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Disrupting Self-Silencing in Cisgender Women Using Drama Therapy's Role Theory and Role Method

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Abstract

Self-silencing is the repression of one's own emotions, restriction of self-expression, and showing concern for others over the self as a result of societal ideals and expectations imposed on a person because of gender. This thesis approaches self-silencing from a relational cultural perspective and uses attachment theory and Jack's (1993) Silencing the Self Theory to understand why self-silencing occurs and its impact on cisgender women. Potential therapeutic interventions for women who self-silence are proposed using drama therapy's role theory and role method. Furthermore, updates to the current role taxonomy to be more inclusive of roles relevant to women and self-silencing are suggested.

Keywords: *Self, Self-Silencing, Identity, Drama Therapy, Role Theory, Role Method, Role Play*

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> "I remember being told as a child to 'bend down properly while sweeping, like a girl.' Which meant that sweeping was about being female. I wish I had been told simply 'bend down and sweep properly because you'll clean the floor better.' And I wish my brothers had been told the same thing." (Chimamanda Ngozi Adichie, Dear Ijeawele, or A Feminist Manifesto in Fifteen Suggestions, 2017).

Introduction

The idea of a 'self' is synonymous with the idea of a soul, a personality, or an identity. There are many theories as to how an individual self develops, three of which will be used in conjunction in this thesis: Relational Cultural Theory (RCT), attachment theory, and drama therapy's role theory.

According to Relational Cultural Theory (RCT), the development of a self occurs in relation to others based on societal expectations or templates of what we should be (Singh et al., 2020). When there is fear of retaliation or rejection for not fitting into these expected roles and templates, a person may alter their appearance, repress thoughts, feelings, and instincts, or refrain from advocating for their wants or needs. This repression is known as self-silencing. Self-silencing, for the purposes of this thesis, is defined as the repression of one's own emotions, restriction of self-expression, and showing concern for others over the self as a result of societal ideals and expectations imposed on a person because of gender.

Attachment theory, like RCT, is also relational, meaning that human development occurs in relation to others. Infants and children in formative years will seek connection with adults and

caretakers. If the adults are caring, then healthy attachment styles are formed in the children which continue into adulthood. If negative behaviors such as abuse or neglect are experienced from caretakers in these formative years, this impacts the child's relationships with others in a negative way, and the child develops unhealthy attachment styles (Elaheh et al., 2018). When a person has an unhealthy attachment style, they will be more likely to engage in behaviors like self-silencing which has negative effects on overall mental health and well-being.

Robert Landy (2021) stated that who we are is an "interactive system of roles" (p. 85) that we play in our lives such as mother, friend, healer, and artist. Landy's (2021) role theory is used in a therapeutic approach called role method, which seeks to help individuals explore the roles they play in their lives and further develop roles that will be strengthening, fortifying, or healthy for this individual.

This thesis will address the impact self-silencing has on women's mental health and well-being, how intersecting identities can deepen and complicate self-silencing, and how self-silencing behaviors might be disrupted or lessened by using the drama therapy approach of role theory and role method. This thesis focuses on the experience of self-silencing in cisgender women while acknowledging the need for further research and focus on disrupting self-silencing across many other groups.

Author's Identity

This author is a cisgender woman. The interest in and connection to this subject is based on this writer's identity as a woman and the various experiences leading to self-silencing throughout her life because of her gender, including but not limited to: sexual harassment and assault, limiting messages about gender roles and career opportunities, and shameful messages

about her body and sexuality. This author was raised in a religious household and was for many years a practicing member of this religion. During her upbringing and activity within this religion, this writer internalized messages about her gender including what it meant to be a "good" woman which included dressing modestly, remaining sexually inactive until marriage, aspiring to be a wife and mother, and generally being an honest, nurturing, meek, and amenable person. This led to making life decisions based on how she would be perceived versus what was authentic for her. As a result of these experiences, this author has found an exploration of self-silencing and seeking to disrupt or lessen her own self-silencing to be useful in her personal journey. Professionally, this writer feels drawn to helping other women address and shift their self-silencing behaviors in a therapeutic setting through drama therapy work.

This author has experience as a theatre writer, director, performer, and teacher. This author is also pursuing a career in drama therapy and has master's level training in the use of theatre practices in a therapeutic setting. These formative experiences with the power of stepping into new roles as a healing tool allow this author special insight into the lived experience of being changed by role exploration.

This writer is also a white, non-disabled, straight-passing person--or person who is on the spectrum of sexuality but is predominantly interested in partners of the opposite sex and therefore can pass as heterosexual in many spaces. There are sections of this thesis which discuss race, religion, culture, gender, and sexuality which will rely heavily on the research of others in order to order to address potential limitations or biases. The focus on self-silencing experienced by women is intended to open the door for further research on role theory and its potential benefit in addressing social justice and the needs of many other groups of people.

Literature Review

Maji & Dixit (2020) posited that a self cannot be developed "in a vacuum," rather "social interactions build the foundation of the self" (p. 1505). The expectations of gender in relationships, in religious communities, in academia, and in the workplace are different for men and women. This thesis approaches self-silencing from a relational cultural perspective and uses attachment theory and Jack's (Jack & Ali, 2012) Silencing the Self Theory to understand why self-silencing occurs and its impact on cisgender women. Furthermore, potential therapeutic interventions for women who self-silence will be proposed using drama therapy's role theory and role method. This literature review will discuss self-silencing in the workplace, in rural communities, in college women, in religious communities, and across races, cultures, sexualities, and gender identities.

Relational Cultural Theory (RCT)

RCT suggests that humans are relational and that learning and growth happens in connection with others. As a result of this human desire for belonging, internal relational templates develop based on societal expectations and norms which "tell us how we must behave or what we must be in order to maintain relationships" (Hurst & Beesley, 2012, p. 311). This desire for connection can lead to self-silencing in order to fit relational templates and sustain relationships.

Self-silencing behaviors are known as strategies of disconnection and are used to "maintain emotional safety and to preserve connection" (p. 311) but are counterintuitive because they prevent others from truly knowing or understanding us. Self-silencing as a result of these templates or norms interferes with the development of healthy and empathic relationships (Singh

et al., 2020). This difficulty connecting with others is deeply tied to attachment theory and the various attachment styles an individual may develop.

Attachment Theory

Attachment theory was first introduced by John Bowlby in 1958 and is a relational theory about human development (Haen & Lee, 2007). Attachment theory examines interactions between a child and their caregiver early in life and asserts that these interactions create a "schema that informs expectations about future relationships" (Haen & Lee, 2007, p. 46) for that child.

Infants and children naturally seek connection with their caregivers. When caregivers are attentive, caring, and reliable, children develop what is called secure attachment. A person with secure attachment is able to see others as trustworthy, well-intentioned, and safe. This leads to healthy and secure relationships (Elaheh et al., 2018). When children experience caretakers who are inconsistent, absent, or abusive, they develop insecure attachment styles. A person with an insecure attachment style may be "clinging, dependent, contact-maintaining" (Cassidy & Berlin, 1994, p. 971) or they may be both preoccupied and ambivalent toward those with whom they are in relationships (Cassidy & Berlin, 1994).

According to Zietlow et al. (2017), women who experienced early life maltreatment (ELM) or adverse childhood experiences (ACEs) were more likely to have insecure attachment in adulthood. Both the experience of ACEs and the development of insecure attachment style have been correlated with the development of physical and mental health problems like depression, anxiety, eating disorders, and posttraumatic stress disorder (Haen & Lee, 2007; Heim, Plotsky, & Nemeroff, 2004).

Depression in adulthood often worsens with exposure to continued stress (Heim, Plotsky, & Nemeroff, 2004). Women who experience continued harassment, abuse, or oppression in any form based on their gender may continue to self-silence and experience the depressive symptomatology associated with self-silencing. While not all women who self-silence have consistently insecure attachment, the behavior of self-silencing itself is an insecure attachment behavior.

Silencing the Self Theory

The Silencing the Self theory was first presented in 1991 by Dana Jack who sought to understand what led to depression in women. Jack & Ali (2012) found that women place value judgments on themselves and their behaviors based on societal expectations of what a woman should be such as "pleasing, unselfish, loving" (Jack & Ali, 2012, p. 5), as well as "selfless, pleasing, not disclosing one's displeasure" (Emran, Iqbal, & Dar, 2020). These judgements lead women to self-silence in order "to avoid conflict, to maintain a relationship, and/or to ensure their psychological or physical safety" (p. 5). This self-silencing creates feelings of loss, shame, depression, anger, and self-betrayal. There are four behaviors associated with self-silencing: externalized self-perceptions, care as self-sacrifice, silencing the self, and divided self (Jack, 1993). Each of these behaviors will be reviewed below.

Externalized Self-Perceptions

In Jack's (1993) seminal text, *Silencing the Self: Women and Depression*, self-silencing is described as appearing "in women's narratives when they try to change their thoughts and when they tell themselves how they 'ought' to feel" (p. 129). This societal or interpersonal pressure to think, feel, and behave in a certain way leads to what Jack (1993) described as an Over-Eye, or

an “internalized male gaze” (p. 133). This perspective is a judgement of oneself based on the third-party perception of others.

The concept of the Over-Eye can be seen in Margaret Atwood's (1993) novel *The Robber Bride*. The fictional character Roz, frustrated at the pressure “to be nice, to be ethical, to behave well” (p. 388), comes to the conclusion that the world is run by male fantasies, stating:

> “Even pretending you aren't catering to male fantasies is a male fantasy: pretending you're unseen, pretending you have a life of your own, that you can wash your feet and comb your hair unconscious of the ever-present watcher peeping through the keyhole, peering through the keyhole in your own head, if nowhere else. You are a woman with a man inside watching a woman. You are your own voyeur” (Atwood, 1993, p. 388).

The picture Roz paints of a man inside every woman, watching her and judging her behavior, is an example of externalized self-perceptions which influence the thoughts, feelings, and behaviors of those experiencing them.

Care As Self-Sacrifice

The Over-Eye leads women to put the needs of others over their own. This is called care as self-sacrifice and is described as “inhibiting self-expression to maintain relationships and circumvent retaliation, possible loss, and conflict” (Abram, Hill, & Maxwell, 2018, p. 518). Care as self-sacrifice often develops out of necessity in order for women to keep jobs, maintain relationships, or stay physically safe in a threatening situation.

Jack & Ali (2012) related the Silencing the Self theory to attachment theory. The gender inequality that women experience leads to a variety of harmful stressors and experiences “such as poverty, war, victimization, economic dependence, and lack of control over childbearing”

(Jack & Ali, 2012, p. 8). These threats “intensify specific attachment behaviors such as proximity seeking and reassurance seeking" (p. 7). Any social context that puts a woman in danger or makes her dependent on men leads to self-silencing behaviors in an attempt to avoid conflict and maintain safety and security (Jack & Ali, 2012).

Silencing the Self

The obligation to put the needs of others before one’s own leads to silencing the self or “women not directly asking for what they want or telling others how they feel” (Abrams, Hill, and Maxwell, 2018, p. 518). Austin Channing Brown (2021) described her experience with silencing the self in the context of being a Black woman in the United States. When she felt justified anger because of her many experiences of injustice, oppression, and dismissal, she found herself aware of the Over-Eye; aware that if she expressed that rage or anger, she would “become a stand-in for another Black female body...or a stand-in for the worst stereotypes” (p. 120). This awareness of how she might be perceived or the negative consequences of being openly herself in any given situation, led her to filter her self-expression to be more palatable or pleasing to others. “Instead of anger, I would try to communicate other emotions that I thought might receive an audience--pain, disappointment, sadness” (p. 124). Brown (2021) found that this expression of what she thought others might need to hear was actually just a way to deny and cover her true feelings.

Divided Self

Once the self has been silenced, a divided self is born (Jack, 1993). The divided self is described as “women’s tendency to present an outer self that complies with feminine role demands while an inner self grows angry and hostile” (Remen, Chabless, & Rodebaugh, 2002, p.

151). The divided self is like a mask: there is the appearance of a woman who meets all expected behaviors and roles and appears content to do so on the outside. Beneath this mask of the good woman are feelings of anger, resentment, disappointment, and depression. Brown (2018) described this as "the mask that grins and lies" (p. 124). These four behaviors of self-silencing–externalized self-perception, care as self-sacrifice, silencing the self, and the divided self–are important to understand in order to address them in a therapy setting.

Women in the Workplace

In a 2020 study of self-silencing in women in the workplace, Maji & Dixit conducted interviews with 25 female software engineers from different organizations–all of them male-dominated–to discover causes and consequences of self-silencing in the workplace. The study sought to understand the motivations behind self-silencing as well as the impact on women's ability to further their careers in male-dominated fields. The interviews revealed that some of the motivations for women to self-silence were "to maintain a relationship or to avoid conflicts and retaliation," and to fit the "good woman template" or the societal ideal of what a woman should be: passive, ashamed of her body, kind (Maji & Dixit, p. 1506).

The study indicated that women's need to "abide by the over-eye provided by society" (p. 1521) led to self-silencing in order to maintain workplace relationships as well as to retain their jobs. Women reported feeling powerless and fearing for their career growth if they raised their voice regarding injustice, sexual harassment, and other ethical issues. These feelings and experiences led to organizational self-silencing, where the culture of the organization itself perpetuated poor communication and did not create avenues for women to speak up or pursue career growth. According to Maji and Dixit (2020), work environments like those described

above had “severe impacts on the psychological wellbeing of the female employees” (p. 1521). While this study only focused on Indian women in the information technology industry, there are implications for all workplaces regarding the impact of poor communication and oppressive structures that may lead to self-silencing in women and “disproportional career growth” (p. 1521) between male and female employees.

Rural Women

In Bogar’s 2016 mixed-methods study, conducted through in depth-interviews and questionnaires, Bogar aimed to determine the ways in which rural Wisconsin women manage challenges of mental and physical health. The study found that rural women tend to self-silence due to the stigma surrounding mental health, the expectation of always being stoic and strong, and because a high number of elder and rural women have experienced domestic violence (Bogar et al., 2016). This study also found that self-silencing was used as a coping skill to manage depression and other mental health concerns which were not being met due to lack of access to mental health services and avoidance of mental health services for aforementioned reasons.

Sexism and Self-Silencing

Women who reported a higher frequency of sexist experiences in their lifetime also reported “higher levels of depressive, anxious, and somatic symptoms” (Hurst & Beesley, 2012, p. 313). In a 2012 study of female college students, Hurst and Beesley wanted to understand if self-silencing exacerbated mental health issues that already existed due to experiences of sexism. The study found that experiences of sexism often led to restrictive relational behaviors “involving the removal of critical aspects of the self” (p. 318) or self-silencing. This self-silencing was an attempt to maintain relationships and led to further psychological distress.

The findings of this study were consistent with RCT which "purports that dominant societal messages (e.g., sexism) exert a powerful impact on the construction of and behavior in relationships, particularly for members of marginalized groups" (p. 318).

Women often experience relational pressure and feel limited in choices available to them based on the culture they are a part of. Bucuţă, Dima, & Testoni (2018) explained that women often face violence in response to attempts to change their situation or break for norms or expectations. This violence reinforces gender roles and maternal roles and pressures women into making choices that fit into societal expectations of them (Bucuţă, Dima, & Testoni, 2018).

Stereotype Threat

Stereotype threat is the fear that our "behavior will be interpreted through the lens of negative social stereotypes" (Johns et al., 2008, p. 691). Members of a certain group may experience "additional pressure" (p. 691) or underperform if they feel they are being assessed or judged in a way that may enforce a stereotype that exists toward their gender, race, culture, religion, dis/ability, etc. Stereotype threat is one of the many reasons someone may self-silence.

In a 2008 study, Johns et al. administered a series of cognitive assessments related to anxiety and problem-solving skills to 81 female participants. Half the participants were intentionally exposed to anxiety and stereotype threat by being flanked by male participants, administered the test by a man, and told that the test was collecting data on mathematical aptitude in men and women. This created anxiety and stereotype threat in these female participants because of the fear that doing poorly on this assessment would further perpetuate the stereotype that men are better at math and problem solving than women. The participants who were exposed to stereotype threat were also told that they would be doing a task that was a

measure of anxiety, while the other participants were told it was a measure of perceptual focus. The results indicated that the women under stereotype threat tried not to appear anxious, and the more they "tried to regulate their anxiety, the fewer executive resources they had available" (Johns et al., 2008, p. 695).

Johns et al. (2008) then studied the ways in which participants regulate emotion under stress or threat. Some of the participants did what is called response-focused coping in reaction to the stress or stereotype threat they were feeling during the study. In response-focused coping, a person feels a negative emotion, and then forces themself not to show that emotion in an attempt to no longer feel it. Research showed "that response-focused coping can disrupt cognitive processes" (Johns et al, 2008, p. 696). Johns et al. (2008) conducted four studies on stereotype threat in order to strengthen the results and their potential application. The results indicated that when someone is experiencing stereotype threat, they try to suppress their emotions which results in "suboptimal performance" (p. 701). When participants were directed to approach the situations they were presented with "in a way that prevents the need to suppress one's emotions," these participants performed better than those who practiced response-focused coping.

Self-Silencing and Intersectionality

Jack (2012) designed a Silencing the Self Scale (STSS) based on the four behaviors of self-silencing which are externalized self-perception, care as self-sacrifice, silencing the self, and divided self. The results of the STSS used on different groups of women revealed that higher levels of self-silencing were correlated with "variables representing inequality, oppression, and

other threats to self and relationships" (Jack & Ali, 2012, p. 7). Self-silencing was higher in residents of battered women's shelters and mothers who abused drugs than it was in undergraduate women who participated in the study because of the exposure to oppression and threat that the former two groups experienced at a higher rate than the undergraduate women. Given this, it becomes essential to consider intersecting identities when examining the cause and impact of self-silencing in clients. There is a complex interplay of race, ethnicity, culture, religion, sexuality, gender identity, dis/ability, socioeconomic status, and trauma history in every individual which contributes to the templates each individual has internalized, and the ways in which self-silencing behaviors manifest.

Intersection of Race

While there are many racial identities that experience self-silencing, this section will focus on Black women. As Black women deal with various forms of oppression and damaging messages about themselves, they also feel pressure to meet the cultural expectation and stereotype of strength and confidence, despite their pain or trauma (Abrams, Hill, & Maxwell, 2018). This perception of Black women is called the strong black woman schema and is described as "an amalgamation of beliefs and cultural expectations of incessant resilience, independence, and strength" (Abrams, Hill, & Maxwell, 2018, p. 517). The impact of the strong black woman schema is that Black women have often "mastered the art of portraying strength while concealing trauma" (p. 518). As Black women silence their true feelings in order to fit into the strong black woman schema, or in order to reject the strong black woman schema, they experience a divided self.

Brown (2021) described her experience with rejecting the strong black woman schema and not wanting to appear angry or be "*that* Black girl" (p. 123). "I tried to be the wise, patient teacher, the composed one...But ultimately, these were attempts at self-restriction" (p. 125). Brown's (2021) experience of self-silencing in relation to the strong black woman schema was a reaction to stereotype threat.

In a quantitative study on the effect of the strong black woman schema on the mental health of Black women in the United States, Abrams, Hill, and Maxwell (2018) found that the obligation and pressure for Black women to perpetually fit into the strong black woman schema led to self-silencing which contributed to the development of depressive symptomatology.

Intersection of Ethnicity and Culture

Maji & Dixit (2020) asserted that culture is a significant part of the "experience of self" (p. 1508) and discussed the role that Indian culture plays on the concept of self. They explained that because the "Indian self is characterized by 'we' where 'I' is always defined in relation to 'you,' there is a high probability that the need to maintain relationships would be more powerful among women in India" (Maji & Dixit, 2020, p. 1508). Jack & Ali (2012) confirmed that external self-perception is a significant part of Indian culture.

According to Ali & Toner (2001), the intersection of "ethnicity and gender in women's lives" (p. 175), particularly for immigrant women and women of color, have a significant effect on women's emotional well-being. In their 2001 study on self-silencing and depression in Caribbean women and Caribbean-Canadian women who had immigrated to Canada, Ali & Toner found that there were significant differences in the domains of meaning between the Caribbean and Caribbean-Canadian women. The domains of meaning are the aspects of these women's

lives that were most important to them such as spirituality, family, and career. This study emphasized the importance of "examining women's emotional well-being in a cross-cultural context" (p. 179) and approaching mental health work with an understanding of the cultural values and perspectives of clients.

Furthermore, this study demonstrated significantly higher self-silencing behaviors and therefore symptoms of depression in the Caribbean-Canadian women. Ali & Toner (2001) suggested that the higher rates of depression in the Caribbean-Canadian immigrants may be a result of the isolation, desire for belonging, and disconnection from community that can be a part of the immigrant experience.

Women's experiences are also impacted by where they live and the attitudes toward women in that place. For example, many Eastern European women are seen as sex-objects and treated that way personally and systemically (Bucuţă, Dima, & Testoni, 2018). In Romania, 16,122 domestic violence cases were reported in 2017, which Bucuţă, Dima, & Testoni (2018) pointed out indicates a much higher actual number as not all incidents are reported. In the state of Utah in the United States, the statistical likelihood of a woman being raped or sexually assaulted is higher than the national average (Health, 2021). Considerations of location, ethnicity, and culture are essential when addressing self-silencing in women.

Intersection of Religion

Religion can impact how a person is treated by others and have a significant impact on a person's worldview and self-image (Eliason et al., 2017; Mir & Sarroub, 2019). Islamophobia in the United States has increased in the last decade with the rise in hate crimes, vandalism of

mosques, and anti-Muslim rhetoric in the media and in schools (Mir & Sarroub, 2019). Muslim women in college experience a "double-scrutiny" (Mir & Sarroub, 2019, p. 5) from their Muslim community and from the nation "and thus experience competing and sometimes conflicting dualities that are negotiated daily" (p.5). In 2012, students at a university in New York shared with their professors that they felt they were being spied on, were afraid to speak in class, and were afraid of being targets of the many stop-and-frisks by police of visibly Muslim people (Mir & Sarroub, 2019). This type of scrutiny and violence fosters self-silencing in Muslim girls and women, who experience the double-scrutiny of being both Muslim and women.

In 2017, Eliason et al. studied the effect of taught gender role ideology in Evangelical Christian spaces on the internalized gender ideologies of Christian women. In this study, taught gender role ideologies are defined as the fundamental beliefs about gender roles that are taught within Evangelical Christian communities. "Conservative Evangelical Christian gender role ideology typically promotes traditional gender roles which place women under the authority of men and affirm their position in domestic roles" (p. 4). Eliason et al. (2017) stated that in some Christian households, women were responsible for more domestic work than their husbands, despite both the husband and wife having careers. This was not, however, the case in every household. Some Christian women reported a more progressive and egalitarian division of labor in their household, despite what was ideologically taught in the religion.

A sample of 340 women at a private Christian University were assessed using eight measurement tools: Traditional/Egalitarian Sex Role Scale, Biblical Beliefs Scale, Ambivalent Sexism Inventory, Silencing the Self Scale, Career Aspirations Scale, Objectified Body

Consciousness Scale, Positive and Negative Affect Schedule, and Satisfaction With Life Scale. While there were participants with traditional Biblical beliefs about gender roles who were satisfied with life and had career aspirations, the majority of the results reflected otherwise. "These results suggest that the more traditional the gender role ideology, the less likely women were to aspire to have a career, and the more likely they were to feel shame about their control of their body, to self-silence, and have sexist beliefs" (p. 12).

While some women can find satisfaction and have egalitarian beliefs about gender roles while practicing Christianity, many experience sexism and self-silencing as a result of the ideologies they internalize (Eliason et al., 2017). This study indicated that self-silencing is a prominent behavior among Christian women and is an important cultural consideration when addressing these behaviors and the resulting mental health concerns in therapy.

Intersection of Sexuality and Gender Identity

Women in the LGBTQI+ community often experience feelings and behaviors that can be categorized as self-silencing. In the LGBTQI+ community or Gender and Sexual Minorities (GSM), the act of self-silencing is often referred to as concealment (Brennan et al., 2020). "Concealment is defined as the active, conscious, and deliberate withholding of intimate information" (Brennan et al, 2020, p.1) such as an LGBTQI+ identity. This withholding often happens due to feeling that being open about this identity information may have distressing or negative consequences such as loss of community or family support, fear of violence or judgement. One of the most common types of concealment is passing. Passing is any protective behavior by a member of the LGBTQI+ community which allows them to "pass" as straight, cisgender, or otherwise be seen as not being a GSM. This may include censoring information

related to a GSM identity, avoiding topics which would reveal this identity, or perhaps even dressing or speaking in a way that makes passing more possible. Because passing is a protective behavior, it is not a behavior that allows GSM identifying people to express their true selves freely without fear of retaliation. Therefore, there is a cognitive dissonance that comes with concealment which leads to many mental health issues (Brennan et al., 2020).

In a 2020 study, a diverse group of those identifying as GSM were assessed using the Extent of Concealment measure. The study confirmed that "engaging in concealment behaviors and having a concealable stigma contribute to negative health outcomes" (Brennan et al., 2020, p. 9). Individuals who practiced higher levels of concealment also had more negative physical and mental health effects. Brennan et al. (2020) suggested that this could be related to the lack of coping skills for GSM individuals who are concealing in some way. A person who is concealing may not have access to a community, to connection, or to any necessary health services. They may also turn to less healthy coping strategies for their emotional and mental health needs such as smoking.

In a study about the college admission experience for transgender and gender-expansive students, it was found that leaders and institutions were often codifying womanhood and perpetuating "genderism in their responses to transgender prospective and current students" (Farmer, Keith, & Mabry, 2020, p.147). The oppression and violence that transgender women experience is an added layer of identity and experience that is an important consideration when addressing self-silencing and concealment in the trans community.

Drama Therapy

Drama therapy is using "drama as a form of therapy" (Jones, 2007, p. 3) and is further defined as the intentional use of theatre processes or practices in therapy to foster growth and healing in individuals and communities (Jones, 2007; Emunah, 2020). Some examples of theatre practices that may be used in drama therapy work are role play, improvisation, play, embodiment, life-drama connection, and projection.

Joseph Chaikin (As cited by Emunah, 2020) explained that in acting, we put on disguises, but that "the wearing of the disguise changes the person. As he takes the disguise off, his face is changed from having worn it" (p. xviii). In the playful pretending of theatre, we can try new behaviors and explore ideas that previously seemed out of reach (Emunah, 2020). This exploration enables us to behave in new ways in reality.

When this playfulness and role play is used in the realm of therapy, it offers clients the opportunity to express and explore things that feel difficult to express and explore in real life. For example, a client may have difficulty setting boundaries with others. In a drama therapy session, the client may step into the role of a person who is able to set boundaries and perform in a small scene, story, or improvisation as this character. Through this character, the client is able to practice setting boundaries, and may be more easily able to do so in their life outside of therapy. Emunah (2020) called the dramatic moment "one of emancipation" (p. xviii) because drama therapy fosters freedom, self-expression, and self-reflection.

Role Theory and Role Method

One prominent drama therapy approach is role theory and method. Robert Landy (2021), the founder of drama therapy's role theory and its associated role method, does not believe in the idea of a self. Rather, who we are is a conglomeration of roles that we play. "Human beings are

role takers and role players by nature" (Ramsden & Landy, 2021, p. 85) and our personalities are a "system of interactive roles" (p. 85). Every individual is required to meet a variety of demands in their life. For example, this writer is a drama therapist in training, an intern, a student, and an employee. In order to function and behave appropriately within each of these external or enacted roles, this writer can potentially access a number of internal roles such as Healer, Listener, Intelligent Person, Worker, Dreamer, and Nurturer.

To conceive his theory, Landy (2021) read numerous plays of Western playwrights and found that throughout history, these stories contained repeated character tropes or roles such as the hero, the villain, or the fool. Using these archetypes, Landy (2021) created a Role Taxonomy, or a fairly extensive list of these archetypal roles. This taxonomy is used as an assessment tool in drama therapy to help clients identify roles they play, and to help the therapist understand which roles the client currently plays and whether these roles are helpful or harmful to the client.

Landy (2007) cited William James, who stated that an unhealthy person is divided and "afraid to let one set of his acquaintances know him as he is elsewhere" (p. 20) while a healthy person can seamlessly switch between many roles on a daily basis like a prison guard who can be "tender to his children" and "stern to the soldiers or prisoners under his control" (p. 21). In other words, a healthy person can switch back and forth between many roles even on a daily basis in order to behave appropriately for the demands of their life. An unhealthy person only plays a limited number of roles in their life and may be stuck or uncomfortable exploring other parts of themselves. In order to achieve this balance in a therapeutic setting, Landy (2007) created an embodied approach called role method.

The purpose and benefit of role method is "increasing the number of roles that a person can effectively take on and play out, increasing the depth or quality of such roles, and helping the client move more flexibly from one role to another (Meldrum, 1994 as cited by Landy et al., 2003, p. 152). There are two major assessments used with clients using the role taxonomy.

The first is a role card assessment or creating Role Profiles. Clients are given a stack of index cards, each card containing a role in the taxonomy. The client is then asked to think of their life and the many roles they play, and to think of how each of these roles fits into the context of their life. Clients sort the cards into four categories: I Am This, I Am Not This, I Am Not Sure If I Am This, and I Want To Be This (Ramsden & Landy, 2021). The way a client sorts these cards and sees these roles in relation to themselves provides the therapist with information about the client's needs.

The second assessment using the role taxonomy is called Tell-A-Story. Quite simply, the client is asked to tell a story that can be true or fictional and which includes one character. The story can then be used as a vessel to help the client or therapist identify roles that may need exploring further. (Ramsden & Landy, 2021).

After these assessments, the client is encouraged to identify a role they are drawn to or that they need help exploring, possibly because they feel stuck in this role that is no longer serving them, or perhaps because they have a desire to add this role to their repertoire and strengthen it. Role method can then be done in two ways. The first is by walking clients through an eight-step role exploration which includes the client 1) invoking a role or choosing a role, 2) creating a character out of the role by naming it, 3) stepping into the role of this character and exploring the character through a role play exercise, 4) exploring sub-roles and potentially

identifying guides and counterroles, 5) stepping out of character and reflecting on what has been learned about the role, 6) making a life-drama connection or relating the role to real life, 7) integrating new roles into their internal role system, and 8) modeling a new self-conception in their daily lives (Ramsden & Landy, 2021).

During this eight step role method, the client steps into the role of a character and participates in some sort of scene, performance, improvisation, or even simple interpretive movements as this character. When the client de-roles or steps out of character, they then process the experience (Ramsden & Landy, 2021).

The second way to do role method also allows clients to explore a role. In this approach, clients create a character from the role and place the character into a story in which the four elements of Joseph Campbell's Hero's Journey are then identified: The Hero, The Destination/Goal, The Obstacle, and the Guide. After some playful exploration of this story using theatre processes such as role play and embodiment, the client draws connections between the story and characters they just explored and their own lives (Ramsden & Landy, 2021).

Stepping into another role is described as a "temporary change of identity" (Jones, 2007, p. 205) which "gives permission and alters the experience of self and others in a way which is seen to help bring about difference and change. The experience of being in character can also allow the client to discover things or allow access to repressed issues" (Jones, 2007, p. 205) that the client would not normally have discovered through talk therapy. These discoveries that happen when a client embodies a character or steps into role play are due to the fact that often big events, emotions, and traumas are experienced in the body and stored in the body (Emunah, Butler, & Johnson, 2021; Walker, 2014).

One essential part of any role work done with clients is to identify a counterrole for any role being explored. The counterrole is not necessarily the *opposite* of the role, rather whatever role contains "characteristics that are complementary" (Haen & Lee, 2007, p. 50) to the role. The purpose of role method is to "bring balance to the role system, preventing one role dominating to the extent that the others are silenced" (p. 50). An example of a role and counterrole might be the witness and the advocate. If a client sees themselves as a passive witness to many things that happen in their lives, they may find that the counterrole bringing balance to their role system would be an advocate--someone who speaks up and advocates for the needs of others, including the needs of their internal witness. Each role or archetype in the taxonomy can be interpreted in a multitude of ways. For example, to one client the role of warrior might be one of strength and empowerment. For another, the role of warrior might represent someone who has had to fight their whole lives and take care of themselves, and therefore may have difficulty asking for help or relying on others. Because every role will have a different meaning for different people, there is no right or wrong counterrole.

As Landy (2021) does not believe in the concept of a self, the proposal to use his role method to address a topic so distinctly related to the idea of a self presents a paradox. This paradox, however, is more a question of semantics, as Landy (2021) conceded that there is something *like* a self, but it is an internal role called the guide. This guide functions like a personality and helps us navigate back and forth between the many roles we must play throughout our lives, especially the roles and their counterroles. Furthermore, role theory functions off the idea that human behavior is motivated by the need to react to and live with the many paradoxes and contradictions of life (Ramsden & Landy, 2021).

Limitations

A limitation of this thesis is that the focus of much of the research that has been conducted on self-silencing thus far is about the experience of cisgender women. As a result, the experience of transgender women has not been sufficiently addressed in this thesis. The experiences of transgender women are important to discuss in the context of sexism and self-silencing. There is need for further research on self-silencing in the transgender community, and this topic deserves further attention and focus.

Discussion

This thesis defined self-silencing as the repression of emotions, restriction of self-expression, and showing concern for others over the self as a result of societal ideals and expectations imposed on a person because of gender. Self-silencing often results in depression (Ali & Toner, 2001; Jack, 1993; Jack & Ali, 2012) and a divided self (Jack, 1993; Jack & Ali, 2012). Self-silencing occurs in relation to others, which is why it was particularly relevant to explore it in the context of Relational Cultural Theory (RCT) and attachment theory, both theories positing that the development of a self happens in relation to other people. When attachment theory and role theory are used together, "they can deepen the exploration of the self, addressing how and why certain roles are learned and evoked" (Haen & Lee, 2007, p. 50).

Attachment forms as infants synchronize "their immature physiological systems, such as the nervous system, with the more advanced systems of adults" (Haen & Lee, 2007, pp. 46-47). Many of the issues that lead to insecure attachment, self-silencing, and depression are developed in infancy and early childhood when communication primarily occurs through gesture and movement (Haen & Lee, 2007). Because attachment forms in a physiological way, this author

believes it is helpful to address issues of attachment and resulting self-silencing behaviors using an embodied practice. Drama therapy, with its focus on embodiment and role play, would enable women to access information stored in their bodies that they may not be cognitively aware of. Physical embodiment of roles using Landy's (2021) role method allows clients a chance to experience a "temporary change of identity" which can "allow the client to discover things or allow access to repressed issues" (Jones, 2007, p. 205).

While there is no current research published using drama therapy specifically with self-silencing, drama therapy is proven to be efficacious when working with trauma and mental health issues like depression (Bucuţă, Dima, & Testoni, 2018; Emunah, Butler, & Johnson, 2021). Because self-silencing causes mental health issues like depression (Ali & Toner, 2001; Jack, 1993; Jack & Ali, 2012), it stands to reason that drama therapy might help women address mental health concerns caused by self-silencing. This author proposes that the use of role method in a group or individual therapy setting would help women develop strong internal roles to help them in moments when they would normally self-silence. Because self-silencing behaviors often develop as a result of patriarchal values and in relation to men (Bucuţă, Dima, & Testoni, 2018; Jack, 1993; Jack & Ali, 2012), this author strongly suggests that this group or individual therapy work be done by a female drama therapist.

Landy et al. (2003) stated that the best way for clients to achieve balance in their personal role repertoires is for them to develop counterroles to any problematic roles they may be playing. If women's internal roles are judging them for not being what they feel they *should* be, then it stands to reason that women also have some internal roles they can access or develop which can protect, strengthen, or help them overcome instincts to self-silence.

This writer suggests that to address self-silencing in female clients, a female drama therapist guides women in a group or individual therapy setting to identify what roles make up who they are using a role card assessment, which Ramsden & Landy (2021) explained can help clients reflect on roles they are currently playing. Once clients have reflected on these roles, they could be prompted to choose a role they need to explore, particularly one that may be related to their self-silencing behaviors. The client could then be guided to do an embodied exploration of that role using the eight-part role method or the hero's journey four-part role method, which are strong and proven ways to flesh out roles, develop counterroles, and make life-drama connections that women can take with them into their lives outside of therapy (Ramsden & Landy, 2021).

The literature reflects the potential strength of using role theory and role method to disrupt self-silencing in women. However, Bucuţă, Dima, & Testoni (2018) believed that "any social program that hopes to change the current situation must first change the cultural premises and associated stereotypes" (p. 2). Emunah, Butler, and Johnson (2021) stated that in the field of drama therapy, it is essential to work with "everyone to understand and address privilege and power, ensure cultural humility, decolonize our practices, combat racial injustice, and build authentic ally-ships" (p. 33). While women can find balance in their role systems and disrupt their own internal stereotypes about themselves through role method work, this author acknowledges that further work must be done to disrupt the systems that perpetuate oppression against women and all marginalized groups. This author proposes that one step in disrupting this oppression within the field of drama therapy is to expand the role taxonomy to be more inclusive.

Landy's (1993) taxonomy, theory, and method were developed by a white, cis, straight man based on predominantly western stories and therefore have cultural, racial, and gender gaps that make it unrelatable or not inclusive for all clients. While an expansion of the original role taxonomy called the Black American Role Taxonomy (BART) is in development (NYU Steinhardt, 2021), this expansion remains unpublished. Other expansions have been suggested such as a queer expansion which was explored in a capstone thesis (Truax, 2020).

There is a need for further taxonomies to be developed by members of marginalized groups themselves to include roles that they feel reflect them and their experiences. This author suggests that to develop a role taxonomy that is more inclusive of the experience of women and that could provide insight into roles that may be related to self-silencing, a group of female drama therapists could work together to identify roles that are self-silenced or related to self-silencing such as the over-eye, the good woman, or the silenced one.

The repressive practice of self-silencing causes real damage to women's mental health. In order to address self-silencing behaviors, clients can explore their internal roles through role method, identifying roles they feel stuck in or which are causing harm, depression, or distress. Through role method work, clients can identify counterroles to these harmful roles that are related to their self-silencing. Expansion of the role taxonomy to be more inclusive of all marginalized groups is an essential future step in the progress of the field of drama therapy, and a step that will specifically benefit women as they seek to disrupt their own self-silencing behaviors.

References

Ali, A., Toner, B. (2001). Symptoms of depression among caribbean women and caribbean-canadian women: an investigation of self-silencing and domains of meaning. *Psychology of Women Quarterly,* 25(3), 175-180. doi:10.1111/1471-6402.00019

Atwood, M. (1993). *The robber bride*. Doubleday.

Bogar, S., Ganos, E., Hoormann, K., Bub-Standal, C., & Beyer, K. M. (2016). Raising rural women's voices: from self-silencing to self-expression. *Journal of women & aging, 29*(6), 515-529. doi:10.1080/08952841.2016.1256732

Brennan, J. M., Dunham, K. J., Bowlen, M., Davis, K., Ji, G., & Cochran, B. N. (2020). Inconcealable: a cognitive–behavioral model of concealment of gender and sexual identity and associations with physical and mental health. *Psychology of sexual orientation and gender diversity.* Advance online publication. doi:10.1037/sgd0000424

Brown, A. C. (2021). *I'm still here: black dignity in a world made for whiteness*. Virago Press Ltd.

Bucuţă, M. D., Dima, G., & Testoni, I. (2018). "When you thought that there is no one and nothing": the value of psychodrama in working with abused women. *Frontiers in psychology*, 9. https://doi.org/10.3389/fpsyg.2018.01518

Cassidy, J., & Berlin, L. J. (1994). The insecure/ambivalent pattern of attachment: theory and research. *Child development*, 65(4), 971–991. https://doi.org/10.2307/1131298

Elaheh, F., Nor, M. M. Abbas, G. B., Nader, A. E., & Nasrin, M. (2018). Five decades of scientific development on "attachment theory": trends and future landscape. *Pertanika journal of social sciences & humanities*, 26(3), 2145–2160.

Emran, A., Iqbal, N., & Dar, I. A. (2020). 'Silencing the self' and women's mental health problems: A narrative review. *Asian journal of psychiatry*, 53, 1-12. https://doi.org/10.1016/j.ajp.2020.102197

Emunah, R. (2020). Acting for real: drama therapy process, technique, and performance. Routledge.

Emunah, R., Butler, J. D., & Johnson, D. R. (2021). The current state of the field of drama therapy. In R. Emunah & D.R. Johnson (Eds.), *Current approaches in drama therapy* (3rd ed., pp. 22-36). Charles C Thomas, Publisher, Ltd.

Farmer, L. B., Robbins, C. K., Keith, J. L., & Mabry, C. J. (2020). Transgender and gender-expansive students' experiences of genderism at women's colleges and universities. *Journal of diversity in higher education*, 13(2), 146–157. https://doi.org/10.1037/dhe0000129

Haen, C., & Lee, K. (2017). Placing landy and bowlby in dialogue: role and distancing theories through the lens of attachment. *Drama therapy review*, *3*(1), 45-62. doi:10.1386/dtr.3.1.45_1

Health, D. (2021). *Complete health indicator report of sexual violence*. IBIS. https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/Rape.html

Heim, C., Plotsky, P. M., & Nemeroff, C. B. (2004). Importance of studying the contributions of early adverse experience to neurobiological findings in depression. *Neuropsychopharmacology*, 29(4), 641-648. doi:10.1038/sj.npp.1300397

Hurst, R. J., & Beesley, D. (2012). Perceived sexism, self-silencing, and psychological distress in college women. *Sex roles*, 68(5-6), 311–320. https://doi.org/10.1007/s11199-012-0253-0

Jack, D. C. (1993). *Silencing the self: women and depression*. HarperPerennial.

Jack, D. C., & Ali, A. (2012). Introduction: culture, self-silencing, and depression: a contextual relational perspective. In *Silencing the self across cultures: depression and gender in the social world* (pp. 3–17). Oxford University Press.

Jones, P. (2007). *Drama as therapy*. Hove: Routledge.

Landy, R. (2007). *Persona and performance the meaning of role in drama, therapy, and everyday life*. Kingsley.

Landy, R., Luck, B., Conner, E., & McMullian, S. (2003). Role profiles: a drama therapy assessment instrument. *Arts in psychotherapy,* 30(3), 151-161. doi.org/10.1016/S0197-4556(03)00048-0.

Ramsden, E., & Landy, R. (2021). Role theory and the role method of drama therapy. In R. Emunah & D.R. Johnson (Eds.), *Current approaches in drama therapy* (3rd ed., pp. 82-98). Charles C Thomas, Publisher, Ltd.

Maji, S., & Dixit, S. (2020). Exploring self-silencing in workplace relationships: a qualitative study of female software engineers. *The qualitative report*, 6(6), 1505-1525. https://nsuworks.nova.edu/tqr/vol25/iss6/6

Mir, S., & Sarroub, L. K. (2019). Islamophobia in US education. *The routledge international handbook of islamophobia*, 298–309. https://doi.org/10.4324/9781351135559-25

NYU Steinhardt. (2021). *Adam D-F. Stevens.* NYU Steinhardt. https://steinhardt.nyu.edu/people/adam-d-f-stevens.

Remen, A. L., Chambless, D. L., & Rodebaugh, T. L. (2002). Gender differences in the construct validity of the silencing the self scale. *Psychology of women quarterly*, 26, 151–159. doi:10.1111/ 1471–6402.00053

Truax, A. (2020). The queer expansion of role theory: a drama therapy intervention with LGBTQ+ adults. DigitalCommons@Lesley.

Walker, P. (2014). *Complex PTSD: From surviving to thriving*. CreateSpace.

Zietlow, A. L., Nonnenmacher, N., Reck, C., Mueller, M., Herpertz, S., Neukel, C., Fuchs, A., Bermpohl, F., Fuehrer, D., Kluczniok, D., Attar, C., Jaite, C., Dittrich, K., & Boedeker, K. (2017). Early life maltreatment but not lifetime depression predicts insecure attachment

in women. *Archives of women's mental health*, 20(4), 477–486.

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THESIS APPROVAL FORM

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Student's Name: Jennifer Ansted

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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.

Thesis Advisor: *Laura L. Wood* PhD, RDT/BCT

E-signature 5/4/2021 11:32am EST