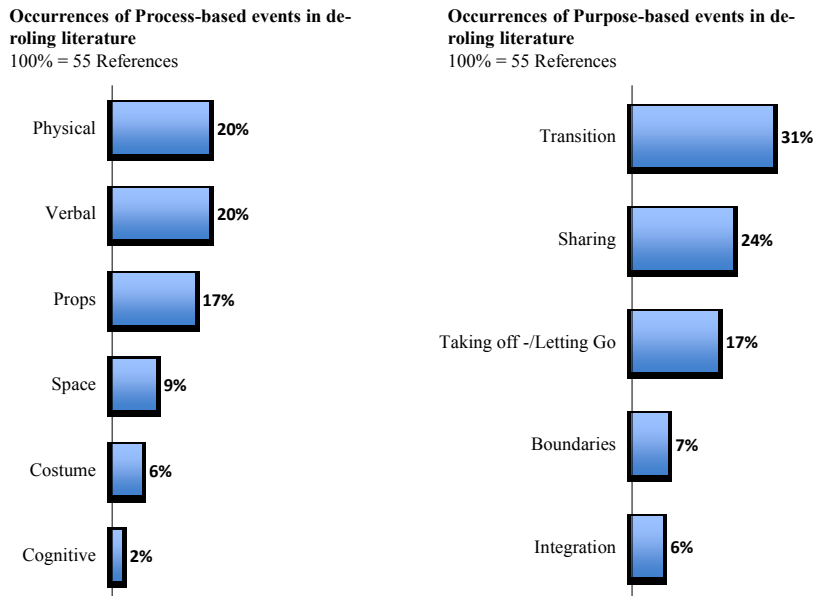
(n=107), inaccessible article (n=7), and articles reviewed (n=52). A total of fifty-five artefacts (electronic articles and books) were reviewed and critically analysed. Two additional drama therapy scholarly books were included in the analysis, namely *Assessment in Drama Therapy* and *Trauma-Informed Drama Therapy*; total reviewed items are fifty-five (n=55).

### **Data Analysis**

In the research, discussions of the de-rolment process were noted as: (1) a description of a de-rolment process or (2) the purpose of de-roling. The first category, a description of a de-rolment process provided the following methods to engage with de-roling: physical, verbal-cognitive, props, costumes, and space. The purpose of de-roling elicited the categories: reflection, integration, sharing, and taking off a role. Data was derived from either: (1) an encounter of the phenomenon in practice by a drama therapy professional(s) or (2) as a description from professionals in the field of drama therapy. Additionally, data was sorted according to intervention type, for example, role method, psychodrama, clowning, playback, and theatre of the oppressed. The data was not restricted by a certain timeframe, in the interest viewing all available subject material.

A *thematic network* method was used as an analytic tool to guide the process of data interpretation (Attride-Stirling, 2001). The follow steps outline the sorting process; data was:

- (1) coded based on relevant subject matter (i.e. therapeutic approach and data source),
- (2) sorted thematically, revealing common tendencies across the literature (i.e. patterns mentioned above relating to the process and purpose of de-roling),
- (3) organized based on thematic groupings, (Figure 1 below indicates the findings), and
- (4) described and explored in the format of a literature review.



*Figure 1.* De-Roling Analysis Based on Thematic Data Sort.

Note: This graph illustrates the number of occurrences of process and purpose de-roling related events found in the drama therapy literature.

## Chapter Two: Literature Review

### Defining De-Roling

De-roling can be defined as an intentional, mindful act to create a separation from self and a character played, in order to reintegrate into reality (Jones, 2007). While the terms “de-role”, “de-roling”, and “de-rolement” and other variations around the concept are not found in English language dictionaries, the term “role” is. Role is defined in the Merriam-Webster (Role, 2014) dictionary as:

“1a (1): a character assigned or assumed, (2): a socially expected behavior pattern usually determined by an individual’s status in a particular society (b): a part played by an actor or singer 2: a function or part performed especially in a particular operation or process”.  
(p. 1079)

In drama therapeutic terms “role” and fundamentally “de-roling” is implicitly and explicitly played out in potentially all manners listed above in the course of a therapeutic session.

In a therapeutic space, de-roling allows the client (and therapist) to return to a place of neutrality or to bring consciousness to changes evoked from stepping inside a “different role” experience. Separating from the role involves acknowledging the internal space the role inhibited and reclaiming what was there before the role’s presence. Jones (2007) articulates that de-roling, in certain circumstances “can be the most significant part of the process for the client” (p. 216). According to Landy (2009), in de-roling, the client “resumes a life in a parallel universe that is less obviously masked and stylized” (p. 76). To separate oneself from a role, the role taker creates distance and a moment of reflection to contain the shift. In part, this research queries if de-roling can acquire an expanded definition – to consider de-roling as not merely taking off a role, but an investigative process of integrating or examining the relationship shared with the unwanted character(s), discarded or temporarily shelved roles.

### Safety

Safety is central to self-exploration and in therapy it is a crucial ingredient for clients to freely interact with vulnerabilities held within their past, present, and future selves (Moreno, Blomkvist & Rutzel, 2000). The phenomenon of therapeutic de-rolement is an important one because at its core, it relates to keeping the client safe. As safety is a preoccupation for drama therapists (e.g. as professionals, researchers and participants, teachers, and students) the North American Drama Therapy Association (NADTA) code of ethics reflects this goal. A code of



ethics consists of a cohesive set of values and standards agreed upon by an organization as a road map to direct interactions and ethical dilemmas. The NADTA Code of Ethical Principles is comprised of eight standards, all of which can be noted as embracing the value of safety. Article seven, titled *Principles of Physical Contact, Role Play, and Other Drama Therapy Activities* (NADTA, 2013) in effect holds the concept of de-rollement. The first statement in article seven, elucidates: “Drama Therapists are responsible to practice drama therapy techniques in a manner that is professional, maintains professional boundaries, and is always based on the individual's therapeutic goals, safety, and best interest” (p. 2). This section addresses de-rollement as it pertains to practicing drama therapy techniques in: (1) a professional manner, (2) with boundaries, and (3) considering therapeutic safety.

In order to practice drama therapy techniques in a professional manner and with proficiency, procedural guidance is required. A careful consideration of the implications of *not* de-roling or options related to why, when, and how requires consideration. Safety therefore becomes an issue in the ambiguity created, most particularly for new students and by consequence their clients.

Professional boundaries, in the above statement, can be said to refer to an effort made to distinguish and guard the role of therapist and not contaminate it with confusion. A therapist safeguards the client's best interest and their own when boundaries are respected. Article 7c specifically states, “A drama therapist maintains professional boundaries in the context of the drama therapy session when physical contact, role play, and other drama therapy techniques are employed” (NADTA, 2013, p. 2). As de-roling is not specifically mentioned, it can be assumed to fit in with the ethical application of role play. Boundary confusion shares a direct link with safety in relation to de-roling. For example, “blurred boundaries” arises as a demarcated phenomenon when an actor, for example, takes on a character and continues to unconsciously present traits of the portrayed role in their real life (Burgoyne, Poulin & Rearden, 1999). More on this topic is discussed in the literature section, under the heading *Safety- A Sense of Containment*.

Deeply rooted in the role of therapist, is the ability to gage the client's capacity to emotionally regulate and explore difficult topics (Hill, 2009). To explore or not to explore reflects the therapeutic challenge towards creating balance. In drama therapy, safely exploring one's limits includes tuning into the client's somatic responses as a result of embodied, active

techniques. The drama therapist's responsibility extends to adjusting exercises, with heightened awareness to the client's shifting physical gestures, a duty specifically important when it comes to de-roling.

### **Potential Harm**

De-roling can be seen as a safety net, deployed to avoid tangling fiction with reality. In the imaginary world of "as if" actors can move away from a role and unconsciously carry aspects of the character that will be played out in their personal life (Bailey & Dickinson, 2014). The unconscious character fragments, in an acting scenario, may be discovered via the actor or others in their milieu, noticing patterns over a period of time. In therapy, the ownership and responsibility of "other characters" taking temporary possession belongs to the client and the therapist. In other words, the "assumed character" does not magically take up residence in the client; but rather I propose that there is an unconscious and fundamental desire from the part of the actor/client to interact with innate aspects represented by the character.

Potential harm resulting from not fully administering or omitting a de-roling technique was demonstrated when a drama therapist facilitated a group session at an in-patient psychiatric unit. The group consisted of five patients/clients with various diagnoses (J. Butler, personal communication, February, 2015). A scene was enacted, initiated from a client's story, with various characters, including a police officer. A participant in the group, typically observed as being chaotic and disorganized, fully embraced, with clarity and conviction, the role of police officer. She carried out police duties and verbally expressed herself from the perspective of the role. As time melted away, a hasty finish was required to close the group. The drama therapist provided direction to finish the scene, and then proceeded to thank and congratulate everyone for their powerful performance; the group ended. The next day, the drama therapist returned to work excited to continue building on dynamic progress made in the previous session. To his surprise, the unit chief inquired about the group happenings as one of the patients took on an officer role and policed the unit; as a result she required sedation. This example provides clear evidence of the potential hazard when a de-roling technique is not carried out on the client's behalf. According to Jones (1996), a lack of dedicated time to a de-roling process could result in undeveloped emerging material. On the therapist side, neglect to de-role can equally demonstrate side effects and countertransference, further details can be found in Chapter 3: *Expanding the Significance and Function of De-Roling*, under the title *De-Roling the Therapist*.

## **Historical Beginnings: Role Theory**

Role theory works from a premise that we are, in part, defined by the roles we interact with (Moreno, 1946). Role theory's historical beginnings in the 1930's derive from an intermingling of social psychology, sociology, and anthropology (Thomas & Biddle, 1966). Ideas in each discipline are proliferated with different theoretical viewpoints, however, for the purpose of this research, role theory derived from Joseph Levy Moreno, one of the co-founders of role theory (Thomas & Biddle, 1966), in the field of social psychology will be focused on. Role Method, developed by Robert Landy (1991; 1992; 1993; 2009) a leader in the field of drama therapy, flourished from role theory.

According to Moreno (1946), roles are a culmination of outwardly exerted actions, which can be labeled into recognizable, culturally identifiable units. The units of actions, for example, disciplining a child, are not recognized in isolation, but rather in conjunction with other behaviors to constitute a role. Further to this example, disciplining a child can be seen in a variety of roles: a teacher, a coach, a parent, or a police officer. Moreno proposed a distinction between role functionality and dysfunction. An ability to fluidly explore a variety of roles equates with functionality, whereas dysfunction can arise when one's role repertoire is stagnant, conflict filled, tense, or confused (Garcia & Buchanan, 2009; Landy, 2009).

## **Role Method**

Humans instinctively play with a variety of roles, and ideally, roles seamlessly correspond with momentary situations and interactions. In the interplay of being role takers and role players, individuals fundamentally are made of a cast of interacting roles (Landy, 1993). Complexity of emotions, thoughts, and values held within each role contribute to the development of an individual's personality. The Role Method system developed over many years as Landy garnered clinical experience and researched repeated theatrical roles, creating a taxonomy of roles in domains, namely: somatic, cognitive, affective, social, spiritual and aesthetic. Role Method is comprised of eight steps and the steps are not necessarily linear. Landy (2009) points out that a de-rolment process would occur between steps three and four and steps four and five in the below steps.

1. Invoking the role. Invocation of a role is an invitation for clients to allow themselves to be unconsciously drawn to a particular aspect, which calls for attention. Often this starts

from a movement exercise, for example, clients are asked to focus upon one part of their body and to expand a movement and allow a character to emerge (Landy, 1993).

2. Naming the role. Naming the role brings its characteristics to life and moves the client into a fictional world. To safeguard the fictional world, clients are encouraged to choose invented names, rather than their own. Naming helps identify challenges related to congruency in behaviour and feeling states, for example, an individual who identifies their character as “Funny Guy” and yet behaves with contradictory physical behaviour (i.e. slouching and slow movements) is compelled to witness their inconsistencies.
3. Playing out/working through the role. According to Landy (1993), “the working-through stage is a time of enhancing one’s commitment to a role and extending it beyond expected behaviors” (p. 49). In group or individual therapy, clients explore their chosen role and witness the impact it has both internally (i.e. through monologues and scene work) and in interacting with others. This phase is not typically a streamlined process where the client works solely with one role, rather “clients often move from role to role, shifting focus as needed” (Landy, 1993, p.49). The therapist holds an exploratory viewpoint, related to the shifting role changes of the client.
4. Exploring alternative qualities in subroles. The purpose of this stage is to deepen the exploration of the client’s chosen role, to discover and name ambivalences and discrepant qualities. Discovery is facilitated through other mediums, such as puppets and masks to provide distance. A distanced perspective permits the clients to excavate deeper meaning relating to character choice.
5. Reflecting upon the role play. As a first step towards closure, the reflective phase is a time to assist clients to find meaning in roles and subroles. From the fictional viewpoint, the client reflects on questions pertaining to “physical, intellectual, moral, emotional, social, spiritual, and or aesthetic qualities of the roles” (Landy, 1993, p. 51). For example, a question relating to the physical element may bring the client back to the initial posture gestured to create his/her character.
6. Relating the fictional role to everyday life. Here the client begins to step back into his or her own reality and away from the imaginary role to examine connections between the two worlds. Quality, function and style of the imaginary character are examined in the

preceding step, and now the client turns inward to reflect on how the role system chosen is one that resonates.

7. Integrating roles to create a functional role system. Role Method is ultimately purposed to assist clients find a means to unfurl tangled, blocked, scattered or unsettled roles and find a healthfully expressed role system. Integration is a phase that occurs over time and is evidenced by shifts with one's ability to live with "role ambivalence without undue distress and to discover new possibilities of being with oneself and others" (Landy, 1993, p. 54).
8. Social modeling. Social modeling refers to clients integrating the internal role systems *shift* and playing out the transformation within their social sphere to influence development with others.

In stage three, the *client is playing out and working through the role* and de-roling is suggested to occur after this phase and before moving on to *exploring alternative qualities and subroles*. It is ambiguous if a "mini" de-rolment occurs within step three as the client potentially changes roles, for example, taking on the role of victim and changing to perpetrator. In the fourth stage, roles are further engaged with, in alternative ways, and a de-roling procedure may have been necessary for the client to move away from an embodied impact of the character, to reflect before moving into a deeper layer of engagement. Or it is conceivable that moving into a different dramatic reality (i.e. with the use of masks and puppets) requires a grounded or neutral perspective before doing so. The purpose for requiring a de-rolment procedure at this time, unfortunately, is not entirely clear.

De-rolment is suggested between steps four and five and in this case, the requested protocol is much easier to comprehend. For example, the client is moving away from the dramatic reality created to explore character/s and is now returning back to the reality of here and now.

### **Developmental Transformations: DvT**

Developmental Transformations, developed by David Read Johnson grew from various psychotherapeutic and theatrical backgrounds. The historical roots and intricacies related to interventions used in DvT will not be explored in this document, however further details are available in the articles such as: *Developmental Transformations: Towards the Body as Presence and Theory* (Johnson, 2009) and *Technique of Transformations in Drama Therapy* (Johnson,

1991). The objective here is to understand general concepts related to the method and how de-roling is viewed.

*Developmental transformations* is embodied free play or dramatic improvisation between client and therapist in a *playspace*. The *playspace*, considered the container or safe space, maintains three essential elements: (1) restraint against harm (harm may be represented in play, however physical harm or threat is not tolerable), (2) discrepant communication (the “in-between” world of imaginary and real is played out), and (3) mutual agreement (a respectful recognition of others behaviour as representations of what exists for them in the here and now). In active play, ideally the therapist works untethered to theoretical underpinning; rather he/she flexibly responds to the present moment. The state of play inspires thoughts and feelings that may seem unplayable to the client; in these moments the therapist assists the client to stay engaged in the play and gently, overtime, work with unplayable notions (Johnson, 2009). Unplayable themes (or difficult issues) are seen as counter-inspirational or blocks to *Being*. Further to this point, when “the unplayable” cycles through a pattern of being played with, then avoided, and addressed once again in a different way; over a period of time, the client is no longer held hostage by the blockage.

DvT embraces and honours the “instability of being” and accepts imbalance as one moves towards transformation. Embodiment, encounter and transformation are grounding philosophies embedded in the DvT form. The body, as the in-between agent, interacts with internal anxieties and greets self and others in the external world. *Encounter* refers to the intrinsic instability of interacting with others. Johnson (2009) elucidates, “Our intimate relationships with each other are highly unstable, and all too often our repeated attempts to stabilize them lead to their death and encrustation” (p. 92). In DvT the therapist moves with and interacts freely with the client, in play, essentially modelling relationship presence and instability. Theoretically, the most optimal means of testing one’s ability to confront fear and the instability of life is to be “in close proximity to others, not alone or with objects” (Johnson, 2009, p. 92). The therapist balances playful interactions with a variety of interventions, for example, naming and connecting what is happening in the play to what is happening in real life.

In DvT, an expression of presence rather than insight or reflection is the main therapeutic goal and for this reason, time is not set aside for a de-roling process (Johnson, 2009). Client and therapist enrol as players and play objects in the playspace, yet a de-roling procedure is not

deemed necessary. Often a verbal exchange takes place at the beginning of the session, for example discussing events of the passing week, however a debriefing at the end of the session is not set-aside. Johnson (2009) states, “An embodied presence, necessarily ambiguous, at the end of the session is viewed positively, just as it is after meditation” (p. 96).

### **Integrative Five-Phase Model**

Renée Emunah developed a model around the process experienced in drama therapy treatment. Her *Integrative Five-Phase Model* elaborates on specific stages in either group or individual therapy. Below is a brief summary of the five phases; it is by no means all-inclusive, more details can be found in her book, *Acting for Real— Drama Therapy Process, Technique, and Performance* (Emunah, 1994).

1. Dramatic Play: In a no fail environment, with age-appropriate, interactive, theatrical exercises, the therapist facilitates dramatic play, through exercises that are most often structured. A structured method at this stage can assist with diminishing “potential reluctance, fear, and self-consciousness” (Emunah, 1994, p. 36).
2. Scene work: Branching from a therapeutic relationship established from the first phase, where trust is an essential ingredient, along with energy harnessed from dramatic play, the client is ready to move into theatrical scenework. The development of trust and spontaneity continue to be essential in this phase; consequently, clients engage in roles not directly related to their own life, creating a safe distance to skilfully build their ability to play (Emunah, 1994). Augusto Boal’s statement comes to mind for this stage – “Anyone can do theatre, even actors. And theatre can be done anywhere, even in theatres” (Boal, n.d.).
3. Role Play: Phase three is a transition to “rehearsal for life,” where the client acts out different scenarios in his/her own life, with a therapist mindfully clarifying the difference between the work’s intentions (i.e. to serve as cathartic gain or a practice for life). For example, a client expresses rage towards her aging mother for her abusive patterns growing up; the exercise moves the client towards healthy catharsis in a clinical setting. In a *practice for life* example, a client who is tentative to assert himself with a boss can play out a multitude of scenarios to gain confidence and change his relationship patterns. The first two phases enrich the client’s competence to a “real enough” level, enabling progress for this third phase, the ability for clients to respond to real-life challenges in

more healthfully adapted ways, while trying out better coping strategies practiced in drama therapy. Techniques grounding this phase are predominately role-play and role theory.

4. Culminating Enactment: Work in this phase derives from deeper, unconscious patterns with prepared clients. Life stories and events rooted in trauma are awakened and re-experienced in the body, and enacted in an empathetic environment. Holding the client's full, embodied experience of trauma, allows a deeply held hurt to be witnessed and released.

5. Dramatic Ritual: The final phase, dramatic ritual, frames the therapeutic journey, creating a review capsule to anchor the client's ownership over their experienced strengths, conflicts, challenges and insights. The therapist co-constructs or facilitates a creative means to ritualistically acknowledge and celebrate these important moments.

The notion of de-roling is not mentioned as part of the Integrative Five-Phase Model; however the aspect of reflection is present during and after role enactment.

### **Psychodrama**

Psychodrama is an active, psychotherapeutic method, practiced with individuals and in group scenarios, to facilitate exploration of one's psychological and social problems through creativity and spontaneity (Blatner, 1996; 2000). Joseph L. Moreno, founder of psychodrama, considered the "human being as an improvising actor on the stage of life" (Moreno, Blomkvist, & Rützel, 2000, p. xvi). On this stage, he maintained that human interconnectedness implicitly stood for individuals being psychotherapeutic agents for each other (B. Guest, personal communication, January, 2016). As such, group work became a foundational means for an individual to work through issues while being a part of a group. At the bases of the psychodrama philosophy, is: (1) creativity impacts one's ability to problem solve, (2) spontaneity nourishes creativity, (3) both creativity and spontaneity are nurtured in play and enhanced when active, and (4) drama is a cultural container and motivator that powerfully evokes a healing response (Blatner, 2000).

Psychodrama assists individuals to witness their truths and explore deep material after the client has had exposure to warm up exercises. A number of roles are clearly delineated after the warm up portion of a session. For example, the "director" (therapist), creates safety in the space, follows the "protagonist's" lead, and makes decisions on when to change the scene. The



protagonist is the main character or the individual who the story pertains to. “Auxiliaries” are chosen by the protagonist to participate in particular roles. “Doubles” are individuals who play out the un-played or silenced portions of the scene. This can range from voicing the protagonist’s assumed unconscious thoughts or worries, for example, speaking on behalf of a jittery leg, or interpreting and voicing the presence of the protagonist’s younger/older self.

Psychodrama literature explicitly defines, provides methods for, and outlines the purpose of de-roling.

For example, in Adam Blatner’s *Foundations of Psychodrama History, Theory, and Practice Fourth Edition* (2000) he provides the following as a description:

Auxiliaries or protagonists who are finishing an enactment often need to engage in an explicit act of dis-identifying themselves from the role being played. Sometimes this is done physically by standing up and brushing oneself off, turning around, or making some other dramatic gesture. This may also be accompanied by a statement, such as, “I am not John’s mother, I’m me, Mary.” Some people, on the other hand, may wish to note that they’d like to hold on to certain aspects of the role, which was just played. (p. 240)

Dayton (2015) describes de-roling as when the auxiliaries release their roles, accompanied by a verbal statement. In an article titled *The Process of De-roling* Ann E. Hale (n.d.) highlights that a participant may unconsciously process an event in the present, through a “past” filter. Role projection helps identify what no longer belongs and redefines a previously held belief. Roles played by the auxiliaries serve as a tool in developing ego and the director works to expand, investigate, and fully express roles towards this goal. De-roling is the mechanism bringing roles to closure, including the director and any props invited into the scenario. De-roling is a time of lessening the tension, returning to a group space (i.e. away from the stage area), providing role feedback and sharing (Hale, n.d.). Finally, the transition to self can happen, for example, through asserting closing statements to an empty chair, which represents the role/s, played to permit unconscious material to become conscious. Symbolic rituals such as “brushing off” the character may be applied, however Hale (n.d.) notes that this does not respond to unconscious material resting with other group members.

Psychodrama is taught in most drama therapy programs (Blatner, 2000; S. Snow personal communication, 2015) and it is recognized as an independent profession. Of the drama therapeutic methods mentioned above, only psychodrama offers proposed de-rolment

procedures. Investigating the purpose and application of de-roling in the literature will provide further insight.

### **Purpose**

The intended purpose for de-rolment emerged into five categories, namely: (1) safety or a sense of containment through staging personal and therapeutic boundaries, (2) getting rid of the negative or letting go of a character and attributable qualities, (3) sharing and reflection, (4) transitioning away from one reality to another, and (5) integration.

**Safety – A sense of containment.** In de-rolment, client safety is always a priority (Jones, 2007). An issue of “boundary confusion” (Bailey & Dickinson, 2014; Jenkyns, 1996; Radman, 1995) emerges as one vital reason for de-roling. De-roling helps the client to distinguish boundaries in shifting reality where the continuity of “I am me and not-me” is re-established (Landy, 1991). A boundary of space is held in a metaphorical sense, providing “great enough distance between the client and their enactment for them to leave the group with a sense of who they are intact but hopefully enhanced by their enactment” (Radman, 1995, p. 24). The capacity to de-role is a measure of being able to create a safe space or container (Eitzen, 2010) for clients to feel secure in role exploration (Domikles, 2012; Jenkyns, 1996; R. Hart, personal communication, February 2016). Embedded in the notion of de-roling safety is that client and therapist are not identified as roles played when the therapy ends (Domikles, 2012).

**Getting rid of the negative.** In role exploration, emotional triggers or challenging feelings may arise and de-roling provides a resource to acknowledge and contain an overwhelmed system. Langley (2006) describes imaginary images, such as creating containers (i.e. trash bins and fires), to rid “rubbish feelings” (p. 88). De-roling offers an opportunity to “discharge emotion” (Stafford, 2005, p. 40) and release the role of the “patient” (Pendzik, & Raviv, 2011). Holmes, Farrell, and Kirk (2014) in their book titled *Empowering Therapeutic Practice: Integrating Psychodrama Into Other Therapies* highlight “shedding” the character and emotional content. The need to distinguish role relates to protecting the client from taking on a character’s ill health (i.e. mental, emotional, physical symptoms) (Moreno et al., 2000). A client’s vulnerabilities can be evidenced in physical comportment after character work, for example when one takes on a slouch or limp (Davis, 1991).

**Sharing/Reflection.** Sharing, in de-roling, is most commonly expressed verbally and discussed in communion with a closing ritual. In a thesis document related to *surplus reality*, a

psychodramatic technique, sharing is described as “a way to ground and integrate the protagonist as well as a time for group members to de-role and connect up with each other” (Watersong, 2011, p. 33). Commencing de-rollement work can, at times, involve sharing from audience members, for example, “student actors are asked to reflect on their experience when in role, and audience members are invited to share observations” (Rae, 2009, p. 41). Sharing is mentioned as a method to increase enlightenment and connection to the self and or the others in the group (Jones, 2010; Langley, 2006; Meldrum, 1999; Moran & Alon, 2011; Pendle & Rowe, 2010; Roy, 2009; Sternberg & Garcia, 1989). Working in a school environment with young children, Trustman (2012) de-rolled participants from the group and provided an opportunity for group members to reflect on their experience.

**Transitioning away.** Transitioning away from a role was the most prevalently noted purpose to de-role. The concept of transitioning includes returning to one’s sense of self (Leib, 2010; Pendle & Rowe, 2010; Stafford, 2005), assisting the client to reconnect to the here and now (Blatner, 2006; Gluck, 2005), and transitioning from a role mishap (Dishy & Naumer, 2010). A *role mishap* is a reference to an example where a de-rollement exercise was used as an “urgent” intervention. For instance, in a classroom environment, an Early Learning Program teaching children about conflict resolution, a puppet intervention was implemented, and the intervention was abruptly interrupted to attend to a situation where a child forcefully struck another child. The professionals running the program stopped the program, then de-rolled the children (Dishy & Naumer, 2010). At times, an immediate transition back to oneself or a safe time and place, is required to stabilize the nervous system, a topic to be discussed in *Chapter 3: Expanding the Significance and Function of De-roling*. The transitional period of de-roling, according Leigh, Dix, Dokter and Haythorne (2012) occurs at the end of the session, when relaxation is emphasized. Landy (2009) succinctly stated, “the aim of de-roling is not to fully transcend one’s personae, but to shift from one reality, that of the imagination, to another, that of the everyday, for the purpose of reflection” (p. 76).

**Integration.** Integration, in the context of de-roling refers to reintegrating the client’s core qualities before moving on (Hale, n.d.). Integration can be seen as assimilating the new experience (Stafford, 2005) or attending to concealed aspects of the self that emerged (Garfield, 2003). Integration is intermingled with other dominant themes. For example, Watersong (2011) mentioned a phase of integration leading up to de-roling and ending the session.

## **Application of De-Roling**

**Verbal.** Verbal de-roling methods are noted as being the most prevalent, supporting the client's return to a sense of self, with cognitive awareness intact. Testing cognition appears to be part of the process, for example Leib (2010) invites her clients to "re-role as themselves" through talking about their life, to observe and ensure a transition. Radmall (1995) employs a similar effort when working with adolescents, where group members will be asked to say their names to others in the group; hesitating could indicate that an individual has not fully de-rolled. Saying a word unrelated to the therapeutic work (Sternberg & Garcia, 1989) creates cognitive and emotional distance, for example having group members repeat a list of food items.

A recurrent de-roling suggestion in psychodrama is to verbally state one's name and identify as not being the name of the character played, for example My name is Alex, I am not your grandmother (Blatner, 2000; Dayton, 2015; Feasey, 2001). Combining a physical component with this approach is common; the client states how they are different from the character played, while taking a step away from the character's position or chair with each statement of difference. For example, "My name is Mary, not Bill (step back); I am a 30-year-old woman, not an 85-year-old man" (step back) (B. Guest, personal communication, October, 2015).

Verbal expression can be used as a means to connect with a specific goal or stay connected in the therapeutic alliance. For example, when working with school children regarding bullying concerns, Rae (2009) provides a mantra or message for the children to connect with and take them outside of the play world. In this example, the mantra relates to leaving with a positive message, for example, the student being strong and capable to look for help in challenging situations. In Jones' (2007) book titled *Drama as therapy volume 1: Theory, practice and research*, he describes Lindsay Chipman's process of singing with her client as a method of de-roling. A small percentage of drama therapy professionals noted a "cognitive" component, in all cases; cognition was tested by the client's verbal expression.

**Physical.** Physical and verbal techniques are most often interrelated; this segment investigates physical aspects of de-roling. In Langley's (2006) book titled *An Introduction to Dramatherapy*, she places two chairs for the client to occupy, one at a time (i.e. the chairs are named "me" and "role") (p. 99). This technique provides a physical and visual means of differentiating client and a character played in a scene. In another exercise, she names two

chairs: “retain” and “discard”. The purpose of this exercise is to allow the client to name and discard of physical, emotional, and cognitive attributes, which feel ill fitting. Shaking off a role (Moreno et al., 2000; Sternberg & Garcia, 1989) involves liberally moving and shaking extremities as if to remove imagined, invisible, energetic debris. “Brushing off the role” (Aaron, 2003) is a physical act using one’s hands or a light object over the surface of the body with a creative perspective of visualizing the role being swept away. Creating a small physical distance between therapist and client can aid de-roling (Anderson-Warren & Grainger, 2000). Taking off a role may provide an opportunity for the therapist to mirror and re-enact initial enrolment activities to signal a close to the role (Aaron, 2003; Hart, 2013).

**Props.** With props used as part of potentially triggering narratives, their de-rolment is necessary as well. Doker (1994) de-roles props so that “no lasting association remains with the particular objects used” (p. 148). When working with masks, Hart (2013) returns to the opening ritual, to remove and replace the masks and other materials. Working with masks in a twelve-week program, Anderson-Warren and Grainger (2000) express a de-roling procedure as returning the mask to its “original space” (p. 116). In play, children’s toys often need to return to a neutral position (Haen, 2011) and costumes replaced (Jones, 2010). Aspects of de-roling can include returning props to their intended uses, for example, if a large bowl represented a *well* in an enactment, the act of replacing the bowl and verbalizing its intended use can be seen as de-roling (Feasey, 2001).

**Space.** A safe space can act as a portal to transcend therapeutic work. In therapy, safety is often viewed as a relational issue, however physical environment plays a part (R. Hart, personal communication, 2016). Freud considered creating a safe space from this relational-based perspective, through being non-judgemental, client-focused, and open to exploration (Schafer, 1983) an idea equally valued by others in the psychotherapeutic field (Hill, 2009; Rogers, 1992). In the structured, stable environment of a therapeutic office (referring to the physical space), real world instability can be seen as sheltered or separated from the world created in the office, enabling a capacity to listen to the one’s inner chaos. Yalom and Leszcz (2005) elucidate control is offered in the therapeutic space through verbally naming chaos and thereby removing ambiguity. Physical objects and the space itself play a part in de-rolment, similar to verbally naming chaos, increasing a sense of stability. For example, de-roling rituals around the space can include physically returning the self and items to their original place (Hart,

2013; Oflaz et al., 2011), saying good bye to the space (Radmall, 1995), or the act of leaving the space is, in itself, a separation from the work (Jenkyns, 1996).

### **De-Roling Presentation in Literature: Clinical Examples or Instructional**

De-roling is written about in one of four ways: (1) referring to clinical examples with procedural and contextual information (Hart, 2013; Langley, 2006; Pendle & Rowe, 2010; Sternberg & Garcia, 1989), (2) noted in a didactic manner as being important (Garfield, 2003; Heyward, 2010; Jennings, 1992; Jones, 2007; Landy, 1993; Langley, 2006), (3) being defined (Dayton, 2015; Blatner, 2004), or (4) merely mentioned as an occurrence in a therapeutic session (Meldrum, 1994; Volkas, 2009). A perspective from the client's experience in de-roling is not included, nor is the experience of the therapist's emotional and physiological experience found. These added perspectives would provide further direction and insight into how to optimally ground, interpret and negotiate de-roling.

### **Clinical Examples**

In *Drama as Therapy*, Jones (2007) offers specific examples of de-roling, relating to precise moments in therapeutic sessions. The examples provide insight into how de-roling prepares the client to be open to: reflect, integrate new experience, and let go of what does not belong. In one example, a young woman (client) named *Grace* embodies a soldier and an albatross. The albatross, with a broken wing, clings to the soldier, and in its effort to survive, it suffocates the soldier. Grace connects with the weakness and vulnerability of both characters and comes to recognize the albatross as her son and her desire to shoot the albatross. The therapist in this session, Lili Levy, highlights how (1) de-roling provides a distinction between reality and fantasy, to avoid role confusion and (2) this process can be used to investigate the therapeutic content—in this example, an opportunity for the client to reflect on her relationship with her son (Jones, 2007, p. 220). This example spoke theoretically and therapeutically about the process, however not about the procedural components of de-roling.

In another example provided by Jones (2007), de-roling in the therapeutic process for both client and therapist involved removing costumes, while ritualistically singing and dancing to the same rhythm as when the initial roles were taken. Maintaining congruency in verbal and physical actions in this example was viewed as “conditioning” the client to ritualistically move in and out of the drama therapeutic space. Ritual can be seen as providing a de-rolment container to bring the client in and out of dramatic play.

In a clinical example, with a young man with mental illness, a physical and verbal de-roling process is used to release role residue. The therapist in this example invited their client to “push against two patients who acted as audience witnesses as hard as he can, whilst verbalising any thoughts and feelings which have been building inside him in the silence of the role embodiment” (Jones, 2007, p. 108).

### **Timing: When is De-Roling Applied and by Whom?**

Literature indicates that the majority of de-roling procedures are reserved for the end of a therapeutic session (Dokter, 1994; Domikles, 2012; Cattanach, 1999; Eitzen, 2010; Haen, 2011; Hart, 2013; Jennings, 1992; Jones, 2010; Pendle & Rowe, 2010; Powell, 2014; Trustman, 2012). At times, situations require de-roling mid-way through a session (Dishy & Naumer, 2010; Landy, 1993). In most cases it is implicitly understood that de-roling is an active procedure, involving participation from the client. On one occasion, de-roling was mentioned as a procedure acted on the client, for example, “The session ended with *me de-roling the participants*, inviting them to comment on their experience before they re-joined their class and entered into a final whole-class discussion” (Trustman, 2012, p. 161). In this example, Trustman de-rolled young school children before returning to class. This example brings to mind, an inquiry into the occasions when a client would be de-rolled by the therapist, for instance:

- (1) are there populations or situations when de-roling the client is more helpful?,
- (2) can this be equally effective without the client’s participation?,
- (3) would this illicit a different protocol?,
- (4) what are indicators to watch for to esteem a success de-rolment?, and
- (5) what reflections or insights are needed from the client to signify completion of the procedure?

Trustman’s example may appear as an outlier in the data schema, however it brings to light important and relevant questions to understanding the procedural needs and outcome efficacy when working with different populations. Moreover, “me de-roling the participants” (Trustman, 2012, p. 161) may be a question of semantics and not qualitatively different from the client participating in some capacity in de-roling.

**Table 2: Summary of De-Role Findings: Purpose Outcomes**

<b>De-roling Purpose Outcomes</b>	
Safety Boundaries	<ul style="list-style-type: none"> <li>• Distinguishing boundaries (Bailey &amp; Dickson, 2014; Jenkyns, 1996; Landy, 1991; Radman, 1995)</li> <li>• Metaphorically creating safe distance and sense of being “themselves”, yet enhanced (Radman, 1995)</li> <li>• Creating a safety for clients to explore roles (Domikles, 2012; Eitzen, 2010; Hart, 2016)</li> <li>• Jenkyns, 1996)</li> </ul>
Getting rid of the negative Letting go	<ul style="list-style-type: none"> <li>• Creating imaginary images to rid negative feelings (Langley, 2006)</li> <li>• Discharge emotion (Stafford, 2005; Bagshaw &amp; Lepp, 2005)</li> <li>• Release the role of the patient/client (Pendzik &amp; Raviv, 2011)</li> <li>• Shedding the character (Holmes, Farrell, and Kirk, 2014)</li> <li>• Removing physical mannerisms and character attributes (Davis, 1991; Moreno, Blomkvist, &amp; Rützel, 2000)</li> </ul>
Sharing Reflection	<ul style="list-style-type: none"> <li>• Connect with self and group members to share and reflect on experience (Jones, 2012; Langley, 2006; Meldrum, 1999; Moran &amp; Alon, 2011; Pendle &amp; Rowe, 2010; Rae, 2009; Roy, 2009; Sternberg &amp; Garcia, 1989; Watersong, 2011)</li> </ul>
Transition away	<ul style="list-style-type: none"> <li>• A shift to the here &amp; now (Blatner, 2004; Gluck, 2005; Hudak, 2010;</li> <li>• Re-role as oneself (Jones, 2010; Bailey, S. &amp; Dickinson, 2014; Leib, 2010; Stafford, 2005)</li> <li>• Response to aspects of the self (Garfield, 2003)</li> <li>• Identifying or distinguishing themselves from the characters (Napier et al., 2014)</li> <li>• De-roling as implying the living and dying of the roles; shifts between roles while simultaneously holding paradox (Landy, 1993; Langley, 2006)</li> <li>• Transition to closing (Cattanach, 1999; Eitzen, 2010; Jennings, 1992)</li> <li>• Transition from role (Jenkyns, 1996; Pendle &amp; Rowe, 2010); Sternberg &amp; Garcia, 1989)</li> </ul>
Integration	<ul style="list-style-type: none"> <li>• Integrate learning (Stafford, 2005)</li> <li>• Integrating or reflecting on hidden aspects revealed from the role (Garfield, 2003)</li> </ul>



**Table 3: Summary of De-Role Findings: Application Outcomes**

<b>Summary of De-Role Findings: Application Outcomes</b>	
Verbal Cognitive	<ul style="list-style-type: none"> <li>• Testing cognition (Leib, 2010; Radmall, 1995)</li> <li>• Create emotional distance (Sternberg &amp; Garcia, 1989)</li> <li>• Distinguish oneself by name and other qualities from the character played (Dayton, 2015; Blatner, 2004; Feasey, 2001)</li> <li>• Reconnect to previously established goals (Rae, 2009)</li> <li>• Singing (Jones, 2007)</li> </ul>
Physical	<ul style="list-style-type: none"> <li>• Using physical objects to distinguish between assumed role and self (Langley, 2006)</li> <li>• Shaking off a role (Moreno, Blomkvist, &amp; Rutzel, 2000; Sternberg &amp; Garcia, 1989)</li> <li>• Brushing off a role (Aaron, 2003; Hale, n.d.)</li> <li>• Creating a small physical distance between client and therapist (Anderson-Warren &amp; Grainger, 2000)</li> <li>• Mirror and re-enact initial role activities to signal a close to the role (Aaron, 2003; Hart, 2013)</li> </ul>
Props/ Costumes	<ul style="list-style-type: none"> <li>• Repurpose objects to their original use and remove associations invoked in play (Doker, 1994; Haen, 2011)</li> <li>• Replace items to the original (neutral) position (Anderson-Warren &amp; Grainger, 2000, Hart, 2013; Jones, 2007; Oflaz et al., 2011)</li> </ul>
Space	<ul style="list-style-type: none"> <li>• Physically returning to original place (Hart, 2013; Oflaz et al., 2011)</li> <li>• Act of leaving or entering the space (Jenkyns, 1996; Radmall, 1995; R. Hart, personal communication, February, 2016)</li> </ul>

## **De-Roling in Other Professions**

Drama therapy is practiced with many different populations and intersects a variety of other professions. According to the NADTA website (2016), drama therapy can be found in “Mental Health Facilities, Schools, Hospitals, Private Practice Settings, Substance Abuse Treatment Centers, Adult Day Care Centers, Correctional Facilities, Community Centers, After-school Programs, Shelters, Group Homes, Nursing Homes, Corporations, Theaters, Housing Projects, Medical Schools, and Training Organizations” (para. 3). Education, medical and mental health fields appeared in the literature as three predominate professions with an interconnected need to both role-play and de-role for the sake of learning.

In medical schools, it is common practice for students to be assisted by standardized patients or SPs (Hubal, et al, 2000). A *standardized patient* is an actor who profiles a patient and his or her accompanying symptoms. The purpose is to assist medical students (i.e. future doctors and nurses) to interview and simulate on the job duties with SPs. Role-play is helpful and employed in the counselling profession as well, for similar reasons, to avoid causing damage to “real patients/clients” (Stafford, 2005). With a role-play element for both learners and SPs, exercises necessitate a de-roling phase. In the nursing education field, for example, de-roling is used to “share the perspective of the client” (Wasylo & Stickley, 2007, p. 445) and gain insight (Oflaz et al., 2011). In an article titled *The significance of de-roling and debriefing in training medical students using simulation to train medical students*, author Faith Stafford (2005) highlights that de-roling assists individuals to “restore a sense of who they are” (p. 1084). She considers de-roling as an opportunity to release emotion and profit from a learning experience, adding that neglect to implement a de-roling technique could result in confusion. A de-roling procedure is not only required by SPs but from practicing students. Students en-rolled as doctors in the simulated experience, take time to acknowledge their position as learners and not as medical doctors carrying the responsibility of the safety and well-being of a patient.

In the mental health field, an article titled *Promoting Emotional Development Through Using Drama in Mental Health Education*, describes de-roling as a necessary step after performance activities such as presenting and role-plays. De-roling assists participants to “wind down” and “assimilate the impact of the work” (Wasylo & Stickley, 2007, p. 303). In educational conflict resolution training, de-roling and de-briefing are two systematically employed procedures after role-play to reinforce that participants do not walk away negatively

affected by an assumed role (Bagshaw & Lepp, 2005). Furthermore, in the *International Journal of Teaching and Learning in Higher Education*, an article titled *Emotional Engagement Through Drama Strategies to Assist Learning Through Role-Play*, highlights the importance of de-roling and the necessity to separate the real world from the fictional one (Heyward, 2010).

**Mental Health: Self-Help Perspective.** Psychologist Allen Grootboom, in his book titled *Taking the Face Off*, discusses de-roling in a chapter titled *Offloading*; inserted between *Unmasking* and *Finding the Person Within*. The book offers a reflective journey of the self, towards viewing layered and varied masks, with the goal of discovering authenticity. The notion of de-roling is discussed as a process to rid the role, to return to self. De-roling can be a process of moving away from what does not belong to the self, when qualities from the enacted character do not fit one's personality (Grootboom, 2012). Essentially, character attributes not belonging with one's personality must be left behind. He compares de-roling to de-briefing at the end of a play or taking off an overcoat when entering a home. Plainly stated, he suggests that the process of taking off a character may require assistance, as was required when taking on a role, if the role had been worked with over a period of time. The client is subject to subconscious renderings of the "played character" and the goal of de-roling is to *get rid of the character* – to avoid inheriting negative attributes (Grootboom, 2012).

Two primary approaches to facilitate Grootboom's (2012) de-roling process are: (1) Find time for the self- Relax! and (2) Meditate. In the first suggestion, one is to affirm themselves every day after acting; yet, it is unclear or not procedurally indicated how this is to occur. Additionally, one must find a quiet place to be with oneself, in a space where there is no pretending, only an invitation to exist as one's authentic self. Individuals grappling with identity issues or other personal matters must identify and account for each role-played and meticulously endeavour to self-affirm and move away from the roles to assist in healing a broken self. Grootboom (2012) elucidates that the subconscious acts as a non-rational entity, accepting what it receives as truth and it must be instructed to erase traits accrued during character enactment. He further states that an individual can take charge of their life and change their minds, which would lead to altering behaviours influenced by roles and occurrences. The second de-roling suggestion, meditation, is seen as a mental process, bringing conscious attention to the self and targeting remaining character traits to be uncluttered from the subconscious.

In contrast to Grootboom's proposed notions of de-rollement, it is interesting to consider whether de-rollement is only required when the character in question possesses negative traits. Would conditions differ if the character played possessed positive and desirable characteristics? Is it possible to infuse traces of these qualities in the subconscious to positively affect the client? In a therapeutic frame accepting only positive qualities and emotions enhances one's sense of being judgement; it would appear emotions are required to pass a litmus test, with negatively held beliefs and feelings requiring extraction. Intrinsic to this premise is that the client is not in control of what qualities are worthy of being safeguarded and where learning and insight may come from.

### **De-Roling in Acting Literature**

De-roling techniques available in acting and drama therapy, on the surface, share similarities in approach and purpose, where the goal is to recognize the impact on the "actor/client" and counteract the process of role emersion. Character development training in the form of method acting, as developed by Sanford Meisner and Stanislavsky, prompts students to use their own material as a preparatory phase to taking on a role (Carnicke, 2000; Krasner, 2000). As a character tends to permeate behavioural, mental, and emotional aspects of the individual (client/actor), an onus exists to move away from wearing the Other and move back into one's own essence.

Susana Bloch, a psychologist, developed theatrical role techniques, designed to evoke emotion from changes in physical patterns; namely effecting change in breath, facial expression, posture, and muscular tension (Bloch, 1993). *Alba Emoting* refers to Bloch's method, which assists actors to imbue a character's emotional world based on physiological changes. She and her colleagues noted, in laboratory experiments, that those able to recreate emotional states representing characters by using her "*Stepping-into*" method would subsequently carry an "emotional hangover" (i.e. remaining connected to character traits and moods elicited from the previous day's exercises). According to Bloch (1993) the *step-out* or de-roling technique consists of "ending each emotional reproduction by at least three slow, regular, and deep, full breathing cycles followed by a total relaxation of the facial muscles and a change in posture" (p. 128). This procedure is considered to "reset" the actor and bring them back to "neutrality". Bloch further explains that depending on intensity of emotional activation, the actor cycles

through a “full course of the emotion” and will therefore “need to learn to control and practice this powerful tool” (p. 128).

What is not similar in an acting de-roling technique is the intention. “Dramatherapy is involvement in drama with a healing intention” (Jones, 2007, p.8) and “practice for life” (Emunah, 1994, p. 40). A therapeutic frame is built on the premise of establishing clearly outlined boundaries for self-exploration. Controlling one’s emotions is not necessarily part of the therapeutic proposal; open exploration and curiosity is favoured as a guiding force, particularly in a humanistic approach. There are certainly therapeutic approaches, such as Cognitive Behavioural Therapy (CBT) where awareness of one’s repetitive thought patterns are collaboratively (client/therapist) worked and agreed on, to move in a direction to “control” one’s emotions and or thought patterns. The theatrical experience does not normally provide space to investigate and process the origins of triggered emotional responses through character work, an fundamental component in the therapeutic realm.

In another example of a theatrical, de-roling technique, Cossa (2006) highlights a method of infusing props, used in a performance, with intrinsic character qualities. The express purpose is to leave the established persona in the studio, where it belongs. Treating props in a ritualized way, for example projecting character qualities into a hat used in a play for an abusive persona and stating this intention out loud, can help with leaving the role behind. In a therapeutic realm, characters surfacing in drama therapeutic methods such as Role Method, can share an intimate bond with the client. Therefore, hosting the persona non grata in an inanimate object may not be a long-term, integrative solution. Once again, in drama therapy the overarching goal is to create a space where one can come to embrace paradox and the instability of life (Landy, 1993; 2009) and simply containing character qualities without acknowledging their attachments with the client could be considered the antithesis of a therapeutic objective. In other words, keeping things neatly tucked away is counterproductive to a healing process. An additional difference between acting and therapeutic de-roling could be in one’s experience of vulnerability. For example, the actor tries a character on for the purpose of discovering the Other and the client tries the character on to go inside and discover more about who they are. That is not to say that acting is not a vulnerable process, rather therapeutic development invites an opportunity to consciously engage awakened vulnerabilities (i.e. mental, emotional, spiritual, etc).

**Table 4: Summary of Findings in Acting De-Rolement Procedures**

<b>Method</b>	<b>Procedure</b>	<b>Purpose and Modality</b>	<b>Therapeutic Queries</b>
<b>Susana Bloch</b>	<p>“Stepping-Out”</p> <p>1. At least three, slow, regular, deep full breathing cycles</p> <p>2. Relaxation of face muscles and posture change</p>	<ul style="list-style-type: none"> <li>• Reset actor to neutral</li> <li>• Physical relaxation</li> <li>• Control one’s emotional responses</li> </ul>	<ul style="list-style-type: none"> <li>• Open exploration and curiosity is favoured to controlling one’s emotions</li> <li>• No opportunity to explore origins of emotional triggers</li> </ul>
<b>Mario Cossa</b>	<p>Projecting character qualities into props and stating the intention out loud</p>	<ul style="list-style-type: none"> <li>• Leave the enacted character in the studio where it belongs</li> <li>• Physical and verbal process (i.e. hosting the character qualities in inanimate objects with a verbal dialogue relating to the intention)</li> </ul>	<ul style="list-style-type: none"> <li>• Missing an opportunity to interact with parts of the character that wander into the actor’s physiology or psychic</li> <li>• What happens with material or “character residue” that surfaces outside of the theatre space? Does the actor think back to the theatre prop?</li> </ul>

### **Chapter Three: Expanding the Significance and Function of De-Roling**

Findings from this research indicate various applications relating to de-roling, yet missing from the literature, is a fundamental explication responding to the question: “what is the therapeutic purpose/outcome of de-roling?” Discovered in the research were five main purposes for applying a de-roling method: transition, sharing, letting go of a role, boundary creation, and integration. This section explores each purpose, starting with integration, the least typical. To comprehensively consider integration, psychosomatic principals are explored in a therapeutic frame.

#### **Conceptual View of Psychosomatic Themes in Drama Therapy**

Moreno identified three primary categories to which a role belongs: psychosomatic (with physiological motivations), social roles (motivated by connections with others), and psychodramatic (self-dialogue - relating to concepts of the self). Garcia and Buchanan (2009) elucidate, “Dysfunction occurs when a person has a lack of either social roles or psychodramatic roles, and function is seen as having a balance of both” (p. 3). This equation dismisses the psychosomatic factor, for example, the physiological elements associated with a role as playing a part in indicating function/dysfunction. A similar theme may be noted in the dual expression of taking on a role, for example being in phases of “ecstasy or rationality” (Jones, 2007). In ecstasy, the role taker allows the “new role” to take temporary possession of the self, while the rational part of the role taker remains aware and capable to analytically process, during and after role play (Jones, 2007). Likewise, aesthetic distance is the active use of applying drama therapeutic interventions to allow the client to be present while balancing affect and cognition (Landy, 2009). A psychosomatic view or specific impact on bodily “felt sense” (Gendlin, 1996) is not explicitly part of the correlation of aesthetic distance or the “ecstasy or rationality” explanation. This dual perspective is further evidenced in relation to de-roling, as Landy (2009) states, “Another way of looking at de-roling is as a shift from a more effective, physically active mode to a more cognitive, reflective one (p. 76).”

Neglect to mention a psychosomatic element in the above statements relating to: role taking, aesthetic distance and de-roling could be a question of semantics. Inherent in the definition of psychosomatic and the outlined relationship ideologies, is the mind-body relationship. What is not overtly expressed is turning the client’s attention to intricate body felt sensations to enhance consciousness around the de-roling shift. In the shift, I am suggesting a

continued and contained acknowledgement of the body, to bring wholeness back to the individual (client or therapist) – while holding the psychosomatic elements, in equal measure, with cognition and affect, to define the transition. To this effect, a more in-depth examination of current and potential approaches is required. The next portion of this section focuses on integrating a psychosomatic element through first briefly reviewing the nervous system and exploring ideas around developing somatic acuity in de-roling.

### **Brief Explanation of the Autonomic Nervous System**

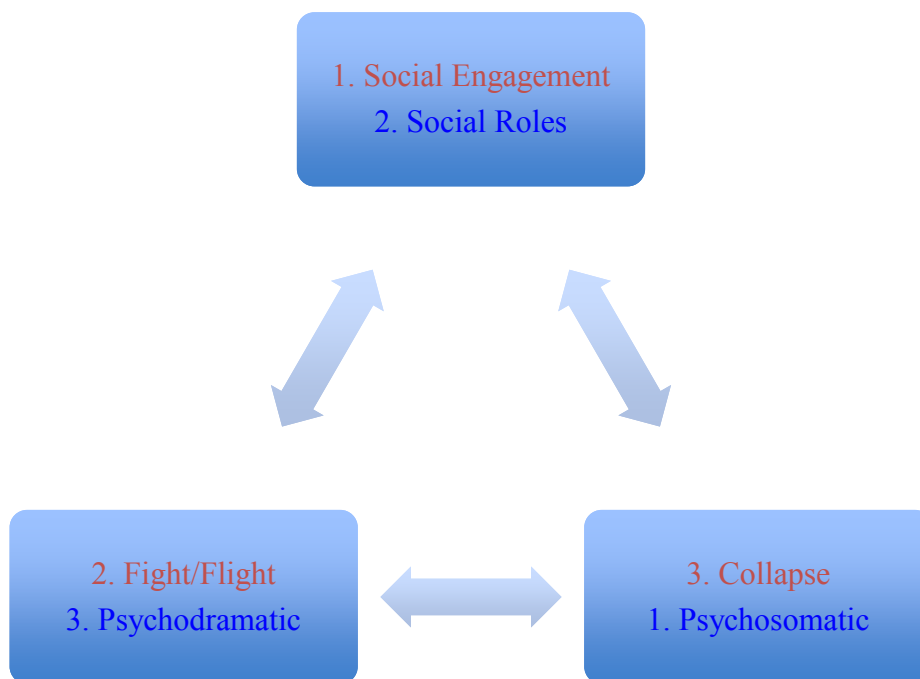
A practical step before exploring psychosomatic responses in drama therapeutic de-roling techniques would be to investigate the autonomic nervous system (ANS). The ANS, in the simplest of explanations, can be described as a system that regulates one's reaction to feelings of safety. Physiological responses correspond to the level of perceived or real danger and the responses typically follow a progressively reactive system. According to Porges (2011) there are three primary responses: *social engagement*, *fight or flight*, and *collapse*. Branching from the original binary view of the ANS, Porges postulates that parasympathetic plays two roles: *social engagement* and *collapse*, and sympathetic: *fight or flight*. *Social engagement* is the first attempt to connect with safety; for example, when an individual seeks help or comfort through others. Without help from others and a persisting sense of danger, the ANS initiates the second phase, a more primitive response – *fight or flight* (Payne, Levine, & Crane-Godreau, 2015; Porges, 2011; van der Kolk, 2012). In fight or flight the system is highly activated, with the sympathetic schema operating in excess and the parasympathetic diminished. This next level of danger turns the social engagement system off and an individual becomes more reactive (consequently, more sensitive to perceived sensory stimuli such as loud noises) (van der Kolk, 2015). The third phase, *collapse*, is the system responding in defeat and shutting down. In this phase the system perceives no alternative options and ultimately dissociates from external stimuli. An indication of this state could be shallow, rapid breathing. Finally, although not the intended purpose of highlighting the ANS, perhaps there is a connection to how Moreno viewed role theory and Porges' view of the autonomic nervous system. For example, both systems highlight (1) psychosomatic implications, (2) social roles/engagement – motivated by connections with others and an argument could be made for drawing links to aspects of (3) psychodramatic to fight or flight. See the table below (Table 4) for a comparative exploration of Porges theoretic concepts of the autonomic nervous system and Moreno's role theory.



**Table 5: Psychodramatic Themes in Relation to Porges View of the ANS**

<b>Moreno (Psychodrama)</b>	<b>Porges (ANS)</b>	<b>Comparing Two Theories</b>
<b>Psychosomatic</b>	<b>Collapse</b>	<ul style="list-style-type: none"> <li>• Role theory is applied through psychodrama and sociometry, purposed to enhance health and healing and is based on a perspective of the “encounter” (relationships/connections) (Garcia &amp; Buchanan, 2009). For example, connection starts with self, in a bodily sense and develops in complexity: (1) psychosomatic (I connect with me), (2) social roles (I connect with others), and (3) psychodramatic (I connect with others, myself, the world around me and my imagination).</li> <li>• In Porges’ description of the ANS, when the system is in distress, connection is threatened and survival instincts strive to first remain in connection, for example, in: (1) social roles (I attempt to connect with others), (2) fight or flight (I attempt survival and lose connection to myself and other) and (3) collapse (I disconnect with myself and others).</li> <li>• In role theory communication with the body can relate to internal or external stimuli, for example eating when hungry and/or eating related to anxiety. The ANS instigates <i>collapse</i> and an individual disconnects and disassociates from their body and outside stimuli.</li> <li>• Moreno indicated psychosomatic roles must be satisfied first, in the ANS system, the <i>collapse</i> phase, is at the most elevated or triggered stage and disconnection happens in this final stage.</li> </ul>
<b>Social roles</b>	<b>Social engagement</b>	<ul style="list-style-type: none"> <li>• In health, social roles are a means of engaging with the world for: (1) connection, (2) protection, and (3) direction. Individuals seek psychotherapy for social roles that are unwell (Garcia &amp; Buchanan, 2009)</li> <li>• In danger, individuals first look to connect with others for help and comfort (Porges, 2011).</li> </ul>
<b>Psychodramatic</b>	<b>Fight or flight</b>	<ul style="list-style-type: none"> <li>• The psychodramatic phase of role theory and the fight or flight stage are both seen as the active phases. Psychodramatic enactment of roles starts in one’s mind and is seen as an inner processing of what is possible to enact.</li> <li>• In fight or flight action refers to the externalization of physically moving towards safety.</li> </ul>

The importance of comparing these two theoretic systems is to highlight that psychodrama, an active psychotherapeutic method, shares a relationship and commonality with theoretical views of the autonomic nervous system. Moreover, psychodrama and other drama therapeutic methods have a means of healthfully corresponding with effective nervous system treatment. In de-roling, where the ANS can become activated from character work, it is critical to have awareness around appropriate next steps. In role theory the psychosomatic element is the first consideration in the paradigm; and in the Porges ANS theory, it is last. In ANS, although one disconnects from the body as a last effort towards safety, a connection to a somatic experience exists in the two preceding phases (i.e. social engagement and fight or flight). Refer to *Figure 2* below, which indicates the direction patterns of the two theories.



Autonomic Nervous System (Porges)  
Psychodrama (Moreno)

*Figure 2.* A visual representation of the flow of Porges (2011) autonomic nervous system and Moreno's (Garcia & Buchanan, 2009; Moreno & Fox, 1987) Role Theory

Knowing how to bridge communication of inner sensations to outer stimuli is helpful in *development* and *unsafe situations*. In DvT and psychodrama, for example, development follows principals from Piaget and other developmental theorists, using the body to illicit and integrate sensorimotor, imagistic, and verbally represent thoughts and feelings (Landy, 2003; Johnson, 1991). Drama therapeutic interventions access *not only* negatively stored emotional and psychosomatic material but suppressed joy, ecstasy, longing, creativity and playful states. The path to regulating affect, according to Schore (2003) “is not just the reduction of affective intensity, the dampening of negative emotion. It also involves an amplification, an intensification of positive emotion, a condition necessary for more complex self-organization” (p. 143). Deducing and comparing psychodrama principals to ANS theory, provides an incomplete picture. Healing is not sought from accessing and countering trauma stored in the system, but the full range of human emotion and accompanying psychosomatic expressions. De-roling techniques require flexibility to integrate interventions taking into consideration the *developmental* and *safety needs* of the client. In the following section, the de-roling procedure “Shake it off” will be investigated, as well as three other psychotherapeutic methods with psychosomatic foundations, to broaden the scope of de-roling approaches.

### **Shake it Off**

“Shake it off” is a common expression when it comes to de-roling. The phrase can also be heard in athletics or when children injure themselves or in pop singer, Taylor Swift’s popular song “Shake it off”. The intended meaning after a physical injury is to move away from pain or ignore it. In emotional loss, such as in a relationship or a sporting event, the expression *shake it off* is an effort to dismiss the event and move on. It is uncertain, however, if shaking it off assists in removing the pain or if it merely shifts it out of focus or ignores it.

Shaking is the body’s natural way of discarding tension and the effects of trauma (Levine & Frederick, 1997; Payne et al., 2015). Immediately following an accident, for example, Levine & Frederick (1997) suggests that an individual allow the body to experience this natural release and resist moving into action or statements denying feelings; for example, stating, “I’m fine” (p. 36). He explains how the neo-cortex or human brain supersedes the instinctual brain, potentially to our disadvantage when it comes to trauma, as animals will instinctually release the trauma through shaking, whereas humans can mentally block this process (Damasio, 1999; Levine & Frederick, 1997). The traumatized individual does not feel safe in their body, it is “bombarded

by visceral warning signs, and, in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside” (van der Kolk, 2015, p. 97). The desire to move away from emotional or physical pain through dissociating or building defenses is a part of the nervous system’s *shock absorbers*, designed to protect. In *somatic experiencing*, shaking is an innate experience, initiated from the client’s held trauma (Payne et al., 2015). In de-roling, however, shaking is initiated outwardly, most often from the drama therapist providing instruction to do so.

Research, related specifically to generating a release of traumatic body felt sensations from outwardly initiated *shaking*, was not found. However, much research exists acknowledging how body posture and movement can impact emotions. Cuddy (2015), a Harvard Business School professor and social psychologist, with a popular TED Talk discussion on YouTube, studies power dynamics and non-verbal behaviour. In her experiments, participants embody a high or low *power pose* and they are tested for risk taking behaviour, testosterone and cortisol levels. Her findings concluded “power poses” have an impact on an individual’s hormonal and risk engagement levels. “Shaking” as a means of expelling trauma could potentially be tested in a similar, quantitative manner, for example, testing hormones in a stress induced scenario and after a “shaking it off” exercise. Additional research related to the topic of initiating a trauma release through shaking could provide further credibility to the de-roling technique and answer questions such as (1) is there an optimal moment to enact “shaking it off”, (2) are there optimal body postures and durations for the process to be effective, and (3) are there occasions when “shaking it off” should be avoided? Answering these questions would provide a more solid understanding relating to efficacy and appropriateness when the procedure is applied.

Armed with feedback corresponding to procedural efficacy does not discount that the therapeutic process is guided by being in the moment and responding intuitively in a given situation. De-roling can be seen as an invitation to sense what is alive in the body and be present with it, rather than avoiding or dismissing sensations and accompanying emotions.

### **Integration**

Integrating aspects of a role was the least frequently mentioned purpose for de-roling, however it is possible that philosophical and historical foundations privilege *integration’s* inferior position. With historical beginnings in theatre, it stands to reason that de-roling would adopt a hero/heroine over a villain, casting away ill feelings. The objective of playing a role in

drama therapy can be to create distance and project subconscious aspects of the self onto a character (Landy, 1993). Once the character is released, it may seem counterintuitive to take ownership over vanquished or naughty parts of the self portrayed through the character. In society, battles between good and evil are externalized adventures (i.e. in Hollywood movies, political forums) however when it comes to spiritual and therapeutic endeavours battles are permitted or required to take up internal space. An inner negotiation of society's good and evil external boundaries meets a necessity to integrate with one's internal, mirrored and fitting or ill-fitting aspects of self. In this daily and intricate negotiation ideally all characters or parts of the self are welcomed. Therapeutic space is created to host the *encounter* (Moreno, 1946) – an encounter with others and the greatest encounter (and battle) with ourselves. Consequently, de-roling holds the prospect for a reparatory self-encounter.

Defining a relationship with Self, according to role theory, starts with a psychosomatic interaction. As taking on/off a character stimulates psychosomatic responses, exploring the topic further could provide insight into developing integrative de-roling techniques. This section explores psychotherapeutic techniques utilizing a psychosomatic frame.

**Focusing and de-roling.** Focusing or focusing-oriented psychotherapy is a process to empathetically communicate with the body's innate wisdom (Gendlin, 1996). Eugene Gendlin, a psychologist and philosopher, developed focusing techniques from collaborative work with Carl Rogers at the University of Chicago (Rappaport, 2009). Gendlin's research entailed analysis of hundreds of therapy transcripts, ultimately finding higher success rate towards change in clients who were able to go beyond a cognitive process and access their inner experience. *Focusing* is paying attention to feelings in the body and listening empathetically. "Felt sense" is a term Gendlin used to describe somatic sensations, in zones of unawareness. The felt sense could be said to be a conduit between emotions, the body and a deeper knowing. Gaining access and a means to communicate with one's felt sense facilitates a deeper understanding of how experiences holistically are stored, processed and operate. Focusing is taught as a six-step process, however Gendlin recognized the incongruity in teaching a strategy for individuals to gain contact with their "inward source". For some, learning to *focus* requires first learning how to sense the body from within (Gendlin, 1997). As a preliminary exercise, Gendlin invites an individual to sense feelings in different parts of their body and observe the experience. For example, being attentive to your large left toe in your shoe and being mindful of sensing inside

of your toe. This exercise is repeated for other parts of the body, acknowledging what is there and describing the quality without having to verbally name it. The Focusing six-steps are outlined below:

1. ***Clearing a Space.*** Clearing a space is taking time to connect with what is present in the body (Gendlin, 1997). This phase starts with sitting or standing comfortably, feeling your feet on the ground, the support underneath you, and taking deep breaths. Concentration is placed on the breath and giving space for the body to respond while accepting all imagines and sensory information that emerges. Gendlin refers to an “All Fine Place”, with a two-fold purpose. Firstly, stating, “I’m All Fine”, is an invitation for incongruent sensations to this statement to announce themselves. Whatever comes up should be welcomed with an investigative gaze turned in its regard. Secondly, the therapist asks the client to invite an “All Fine Place” and anchor or bookmark an “All Fine Place” sensation with a word, gesture, image, or phrase (also known as a handle) (Rappaport, 2009). The therapist asks the client to check-in with their body to verify that the accompanying “handle” is congruent, if not a new, fitting handle is sought.
2. ***Choosing an issue.*** The client is asked to choose a particular issue to focus on, providing direction for the session. In a Focusing session, guided by a facilitator, the client will provide statements as to what sensations they are receiving. The facilitator empathizes with “presenting parts/sensations” using reflective statements and encouraging the client to stay connected with what is present (S. Malo, personal communication, 2015).
3. ***A Felt Sense and Getting a Handle on It.*** A felt sense is an inner “part” calling for attention. Gendlin (1997) referred to the felt sense as an edge, be it unresolved, unattended to, or an embedded vibrancy. Describing what is referred to as the *felt sense* and how to connect with it is not such an easy task, as it is an experiential process. “Getting a handle on it” refers to capturing the quality of the *felt sense*. Descriptions, in all formats (i.e. sensory, emotional, imagery, words), help identify what is surfacing. For example, visualizing a red ball bouncing in the diaphragm region of the body, and sensing a febrile energy, mixed with anger.
4. ***Resonating the Handle.*** The meaning behind this title is a transition of awareness from the unconscious realm to the conscious. It is bridging communication; linking how

another part of the self has accepted and understood the emerging experience. For example, reflecting back the “red ball”- “It”’s really nervous, excited and angry” gives the client an opportunity to commune with this part of themselves in a non-judgmental way and allows the “red ball” to be seen, heard and an opportunity to transform.

5. **Asking.** Asking is a phase of being in direct communication with the felt sense, through curiosity and acceptance. Curiously engaging with the surfaced felt sense brings deeper connection and understanding. For example, asking it (i.e. the red ball) the question “What would it need to feel secure?”
6. **Receiving.** To receive, is to let what is present emerge and give it space without critical analysis. According to Rappaport (2009) receiving “unlocks the door for inner wisdom and solutions to be heard” (p. 46). From personal Focusing experience, the goal is to greet all emergent parts of ourselves with curiosity. It is not necessary to banish ill-fitting or disobedient parts, instead, they simply require warmth and presence. The “parts” surfacing on the inside, often resonate with what is happening in one’s outer world. For example, in a Focusing session, an individual finding it difficult to respond to many sensations surfacing at once, many cognitively link this inner sensation to feeling bombarded with *a desire* to answer the many needs of other individuals in their real life. The outcome with Focusing is that change occurs in one’s outer life once the inner world parts (needs or sensations) are seen and heard.

A Focusing perspective in de-roling could expand on current approaches, adding an integrative, compassionate, and investigative dynamic. In Gendlin’s (1997) *Focusing-Oriented Psychotherapy: A Manual of the Experiential Method*, in chapter thirteen, titled *Role Play* he highlights how role play can “change the direction of bodily energy” (Chapter 13, para. 2) by enacting a feeling rather than being a passive victim. Role play aids the client to experience a feeling from the “opposite side” or opposing perspective. According to Gendlin (1997) this changes the direction of energy, from striking inward to moving outward in expression. To further explain the effectiveness of role play and the use role reversal, in changing emotional or energetic forces, he offers examples. In one example, he questions how to reverse depression, as it is thought of as anger turned inward. A client playing the role of depression, with statements such as “I’m not going to move. You can’t make me,” (Gendlin, 1997, Chapter 13, para. 4) has just shifted to the opposite side, *actively* demonstrating a sense of strength. Gendlin thought of

this experience as freeing the energy to no longer turn against the client, but rather to flow and be a part of the person. In an additional example, Gendlin refers to an empty chair technique he employed in a class when a student complained about her extended family's constant criticism of her. (Note: Role play was not a common technique used by Gendlin.) In the role of "criticism" the student faced herself (i.e. the empty chair) shouting, gesturing and finally enacting putting a straw in her (imaginary) neck and sucking the blood out. When back in her own chair, she was able to calmly and firmly tell *criticism* to "Get off my neck" (Gendlin, 1997, Chapter 13, para. 4). Gendlin refers to this example as cause to "*not* be afraid of something that is flamboyant and vile in its split-off and turned form. Here it transformed into quiet, adaptive strength when the energy flowed through her body and joined with all the rest of her; it became integrated and owned" (Gendlin, 1997, para. 7). Gendlin uses the empty chair technique rarely. The downfall is that client return to themselves too quickly and he prefers to continue with the new emerging energy. In role play the character ideally is initiated from the body (Landy, 1991) and in Focusing a felt sense originates from within as well. At the conclusion of role play, drama therapists aware of focusing techniques, could connect directly with an inner awakening and invite therapeutic change. As a de-roling technique, instead of ridding the character, a focusing element could assist investigation, integration and ownership with what has emerged. Ultimately, this inwardly directed de-roling exercise places the client in the exploratory driver seat with the therapist as a facilitating navigator. The client would have the opportunity to embrace accompanying somatic experiences encountered.

**Somatic Experiencing.** Somatic experiencing (SE) is a body-based therapy focused on unwinding the effects of chronic stress and post-traumatic stress (Payne et al., 2015; van der Kolk, 2014). Similar to focusing, the client concentrates inwardly on bodily felt sensations, paying attention to interoceptive, kinesthetic and proprioceptive experiences. Interoception refers to the stimuli arising in the body (i.e. hunger, pain), particularly with internal organs; kinesthetic motivation or body movements impacting receptors in joints, muscles and tendons, and finally proprioceptive also refers to movement, however in relationship to other body parts as perceived by the brain (Parker, 2009). SE refers to the Core Response Network (CRN), which includes the ANS, limbic system, emotional motor system, and reticular arousal systems. This system describes the process of instinctively, responding to external challenges, prior cortical processing.



Debilitating stress, threat or injury overwhelms the nervous system and creates what could be considered *scar tissue* to the nervous system. Trauma is held in the body and in implicit memory (Payne et al., 2015), as a buried time capsule, interfering with the nervous system's ability to flexibly respond to what exists in the here-and-now. Inability to unravel or reboot the nervous system to restore flexible responsiveness is what keeps traumatized individuals imprisoned in debilitating trauma patterns and symptoms (Payne et al., 2015). Importantly, when this traumatic response is not emancipated through appropriate action, the "survival" energy finds storage in neuromuscular systems, as if coiled and in a position of readiness to self-defend, and the nervous system stands on guard in activation (fight or flight) or dis-activation (collapse) (Levine & Frederick, 1997). A great deal of energy is contracted by the bodily systems to maintain the hold patterns of trauma (Levine & Frederick, 1997).

The SE therapist seeks to facilitate the mind-body complex in its quest for balance. Balancing a chaotic and overly taxed nervous system starts with finding safe space within for the client to accommodate an outward release of the highly charged, stressful energy. Trauma release can include a neuromuscular response such as shaking, crying, tears, trembling, shivering (Levine, 2010). As the client gently connects with fluctuations in the atoning nervous system, it ultimately reacts with reducing sympathetic responses and increasing parasympathetic availability. Pendulation is the term used to describe the ebb and flow of the client's patterns of activation (trauma triggered) and disactivation (finding restorative safety) (Levine & Frederick, 1997; 2010). The client's system works to find its way back to homeostasis and self-regulation. A more detailed theoretical account relating to SE concepts can be found in the article titled *Somatic experiencing: Using interoception and proprioception as core elements of trauma therapy* (Payne et al., 2015) and other articles and books authored by the founder Peter Levine. From this article, I garnered procedural methods in conducting a SE session as described from the article's case study.

#### ***Procedural Elements of SE.***

1. Bring the system into a state of safety through "*resourcing*". Resourcing refers to attuning to "positive inner feelings of safety, strength, comfort, and optimism" (p. 8). Key to this first step is an embodied feeling of resourcing.
2. Social engagement (through voice and eye contact).

3. Being present with the client, noticing and reflecting on what is coming up in a way that puts them at ease. Possibly using observation statements that start with “I imagine...” (p. 9).
4. Guiding the client to witness “positive inner sensations” or “somatic markers”.
5. Notice and welcome moments when the body “discharges”– The body’s active reaction to stress (shivering, shaking, crying, tears).
6. Encouragement of the resulting physiological process as a normal experience and expression of the ANS re-establishing function.
7. Titration – exposure to traumatic stimuli in only small doses to allow the ANS/CRN gradual discharge and to gain balance.
8. Inviting the client to notice how they feel when exploring a variety of stimuli potentially linked to a traumatic occurrence. Bringing the client closer to an experience slowly and one portion at a time.
9. Taking moments to pause and integrate the experience by noticing the body and the breath.
10. Bringing the client back to the present moment and fixating on something real (i.e. look around the room, tell me three things that you see.) Bringing back to bodily sensations (i.e. can you feel the chair?)
11. Checking in to bring the ANS and the CRN back to balance
12. Interrupt occasions where the client is negatively impacted by multiple sensations linked to a traumatic past event.

The goal of outlining the somatic experiencing method is to bridge knowledge obtained in drama therapeutic training to other psychosomatic methods. SE provides an intricacy in the psychosomatic dimension that could beneficially be applied to de-roling techniques. While drama therapists receive training to respond to an activated nervous system, the somatic experiencing method delivers precision and a viewpoint that can shed light on drama therapeutic interventions where such precision is required. To be clear, merely mentioning and theorizing about particular aspects from another method does not qualify an individual to identify as a professional in said method. Each psychotherapeutic approach mentioned in this document is a type of training, with specified knowledge.

**Sensorimotor Psychotherapy.** Sensorimotor Psychotherapy is a compilation of somatic psychotherapeutic interventions, derived from various psychotherapeutic approaches as well as theory and research specific to the Sensorimotor Psychotherapy Institute, founded in 1981 (Ogden & Fisher, 2015). Research and practice relates to bodily wisdom in connection to interpersonal neurobiology, neuroscience, trauma, and attachment. To deepen de-roling practice in drama therapy, specific interventions, namely grounding, breathing, and beliefs held in the body are examined. Information for this section primarily originates from Pat Ogden and Janina Fisher's (2015) *Sensorimotor Psychotherapy: Interventions for Trauma and Attachment*.

**Grounding.** Grounding or “to be grounded” refers to feeling solidly centered within oneself. The term signifies a relationship with the earth; in an electrical sense, a grounding wire safely redirects *misguided* energy to be absorbed by the earth. Grounding affects humans similarly; as humans are tethered to the planet by earth's gravitational pull (Ogden & Fisher, 2005); being grounded, equates with having a balanced sense of self, enabling what does not belong to be transmitted externally (to the ground). Being *ungrounded* or *overgrounded* refers to felt senses when an individual's energy is not in present. To further define these terms, ungrounded is noted, when one's energy rises due to receiving a shock (i.e. trauma, terrifying news, receiving rejection from loved ones) (Ogden & Fisher, 2005). Bodily responses ensue, for example muscles tighten, breath shortens or is held, and eyes widen. Being overgrounded refers to an individual stuck in a position (psychologically, emotionally, spiritually, physically), with dense and heavy roots, overly attached to the earth and life scenarios. In de-roling interventions, the therapist's awareness of the client's state of *groundedness* can help provide guidance for transitioning between an imaginary world and here-and-now.

For example, a client triggered by an enactment may be aided by grounding techniques to “root” their energy, whereas a client, who wishes to move away from a character to gain distance but finds it a difficult process, may benefit from moving the energy directionally upward to find lightness and distance from a stronghold. Exercise suggestions for both scenarios are as follows: *Ungrounded* – (1) bring mindful attention to your thoughts, emotions and body, (2) with feet placed on the floor allow your attention to move to your feet and feel the connection on the ground, (3) then pressing one foot at a time firmly onto the ground. (4) With legs and hips facing forward, notice the sensations in your body. If a client is new to the grounding

experience, a writing exercise before and after can help awareness, for example, noting thoughts, emotions and body sensations.

*Overgrounded* – The goal remains to be grounded and one follows the steps above to do so, however when a heaviness exists, in a de-roling intervention, it could be helpful to consider visualizing a felt sense to detect where other elements of energy are collecting to contribute to a heaviness. If deemed appropriate in the moment, humor contributes to lightness and can counteract heavy emotional states (Corey, 2015). Redirecting focus and attention to outside stimuli could help.

***Breathing.*** *Grounding* is to balance, what breathing is to one's relationship to life flow. Breathing can be seen as a gage to how life is taken in and released. Unsurprisingly, a number of studies have been conducted to correlate breathing patterns to particular psychological states. For example, depressed and avoidant clients were found to *underbreathe* (hypoventilate) and *overbreathing* (hyperventilate) clients could be subjects of a chronically dysregulated nervous system (Caldwell & Victoria, 2011; Macnaughton, 2004). Breathing can be much more complicated than observing an individual's inhalation and exhalation patterns. Breath work can trigger clients who use the breath unconsciously to dissociate from trauma (Levine, 2008). Connecting to one's breath, before entering into character work, can help clients associate with their normal baseline breathing style. Becoming aware of one's breathing patterns is a process requiring practice and focused attention (Ogden & Fisher, 2015). As for associating breath awareness in a de-rolment phase, a potential application could be used to assist the client to titrate, with each breath, distinguishing sensations outside of their original breathing pattern (i.e. "my resting state breath" versus "my activated breath"). Plus, combining a Focusing element, whereby the client is guided to gently recognize felt sensations and empathizes with what is present.

***Awareness of beliefs held in the body.*** Embedded in the core principals of drama therapy is embodiment; an awareness and expression of the body's capacity to hold, tell, and heal stories. In de-rolment, the body's Self stories intermingle with Other stories and an ownership detangling opportunity ensues. According to Ogden & Fisher (2015) narratives or core beliefs held in the body play a part in reinforcing routine tendencies and their corresponding, cyclical reinforced beliefs. In part, the goal is to become aware of entrenched core beliefs and their manifestations. Narratives such as "I'm not good enough," colonize not

only cognitive capacities and patterns but also procedural tendencies or embodied habits. Ogden & Fisher (2015) makes a distinction between trauma and attachment related core beliefs (i.e. trauma states “I’m completely helpless” and attachment states “My needs are not important.”) (p. 617). In drama therapy, the client’s *body* story is recounted and mapped through playful mediums to provide containment and balance for the release of trauma or attachment patterns. Physical de-rolment activities, as noted in Chapter two, reflect shaking off or brushing off a character, distinguishing characteristics in a two chair exercise or returning to one’s original position of enactment. In a de-rolment procedure, holding the character’s body posture and describing associated sensations before transitioning back to oneself would provide (1) an integrative mechanism for the character to be internally observed, (2) means to access embodied narratives and (3) awareness of potentially hidden core beliefs. In Pat Ogden and Janine Fisher’s form of this procedure they include the following observations to be made: “(1) imitate the posture, then describe your experience of the posture and alignment of the body, (2) what positive or negative beliefs do you think this person has about himself and (3) how do you think he feels about himself?” (p. 619).

Like focusing, somatic experiencing, and sensorimotor psychology, drama therapy works at the client’s rhythm and intricately weaves or titrates a balance of empathy and encouragement to expand the client’s sense of self-awareness. The aspect of integration in a de-rolment procedure appears to be a key element in building internal awareness and moving forward therapeutically.

### **Boundaries**

Role, in and of itself can be seen as setting a protective boundary, guiding choices and behaviours. Invoking the role of therapist entails setting the stage with specific boundaries, not only contractually agreed upon client/therapist protocol. Boundaries are held within the contract of the therapeutic relationship (e.g. hour, day, length of therapeutic engagement, fees, confidentiality and physical touching). According to Johnson (1992) the therapist holds roles as: the witness or mirror, director, sidecoach, leader, guide, and shaman. Role transition from Self to therapist can be seen as an en-rolment and de-rolment process that sets the stage for creating a central boundary to the therapeutic experience. This section outlines en-roling and de-roling the therapist and navigating a somatic sense of boundaries for client and therapist.

**Invoking the Role of Therapist.** The therapeutic relationship or working alliance is a commitment between therapist and client for the purpose of betterment apropos the client. The relationship is focused on fostering trust, confidentiality, objectives, treatment plans, active listening, and healthy boundaries (Chesner, 2012). A client-centered ideology, metaphorically, places the client on centre stage, with the spotlight on them. The spotlight is the therapist's unconditional positive regard, enabling the client to be seen and heard in an empathetic, genuine and respectful light (Rogers, 1992). En-roling as counsellor, takes preparatory steps to embody the position, essentially de-roling roles not belonging to the equation. De-roling, in this context, can be seen as a process taking place before the therapist enters the therapeutic bond; shedding roles held outside of the session. In essence, both client and therapist enter the session with their roles as parent, community member, volunteer, student, son, and daughter being temporarily relinquished; nonetheless the client may bring in these roles to strengthen or address issues.

Procedural methods to transition into the role of therapist may involve playing out specific rituals. In the personal reflection section (Chapter Four), I briefly mention experimenting with taking on the therapist role through “armouring up” with clothing and a prewriting, processing ritual to investigate what I am entering the session with. In acting, taking on a character requires consideration in costume, posture, emotionality, set design, and props. Stepping into the role of therapist requires the same mindful attention as preparing to portray a role or unwinding a role in drama therapeutic work. I found more clarity in sessions and post-session processing when attention was paid to “en-roling/de-roling” actions (i.e. en-roling as therapist/de-roling other Self roles). This extended manner of viewing de-rollement was largely unforeseen. Theoretically, two perspectives relating to role theory came to mind: (1) Sarbin's (1986) notion that role players build narratives and develop a sense of self while engaged in a role and (2) Moreno's idea of every role consisting of two sides, a private and a collective side (Moreno & Fox, 1987). To explain the relationship between these concepts and pre-session en-rollement/de-rollement, consider: (1) engaging in the role of therapist predisposes the individual (i.e. the therapist) to develop a sense of self while inhibiting the role and (2) practicing self-awareness and self-empathy pre-session could assist the therapist to be with *private* aspects of the self, which could help counteract an enmeshment with the client's narrative. The *private therapist* could be seen as needing to refuel with self-empathy. Self-empathy is necessary in order to give empathy (Rosenberg & Chopra, 2015). The *collective therapist* role can be

perceived as extending empathy when in co-conscious and co-unconscious interactions. In psychodrama, role reversal assists the actor/client to identify with the Other and co-conscious and co-unconscious material is cooperatively produced, reproduced and enacted (Moreno, 1987). Awareness of private and collective therapist roles within therapeutic boundaries could inspire a keener sense of intuitiveness relating to countertransference and transference. Countertransference, the therapist's reaction to their client and transference, the client's interpersonal distortions (Yalom & Leszcz, 2005) can be impacted by this en-rolment/de-rolment process.

**De-Roling the Therapist.** With clear boundaries maintained by the therapist, clients have the capacity to integrate their chaos (Schattner and Courtney, 1981). Maintaining secure boundaries is a responsibility placed on the therapist (Johnson, 1981) and the therapist's capacity to uphold a safe space is linked to their ability to reflect on countertransference (CT) (Jagarlamuundi, et al., 2012). Post-session processing of CT through a de-roling lens could provide a more complete transition (i.e. enacting de-roling rituals to transition away from therapist role and process CT). Intervention research relating to the subject of examining CT post-session for drama therapists is written by Erin Jade Honce (2014) and titled *Embodied Response Art: An Intervention for Drama Therapist*. Her research stages a comprehensive evaluation of embodied CT interventions and is a helpful guide to integrate awareness in a time of transition, as de-roling is commonly viewed as.

In drama therapy literature, Sue Jennings (1996) refers to de-roling and countertransference in terms of the negative impact a therapist imprints on their client if a de-rolment aspect was neglected or improperly carried out. She outlines two specific problems, namely when the therapist: (1) is unable to return to neutrality and (2) delves too deeply into the enactment of the client's story. In both scenarios, the therapist neglecting to process could lead to potential harm (Waska, 2008). Exiting the therapeutic space or client interactions with a somatic sense of boundaries is the next area to investigate to assist in the de-rolment of client/therapist roles.

**Creating somatic boundaries for client and therapist.** In the literature, de-roling boundaries for client and therapist can be considered to possess physical and metaphysical elements. For example, physical boundaries are enacted (1) through character choices (i.e. posture, work with props, and space) and (2) creating physical distance to distinguish Self and

Other in a de-roling application. From a metaphysical perspective, boundaries in time and space (i.e. outcomes of the therapeutic contract) create safety for clients to explore roles (Domikles, 2012; Eitzen, 2010; Hart, 2013; Jenkyns, 1996). Fundamental to working in an embodied way is a physical, felt sense of boundaries (Levine & Frederick, 1997; MacNaughton, 2004; Ogden & Fisher, 2015). A complex consideration of verbal, non-verbal, internal, and external cues are considered in defining one's own sense of boundaries. Tuning into and defining boundaries through cognitive, emotional and sensory awareness is helpful. An exercise in sensorimotor psychology title "Setting up a safe space" (Ogden & Fisher, 2015, p. 411) and "Creating a safe space" (B. Guest, personal communication, November 2015) share a resemblance; a combination of the two exercises could be used as a de-roling exercise, for example:

1. "Sitting on the floor, encircle your body, using objects, to build a tangible boundary" (Ogden & Fisher, 2015, p. 411). In psychodrama, the objects (e.g. rope, scarves, pillows, small world objects) would be identified for the quality it imbues or represents (i.e. verbally stating, "This scarf represents security"). Additionally, the client may be asked to image a place that is safe and identify with aspects identified in one's safe space.
2. "Pay attention to how your body responds to a tangible boundary. Notice your thoughts and emotions (Ogden & Fisher, 2015, p. 411)." In psychodrama changing places with the items in one's safe space can offer up additional messages from the viewpoint of the item. For instance, a pillow noted as a "safe space" item may offer the message "I'll support you."
3. "Take time to notice your somatic sense of a tangible boundary. Take a moment to integrate these sensations in your body through deep breathing, an embodied pose. Describe verbally, through writing or art making your experience (Ogden & Fisher, 2015, p. 411)." In the "Creating a Safe Space" exercise in psychodrama, awareness of one's inner sensations is developed through a relationship with details created in the outer surroundings.

Defining and tuning into one's somatic boundaries is a continual process and not simply regulated from one exercise. Engaging in a continual conversation and checking in with bodily felt messages is part of establishing healthy boundaries. At times, the negatively sensed messages create fear and a sense of danger and propulsion to run away from or cut off from such



sensations. The next section explores the de-roling purpose of letting go of negative characters or feelings.

### **Getting rid of the negative/letting go**

Casting away what does not belong is, conceivably, a culturally unconscious and acceptable method to understand oneself and others. Historically “getting rid of the negative” can be seen as originating from scapegoating and even shamanistic rituals. For example, the concept of scapegoating, which originated from biblical times, refers to a person (or animal) who is cast away carrying the wrong doing of a community (Dictionary.com). In group psychotherapy scapegoating occurs when group members suppress feelings of anger and disappointment (Yalom & Leszcz, 2005). Yalom and Leszcz (2005) provide an example when a group member suppresses their anger towards the group leader and later seek a scapegoat (e.g. another group member, the “psychiatry” profession, or themselves). When the facilitator or group leader openly confronts a scapegoating scenario, this safeguards against continued attacks and communicates the leader’s “commitment to authenticity and responsibility in relationships” (Yalom & Leszcz, 2005, Chapter 3, Section 3, para. 12). Yalom and Leszcz (2005) concludes that anger directed at the therapist (the anger’s true object) is preferable. In de-roling, the character, at times can be seen as the scapegoat, carrying off exiled, negative feelings. Yet, is the character the object of ill feelings or is there another target to be discovered? This is determined in the therapeutic process, and the temporary relieve from and banishment of the negative provides time and space for investigation.

As drama therapy has been compared to shamanism in scholarly articles (Pendzik, 1988; Snow, 2009), the ritual of “exorcism” came to mind when considering the de-rolment purpose for “getting rid of the negative and letting go”. In Snow’s (2009) article titled *Ritual/Theatre/Therapy*, he links shamanistic practice to drama therapy and writes specifically about the psychotherapeutic context of exorcism. Historical roots and a comparative analysis relating shamanism and drama therapy will not be discussed here; simply the notion that a shaman aids individuals who have been psychosomatically impacted by *spirit intrusion*. In a de-roling exercise where the negative character takes psychosomatic possession of the participant/client, discarding ill feelings could propose a particularly pertinent therapeutic effect.

The therapist’s role is to facilitate favourable conditions towards self-expansion; the first consideration in this goal is to assist client’s self-exploration of denied feelings and experiences

(Yalom & Leszcz, 2005). All individuals innately possess a drive towards growth and self-fulfillment (Yalom & Leszcz, 2005); it is the therapist's task to assist in removing obstacles obstructing this objective (Horney, 1950). If a de-rolment exercise (i.e. shake it off, creating imaginary trash bins) facilitates the client's self-exploration, removing— whether temporarily or long term—energy captors, the outcome is undoubtedly therapeutic.

### **Sharing/Reflection**

Drama therapy literature indicated a sharing component as the second most pertinent aspect of de-roling. According to van der Kolk (2014) our physiology changes when sharing; the experience of expressing complex feelings and having others listen and identify creates modifications in the limbic brain. The limbic brain is responsible for controlling emotions and instinct (Cozolino, 2010). Sharing of emotional needs is often addressed in the initial states of closure; however switching to intellectual aspects of the session can assist termination (Sternberg & Garcia, 1989). For example, reviewing questions about skills learned during character enactment.

Verbal and physical methods of de-roling were found to be the primary two aspects. *Sharing and reflection* de-roling exercises often include somatic and verbal components and therefore access implicit and explicit memory. Implicit memory relates to the body's stored sensory and emotional memories; explicit or conscious memory relates to processing information, the use of language, and meaning making (Malchiodi & Crenshaw, 2015). As for a de-rolment example embracing both memory systems, imagine an individual who played the role of their abusive aunt; to de-role, the therapist invites the client to first notice somatic sensations relating to being in the role. The client verbalizes experiencing tension in her upper back and legs, relating these present sensations to a past occurrence. The therapist invites the client to (1) notice and acknowledge what is present, (2) describe sensations and images, and (3) emotionally and cognitively move into a processing phase. An active component can take place in any part of these phases and according to Malchiodi & Crenshaw (2015) "action-oriented activities tap the limbic system's sensory memory of the event and may help bridge implicit and explicit memories of it" (p. 16).

### **Transition**

De-rolment is a time of transition. To reiterate Jennings (1992) view of transitional rituals found in the introduction; transitions have three stages (1) separation from one state of

being to another, (2) entering a new territory or state of being, and (3) integrating or accommodating new knowledge. De-roling is the *shavasana* of drama therapy. In yoga, the transitional ritual of *shavasana* or *corpse pose* is beneficial and important to assimilate recent experiences and replenish the nervous system (Sharma et al., 2006). *Shavasana* is a pose at the beginning and ending of many yoga sessions; it involves awareness of breath, while lying on the back with arms and legs spread apart. In the therapeutic space, exploring roles in play creates a shift in mind and body requiring an integrative exercise, comparable to *shavasana* (R. Hart, personal communication, February, 2016). In another example of a transitional ritual viewed as beneficial, Wayne Dyer (2015) in a conference, discusses the importance of transitioning from an awaken state to a sleep state. He spoke of bringing mental, emotional, physical and spiritual awareness into transitional moments. For example, he stated “we are marinating ourselves during eight hours of sleep,” (W. Dyer, personal communication, May, 2015) and to bring mindful awareness in these transitional moments. With this view in mind, transition and therefore de-roling can be considered as an opportunity to nourish and impact the next state of being.

Procedurally, de-roling is a moment for the client to step away from the role and find neutrality (Landy, 2009). Neutrality was documented in the literature in three distinctive ways: (1) to re-role as oneself (Bloch, 1996; Landy, 2009), (2) to rebalance the therapist absorbed in a client’s emotional work (Jennings, 1996), and (3) to return props back to a neutral or less emotionally charged position (Anderson-Warren & Grainger, 2000, Hart, 2013; Jones, 2007; Oflaz et al., 2011). To be neutral is defined as “to not be engaged on either side” (Neutral, 2014, p. 834). De-roling is transitional space, not engaged in either side of the aesthetic distance equation, rationality/ecstasy, or Moreno’s description of the private and collective self. This middle – de-roling – ground, however, is vital, to assimilate new wisdom and welcome paradox.

## Chapter Four: Discussion

### Purpose of Inquiry into De-Roling: Personal Reflections

Interest in the subject of de-roling arose from personal experiences as an intern in a long-term elderly care centre, a women's prison, and the classroom environment. Various fractured or incomplete de-roling encounters led to my blooming curiosity. I wondered about the philosophy and procedural foundation of de-roling. As an individual who meditates on a fairly regular basis, I am aware of the difference between feeling grounded and the opposite of this – feeling wobbly, off-balance or absorbed by *environmental energetic debris*. I began to question if something could be missing from current practices of de-roling or if it is simply a word to describe a transition in the therapeutic setting. Investigating my personal experiences generated direction for this research.

**Classroom.** Classroom learning provided an opportunity to discover psychotherapeutic theories and put into practice drama therapeutic techniques. In first year, I participated in a simulated, grieving-group where the neglect of a de-roling exercise unknowingly cast a lingering impression of my character's despair. I walked away from the exercise feeling heavy, deeply saddened, only later relating the character's impact. I accept the possibility that the character's emotional state mingled with or awoke my own grief. I went from being in an uplifted and centered disposition, to lethargic and uninspired. This "felt mishap" planted a burgeoning seed related to the subject of de-roling.

In another example, as witness in a psychodrama class, a colleague visibly carried a comportment not typically expressed. She embodied rigidity, fear, and helplessness as she participated in a scene. Her focus was atypical, appearing distant and dissociated. When these attributes were brought to her attention, it became clear that a lack of procedural de-roling occurred the previous day when she participated in a smaller *break out* group session. With the professor's guidance, through de-roling techniques, she re-established her ground and appeared to be more herself. As witness to this experience, it became clear the necessity to detect intricate psychosomatic changes to assist others in therapeutic scenarios.

**Elderly Care Center.** In an elderly care centre, I worked with many clients, often without a transition between sessions. Therapeutic interventions in this environment can often occur back-to-back, in both private and public spaces and without a distinct protocol to de-role from the session itself. On a particular occasion, I received rejection from a client who was

typically excited to engage in dramatic play. Rejection is an acceptable response, as clients always have the right to refuse interactions; however this client's reaction made me reflect on what I was bringing into the session. In a supervisor meeting, preceding the client encounter, I felt a sense of rejection as a client mandate I had worked on was rejected. Neglecting to "shake off" or de-role from this meeting before stepping into the role of therapist, my client interactions were contaminated, laced with my own unconsciously held rejection. In the client's infinite wisdom, she noted my invisible cloak of rejection and reflexively invited me to leave it at the door.

**Women's Prison.** In prison, safety, security and trust are preoccupations for the women, guards, educators, and practitioners. As an intern drama therapist, my initial concerns related to fitting into a very different world. I observed the emotional and physical armour or defenses displayed by all involved and I wondered how I would arm and disarm myself. I originally gravitated to putting on my own armour, in the form of a therapeutic costume, to aid the process of stepping into the role of therapist. Corporal uniformity and limitations materialized as a good place to start. I noticed rituals around clothing selection, particularly keeping footwear consistent. Reminded of de-roling, I began to think of how costumes and objects are included in the de-roling process. Taking on the role of therapist with a *costume* was not exactly enough. I adopted other de-roling or processing methods, for example, I wrote process notes before entering work to unload any of my own material or client concerns beforehand. This practice led to feeling more solidly grounded and available.

### **Research Limitations**

Limitations in this research align with (1) possible misinterpretation of data derived from de-roling descriptions, (2) authors potentially using different terms to describe de-roling concepts, and (3) uncategorized or vague statements. Data was categorized using the search words "de-role" and "de-roling" however similar concepts could be held in drama therapeutic sessions and be referred to only as a *closing ritual*. The scope of this work did not allow an examination of all aspects found under the term "closing ritual". Furthermore, Jones (2007) reveals that closure is separate from de-roling and both belong in the completion phase of a drama therapy session. Statements referring to the *importance to de-role after the session* were noted, however not categorized into a subset of data, as it lacked specific procedural information.

These statements are however valid and create curiosity relating to how the phenomenon of de-roling is noted as important yet, without a procedural descriptive.

As in any research, limitations arise when the data is made to fit in with predominate categories, with outliers as mentionable. Exclusion criteria for data collection consisted of documents with no mention of a de-roling procedure. Deciphering appropriate thematic categories for some data points took significant consideration, as the language was unclear or contained multiple meanings. For example, in the phrase “Sharing is a way to ground and integrate the protagonist as well as a time for group members to de-role and connect up with each other” (Watersong, 2008, p. 33). The description indicates themes of sharing, integration, reconnecting with group members and de-roling appears to stand a part, as a separate phenomenon. In this example, de-roling data is recorded as having a purpose linked to integration and sharing (“connect up with each other” was considered as having a *sharing* quality). This example denotes the mystery of de-roling and need for clarification of the phenomenon.

Qualitative research facilitates exploration into the human condition, beginning with an inquiry into a “social or human problem” (Creswell, 2013, p. 44) with the purpose of expanding knowledge and evoking change. The phenomenon of de-roling is examined through the voice of professionals in the drama therapy field, (i.e. individuals with exposure to the experience), my personal experience as a student, and the silence voices of the clients are not so audible. Several de-roling examples originated with rich narratives and contextual information relating to the client’s clinical path, and for the scope of this project, data was extracted without sharing this information. Nevertheless, a balance was sought through researching (1) if a de-roling technique was applied, (2) what type of technique was used, and (3) if the phenomenon was merely mentioned, negating details.

### **Ethics**

Working with a prescribed limit of published drama therapy articles relating to de-roling poses no ethical issues. Ethical issues can arise from the researchers bias, a lack of ethical reflection in the de-roling procedures itself, and potential harm from the outcome of individuals trying out suggestions from this article.

Researchers are instruments or the medium expressing data and it is therefore the researcher’s responsibility to conduct data analysis with their perspectives transparently reported

(Patton, 1990). My experience with the de-roling phenomenon is acknowledged and transparently accounted for in the *Purpose of Inquiry: Personal Reflections*. An attempt to negate any bias relating to outcome is mitigated from sharing these personal insights.

Equally important is concern for those incurring harm based on trying methods proposed or mentioned in this article. Misunderstanding the suggestions is possible and one should always be guided by the momentary situation rather than following a formulaic strategy. For example, it is necessary to be prepared with a range of de-rolment methods to respond to a variety of scenarios (i.e. time is running short or the “played character” is lingering with the client) and be attentive to what is required in the moment.

## Chapter Five: Conclusion

De-rollement is important; it holds an operative key to psychotherapeutic transformation in drama therapy. This research sought to investigate the phenomenon of de-rollement to understand its purpose and investigate application of this customary technique. Findings from the literature revealed five main purposes, namely transition, sharing, taking off a character (or letting go), boundaries, and integration. De-roling involved process-based events including physical, verbal (cognition), props, space, and costume aspects, often in combination with one another. In the end, it is conceivable that a de-rollement process is anchored in all core purposes mentioned. Imagine concentric circles starting with transitions in the larger, outside circle and integration in the middle. All preceding elements in the concentric circles, namely transition, sharing, boundaries, and letting go are present to arrive at the core implication of a de-rollement technique, which is to integrate and assimilate the newly acquired self. Working outwardly from the circle, from integration, (1) boundaries are necessary to facilitate safety and a sense of time and space, to define what belongs in the “me” equation, (2) sharing is the relationship with others and one’s surroundings, and (3) transition is the holding space, creating opportunity towards change. A new, working definition of de-rollement could be interpreted as: de-rollement is a transition or incubation period, which richly holds the possibility of insight gained through separating from a character or another part of oneself for the purpose of introspection and integration.

De-rollement purpose was investigated to grapple with the reason why the protocol exists. Starting with the least commonly interpreted purpose – integration. Unexpectedly, *integration* generated the most amount of inquiry, yet it was found to be the least popular de-rollement function. Examination into an integration purpose perceptively led to research relating to other psychotherapeutic approaches which include a psychosomatic underpinning. Drama therapy largely works from an embodied perspective as it is a profound method for clients to quickly move into hidden material and past trauma (Jones, 1991). Enquiry into en-rollement and de-rollement of client and therapist in the therapeutic relationship precipitated an extended view of the procedure’s impact on boundaries. *Boundaries* in the therapeutic relationship most commonly entail unraveling countertransference post-session. The therapist is the leader in demonstrating and negotiating healthy boundaries (Yalom & Leszcz, 2005), as such, entering into the relationship with a de-rollement procedure would potentially strengthen abilities to



uphold and identify boundary breaches. In the beginning, before starting this inquiry, I would have conjectured that a large portion of the research would lead to investigation into the effects of *letting go* and links to attachment theory. An investigation of these topics are not covered in this research. The research led to other priorities and insights, however this could be explored in future work. As for *sharing* in de-rolment, our physiology changes and invites a capacity to use implicit and explicit memory. Finally, de-roling is a *transitional* phase requiring preparatory conditions to facilitate the process.

This investigative research sought to fill a gap in understanding how de-roling was discussed in drama therapy literature. Ambiguity surrounded its meaning and therapeutic application. Conclusively, de-roling is not systematically engineered to unleash the persona non grata, but rather an opportunity to investigate what qualities linger and why. With a base-line theoretical clarification, it is possible to consider future inquiries relating to the de-roling phenomenon.

### **Recommendations for Future Work**

In the section relating to *Expanding the Significance and Function of De-Roling*, a framework is discussed to distinguish ways to view de-roling and interpret its purpose in a therapeutic space. Ideally, these notions are tested experientially. Future research could help further define and intricately outline procedural de-rolment methods, for example:

1. Research relating to the impact and efficacy of different de-rolment methods used and appropriate timing. For example, quantitatively and qualitatively delving into the procedural method of “shake it off”.
2. Development of de-rolment training. It is possible that training is not ubiquitous or taught in a similar manner. For example, Leigh et al. (2012) elucidates, “Dramatherapy with its emphasis on the concept of “de-rolment”, means that attention is always paid to de-roling and relaxation at the end of the session” (p. 7). Clarifying standards of practice could be beneficial.
3. Experimenting with an expanded view of de-roling/en-roling the therapist and the impact on countertransference by including a pre-session procedure.
4. Exploring an attachment perspective relating to letting go of character.
5. Arts-based research could provide a framework where the intention of de-roling can be witnessed.

6. An intervention research approach could provide a procedural method for testing impact relating to distinctive approach suggestions.

In any of the experimental scenarios, it is critical to keep in mind potential harmful effects, and tender this with awareness.

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