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## Method Acting as a Therapeutic Intervention for Trauma Recovery

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**Method Acting as a Therapeutic Intervention for Trauma Recovery**

Capstone Thesis

Lesley University

May 5, 2024

Remi Moses

Mental Health Counseling, Drama Therapy

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## Abstract

While considered controversial by some, Method acting as popularized by Lee Strasberg is a technique that elicits powerful and authentic results on stage and screen. The foundational Method acting techniques, the Relaxation Exercise (RE) and the Sense Memory Exercise (SME), share similarities to bottom-up therapeutic processes like Somatic Experiencing and Eye Movement Desensitization and Reprocessing. By implementing a trauma-informed drama therapy framework with these two exercises, the RE and SME were restructured as a therapeutic intervention for people in trauma recovery. The author implemented a study of three consecutive group therapy sessions for people healing from trauma where clients participated in trauma-informed SME and RE. While more research is needed to show the RE and SME are successful therapeutic interventions, the data suggests that the exercises lead to more openness, vulnerability, and connection among the group. The data also highlighted the need for accommodations for Method actors who have experienced trauma and participate in these exercises in an educational setting. Guidelines for how to create a more trauma-informed approach to these exercises are introduced to assist educators and clinicians in creating a trauma-informed curriculum.

*Keywords:* method acting, drama therapy, somatic therapy, EMDR, Somatic Experiencing, relaxation, sense memory, trauma-informed

*Author Identity Statement:* This author is a Method Acting teacher at the Lee Strasberg Theatre and Film Institute in West Hollywood, California.

## Method Acting as a Therapeutic Intervention for Trauma Recovery

### Introduction

The chosen topic for this paper is reimagining foundational method acting techniques developed by Lee Strasberg (1923) as therapeutic interventions for people who have suffered trauma. Method acting is widely controversial and often misunderstood, but its roots and traditions are based in a modern American acting technique developed by Lee Strasberg, which centers examining personal experiences and memories through imaginary circumstances (Cohen, 2017). The pillars of method acting were built upon two exercises which are performed consecutively- the Relaxation Exercise and the Sense Memory Exercise. Both techniques were developed to train the actors' concentration and emotional recall, while also building body awareness under acute physical stress. These two exercises bear resemblance to other somatic therapies. Somatic Experiencing is a therapeutic technique created by Peter Levine that aims "to modify the trauma-related stress response" by guiding the client to noticing their physiological sensations in their body while also maintaining focus and awareness of their emotional state (Kuhfuß et al., 2021 p. 3). This technique has shown promising positive results of decreased stress and anxiety in patients with and without post-traumatic stress disorder (Kuhfuß et al., 2021). Somatic experiencing bears resemblance to Strasberg's relaxation exercise, which also asks its participants to actively release tension in their muscles while maintaining emotional relaxation.

Therapists have long studied the importance of transitional objects in attachment theory- an object that a person has an emotional connection to which aids in attachment security (Lucre et al., 2020). Research suggests that keeping transitional objects close may help adults heal from early attachment insecurity (Kiefer et. al., 2017). With a mastery of the sense memory exercises,

clients with trauma may be able to recreate their own transitional objects through their imagination.

As a teenager, I was diagnosed with post-traumatic stress disorder. I credit my healing and the person I am today to both my individual therapy and a Method acting class. As a Method actor, I learned to control my mind, release physical and emotional tension, and access my vivid imagination. Fifteen years have passed since my diagnosis, and I am now a proud teacher of Method acting at the Lee Strasberg Theatre and Film Institute. As a teacher, I have watched countless students have transformational, emotional realizations about themselves through their training like my own many years ago.

In this paper, I have chosen to reimagine Method acting training and implement it as a therapeutic exercise for people who have experienced trauma. A literature review aims to identify the therapeutic benefits of the Method techniques by comparing the techniques to other bottom-up processing methodologies. This paper will also detail how foundational Method acting exercises can be modified using drama therapy techniques, like *aesthetic distancing* (Landy, 1983), *de-roling* (Buselle, 2021), and session sequencing for a more trauma-informed approach. Informed by the research, three consecutive workshops were conducted with clients who identified with having suffered trauma, where Method acting techniques were restructured and developed for clients with the goal of learning to be alert yet relaxed while in relationship with their bodies.

While the Method has been largely scrutinized, there is little research on the application of Method exercises outside of an acting class. Using Method acting in a therapeutic setting could open the door to its many applications outside of its traditional use as a performance technique. By developing a method with these clients, a trauma-informed Method acting practice

may be identified. This would not only be helpful for trauma patients but can also potentially inform the modern Method acting technique. By performing this research, I hope to open the door for further research on the benefits of Method acting and its uses in drama therapy while also spreading awareness about the benefits and positive outcomes of a Method acting practice.

## **Literature Review**

### **Definition of Method Acting (MA)**

Method Acting (referred to henceforth as MA) is an actor training technique originally founded by Constantin Stanislavski, and further articulated by his student, Lee Strasberg. The website for the Lee Strasberg Institute articulates MA as a technique for “actors to use their physical, mental and emotional self in the creation of a character” (“What is Method Acting?”, 2021). MA actors use their own personal experiences to fuel the emotional stakes of their scene, as MA actors believe that the “self” fuels authentic impulses and grounds the performance. In MA, actors cultivate strong performances by strengthening their focus and concentration, while also connecting to their own experience of the world. The technique has been popularized by well-known American actors from the 1950’s and ‘60s, including James Dean, Marlon Brando, and Marilyn Monroe (Cohen, 2017).

### **Misconceptions and Criticisms**

MA has long been critiqued and criticized as being a “dangerous” technique. These criticisms come from an unclear and broad definition of the term. According to Enelow (2015), Stanislavski’s original method was further developed by his many different predecessors, and therefore is defined differently by each teacher who further articulated its practice. Enelow defined the Method technique as the belief that a person must fully live as and “become” their

character to give an authentic performance. He also argued that this is the most broadly accepted definition of MA (2015). However, this is not an accurate depiction of Lee Strasberg's training. In this paper, this author defines MA as defined by Lee Strasberg, which is focused on the personal, sensorial experience of an actor's interior life.

Strasberg's acting technique has fallen under criticism for an exercise called "emotional memory" (Strasberg, 2012). Emotional memory (or affective memory) is an exercise created by Lee Strasberg, wherein an actor relives a powerful emotional memory onstage by connecting to the sensory experience of that memory. The exercise was thought to help an actor relive a powerful emotion consistently while in performance. While Strasberg cited this exercise as a cathartic, healing experience for many actors (Strasberg, 2012), Arias (2019) critiqued affective memory as being potentially re-traumatizing for an actor. This exercise is often misunderstood to be the premise of MA training, but Cohen (2017) wrote that this exercise is an advanced practice suited only for long-time students of MA who are personally and emotionally grounded. While the critiques of the advanced Affective Memory are worth further investigation, this paper will focus on the early, beginning exercises developed by Lee Strasberg, and the staples of MA training- the Relaxation Exercise, and the Sense Memory Exercises.

### **Relaxation Exercise (RE)**

Lola Cohen (2012), a longtime student of Lee Strasberg and teacher of MA, defined the relaxation exercise (henceforth referred to as RE) as a "restorative exercise" that should be practiced habitually for actors to maintain their concentration and relaxation while on stage. In the exercise, a group of actors sit in chairs and reflect on their emotional and physical state. They then bring attention to their breathing, allowing their arms to hang by the sides of their bodies. Once they have discerned that they are relaxed, they are instructed to tense and relax the muscles

in their face, followed by the muscles in their neck, arms and legs, and spine. Actors are to be relaxed but alert and curious as they perform a “detailed tour” of the body, tensing muscles, separately, slowly, and deliberately. In a traditional MA class, this “detailed tour” takes 45 minutes to an hour. The length of the exercise can sometimes make it challenging for actors to stay focused, but the object of the exercise is to stay present even when it becomes uncomfortable or boring. If an actor encounters “emotional tension” (what Strasberg defined as boredom, lack of focus, or intense emotions), actors are instructed to make a “long loud sound” or add additional, impulsive movement to the exercise. Once the emotional tension is released, they are instructed to continue tensing and releasing their muscles (2017).

### **Sense Memory Exercises (SME)**

Sense memory exercises (henceforth referred to as SME) are to be performed directly after the RE is completed (Cohen, 2017). Actors are to imagine the sensory experience of an object or an activity in great, specific detail. They are instructed to try to remember the touch, sight, taste, smell, and sound of an object or activity as accurately as possible. The goal is to recreate, not imagine the object. Enhanced by their strengthened concentration from the previous exercise, they are instructed to stay interested in the object or activity for up to 45 minutes. This prolonged exploration of an imaginary object is supposed to strengthen an actors’ concentration and emotional sensitivity. In each MA class, students are guided to explore a new imagined sensation, beginning with a daily, habitual experience like a cup of coffee. Every week, the emotional intensity and personal relationship to the object is intensified.



## Bottom-Up Processing

In a MA class, one of the main goals of the RE is for the actor to build mind/body connection. Research suggests allowing a traumatized person to find correlations between their thoughts and their physical experiences is vitally important for their recovery. Levine (2012) suggested that trauma is a somatic experience that does not just live in the mind, but in the body as well. People healing from trauma are sensitive to physical sensations but are often not connecting their emotional experiences to their physical bodies (2012). Many trauma therapists use bottom-up processing to help traumatized clients, a practice where the holistic sensations and experiences in the client's body are examined before their thoughts and feelings are addressed (Kuhfuß et al., 2021). Two bottom-up therapeutic interventions include *Eye Movement Desensitization and Reprocessing (EMDR)* (Shapiro et al., 2016) and *Somatic Experiencing* (Levine, 2012). In EMDR, a person will move their eyes rapidly back and forth as they process a traumatic memory. By focusing on bodily sensations while processing trauma, the duality between the physical action and emotional thought eases the trauma's intensity (Shapiro et al., 2016). Much like EMDR, MA exercises require its participants to make connections between their physical experiences and their emotional arousal from a distanced perspective by actively tensing a single muscle while passively requesting the rest of their body to relax (Cohen, 2017).

In Somatic Experiencing, a client is asked to pay close attention to their bodily sensations and release their experience of trauma through various physical activities like shaking and yawning (PESI, 2020). The RE also uses body-based mindfulness to be aware of and regulate intense emotions. MA instructors encourage the actors to make sounds and shake their bodies when they feel emotional or bored, and then return to the exercise when they recapture their focus (Strasberg et al., 2010). Somatic Experiencing experts call the zone between hyperarousal

and hypoarousal the resilience zone, where the sympathetic and parasympathetic nervous system are dually activated (Levine, 2012). By actively tensing their muscles and passively noticing their emotional states, MA actors may begin to notice when they are hyper-aroused (what Levine (2012) calls, “the high zone”) or hypo-aroused (“the low zone”). By acknowledging when they are out of the resilience zone and bringing their attention back to the exercise, MA actors may be learning to self-regulate through uncomfortable or unpleasurable experiences when participating in habitual and weekly REs.

### **Transitional Objects**

First identified by psychologist Donald Winnicott (1989), *transitional objects* are items like toys or blankets that given to a child to help them cope from the emotional stress of being separated from a caregiver. While children have long been the source of study with transitional objects, recent research suggests that they are a beneficial tool for adults who struggled with early maladjusted attachment styles. In a study by Kiefer et al., adult women with borderline personality disorder (a diagnosis highly correlated with unhealthy attachment) were given objects that had deep meaning for them. While holding onto and being near their objects, the participants’ brains showed significant signs of positive associations to attachment and a release in anxiety (2017).

Some clinicians believe that transitional objects can be helpful for adult clients who are healing from trauma and will give their clients objects to hold onto or to focus on when they are dissociating or becoming overly aroused (Lucre et al., 2020). For example, a client might carry a stone in their pocket to feel more grounded or wear a bracelet to remind them of their support system. In a literature review by Lucre et al. (2020), evidence suggested that people with early

attachment issues showed significant progress in therapy when they used therapeutic techniques that engaged their senses rather than utilized words.

The SME requires prolonged engagement with an imaginary object, place, or sensation. When an actor uses their senses to recollect a memory, it makes the memory feel real, as if it was present with them in the space (Cohen, 2017). With the mastery of the SME, one could argue that a powerful sensory memory can become a powerful transitional object. With MA, an overwhelmed, stressed, or hopeless client could immediately recollect a summer breeze, the smell of their favorite meal, or even the feeling of their grandmother's hand. MA allows a participant's imagination becomes so powerful that they can go anywhere, do anything, and be with anyone. The applications of the SME are potentially endless in the therapeutic space.

### **Self-attunement**

For a person to rid themselves of trauma, Somatic Experiencing theory suggests that one must learn to physically orient themselves during a time of stress (Peroutka, 2023). People who have experienced trauma have difficulty making awareness of physical sensations and personal meaning of information challenging (Grabbe et al., 2017). With their long durations, the RE and the SME may train its participants to tolerate low amounts of stress as they continually physically and emotionally orient themselves. This process of mind/body connection is referred to as *self-attunement* (Wood et al., 2015). Drama therapy has helped clients self-attune, particularly when they used an embodied approach to the work. In a qualitative study performed by Wood et al., an embodied drama therapy approach seemed to facilitate a client suffering from an eating disorder achieve neural integration, which is when a person's emotional, physical, and sensorial experience efficiently work together. Neural integration may naturally be occurring in

the RE because a person is learning how to stay focused yet relaxed with their emotional and physical state.

There are signs that the beginnings of neural integration may be happening in a relaxation process. Oftentimes in the middle of a relaxation exercise, a MA actor will begin to experience a tingling sensation in their extremities. Strasberg (2015) recognized this phenomenon and referred to it as “locked up sensations that aren’t being permitted to come through” (p. 8). He believed that the tingling sensation is “a good sign because it implies a coming alive in that portion of the body” (p. 8). Similarly, clinicians who practice Somatic Experiencing also recognize tingling extremities as a common occurrence in the therapeutic technique and refer to it as an indicator of a person coming out of hyperarousal (Perouka, 2023). These symptoms in both Somatic Experiencing and MA may be a physical sign of neural integration happening in real time.

### **Flow and Creativity**

*Flow* is the experience of being totally immersed in an enjoyable and rewarding activity (Parsons et al., 2022). The expressive art therapies enable flow, as evidenced by the study of Parsons et al., which concluded that participating in an arts-based medium allows for clients’ to easily reach a state of flow while also having a positive effect on a client’s mood and outlook on their future. In his work in Somatic Experiencing, Levine (2012) further defines flow as “the ability to transition between intense emotional states” and describes it as the same as the description of being “in the present moment” (p. 17). Levine believes a client needs a sense of psychological flow to discuss trauma without succumbing to the intensity of traumatic memory. The RE and the SME trains its participants to quickly activate a state between the high zone and low zone of emotional activation by requiring its participants to stay both present and relaxed in their mind and body (Cohen, 2017). Because of its innate ties to creativity and drama, for those

interested in the theatrical background and history of MA may inherently make it easier to flow, as they likely find the task they are immersed in enjoyable and interesting.

### **Other Potential Benefits of Method Acting on Trauma Recovery**

Outside of the bottom-up processing that the RE and SME leave room for, using MA as a therapeutic intervention has other benefits. For example, group MA exercises can build community and camaraderie among its participants (Cohen, 2017) MA exercises can also easily be performed virtually, which will expand the type of drama and trauma therapy interventions that can be done in a telehealth practice. Lola Cohen also expressed that MA is a practice that can benefit actors off the stage, as she believes the foundational exercises build “empathy, curiosity, courage, daring, and self-awareness” (p. 30). Each of these qualities has therapeutic benefits for trauma patients and actors alike.

### **Application of Drama Therapy on Method Acting for a Trauma-Informed Approach**

*Trauma-informed therapy* occurs when the client’s distinct trauma history and diagnosis is considered in every aspect of their treatment, with particular emphasis in avoiding re-traumatization (Menschner et al., 2016). Key factors of trauma informed care include “patient empowerment, choice, collaboration, safety, and trustworthiness” (p. 3). While MA mimics and mirrors bottom-up processing therapies, it is important to note that it has never been a trauma-informed approach. Drama therapy processes can be further developed to create a more trauma-informed lens (Sajnani, 2014). The following sections will detail how drama therapy techniques may be applied and modified to MA when working with clients with trauma for a more trauma-informed approach to the techniques.

## **Aesthetic Distance and Flexibility**

A key process of drama therapy is *dramatic reality*, where a client and therapist engage in behavior where they explore the “what if” of an imagined scenario (Pendzik, 2006). The SME erases the function of “what if” and expects its participants to experience the sensation of an object as if it were real. The “realness” of the experience of MA may be too intense for some. Therefore, *aesthetic distance* (Landy, 1983) may be important to add on to the exercise. Aesthetic distance is the term brought into the drama therapy framework by Robert Landy, a drama therapist who believed that a therapeutic element of drama was the ability to separate the relationship between the experiences off and on stage. MA in its nature is an under-distanced medium, as it requests its participants to fully commit to re-experiencing a personal sensory experience. While an under-distanced approach is beneficial for an honest performance on stage, it could potentially be harmful for people experiencing trauma. Therefore, when working with trauma victims, a more distanced approach should be an option depending on the specific needs of the client. MA becomes trauma-informed when clients’ emotional safety is prioritized, when clients feel a sense of empowerment, and when they are given choices (Menschner et al., 2016).

The SME is initially habitual and non-emotional and becomes less distanced and more emotionally charged as they progress throughout the weeks (Cohen, 2017). It is recommended that clients with trauma approach the exercises with unemotional SMEs so as not to accidentally retraumatize them.

A drama therapist differs from an acting teacher because of their innate flexibility. A drama therapist must be more flexible and more of an active participant than a typical therapist because they are also often active participants in the dramatic reality (Sajnani, 2016). When

participating in a drama therapy session, flexibility is encouraged in both the therapist and the client. Cohen expresses that MA exercises are not “set in stone” and there are many personal and individual benefits to completing the RE and SME (Cohen, 2017). As the results of RE and SME offer varied experiences and benefits, offering choices and flexibility in a MA session allows for more therapist/client collaboration and self-advocacy of the client.

### **Session Sequencing**

Psychodrama, a therapeutic technique inspired by the theatre which predates drama therapy, was founded by Jacob Moreno (1921), who emphasized that a psychodrama session had three distinct phases- a warm up, an action, and a closing ritual (Buselle, 2021). Drama therapy was adapted in response to psychodrama to create a more distanced approach using role, story, and imagination, and often still follows a similar structure. In a MA class, RE is the precursor and warmup to the SME, which could be identified as the “action”. However, there is little emphasis on the closing of these two exercises. The SME simply ends. By creating an ending ritual to the exercises, more emphasis will be put upon the distance between the performance of the exercise and the shedding of the role into real life, which allows the participants to create distance between the imagined sensory experience and their real lives.

### **De-Roling and Debriefing**

De-roling is the “transitioning from character or actor once a rehearsal or performance has been concluded” (Buselle, 2021 p. 130). De-roling is the individual letting go, shedding off a character, and debriefing is the group discussion that follows a session. In a qualitative study by Burgoyne et al. (1999) it was concluded that actors who created boundaries between their work on stage and work in real life were happier, healthier, and had clearer boundaries between their

personal and professional lives. Therefore, to leave the intense, under-distanced dramatic reality of the SME, emphasis should be placed on the closure of the exercise, by making the de-roling and debriefing as extensive as possible. After the SME has been concluded, it is recommended that an actor keep track of their emotional responses for future records (Cohen, 2017). In order to close the exercise with a more trauma informed lens, a clinician may consider making a meaningful amount of time for a de-roling and debriefing process so a client can properly release the intense dramatic reality created in sense memory. MA teachers could make journaling about the experience directly after the SME a practice in de-roling and could debrief with their students about the RE and SME experience to further create a closing ritual.

### **Summary of the Research**

Somatic therapies like somatic experiencing and EMDR have proven to be highly beneficial to the treatment of trauma. These bottom-up processing techniques also share similarities to the processes in the foundational Method Acting (MA) techniques, the relaxation exercise (RE) and the sense memory exercise (SME). By utilizing drama therapy techniques like session sequencing, attunement, and de-roling, the RE and SME may be modified to function as a therapeutic intervention for people suffering from trauma. By examining and modifying MA techniques suited for a population with trauma, a trauma-informed approach to teaching MA may be developed.

### **Methods**

The literature described above in creating a trauma-informed, drama therapy approach to MA was reviewed and applied to the three therapeutic interventions described in the following pages. The sessions were performed Friday afternoons each week for a consecutive three weeks.



## **Participants**

The three-part drama therapy interventions were implemented in an adult partial hospitalization program (PHP) and internal outpatient program (IOP) in Southern California. Clients enrolled in the programs are in treatment for a diagnosis of mental illness, substance abuse, or a combination of both. Sessions were enrolled with six clients, each of which participated in each session. Three of the clients were female-identifying, and three were male-identifying. Four clients identified as White, one as Asian, and one as Black. Two of the six clients identified as immigrants. All clients identified as having experienced debilitating trauma. All group members had no previous understanding of MA, but all had experienced somatic therapies in relationship to healing their trauma.

## **Materials**

Paper, pens, markers, crayons, and colored pencils were provided for participants, as well as chairs to sit in. Music and a speaker were incorporated in the final session.

## **Procedure**

Sessions occurred weekly for an hour and a half every Friday for a consecutive three weeks. A description of each week, followed by the data collected from both the clients and clinician during the session is reported below.

### **Session One- Introduction to Method Acting**

Clients were asked to verbally reflect on their relationship to their physical bodies and emotional states. Clients were given a brief history of the MA, its uses as an acting technique, and how the technique could potentially translate to a therapeutic space. Clients were encouraged to keep an open mind throughout the exercise, and encouraged to continue the exercise even when it became overwhelming or difficult. Clients were lead through the RE, where they were

instructed to check for tension and relax specific muscles, starting with deepening their breath, and then relaxing their face, neck, spine, and limbs. Clients were reminded that the RE differed from a traditional meditation, because instead of letting their thoughts go, they were concentrating their actions and targets specifically on relaxing muscle tension. The RE lasted for the span of about twenty minutes. My intention was to guide clients through an introductory SME post the RE, but due to perceived client agitation and restlessness, I ended the exercise after they had completed the steps of the RE. The clients then reflected on the experience of the exercise with a five-minute artistic journal response, explained in detail in the following pages. The rest of the group involved a discussion about powerlessness, anger, and lack of agency.

### **Session Two- Relaxation and Sense Memory to Create Transitional Objects**

Because of the client's high level of emotional arousal and resistance to the RE in the initial session, I decided to "warm up" the clients by beginning the session with a game. In the game, clients were instructed to work together to pick up a large, imaginary ball. The clients were then asked to imagine and agree upon what the ball felt like, smelled like, sounded like, and tasted like. Then, clients were instructed to take a piece of the imaginary ball and shape it into an object that they found particularly comforting. Clients were instructed to explore the imaginary object with their five senses. Clients then shared the imaginary object with the group and let the other clients interact with the object they sculpted. Playing this game as a warmup served several purposes, including getting the clients to attune to the needs in a group, to engage in a sense of play and imagination, and to reintroduce the concept of sense memory. After the game was concluded, clients were lead through the RE, with the same structure as the previous session. After the RE, the exercise transitioned into the SME, where clients reimagined the object they had created with their imagination in the warm up by using their five senses to experience it.

Upon the completion of both exercises, the clients participated in an artistic journal response, followed by a discussion about the client's experience. The rest of the group involved a group discussion about combatting hopelessness, reconnecting with self, and anger.

### **Session Three- Relaxation and Sense Memory to Connect with Loved Ones**

Clients participated in an exercise where they were asked to think about someone in their life that they unconditionally loved and trusted. Then, clients were lead through a journaling exercise, where they were instructed to write down and fill in the blanks to the following prompt which I created:

*My love for \_\_\_\_\_ feels like \_\_\_\_\_ .*

*It tastes like \_\_\_\_\_ .*

*It sounds like \_\_\_\_\_.*

*It smells like \_\_\_\_\_ .*

*It looks like \_\_\_\_\_.*

*My love is like \_\_\_\_\_ .*

Upon filling in the blanks, clients were given five minutes to “improve” the poem, in whatever way they liked. Clients were given the opportunity to read their poems out loud and go into further detail to the group about the people in their life that were important to them. This creative exercise served as a “warm up” for the group, to refresh them on the power of sense memory, creativity, safety, and positivity among the group members. Then, clients were lead through the RE and SME. Relaxing music was incorporated into the exercise upon request from the group. During the SME, clients were instructed to use their sense memory to imagine that the person they had written about in the creative prompt was in the room with them. After the exercise concluded, clients participated in the five-minute creative response to the exercise and shared their experiences with the instructor. The rest of the group involved a group conversation inspired by the exercise, which organically became a conversation about autonomy, solving puzzles, and the definition of relaxation.

## **Client Data Collection**

Upon the completion of the RE and SME, clients were instructed to pick up a piece of paper and choose from an array of markers, pens, crayons, and colored pencils. They were then instructed to spend five minutes writing about their perceived experiences of the exercise, particularly responding to both their physical and emotional experiences. I encouraged clients to draw or write whatever they liked, bearing in mind that their drawing was a response and a reflection of the exercise.

I gave the clients the option inspired by art therapy tenet enforced by research by Carl Jung and Sigmund Freud that the person's visual art and imagery often reflect a person's unconscious and internal experience (Simon, 2005). The post-exercise journaling served several purposes. One goal was for clients to create a "closure" of the RE and the SME so they could process and articulate the experience. The journaling also served as physical data collected by the facilitator to analyze. Their artistic responses gave me an accurate physical report on the client's immediate emotional experience. With both words and drawings, clients would reflect upon the literal experience of the exercises while also tapping into their subconscious perspectives, giving the data richer and broader context.

To further distill the data, I analyzed the client's weekly journals by documenting salient themes, words, phrases, images, and colors recorded by the client's responses. I then created my own "artistic summary" of each week's responses by artistically rendering the documented themes, words, pictures, and colors. A table reflecting salient themes and imagery depicted in the client's individual journals is attached in the pages below. The artistic summaries detailing the weekly artistic journal responses are showcased in the Appendices.

### **Clinician's Personal Experience of the Sessions**

In a qualitative research study, Hayes et al. (1998), suggested that a clinician's countertransference is effective and useful data to determine the context, quality, and tone of a session. Therefore, my reflections, feelings, and assumptions about the session could be considered as useful data. Upon receiving permission from the clients, I took voice recordings of the group, as well as detailed notes of my observations throughout the three sessions. While clients reflected in an artistic journal response post the RE and SME, I also created a five-minute artistic journal response of being witness to the exercises. Upon completion of the group, I spent several minutes reflecting on my recorded observations and perceptions of the group both influenced the assumptions I concluded about the group, summarizing my experience by giving the group a "title" that accurately reflected my emotional experience of the group. While I plan to recount the tenor and themes of the session as accurately as possible, it is important to note that my observations are biased. My own opinions on the success of the group may be skewed due to my own personal and positive experiences as a MA teacher and drama therapist. Further research into this topic is recommended by a broad scope of unbiased clinicians and researchers.

### **Results**

The results of the study are documented below. Themes in the client's artistic responses as well as in the post-exercise group discussion will be discussed, alongside observations and assumptions I made as the facilitator.

**Table 1***Week One- Client Response Themes*

Colors	Shapes and patterns	Written themes	Discussion Themes
Pinks	Circles	Resistance	Being seen by others
Purples	Hearts	Self-soothing	Lack of agency
Pencil drawings	Butterflies	Lack of safety	Relationship to
	“Doodles”	Transformation	Restrictions
	Cursive	Insecurity	Anger at the
	Very small writing	Awareness of self	“institution”
	Small drawings	Respect for others	
	Simplicity		

*Note.* Refer to Appendix A to review author’s artistic summary of the data.

**Clinician’s Observations of Week One- “The Clenched Fist”**

Initially, most of the clients followed instructions by tensing and releasing their muscles. Around minute ten, clients began to show signs of distraction. Some clients stopped actively checking muscles, sighed, and crossed their arms. I offered a method to relieve emotional tension using a long, loud sound, but none of the clients chose to vocalize during the exercise. When asked why no one chose to make a sound, one client reported that it felt too uncomfortable and vulnerable to do so.

In the journaling activity, clients expressed themselves with a mix of words and pictures. Common themes depicted in the artistic responses through words were insecurity, anger, and physical exhaustion. Common themes in the client drawings were butterflies, concentric circles, and “doodles” in the margins. One client expressed the need to draw “doodles” because they felt emotionally activated by the exercise.

In the post-client discussion, two clients reported feeling resistant toward the exercise, and chose not to actively participate half-way through. I observed hostility directed at me, the facilitator, and hostility toward the institution where they were in treatment. Three out of six

participants were formerly incarcerated, and they expressed discomfort due to feelings of restraint and being told what to do. Strasberg concluded that the long loud sound was crucial for alleviating emotional tension (2010). Because clients chose not to relieve their emotional tension through a sound, it could be that their emotional tension was being released at this point of the exercise.

Because of the intense emotional reaction to the exercise, I decided it was best to abandon the typical structure of an RE into a SME in future sessions. Instead, I chose to “warm up” the clients to the exercises by introducing the sessions with exercises that encouraged play, connection, and imagination. Because of the physical tension, resistance, and hostility displayed by the participants, I entitled the group, “The Clenched Fist”

**Table 2**

*Week Two- Client Response Themes*

Colors	Shapes and patterns	Written themes	Discussion Themes
Pencil	Empty middle of the paper	Fear of “losing control”	Exhaustion
Grays	Straightforward words	Anger	Lack of identity
Red marker	Doodles in the corners	Nothingness	Surrender
	Less abstract images	Surrendering	
		“Hiding in the shadows”	

*Note.* Refer to Appendix B to review author’s artistic summary of this data.

**Clinician’s Observations of Week Two- “The Surrender”**

The group session commenced with a warm-up game designed to foster connection and play among the clients. Clients displayed signs of engagement through positive body language and a notable willingness to participate. The atmosphere in the room was characterized by a light and cheerful mood, indicative of a shared sense of camaraderie among the participants. As the group moved into the relaxation exercise, a shift in the clients' demeanor became apparent. There

was a noticeable decrease in fidgeting and nervous tension from the last session, suggesting a growing confidence with the exercise.

In the artistic journal response, clients depicted more drawings than words. Themes of the words included exhaustion, a sense of “blankness”, and fear during the RE and SME. Themes in the clients’ drawings included very small objects, animals, and people, notably in the corners of the paper. When clients examined each other’s drawings, clients noticed a pattern of all of them drawing doodles and characters who seemed to be “hiding” in the corners, leaving a blank space open in the center.

In the post-exercise discussion, clients discussed shared feelings and emotions, including the feeling of the need to “hide”. One client discussed that the exercise made them uncomfortable because it was impossible to hide while they were partaking in it, which several clients agreed with. Clients continued to express discomfort with the exercise, attributing it to a sense of loss of control and powerlessness. I reminded clients that these feelings were part of the process and emphasized that they always had control over their own bodies. The mood in the room shifted toward resistance, tiredness, and an unwillingness to fully participate in the exercise. At the end of the session, several clients reported feeling physically drained, potentially attributed to the emotional intensity of the exercises. Despite initial reluctance, clients acknowledged the potential usefulness of the exercise once they allowed themselves to relax and engage fully. Due to the noticeable contrast between the clients' initial playfulness and the eventual sense of surrender, I entitled “the group, The Surrender.”



**Table 3***Week Three- Client Response Themes*

Colors	Shapes and patterns	Written themes	Discussion Themes
Multi-colored Markers	Large shapes and colors The ocean Blooming flowers Abstract shapes	Expansion Puzzles Blooming Emptiness Acceptance Underneath the surface Resistance	Uncertainty “What does this mean?” Exhaustion Solving a puzzle Fear of being alone “Feeling” change Intellectualizing change.

*Note.* Refer to Appendix C to review author’s artistic summary of this data.

**Clinician’s Observations of Week Three- “Diving to the Depths”**

Clients expressed feeling gratitude and more connected to one another after they had shared their creative writing prompts aloud. This sensitivity and connection to one another translated into the following RE and SME. I introduced relaxing music to the exercise, as per request of one of the clients. The client's energy may have shifted due to the music being added to the group.

During the post-exercise artistic response, the clients chose to draw pictures rather than identify their experience in words. Their drawings were colorful, abstract, and expansive, which was a huge shift from the original tenor of their responses in the first session. Themes in the pictures included plunging into the depths, solving a puzzle, and a sense of physical exhaustion.

In the post-group discussion, clients discussed their three experiences of the exercise and if it had led to any changes in their lives outside of the room. One participant admitted to falling asleep multiple times throughout the exercise. One client, who expressed resistance to this exercise from the very first session, refused to participate. The other four expressed that they felt relaxed, like the exercise had gotten easier, and improved their muscle tension. The clients also appeared more relaxed, connected, and attuned to one another than in the previous groups, as

evidenced by their easy laughter, their willingness to support one another, and the experience of the exercise feeling relatively connected. The suggestion of closeness and connection inspired by the warmup and the coinciding SME exercise may have brought people closer together. Because of the themes of problem solving, expansion, and connection, I entitled the group, “Diving to the Depths”.

### **Discussion**

The data collected from the sessions suggests that the participating clients experienced initial resistance toward the MA techniques. However, by the final session, most of the clients ultimately responded to the effects of the exercises with expansion, curiosity, and connection to one another. Their experiences performing trauma-informed MA exercises may have aided in their connection to their fellow group members, comfortability within their bodies, and an emotional and physical release. This data has the potential to influence how clinicians interact with somatic therapies in response to trauma. It also has valuable information on how Method Acting teachers can approach the foundational method acting techniques when facilitating a method acting class with students who have experienced trauma.

### **Resistance**

While clients were willing to participate in the SME, I was surprised by the initial intense resistance to the RE. Several clients reported feeling anxious and panicked during the exercise, while others still felt intense anger during the exercise and chose to stop participating because of their intense emotional responses. Payne et al. (2015) shared that resistance in a client is an activation of the fear responses- fight, flight, freeze, or fawn. Somatic experiencing is a form of exposure therapy for clients with PTSD, as the clients are re-exposing the body to sensations and experiences that are connected to trauma (Levine, 2015). The intense negative and resistant

reaction to the relaxation exercise speaks to the importance of somatic therapies and the connection between muscle relaxation and emotional tension.

In the final session, two participants ultimately dismissed the exercises as unhelpful and chose not to participate in the RE, preferring to sit in silence. While this data suggests that the RE may be contraindicated to these clients' therapeutic progress, it also reinforces the conclusion that both the RE and Somatic Experiencing tap into emotional memories contained within a clients' physical body, and therefore may both have therapeutic benefits if applied appropriately.

### **The Importance of Group Cohesion**

The SME and RE at their core are group experiences. While the individual has a unique experience of the exercises, the group together enacts vulnerable movement and sound, and imagines a private, personal memory in public (Cohen, 2017). None of the clients who participated in the study had experience as actors, and therefore are not used to the demands of public vulnerability like the typical actor who participates in these exercises. Therefore, more emphasis on group cohesion was adapted into the sessions. Group cohesion has been found to greatly enhance the group therapy experience by eliciting connection, empathy, and vulnerability among the participants (Bryde et al., 2021). Group cohesion was ultimately reached by attuning the group artistically through a creative warm up. The introductory warm up greatly aided in group cohesion in the later sessions, and the "buy in" to the activity seemed to lessen the client's resistance. This data suggests that the SME and RE benefits from a "warm up" into the work and reinforces the importance of implementing a session sequence akin to a drama therapy session.

### **Powerlessness**

During the three sessions, I learned that two of the six participants had been incarcerated in countries outside of the United States. After the second session concluded, the participants

went into detail about the brutal conditions, how frustrating it was to not speak the language, and the lack of powerlessness they felt during their imprisonment. One client said that the relaxation brought them back to the experience of being incarcerated, and that they felt more closed off, and less attuned to the group after the exercise concluded.

According to Levine (2012), trauma happens when we “perceive we are trapped” (p. 48). I learned that the RE and the SME has the potential for re-traumatization if people are not properly warmed up to the exercise. To avoid re-traumatization, the data speaks to the need to offer choice to specify the parameters for the exercise for each individual, rather than demanding that everyone do the same actions. It also emphasizes the importance of reminding the clients of their sense of power and autonomy within the exercises and giving them options to modify the exercise if it becomes too overwhelming. One of the most resistant clients was given the option to stop the exercise if they became overwhelmed. While the RE and SME were likely not useful therapeutic interventions for this particular client, I argue that their ability to set boundaries within the exercise was a step in their therapeutic journey, as they rarely had opportunities to set boundaries with authority figures in the past.

### **Tolerating the Uncomfortable**

The goal of the RE is not complete mental and physical relaxation. Rather, it is to develop a state of focus and relaxation so an actor can be prepared for a scene. While it seems like a simple exercise, many Method actors find this element of the RE very challenging, complicated, and emotional (Cohen, 2017). The goals of the RE mimic the goals of Somatic Experiencing, where clients must learn to balance between the sympathetic and parasympathetic nervous systems to create a state of “flow” (Levine, 2012). For these exercises to be successful, clients must learn to tolerate and move through uncomfortable sensations like boredom, fear, and

anger. While the group was initially resistant to the exercise (likely because they were experiencing uncomfortable sensations), by the third session most of the clients expressed a deeper connection to one another, to themselves, and a greater appreciation for the outcome of the exercises.

“Flow” happens when a client has their attention on the moment. If they have resistance in the middle of the exercise and do not move to release the resistance, they could be more stuck in a “freeze” state, which leads to re-traumatization rather than growth (Payne et al., 2015). Clients who are not warmed up to the vulnerable act of stretching and making unusual sounds by themselves likely froze because they were uncomfortable, which elicited a fear response that they could not move through. When clients were able to surrender to their resistance and “flow” through uncomfortable sensations, the exercise became a success. By the final session, the majority of the clients' responses were open, curious, and established a greater sense of connection and empathy toward one another. This data suggests that the RE and SME likely elicit a flow state, but only if the clients fully “buy in” to the process and relinquish their resistance. Simply put, the RE and SME will only be useful for a client if they can learn to tolerate the uncomfortable sensations it elicits.

### **Facilitator Flexibility**

In Somatic Experiencing, clients are individually lead through somatic releases with the assistance and guidance of an attentive therapist (Payne et al., 2015). In the RE and SME, clients guide themselves through a somatic exercise, and are led through the exercise by a group facilitator (Cohen, 2017). During the initial RE and SME, clients are learning to moderate their own levels of arousal. This makes MA exercises more challenging to manage for a client and for the facilitator, who must attune to every individual's needs. Therefore, facilitators who perform

the RE and SME in a therapeutic setting should be mindful of modifying the exercises according to the needs of the individuals in the group. The original objective of this study was to mimic the Strasberg relaxation's order and timing. However, for this population, the clientele found the RE to be the more difficult of the two exercises. I chose then to introduce the SME as a warmup into the RE, as it introduced embodiment and concentration, two important and less-distanced elements of the RE. As the facilitator, I learned that to be trauma-informed is to be flexible and attuned to the greater needs of the group, even if it does not fit the requirements of the initial exercise.

### **Limitations of Findings**

Traditionally, the RE and SME are performed at least weekly in a classroom setting, with the SME varying from simply imagining holding a cup of coffee to more complex situations like reliving a personal and emotional memory. The ten to twelve separate sequences allow for participants to build strength and comfortability in the exercises (Strasberg, 2010). Time constraints permitted this group to participate in only three sessions. Because of resistance experienced and expressed by the clients, the initial plan to perform traditional RE and SME sequencing was discarded and was replaced with what the clients expressed they needed at the time. Therefore, these exercises do not replicate the traditional experience of MA exercises and are rather an approach inspired by the techniques.

The room in which the exercises took place was small, encompassed mostly by a large table in the center of the room. There was little space for the participants to spread out, which is what is traditionally asked of people when they are performing the exercises (Cohen, 2017). Because of space constraints, clients were forced to face one another in their chairs as they performed the exercises. The tightness of the space and the lack of privacy may have added to

the intensity of the resistance and un-comfortability expressed in the early group sessions. In further research upon this topic, a longer period of study is recommended with more clients and in a more spacious room.

### **Modification Recommendations for a Trauma-Informed Approach to MA**

More research is needed to determine with certainty whether foundational MA techniques contained within a drama therapy framework are a useful therapeutic intervention. However, this data does suggest that MA exercises that are performed without any trauma-informed modifications are contraindicated for a client in trauma recovery. The information collected above speaks to the importance of creating modifications around MA exercises for actors who may have experienced trauma. Inspired by the findings above, I identified four modifications for the MA exercises for a more trauma-informed MA curriculum. The modifications are meant to stay true to Strasberg's original teachings while also functioning as aesthetic distance around the exercises as to avoid re-traumatization of a client/student. The modifications identified below are intended for MA teachers in a classroom setting, or for clinicians interested in using MA-inspired techniques in their therapeutic practice.

- 1. In early sessions, create a "warm up" for the exercises involving group attunement and introducing the idea of sense memory.*

The collected data suggested that the RE and SME will not be useful interventions if clients do not move through any discomfort they feel in the exercise, as they will not be moving through a high zone or low zone of arousal and creating flow that is necessary for somatic release (Levine, 2015). In the sessions, clients proved to need more attunement to one another and an introduction to the exercises in order to have a positive and cathartic experience. While traditionally the RE is thought to be the "warm up" into the SME, the data suggested that the

clients felt more comfortable and willing to try the exercises when they were “warmed up” to the topics of vulnerability, sense memory, and connection. Before a clinician or teacher facilitates the initial RE and SME, they are encouraged to create a warmup that introduces the SME and also encourages group cohesion. This will likely be particularly beneficial in early sessions when clients are not familiar with the exercises and with each other. In the second session described above, clients participated in an exercise where they collectively imagined the sense memory of an object that gave them comfort and enacted sharing the imaginary object with the group. This warmup likely created rapport and connection among the group members, which allowed them to more willingly participate in the RE and SME.

2. *Develop alternatives to the ‘long loud sound’ to release emotional tension.*

During the RE, clients are traditionally instructed to make a “long loud sound” if they notice themselves feeling bored, checked out, or emotionally dysregulated (Cohen, 2017). Strasberg (2010) described the long loud sound as a vehicle for releasing “emotional tension”, what he described as thoughts or feelings that removed the client from focusing on the present moment. In somatic experiencing, the long foghorn *vu* sound is used for similar emotional release (Levine, 2016). In the group sessions above, the clients were instructed to make a long loud sound to release emotional tension, but all of the clients chose not to. When asked why, clients shared that it felt too vulnerable to do so. However, not making the sounds likely had a negative outcome, as not moving through or releasing the tension likely created more tension in their bodies. While one option may be to warm up clients to the long loud sound in the initial warm up, another possibility is to give clients alternatives to the long loud sound. In EMDR, when clients are feeling overstimulated or dysregulated, clients are instructed to remember a “safe place” from their childhood and picture themselves there (Shapiro, 2016). In Somatic



Experiencing, clients are recommended to “shake out” their muscles or blink their eyes if they are feeling overstimulated (Levine, 2015). Offering distanced alternatives to the long loud sound may allow all participants to “flow” through a trauma response when they encounter an uncomfortable sensation.

*3. Create a de-roling exercise for any unreleased tension that has occurred in the exercise.*

In traditional RE and SME, there is little emphasis on how to “end” the exercises. However, the data suggested that the closure of these exercises is highly important for a client’s regulation and processing. During both the RE and SME, I noticed a high level of emotional arousal from all of the clients, as evidenced by their body language, lack of focus, and high levels of resistance. Clients were able to regulate these intense emotions and self-soothe themselves through a closure exercise, which involved re-orienting physically, journaling for five minutes, and group processing. According to Buselle (2021), the “de-roling” process is vitally important for creating a transitional space between the work that’s done on “stage” and the work one does in everyday life. By allowing an actor to create more separation between their personal and professional life, actors are training themselves to keep healthy boundaries between the mental and emotional required for performance. In a therapeutic setting, closure is useful because it signals an “end” to the client’s work on themselves (Buselle, 2021). A closure ritual following the SME would be psychologically beneficial for clients participating in MA exercises. The closure could involve “dusting off” the character, processing the work through verbal or written word, or a combination of both.

*4. Teachers and Facilitators should individualize the relaxation and sense memory experience according to the emotional needs of the participants.*

As mentioned previously, MA exercises traditionally have a sequence that all group members perform together in tandem. The data collected above emphasized the importance of MA that is tailored to the specific needs of the client, as well as the importance for the facilitator to attune to the needs of the group. Privately questioning clients about their trauma history is recommended to further ascertain how to accommodate the emotional needs of each individual during the MA exercises.

### **Further Research Recommendations**

This research shows evidence that the RE and SME may be beneficial for clients recovering from trauma. However, no concrete conclusion can be made as this research pool was small, the time frame shorter than preferable, and the room the sessions took place did not comfortably accommodate the clients. Further research is recommended that can meet the standards above. Further research is also recommended by an author who does not have a personal relationship to MA for an unbiased perspective.

While research exists about the criticisms of MA, there is very little research on its potential therapeutic benefits. I would recommend further qualitative research into the personal experiences of Method actors, including experiences which they found both helpful and harmful for their mental health. Identifying the unique experiences of individuals who have gone through MA training will better inform what avenues of research to follow when studying the potential benefits of MA in a therapeutic setting.

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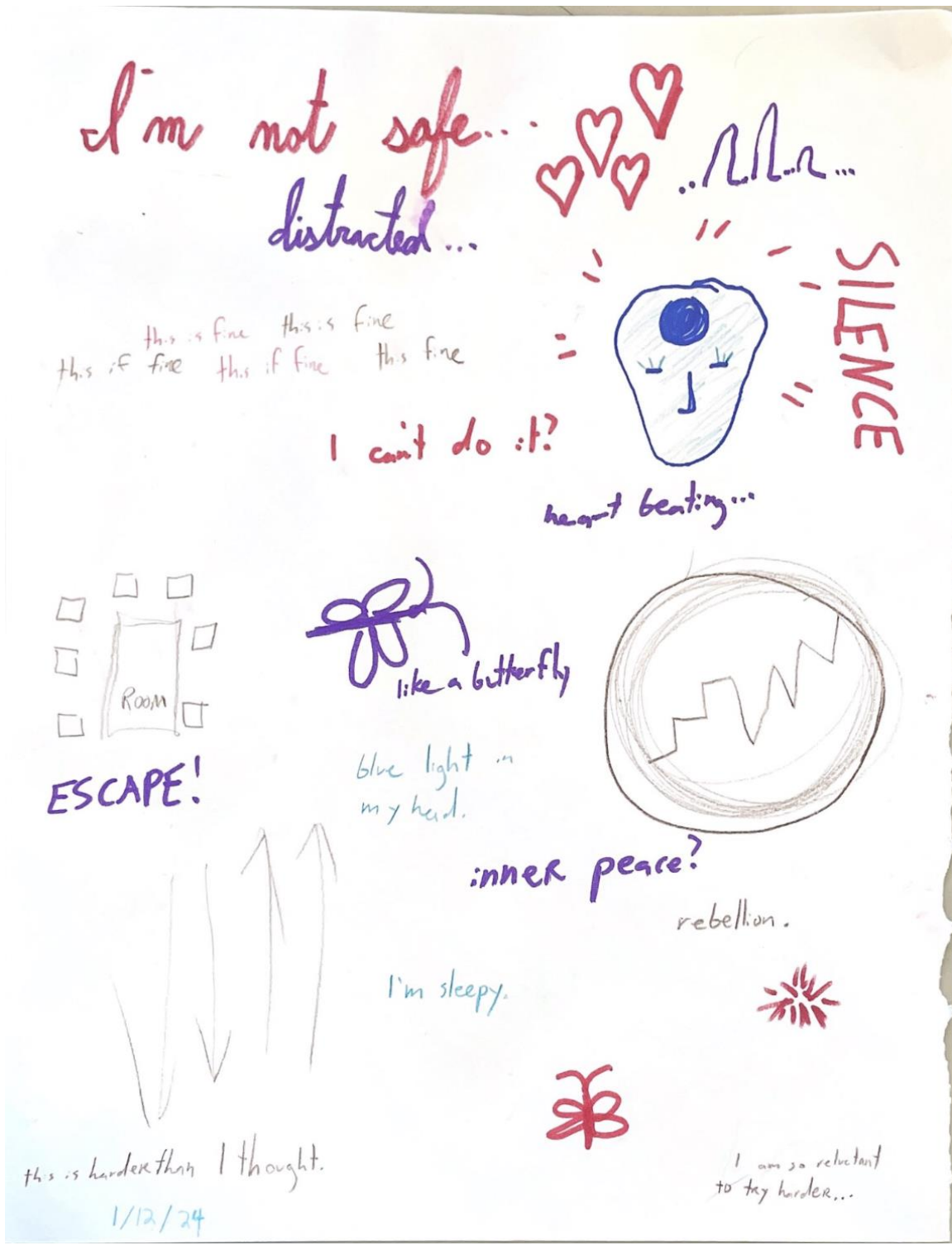
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**Appendix A**

Clinician's Artistic Summary of the Journal Responses Collected in Week One

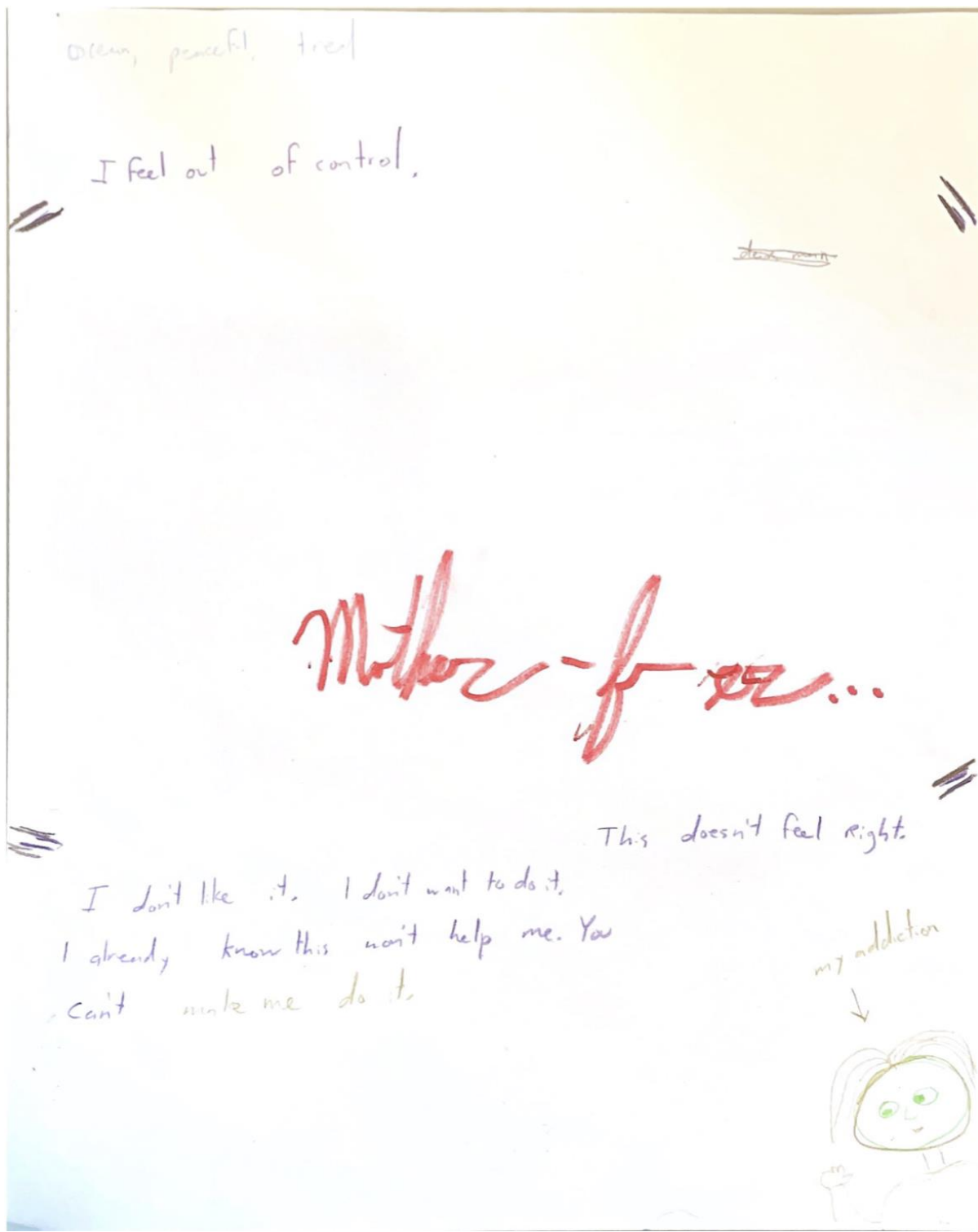


Week One- "The Clenched Fist"



**Appendix B**

Clinician's Artistic Summary of the Journal Responses Collected in Week Two



Week Two- "The Surrender"

**Appendix C**

Clinician's Artistic Summary of the Journal Responses Collected in Week Three



Week Three- "Diving to the Depths"

**THESIS APPROVAL FORM**

**Lesley University  
Graduate School of Arts & Social Sciences  
Expressive Therapies Division  
Master of Arts in Clinical Mental Health Counseling: Drama Therapy, MA**

**Student's Name:** \_ Remi Moses

**Type of Project:** Thesis

**Title:** Method Acting as a Therapeutic Intervention for Trauma Recovery

**Date of Graduation:** \_\_\_\_\_ May 5<sup>th</sup>,  
2024 \_\_\_\_\_

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

*Angelle Cook*

**Thesis Advisor:** \_\_\_\_\_