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A Literature Review on how Landy's Role Theory and Role Method might be used to Develop Alternative Roles in Individuals with Decreased or No Mobility

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Abstract

Research regarding drama therapy with the physically disabled population was published over 20 years ago, detailing the use of guided imagery and storytelling with this population. There is a lack of information available about specific drama therapy techniques and theories used with this population. In addition to the previous statement, there is a lack of therapeutic services available to this population. Robert Landy's Role Theory and Role Method in drama therapy, uses a taxonomy of roles that consists of a health classification with the role type of *Physically Disabled or Deformed (see also Beast),* and a role subtype of *Deformed as Transcendent*, but information regarding the use of Landy's taxonomy with the population has not been found. This is one of the many themes and concepts reviewed in this paper. Other themes and concepts include; the lack of drama therapy and psychotherapy with the physical disabled population, Role Theory, and Robert Landy's Role Theory and Role Method in drama therapy. The literature reviewed in this paper supports the use of Landy's Role Theory and Role Method with individuals with decreased or no mobility in developing alternative roles for further use when working with this drama therapy technique.

Keywords: role theory, role method, taxonomy of roles, decreased or no mobility, physically disabled.

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Introduction

Within the drama therapy field, there has been minimal work published about drama therapy with individuals who are physically disabled. There is even less work published about the use of Landy's Role Method, with this population. Jennings (1973) wrote a chapter explaining that there is minimal research done with this population, and the importance of differentiating between movement as a part of drama therapy, and the science used for corrective movements in physiotherapy (p. 49). Drama therapy utilizes the body as a tool within the work, but within this population, there is a decrease in bodily movement, which pushes for adaptations of specific drama therapy methods and assessments for this population. Booker (2011) explained that individuals who are severely disabled, both mentally and physically, have a limited role repertoire, and drama therapy can be used to introduce this population to a wider range of roles, allowing individuals to take on a role in a more complex dramatic scene (pp. 90-92). With the use of role, an individual within this population can decide how to portray it, and how to work and present their limitations within the role chosen.

Landy's (1996) taxonomy of roles consist of a health classification, with the role type of *Physically Disabled or Deformed,* (with the reference to see the role type of the *Beast*) and the subtype role of *Deformed as Transcendent* (p. 119). The taxonomy of roles, list the quality, an example, the function and style of the role. These role types and their specifications will be explained later in this paper. In addition to the lack of role types available to this population within Landy's taxonomy, there is also a need for drama therapy interventions for this population. I interned with this population last year and found myself adapting many techniques

and interventions and improvising without any literature to draw from. The individuals that I interned with, had a diagnosis of Multiple Sclerosis, which is a chronic, progressive, neurological disease where the body's defenses attack the covering of the nerve fibers, resulting in lesions that block the passage of nerve impulses, causing a buildup that can result in symptoms such as numbness, impaired mobility, and paralysis (Antonak & Livneh, 1995). Most of these individuals utilized a wheelchair or motorized scooter. Everyone was at various stages in their disease, and the decline in mobility became prevalent throughout the year, which tasked me with adapting and modifying interventions for individuals with decreased mobility among various parts of the body, as well as cognitive declines, and declination of the five senses.

Jennings (1981) wrote that drama therapy with the physically disabled population can be divided into three groups; "(1) the Multiple Handicap – both mental and physical damage; (2) the Physical Handicap – loss of limb, cerebral palsy, polio, etc., with no mental impairment; and (3) the Symptomatic Physical Handicap – physical impairment caused by emotional problems, and sometimes symptomatic of neurosis or psychosis" (p. 65). As mentioned previously, little has been written about the use of drama therapy with the physically disabled; the most recent article that I found was from 1994. Landy (1994) writes about the relation of drama, theatre, and drama therapy, by, with and for this population. Landy (1994) states that because of the Public Law 94-142, physically disabled children were given access to free education, which gave them the chance to experience theatre and drama, which seemed to be a therapeutic experience for this population, regardless if it was led by a drama therapist (pp. 39-42). Jennings (1973) writes that physical disability is a broad category, and when working with this population, it is important to note the ranges of physical disabilities that one can have (p. 49). Jennings (1973) chronicles a set of guidelines that one must have in mind when working with children of this population. They are,

as follows:

- Never underestimate the dramatic possibilities with these groups.
- Think in terms of a wheelchair as an alternative to feet; immediately many more things become possible, such as marching, dancing.
- When possible, enlist the help of more mobile children to facilitate processions and more ambitious wheelchair movement.
- Make use of gently rocking the wheelchair to induce calmness and relaxation.
- Include as much rhythmic work as you can in music and movement, as so many of these children have become "out of rhythm" as a result to their handicaps.
- This in turn will facilitate better co-ordination (make use of natural rhythms such as heartbeats, taps dripping, axes chopping. (Jennings, 1973, p. 54)

These guidelines are to be kept in mind and will change to fit the needs of the physical disability that one is working with. Most of the drama therapy done with this population can be classified as storytelling, where the individuals are depicting a journey, which does not consist of them in their disabled role. Blumberg (1981) writes about using performance to develop social skills, and personality improvement in adults with cerebral palsy. Lastly, Landy (1994) discusses imagery-based work, which involves the individual visualizing and imagining themselves in able-bodied situations, and storytelling with a severely physically disabled adult. The most recent information that I found about drama therapy and the physically disabled population is over 20 years old, which emphasizes the need for drama therapy with this population.

This paper will focus on the physical disabled group, because it involves limitations in

mobility. I am aware that sometimes there is an overlap in physicality and mental functions, dependent upon an individual's illness or specific event that led to decreased or no mobility. It is important to note whether decreased or no mobility is due to an illness, or a specific event, because there may be different roles that need to be further developed and explored. Age range also determines which roles and domains need development and exploration. These concepts will be explored in a section later in this paper. Another important discussion to note is the language used to describe this population has changed over time, and there will be quotes that use or have references to previous titles and classifications as shown above.

The question that I propose is: How might Landy's Role Theory and Role Method be used to develop alternative roles for individuals with decreased or no mobility? Based on the information that I provided in the introduction, I will review literature that details physical disability and psychotherapy, role theory, Landy's Role Theory and Role Method. I will review literature that explores the use of this drama therapy method with this population, how the use of role play enhances aspects of the self, and the need for drama therapy with this population. Through this research I will propose questions and explain my thoughts surrounding specific roles within Landy's taxonomy of roles, as a starting point for use of the Role Method with this population.

Literature Review

Physical Disability

The Americans with Disabilities Act National Network (ADATA) website defines disability as, "A physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment" (para. 3). The ADATA further defines physical impairment as, "a physiological disorder or

condition, cosmetic disfigurement or anatomical loss affecting one or more of the body systems" (para. 8). For this paper, the physical disability is defined as decreased or no mobility, that results in use of a motorized scooter or wheelchair. The individuals that fall under this category have varying levels of range in their legs, which involve a wheelchair or motorized scooter for added support. There are a variety of illnesses and events that lead to decreased or no mobility, which both may be classified as traumatic. A few of them are, Multiple Sclerosis, Polio, Stroke, car accidents, gun violence etc. Based on whether it is an illness or event that brought on the use of a wheelchair or motorized scooter, there are a multiple similarities and differences that these individuals experience. When the term physical disability is referenced in this section, it refers to individuals with decreased or no mobility.

The language surrounding this population had changed over time. Using terms and their variations such as, handicapped (which is seen in earlier studies), crippled, and deformed have been deemed culturally inappropriate, when identifying someone with a physical disability. Societal view of the physically disabled individual, as a monster, beast, freak, monstrosity and similar terms, have been challenged throughout literature and various studies. Most notably, Thomson's (2017) book first published in 1997, about how American culture depicts, categorizes, overplays, and underplays physical disability, with the notion of challenging the individuals in society to take on the perspective of an individual with a physical disability and notice the treatment. Thomson (2017) writes that physically disabled individuals were not the subject of stories, but were shunned for their bodily differences, often representing lack of agency within this population (pp. 16-18). There are movies, books, television shows that disregard the individual with a physical disability as a main character with thoughts, feelings, and the desire to make choices and decisions. This is true across various types of media, but

theatre and literature will be the primary focus later in this paper.

Grzesiak & Hicok (1994) explain there is minimal research written about psychotherapy with individuals with physical disability due to the use of a more behavioral approach, rather than an insight driven approach (p. 240-241). The authors also note that when working with this population, the emphasis is put on physical recovery over psychological recovery, which causes a major separation between the mind and the body (Grzesiak & Hicok, 1994, p. 241). Grzesiak & Hicok (1994) explain that Pierre Janet (an early pioneer of trauma studies that worked with memory and the dissociative state when trauma occurs) found a connection between acquired physical disability and a suffered mental state, noting that when an individual acquires a physical disability, often times there is dissociation from the event, that needs to be addressed and worked through psychologically (p. 243). Grzesiak & Hicok (1994) write:

> At a simplistic level, we believe that one of the arguments against a psychoanalytic approach is as follows. Physical disability is not a direct consequence of intrapsychic conflict and, therefore, intrapsychic matters have little or nothing to do with the rehabilitation process. In many cases this may be true but there are important exceptions. First, in the wake of disabling events, patients usually have multiple psychosocial, including psychodynamic, issues to resolve prior to attaining a reasonable adaptation. Second, intrapsychic conflict may be indirectly responsible for some cases of adventitious physical disability. (p. 243)

The Psychology Dictionary website (2013) defines intrapsychic as “Ideas, conflicts, pertaining to impulses or other phenomena that is psychological and arises or occurs within the mind or psyche” (para. 1). Grzesiak & Hicok (1994) are detailing the argument that physical disability is

not a factor of a psychological illness and psychological illness or experience has no effect on the recuperation process (p. 243). The researchers also state that a physical disability affects the mind because the experience must be processed, and the individual must learn to adapt both physically and psychologically (Grzesiak & Hicok, 1994, pp.243-244). Grzesiak & Hicok (1994) write, "In *Mourning and Melancholia* Freud elaborated on the intrapsychic processes that enable a person to come to terms with an immutable loss" (p.244). Freud referenced the loss of an object but the conflicts that occur in the mind, can apply to the loss of a limb or bodily function (Grzesiak & Hicok, 1994, p. 243). Identity consists of the self and the body, and when the body is hurt, the identity suffers emotionally, e.g. loss of identity and diminished self-worth, which pushes for psychological intervention (Grzesiak & Hicok, 1994, p. 245). If loss of someone is seen as detrimental, then this applies to the loss of a limb or bodily function, because one must adjust to life without it. Grzeiak & Hicok (1994) summarize the idea that psychological interventions are necessary for individuals with a physical disability because they are mourning a loss and must learn to adapt to this newer version of the self.

Elliott, Kurylo, & Rivera (2002) write that physical disability influences many psychological aspects including, self-esteem, and body image. Adjustment is a major difficulty when there is not work being done surrounding psychological adjustment to the body in addition to physical adjustment (Elliott et. al, 2002, p. 693). These researchers believe that there will be greater positive outcomes if this population were receiving an increase in psychological services. Heinemann, Linacre, Wright, Hamilton, & Granger (1993) measured relationships between impairment and physical disability using the Functional Independence Measure (FIM), but only as a tool to discuss the reliability of rehabilitation services and medication that individuals with a physical disability use in recovery. There are a multitude of studies done where rehabilitation

services and medical services procedures are used with this population as well as medical assessment and evaluation. There are a lack of mental health assessments and evaluations used with this population. There should be more emphasis on combining the two concepts for a more well-rounded assessment.

Thomas (1966) states the underlying problems of specified roles given to individuals with a physical disability. Thomas (1966) states that a physical impairment is not linked to psychological behavior, the correlation is often overlooked, with much of society believing that a physical impairment only affects the individual's body (p. 2). Thomas (1996) explains that, "Whether he is disabled from birth or suffers the disability later in life, the disabled person, has some segment of his behavioral repertoire which is different from that of his normal fellow human" (p. 3). This describes that individuals with a physical impairment notice that they are different from others, and may feel as if they do not belong, which affects their mind and behaviors. Thomas (1966) notes that most individuals who have a physical impairment have spent time in the hospital, which has resulted in them being labeled "sick." When the individual leaves, they often must come back for periodic check-ups, which places them in the patient role (Thomas, 1966). Thomas (1966) writes, "But to the degree that the impairment is permanent, most of the elements of the patient role are extended or made enduring" (p. 5). This means that this is something the individual must deal with for the rest of their lives and figure out how to adapt to their current bodies. This proposes the question; how much is society adapting to these individuals? Thomas (1966) explains that society pushes an individual to accept their disability because it is physical and has no effect on them internally. Society puts emphasis on strength-based dynamics when working with physically disabled individuals, often not calling attention to the mere fact that an individual may have had a limb for several years and now they do not, or

that they have never experienced walking and desire to (Thomas, 1966, p. 5). The review of literature provided in this section makes a note of the lack of agency that individuals with decreased or no mobility have. There is a push for more psychological based work to be done with this population because a significant loss changes internal and external views to oneself and one's environment.

Role Theory

The English Oxford Living Dictionaries website defines role as "the function assumed, or part played by a person or thing in a particular situation" (para. 1). Role in its simplest form represents a purpose or a part that is named and categorized by specific qualities that are seen universally, and then assumed by an individual or group. Based on the concept of role, many sociologists and psychologists have presented and discussed a role theory that classifies and outlines how role is experienced in society. A few pioneers of role theory are Goffman, Moreno, Mead, and Parsons; some of their literature will be reviewed in this section. It is important to note that a few of the articles that will be reviewed, are over 20 years old, and may have concepts or terms that may not seem relevant to present day, but it is helpful to review them to put the concepts into historical context.

Goffman (1956) writes about the ways that humans present themselves in the world, based on the idea that there is not a centralized self, instead there are different parts of the self that individuals can play when with different groups of people (p. 50). The standard example used is an actor and an audience, with Goffman exploring the differences between taking on the role of a character and being in one's neutral state, and how these concepts overlap. He states, "The expressive coherence that is required in performances points out a crucial discrepancy between our all-too-human selves and our socialized selves" (p. 56). This means that it is human

nature to experience fluctuations in mood, impulses and needs that change, however in the role of the character, the presentation is different. In our neutral state, we will unconsciously show the changes in ourselves, in contrast to playing a character, where the unconscious changes are written out for them. There is an internal choice of how we present ourselves to a certain group of people, but that is still choosing to show that we are humane. The presentation consists of holding this character together for the audience, which involves the presentation of the character and not the person behind that character. This concept is further explored in the study of role acquisition (Thornton & Nardi, 1975).

Thornton & Nardi (1975) explain that role acquisition has similar implications as an individual acquiring a new position in a social system but as this concept expands, it is seen as a developmental process that emphasizes the psychological aspects of what a role is, and the behaviors associated with that role (p. 870). When an individual assumes a role, there are certain expectations that others have for this person, e.g. when someone becomes a doctor, it is expected that they assess and diagnose patients correctly. The problem with assuming a role, is that there is often no room for error. The individual is expected to accept and live up to these expectations that are asked of them, without considering the psychological affect that this has on that individual inside and outside of that specified role (p. 872). When an individual plays a role, they not only take on the expectations that others have for that role, but also the expectations that they, themselves, have for that role, and this can be demanding and confusing on both ends. One might be confused whether to play out their opinion of the role or what others expect to see from them. This takes a psychological toll because the individual is struggling to portray who they are in that role. Thornton & Nardi (1975) detail the four stages of role acquisition: anticipatory stage, formal stage, informal stage, and personal stage;

> Each stage is characterized by the type of expectations which predominate and to which individuals consequently give most attention. Each stage involves interaction between individuals and external expectations, including individuals' attempts to influence the expectations of others as well as others' attempts to influence individuals. (p. 873)

This model considers psychological aspects such as interactions with individuals, the effect of expectations, specifically external expectations, and the influence of others on an individual.

Thornton & Nardi (1975) describe the anticipatory stage as the encounter of a multitude of expectations. When individuals desire to join groups, they begin to follow the expectations or guidelines of that group, to feel as if they are a member. The most important influence within this stage is generalized sources, which are the images and roles portrayed in the media. This stage also includes roles and relationships such as, mother-child, doctor-patient, teacher-student (p. 874). These roles are more predominate than others, and often presented in a stereotypical manner, that persuade individuals to follow a set of standards, that may not allow them to develop the role further. Thomas & Nardi (1975) state:

> Social and psychological adjustment to a role begins during this first period. Individuals develop images of what they feel will be expected of them and start to prepare themselves psychologically for what they expect the roles will be like. This anticipation is usually colored by what individuals want and need; therefore tends to be a relative degree of congruity between individuals and their conceptions of future roles at this point. (p. 875)

This quote explains that the individuals anticipate their wants and needs within a specific group and choose to take on that role without the understanding of what or how much that group role

will expect from them. This is also considered the fantasy stage, because individuals fantasize about the expectations, rather than seeing what is real (p. 875). An example of the first stage is the cliques that are often seen in media surrounding American high schools. There is a desire to join one of those groups; e.g. a few stereotypical groups in American culture being popular kids, jocks, and nerds.

The second stage is the formal stage, where the individual now views the role from an inside perspective rather than an outside perspective (Thomas & Nardi, 1975, p. 876). The expectations within this stage are formed based on what the others within the group are expecting from one another. This stage consists of formalized expectations which are a set of expected behaviors, generally seen in job descriptions. Within this stage there is agreement between four sources, society, reciprocal roles, similar roles, and the individual. All these sources are aware of the expectations within a specified system, and once an individual enters that system, they are expected to present themselves in that manner, without complaint, presuming they chose this role for a reason. Thomas & Nardi (1975) write, “They tend to adjust socially by meeting the requirements, rather than modifying them” (p. 877). The individual is getting a feel for the role, before showing enough comfort to implement their own style. An example of this stage is joining the group of popular kids and being expected to have a sufficient amount of money, to wear specific brand clothing, and to drive an expensive car.

The next stage is the informal stage, which highlights encounters and expectations that are unofficial or informal. Thomas & Nardi (1975) note that these informalities are not stated in the formalized expectations but are encountered through the other individuals within that group and the roles that they play in relationship to the individual (p. 878). This is also the time that individuals begin to take into consideration the expectations of their role. There are

inconsistencies in presentation and behaviors within the group, and this is when individuals challenge the expectations and boundaries that are set before them. This proposes the concept of role performance and the psychological drain that comes from it. Goffman (1956) discusses the backstage and frontstage concepts. The backstage concept allows individuals to discard the role they have presented to the public and with group members can discuss the interactions and relationships within the group. The frontstage is the mask of how one wants to be perceived. This mask is often put on for the individuals being served by said person. (Goffman, 1956). Thomas & Nardi (1975) state, "As Parsons has observed, roles allow for a certain range of variability, and it is this which enabled actors with different personalities to enact the same role" (p. 879). This connects to the first few stages of role acquisition in that individuals fantasize about a role, e.g. being a member of a group. When they are on the inside, certain expectations are present, and as they become comfortable in that role, they can challenge expectations and note the differences within the other group members. An example of this stage, is noticing that someone in the group shops at a store where they buy their specific brand of clothing on sale, or that someone in the group has other friends not associated with the popular group.

The final stage of role acquisition is the personal stage. Thomas & Nardi (1975) explain that, "Role acquisition thus comes to involve individuals imposing their own expectations and conceptions on roles and modifying role expectations according to their own unique personalities" (p. 880). Per Thomas & Nardi (1975) the implementation of one's own style cannot be reached until an individual has experienced the stages prior, which is why this is considered the last stage. Individuals can impose their own style and guidelines to their role presentation and are accepted in what they bring. This recalls the topic of social adjustment, mentioned two paragraphs above, moving into social adaptation, e.g. feeling comfortable within

that group, and psychological adaption, e.g. feeling comfortable in the role both internally and externally. This stage of role acquisition puts emphasis on the balance of what a role requires of an individual and what that individual requires from their role. An example of the final stage is when the individual realizes that they can be popular, but have their own clothing style, have friends outside of the group, and treat others the same that they treat the popular kids. This concept is explained more explicitly in Blatner's (1991) concept of Role Dynamics, which is based off Moreno's idea of role theory.

Blatner (1991) expands upon Moreno's idea of role theory, which is "…presented as a way of describing human interactions," and the belief that "…the concept of role is above all practical, aimed at helping people reflect on and change their own beliefs about themselves" (p. 33). Using this concept, Blatner (1991) applies a systematized approach entitled Role Dynamics, which "…describes psychosocial phenomena in terms of the various roles and role components being played, how they are defined, and, most important, how they can be redefined, renegotiated, revised, and actively manipulated as a part of interpersonal interactions" (p. 34). This is described as a dramaturgical approach to human experience, emphasizing that individuals play many roles that cause conflict interpersonally and externally. Blatner (1991) notes that Role Dynamics is a comprehensive tool that addresses experiences that transpire on different levels (p. 34). Those levels are interpersonal, intrapsychic, psychobiological, family and other small group experiences, organizational and large group experiences, and interactions that ensue between an individual, the group, society and culture altogether (p.34). Role Dynamics allows for individuals to discuss and describe their situations in terms of disproportion, the areas that need growth, and how to redefine what one is experiencing (p. 35).

Blatner (1991) states, "A practice corollary of the pluralistic orientation of role dynamics

is that it encourages people to think of themselves as containing many parts," which will be echoed throughout Robert Landy's adaptation of Role Theory and the Role Method of Drama Therapy (p. 37). When an individual takes on a role, that individual often projects roles onto others, which consist of expectations in and from both roles. Blatner (1991) notes that role is not fixed in personality, so individuals can adapt and modify a specific role to their needs and expectations, which connects to Thomas & Nardi's (1975) final stage of role acquisition, the personal stage (p. 33). Blatner (2005) mentions that individuals move from role playing their experiences and the roles that they have taken on, to role creativity, defining how this role is their own (p. 12). The concepts of role theory have influenced Robert Landy's Role Method in Drama Therapy, which will be reviewed in the following section.

Landy's Role Theory and Role Method

Role is represented in a way that is arranged by social standards (Landy, 1986, p. 92). Within a specified role, there are set expectations that are put in place by society, and individuals feel the need to live up to those expectations. A role is an archetype and not a stereotype, which shows dissimilarities from other types of roles (Landy, 2008, p. 104). The Cambridge Dictionary (2018) website, defines archetype as, "the original model or a perfect example of something" (para. 1). Landy (2009) reviewed roles that were available in theatre, from the earliest recorded plays to the ones leading up to the creation of the Taxonomy of Roles (p. 70). There are three basic concepts in Role Theory; role, counterrole and guide. Landy (2008) writes, "In drama therapy, a role is one of the many parts of the personality that is animated as one acts in the mind and in the world" (p.104). The counterrole is other sides of the role that may be ignored, denied or avoided to find active ways to play out a role (Landy, 2009, p. 68). The counterrole can be considered the antagonist but does not have to be the opposite (e.g. light is to dark) of the role;

nor does the counterrole have to be negative in nature, e.g. the role can be woman, and the counterrole can be mother (Landy, 2009, p. 68). The final concept is the guide, which stands between the role and counterrole, for integration and helping individuals find their own way (p. 68). The guide is more of a helper that leads an individual along the path they need to follow. Landy (2009) further explains that, "Role and counterrole are more clearly properties of the client. They are revealed through behavior and thought. Like the guide they, too, will serve as internal figures that seek balance within the psyche" (p. 69). Landy (2009) states that these basic concepts are needed within the role work, to create a balance within the internal role system.

Within roles, there are expectations, such as the process of role-taking to want to fill that expectation. Role-taking is a process that starts when an individual is a child, mirroring their role models and significant caregivers (p. 93). The next step, is the individual finding themselves in others, which emphasizes the incorporation of others' world views, values, ideas, views and opinions of others that they trust, into their own minds (p. 94). This coincides with projection, and the individual seeing someone as themselves, rather than themselves as someone else. The final concept within role-taking is transference, which occurs when an individual can play out past relationships, by using identification and projection (pp. 96-97).

Landy (1991) states, "In its present form, role is persona rather than person, character rather than full-blown human being, part rather than whole. It is that which holds two realities, the everyday and the imaginative, in a paradoxical relationship to one another" (p. 29). This quote depicts the dynamic of the roles that we play, take on, or are given to us. A role is a part of us, and not our whole being because we play quite a few roles that can be found within the drama therapy space (p. 29). Landy (1991) explains that all roles within his taxonomy are classified by their role type, quality, function, and level of stylization (p. 30). Role type refers to collective

aspects of thought, feeling, and behavior; quality refers to specific facets of universal type, including physical, emotional, intellectual, moral, and spiritual qualities; function emphasizes the purpose of the role types; level of stylization details how the role is performed, and its connection to reality (p. 30). Landy (1991) explains that role has a basis in drama, which is where many examples of roles for. Landy's taxonomy of roles are defined, but there are also prototypical family roles; for example, mother, father, sister, brother, etc. (p. 31). These are specific categories within the taxonomy. The difference between the use of role in theatre and the use of role in drama therapy is that roles in theatre are often used to communicate a specific human quality, whereas the latter is used "…for transcendence as power and self-knowledge" (p. 36). Role in drama therapy is used to facilitate internal growth and balance within one's role repertoire.

Landy (1994) expands upon the use of role theory in drama therapy by discussing role type helps an individual grasp who they are in relation to others, and sometimes need a title, role or label to help them (p. 103). As stated two paragraphs previously, Landy reviewed theatrical plays and dramatic literature to create a taxonomy of roles that depicts specific domains, that role qualities are categorized within the domains. Role qualities are the distinguishing factors within each role (Landy, 1994, pp. 103-104). Those domains are:

1. Somatic–that which pertains to one's developmental, sexual, and physical aspects.
2. Cognitive–that which pertains to one's thinking style.
3. Affective–that which pertains to morality and feeling states.
4. Social–that which includes political and socioeconomic status, position within
5. the family, and authority and power.

6. Spiritual–that which pertains to one's search for meaning and relationship with a transcendent being or transcendent part of oneself.
7. Aesthetic–that which pertains to the creative, artistic part of the human personality. (Landy, 1993, pp. 164)

These are wide-ranging categories of many the roles that humans tend to experience. The taxonomy of roles is a systematized set of roles that classify characters throughout Western dramatic literature (Landy, 1994, p. 163). Each classification is listed under a specific domain, with classifications. Each role in the taxonomy consists of:

1. Domains
2. Classifications within the domains
3. Role type
4. Subtype
5. Quality
6. Function
7. Style
8. Theatrical examples. (Landy, 1994, p. 164)

Landy (1994) states that roles are taken on and played-out for a purpose, that helps the individual taking on that role in some way (p. 104). This transitions into role style, which is how the role is played in relation to reality. The specific questions being how close or separated from reality is the representation of the role (p. 104). Landy (1993) explains "…a role system develops as people take on roles from their social environments and generate new roles through constructing versions of their identity" (p.105). The role system is an internal construct that cannot be seen but is evident when individuals present themselves to others. A few role types will be listed in

further detail within the discussion section of this paper.

Landy developed a role method of treatment. He explains that the role method is a systematized method that views role as the main element of healing in drama (Landy, 1993, p. 46). The structure of the method used in drama therapy sessions is listed below.

1. Invoking the role.
2. Naming the role,
3. Playing out/working through of the role.
4. Exploring alternative qualities and subroles.
5. Reflecting upon the role play: discovering role qualities, functions, and styles inherent in the role.
6. Relating to the fictional role in everyday life.
7. Integrating roles to create a functional role system.
8. Social modeling: discovering ways that the clients' behavior in role affects others in their social environments. (Landy, 1994, pp. 134-135)

Landy (1993) explains each step in the role method in detail. The invocation of the role consists of helping the individual reach into their role system and pull out a role that need to be expressed and observed; "The invocation of the role, then, is a calling into being of that part of the person that will inspire a creative search for meaning" (p. 47). This depicts the exploration of the role, which consists of representation of role style. The next step is naming the role, to authenticate it; "Naming is important, in that it helps the client further concretize the chosen role" (p. 47). Naming the role allows for commitment into the role and working through it. Through several forms of enactment, the individual will play out and work through the role, sometimes moving through more roles than one. Individuals then explore alternative and subroles; "Exploring

alternatives is important because the actors begin to recognize options and work with them" (p. 50). This allows for individuals to notice other perspectives and implement them within themselves. Landy (1993) states, "Within the role method, the first part of the closure involves the ability to find meaning in the roles and subroles played from the fictional point of view" (p. 51). This is the action of reflecting upon the roles that consist of the style, quality, and the dynamics of the role represented. Within the next step, the individual must begin to understand how the fictional role serves them in their daily life (p. 53). The following step is integration of the roles to create a functional role system; "Integration, though often difficult to specify, implies a reconfiguring of one's role system, so that, for example, the roles of victim and victor are in balance" (p. 54). The integration portion is more about finding a balance within one's role system. The final stage is social modeling, which involves the individual playing out these newly discovered roles in their daily life.

Discussion

The above literature review details the lack of drama therapy done with individuals with decreased or no mobility and the representation and societal views of this population and what individuals of this population need. In addition to the topics listed above, the literature review details literature about role theory, and Landy's Role Theory and Role Method in drama therapy. Throughout the literature review, a several questions have come up, which will be further explored in this section, along with articles that support my reasoning of using Landy's Role Theory and Role Method to develop alternative roles for this population. Throughout the literature that I reviewed in the physical disability section of this paper, the theme that appeared consistently was identity, and how losing the ability to walk changes the identity of an individual, but because individuals are mainly provided physical rehabilitation services, their

psychological needs are unmet (Thomson, 2017). Therefore, I recommend Landy's Role Theory and Method focus on the enhancement of roles within the self to create a balance of the internal role system.

In Landy's (1993) taxonomy of roles, which is based in representation of dramatic literature, the role type of *Physically Disabled or Deformed* is listed as follows.

> **13. Role Type: Physically Disabled or Deformed (see also Beast)**
>
> **Quality:** In quality, this type is frightening, unpredictable, and temperamental, either passive or aggressive. It is in many ways related to the beast type, described above. It is different in that it tends to be more often the misshapen human being and less often the science fiction monster.
>
> **Function:** The functions of this type are to frighten, to play with the boundaries between the beautiful, the unacceptable, and the ugly; and/or to act in such a way that the character's dark motivations reflect the misshapen appearance.
>
> **Style:** The physically disabled is generally enacted within a presentational style. (p. 179)

The quality of this role describes an individual that identifies with the physically disabled population as scary to others, unpredictable, having quick changes in mood, and comparable to the role type of the *Beast*; which the quality of the *Beast* states, "The beast is the role of the ugly one, characterized by extremely unattractive looks in face and body, sometimes extending to a moral and/or spiritual quality" (Landy, 1993, p. 176). It seems as if the emphasis on both roles are physical appearance, which is problematic, because of the underlying identity issues within this population. A few questions that I propose are; What if the role type of physically disabled is the counterrole? Which role is the primary role, if this is the counterrole? How can these roles be

expanded in definition beyond appearance?

In Landy's Role Theory and Role Method section of this paper, counterrole is explained as a role that needs to be showcased because of it being denied or ignored (Landy, 2009). I foresee an individual with decreased or no mobility, desiring to make the concept of walking the counterrole. Similar concepts or items, such as able-bodiedness, or their wheelchair and motorized scooter, are examples of how this population may perceive counterrole. Thomson (2017) states that being able-bodied is not the opposite of having a physical disability, but because society has emphasized this, it is important to note that individuals with a physical disability will desire to be in the role of the able-bodied (pp. 38-40). I believe that if there is a role that specifically details physical disability, then there should be one that details able-bodiedness, because that can be a role that an individual has to find a balance within. I could not find a classification a specific able-bodied role in Landy's taxonomy.

The perceived role of *Physically Disabled or Deformed* can be limited in description, and some of the individuals identifying with this population may feel bound in the description. When someone is physically disabled the universal roles of "patient," "sick," "disabled," and "survivor" have already been placed upon them. This may cause individuals to struggle taking on other roles because they may believe that they have met American society's expectation of what it means to be physically disabled. This, then can contribute to the individual limiting their own role repertoire, and placing roles, such as the *Hero*, and the *Wise Person*, on those around them. The quality of the *Hero* is going on a spiritual or psychological journey to confront the unknown (Landy, 1993, p. 230). Individuals with decreased or no mobility may overlook this role within themselves and place it on a doctor, a first responder (if it was an accident), or someone else who they feel may have saved them. An individual may not recognize that they are confronting

something new and starting a journey to find themselves within their experience and current limitations. The quality of the *Wise Person* is that this person has true knowledge and insight regarding a particular issue (Landy, 1993, p. 188). This role can easily be placed on a doctor, or a specialist, or even a caregiver. An individual with decreased or no mobility may not advocate for themselves and fall into the idea that others know what is best for them.

There is the chance that an individual with decreased or no mobility may fear identifying with the label of physically disabled because of societal views, and the lack of agency that comes along with that role. I understand that the point of the role method is to create a balance within the role system, by working through this role, but how does one work through it when societal views of this label are classified in the quality and description of the role? This is not about the polarities of the roles the taxonomy has outlined, but more about people believing the role quality, which then leads to the universal problem of judgment and stereotypes. If someone believes that an individual with a physical disability is temperamental, the interactions that they have with this person with be filled with preconceived notions and a list of what not say or do that may set the individual with the physical disability off. Someone may believe that if they ask an individual with a physical disability if they need help with something, they are overstepping boundaries that have not been outlined by this person, which the person may believe will upset the individual with the physical disability.

The question that follows the previous one is; what if the person does not identify with the quality of the physically disabled role mentioned above? If someone does not see themselves as frightening and temperamental, there may be a disconnect in them wanting to choose the role of *Physically Disabled or Deformed*, but not associating themselves with the quality listed. How can the quality of this role be changed to incorporate the individual that does not connect to the

description? Landy (1993) offers a subtype of the *Physically Disabled or Deformed* role, which is as follows:

> **13.1 Subtype: Deformed as Transcendent**
>
> **Quality:** An alternative type of physical disability is that of the character who is moral, full of feeling, evocative of pathos, soulful, and powerful of stature.
>
> **Function:** This type plays with the mythic and romantic notion that beauty of the spirit lives within a deformed appearance. The tragically heroic Oedipus is physically disabled, born with a clubfoot that provided his name. This quality of Oedipus points to a further dramatic function of the physically disabled—to suffer the rejection of others for an imperfection given at birth or acquired some time after. In coping with that rejection, one may choose (or be chosen) to follow the heroic path of Oedipus or the villainous one of Richard III.
>
> **Style:** The alternative type tends more toward the representational, as it requires a more affective and affecting performance from an actor. (p. 179)

This subtype is more of the good vs evil type. It describes how one can deal with the rejection, by making a choice to partake in a heroic action or a villainous one that is inherent in a variety of theatre and literature. My question is how one might identify with this role, if it emphasizes good or evil choices, when the focus of the role is based in identity? It seems that an individual who is trying to balance the role of physically disabled, may not want to put emphasis on the role of good and evil because being physically disabled is not a choice that the individual has made. It is a role that is given to them.

This subtype can be perceived as the good role, in comparison to the role of the *Physically Disabled or Deformed*. The use of the word “transcendent” emphasizes that this role

has more to give than the other role, the observer must see beyond the physical appearance. A question that I have is, how might this transcendent role be categorized in the taxonomy if it was not used to classify a deformity? I believe that the role of *Physically Disabled or Deformed* itself, should have varying qualities beyond what is listed, to create more of a spectrum of how these roles can look. I foresee, using a transcendent role as the guide between the role and counterrole regardless of whether the person is disabled or not. There is also the idea, that human beings are not one or the other. The qualities of the *Physically Disabled or Deformed* role and the *Deformed as Transcendent* role, seem to be the opposite of one another, which makes me question which role can be the guide for the two roles? It can be argued that this population can play any role in this taxonomy, but as mentioned in the discussion, some individuals may feel bound to the *Physically Disabled or Deformed* role, and may look for it within this work, but it seems as if the taxonomy of roles presents the two roles as opposites.

There are a variety of roles that fall in between *Physically Disabled or Deformed* and *Deformed as Transcendent* that are not listed and classified within Landy's work. This brings up the limitations of how roles are taken from theatre as Landy did. It is said that theatre mirrors life, and I agree with this, but there are some aspects of life that are harder to capture in the theatrical realm. The roles tend to be generalized in plays and often not personalized. The perception when reading and seeing dramatic work can be that the person who is physically disabled is a side character, who is teased, used and unable to stand up for themselves (Thomson, 2017, p. 65). This is an added pressure for this population because they hold the societal view and expectations of this role, in addition to their own, which may cause one to fall into the perceptions and expectations of others and take them as their own. Perhaps, reviewing current dramatic literature, can be helpful in expanding and classifying these roles.

Conclusion and Future Study

Limitations to my research include the scarce literature available to be reviewed. I struggled to find sources that could aid in how drama therapy might be used with the chosen population. I was limited in my choice of doing literature review because I had access to the population but did not have time to develop a method. I was limited by the lack of access to previous research. There were articles that I found that I wanted to read, but they were not accessible by the library I used. The lack of information available about the use of psychotherapy with the physically disabled population did not allow for much discussion of the benefits of therapy with the physically disabled population. Due to the nature of a literature review, I had to have a significant amount of literature to discuss regarding the chosen topic, which proved harder for me to find than I thought.

Based off the literature reviewed and the questions proposed and explored in this paper, I would recommend using Landy's Role Theory and Role Method to explore the polarities in roles and subtypes with individuals with decreased or limited mobility. I think a review of more current dramatic text could be helpful in expanding upon Landy's taxonomy and the basic roles that he has outlined. There are currently more plays addressing physical disability and other concepts, with the main character identifying with a specific population. I think it is important to emphasize personalization of these roles when working with Landy's Role Theory and Role Method, because individuals may get stuck in the description, so it is up to the facilitator to redirect the individual into exploring the role and what that person can bring to it. Recommendations that I have for a future research study is using an assessment from Landy's Role Theory and Role Method, specifically the role checklist, with this population and study the similarities and differences in the roles that are chosen. I believe it is important to keep track of

individual's interpretations of specific roles to broaden the qualities of roles. In addition to using the role checklist assessment, the Tell-A-Story assessment might be helpful in gaging how individuals with a physical disability believe others view them. Overall, the literature reviewed provided evidence encouraging the use of Landy's Role Theory and Role Method with individuals with decreased or no mobility. The use of Landy's Role Theory and Role Method can be used to help this population breakdown their personal views and to deconstruct societal views that may influence their identity, allowing for individual growth and a greater understanding of oneself.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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