

The Art of Role Play

Role play can provide the emotionally rich moment that enhances other therapy techniques. Effective role play can stimulate the “ah ha” of recognition, or a new perspective on old experience. Several common therapies (including CBT, ACT, Schema Therapy and Emotion Focused Therapy) recommend role play to enhance therapy effectiveness. Role play also provides invaluable practice in supervision and training situations.

Principles of creative role play

- Remember it is “play” (not “hard work”!). Adopting a light, experimental and “it’s okay to make mistakes” attitude will influence the protagonist (client, supervisee or student).
- Look after the protagonist. You must have and maintain a strong and supportive stance towards the protagonist. If protagonist’s primary experience is shame or embarrassment he/she will be reluctant to engage in role play again. If this happens in a group then the whole group will be unwilling to risk doing role play.
- **Relationship, relationship, relationship**.....attend to relationship (between yourself and the protagonist and between the different roles enacted). Relationship takes primacy over any techniques. If the relationship is good then role play can be easy, if the relationship is difficult/ conflicted then role play may be ineffective/ difficult/ impossible.
- Roles emerge in a context – assist the protagonist to warm up to the context (e.g., by “setting the scene”) and the role will flow more naturally.
- Interview for role – find out about the various roles in the here and now using Socratic questioning. Eg., So you are Jane’s Self Critic (negative automatic thoughts) – what sort of things do you say to Jane? When did you originate? What function do you serve?
- Coach participants to respond in the first person, current tense i.e., “I am Bob, Jane’s boss, I think that Jane.....”, rather than “Bob would say.....”
- A role has thoughts, feelings and action/behavioural components. Make sure you bring out all these aspects.
- Consider not only the two roles being enacted but the relationship between the roles (what is the tone, valence, distance between the roles? – can the protagonist put words to this? Or use a symbol to represent it? Colour, sound, movement?)
- Use the body. Attend to body sensations and body movement – don’t rely on words alone. It is possible to do exquisitely sensitive and meaningful role play with no words at all.
- Consider the possibility that some roles may have originated in a non-verbal or “pre-verbal” stage of development and cannot be translated easily into language. A caveat – any work done in a vulnerable body position (e.g., lying on the floor, crouched low, being physically held by another person) is likely to trigger regression into earlier memories and behaviour. The therapist needs

considerable experience to manage this situation therapeutically.

- Don't underestimate the "observer" or "audience member" position and the power of modelling. Remember how children learn how to handle a situation by trying out what they have seen others do? This works for adults too.
- It is much simpler to produce role play if there is a separate area to do the role play in (e.g., some extra chairs and/or a "stage area") this is much less confusing than the client trying to stay in their own chair for the whole enactment.

When to use role play?

There is a tremendous range of situations where role play is useful.

- *Intrapsychic role play (where the interaction is with different aspects of self)*
Critical self v's compassionate self, rational- emotive role play, schema dialogues, addicted self v's clean self, decision making e.g., leave the marriage v's stay in the marriage.
- *Psycho-social role play (where the interaction is with other people - living or dead, past, present or future)*
Grief, unfinished business, conflict with someone else, confronting an abuser, practicing assertiveness and other social skills.
- *Metaphoric/creative/dramatic/projective (where the interactions occur in the realm of fantasy and imagination)*
Childhood hero's, TV characters, pets, inanimate objects (mountains, trees, personal possessions). This is a very human characteristic - who hasn't talked to a loved pet, or cursed a malfunctioning computer! In creative role play the cat or computer can answer back. Such role plays encourage creative and fresh responses.
- For CBT therapists a good place to start trying out role play is after you have successfully completed a thought challenge and the client has accepted that the old thought is not true but it still "feels" true. A rationale-emotive role play between Jane who believes the old thought and Jane who believes the new thought can be very powerful. Notes on the whiteboard can help keep both roles clear.

When not to use role play?

- Don't use role play unless you have good rationale for doing so. Having a clear purpose and solid theoretical foundation for the work provides necessary containment for the work.
- On the other hand don't be too tight and rigid (think "purpose" or "direction" rather than specific detailed goal for a role play) you will need a bit of room to be creative and for the role play to blossom into new experiences and perspectives.
- Don't use role play if the therapeutic relationship is poor or conflicted.
- Be cautious with clients who have poor boundaries or who are likely to get confused about whether you are role playing or not. You don't want to get stuck in the role of the Harsh Critic or the Mean Mother!)

About the presenter

Jenny Wilson is a Senior Clinical Psychologist, currently working at the University of Canterbury Psychology Clinic. Jenny has a great love of and curiosity about psychotherapy. She has trained extensively in several therapies including research protocol CBT, IPT and Schema Therapy. She is interested in the historical origins and "pure" form of each therapy as well as the thoughtful integration of therapies.

Jenny has trained for more than 10 years with The Christchurch Institute of Training in Psychodrama (CITP), and is a certificated Psychodramatist. Of all the therapies Jenny has observed and experienced, psychodrama is the one she has found most challenging and most life changing. It is the method she chooses for her own personal development.

Acknowledgements

My psychodrama trainers, supervisors and peers have all contributed to my development in the art of role play. They have provided support, encouragement and challenge in huge measure plus the opportunity of hundreds of hours of practice. Psychodrama provides excellent training in conducting role play, including managing complex role enactments with several characters simultaneously (just as in real life!). See website for training information: anzpa.org/training

References

Literature review reveals a surprisingly few psychology articles specifically about role play. The following articles may be of interest:

Day, A. , Howells, K., Mohr, P., Schall, E., and Gerace, A., (2008). The development of CBT programmes for anger: The role of interventions to promote perspective taking skills. *Behavioural and Cognitive Psychotherapy*, 36, 299-312.

Glickauf-Hughes, S. & Campbell, L. F. (1991). Experiential supervision: Applied techniques for a case presentation approach. *Psychotherapy*, 28 (4), 625-635.

Kellog, S., (2004), Dialogical Encounters: Contemporary perspectives on "chairwork" on psychotherapy" *Psychotherapy: Theory, Research, Practice, Training*, 41(3), 310-320.

Paivao, S. C. and Greenberg, L.S. (1995). Resolving "unfinished business": Efficacy of experiential therapy using empty chair dialogue. *Journal of Consulting and Clinical Psychology*, 63 (3), 419-425.