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## Radicalizing Role Method: A Literature Review on the Use of Role Method with Elementary-Aged Youth within Urban Communities

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Radicalizing Role Method: A Literature Review on the Use of Role Method with Elementary-  
Aged Youth within Urban Communities

Capstone Thesis

Lesley University

05/05/2018

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Drama Therapy

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### Abstract

This paper describes the use of Robert Landy's role theory and Role Method for elementary-aged youth in urban communities. Material is presented with discussion on the needs of young people, or individuals under the age of 18, in urban communities. This research examines current literature using current drama therapeutic methods with young people and the theoretical and methodological foundations in Landy's role theory and Role Method. This paper uses a critical theory lens to critique current practices as well as examining current American Psychological Association's (APA) code of ethics; and the North American Drama Therapy Association's (NADTA) code of ethics, diversity mission, and guidelines on cultural responsiveness.

*Key words:* drama therapy, role theory, role method, critical theory, youth, children, urban communities

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### **Introduction**

The experience of being defined as the “Other,” or having a dominating presence over an individual, could be universal. For some, it might come in the form of the boss they cannot quite please. For others, it may come in the form of witnessing overt aggression, microaggressions, and systemic oppression in their daily lives. Both examples are extremes of how humans can experience dominance. For some people, they may experience oppression in one setting such as the workplace. Others may experience oppression throughout their day to day interactions in their society. Many people may fall in between experiencing dominance and oppression throughout their life. Meaning, the individual may wear many hats of dominance and privilege but also oppression. Morgan (1996) identifies these hats as intersections in an axis of privilege, domination, and oppression (Fig. 1). When thinking of this axis, each line can be perceived as a spectrum. On each line, one may notice that on different lines of the axis, one may fall above or below the dominance line. I would argue that most people can identify with at least one identity below the dominance line. Unfortunately, the current social system that exists does not provide individuals the opportunity to separate their identities entirely. A person is not White on Monday, cis-gendered female on Tuesday, able-bodied on Wednesday, homosexual on Thursday, young on Friday, holding a Generalized Equivalency Diploma (GED) on Saturday, and has a cognitive difference on Sunday. An individual with all of these identities are wearing them in their body every day, in every moment. However, some of these identities gain attention a little more or less depending on the moment. Some positions of dominance, like age, may fall back and forth depending on certain situations. While an individual may be young, this may hurt

them in particular workplaces such as being a mental health counselor. However, an individual who is young may benefit in the workplace as it may be assumed they have the most updated information on the current education in the mental health field. While this axis is not perfect, this axis conceptualizes how individuals have intersecting identities.

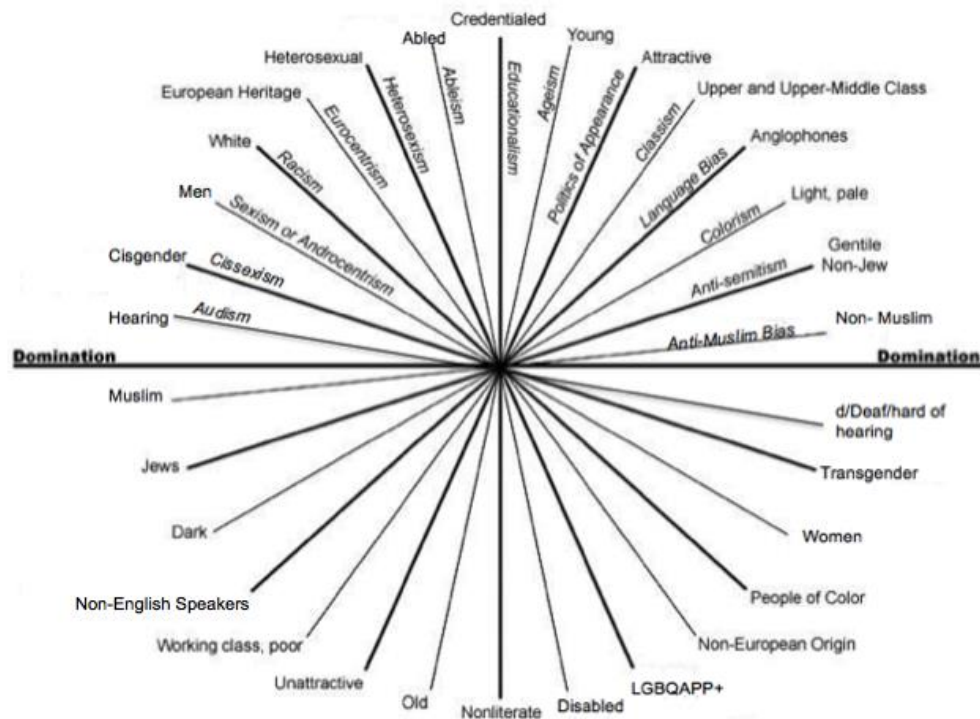


Figure 1. Intersecting axes of privilege, domination, and oppression (Collins, et al., 2010).

Irwin (2005) notes that many drama therapists work towards general goals to: facilitate imaginative play at the highest possible level; strengthen client’s self-control and affect regulation; help clients put feelings and behaviors into words (p. 5). As a drama therapist, I do my clinical work through improvisational play, roles, and embodiment. In these moments of play, I am searching for a glimpse into my client’s motivations, thoughts, and feelings. When looking into roles, I am searching for my client’s definition of a particular role in order to gain insight as to how they move in the world. The way a client embodies a role can be very telling in these moments because there is a physicality of their own perceptions. If the client appears to be

inflexible to the idea of getting out of their chair, I have to take that in as vital information on how I will continue my work with that client. This means that I may continue work with embodiment in order to facilitate a larger threshold for tolerance. I may not continue with embodiment due to a client's window of tolerance may not be the particular objective in our work together. These inflexible clients may also be identified as non-players, those individuals who are unable to engage with others in an imaginative way (Irwin, 2005).

One way to frame this interaction with non-players is through Robert Landy's (2009) Role Method, a drama therapy approach that looks at trends in social sciences, dramatic theory, and the ancient healing traditions in shamanic healing; and applies these trends to clinical practice, or clinical practice meaning in a therapeutic format with clients. What can be useful about using Landy's Role Method is the flexibility of the method itself. Role Method allows the client to search and try on different roles that are a part of the client. When trying on these different roles, the client will be able to find what roles they identify with, what roles they do not identify with, as well as roles that they do not want to become, roles that may help the client, and roles that will stop the client from getting what they want. These motivations within the roles can be worked on through many different forms. Role Method can be applied as an assessment tool or as a therapeutic intervention and can be transformed through embodiment, art, or projective techniques. I find this to be a useful drama therapeutic technique when working with different populations as the approach can meet the needs of the client.

In the Expressive Therapies at Lesley University, we as students are asked to use our "self as an instrument," meaning that we as students need to not only succeed in our academics, but, we must look into ourselves and succeed in personal growth (Reinkraut, Motulsky, & Ritchie, 2009). Throughout my graduate program at Lesley, I have been continuously challenged

to look into myself and see where my intersections lie. As I have been challenged, I have also felt the desire to challenge the experientials, or activities conducted in class that a drama therapist may use with a client. In my studies, I am a witness to being challenged around my own intersections as well as others. As a credentialed White, queer, cis-gendered female from a working-class suburb outside of Chicago, I have experienced both dominance and oppression in my own daily interactions throughout my life in various social situations. In my experience of applying Role Method on my own work as well as clients, I notice difficulty in identifying with the roles provided in Landy's (2001) role sort. In a role sort experiential, I was asked to categorize the roles provided in Landy's (2001) role sort with the categories: Who am I, Who am I Not, I am Not Sure if I am This, and Who I Want to Be. I sorted through many roles that I could not quite find a category to fill. In the particular role sort I received, sexual orientation only contained "bisexual, homosexual, asexual, and heterosexual" (Landy, 2001). As I identify as queer, none of these identities quite fit my role. It should be noted that Robert Landy himself has not used sexual orientation roles in a role sort for at least ten years. However, in my research I have not found any publications stating the reasons for this change, the sexual orientation roles have simply been eliminated. Regardless of what roles Robert Landy uses in his own career and teachings, my personal experience in using this tool, I have found drama therapists continue to use the roles from the old version.

While I find Role Method to be useful, I have found Role Method to be limiting when working with the intersections of identities clients may associate themselves in a role. Many of the publications in regards to Landy's Role Method identify useful ways to apply the method in a therapeutic format. However, I have found there is a lack of publication on the application of Role Method with individuals of marginalized identities. Much of my work as a clinician has

been with young people, or individuals under the age of 18, and adults with disabilities. Most of these individuals are either from or currently living in urban communities. While there is need to work with these populations, there is little information about the complex needs of individuals in urban communities, specifically with youth. In my studies to become a drama therapist, I have found the lack of research and conversation to be challenging and disheartening as I work with these populations.

The 2010 United States Census defines urban communities into two definitions Urbanized Areas (UAs) and Urban Clusters (UCs). UAs are defined as having 50,000 or more individuals whereas UCs are defined to have a minimum of 2,500 inhabitants but less than 50,000 individuals (United States 2010 Census, 2018). For my research, I will be focusing on what the United States Census defines as UAs because it focuses on more densely populated areas in the United States. Urban communities statistically have a higher rate of potential traumatization due to the limited treatment in public health and delivery of services (Collins, et. al, 2010). My focus on elementary-aged youth in urban communities as a chosen population is because young people have a complex position in these statistics, because being a part of these statistics can unwillingly affect their lives. As adults, there is some autonomy in the location of where one lives. However, young people are unable to have full autonomy due to their position of power. Young people in urban communities, especially if experiencing poverty, are more likely to experience multiple traumatic exposures and may carry long-term risks. These risks include: psychiatric history, previous trauma, other adverse experiences, trauma severity, peritraumatic psychological processes, time since traumatic exposure, biological and genetic predisposition, caregiver's degree of distress, gender, and attachment (Collins, et. al, 2010). While these are all potential risk factors, the individual may have protective factors in place that



create resilience to traumatic exposure and risk factors. These factors include: socioeconomic status, temperament, intellectual ability, problem-solving skills, positive coping skills, positive support system (Collins, et. al, 2010). Unfortunately, there is not an exact science to experiencing trauma or an individual's reaction to trauma. Two individuals may experience the same car accident but may have different reactions. One individual may only have minor damage to their car and no physical harm to themselves. The other individual may have physical damage and have totaled their car. This in addition to other mentioned risk and protective factors could impact how either individual will experience being in a car for the rest of their life. For youth in urban communities this same analogy can be applied. As urban communities have large populations, a small location inside the community will have different risk factors than another small location a few miles away. While there is no perfect equation to the impact of trauma, risk and protective factors can be indicators for that impact.

### **Method**

The research question I have chosen to explore is how can Landy's Role Method be adapted to address the needs of elementary-aged youth in urban communities, while incorporating a more socially conscious point of view. In this research, I do not have the intention to create a "how to" guide in using Role Method with elementary-aged youth in urban communities, but rather create connections to using Role Method with elementary aged-youth in urban communities from a socially conscious point of view.

I have chosen to explore this research topic through a literature review. This capstone option was chosen to bring together current information regarding how the field of mental health and drama therapy are using techniques to explore oppression in urban communities, specifically

with elementary-aged youth. However, in my research, I have found current literature does not give examples of Landy's Role Method being culturally sensitive to marginalized communities.

In my research, I chose to focus on what the drama therapy field is doing with young people who are a part of marginalized communities, or who have experienced trauma. Finding literature specifically with elementary-aged young people has been a challenge, which further increases the need for research such as my own to be done. In addition to this research, I researched what the field of drama therapy is doing with urban communities. However, I have found that there is little to no research explicitly about working with individuals from urban communities, especially with elementary-aged youth. While this is missing in my literature, most of the drama therapy research that mentions young people appears to be conducted in an urban environment. This may be due to many of the drama therapy education programs being located in urban environments such as San Francisco or New York, thus creating a community in these larger locations. I have chosen to use the phrase "young people" as a term for individuals under the age of 18. I choose to use the term young people as identifying these individuals in order to destigmatize the notion that children do not have free thought, as potentially implied by the word "child." To me, the term young people acknowledges that the person under 18 years old is able to make their own decisions with guidance from an adult.

I have documented the data I reviewed in a notebook as I have interpreted and analyzed data. I have used a variation of the following search terms: victimization, oppression, aggression, children, adolescents, creative arts therapy, drama therapy, dramatherapy, role method, role theory, expressive arts therapy, psychotherapy, mental health, and counseling. I used search engines included EBSCO, Science Direct, and Google Scholar. I have also used Fenway Libraries Online (FLO) to search for literature as well as my personal collection. In addition to

these methods, I kept all of my articles in a folder on my computer under “Thesis Articles”. This folder was linked to my Mendeley account, a program to assist in organizing journal articles, and kept notes in this computer program as well.

## **Literature Review**

### **Critical Race Feminist Theory**

I have decided to use the critical race feminism paradigm in relation to Role Method as the idea of this paradigm identifies that culture is not static, but a constantly evolving living organism like the individuals that exist in a culture (Sajani, 2012). This means that a culture is fluid and constantly changing like the humans that we are, rather than not moving and staying in one place. An example of this could be legislation within a culture. Twenty years ago, same-sex relationships were not considered within the normalization of the culture. In 2015 same-sex marriage was legalized within the United States and same-sex relationships are more visible within the culture. This does not mean that everyone within the culture accepts or believes in the change, but there is a large enough shift in the culture to evolve those beliefs. In addition, Sajani (2012) references the concept of the personal being political. This concept means that people’s beliefs reflect in politics and values of the culture as well as the values and politics of the culture reflect back onto the person’s beliefs (Sajani, 2012, p. 187). When looking at Role Method, the concept of personal is political is ever revolving around the therapist and the client. The therapist must be aware of their own personal beliefs and how they are either accepted or rejected by the culture as well as the clients’ culture. In the case of marginalized communities, if the therapist’s personal bias mirrors the cultural beliefs of the dominant community, it may be an added stressor to the client and the therapeutic relationship (Williams, 2017). When looking at Role Method and the roles a client may identify with, the concept of personal as political may

further reflect how the client sees their role. As a drama therapist, we must be able facilitate growth and exploration in that role to allow the client to not be static in their culture.

I find that we as therapists using critical theory hold a certain amount of knowledge or awareness about societal systems that exist within the larger culture of the dominant perspective. While we as therapists using this perspective have the knowledge, we are not experts on the subject. In a study on cultural humility and on being culturally humble, Hook, et al. (2013) found that clients who are affected by their therapist's worldview find it important for therapists to address cultural humility (p. 361). The notion of cultural humility is a concept to allow us as therapists to make mistakes on our assumptions and biases (Hook, et al., 2013). When we as therapists are able to maintain an openness to the "Other's" perspectives, "Other" meaning individuals from non-dominating cultural backgrounds, cultivates a higher level of trust in the therapist-client relationship as well as continuing the healing process for the client. However, this openness does not mean that as therapists we must force these conversations with the "Other" in order to educate ourselves. Rather, we as therapists should be identifying the "otherness". We should be noticing that we hold a position of power but knowing we do not know all. When facilitating these conversations, we as therapists not only help facilitate a positive therapeutic relationship by creating a safe space for the client, but we also can help the client uncover what has been helpful or hurtful for the client (Hook, et al., 2013).

When working with "vulnerable" populations such as individuals who have experienced trauma, the power dynamics in the therapeutic relationship can be heightened as the client has already experienced a loss of power in their trauma experience(s) (Finneran, Murray, Dobson, Cherry, & McCall, 2014), the client's fight or flight instincts may be heightened during a session due to such loss (Herman, 1997). This heightened experience can be pushed further with young

people who have experienced trauma as young people already experience intense power dynamics due to their reliance on caregivers (Finneran, et. al, 2014). Having cultural humility and a critical paradigm as a therapist may help alleviate some of the activation a client might experience due to their loss and/or lack of power.

When we limit this bias and facilitate conversations, it helps to limit the idea that one particular culture is inherently traumatized (Sajjani, 2012). As I continue to explore using Role Method with elementary-aged youth in urban communities, it is important to state that I am checking myself and the research I am using to identify the assumption of higher trauma within urban communities, rather than assuming everyone in the community is traumatized. In this other narrative, individuals may assume that all individuals from an urban community are traumatized due to violence, gangs, poverty, and drugs. While violence, gangs, poverty, and drugs may exist within urban communities, this narrative is rumored and assumed rather than being based on facts and might be based on personal accounts. However Williams (2017) argues that to ignore these assumptions can impact the decision-making process in a therapist's clinical practice. This can lead to unequal treatment if the therapist is unaware of their own bias to their client's culture, culture meaning how the client identifies (Williams, 2017). A critical paradigm creates space to engage with identification within the therapeutic context (Sajjani, 2012). I would argue that when using the critical paradigm, it can narrow the lines of bias a therapist may have towards their client, or at least create a space to acknowledge the bias.

### **Youth in Urban Communities**

The National Child Traumatic Stress Network (NCTSN) published the following statistics in order to gain a scope of the need to help young people and families in urban communities. These statistics come from multiple sources and studies conducted about trauma

and symptoms of trauma. According Collins, et. al (2010) forty-nine percent, or 9.7 million, of American young people in urban communities live in low socioeconomic status (SES) families. This is further heightened for individuals of color, who are two times more likely to experience economic hardships and are disproportionately represented in low SES urban communities compared to individuals who identify as caucasian (Collins, et. al, 2010). In addition to these statistics on urban communities, families represent two-fifths of the homeless population in the United States. This homelessness increases the likelihood of exposure to traumatic incidents as well as increasing intense anxiety (Collins, et. al, 2010, p. 4).

In terms of young people in urban communities, eighty-three percent report experiencing one or more traumatic events (Collins, et. al, 2010). One out of ten young people living in a major American city under the age of six report witness a shooting or stabbing (Collins, et. al, 2010, p. 4). Males living in urban communities experience higher levels of trauma, specifically related to violent traumatic experiences. Females living in urban communities are four times more likely to experience Post-Traumatic Stress Disorder (PTSD) after a traumatic incident (Collins, et. al, 2010). In general, between fifty-nine and ninety-one percent of youth in the mental health system report traumatic exposure (Collins, et. al, 2010).

With the mentioned statistics, it is difficult to imagine elementary-aged youth living in urban communities not being exposed to traumatic events. For survivors of trauma, there is an experience of a pervasive sense of disconnection from others. The loss of faith and sense of community can be even more severe when the trauma involves betrayal in trusted relationships (Herman, 1997; Frydman & McLellan, 2014). According to Frydman & McLellan (2014) “when this betrayal happens in childhood, when there are limited cognitive skills in place to contextualize and organize experience, the implications are profound” (p. 155). While the

*Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-V) does not include complex trauma as a mental health disorder, much of what has been described above would fit the criteria for complex trauma. Complex trauma is a proposed mental health disorder that encompasses repeated trauma in early childhood. This traumatic stress is not from a single event as described with post traumatic stress disorder (PTSD), but from repeated and prolonged traumatic stress. For young people, this type of trauma is typically experienced when abused or neglected by a caregiving system (Frydman & McLellan, 2014). Frydman & McLellan (2014) mention that the NCTSN lists seven primary domains of impairment, all of which are vital to a young person's development. These primary domains include: attachment, biology, affect regulation, dissociation, behavioral regulation, cognition, and self-concept (p. 157). In a study on biological stress response after trauma, Kliewer (2016) found that victimization likely activates more than one biological stress response system. Possible threats of victimization may also be heightened if the victimization threatens the individual's social status. As social comparison becomes increasingly more significant during adolescence, this may cause individuals to be more sensitive to peer victimization, social evaluation, and rejection (Kliewer, 2016, p. 1820).

Even if the young person is not exposed yet to trauma, their caregiver may have been exposed. The young person may experience "fear without solution" (Irwin, 2005; Lyons-Ruth & Jacobvitz, 2008) meaning, the young person experiences times where they are unable to receive support from their caregiver, while also not obtaining enough power to survive without their caregiver. Lyons-Ruth & Jacobvitz (2008) identify this experience for the young person to be an "unresolvable paradox" (p. 549) because if this cycle is continuous, the young person becomes stuck in a disorganized attachment where the young person is consistently unsure of how to approach the caregiver during inconsistent moments. According to Lyons-Ruth and Jacobvitz

(2008) disorganized, or disoriented, attachment may result in the young person to have: controlling behavior, disorganized behavior, academic difficulties, low IQ, and metacognitive deficits (p. 682). A disorganized attachment may be due to unstable environments, financial difficulties in the home, or caregivers who are unprepared for parenting (Irwin, 2005, p. 8).

It should be noted that these situations may be seemingly out of the caregiver's control. In the population of youth in urban communities, the caregivers may be trying to create the most stable environment at home, but the community may lack the financial resources for the young person to truly thrive. However, if the attachment pattern is disorganized or disoriented during infancy or young childhood and is resolved by elementary-age, the young person may still experience the above behaviors and difficulties (Bureau, Moss, and St.-Laurent, 2006 as cited in Lyons-Ruth & Jacobvitz, 2008).

### **Drama Therapy with Young People and Trauma**

**CANY model with young people experiencing complex trauma.** Creative Alternatives of New York (CANY) is an organization that focused on the implementation of a trauma-informed model, specifically the traumatic stress experienced by young people. The CANY model is founded on three principles: creativity as health; metaphor as healing tool; and group as therapeutic agent (Frydman & McLellan, 2014, p. 153). Frydman and McLellan (2014) focused on working with young people who are experiencing difficulties with executive functioning due to their traumatic symptoms. Executive functioning as described by Frydman and McLellan (2014) is a cognitive component that allows a person to organize their experiences. This means how a person receives, processes, and interprets information from the world (p. 157). If the executive functioning part of the brain is not functioning for a young person, the brain can deny “developmental fluency, leading to a disjointed self-concept and corresponding behavioral



fragmentation; allowing outer turbulence to invade a child's cognitive processing, reducing a sense of overall safety" (Frydman & McLellan, 2014, p. 158)

In the CANY model, there are seven stages in its clinical application including: planning, check-in, warm-up, building the drama, enactment, reflection, and closure (Frydman & McLellan, 2014). Frydman and McLellan (2014) highlight implementing the CANY drama therapy program with adolescent females in a residential treatment program. It is described that the young people in the program have a history of complex trauma and have a fragmented sense of community (p. 166). The group was planned in the middle of the school day. During the planning phase it is noted that there are four group members and the group leaders focused on the theme of community for the group. This was chosen because the group members all lived in residential treatment programs. During the check-in phase, the group leaders chose to implement a ritual check-in activity. In this session, the group was asked to share a song title or lyrics that represented their mood. The warm-up phase consisted of playing a game that would build skills in self-regulation and impulse control. During the building the drama phase, participants were asked where they would like to build their community and who they would like to be in the community. During the enactment phase, the participants embodied their role on the island, having introductory scenes of who the role were as well as devising a challenge that may face the community. The participants chose to use a tidal wave and worked together how the islanders may come together during this natural disaster. During the reflection, participants were able to communicate their experiences. This ranged from specific experiences as the role, but also was as general as the experience of the community. For the closure of this group, participants formed a circle, reached into the center, and took out a quality, emotion, or role that the participant wanted to carry until the next session.

**ENACT.** ENACT is a specialized arts-in-education organization in New York that specializes in working with at-risk youth and was founded in 1987. ENACT provides a wide variety of care from short-term ten-week programs, as well as long term forty-week programs. These programs use theatre and drama therapeutic techniques to teach social and emotional skills to young people, caregivers, and teachers (Feldman, et. al, 2009).

ENACT begins their workshop by facilitating a warm-up similar to the CANY model. The warm-up creates a safe, structured, space; addresses resistance; assesses the group dynamic; builds individual and interpersonal skills, creates a sense of accomplishment in students (Feldman, et. al, 2009, p. 299). The next phase of the ENACT model is scene work, which is the main activity of the model. The intention for this phase is to create moments of self-reflection and awareness. The facilitators create scenes that may be close to real-life for the group participants. When the facilitators use role play and scene work, they create protective layers for the participants by starting externally with the participant's behavior, then going internally to the core of those behaviors (Feldman, et. al, 2009). The scene work intends to evoke memories and emotions; validate feelings, give participants a way to explore and see behaviors; safely externalizes core, unspoken feelings; create opportunities for self-reflection without judgement; foster bonding and highlight commonalities among the group; create opportunities for real change (Feldman, et. al, 2009, p. 301).

The facilitation phase uses cognition in order to bring a conscious awareness to the participant's current behaviors and feelings. This is done after scene work, where the facilitator asks questions in regards to the work. This guides that participant into consciousness to create a life-drama connection (Feldman, et. al, 2009). The facilitation phase intends to help bring buried feelings to consciousness; validate thoughts, feelings, and needs; helps the facilitator identify

connections; create opportunities to transform the participant's behaviors (Feldman, et. al, 2009, p. 302). The next phase, replay, occurs after brainstorming how the scene participants just witnessed could change. Participants may switch to replace the actor(s) and practice naming feelings rather than acting out the behaviors first demonstrated in the scene (Feldman, et. al, 2009). The replay phase intends to allow participants to integrate newly learned social emotional skills; gives participants the opportunity to learn how to express needs and feelings; transform resistance; empowers participants (Feldman, et. al, 2009, p. 303). Like the CANY model, the ENACT method ends each session with a ritualized closure that gathers the energy of the room and reinforces the group bond.

**Trauma-centered developmental transformations.** Trauma-centered developmental transformations (DvT) emphasizes exposure treatment while using DvT therapy interventions. Exposure treatment is one of the primary treatments for individuals who experience trauma. This treatment aims to desensitize the individual to stimuli that activates memories from traumatic events (Pitre, et. al, 2015). Pitre, et. al (2015) mention that trauma treatment with young people can be challenging in verbal therapies as young people do not have the verbal processing skills that therapies such as exposure therapy requires. However, Pitre, et. al (2015) applies DvT therapy to combat the challenges in typical verbal therapies, which may help enhance the desensitization process. DvT uses embodiment and recreational play, which can aid in exposure treatment (Pitre, et. al, 2015). The exposure in DvT therapy with individuals who have experienced trauma is gradual because each session is an open-ended improvisational play involving actions of the young person's interests. The therapist then gradually selects their own actions in the mutually supported play that will become more similar to the young person's traumatic experience. The therapist intention is to activate a response from the young person, but

not to overwhelm the individual. The goal with this type of exposure is to eventually re-enact moments of the traumatic event (Pitre, et. al, 2015). The embodiment in this method of treatment may allow the young person in re-engaging in the traumatic memories and the actual behaviors. The physical movement of the embodiment allows the young person to activate multiple levels of stimuli, creating both an embodied and verbal process that confronts the individual's traumatic memories (Pitre, et. al, 2015).

In an individual session with a six year-old young person who has experienced removal from the home due to physical abuse and removal from the foster home due to sexual abuse. Initially the young person presented disorganization bordering psychosis and had many behaviors revolving around defecation, being physically violent to both himself and others, and experiencing fears of having a snake in his mouth as well as needing to wear many layers of clothing (Pitre, et. al, 2015, p. 45). During initial sessions, the young person would engage in independent play slowly allowing the therapist to join. About twenty sessions in, the therapist begins to directly reference the young person's anal rape by using the metaphor of tentacles and couch cushions. In this play, the therapist and the young person are able to identify differences between the play and the young person's sexual abuse history. As the young person is able to re-play these traumatic events, the young person is becoming desensitized through exposure. Thus having a decrease in behaviors such as defecation and the layering of clothing (Pitre, et. al, 2015).

The Animating Learning by Integrating and Validating Experience (ALIVE) (2018) program is a school-based program that uses DvT to create open conversations about trauma and abuse. ALIVE has found that by addressing behaviors that may disrupt a young person's school

day, young people are able to maintain growth within the classroom. ALIVE has found that their interventions have lowered office referrals by using methods of identifications (para. 3).

CANY, ENACT, trauma-centered DvT, and ALIVE all allow young people to alleviate current life stressors through identification and meeting the client's needs. This is accomplished by fostering safety and consistency within the therapeutic relationship through drama. When this is accomplished, the client may become more available to identify their behaviors and what causes these behaviors to arise.

### **Role Theory and Role Method**

Landy's Role Method is an extension of Landy's role theory that puts the theory into practice in a clinical practice. In order to understand Role Method, role theory must be explained. According to Landy (2009), the term "role" is derived from theatre, in which an actor takes on a character's role and the character's particular set of qualities and motivations (p. 68). Landy's role theory suggests that as humans, we have complex behavior. As humans, we have our own set of qualities and motivations that make us unique. Our personality is composed of multiple roles and the human existence is multidimensional (Landy, 2009; Landy, 2008). Humans are both role takers and role givers. Throughout an individual's youth, individuals emerge as role takers as they internalize roles they witness from their social environments. Young people identify differences between themselves and others in addition to trying on another's behaviors. These unconscious observations allow the individual to identify with behaviors as their own. As these roles develop they will impact the individual's future social relationships (Landy, 1993; Landy, 2009; Williams, 2017).

Landy's role theory also understands "the personality can be conceived as an interactive system of roles" (Landy, 2009, p. 67). Landy argues philosophically role theory is similar to Carl

Jung's (1981) archetypes, rather than a behavior system (Landy, 2009). Jung's archetypes are utilized in Jung's theory of the human psyche. Jung defined twelve primary archetypes that symbolize basic human motivations within the human psyche. These archetypes are considered to be universal and every individual has each archetype within themselves. Each archetype has their own set of values and motivations and one archetype dominates the others within one's self. While Landy uses some of the archetypes in Jung's theory of the human psyche in role theory, Landy suggests that his approach to role theory is more postmodern than previous role theories and understands the concept of the self is multidimensional (Landy, 2008; Landy, 2009). Landy suggests that there is no room for the concept of self (Landy, 2009). Landy suggests that individuals are made up of multiple roles, rather than one single role. This means that there is a balance between the roles without one holding more power than the other. The concept of self would mean that either one role has more power over others, or that individuals are just one role. This is what differs between Landy's role theory and other role theories, in many other role theories the roles revolve around the core self. What is important about this suggestion is that all roles hold the same level of power and the individual will find the balance between those roles. This is helpful for youth in urban communities as some roles may feel like they hold more power, which could be the start of using Role Method in therapy as the therapist and client work on exploring the qualities of the dominating role.

Landy's role theory suggests that life is dramatic (Landy, 2008). Dramatic action is unlike other types of action such as reflexive or instinctual. Rather, dramatic action is the motions that follow the reflexive or instinctual (Landy, 2008). The role and action within role theory are continuously influencing one another, which allows an individual's role to emerge (Landy, 2008). Landy identifies that like characters in a play, roles have their own unique

qualities, function, and style. However, unlike characters in a play, the roles are believed to not be a fixed entity, rather the role is capable of change like the ever changing life circumstances that exist within the individual (Landy, 2009). This is where Landy's role theory and Jung's archetypes begin to show parallels as the definition of a role will remain constant over time, but the specific qualities of the role will change (Landy, 2009). Landy's taxonomy of role came to be after reviewing more than 600 plays and extracting 157 role types and subroles (Landy & Butler, 2012). The intention of extracting these roles is to interpret human behavior as well as characterizing an individual's personality. Since the taxonomy's creation, Landy has altered roles from the initial interpretation (Landy & Butler, 2012). The taxonomy is used as a method of assessment for clients. As mentioned before, a role sort can be initiated by a therapist to assess the client's relationship with themselves as well as the roles they play. This can initiate Landy's Role Method and a treatment method.

According to Landy (1993, 2008, 2009), the process Role Method is completed in eight steps:

1. Invoking the Role
2. Naming the Role
3. Playing out/working through the role
4. Exploring alternative qualities in subroles
5. Reflecting upon the role play: discovering qualities, functions, and styles inherent in the role.
6. Relating the fictional role to everyday life
7. Integrating roles to create a functional role system

8. Social modeling: discovering ways that clients' behavior in role affects others in their social environment

For the purposes of this research, I focus on exploring alternative qualities in subroles; integrating roles to create a functional role system; and social modeling. I have chosen to focus on these aspects to Landy's Role Method because I find that these parts of Role Method are the most beneficial for youth in urban communities. As young people in urban communities have roles put on them as well as taking on roles that may appear rigid and unsavory to them, it may be useful to explore the alternative qualities of these roles. Integrating these roles into a functional role system may allow the young person to embody these alternative subroles and instill how the client's behavior in their role influences others behaviors through social modeling.

Landy identifies two major influences in his development of role theory to be psychodramatist J.L. Moreno and sociologist Thomas J. Scheff. J.L. Moreno is a psychiatrist that founded psychodrama who developed his own role theory based on psychotherapy practices. Landy (2008) mentions that Moreno's beliefs on role were not just psychological, but also socio-cultural. Moreno developed his own role theory by using clinical theory, dramatic theory, and the context of the "Other." Moreno believed that an individual is the role player that is characterized by a series of roles that dominate their behavior (Fox, 1987). Moreno also believed that "every culture is characterized by a certain set of roles which it imposes with varying degrees of success upon its membership" (Fox, 1987, p. 65). Meaning, Moreno had the assumption that different cultures have varying roles that entitle people to a certain level of success. An example of this would be in the United States, the role of boss would be considered a successful role.

Thomas J. Scheff is a sociologist who uses distancing theory in dramatic practices to understand how individual's distance themselves from emotions. Scheff (1981) explains that



underdistanced dramas have their audience experience too much emotion whereas overdistanced dramas do not have their audience experience enough emotion. Dramas that have aesthetic distance create the balance in between underdistanced and overdistanced that allow the audience to experience emotion, but not enough to be engulfed into the drama (Scheff, 1981). Scheff (1981) applies these concepts to an individual's emotions, creating the goal of aesthetic distance. An individual who is experiencing an aesthetic distanced grief would be sobbing with tears. However, an individual who is experiencing an underdistanced grief may experience sadness without tears or feelings of hopelessness. An individual who is experiencing an overdistanced grief may be completely emotionless or distracted from the loss itself (Scheff, 1981, p. 48). Unlike Landy's predecessors, Landy (2009) states that role theory is believed to be "not just based upon recent trends in social science, but also in ancient traditions that point to the dramatic and therapeutic qualities of shamanic healing" (p. 66). In addition to referencing social science and shamanic healing, Landy also pulls from theatre traditions that date back as far as 2000 B.C. as well as theatre theorist of their time (Landy, 2009; Landy, 1991).

### **Critical Perspectives on Therapy**

While researching this topic, I often wonder if drama therapists have a social responsibility to address social injustice with our clients. As clinicians we follow particular codes of ethics to protect ourselves and clients. As drama therapists, we follow the North American Drama Therapy Association (NADTA) Code of Ethics as well as the American Psychological Association (APA) Code of Ethics. The NADTA Code of Ethics (2018) states under professional relationships, "a drama therapist does not engage in unfair discrimination based on age, gender, identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law" (p. 2). This means that

according to the NADTA Code of Ethics, ethically, a drama therapist is not obligated to have a social responsibility to address the issues of marginalized communities, only to not discriminate.

The APA has guidelines around multicultural competencies. These competencies are: attitude/beliefs, knowledge, and skills (Hook, et al., 2013). The attitude and belief competency strives to have therapists understand their own cultural background and how their background influences their belief system. The knowledge competency creates an understanding of the therapist's worldviews may be different from an individual from another cultural background. The skills competency strives for the therapist to use culturally appropriate interventions (Hook, et al., 2013).

While there is a statement on discrimination in professional relationships, there is no statement of social responsibility or a responsibility of social action in the NADTA's Code of Ethics. However, the NADTA has taken steps to work towards social responsibility and social action since 1998 as noted under their Diversity Page (NADTA Diversity, 2018). The NADTA Guidelines on Cultural Response/ability (2018) identifies the NADTA's Code of Ethics as well as their mission for diversity. The NADTA Guidelines on Cultural Response/ability (2018) notes that drama therapists "are sensitive to the power and influence of stories, roles, and repeating patterns in our lives and in the lives of those with whom we work" (para. 6). These guidelines ask for drama therapists to be culturally responsible and culturally humble in their implicit and explicit bias in the context of their drama therapy practices (NADTA Guidelines on Cultural Response/ability, 2018). However, these guidelines do not give drama therapists tools to be either culturally responsive or culturally humble.

Drama therapist, Mayor (2012), states "White people often expect that discussions of race are the responsibility of the racialized, non-White figure to introduce and facilitate" (p. 214).

When people who are White intentionally or unintentionally put the responsibility on the “Other” to explain the “Other,” it portrays a thought that people who are White do not have a responsibility to work on and discuss this topic. This can hinder the opportunity to learn, change, and grow because there is no engagement (Mayor, 2012). Williams (2017) notes a study conducted by Kugelmass (2016) where it was found in New York that “therapists were less likely to follow up with clients that are black and/or working class” (p. 137). As stated before, this may be due to unconscious beliefs, but if therapists are less likely to follow up, does that mean that we as therapists are going against our codes of ethics and multicultural guidelines?

### **Discussion**

After completing the literature review, I have found that there is no current literature on the intentional use of Role Method with elementary-aged youth in urban communities. In reviewing the literature my critique of Landy’s Role Method is about the application of the method itself. I question that if the method’s intention is to create a mirror to life (Landy, 2009), how are we as drama therapists holding the mirror for individuals of marginalized identities in Role Method? I do not believe that all drama therapists who use Role Method are not holding this mirror for individuals of marginalized communities. However, I find that the current literature about Role Method does not give concrete examples exploring Role Method with marginalized groups.

Mayor (2012) states that race is produced and performed in the encounter in a working definition of race in the creative arts therapies (p. 214). I find that this idea is not limited to race and applies to many intersectional identities. When thinking about ability, one has a certain idea when closing their eyes about what a physical disability or cognitive disability looks like. Again, looking at Figure 1 of Morgan’s (1996) axes of privilege, domination, and oppression, I

would argue that if one were to close their eyes and imagine any identity on the axes, on both sides of the domination line, there is someone or something that comes to mind. In this image, both sides of the domination line have a view of what that power or oppression looks like. To be abled-bodied may be assumed a certain way whereas imagining a person with a physical or cognitive disability might be imagined in a different way. Both sides are produced and performed in an encounter, but I would argue the performance of the individual with a disability may be more harmful to the person because the performance can hinder how the individual is accepted and more often rejected in the community they exist in. Mayor (2012) further leads the discussion to state that play may create a disruption to the performance and production that creates a rigid role. This may be the beauty of Role Method because the method allows the client to explore their rigid roles. While the roles may appear rigid, the steps mentioned before in Role Method will allow the client to explore the different qualities in the subroles within the role.

I find Role Method appears to be useful for young people in urban communities because this method allows the client to work through the multiple roles the individual desires to play in society at a distance, as described by aesthetic distance. Aesthetic distance allows the therapist to focus on one piece of who the individual is, as well as the other roles that exist within the individual behind reality that can then be integrated outside of the clinical setting (Scheff, 1981; Landy, 2009).

Landy's role theory identifies that there are contradictions within a client's role system and that all roles have counterroles. Role Method is where a client integrates the role and the counterrole, hopefully bringing the role system balance (Landy, 2008; Williams, 2017). For a client who identifies with a rigid role, it may appear to seem fixed. I am not suggesting that these rigid roles I mention later should be a part of Landy's role taxonomy, but these roles may be

roles that are put on our clients. However, these roles are indicators of a young person's history and worldview. Young people in urban communities with roles such as these may have not even chosen the role, but it was forced onto them. Does this mean that Landy's Role Method or the taxonomy should include representations for all role possibilities? I think that part of my critique when creating a list of roles, such as the role taxonomy, it can become isolating for a client whose representations are not listed. However, I would argue that as drama therapists using Role Method, we should be giving our clients endless role possibilities (Landy, 2009). As drama therapists using Landy's role theory, it is our duty to help our client's find deviance's in the role, or at least model how the client's role affects them in their environment. In order to do so we as drama therapists need to identify that the world our clients live in is not universal, and neither is ours. I do not believe that Landy himself disagrees with this, however I do not find that current literature for Role Method addresses these "endless" possibilities for clients such as elementary-aged youth in urban communities who may experience rigid roles such as thug.

Landy (2009) states, "each role can therefore be identified by its archetypal qualities and its degree of deviation from those qualities, as long as the deviance is understood in the relation to the norm" (p. 67). When viewing the roles, some may appear to be universal, similar to Jung's archetypes. An example of this may apply to roles such as mother. Many people can identify with the role of mother. In addition, there are many different definitions and deviances of the role of mother that can create a working definition of the role for an individual such as good enough mother. However, does this apply to the role of dyke, thug, or disabled? A deviance of the roles might be challenging the title of the role itself. Each of these roles have a negative connotation within the United States. For a client who has been forced into the role of dyke, it might be difficult for them to navigate what a "positive" meaning of the role might be. However, it might

be useful for the client to navigate positive moments of the role dyke. A client who has portrayed the role of thug in a negative light, might be able to challenge that role based on what a “thug” might do for their community in a positive light. For the role of disabled, a deviance may be navigating with the client what it really means to be disabled and taking away as much of the negative meaning as possible.

Finding “positive” meanings of these roles can be applied through the step four, exploring alternative qualities in subroles of Role Method (Landy, 2009). For youth in urban communities, this may allow the client to step out of, reject, or take on the role with a different meaning. In step four, exploring alternative qualities in subroles, the individual is trying on the role and exploring a different quality of the role. As the client continues to reflect on these different qualities in the subrole and connecting the role to their life, the client can then integrate the role into their role system, step seven, in order to create a functional role system (Landy, 2009). This allows the client to look at their current roles that are functioning, while also integrating these newly explored roles. This leads to the final step in Role Method, step eight social modeling (Landy, 2009). In social modeling, the client explores how their roles may or may not affect others in their environment. For youth in urban communities their environment may mean in their home, but it could also mean in their school system, with their peers, and within their community.

Based on the NADTA Code of Ethics (2018) and the APA MCC Guidelines (2018), Landy is not obligated to have a social responsibility to address the issues of marginalized communities, only to not discriminate. However, I would argue that in order to practice ethically, the application of a method such as Role Method needs to have some type of cultural awareness as it has potential to address roles that are put onto individuals of marginalized communities,

such as young people in urban communities. I believe that this already exists within Role Method when looking at steps: exploring alternative qualities in subroles; integrating roles to create a functional role system; and social modeling (Landy, 2009). As I have explored, these steps can explore rigid roles that are currently within a young person's role system. These steps naturally have a critical lens as these steps explore what a rigid role could also look like while also integrating and modeling that role. This can allow a young person to challenge their roles and gain insight as to why these roles are within them, while also integrating and accepting the role to exist.

When the difference is addressed, Sajnani (2010) states "there are tremendous opportunities for radical empathy, solidarity, and social change" (p. 190). Cultural humility may play a role in guiding drama therapists to engage with social justice goals as it allows for growth within the therapeutic relationship with the client who plays the "Other" (Hook, et al., 2013). Hook, et al. (2013) mentions that when training therapists to "work with clients from diverse backgrounds, it may be important to focus on interpersonal behaviors such as expressions of humility" (p. 361-362). Examples of this may include being open to the client's beliefs, asking questions, and expressing curiosity in order to gain a better understanding of the client's current worldview. For a drama therapist utilizing critical theory and cultural humility can be beneficial when using the tools in Role Method. By using these theories, a drama therapist may gain more insight into the rigid roles that are given to their client. For youth in urban communities, this may allow the young person to have more autonomy and decrease any behaviors similar to what is seen in Pitre et. al (2015).

Landy (2009) argues that the difference between other therapies and drama therapy is the use of reflection and enactment. When putting Role Method into practice, the enactment may be

the embodiment of the role. After the enactment, there is some sort of reflection or processing that happens (Landy, 2009). Regardless how the processing is done, the argument Landy (2009) makes is that having both an enactment and processing creates optimal therapeutic benefits for the client as both hemispheres of the brain, verbal and nonverbal, are being activated (p. 77). For youth who have experienced trauma, this may be essential to their therapeutic process as the mind processes the experience both verbally and nonverbally, especially for young people who do not have fully formed verbal skills (Pitre, et. al, 2015). Drama therapy facilitates both verbally and nonverbally as seen in Frydman & McLellan (2014); Feldman, et. al (2009); and Pitre, et. al (2015).

### **Conclusion**

Youth in urban communities are just one population of many who could benefit from drama therapy and culturally aware drama therapists. From my own witnessing of drama therapists work, I do not doubt that there are culturally aware drama therapists at work. However, based on this research, the literature does not show how Landy's role theory and Role Method explicitly work with clients who are a part of marginalized communities. This is especially apparent when navigating rigid roles that may not appear to have a "positive" counterrole, such as thug. These rigid roles appear to be difficult to navigate even with culturally aware drama therapists. Navigating these roles will be especially difficult for drama therapists who may not be aware of the impact the role thug can have on a client. If research in Landy's role theory and Role Method begin to facilitate this change, it may create insight for current drama therapists who do not naturally practice through a critical theory lens. Through the steps of Role Method, Landy has begun to create a path for socially conscious drama therapy; this path needs a guide to continue to bridge the connection between critical theory, drama therapy, and Role Method.



Future research can break down into the following paths: implementation, revisitation, and current foundations. Implementation may look like researching how Role Method can be used with youth in urban communities. This may be a study on the effects of Role Method being used with youth in urban communities in order to decrease negative behaviors in school. Revisitation may be continuing to create literature on how Role Method and other drama therapeutic techniques are being used with a critical theory lens. Revisitation may look like further literature reviews on both Role Method and other drama therapeutic techniques that explicitly show how to implement the technique with a critical theory lens. Research in current foundations would further the research in revisitation by seeing what are current drama therapists doing when using a critical theory lens. This research may be a quantitative study on the ethical practices of drama therapists in multiculturalism. I find that these paths in future research may continue to assist drama therapists who do not naturally use a critical theory lens. However, I do not think this will be done until drama therapists who currently use a critical lens open these paths for further education.

## References

ALIVE (2018) Retrieved from: <http://www.traumainformedschools.org/aboutus/philosophy.html>

Collins, K., Connors, K., Donohue, A., Gardner, S., Goldblatt, E., Hayward, A., Kiser, L., Strieder, F., & Thompson, E. (2010). *Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions*. Baltimore, MD: Family Informed Trauma Treatment Center.

Feldman, D., Jones, F. S., & Ward, E. (2009) The ENACT method of employing drama therapy in schools. In Johnson, D. R., & Emunah, R. (2009). *Current approaches in drama therapy*. Springfield, Ill.: Charles C. Thomas.

Finneran, L., Murray, R., Dobson, C., Cherry, C., & McCall, J. (2014) Drama therapy in the secondary therapeutic classroom. In Sajnani, N. & Johnson, D. R. (2014) *Trauma-informed drama therapy: Transforming clinics, classrooms, and communities* (1st ed.). Springfield, IL: Charles C Thomas.

Fox, J. (1987) *The essential Moreno: Writings on psychodrama, group method, and spontaneity by J.L. Moreno, M.D.* New York, NY: Springer Publishing Company, Inc.

Frydman, J. & McLellan, L. (2014) Complex trauma and executive functioning: Envisioning a cognitive-based, trauma-informed approach to drama therapy. In Sajnani, N. & Johnson, D. R. (2014) *Trauma-informed drama therapy: Transforming clinics, classrooms, and communities* (1st ed.). Springfield, IL: Charles C Thomas.

Herman, J. (1997) *Trauma and recovery*. New York, NY: Basic Books.

Hodermarska, M., Haen, C., & McLellan, L. (2014) *Exquisite corpse: On dissociation and*

- intersubjectivity-implications for trauma-informed drama therapy. In Sajnani, N. & Johnson, D. R. (2014) *Trauma-informed drama therapy: Transforming clinics, classrooms, and communities* (1st ed.). Springfield, IL: Charles C Thomas.
- Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L. Jr., Utsey, S. O. (2013) Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology*. 60(3). 353-366. doi: 10.1037/a0032595
- Irwin, E. C. (2005) Facilitating play with non-players: A developmental perspective. In Weber, A. & Haen, C. (2005) *Clinical applications of Drama Therapy in child and adolescent treatment* (1st ed.) New York, NY: Brunner-Routledge.
- Jung, C. G. (1981). *The archetypes and the collective unconscious* (2nd ed., Vol. 1) (R. F. Hull, Trans.). Princeton, NJ: Princeton University Press.
- Kliewer, W. (2016). Victimization and biological stress responses in urban adolescents: Emotion regulation as a moderator. *Journal of Youth and Adolescence*, 45(9), 1812–1823.  
<https://doi.org/10.1007/s10964-015-0398-6>
- Landy, R. (1991) The dramatic basis of role theory. *Arts in Psychotherapy*, 18(1), 29-41.  
doi:10.1016/0197-4556(91)90005-U
- Landy, R. (1993) *Persona and performance: The meaning of role in drama, therapy, and everyday life*. New York, NY: The Guilford Press
- Landy, R. (2001). *New essays in drama therapy: Unfinished business*. Springfield, IL: Charles C. Thomas
- Landy, R. (2008). *The couch and the stage: Integrating words and action in psychotherapy*. New York: NY: Jason Aronson.
- Landy, R. (2009) Role theory and the role method of drama therapy. In Johnson, D. R., &

- Emunah, R. (2009). *Current approaches in drama therapy*. Springfield, Ill.: Charles C. Thomas.
- Landy, R & Butler, J. D. (2102) Assessment through role theory. In Johnson, D. R., Pendzik, S., & Snow, S (2012) *Assessment in drama therapy*. Springfield, Ill.: Charles C. Thomas
- Lyons-Ruth, K., Jacobvitz, D. (2008). Attachment disorganization: Genetic factors, parenting contexts, and developmental transformations. In: Cassidy, J., Shaver, P. (1999). *Handbook of attachment: Theory, research, and clinical applications*. (2nd eds.) New York, NY: Guilford Press.
- Mayor, C. (2012) Playing with race: A theoretical framework and approach for creative arts therapists. *Arts in Psychotherapy*, 39(3), 214-219. doi:10.1016/j.aip.2011.12.008
- Morgan, K.P. (1996) Describing the emperor's new clothes: Three myths of educational (in)equality. In Diller, A., Houston, B., Morgan, K. P., & Ayim, M. (1996) *The gender question in education: Theory, pedagogy and politics*. Boulder, Co: Westview Press
- NADTA Diversity (2018) Retrieved from: <http://www.nadta.org/about-nadta/diversity.html>
- NADTA Code of Ethics (2018) Retrieved from:  
<http://www.nadta.org/about-nadta/code-of-ethics.html>
- NADTA Guidelines on Cultural Responsiveness (2018) Retrieved from:  
[http://www.nadta.org/about-nadta/diversity/Cultural\\_Responsibility\\_Guidelines.html](http://www.nadta.org/about-nadta/diversity/Cultural_Responsibility_Guidelines.html)
- Pitre, R., Sajnani, N., Johnson, D. R. (2015) Trauma-centered developmental transformations as exposure treatment for young children. *Drama Therapy Review*, 1(1), 41-54. doi: 10.1386/dtr.1.1.41\_1
- Reinkraut, R., Motulsky, S. L., & Ritchie, J. (2009) Developing a competent practitioner: Use of self in counseling psychology training. *Asian Journal of Counseling*, 16(1), 7-29.

- Sajnani, N. (2010). Mind the gap: Facilitating transformative witnessing amongst audiences. In Jones, P. (2010) *Drama as therapy volume 2: Clinical work and research into practice*. New York, NY: Routledge
- Sajnani, N. (2012) Response/ability: Imagining a critical race feminist paradigm for the creative arts therapies. *Arts In Psychotherapy*, 39(3), 186-191. doi:10.1016/j.aip.2011.12.009
- Scheff, T. J. (1981) The distancing of emotion in psychotherapy. *Psychotherapy: Theory, Research, and Practice*, 18(1), 46-53.
- United States 2010 Census (2018). Retrieved from:  
<https://www.census.gov/geo/reference/ua/urban-rural-2010.html>
- Williams, B. M. (2017) Role power: Using role theory in support of ethical practice. *Drama Therapy Review*, 3 (1), 131-148. doi: 10.1386/dtr.3.1.131