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Jacob Gershoni, LCSW, CGP, TEP

Title: Role Play and its Applications

Abstract

Scholars in various disciplines have studied applications of role playing into their chosen fields in psychology and social sciences. Their explorations of role play have spanned over a century. Yet, most colleges, universities, and mental health training institutions devote little effort to teaching role play in a systematic fashion, ignoring this set of skills, its deep roots and vast potential to enhance the work of professionals in psychotherapy, counseling, coaching, and education. This article sets out to survey some of the prominent social scientists whose writings described and helped shape role playing as an important cluster of techniques that may be applied to a wide variety of theoretical schools of thought. After reviewing different theories on role playing, this article describes the process and techniques as we have implemented at the Sociometric Institute in New York.

Key words: action techniques, role theory, application to psychotherapy

Theoretical Background

In her literature review of psychodrama, a part of her doctoral dissertation, Rebecca Ridge connects J. L. Moreno's development of role theory to earlier works of other theoreticians. Ridge (2010) writes that Moreno was influenced by William James (1890) who wrote that the function of role was to enter the unconscious and bring shape and order to it. James, who was a professor at Harvard, focused his work on the study of psychology as a cognitive science of consciousness. His ideas countered the prevailing views that humans are creatures of instinct and habit. He argued that instincts are modifiable and transitional through the development of habits that provide distinct memories of prior experiences. James (1897) viewed the "self" in four different types that may be related to various roles the person plays in life: the material, the social, the spiritual, and the pure ego.

Theories of roles gained significance in American sociologists' circles in the 1930s through the 1950s (Blatner, 2000), among them was George Herbert Mead. Mead (1934) was inspired by Darwinian evolution theory and pragmatism, and also the German psychologist Wundt (1894), who viewed gestures as emanating from the mind through the self and society, creating social interactions. Mead observed that humans have the capacity to respond to themselves, and adopting perspectives that let them step aside of themselves and see themselves as objects. Their communication and interactions with each other are aimed at solving problems that they encounter. It is an action-oriented process that allows them to build resources with others in order to construct solutions. This is done by anticipating the other person's response and taking on the roles or attitudes of the other. Thus, social interaction from which both the self and society emerge, is fundamental. Mead generalized that cooperation based on communication relies on significant symbols and gestures and is essential for human survival.

Earlier that year, Moreno (1934) published his own magnum opus "*Who Shall Survive?*" which was later published in 1953 and its student edition in 1975 and 1993. This book presented the theoretical framework of Sociometry, the study of group interactions and emotional networks. It also included Moreno's theory of human development as interconnected to role theory. From the moment of birth, humans are role players who develop through action and interaction in their social atom. Initially, in the pre-verbal phase, babies relate and interact through their body (somatic roles, such as crier, sleeper, eater, etc.). As they grow up, they develop social roles (e.g. brother, parent, teacher, fire-fighter) and then psychological roles (e.g. nurturing parent, thinker, dreamer, joyful dancer). Thus, in learning the various roles the person progresses from the initial physical and sensory roles to interpersonal, interactive roles and onto internal and interpersonal roles. Moreno (1993) wrote:

Every role is a fusion of private and collective elements: It is composed of two part, its collective denominators and its individual differentials. It may be useful to differentiate between *role taking*—which is the taking of a finished, fully established role which does not permit the individual any variation, any degree of freedom, [and]—*role playing*—which permits the individual some degree of freedom—and *role creating*—which permits the individual a high degree of freedom, as for instance, the *spontaneity player*. *The tangible aspects of what is known as 'ego' are the roles in which it operates*. Role relationships between roles are the most significant development within any specific culture. Working with the 'role' as a point of reference appears to be a methodological advantage as compared with 'personality' or 'ego.' These are less concrete and wrapped up in metaphysical mystery. [...] Role emergence is prior to the emergence of the self. The roles do not emerge from the self, but the self emerges from roles. (p. 47)

Thus, role play becomes the arena of training people to become more spontaneous, more creative and better able to navigate between role taking to role playing, into which they can add their own

personal touch. While role taking is equated with learning by imitating, role playing requires a higher degree of spontaneity. The next level is the most creative, whereby the individual creates roles that have not been presented to him/her before. We may view the role-playing techniques in this light, as helping the person achieve higher degrees of creativity and fulfillment.

Dayton (2005) adds that “When we explore the role, we also explore the thinking, feeling and behavior, along with the act hungers and open tensions, embedded within the role. This is a part of what makes role-play such a profound vehicle for growth” (p. 151).

Blatner (2000) draws a comparison between social role theory, which he considers a unique American contribution to social psychology, and Moreno’s approach to roles. While sociological role theory tends to be more descriptive and academic, Moreno’s emphasis is on practical applications among people in their social context with the goal of improving their lives. Blatner (2000) writes:

The most significant feature of applied role theory is that it works as a practical language for all kinds of psychological interventions, a *lingua franca* for discussing problems among many different disciplines—psychology, social work, psychiatry, nursing, anthropology, pastoral counseling, family therapy, organizational consulting, personal ‘coaching,’ etc. I envision applied role theory as a major component in the teaching of practical psychology in educational programs because of the relative familiarity of its terminology. (p. 153)

One of the leading psychologists who would undoubtedly agree with Blatner’s vision is Raymond

Corsini, who has written about roleplaying (one word in Corsini’s term) as the most widely used, albeit insufficiently understood, application of role theory. In the foreword to his manual, written with Sam Cardone (Corsini & Cardone, 1966), their mentor Alfred Dreikurs states that roleplaying is the most naturalistic of all forms of psychotherapy. Dreikurs, who has taught at the Alfred Adler Institute in Chicago, writes (Corsini & Cardone, 1966):

For many years I have championed the use of roleplaying and have employed it in my office practice, mostly to supplement interviews, to help unfreeze patients from old, useless, habitual patterns, and to give them experience in new ways of acting. Properly used, roleplaying is a most valuable adjunct for therapists of any persuasion. (p. ix)

Corsini details three purposes for use of the technique of roleplaying whether in individual or group sessions: 1) Diagnosis: learning more about the nature of the problem and how the client operates, thinks and feels. 2) Instruction: by watching others roleplay in a group setting the client learns how they operate in various situations. 3) Training: as the clients roleplay they may gain

insight about themselves, learn to express and effectively deal with feelings and develop new life skills. The effect of this “major technique” is both deep and lasting on all levels: the cognitive, emotional and behavioral. The result is nothing short of personality transformation. Corsini brings many case examples highlighting the impact of roleplaying on clients and their therapy, as he offers ways to hone this skill set.

Clinical Sociologist Melvyn Fine (1990) sought to integrate sociological perspectives into counseling and psychotherapy. Fine was inspired by Harry Stack Sullivan and Karen Horney, who had emphasized the importance of family and social relationships and their impact on the individual’s mental health and well being, as akin to the sociological ideas. Fine and his colleagues’ attempts to include sociologists in child guidance clinics were met with resistance by the psychiatric establishment. A closer affinity was found with social workers whose primary influence was from medicine and psychology who had been initially trained as sociologists. Fine postulated that personal unhappiness stems from interpersonal relationships and thus a person must solve both personal and social problems to find satisfaction. The key to such resolutions is understanding the functions of social roles, which he views as the core of our individual identities. Defining social roles as “complex patterns of human behavior” Fine (1990) elaborates:

They can be identified by what people do and how they interact; they can also be highlighted by examining what people are trying to do or trying to convince others to do. They are patterns of interpersonal action that are guided by both internal and external directions. They are shaped by a person’s plans, thoughts, feelings, and by the demands made by others. (p. 4)

Fine’s presentation also includes an essential element that makes it possible to help people change dysfunctional roles, which cause unhappiness: roles are flexible, and change over time. The program that Fine devised is called role resocialization, and he offers many case examples to illustrate this model. It was designed to serve children and adults in the clinical arena as well as in education and life skills improvement (i.e. getting along better with others).

The major difference between the various models, which center on role theories and role plays, appear to be whether or not these are based primarily on psychodrama. The latter emphasizes action rather than mere talking in the sessions. David Kipper, who was a student of J. L. Moreno, presents an extensive analysis of role play as a primary method and as an adjunct technique for other modalities. The title of Kipper’s seminal book (Kipper, 1986) “Psychotherapy Through Clinical Role Playing” seems to be too narrow a description, as the book provides a comprehensive examination of role playing in both clinical and non-clinical settings. Kipper surveys the ubiquitous use of role playing in psychotherapy and also in training and behavior simulations. The examples abound: rehearsal of ceremonies, with the original participants or with stand-ins, answering questions before examination, preparations for interviews, jury & trial

simulations and more. With regard to applications of role playing in psychotherapy, Kipper discusses the known criticism of the traditional methods, mostly psychoanalysis. The idea that behavioral change would naturally follow insights proved disappointing. Further, Kipper notes Moreno's objections to psychoanalysis as artificial and lacking as it focuses on the individual and does not include his/her social and intimate contexts. In addition, critics of psychoanalysis contend that its emphasis on insight does not necessarily carry into the patients' life situations. Moreno, on the other hand, sought to see his clients in their homes, and in public venues in their communities.

The challenges that Kipper envisions for psychotherapists are how to approximate real life situations in a therapeutic setting and how to maximize the effectiveness and impact of therapy in their real life. In this context, role playing may serve an important function, in keeping with Kipper's statement that human beings are born actors, as it offers options to learn in action and change dysfunctional roles. In spelling out the reasons to include role playing in therapy, Biddle (1979) writes:

Role Playing is a natural phenomenon that is practiced by children in the process of growing, therefore it forms part of the normal repertoire of roles that are performed and enjoyed by everyone. The client who plays roles in therapy may provide insights concerning roles that are played elsewhere by others or by him or herself. The therapist and other clients (if present) can also gain insight or add their interpretations in the role-playing session. Role playing also allows the client to practice alternative roles (rather than simply talk about them). (p. 329)

Leaders in the field of psychodrama have been proponents of role theory and its many applications, including role play. They have demonstrated methods of applying role play in individual therapy, couples therapy and work with corporations. This work has been taught and applied in the United States, Europe, Latin America, Australia and New Zealand. A partial list of these leaders includes Martin Haskell (1975), Max Clayton (1994), Sue Daniel (2007) and Esly Carvalho (2013). Another field within the clinical realm where the advantages of inclusion of role play and other action techniques have been recognized is supervision (Williams, 1995).

Applications in Various Fields

Whether or not connected to psychodrama, it is close to impossible to find a training program for therapists, educators or coaches, which does not utilize role play. And aside from practitioners of the strictly psychoanalytic modality, other mental health professionals occasionally use role play in sessions with individuals, couples or groups. It is known that leaders in the field of family therapy (Virginia Satir, Carl Whitaker) or emotionally focused therapies (Fritz & Laura Perls) studied with or "borrowed" from psychodrama. Creators or cognitive therapies (e.g. CBT, DBT)

also routinely use role play in their sessions. Even proponents of hypnosis and hypnotherapy include role play in their work (Greenberg, 1974 & 1977). What has been missing is a more systematic training in role therapy to truly extract the potency of this action-oriented skill to transform people's functioning and lives.

The Structure of a Role-Playing Session

As in psychodrama sessions or workshops, there are three distinct phases which include role playing: The warm-up, enactment and closure. This approach involves physical, social and psychological elements and the clients must be ready to move from talk to action. The therapist's task is to help the client in this process, and in order to be effective therapists have to undergo training that will help them "transform" the client's narrative into action. Time management is an important skill to develop as well; when to bring the enactment to its conclusion, and also to allow time for sharing and closure.

A. The Warm-up and enactment techniques.

There are many techniques drawn from psychodrama, which may be applied in role playing. These must be utilized judiciously and be relevant to the client's presentation and experience.

The following are some of these techniques; an experienced psychodramatist may also devise others as needed (Gershoni, 2003):

1. Verbal discussion: background information, a brief description of the issues and the persons involved.
2. Description of situations in question.
3. Writing (a letter, dialogue, script).
4. Guided imagery; this is especially helpful in future projection of a desired outcome and also as a means of reaching physical and emotional relaxation.
5. Scene-setting: introduces the client (and therapist) to the location, persons, and the sensory background and also helps the client re-live the situation in a safe setting.
6. Inclusion of art, music or poetry when the client and therapist are adept in expression in such media.
7. Empty chair: a commonly used technique that allows the client to place on the empty chair a person with whom he/she needs to resolve issues or to express unexpressed feelings and

thoughts. If the role play is more intra-psychic than interpersonal, the therapist may ask the client to place on the empty chair a part of the self or an emotion.

B. The Enactment

In this phase the client is instructed and assisted to move to enactment of scenes relevant to the issue presented. The therapist needs to decide what role plays will be enacted, whether these would be interpersonal, dealing with issues between the client and others in his/her life, or intra-psychic about an internal conflict. Such decisions must be shared with the client as their alliance and involvement form this “contract.” As in the previous segment, the therapist employs various action-oriented techniques.

1. The enactment flows from the client’s narrative. All the techniques mentioned above may be used and also doubling and role reversal.
2. Showing the client how to play each role (posture, expression, tone of voice) to approximate the person

or feeling in real life. This is not exactly a role reversal as it would be in a psychodramatic enactment, but just showing the clients and supporting their effort.

3. Staging the role play, beginning with a scene setting (where, what, who...).

In this phase the therapist also decides whether he or she would play a part or let the client play all of them. It is important that the therapist be comfortable in a decision to play role(s) or not.

C. The Closure

This segment constitutes a conversation between the therapist and the client. A discussion about thoughts and feelings that have emerged, and if new roles are rehearsed, how the client anticipates applying them outside of the therapy room. If the role play occurs in a group session, members who observed the enactment may share their own feelings and thoughts, giving feedback to the client (protagonist). It is important to avoid any judgment of the client and thus help him/her reinforce their work to change roles in healthier ways.

Summary

Role play has been utilized by therapist of many schools and disciplines. Although it draws from psychodrama, it also differs primarily because it is a set of techniques. While psychodrama is a method with its own theoretical, philosophical, and historical underpinnings, role play is not attached to any specific theory. Therefore, it is more flexible in its applicability to other methods. It can enrich the practice of therapists, educators, and coaches by expanding their understanding

of culturally accepted roles and in working--through action--to deepen their clients' experience in exploring roles, letting go of dysfunctional roles and rehearsing more adequate, healthier roles.

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