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*Drama Therapy:
A Character Analysis of the Self*

Introduction

Emotional suppression is a popularly shared cross-cultural experience amongst all humans. Emotion regulation strategies serve as fundamental human functions when adapting to environments and avoiding social consequences. Maladaptive strategies such as intentional distraction from experienced emotions, detachment from emotions, and disregard for emotions may result in a wide array of psychological and physiological repercussions i.e., anxiety, high blood pressure, stress, depression, borderline personality disorder (BPD), intermittent explosive disorder (IED), et cetera (Murakami 2015). In my research, I sought to reveal the healing capabilities of performance acting when treating individuals who suffer from emotion suppression, anxiety, trauma, and other psychosomatic disorders (Johnson 2010). This method of *suppressive expression* combines existing behavior-therapy practices and dramatic play. By assuming the role of a character, individuals are provided a safe space to express stigmatized emotions and endeavor into a deeper understanding of their own emotional stimuli.

The study of human behavior and practice has fueled countless ethnographic research projects for anthropologists. Anthropological methodology has acted as the guiding principal in this research. Circumstantial variance reveals aspects of human nature that we as anthropologists adamantly attempt to examine and report. The use of dramatic practice unveils not only the initial behavioral actions of an individual, but it also allows the researcher and participant to

delve into an intangible experience. Furthermore, exercising hypothetical characteristics through dramatic play can be applied cross-culturally to uncover heterogeneous understandings about people from differing places. Only a handful of anthropologists have conducted research on drama therapy so I have drawn from research belonging to assorted disciplines in order to provide an analysis which rests on a foundation of anthropological principals.

I have studied the positive results individuals acquire when they are provided the opportunity to express themselves emotionally in an encouraging and creative space. In observing this space, I have witnessed how acting contributes to the healing process for those who have undergone trauma as well as various circumstantial life struggles. While portraying the role of a character, actors have reported a catharsis. In this research, I aim to further understand how performance acting can provide said catharsis as well as an introspective experience for these individuals.

Through the use of a holistic methodology and by providing a multifaceted perspective on this unique form of therapy, my research includes the use of dramatic play that reinforces the acknowledgement of personal experiences and encourages vulnerable and shameless expression. This analysis examines existing psychotherapeutic methods such as *mindfulness*, *fixed-role therapy*, *dialectical behavioral therapy*, and other forms of cognitive behavior therapy (CBT) in juxtaposition with dramatic practice. It is my hope to continue this research that, not only functions as a resource for educating actors, but as a creative, alternative treatment for those in need of a secure outlet for emotional expression and healing.

Literature Review

In his book, *The Illness Narratives*, Arthur Kleinman analyzes the impact of culturally stigmatizing health conditions as well as the afflicted individual's interpretations regarding

higher-indexical associations pertaining to their own illnesses. From the Greek for “to mark” or “to brand”, *stigma* was a term originally applied, both physically and verbally, to a publicly disgraced person (Kleinman 1988:158). Although the term was once used exclusively to describe health conditions that were easily and physically observable such cerebral palsy, epilepsy, and other physically crippling conditions, *stigma* has come to refer to more than just visually evident illnesses.

Stigma now applies to general psychologized experiences that render the afflicted persons as “discreditable”. The individual then internalizes this treatment as a “spoiled” identity in which they feel inferior, degraded, deviant, and shamefully different. The mentally ill or emotionally “unstable” are stigmatized because they break the cultural conventions that dictate perceived acceptable appearance and behavior. We suppress the acceptance of our “taboo” emotions and behaviors to avoid *stigma* because the predetermined societal reactions to our conditions also affect the people we care about (Kleinman 1988:159). In China, if one member of a family is mentally ill, it is assumed that the illness runs in the family’s ancestry and their family members share in that moral taint (Kleinman 1988:159). The real risk that stigma threatens can be seen when the stigmatized person comes to expect the third-party’s reactions, to anticipate them before they occur, and to believe what interpolates to be an accurate self-assessment. This habit of censorship results in the internalization of said stigma coupled with a deep sense of shame. Following this, the individual then begins to shape their behavior based off the influence of negative self-perceptions of themselves (Kleinman 1988:160). In a way, the censorship of these emotions has become a *habitus* for the individual living under the suppression of societal normative expectations.

Pierre Bourdieu wrote on *habitus* and the influences it has on an individual's actions, choices, and identity (Murphy 2005: 7). The *habitus* he theorizes about refers to social norms or tendencies that become embodied and come to guide human behavior and interaction. The *habitus* encompasses socially adopted characteristics and qualities that present as inherent despite being produced by the conditionings of a given culture (Murphy 2005: 8). This socialized normative guide for human behavior is reinforced through the interplay of choice and existing structures. Bourdieu explains these conditionings of behavior as structured inherent qualities of the mind that are accepted and socially proliferated in an unconscious and often unquestioned manner. Not only does the *habitus* exist on a generalized level, but also on an individual level that is dependent on varying social characteristics and roles i.e., gender, ethnicity, social class, etc. (Murphy 2005: 7). As a product of history, the *habitus* is generated in different ways across time, space, and peoples. Although *habitus* is not a fixed or unchanging predisposition, it is internalized as second nature and shapes the positionality of others and of the self (Murphy 2005: 9).

Many individuals partaking in the practice of drama therapy have an unidentified *habitus* that fuels an accepted notion of who they are and who they can be in the future. Using scripted realities and assuming the role of a character allows an individual to see past the preexisting definitions of their own circumstances and enables them to chip away at the *habitus* they have unconsciously accepted. The *habitus* acquiesced to by a person may be a prominent factor blinding them from their own potential as emotionally expressive individuals. Many people struggle to address emotionally charged issues in their lives, which in turn encourages repressive behavior (Emuah 1994, ix). Much of drama therapy evokes child-like vitality in the performer and engages intrinsic emotionality (Emuah 1994, ix).

In her work, Renée Emuah mentions how in providing an interactive therapeutic approach, drama therapy necessitates direct interaction with others, which differs from traditional verbal therapy in which solo narration is more common (Emuah 1994, x). Drama, like dreams, allows an individual to benefit from the active “experience” and simultaneously creates an exemption from consequence. The ability to experience without risk of consequence provides a catharsis and liberation for participants (Emuah 1994, xiv).

Drama behaviors have physiological impacts on the brain and body because the behaviors accumulated from character portrayal become a part of an individual’s repertoire of emotional capabilities (Emuah 1994, xiv). Having this repertoire of emotional expression translates from stage life to real life. The ability to navigate a variety of emotional stimuli in response to real life situations has a positive impact on one’s ability to accurately express themselves (Emuah 1994, xv). Scene work and character development provides a myriad of challenging experiences that function as a preparatory mechanism in every-day life (Emuah 1994, xvi)

Drama is commonly remarked upon as a practice of escape, an escape that leads to greater self-awareness and empathy for others (Emuah 1994, xvii). Dramatic play, which is commonly applied to children, serves as an assimilation of reality as well as a refinement of potentially destructive impulses (Emuah 1994, 4). The sense of mastery and control over the spontaneous and seemingly unavoidable expression of feeling provides a security in real world interactions (Emuah 1994, 4). In relation to identity development, the analysis of a character encourages a self-analysis and reveals new aspects of one’s identity. Dramatic play, an established psychotherapeutic method and drama therapy contrast because during dramatic play, participants adopt characteristic and then discard them. Drama therapy, on the other hand, explores only one character at a time, on a deep, self-reflective level (Emuah 1994, 4). The

works of anthropologist, sociologists, and psychologists have all contributed to the holistic application of art therapies and more specifically, the nuanced approach that is drama therapy.

What is Drama Therapy?

Drama therapy is an active and experiential approach to mental health practices. As an unconventional therapeutic practice, drama therapy provides a context for participants to explore inner experiences, establish goals, express feelings, solve problems, and practice interpersonal skills (NADTA). The North American Drama Therapy Association (NADTA), classifies this practice as the intentional use of drama to achieve therapeutic goals. Drama therapy uses play, embodiment, story, empathy, witnessing, and improvisation among other tactics to best meet the needs of the client (NADTA). It is the role of a drama therapist to understand the individual they are working with and to put practices into motion that might best satisfy the needs of the client. According to NADTA, the theoretical basis of drama therapy lies in drama, theater, psychology, psychotherapy, anthropology, play, and interactive and creative processes. The method is used to treat those recovering from addiction, developmentally disabled individuals, abuse survivors, people with life-threatening illnesses, and the general public (NADTA).

Drama therapy is flexible in its applicability and appeals to a wide demographic of individuals suffering from mental illness as well as those processing life circumstances. Certified drama therapists provide aid at establishments such as schools, mental health clinics, hospital mental health units, substance abuse treatment centers, correctional facilities, community centers, programs for refugees and immigrants, shelters, nursing homes, and a variety of other locations. The practice of drama therapy is not only beneficial for individuals, but for families and communities as a whole. The multidisciplinary therapeutic approach is used in these places and

amongst these peoples to help process transitions, loss, social stigmatization, exclusion, and dissention (NADTA).

The incorporation of play is built on lived experiences and gives the participant an outlet of self-reflection and furthermore helps them to polish their ability to self-regulate and develop social skills (R.Walters, 54). For those whose experiences have been dominated by trauma and who have been subjected to social consequences because of maladaptive strategies of emotional expression, dramatic play offers a platform for impulsivity to be guided into spontaneity in the service of the protagonist (R. Walters, 55). When engaging in dramatic play, psychodramatists can mold a circumstance to better suit the participant's experiential needs (R. Walters, 55). For example, if an improv scene is being exercised for the sake of dramatic play and an individual begins to feel triggered or devoid of inspiration, this is an opportunity for introspection and growth. In these moments, the dramatic therapist may adjust details such as where the scene takes place, the role of a counterpart, or the objective of the participant's character. In doing so, the actor will shift in a direction that might be discussed and analyzed for self-discovery purposes. Drama therapy is a creative alternative approach to treating mental health and possesses the fluidity needed to enhance the well-being of a vast demographic of individuals in various places.

Established Behavior Therapies

In the practice of *mindfulness*, a patient is encouraged to pay attention in a particular way. This therapeutic strategy requires one to act on purpose, in the present moment, and non-judgmentally towards the emotions they experience (Murakami: 2015). This practice emphasized accepting, allowing, and being non-evaluative about experiences in the present moment (Murakami: 2015). *Mindfulness*, is an attentive and non-judgmental focus on "here and now"

experiences and has been incorporated into various cognitive behavioral therapy approaches. This practice constitutes as an effective emotion regulation strategy whereas *emotion suppression*, which refers to the escape and avoidance from experiences and being aware of one's own emotions, has been identified as a potentially maladaptive strategy (Parvez 2014). *Mindfulness* highlights the importance of observing a wide range of stimuli as a whole with a focused attention on keeping some distance between oneself and their experiences (Murakami: 2015). When actors approach a scenario as a particular character, it is often with attention to the distance required between actor and character experience. This approach necessitates the practice of *mindfulness* with regard to both self and character.

Suppression of negative emotion promotes exaggerated sympathetic nervous system activity that may affect immune responses and physical health, whereas *mindfulness* emphasizes an increasing awareness and acceptance of all emotional experience regardless of situational relativity or intensity (Murakami: 2015). Neuroimaging studies revealed that the practice of mindful expressive suppression causes individuals to experience increasingly less activity in their brain's amygdala (AMG) and more activity in their brain's medial prefrontal cortex. The amygdala is an almond-shaped set of neurons located in the brain's temporal cortex which experiences activity in association with emotions (Murakami: 2015). In fact, the size of a brain's amygdala is observed to be larger in species with higher rates of aggression and can shrink 30% after a male is castrated (Adolphs 1999:127). Unlike the amygdala, decision making abilities are attributed to the brain's medial prefrontal cortex. Neuroimaging scans show that expressive suppression is effective in reducing AMG activity in response to emotional stimuli and aids in improving a patient's ability to effectively tolerate and cope with negative emotional states (Murakami: 2015).

Other methods of cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT) or “talk therapy” are used in achieving behavior preferences. For example, in using *fixed role therapy*, the patient will engage in a dialogue with their medical professional that consists of hypothetical situations in which the patient “acts” as though they have certain characteristic that they aspire to have in reality. If the patient is shy and struggles in social situations, their “fixed role” would be that of an extrovert. In portraying reverse antics, the patient might alter the timid characteristics they possess and apply more personally desirable social attributes to their everyday life. (Dombeck: 2006). The purpose is not to develop a fake personality, but rather to allow the individual to experience (and practice) a way of living life from another perspective. This practice is coupled with the measurement of physiological responses such as blood pressure, respiration rates, muscle tension, and skin electrical conductivity (commonly linked to levels of anxiety) (Spiegler 2016:110). *Fixed role therapy* allows the patient to envision their desired personae while the practitioner identifies negative emotional stimuli linked to physiological responses which helps individuals to identify, target, and acknowledge emotional triggers (Spiegler 2016:111). Drama therapy exists as a creative therapeutic alternative that encompasses nuanced practices in addition to established mental health treatments.

Existing Programs

Although this approach to cognitive behavioral therapy is somewhat unconventional and uncommon, I am not the first person to recognize the benefits that performance acting can have on an individual's psyche. *Youth Creates* is a training program at *7 Stages Theatre* in Atlanta, Georgia that takes place during the summer and provides experiential learning and performance opportunities for teenagers through performance, playwriting, and design. The program offers an outlet for inner-city and international adolescents who engage in creative practices during a

season that might otherwise go unsupervised. Michael, who works as a coach at *7 Stages*, advocated for *Youth Creates* by saying, “the growth that I see in the kids by the end of the program is incredible. Some of them come in so closed off and by the end of it they really come into their own”.

Hearts to Art, formally known as, *Mending Hearts Camp* is an award-winning summer camp for children who have experienced the death of a parent. This touching program was created in 2014 by founder and CEO Brett Batterson and takes place during the summer at the Auditorium Theatre in Chicago, Illinois. Brett’s father suddenly passed away when he was seven years old and his involvement in the performing arts provided him a support group and self-confidence. Brett was inspired to start this camp for children who have experienced the devastating loss of a parent. The performing art provided Brett healing as a child and in creating this program, he aimed to provide the same benefits to all children who endure the traumatizing and potentially psychologically damaging strife that accompanies the premature death of a caretaker.

Methods

As the student principal investigator, I find it important to mention my positionality and personal connection to the research presented here. I identify as a cisgender, bisexual, white female. I spent most of my adolescence as an actor and model living in the Tristate area as well as Los Angeles and Atlanta. The formative years I spent as a performer flooded into my passion for educating young actors. Over the last decade, I have worked with hundreds of actors ranging from ages three to ninety years old. The data collected over these years serves as the structural reinforcement of my knowledge concerning the benefits of this therapeutic approach. In addition

to this, I have used character analysis and drama therapy to treat my own mental well-being after the personal traumas I have endured.

After beginning my Bachelor's degree at the age of sixteen, I unenrolled from Georgia State University at the age eighteen. After a five-year hiatus, during which I worked for multiple private acting studios and traveled with a talent development program across the United States, I was overwhelmed with passion and vision for the field of drama therapy. The clients I educated over these years and the stories they shared with me serve as the primary incentive for this research. I decided to devote my studies to this somewhat untapped method of therapy two years ago as I noticed my adolescent students healing from this artistic practice. I remember leaving work feeling like I had personally observed a pivotal moment in the lives of my students. Although I had witnessed these moments, I knew that the introspective exercises of character analysis were primarily responsible for the victories being observed.

During that time, the countless triumphs illustrated before me encouraged my return to Georgia State University where I resumed my bachelor's degree in Anthropology in addition to maintaining my position as an acting coach. I recall confiding to a friend on January 1st of 2017 that the amount of healing I had witnessed was too beautiful not to be shared. I also knew that if I were to popularize the benefits of this practice, I wanted to do it with more than the testimonies of those who I had worked with. I wanted to be as educated as possible in order to ensure a strong and holistic foundation of knowledge that would reflect the power of the practice I felt so passionately about. I dedicated multiple semesters to scholarly research on this topic and simultaneously acquired data through participant observation at my place of employment. Over the past year, I attained IRB approval to interview participants over the age of seven and began

conducting interviews with clients from the past, coworkers, and actors I had never personally worked with.

I officially conducted semi-structured/open-ended interviews over the phone and over video chat with ten participants, all of whom were either actors, acting coaches, or worked in another professional capacity in the entertainment industry. Each interview ranged between thirty minutes to two hours long. Of the ten individuals I spoke with, two were former students of mine and one of which was an actor who trained at the facility I observed. Two participants were not only actors themselves, but also work as directors and producers. One participant was a parent and I also met with a talent agent who oversees the progress of over three hundred performers. The remaining three participants in this research were actors as well as acting coaches.

It is important to note that I have known each participant for at least one year, with the exception of one individual, and this prior knowledge might have affected the level of detail I mention as well as my interpretations of their words given my prior knowledge. With over ten years of participant observation experience, I also sat in on multiple acting classes that were conducted by my former co-workers. It seems fair to note that I have a reserved bias on the subject matter given that I myself have assumed the position of child actor, adult actor, and acting coach. I faced challenges in my interviews as I consciously refrained from leading questions and when asking personal questions that would have otherwise seemed assumptive without the prior knowledge I retained regarding my informants.

Time also posed a challenge for me. I originally intended to interview individuals of all ages including adolescents, but due to time constraints, I only interviewed people over the age of eighteen. I was isolated from the observance of non-verbal communicative signals by conducting interviews over the phone, so I made a point to engage in some video chat conversations at the

convenience of the participant. All of this to say, my methods in pursuing this research topic targeted the specific use of acting as a form of therapy and maintained a conversational and personal pattern.

I recorded several interviews in their entirety and with others, I just took notes. Certain interviews I did not record at all. I had initially intended to record all interviews, however, as topics revealed themselves to be more and more sensitive, I used my discretion by deciding to simply listen and take notes to the best of my ability. All recordings were used for transcription purposes and discarded afterwards to protect the identity of my informants. For the purposes of anonymity, I will be assigning pseudonyms to my informants as not to reveal their identities.

Findings

I have organized my findings in a manner that reflects the relationship each participant has to the topic. I found themes in my research amidst both actor and acting coach. In interviewing actors, their personal experiences were presented in various ways, however each actor spoke to the ways in which playing a character provided a distance that allowed emotional engagement while simultaneously evoking true emotion based on real life experiences. Regarding trauma, each actor spoke to the struggles they face and how particular characters have either helped them process these trials or offered an identity to express themselves through without direct accountability for the emotions presented. Gender norms and societal expectations were an evident topic of discussion throughout all interviews. Although I had not anticipated the relevance of this theme, it was clearly a topic that deserved highlighting in my overall findings. Acting coaches, or “practitioners” as I refer to them, all remarked on the growth they had seen in their students and benefits that character portrayal elicited in their clients. The verbal accounts of

the practitioners and actors alike all centered around the support, confidence, and human connection that drama therapy provides.

The Actor's Account

For Masie, drama served as a confidence building experience throughout her adolescence and led to her successful career as a director and screenwriter in the film industry. Masie is a recent film school graduate in her early twenties living in Los Angeles. Masie disclosed that, although she has been participating in acting for over a decade, she never considered herself the “best” actor. It was the failure she was subjected to that formed her perseverance in life. She admitted that yes, it caused her pain not to be accepted after auditions, but the process of the audition itself, revealed to her a multitude of small victories. “I didn’t need to book the part, I was just happy to discover the parts of myself revealed to me through the practice of performing. Now, as a director, I get to remind actors of that every day,” she remarked.

One of my informants, Riley, was a victim of sexual assault and rape at the age of sixteen. She is now in her twenties and in our interview, she shared her story and depicted the crippling side effects attached to her overt suppression of this tragic incident. After this occurred, she not only refrained from reporting the offender, but also withheld her truth from her friends and family for an extended period of time. In fact, she was so afraid of social ridicule and potential consequences that she attempted to convince herself that she was at fault. It was her understanding at the time that no good would come from her expression of the immeasurable psychological pain and torment she experienced.

Months later, she arrived at acting class and was administered a script she had not done before. Upon reading, she was rattled to her core by the parallels observed in character’s story in comparison to that of her own. Riley described this moment as such:

When I got the script, I wanted to cry. I didn't think I could do it because it was just too close to home. It was the best performance of my life. She said everything I wish I could have said. Playing that role made me realize I had the strength to tell my family. I needed to know I was capable of saying the words out loud. Even if they weren't my words, um, my character's truth broke down the wall I had been living behind. After that, I spoke about my experience. Owning my own truth through the scene gave me the strength to own it in real life. I'll never forget that moment. All of a sudden, I wasn't a victim, I was a survivor.

It was as if Callie (the character) displayed the strength that Riley wished she could have. For context, in the scene mentioned, Callie is in court and staring at the man who took advantage of her. Even though the character's lawyer encouraged her to claim it was consensual so the man would receive limited punishment for statutory rape instead of risking the whole case and watching him go free, she refused to compromise her truth. The character proceeds to look into the eyes of her violator and says, "You know what you did to me. I know what you did to me. So, I'm not going to lie about it. No, it was not consensual. No. He raped me."

For Riley, this scene served as a form of *fixed role therapy* because Callie's bravery was a desired characteristic that prompted Riley to share her story and at last, process the trauma she had incurred (Dombeck: 2006). Now, Riley exercises her voice as a mentor to other young women who are victims of rape and sexual abuse.

Atticus, a former student of mine who is approaching twenty years old, suffers from Intermittent Explosive Disorder (IED), which is often referred to as "anger outbursts" (Saha 2010:55). During our interview, we remarked on a moment that had taken place three years ago during a class that I was coaching. He and I both remembered the moment vividly. That day, he had come to class in an obviously foul mood but no one pushed him for explanations. Atticus was playing the role of Nick, a young man who was struggling with the loss of his mom to cancer. Nick's character was left with only his father with whom he did not have an amicable co-existence. In this particular scene, Nick treats his friend badly when she tries to console him. The

script did not specify emotional severity but made clear that Nick was irked and behaving impolitely. When we performed the scene in class, Atticus screamed in the face of his scene partner and violently acted out by slamming his fists on the table. The class was in awe of Atticus's ability to be so emotionally charged and with such authentic intensity. After the scene, Atticus's mood shifted, almost as if a giant weight had been lifted off of his chest and his classmates applauded his performance. When we spoke about this memory during our interview he told me:

My dad had torn into me right before class and that's why I kind of just went off right then. It's like, when I get to play a character that's like angry or upset about something, like, it's kind of like, instead of keeping all those emotions bottled up like I do, I get to open the bottle a little bit, and they (the characters) experience the emotion so I don't have to. In real life, I can't just yell at my dad without getting in trouble so being able to like, I don't know, yell as the character who was mad at his dad, I was able to get all that stuff off my chest.

Atticus used his performance to practice *mindfulness* about his moment-to-moment emotions. By doing so, he conditioned his brain to reduce amygdala activity in the face of conflict and learned how to incorporate rational thought processes into his personal experiences and confrontations (Murakami 2015).

Ivana Chubbuck, renowned acting coach and author of The Power of the Actor, argues that the use of *substitution*, a commonly practice tool amongst actors, yields authentic and genuine performances. *Substitution* refers to the cognitive recognition of an actor's (preferably unresolved) personal issue being used to overlay your characters similar problem (Chubbuck 2005:8). This performance tool enables an actor to embrace their emotions as opposed to neglecting them and combats the suppressive temptations. In this instance, Atticus applied both *mindfulness* and *substitution* in order to project an accurate reflection of his personal experience.

Similar to that of Riley's experience, Sam was fifteen when a boy from her youth group exposed himself to her and sexually assaulted her. Sam has been a private student of mine for over five years now and I was brought to tears when she revealed this to me two years after it had taken place. As a member of her church congregation, Sam kept this trauma a secret in fear of social consequences. It was almost as though she had adopted a socially determined truth that sexual intercourse, consensual or not, marked her as "impure" and "sinful". During our interview, she said she was afraid of what people would think, if they would believe her, and mostly that she was ashamed. She had convinced myself that she had let this happen. She expressed that she was, "full of so much anger". She took this anger and put it into every performance, even when the particular scene did not necessarily evoke it. As I worked with her, I tried to direct her to dial back the aggression. Despite my commentary, her performances could not shake an underlying sense of animosity. Looking back on this she said to me:

I remember it would always make me mad how you said I looked mad all the time. As we watched back my recorded scenes, I totally saw what you were talking about. I was always mad, whether I was acting or not. I wanted to let go of that anger, not just for my acting career's sake but for my own. That was when I told everyone what he did.

She continued to share how, after coming forward with her trauma, multiple other girls were encouraged to do the same regarding the same boy. Soon after, the boy was detained and Sam began to smile again, both on and off camera. For Sam, her desire to truly connect to her performances was inhibited by the emotions she harbored and this acted as the impetus which lead to not only her own healing, but the healing of other victims.

Gender Expectations and Stigma

Gender expectations pertaining to a specific culture influence "appropriate" displays of emotion. This has led to the adaptation of maladaptive emotion regulation strategies that occur when emotional displays challenge an established and accepted model of expression. In the

United States, mentalities such as, “boys don’t cry” and “girls are too emotional”, reinforce and perpetuate the hegemonic interpolations of “normative” behavior. Amongst my participants who identify as female, statements were made such as, “I always felt like I *feel* too much. In acting that wasn’t such a bad thing” and, “everyone always said I was such a drama queen so my mom put me in acting”. Whereas those who identified as male, made remarks like, “I only started acting because my sister didn’t want to go to class and my parents didn’t want to waste the money” or “I was a short, skinny kid. Theatre was my alternative to sports.” Another male said, “As a dude, I’m really embarrassed to show a lot of emotion and everything”. These statements flooded my interviews. The *habitus* of gendered emotional expression was clearly an accepted reality for my participants and the hegemony of this notion caused a glaring negative self-assessment (Murphy 2015: 7).

In reference to these comments, one might deduce that acting is for “over-dramatic” females or females whose parents feel the need to put them in an activity that will “tire out” the drama and for unathletic males or males who are forced into participation. In my interviews, there was a clear binary stigma that attached itself to gender dichotomies and expected behavior of males and females. Males are expected to feel embarrassed by their emotions and inadequate if they could not succeed in sports and chose acting as their “alternative”. Females on the other hand are positioned as highly emotional and therefore their emotions are treated like unavoidable burdens.

Stigmas such as these act as key driving forces of emotion suppression. Females fear they will fulfill their assigned gender stereotypes; for example, a female might intentionally refrain from contacting someone they are romantically interested in because they do not want to perpetuate the stereotypical positionality of females as “clingy” or “too emotionally involved”.

Contrastingly, males seem to fear that they will not live up to imposed stereotypes concerning masculinity; for example, a male might intentionally refrain from contacting someone they are romantically interested in because they want to maintain the stereotypical positionality of males as “drama-free” and “laid-back”. In both examples, males and females are required to maintain or defy socially imposed emotional characteristics in order to avoid stigmatizing labels.

One of my informants, Lisa, is a talent agent in her fifties and has worked in the film industry for over fifteen years. She spoke about the matter of gender stigma with a firsthand story concerning one of her clients, or as she would call them, her “talent”. Over a year ago, Lisa began to represent a young female actor who, despite receiving auditions, was not seeming to thrive. I will refer to this performer as D. Before releasing this talent from the agency, Lisa was informed by the child’s mother that her child no longer wished to identify as female and instead would prefer to be submitted for male roles. Since then, D has been exclusively submitted for male roles. Not only has this dramatically changed the caliber of D’s performances, but he also attained an agent in New York for national exposure.

When Lisa and I discussed the gender-based stigma presented in juxtaposition with the idea of acting as a whole, she said, “I think people are getting over that preconception, on top of that, people are now able to exercise gender fluidity within acting”.

The Practitioner's Perspective

In my interviews with various “practitioners” or acting coaches, three key healing properties afforded to individuals when acting were presented; healing properties such as support, human connection, and confidence. Felix, an acting coach for three years, told me:

I was always bullied for being fat and Jewish and acting was a place I could escape, plus all the other kids there were bullied too. So, I remember one day I had my students raise their hand if they had been bullied. Every single kid raised their hand. Even the kids who everyone saw as popular or better actors, it didn’t matter. They looked around and saw

that all of them had that in common, you know?

Felix believes that the shared experience and support of your peers through the traumas of adolescence provides a strong foundation for combating maladaptive emotion regulation strategies. Jerry, who has been coaching for five years, strongly advocated for the power of human connection that acting provides. He explained this by saying:

When my students are doing a scene that requires a lot of vulnerability, they are forced to look into the eyes of their scene partner and be transparent and emotionally exposed. This can be really difficult, but the rewards are astronomical. It is a powerful thing to be able to be vulnerable in a safe space.

Jerry's elaboration on this idea reminded me of Atticus. When Atticus performed his scene, he found healing from the pressing anger and anxiety that was previously ailing him. In these cases, acting and assuming the life of another character has functioned as a primary outlet where these individuals have felt protected from consequence when expressing emotions that are typically viewed to be negative and inappropriate.

Felix claimed that acting helps to heal children and teenagers by providing them with confidence despite their perceived level of self-assurance. Using his years of experience, he stated:

There are few things that build confidence for a kid. Acting builds confidence for all sorts of kids. For the shy kids, acting works as a foundation for building confidence and for the "class clown" kid who talks a lot and always seems to be seeking attention, it helps them to focus their need to be noticed in a constructive way.

Rebecca Walters, founder and co-director of the Hudson Valley Psychodrama Initiative (1989), conducted research on the ways in which psychodramatic methods help young people to heal through the creation of emotional distance in order to process traumatic experiences and develop new roles of resilience (R.Walters, 54). She conducted research at *Four Winds Psychiatric Hospital*, an inpatient clinic for children ages five to twelves. She observed that many patients

had been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). The nursing director informed Walters that although 75% of children admitted with the diagnosis of ADHD, most of them were actually suffering from post-traumatic stress disorder (R. Walters, 54).

Clinicians at this hospital believed that psychodrama would serve as a beneficial outlet from these children to tell their stories and express experiences in a safe place. Walters writes about using psychodrama in order to promote new ways of coping with overwhelming emotions. She argues that this method increases an individual's ability to self-regulate and develop socially beneficial skills. Her research reminded me of student mentioned by an acting coach from my interviews, a child who may have been lumped in with the 75% of children diagnosed with ADHD at *Four Winds Psychiatric Hospital* if someone had not intervened with an alternative approach for self-regulation.

Michael, an acting coach of eight years, conducts a program that primarily hosts inner city youth as well as a handful of international students. In our interview, I asked Michael if he could share a firsthand account that might depict a development he has seen in one or more of his students. Michael told me about a student he has had for four years and how, "he used to have wild movements and an overwhelming level of energy". Michael works as a physical actor and his approach is very movement oriented. While practicing Michael's method, the student he spoke of shifted his movements from wild and unhinged to more controlled and softer movements. The student's movements translated to his mental state as well. By practicing control over his body through performance, Michael's student was able to relay that same control to his psychological expressions. Michael explained

I'm a physical actor... I was playing the role of an awful guy who abused a kid as well as his girlfriend and I would engage in physical movement in order to trigger the feelings I needed for the scene and once I'm on the stage, I uh, I basically black out... As a physical actor, you are aware of your body so when I need to change to a different state of mind

or whatever, I focus on putting my shoulders down and pay attention to what I am doing physically.

Intrigued by his description of movement guided regulation of emotion, I asked him what helps him most when he needs to calm down after performance charged by real emotion. To this he remarked, “It helps to take the costume off, once the costume is off, it helps a lot to shift out of the unwanted headspace”. When he said this, it occurred to me that depending on our experiences as humans and how we learn to process those experiences, we all wear various costumes. At times, the removal of one costume may aid in guiding us to our organic selves. Dramatic practice, as it pertains to mental health, uses the removal of “costumes”, both in the metaphorical and literal sense, in order to achieve our own ideal self-regulatory patterns. Felix, Jerry, and Michael all had unique and assured perspectives on how the practice of character analysis and character portrayal functions as a form of preventative treatment for emotion suppression and as an active component in healthy emotion regulation.

Conclusion

Over the past fifteen years as both an actor and acting coach, I have observed countless instances in which psychological healing and emotion expression have been provided to those who have participated in the art of acting. Emotion suppression can result in misdirected emotional outbursts and the deterioration of personal relationships which can lead to self-loathing and depression. The purposeful neglect of one’s expressions acts as the origin of anxiety and stress causing high blood pressure, identity confusion, and even Borderline Personality Disorder (BPD) (Deshoande 2011). So then why do we do it? Why do we bury our feelings on a daily basis instead of finding appropriate ways of communicating them? It can be argued that emotional agency is a basic right; so then why are we forced to choose between finding innovative avenues that refine our expressions or muzzling our sentiments altogether?

Acting is a method of cognitive behavioral therapy that breaks down the stigma surrounding emotion expression by combating the binary idea of “good” and “bad” feelings. When a person succumbs to maladaptive emotion regulation strategies, it is to avoid stigmatized emotions linked to negative attributes. These individuals are forced to bow to the hegemonic assertion of culturally “appropriate” expressions. It is unfortunate that “correct” standards of emotion are interpolated by young minds in a way that causes them unavoidable self-denial and furthermore, physiological repercussions. “Appropriate” emotional expression can seem obligatory or inescapable within particular contexts, but for many individuals, acting and character development functions as a safe haven in which no emotion is “right” or “wrong”.

At the close of our interview, Riley disclosed that, “feeling someone else’s pain allowed me to heal from my own” and Atticus expressed that, “acting makes me feel like all of the terrible things I have endured weren’t for nothing. I can make the ugly into something beautiful.” It is my hope that more actors learn to find a promise of artistic expression in the face of “unwelcomed” emotions. In the future, I aim to continue this research and proliferate its use amongst adolescents and adults. Acting provides a liberating environment that defies stigma enacted by socially imposed “normative” behavior; where formative minds can learn to process, control, and most importantly, embrace their emotions.

Although drama therapy is a practice that has been established and expanded on, when I first decided to write on the topic, I had no idea the practice existed. What I have observed over the past decade as an actor and as a coach is that drama is a therapy. Applying methods and science to this concept is a wonderful way to legitimize and expand the practice, but it is my observation that when an individual engages in the foundational aspects of performance acting, they receive a therapeutic benefit regardless of how the practice is branded. It is important to

identify the individual needs of each participant when seeking out a catharsis, however, self-growth is written into the fabric of dramatic practice and it is the task of a drama therapists to maximize on the organic potential provided to each participant of the craft.

After years of observation, I am still consistently surprised at the healing properties acting can have on an individual's mental well-being. Dramatic practices exercise empathy and self-discovery. When individuals take the time to fully analyze characters, they are forced to ask and answer questions concerning, not only the fictional persons, but themselves. The practice of drama therapy incorporates established therapeutic methods, anthropological theory, as well as dramatic practice in a way that is palatable to the creative integrity of the wounded and encompasses exhaustive healing capabilities for individuals recovering from a myriad of afflictions.

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