

INTEGRATING ROLE PLAY METHOD INTO COLLEGE COUNSELLING SET-UP

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Abstract

This initiative was to examine the benefits of integrating the Role Play method within a college counselling setup. The paper argues that college students can acquire a balance between their cognitive and emotional sides, by embodying their desired role, against the problematic counter role. The work, further, elaborates on drama therapy's efficiency to improvise conventional college counselling setup. To gain insights about the feasibility of the method at the college level, and to discuss the present attitude among students towards counselling, experts were approached. The list of experts was made under three categories - Counsellors experienced with the youth population, Theatre artists, Drama therapists. The work proposes the model as a possible alternative for students' self-development, by incorporating an alternative character's perspective into the problem at hand. A primary necessity for this model's efficient functioning is a systematic training of college counsellors. The thesis is a feasible proposition to improve counselling for the students. But it needs examination with clients. However, with the literature and the insights acquired, the group has put this model as a potentially beneficial method for the counsellor and the student.

Keywords: college, counselling, role, play, development

INTRODUCTION: LITERATURE REVIEW

The American Counselling Association (ACA) states that counselling is "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals." (March 2010, ACA Conference, Pittsburgh)

Some methods of counselling are meant to target specific issues, while others focus on individual growth and change regardless of the presented problem (May 2020, S. Fader, W. White).

According to the AAC, Group counselling/ Peer counselling structures are just as frequent in a therapeutic setting as an individual counselling session.

Nowadays, there is an increase of demand by college students for mental health counselling, due to the increased challenges posed by both the growing number of students with serious psychological problems on campus, and the increase in the number of students seeking counselling. (Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T., 2015).

DEVELOPMENT OF DRAMA THERAPY AS THEORY AND PRACTICE

Dramatherapy is the intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth (The British Association of Drama therapists, 2013).

Drama Therapy is an active, experiential approach to facilitating change through storytelling, projective play, purposeful improvisation, and performance, participants are invited to rehearse desired behaviours, practise being in a relationship, expand and find flexibility between life roles, and perform the change they wish to be and see in the world (North American Drama Therapy Association, 2014).

Theatre is an arena where we can mentally play, acting out our fears and fantasies in an experimental way. Jacob Levy Moreno stated that "the theatre is a structured experience within which we respond or interact as

an engaged audience, in an enacted story that is being presented for us.” (The Handbook of Dramatherapy, 1988). He found that dramatic techniques used in psychotherapy are useful in: (i) Being aware of one's thoughts, feelings, motivations, behaviour and relationships, (ii) Becoming better in the comprehension of situations, of the points of view of others, of our self-image, (iii) Discovering one's capacity to act in new and more functional options of behaviour, (iv) Rehearsing, learning or preparing for using the behaviour or responses that were found more functional (The Handbook of Dramatherapy, 1988).

Theatre is therefore strongly linked to Psychology and Counselling because both disciplines find the deepest understanding of the emotional states of humankind with everything that derives in common tasks. Dramatherapy evolved in Britain in the 1960s from the drama in education, theatre in education and remedial drama (Brenda Meldrum, The Handbook of Dramatherapy, 1988).

It represents drama as a form of therapy. The inner stage of a client may be equated with the concept of self, as the self appears to be not so much a single entity but rather an arena wherein interaction between different components takes place (Gordan, 1987).

Similar to therapy, it facilitates treatment through an engagement with dramatic reality, a general orientation to working in the “here and now,” and being actively involved while working alongside their clients to establish safety, trust, and a sense of control (Cassidy et al., 2014, see Jones, 2007). They diverge on, (1) *the degree of engagement by the therapist in the dramatic action*; (2) *the use of physical touch and proximity*; (3) *the balance of cognitive versus emotive forms of expression*; and (4) *the emphasis on the past versus the present* (Johnson & Emunah, 2009: 26). Jennings states that, the definitions of what drama therapy is, stresses the influence of the creative and expressive in contrast with, say, psychoanalytic psychotherapy, whose stress is on the relationship between therapist and client, and the working through of conflicts and tension within that relationship. These processes are labelled ‘transference’ and ‘countertransference’ (Sue Jennings, 1988).

PREMISE OF DRAMATHERAPY

Dr. Robert Landy, the American drama therapist, expresses the aims of Drama therapists: [they] aim to reach goals that are essentially dramatic in nature. A general goal might be to help others increase their repertoire of roles and their ability to play a single role (in the drama) more effectively (Landy 1986). Specific goals are very much dependent upon the nature and needs of the client.

Drama is ‘essentially social and involves contact, communication and the negotiation of meaning. The group nature of the work imposes certain pressures on the participant but also brings considerable rewards’ (O’Neill and Lambert 1982). Dramatic activity is ‘the direct result of the ability to role-play—to want to know how it feels to be in someone else’s shoes’ (Heathcote, in Johnson and O’Neill 1984). Drama, then, becomes a separation of the self and the non-self, within a particular time and space. The ability of the participants to engage or disengage with the material that resonates with their personal problems and inner conflicts is called *Drama-therapeutic empathy and distancing*. (Courtney E. Ackerman, 2020)

The drama therapist uses drama structures with the specific intention of assisting clients to experience the emotions they may have blocked from consciousness, to gain insight into their motivations, and to see how their own processes affect their interactions with others, and the others’ reactions to them in their lives in the here-and-now (Good Therapy, 2015A).

Drama therapists may use a wide range of theatrical and dramatic properties such as masks, puppets, make-up and costume; they may use the client’s own story as the drama or incorporate myths and legends, but all within the therapeutic aims of the contract. (Sue Jennings, 1988)

Structure of a Drama therapy session

In drama therapy, a play created can synthesize personal and interpersonal learning that has happened during the group’s process (Bailey, 2009). Individuals, now actors, can explore their personal life story through self-revelatory performance. Past experiences, present predicaments, and future hopes can be embodied by the individuals directly, as it helps them to channel their issues and feelings and experiences better, through practice and rehearsals for the enactment. They can also choose to explore characters whose issues don’t contrast as much with those in their own lives, and find ways to explore their issues more safely through the play, giving them a self-exploratory chance (Courtney E. Ackerman, 2020).

Jones (1996) developed a theory that described the principal processes or therapeutic factors that transcend the various models and approaches in Dramatherapy. From these themes, he adapted his nine original ‘core processes’: (i) *Dramatic Projection*, (ii) *Personification and impersonation*, (iii) *Interactive audience and*

witnessing, (iv) Playing, (v) Drama-therapeutic empathy and distancing, (vi) Life- drama connection, (vii) Transformation, (viii) Embodiment and (ix) Therapeutic performance processes.

Role Play method under Dramatherapy

This study provides an in-depth understanding of role theory and role method, developed by Landy (1994, 2009).

The functioning of people in the world is perceived as playing various roles. The theory and method are based on the postmodern sociological theories of Goffman (1990). Role theory states that *oneself* as such does not exist, but identity is constructed of multiple modes of being. Everyday reality is full of contradictions and paradoxes, in which people try to find balance and harmony (Lištiaková, 2015).

The clients may attempt to present as they imagine themselves to be, even in the more revealing realm of enactment. They may try to edit anything which, even in the role, they feel is contrary to their ideal. This editing may be part of a more generalised process of neurotic avoidance. Clients may in this sense be 'over distance' (Landy, 1987) from many aspects which are painful to them.

In a role theory, the goal is acceptance of all roles that a person plays in life as an important part of being. In the approach of role theory, it is worked towards broadening role repertoire and increasing the ability to play certain roles effectively. The more roles people can play, the better they can cope with surprising or changing life situations. A resolution of the role is successful *when the client has recognised the existence and significance of the healing part of himself and has acted towards himself as the therapist has acted toward him* (Landy 1992:103).

The main concepts of role theory include the role, the counter role and the guide who are manifested and explored through a story (Landy, 1994, 2008, 2009). A counter role represents a complement to a role - *the other side of the same coin*. The idea of a role and counter role is similar to Jung's archetype of a shadow as a part of the personality that people cannot get rid of, and the only way is to accept it as a valuable part of the personality (Jung CJ, 2014). Drama therapists possess the role of a guide and a mediator of interaction between the roles and counter roles that are explored in the drama therapeutic process (Journal of Exceptional People, 2015). Analyses of the role system may help to identify the roles that are accessible to clients in their everyday lives (Landy, 2008). Dramatherapy, according to role theory, creates space for aesthetic distance, which on one hand serves as a tool of safe distance through the metaphor of a story and role. On the other hand, it allows the connection and proximity to a sensitive topic. (Journal of Exceptional People, 2015)

Role of Drama Therapy for Youth

The application of drama therapy in the education field can strengthen the use the skills of roles in a learner's life, understand their own and other people's emotions and then have a positive interaction with society (Chang, Wen-Lung et al., 2019). Introducing drama therapy as a counselling method in a college, where the counsellor and participant don't have one-to-one communication but rather there is a group setting, every individual participating in the therapy session can choose the character they want to play. It can especially benefit troubled teens and youth ways to feel less isolated, learn how to solve problems through roleplaying, express how they are feeling or even set future goals they want to achieve, relate better to other people, understand themselves and their experiences more clearly, improve self-esteem and self-worth, develop better-coping skills at home, school, and/or, broaden the range of expression of emotion, use of creativity, imagination, and play to practice reactions to difficult situations, get to the point of addressing problems quickly and interact with others in a safe, comfortable environment (Chang, Wen-Lung et al., 2019).

A study based in Taiwan helped to provide a path of establishing the mental health module of drama therapy in the education sector for college students. The study claimed that the application of drama therapy can strengthen the function of learning in education. The learners can use the skills of roles in life, understand their own and other people's emotions, and then have a positive interaction with society (Chang, W. L., Liu, Y. S., & Yang, C. F. (2019).

The communicative and social nature of dramatherapy can be especially helpful for those with depression. Talking to and interacting with others can help to ease symptoms of depression while acting out certain scenarios, and can help to develop coping mechanisms (Counselling Directory,2020).

Since Drama therapy focuses a lot on the body and movement, it can help one with eating disorders.It can help sufferers explore deeper issues that cause the problem in a safe way that is not too overwhelming (Counselling Directory,2020).

Dramatherapy provides a safe "play space" for people with self-confidence and assertiveness issues, which gives them ground to practice and develop assertiveness in real-life scenarios. It can also help those with low

self-confidence to explore its underlying reasons. This way they can address any issues in a safe environment. Those who have difficulty communicating or trusting may well benefit from dramatherapy (Counselling Directory, 2020).

Limitation of this approach

In dramatherapy (especially in group therapy), clients may attempt to present as they imagine themselves to be, even in the more revealing realm of enactment. They may try to edit anything which, even in the role, they feel is contrary to their ideal. This editing may be part of a more generalised process of neurotic avoidance. Clients may in this sense be 'over distanced' (Landy, 1987) from many aspects which are painful to them. Their role repertoire may therefore be limited.

In her article in 'State of the Art,' Dorothy Langley looks at the different client groups where drama therapy is used and gives a negative answer to this question (Jones, 1989) - A drama therapist should have the ability to work with clients at any level, and should ideally be in a working environment, where it is possible to exert a full range of her skills.

Gordon (2006) states that the apparent "naturalness" of acting as a human function and as a "life-like" representation is both a blessing and a problem for the student and teacher of drama therapy and psychodrama (Sue Jennings, 1988). There is a risk that such an experience may later lead to what has been called a *Clinification Syndrome* - described by Allen (1992) as the avoidance of art-making in therapy, resulting in one's assimilation into a more verbally oriented mental-health profession. Relatedly, Wix (1996) claimed that *when art is not the heartbeat of art therapy education, it is not the heartbeat of art therapy - possibly indicating a lack of trust in art's ability to heal* (p. 178). Johnson similarly claimed that trainers must *help students internalize an identity as drama therapists. Otherwise, we will be vulnerable to professional drift, where students move into other more established professions after training in ours* (Johnson, 2009b, p. 14).

METHODOLOGY

Considering the infancy of the researched method, expert interviews were gathered from three categories, under their respective objective:

Counsellors - the group was consulted to gain insight about:

- The present state of college counselling and the perception of the students towards mental health.
- To examine if any one of them had used an approach derived from Dramatherapy or the researched method of Role-play.
- Examining the results of such cases.
- The first objective was extrapolated to the discussion about the aspects that need to be improved in college counselling.
- The third point led to further discussion about the feasibility of integrating the method for students in college counselling.

Theatre artists - considering the roots of the studied method in theatre and non-verbal expressions, this group of responses was gathered to gather insights about:

- Important factors that make character adaptation possible.
- The effect of theatre on the mental health of the individual practitioners.
- Experience of having coherence with a character, and bridging theatre with routine life to find alternative solutions to a similar problem as the character.
- Benefits of introducing students to a theatre workshop, as a preliminary to dramatherapy session.

Drama Therapist - this group was sought to gain the key data about several parameters found in the literature review:

- Understanding the idea of Dramatherapy from a theoretical form to a practising form.
- To chart out the important factors for consideration to introduce and integrate such a method in the present structure of college counselling.
- Discussion on the reasons that cause role conflicts that lead to mental health issues.
- The pros and cons of integrating the method in college counselling set-up.
- Challenges to counter for introducing it in the present structure.

The three sets were conducted as one to one interviews, and the recording was saved as data for later transcription. For the analysis, each set of views has been studied under the aforementioned parameters. The

final result was used to discuss the present structure of counselling in university spaces, and to examine if dramatherapy is a feasible option.

RESULTS

Categorical analysis of data:

Analysis of the responses from the Counsellors

Used abbreviations¹ - SH, DH, AS, HN, ML, NT, NS

This category had 7 consenting Counsellors and Psychologists. The experience of work with students ranged from 35 years to 2 months. The data was studied for insights for the following:

Students' opinion on mental health:

It was found that there is an awareness and acceptance towards associated help when required. Two experts, however, reviewing its status in *Tier 2* (SH) and *sub-urban and rural areas* (DH) gave the idea that the acceptance cannot be generalised as hesitation and stigmas was not found by the former but by the latter among students.

KR, on the other hand, remarked that there is an inconsistency in the perception from students; which was hinted at by AS as well, that *publicity and awareness about mental health is present on social media, alongside a feeling that stigmas will be attached if one opts for such a help.*

The present situation of the college counselling set-up:

5 experts stressed on the need to improve the present college counselling structure. One of the problems - unequal ratio of counsellors and students, and a dedicated team for the student population, was mentioned by SH as *one counsellor cannot practice CBT or REBT for 300, 400, 500 students.*

KR, ML and NT stated the need to train budding counsellors for a better experience with student context. AS, ML and NT were unanimous about the problem of *college authority to inform parents, that can demotivate the student from future sessions.*

KR and AS reviewed the orientation programs for students towards counselling as limited to *career and self-confidence and academic needs.* One of them (NS) remarked that the college schedule *puts mental health on the back seat to avoid consequences for not attending a class.*

Experience of the counsellors having implemented role play in their counselling sessions with the clients:

Except for one expert, 'role play' as a method was used by others for student clients' benefit to *bring out their core emotions or maybe a part of subconscious emotions which they are not able to access sometimes* (ML). DH reviewed this method as helpful to direct students into gaining self-confidence.

Implementation of the role-play method in college counselling set-ups:

Three of the group perceived this method as useful to improve college counselling. Among the rest four, three experts were sceptical of its benefits, and one did not perceive it as efficient for college students.

NT, in its favour, stated that *clients developed more empathy and acknowledged multiple truths.*

The sceptical experts thought it as useful for *some people who are more expressive and more verbal, to be pushed to access their subconscious more easily* (ML). But *not everybody is comfortable with sharing with everyone and could feel humiliating* (HN).

Respondent NS, not supporting its integration, said that it might be a good idea to help clients in the longer run, but cannot be suitable for student issues.

Anxiety, depression, grief, social phobia, relationship issues were the common responses from most of the counsellors. Other responses included self-esteem and body image issues, acute disturbance, Cluster B and C disorders, OCPD, sexual abuse and borderline disorder.

Analysis of responses from Theatre actors

Used abbreviations²- MRG, RSR, SV, RA

The team was able to reach out to four male theatre artists, with more than five years of experience. All the respondents consensually participated in providing insights about the effect of theatre participation on mental health. The four responses were mapped through the following parameters:

Factors important to build a relationship with a character

Out of 4 participants, three had elaborated on the note that it is necessary to build a *connection* with the character by *accepting* and *empathising* with it. *When it comes to acting, not only on stage but even off stage...the*

¹ All the experts' names are mentioned under acknowledgement

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most important point is that you understand the essence of your character... (SV). Character adaptation is part of daily life, as one is not the same at home as in school. The respondent RSR made a similar comment that each individual is a set of characters, played through in one's daily life.

Respondent MRG stated that the acceptance towards a character can come about through empathy - *But when playing characters, we tend to...it's our job to empathize with them.* The ability to empathise with a character helps one to be accepting towards the flaws of the character. This enables an individual to portray *the truest form* of the character on stage. Apart from empathy and acceptance, discipline, as an important factor for theatre life, was mentioned by RA.

The therapeutic effect of theatre on the actor

While enumerating the empathy building capacity of theatre, MRG stated that one learns that *a person might be coming from a certain kind of a thought, a certain kind of a psychology, certain kind of an ideology...* He also recalled his experience of theatre to be, as he stated, *exploring something, which is not me...* However, a note of caution was made that theatre can make the person forget the self.

SV mentioned the distinction between being the daily self and a particular character *because when you are on stage, you are not yourself anymore.* To understand this distinction in drama, RSR enumerated as to how *the real person is the second one and not the first one* as one enters into a character for a play. Adding on to these, SV also supported the idea that theatre teaches one to not stay stuck in one character, in agreement with RSR. Theatre is a *treat* for the ones interested and heavily involved in it (SV). However, explaining the life of an introvert, RSR noted that drama would allow an individual to explore the lifestyle of an extrovert and adapt to their ways. The fourth respondent RA described his experience of theatre as an effective way to gain self-confidence. Further, he described that the discipline involved in this lifestyle helped him in *pressure handling.*

Effective help from character coherence with personality

Out of the four participants, three responded that they had experienced a congruence with a character on-stage. Drawing from his practice to write character backstory, SV stated that this kind of situation worked for him as an actor. He was able to develop a *personal touch* with the character and draw out a backstory for it from his experience off-stage: *...Because it's very easy to enact something that is based on your personal experience because you have been to that feeling you have been through something like that in your life...*

Describing his experience as Shylock (a character from the Shakespearean play *Merchant of Venice*) on stage, MRG drew parallels to the personal conflicts one goes through due to the happenings around one. He found a *stark similarity* between his character and the minority person who faces communal discrimination and can become the antagonist. Differing in experience from the three, the RA stated that he had enacted a role that was opposite to his personality, that allowed him to channelise past negativity into the character for the play.

Effect of theatre workshop for students

From a technical view, both SV and RSR stated that a workshop for such a purpose would allow students to gain insights into the technical intricacies of theatre. *People generally confuse drama with acting. Drama is not only about acting, there are, there are so many different factors involved when it comes to drama. There are so many people who are not really applauded for their efforts...* (SV). *You might be good at writing a script. And if you don't give us a script, what will we act on? If you don't make us look good? If you don't put VFX in the play in a movie? How do we look good?* (RSR). Elaborating on the individualist expression, RSR explained it will be a space for *expressing yourself creating forms of writing. Even the lights, people, people who put lights, they want to express themselves in a different way.*

Finally, MRG stated that the workshop would allow students a space outside their curriculum, *because it is something very different from what the curriculum of the college and that's obviously very refreshing also for them, because there's something new right. Theatre is, why do we call play?*

Analysis of the responses from the Drama therapists

Used abbreviations³ - AK, AB, EH, MG, PR

Five Dramatherapists, with an average of 12 years of experience were interviewed for this project. The responses were studied under the following parameters:

Approach to Dramatherapy: The respective Ideas

A student of British School of Dramatherapy, AK defined it *as the use of drama, theory, and methods of physical movement, and verbal expression beyond the scope of conscious expression.* The Eros, a primal form of communication is then brought out. The conscious realm is translated by using art as a medium.

AB described drama therapy as *an ecology of practices, like roleplay, masks, puppets, improvisation, psychodrama, sociodrama, movement rituals, so many different kinds of practices and theatrical rituals like theatre of the press, playback theatre, also, which are considered allied professions that we borrow from, in order to hold a safe and enabling space for the client or the patient. It offers that space of play, look at that interim between reality and imagination. And see how they can meet to find balance in thought, in emotion and in being who you are.*

³ All the experts' names are mentioned under acknowledgement

Referring to (NADTA) definition EH stated it as the *intentional use of drama techniques to facilitate change*. It takes time for the therapist to understand and break the defence mechanisms of the client, which are projections, self-identity and associations, hence the client's will to undergo therapy also holds a significance. Hailing from the same background, for MG *drama therapy is using drama methods, processes, concepts, conceptualization to bring about change, growth, understanding, healing, therapeutic benefit*. The client and therapist engage in an egalitarian space, where the role repertoire is explored through a play space.

PR: He said: *to help people understand themselves...;* to offer the space to restore faith in oneself when one wants to start over with a clean slate.

The key concepts enumerated by them:

- **Aesthetic Distance:** AK says that aesthetic distance is found when a distance is created between the individual and the narrative that is to be performed, which later provides safety for the client to perform their roles. According to AB and MG, aesthetic distance is the balance between emotion and thought to not be too distant or overwhelmed by either. Role play proactively facilitates the individual in being able to find the right balance. PR says that there is a "me" and "not me" factor, and there is a liminal space between the two, which only occurs when performing a theatrical role.
- **Role, Counter-Role & Guide:** AB said that the client can perform a role akin to the hero's journey, overcoming obstacles, and resolving conflicts. The guide would aid the protagonist on their journey *because all of us are living our own stories right now* (AB). On the other hand, EH said that the role model is very analytical, and doesn't necessarily have to cater to every situation. There are other factors involved too. MG mentioned that the role and counter role would always be in conflict *because otherwise between the role and the counter role it is a circular, never-ending conversation. "I want this", "no, you can't have this"...*
- **Self/Selves:** AK says that there is no striving to be an "ideal self" in the UK school of Dramatherapy. *We say you are liberated as is, you are good enough as is* (AK).

Reasons for Role Conflict among Youth:

AK and AB expressed the status of today's youth as in a constant *need to belong and self esteem* (AK). They are under a set of expectations to cater to demands that can be, as AB stated, *unboundaries and unhealthy at times. These demands can lead to anxiety and depression amongst the youth* (AK). MG finds them *inexperienced to play different demanding roles* to fulfill the standards. Role conflict, in PR's view, arises from the performance of the different roles that one has to go by. The sense of jealousy and possessiveness, the desire to possess and belong, aids in a role conflict. Taking a different pathway to it, EH explains role conflict *as a consequence of performing a certain role in one particular way*, which does not allow an individual to explore their other selves.

Critical Factors in integrating Drama Therapy into the College Counselling set-up

Dramatherapy focuses on the body as people *can use the same words for rage, but how it manifests in bodies can be very different* (AK). The play method breaks the verbal guard and lets the client express bodily. Another feature of dramatherapy is that even though it is focused individually, it tends to focus on the collectives like, as AK enumerated, *a certain universal image of mother*. The client can be who they want to be, *as it really locates the student experience in the individual rather than this moral, cognitive structure*.

One critical factor, as per AB, in the Indian context is the maintenance of ethics and confidentiality. Another factor is knowing the limit to how much they can withhold and help the client, so as to *open up only as much as the therapist can hold with the client, and for the client*. The focus of a therapist should be on breaking out of rehearsed patterns of behaviour, and later to have the ability to use spontaneity, creativity and imagination. The therapist must also have the ability to come back to these rehearsed patterns when needed.

Proper facilitation of the roleplay model must be followed. EH enumerated this with the example: *we're playing a trust game, and in the trust game, you need to lead your partner around the space, the partner's eyes are closed, and now it's your job to lead them around*. So, the tools used in the session heavily depend on the therapist's usage and their relationship with the client. Usage of culturally appropriate themes would help the youth to be more engaged in the therapeutic process as he observed at Juvenile Correction Facility in California. He also points out the need of providing the time frame to absorb the experience of the session in the end. Resonating EH's point of client-therapist relationship, MG states that the therapist also *becomes a part of the play space*. Empathizing with a person willing to learn about themselves and focusing on the present are some important factors as per PR. He stated that it's the peaceful environment that is important rather than the set-up or location.

Pros and Cons:

Pros:

AK and MG explained its potential to *offer a space where people can be vulnerable and transparent* (AK), and it is *imbued with possibility because of which everything becomes okay* (MG). The latter explained that *it allows people to build ease with new roles and practice new behaviours, which can be therapeutic in relationships especially*. The relational nature of these sessions provide them a sense of immediacy as per EH's observation in Indian contexts. Focussing on the uniqueness of the individual, AB explains that role play helps one to hold individuality while accessing a universal. It helps people who have different ways of coping with any sort of stressful situation.

Cons:

AK: Since it is based on the “play-space”, it can come across as something less serious. Other than that, the unwillingness to participate in therapy and sessions can be very challenging in many situations.

EH: In his opinion, one can only see the change if the person is willing for the therapy. In role theory, what might happen is, since the drama therapists do things repetitively, they only get locked into certain roles, and then that creates role rigidity for them.

MG: *People using the tool do not realise the fact as to how powerful the tool is, it can lead to more detrimental effects.*

Challenges faced in India:

Both AK and AB stressed on the need to provide *culturally sensitive therapy* (AB), as contexts in India differ from New York or UK. It is more collective. Besides this, the willingness of the client to go beyond stigmas around mental health, and the maintenance of ethical limits of client-therapist relationship is also important.

Reviewing India’s status of education, EH states that there is no efficient training for drama therapy. This is reiterated by MG as well. EH also mentions that *a lot of people practice for a little bit, and then they’ll become like a supervisor or a manager...most people don’t practice drama therapy anymore.* MG provided the information that India currently has only 9-10 efficient drama therapists only. Formal education in counselling, empathy and the client’s will to participate are the challenges faced according to PR - *it is not necessary it should happen in studios, in a closed confined space, it can happen in a beach.*

Mental health problems addressed using Drama Therapy:

It facilitated the “feeling at home” with one’s body and one’s community through AK’s sessions for LGBTQIA+ people. EH uses the methods for Shristi morning exercises called stress busters. MG provided cases from program *Positively Shameless*, that helped adult survivors of childhood sexual abuse. AB was able to help people with different levels of volatility on the Psychosis spectrum, such as Schizophrenia, Schizoaffective disorders, Mood disorders and Personality disorders. In India, a lot of her work has been with special needs and children on the spectrum for differently-abled children. It has also been with adults, middle-aged working professional adults, employees have been with geriatric populations, populations with Alzheimer, diagnosable illnesses. PR has been helping kids who have the autism-spectrum disorder.

DISCUSSION

The final inference drawn is that there is a positive attitude among students towards mental health needs. Therefore the college schedule, infrastructure, student orientation and training of the college counsellors need to be improved for better sessions. The users of the ‘role play’ method remarked that the specific sessions had a positive impact on the student. The inference about its feasibility is mixed, as not all of them stated this approach as a possible method for college students, unless there is student participation and efficient counsellor training. The intersection between theatre (one of the expressive arts) and counselling was inferred as effective from the responses of all the theatre practitioners. Theatrical space allows one to express the self informally and through a spectrum of roles. The exploration allows the individual to understand characters, not be stuck in a singular prototype. To orient students of the college to such an expressive art therapy, it is important to expose them to a workshop with theatre artists. To this assumption, positive responses were given by the practitioners. It would allow students to move beyond the structured curriculum and table-chair therapy.

The next set responses were gathered from practitioners from both the founding schools of drama therapy – North America and the UK. Responses emphasised upon the methods that this approach incorporates, moving beyond the conscious vocabulary into the unconscious realm. The opinions marked the focus of this approach - not to address the student as a client, but as a repository of different roles, and facilitate a relationship with role ambiguity. One of the needs for drama therapy is based on the fundamental idea that every individual goes through a role conflict. As commented, the present society puts a *number of expectations* on the present youth, which leads to constant competition. Explaining through different daily life examples, the consensus was found to be that the present youth faces uncertainty; but are expected to fulfil role-specific demands persistently. For which, drama therapy allows different ways to express one’s self in one’s personal fashion, guided by a drama therapist. About its efficiency determinants, it was understood that the play space created for the client needs to be egalitarian, but held responsibly by the therapist. Secondly, a drama therapist should always be aware of the content and the time period of each session.

About its pros, the opinions remarked about its ability to allow individual bodily expression of common emotions. Further, the client is allowed to explore the different layers of the self, to come to terms with its ambivalence. But the approach can be challenging for untrained practitioners, which would cause a heavy negative impact on the client’s mental state. Further, the repetition incorporated for some sessions can lead to rigidity in the client, for which the guide would have to be careful. About India’s context the experts commented that the stigmas associated with mental health and expressive arts pose a challenge against its development as something fruitful and serious. There was a reiteration of the need to integrate this method

after there is an integration of a professional degree in drama therapy to give expressive art therapy its own space in research and practice.

CONCLUSION: FURTHER SCOPE FOR STUDY

Having acquired insights from different categories of experts, the paper has argued that the proposed model can help the students, by providing a better atmosphere with the counselling. However, not to make a general statement, and being one of its first kinds of study, the paper has opened the path for further deliberations.

The work can be extended to gather student responses using a survey and focus group discussions. It could be used to map out the level of awareness among them, and the popular opinion about the effectiveness of the present college counselling set-up. By the incorporation of the student opinion, the study can be broadened to bring in responses from the stakeholders about their willingness and questions on the approach. This is intending to model the structure as per the needs of the students.

No new structure can be modelled without a thorough discussion with the people in the administration. During the interviews, the work gathered insights about the lacuna in the college structure that limits counselling to certain prescriptions. Thus, a policy approach towards college-counselling would be a beneficial contribution to the research repository.

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