

Psychotherapy Guidebook

# **ROLE-ACTING THERAPY**

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# Role-Acting Therapy

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## DEFINITION

Everyone acts out various roles in everyday life. Personal roles arise primarily from internal, individual forces, including various ego states, whereas social roles are prescribed primarily by external, social forces. These two forces do not act independently and the well-adjusted individual is one who can effectively actualize his personal roles within the context of appropriate social behavior.

Roles are at times inadequately or incorrectly conceptualized, and at times undiscovered, untried, or unused. Some cause great anxiety and give rise to defensive behavior, or are avoided. Acting is an important life function, for it is through acting that one learns how to adopt a socially prescribed behavior and how to be oneself “appropriately.” One who attempts to live his personal self in all situations and at all times is likely to experience as much maladjustment as one who attempts to become whatever others require.

Role-Acting Therapy, then, is a group process whereby, through prepared scripts, the individual learns a pattern of behavior that is adjustively

sound in social situations. There is, however, a distinction between role-playing therapy, spontaneous improvisation, and Role-Acting Therapy. The latter helps a person act, while the former helps a person become. Frequently the two merge, and acting and being are one. When the two cannot merge, the therapeutic objective is effective interpersonal relationships without disowning self. This requires role acting. An important characteristic of the therapeutic process is that prepared scripts are used. These scripts provide clearly conceived social roles and socially effective role behavior for the client to learn, practice, and “try on for fit.”

## HISTORY

The history of Role-Acting Therapy is not yet distinct in the history of group therapy, since role acting has occurred as a part of a more comprehensive process. It is clear from anthropological evidence that role acting as human behavior has been employed for centuries for various cultural purposes. Psychologists have observed that the taking on of the behavior of others cognitively and affectively (emotionally) occurs as part of the normal growth process as early as age three. Children’s games of “Let’s pretend we are...” reveal ego role states and games of “I must and you must...” reveal social role prescription. Schoolteachers engage children in role acting, although not primarily for therapeutic purposes. However, role assignments frequently serve to reinforce some apparent personal characteristic or teach

appropriate social behavior.

Moreno, in formally employing dramatic techniques in therapy, not only created psychodrama, but pioneered the process of group therapy. Traces of his work with respect to role-playing and Role-Acting Therapy can be found in the theories and techniques of Perls, Kelly, Glasser, and Berne.

Yablonsky cites a recent, typical rehabilitation project that employed Role-Acting Therapy as the principal technique of therapy with eighteen antisocial, underachieving adolescent boys. Through the coaching they received, the boys showed improvement in school attendance and classwork as well as in self-control and social relationships.

Role-Acting Therapy is a technique compatible within the theoretical context of a number of therapies. In Reality Therapy, role acting is the acting out of the proper behavior, not the acting out of personal experiences and feelings. Glasser sees the latter as tending to reinforce “irresponsible behavior,” thereby the client is confronted with the moral issues of right and wrong. In the context of Transactional Analysis, role acting actually teaches the client scripts and games, but as scripts and games he owns consciously. In this way the client becomes autonomous and authentic. Role acting provides a warm-up or preliminary step for those who “cannot” role-play in psychodrama. In Gestalt Therapy, role acting sharpens the awareness of

social role and personal role disparity. For the behavior therapist, role acting is a form of group learning laboratory whereby the clients shape new, socially acceptable modes of behavior, experience the positive reinforcement of social approval, and develop their own “kinesthetic” sense of the new role.

Criticism of Role-Acting Therapy arises from theorists found at opposite extremes of the continuum of other-directed versus inner-directed behavior. Those who emphasize the outer, socializing forces see a tendency for identification with imaginary or fantasied characters, leading to role confusion or the reinforcement of unreal behavior.

The retort, however, maintains that behavior that is exclusively inner-directed or exclusively outer-directed is illusionary to begin with. Adjustment consists of the “trade-offs” that are made between personal and social forces. For all individuals, that rests at different points on the continuum, and for the same individual it rests at different points on the continuum at different stages of growth. To be able to act, distinct from being, and to discover new modes of being through acting is the therapeutic goal of Role-Acting Therapy. It is not a matter of either-or, and monitoring this balance with sufficient reality testing is the critical job of the therapist, as it is with any technique employed.

Those therapists who prefer therapy that involves their client’s intuitive

and spontaneous reactions will find Role-Acting Therapy procedures cumbersome and restrictive. For those who prefer a systematic approach and for the beginning therapist who needs some structure to start with, Role-Acting Therapy appears to be a useful tool and an appropriate starting point.

## TECHNIQUE

Role-Acting Therapy is structured as a group process in which passages from play scripts present the actual dialogue or monologue to be spoken and acted within the interpersonal dynamics of the group. Participants function in either therapeutic or process roles.

1. Therapeutic roles. The principal is that group member on whom the script and group activities are focused. The co-principal or auxiliaries (a term borrowed from psychodrama) act out other roles in the selected script but, unlike psychodrama, they act these roles as they perceive them and not as perceived by the principal.

2. Process roles. The director coaches, models, drills, encourages, restrains, corrects the principals and co-principals. In a word, the director is the main direct force in the group process. The critic represents the conditions of social approval and the critic's reaction serves as reinforcement. The remaining members of the group serve as an active audience, heightening the awareness of social presence, providing reinforcement and feedback after

the performance.

The tasks of the therapist are: 1) to heighten group responsibility for the process and its effectiveness, 2) to provide information regarding appropriate role conception and behavior, 3) to overcome process blocks, 4) to serve as observer, critic, and director with respect to all the process roles in the group process, and 5) to introduce other techniques, such as guided fantasy, role playing, role reversal, etc., as they seem appropriate to the therapy process.

The role-acting scripts are short passages from a play. A basic script library includes passages highlighting those social roles, interpersonal situations, and emotions most frequently encountered in the “good life” and in maladaptive behavior, as well as those that present positive growth opportunities. The search for appropriate script material and script writing are suitable extensions of the group process. The group process follows this course:

1. Designate principal and principal’s role. A period of exploring an individual member’s role problems and readiness.

2. Select script material. A group problem-solving session that prompts a fuller discussion of the specific role difficulty and the criteria for appropriate behavior.

3. Designate process roles. The therapist casts the process roles in order to maximize the growth process for all involved, not just the principal.

4. Rehearsal. In this phase the director coaches the principal and the auxiliaries. The rehearsal usually begins with reading the script and proceeds through reading with emotion, walking the lines, and finally, acting with a full incorporation of script language and body language. Emphasis is not placed on memorization of lines. Improvised props and/or costume help the principal “get into the role.” The director is coached by the therapist.

5. Performance. As a distinct phase in the process it provides an air of criticalness and detachment for the principal.

6. Process feedback. In this phase the group members share observations and introspective reactions, not only to the principal’s role acting but also to the process roles acted by the other group members. Feedback can redirect the process back to an earlier phase, lead to wider processing, such as others role acting the same script, or to a deeper processing, such as the principal improvising his personal role-script spontaneously.

## **APPLICATIONS**

Some of the major applications of role acting are:

- 1) learning how to act out personal roles and social roles in a socially acceptable way,
- 2) expanding personal and social-role repertoire,
- 3) resolving role conflicts,
- 4) overcoming blocking,
- 5) discovering new personal roles and shaping these roles toward actualization, and
- 6) giving voice to repressed personal scripts.