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In the Wings: Actors & Mental Health A Critical Review of the Literature

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Drama Therapy

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Abstract

Studies show that professional actors and performers are more likely than their civilian counterparts to suffer from depression, anxiety, and various other mental health struggles (Burgoyne, Poulin, Rearden, 1999; Geer, 1993; Maxwell, Seton, & Szabo, 2015; Robb & Due, 2018; Rob, Due & Venning, 2016; Seton, 2010). This review synthesizes some of the literature published regarding actors and the negative mental health issues they may suffer, with attention paid to two specific acting techniques that are commonly taught in the United States, Stanislavski's 'system' and Strasberg's 'method.' Using a mental-health lens, a critique of these techniques is offered to the reader. The current approaches to helping mitigate the effects of acting will be discussed and specific drama therapy techniques are offered to supplement these approaches. Finally, the case will be made for why this population would benefit from drama therapy. Recommendations for future interventions and research are described.

Keywords: professional actors, drama therapy, mental health, de-roling, aesthetic distance

In the Wings: Actors & Mental Health

A Critical Review of the Literature

Introduction

The ability for an actor to achieve an authentic or believable performance is praised and revered by audiences around the world, noted via national and international festivals and awards for excellence in acting/performance. Audience members can laugh and cry throughout a performance and when the curtain falls, they get to return to their life. The performers that evoked those emotions must also return to their lives offstage. While audience members go through a range of emotions that can deeply affect them, the primary role of the audience is to witness. In contrast, it is the actor's job to embody and produce realistic performances that encourage the audience to experience deep feelings. Although actors are trained to portray these emotions in rehearsal and on set or stage, they are not offered enough support or adequate training to deal with the emotional aftereffects of playing intense roles or enacting traumatic themes. This can lead to identity confusion, lack of positive coping skills, mental health struggles, and addiction, to name a few (Maxwell et al., 2015; Burgoyne, et al. 1999; Robb & Due, 2017). Due to the absence of discourse and research on this subject, actors are left vulnerable and isolated.

There are multiple acting techniques and exercises commonly taught at acting programs; however, each acting technique is specific to the person who created it and the tools that are used to help the actor achieve an authentic performance. For the purpose of this paper, I will be focusing on two techniques: Constantin Stanislavki's 'system' and Lee Strasberg's 'method.' While there are a wide variety of techniques taught around the world, I am focusing on these two because the former is regarded as a foundational technique for acting and the latter is a very popularized and polarizing approach. I will provide some context about each theorist then describe their technique and how it is taught. I will be arguing that in each technique, there is built in risk for actors' wellbeing. This includes a lack of boundaries between actor and

character, an inability to revert to self following a role, and cognitive dissonance. Although these issues have become more researched over the past few decades, there is no substantial dialogue regarding this phenomenon and there is a lack of initiative to provide support for struggling actors and acting students. In my literature search, Alba Emoting technique has been the only viable method that explicitly aims to aid actors when transitioning out of their role.

In contrast, drama therapy's primary concern is for the wellbeing of those who engage in the purposeful use of dramatic action, projection, and embodiment to meet therapeutic goals (NADTA, 2019). It is used in a wide range of sites and populations of varying abilities and can be done individually, in groups, or with families. Participants can explore their relationships and emotions, the roles they play in life, and learn from playing with a drama therapist. Drama therapy would be a great fit for actors because it relies on many of the same processes that actors are familiar with, such as warm-up, embodiment and role-playing.

Two techniques, aesthetic distance and de-roling, are utilized by drama therapists to create a safer space and assist the client in integrating new information from the intervention used. These skills could help actors who have difficulty differentiating themselves from their characters, or allowing traits of a character to cross over into their life. If actors can achieve aesthetic distance in a role or production, they may be less likely to over-identify as their character. De-roling may assist actors who experience "post-dramatic stress" (Seton, 2006) because it is a grounding technique that asks actors to shed their characters and come back into themselves. Using these two techniques in tandem with actors may solve the problems the literature presents.

For the purposes of this paper the following definitions will be used: a professional actor is someone who has been trained in an acting program or technique and derives income by participating in professional performances; an acting program is a training course or school in a

college or university where specific acting techniques are taught to a cohort with the intention of students becoming professional actors.

Methods

This literature review synthesizes the current state of research on the mental health of professional actors with specific attention on the Stanislavsky system and the Strasberg method and includes how drama therapy can be effective for this population. The following search terms were used to acquire the literature found in this review: Mental health AND professional act*; negative mental health AND professional act*; act* AND role confusion; act* AND character confusion; act* AND boundary blurring, act* AND post show blues; Stanislavsky AND mental health; Strasberg AND mental health; Stanislavsky system AND mental health*; method acting AND mental health; professional act* AND drama therapy; professional act* AND de-roling; professional act* AND aesthetic distance. The Lesley University database and Google Scholar were used for these searches. More literature was acquired using the reference list of articles found through the aforementioned searches. Information on the specific acting techniques discussed in this review came from the respective theorist's own publications. After collecting the literature, the items were organized into separate categories, read, and annotated. The literature review is organized in the following sections: negative mental health impacts of acting, acting techniques, what is currently being done to help actors, and the drama therapy techniques that would benefit this population.

After writing each section of the literature review, I created an artistic response, highlighting the importance of embodied and aesthetic ways of knowing and synthesizing information on this topic. I chose this topic because of my own experience as an acting student and working through appropriate boundaries between myself and my character. Since these topics felt close to me, I wanted to process through a medium that felt like an authentic extension

of the topic. This arts-based process helped me settle down my questions, feelings, and past memories that swirled around in my head. After reading the literature in each section and writing my critical review, I would move into a private room and began with a physical warm up to wake up my muscles and bring back energy into my body. When I felt physically ready, I would start to recall the information I had consumed and/or what I had written and allowed it to influence my movement. This improvisational movement continued until I found a fluid sculpture that captured some of the feelings I was encountering during my process. Then I wrote down what the fluid sculpture looked like so that it could be replicated and photographed later. These photographs are included below and serve as an additional form of embodied and aesthetic analysis.

Literature Review

Negative Mental Health Impacts of Acting

Empirical research on the mental health impacts of acting has grown since the 1980s and continues to be explored through quantitative and qualitative studies. Australia and the United States produce the majority of work published, followed by the UK and Malta. Actor wellbeing, actor/character blurring, vulnerability, and trauma came up often in the literature. Below, I summarize the findings of the research thematically from acting training programs, performance/post-performance impact, and circumstantial realities actors face.

Acting programs throughout the world train their students in a myriad of techniques and theories. Many of these programs are in college settings where young people may already be experiencing homesickness and adjustment anxiety (Thurber & Walton, 2012). When starting the program, these students are formed into a cohort of their peers where they reach a place of "work led intimacy" (Robb & Due, 2017), often laden with complicated group dynamics as students are expected to be emotionally vulnerable in front of one another for the purposes of acting class. In an observational study of acting trainers in academic programs, Seton (2010) found that acting students experienced distress in an effort to be emotionally vulnerable in front of their peers and found "the notion of vulnerability emerged as the quality most valued and required as a gestural symbol of commitment to the discipline of acting" (p. 13). Acting students also experience receiving critique and criticism in front of their peers, which adds to this complicated dynamic. Some training studios or programs are 'cut programs' where students are reviewed by the faculty at the end of the semester and are asked to stay or leave. This creates a hierarchy within the cohort, adding on to the weight that these students already bear.

Whether training in an acting program or working as a professional actor, these individuals are tasked with stepping into the life of another with authenticity. A theme that came up in numerous reports was actor/character boundary blurring (Burgoyne, Poulin, Rearden. 1999; Robb, 2016; Robb & Due, 2017; Thomson & Jaque, 2012; Tust-Gunn, 1995). In actor/character

boundary blurring, aspects of the actor's life, personality or a combination of both may come

through the character and into the play or, conversely, pieces of the character stay with the actor

offstage. An acting student describes this experience in an interview on this phenomenon:

> You forget who you are sometimes. You start intermingling with this character and you
>
> lose yourself and you start doing things. I remember I was in a show . . . and I played a
>
> character who had a certain walk…I would walk around [that way] onstage. And I would
>
> be walking around [campus] . . . and be doing the same thing. I would realize I'm doing
>
> that and having this bad attitude that this character has about everything I'm seeing. I
>
> think, "Whoa, I don't know if this has gone too far or not." (Burgoyne et al., 1999, p.
>
> 162)

In my experience, these circumstances of actor/character blurring have the potential to

benefit the performance of the character or the person who inhabits the character. For example, I

have played the role of a young woman who oozes confidence and resilience and found that in

my personal life I adopted some of those characteristics. Other positive effects of acting

referenced in the literature include "enhanced sensitivity, empathy and awareness" (Burgoyne et

al., p. 160), artistic freedom (Wigmore, 2018), increased memory and concentration (Thomson &

Jaque, 2012), and sense of belonging (Robb et al., 2016)

Despite these effects, this blurring can end up being harmful for the actor (Bloch, 1993;

Burgoyne et al., 1999; Geer, 1993; Maxwell et al., 2015; Robb, 2016; Robb & Due, 2017; Seton,

2006). This literature suggests that the emotional stress (Burgoyne et al., 1999), substance abuse

(Waterman, 2013), and identity confusion and perfectionism (Robb & Due, 2017) are a just a

few ways actors deal with boundary blurring.

The term for the extreme form of boundary blurring seen in actors and other performers,

"post-dramatic stress," was coined by Seton (2006). Post-dramatic stress describes the feelings

and experiences that come after engaging in emotionally intense acting. It was intended to evoke

the similar feelings, opinions, and severity that post-traumatic stress disorder (PTSD) renders.

PTSD is a reactive disorder diagnosed in people who have experienced or witnessed a traumatic

event and have symptoms of intrusive memories, avoidance and changes in physical or

emotional reactions (Stein, 2011). Although it is extremely rare for actors to endure actual, literal

trauma in the rehearsal room or on stage, their bodies may go through those actions. For

example, when a show requires an actor to be raped, murdered, or otherwise traumatized by

another actor in role, a "vicarious trauma mechanism may be at work" (Robb & Due, 2017, p.

310). David Pillemer (2015) studies vicarious memories and found that individuals can create

and hold memories of their experiences as well the experiences of others. The memories of

others may have equally as strong emotional and physical memories as if they were experienced

first-hand. While Pillemer's work is not directly with actors, some of his findings might be

relevant to apply to the work of actors who embody extreme experiences of their characters. If

the memories of others are allowed to penetrate the psyche in this way, then what can the

physical embodiment of trauma do to an actor?

Burgoyne et al. (1999) note that other, less traumatic influences may be associated with

emotional distress for actors. These factors include "a) type of show (demanding, 'dark,' violent,

sexual); b) stress (sometimes created by directorial pressure); and c) acting techniques imposed

by the director without giving the actor a choice" (Burgoyne et al., 1999, p. 165). These factors

may help us interpret studies which show actors' higher experiences of stress, depression, and

anxiety than their civilian counterparts (Maxwell et al., 2015), as well as actors' disposition

towards dissociative tendencies and unresolved mourning (Thomson & Jaque, 2012). In his essay

on "emotional hangovers" due to performing, Geer (1993) asserts that these tendencies may be

reinforced at every rehearsal and performance, writing, "appreciation, whether it be the applause

of the audience or the encouragement of a director or fellow cast member, has the double effect of promoting character behaviors as it eclipses the ordinary behavior of the actor" (p. 148)

Images of 'the starving artist' or an aspiring actor who auditions in cattle calls every day may come to mind when thinking of the life of an actor; however, this stereotype does not fully capture the realities of the life of an actor. In fact, a 2016 study revealed that environmental factors including financial instability, high standards for appearance, and inevitable rejection all contribute to an actor's poor psychological wellbeing when compared to a control group (Robb, Due, & Venning, 2016). Financial insecurity and lack of preparation for the professional arena were reported to have negative impacts on wellbeing of all people regardless of career choice (Shoss, 2017) and this is no less true for actors. A lifestyle of financial instability with periods of unemployment is common for many actors (Throsby & Zednik, 2010).

Moreover, issues of powerlessness and lack of autonomy when dealing with agents or directors affect actors' wellbeing (Burgoyne et al., 1999). This parallels what Seton (2010) means when he writes, "many actors are trained in unquestioning vulnerability to do and become whatever a director requires, without questioning the impact it has on them as embodied persons" (p. 6). Power differentials in the acting profession are rarely spoken about and have affected my personal experience as an actor. Colleagues of mine who consider themselves professional actors also report feeling negatively affected by the dynamics between actors and directors/producers. Actors may have to be on-call at a moment's notice for an audition or call back in addition to being emotionally available for a director during an audition or rehearsal.

Considering the psychological demands of acting, the intense training actors undergo, and the environmental hardships endured, it is unclear to me why the conversation about mental health impacts and actors is sparse. The research cited above suggests more research and open dialogue regarding the subject is needed. Most argue that training programs need to better equip

their students for dealing with the psychological fallout that may result from years of acting (Burgoyne et al., 1999). Some authors also suggest we must make connections to acting theories that could be helpful or hurtful to an actor's personal wellbeing (Burgoyne et al., 1999; Seton, 2010).

Acting Techniques

The following acting techniques are known amongst actors to be both popular and polarizing. The Stanislavski system laid the foundation for modern acting techniques, is commonly taught in acting schools and Strasberg's method built upon that foundation, before deviating to create his own acting procedural.

Stanislavski's system. Credited as the father of modern theater in Euro-American contexts, Constantin Stanislavski began his career in Moscow, Russia. His family was extremely wealthy, with many members having ties to the arts and theater. He began his acting career playing small, featured characters that soon grew into lead roles. Later, he began directing and creating his system of acting, eventually founding the Society of Art and Literature and the Moscow Art Theater. He worked closely with world-renowned playwright Anton Chekov who

wrote many shows that premiered at the Moscow Art Theater that are still taught and performed today (Benedetti, 2004).

Alex Ates (2018) remarks that Stanislavski's "system is about actually doing something instead of pretending to do something" (para. 14). Stanislavski's goal was to represent realistic human encounters on stage, which contradicted the style of theater that was popular during that time. It is interesting to note that Stanislavski changed his mind regarding training and technique throughout his life, later arguing that it is too emotionally exhausting and potentially dangerous for actors and he stopped teaching it. What is included in this review however are the techniques that are central to his system that he maintained until his death in 1938. Strasberg, then, took the baton of affective memory and ran with it.

His system begins with relaxation techniques which aim to give the actor control over their body and mind. Stanislavski argued that tension was an enemy of the actor and that muscular tension is not the only piece to be addressed (Schiffman, 2006). Any thoughts or energies that are not useful in helping a character complete their task was considered 'tension' (TheatrGroup, 2017) and must be eradicated. Once tension is released, the actor is prepared to work on the role and, subsequently, is more open and vulnerable than they were prior to the exercise.

A major tenant of Stanislavski's system is the magical and creative 'if' (Stanislavski, 1936, 1948, 1961), which calls for the actor to imagine and discover things about their character and the play as a whole. In his eyes "imagination plays by far the greatest part" (Stanislavski, 1936, p. 54) and it is the actor's imagination that allows them to give truthful performances night after night. When beginning a new role, the actor asks themselves, "What would I do if I was in the same position as this character?" which serves as a jumping off point for curiosity and authenticity. Robb et al. (2016) question if the 'magic if' reinforces actors who have generalized

anxiety, because it reinforces the question "Yes, but what if…?" which is often associated with the diagnoses (p. 28). I do not entirely agree with this critique because when anxiety reinforces "what if" it typically questions the future, while the technique's question asks about the present moment. Despite this, I understand how consistently putting yourself in the place of your character could contribute to anxious feelings and dissociative thoughts.

Strasberg's method. Lee Strasberg was born in Poland at the turn of the 20th century and emigrated to the United States when he was seven years old. Strasberg was quickly introduced to theater and became a student of Richard Boleslavsky, who brought the work of Stanislavski to the United States. Strasberg took the tools created by Stanislavski and expanded on them in a way that authors describe as both "the most influential…of all American acting styles" (Hirsch, 1984, p. 43) and the most controversial. Strasberg saw himself as completing the work of his predecessor, and was keen on a technique called affective memory that Stanislavski created and later abandoned after realizing its unreliable and potentially damaging impact. Strasberg believed that "affective memory is a basic element of the actor's reality" (Strasberg & Schechner, 1946, p. 131). Affective memory asks actors to remember a lived experience and use the sensations and memories to influence the character (Ates, 2018). Strasberg was also heavily influenced by Sigmund Freud who had begun lecturing in America at that time (Pitches, 2006). In fact, he was so taken by the Austrian psychoanalyst that Strasberg,

> Brought in Freud in his sessions with actors in what he called 'Affective Memory'…where the teacher led actors in a dream-like sensory journey into an incident in the actor's past experience: the exercise being conducted to bring the actor in vital touch with something traumatic…in his past and which led him in his acting to be more aware and active to his own qualities. (Durham to Pitches, as cited in Pitches, 1996, p. 104)

In affective memory, the actor will first think of an event from their life that parallels an experience their character is going through. If the character is going through grief, the actor may think about a time they have grieved, or if the character is being hurt by someone, the actor will recall a time when they have been hurt before. With this specific memory in mind, the acting teacher will coach the actor through a relaxation exercise that begins to incorporate sensory recall. During sensory recall, the actor tries to remember every sensory detail of the event being remembered: the smells, sounds, taste, images, physical sensations, and feelings are all brought to consciousness during this exercise. During this progression, the emotions will naturally come to the surface and inform the actor's choices for the character. After this exercise, the actor is expected to continue working on their character development or scene work. Typically, there is no space given to process the emotional recall, which I believe can be detrimental considering research which demonstrates that recalling negative memories leads to experiencing negative mood in a sample of adults (Gillihan, Kessler, & Farah, 2007). Further, there are no strict limitations on the memories you can use during emotional recall. This can be harmful for someone if they have experienced trauma and are using that traumatic memory to inform their character's actions in a scene. In some of the readings, the authors mention not using memories from the past seven years (Strasberg & Schechner, 1946; TheatrGroup, 2007), but this was not taught in my training or in the training of my peers at different institutions. Further, I believe that memories can have an impact regardless of a seven-year time lapse.

Emotional risk in both methods. Both of these techniques urge the actor to be as close to the character as possible, at varying degrees. The system is a procedure for the actor to achieve the feeling that they are an extension of the character and the method asks actors to envelop themselves in the realities of their character using real experiences from their own lives. These techniques are commonly taught to students by professionals in education and training

settings. There are no special certifications or licenses to teach acting other than a degree in a related field. To my knowledge there are no systems in place to ensure the sustainability or mental wellbeing of acting students.

While no known studies examine whether there is a correlation between the type of acting technique used and the actors' wellbeing, I argue that the lack of boundary between self and role may put actors at higher risk of what Seton (2006) calls post dramatic stress. Despite the popularity and reverence of these practices, I find them to be flawed. I believe that there is an overreliance on the character's emotion rather than on the character's action driving the emotion. By doing this, the actor is often not able to practice reasonable boundaries between themselves and their characters. Further, no qualitative research asks actors about the beneficial or challenging impacts of using a particular acting technique, both professionally and personally. More research into this topic is needed.

Best Practices for Actors

Despite the known mental health struggles actors disproportionately face (as reviewed in the first section of the literature review), and the potential concerns about the boundary between characters and themselves embedded in two of the most popular acting techniques, there is very little literature regarding the best practices for helping actors navigate the boundaries between themselves and their character. Ethical considerations for the field of acting are slowly beginning to be seen in research (Burgoyne et al., 1999; Dieckman, 1991; Geer, 1993; Maxwell et al., 2015; Robb et al., 2016; Seton, 2006; Seton, 2010; Tust-Gunn, 1995) as well as public critique (Brody, 2017). As Seton (2010) comments, "in theatre we tend to ignore the possible psychological side-effects on the actor" (p. 7) but Seton does not provide many solutions to this problem.
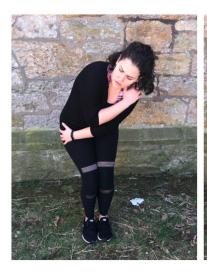
A technique used for helping actors step out of their role is called Alba Emoting. It was created in response to actors' and performers' increased psychological vulnerability post-performance. Alba Emoting is an acting technique and the Step Out Method is a de-roling technique. The creator of the theory, Susana Bloch (1993), posits that all people can create and transform emotions by manipulating their bodies and breath into producing a certain emotion without ever having to get to an emotionally vulnerable place. Richard Geer (1993) believes that Alba Emoting is "a natural extension of Stanislavski-based approaches that employ physical actions to create subjective feelings" (p. 151).

Alba Emoting is also an acting training theory, like the theories previously mentioned in this piece. The Alba technique utilizes posture, tone, gesture, facial expression, and breath to help with emotional awareness and emotional regulation towards the goal of emotional transformation (Bloch, 1993). The method is supposed to increase expressive range and help participants become aware of habits and blocks, in addition to accessing and regulating emotions with ease (Bloch, 1993; Kalawski, 2011). In a YouTube video, an Alba actor shows her viewers

how to create real tears by manipulating her gaze, posture, and breathing (Pearl, 2010). This

shows how one does not have to replicate an emotion from their own experience to achieve a

believable experience in front of an audience. Despite the promise this technique may offer, there

are no studies on the use of Alba Emoting with actors and much of what is written has been

translated from Spanish.

There are other tips and tricks to help actors combat boundary blurring. Mario Cossa

(2006), who does drama therapy with teens, teaches his clients to project their character's

memories onto the set, which helps them detach from their character when they have left the set.

Other techniques are taught from acting professors to their students and vary by teacher and

institution. From my experience, there are acting trainers who encourage actors to always carry

one personal item with them on stage. The purpose of this talisman was to help actors stay

grounded during the production and serves as a reminder that they are not their character. Again,

there are no studies that demonstrate the effectiveness of this technique. There is a large gap in

our knowledge of how these techniques can impact actors.

Drama Therapy Techniques

This section will discuss two widely used techniques and theories of drama therapy that are used with clients, aesthetic distance and de-roling. Both are important tools that help drama therapists maintain the boundaries and safety of therapist and client(s) in the therapeutic setting. Yet it is important to note that there are no strict guidelines or procedures for how to employ these interventions, therefore the application of them remains varied in the community.

Aesthetic distance. Aesthetic distance is the metaphoric space where the client can simultaneously access their feelings while being cognitively aware enough to know what is occurring in and around themselves. Robert Landy (1994) elaborates, "at aesthetic distance one retains the role of the overdistanced, cognitive observer and the role of the underdistanced, affective actor" (p. 114). Judith Glass (2006) believes that the goal of a drama therapist is to help clients to reach aesthetic distance, especially when remembering or speaking about trauma.

Under-distance is characterized by an intense amount of emotion that can keep the client from reaching insight. While this can sometimes provide helpful catharsis, these clients can be too close to the issue or problem to see beyond their emotions. Over-distance is experienced when a person has removed themselves so far from the problem to feel it. While this can sometimes be helpful to gain a sense of cognitive understanding, these clients may over-rationalize and lack empathy. Drama therapists may intentionally have their clients experience distance that opposes what they are familiar with so that they can achieve aesthetic distance in their daily lives. It has been argued that "at optimum aesthetic distance, these two extreme states are in balance, thus allowing a client to identify and participate in his or her specific narrative (which may be over-distanced), as well as separate himself or herself from the action of that specific narrative (which may be under-distanced)" (Ali, Lam, & Rahman, 2018, p. 157).

Knowing where a client is on the distancing scale is important for the therapist because drama therapists often employ interventions that will aim to bring clients to a place of aesthetic

distance. If a client is under-distanced from an event or trauma and unable to work with their own material, using metaphor or fictional storytelling may be helpful for them. They may be asked to embody a positive, wise, strong or courageous role to counter-balance negative feelings. Because they are not working directly on a specific problem or trauma head-on, but rather through the metaphor, a client may gain distance and create a well of strength that they can pool from when they need it (Frydman & McLellan, 2014).

Conversely, if a client is so distant that they feel unattached or express neutrality towards the subject, then the drama therapist may use more less distanced techniques similar to exposure therapy (Johnson, 2014; Pitre, 2014). Drama therapists may use projective techniques to help the client become closer to the problem by seeing and manipulating items in front of them that correlate to their lived experience (Landis, 2014). The drama therapist may have clients bring in an image of themselves taken prior to their trauma and write a letter to themselves. Afterwards they may have group members swap stories so they can hear their own words spoken. In sum, the tools of aesthetic distance are used by drama therapists to help assess where clients are at, practice moving through various levels of distance including ones less familiar to the client, carefully titrate emotionality and cognition, and achieve a greater sense of aesthetic distance over time.

De-roling. De-roling is a distancing technique with a "set of procedures and activities aimed at ensuring a less abrupt, more mindful, and more therapeutically efficient transition back from a temporary, extra-ordinary state of being" (Gualeni, Vella & Harrington, 2007, p. 4). De-roling exercises are a set of activities intentionally made to help clients disrobe from a fictional character or real person. These rituals occur in three parts; a separation from one reality and state, a transition into new space, and the re-integration of knowledge (Jennings, 1992). This stimulates self-awareness, self-reflection (Jones 2012; Langley 2006; Pendle & Rowe 2010) and

promotes the client's ability to create aesthetic distance with the subject they were working with (Landy, 1996; Johnson & Emunah, 2009).

De-roling can occur on a daily basis with or without our knowing it. It happens when someone is transitioning out of being enrolled as another person or role. For example, when someone leaves work, they may de-role from the employee or worker role and transition into another role such as student, parent, or friend. This is easier for some than for others. The purposeful use of de-roling is also used in the training of doctors and pilots during simulations. During training for the aforementioned professions, students may have to use fake clients or use other simulated experiences which require trainees to put themselves in the role of doctor. Stafford (2015) found that debriefing after a simulation where a patient dies allows for the students to release pent-up emotion which may facilitate their learning.

Cattanach (1994) and Chesner (1994) argue that de-roling may help the ease the traumatic effects of cognitive dissonance that clients sometimes feel after enrolling in identities that are drastically different from their own. De-roling serves as a "protective barrier to be crossed between two kinds of reality" (Grainger, 1992, p. 175) and allows them to safely return to the here and now (Blatner, 2004; Hudack, 2010).

De-roling rituals can be categorized into four themes: imagery, somatic sensation, verbal, and physical (Lassken, 2017). Using the image of a trashbin to get rid of negative feelings, thoughts, sensations that are still lingering could help a client leave their role more fully (Langley 2006). The physical cue of shaking off the body in a vigorous and energetic way (Sternberg & Garcia 1989) or "brushing off the role" (Aaron, 2003) by using your hands to sweep and shed off the role has also been used to facilitate de-roling. By saying their name out loud and qualities that make them different from their character (Bailey & Dickinson 2016, Blatner, 2004), using mantras (Rae 2009), or talking about themselves or their lives during the

transition (Leib, 2010) clients are able to create distance between the role. Additionally, saying goodbye to a space (Radmall 1995) or actually leaving the space (Jenkyns 1996) can have similar de-roling effects. Importantly, it is common for drama therapists to employ these strategies with clients, particularly after having done intense or emotional work, in order to help transition safely out of the imagined space and into the real world.

Discussion

After reviewing the literature, it is apparent that actors need help to mitigate the negative effects of actor/character boundary blurring. Actors report diagnoses of generalized anxiety, depression, and eating disorders (Robb & Due, 2017; Robb et al., 2016) and recognize that using certain acting exercises cause them emotional distress (Burgoyne et al., 2014). Some of the techniques taught to student actors reinforce using little to no distance between themselves and their characters, which may have negative effects on the actor's mental health. There is a gap in our knowledge and in research on how to help with this issue. Fortunately, drama therapy has the tools that might help solve this problem.

It is evident that the character has not been fully de-rolled when an actor begins "carrying over character behavior into everyday life" (Burgoyne et al., 2014, p 169). In these situations, the actor is unable to come back to themselves completely and/or shed the role they portrayed following the rehearsal or performance. This carry over causes emotional distress. Actors would benefit from learning tools to keep a healthy distance between themselves and their characters, as well as how to effectively strip their character and transition back to themselves. Unfortunately, this is not being universally taught or reinforced in acting programs.

Both Stanislavski's system and Strasberg's method require actors to get as close to their character as possible. The system asks the actor to think about what *they* would do in the character's position and use that information to guide the character's objectives and action. By imparting their own experience onto the character, actors become 'closer' to their character. In this way, they are decreasing the likelihood of achieving aesthetic distance. The method goes even further by having actors recall and relive a moment in their life that match what the character is experiencing. Using a real, emotionally laden memory to create convincing looking feelings on stage makes it easier for actors to overly identify with their characters. And while both methods involve a warm-up in some way, they include no exercises to cool down post performance. I believe this void is the most harmful for actors.

When examining Alba Emoting, one can make some parallels to drama therapy. They are both embodied processes that aim increase emotional awareness and creativity. In Alba Emoting, participants manipulate their breath, facial expression and body posture to evoke emotions. It does not tap into one's psychology neither does it claim to. Alba Emoting is "a physical technique that focuses entirely on the ability to control your own body as the access to your emotions" (Facciponti Bond, 2017). Drama therapy, too, allows clients to access their emotions using an embodied process. While Alba Emoting uses the body to access emotion, drama therapy uses various psychodynamic theories to create interventions that meet therapeutic goals.

While there is not much published on the use of drama therapy with actors, drama therapy is natural extension for that population. Since drama therapy is embodied and relational, actors may feel more comfortable than people who have never done drama therapy. Additionally, since actors report feeling increased empathy because of acting (Burgoyne et al., 2016; Neuringer & Willis 1995; Robb & Due, 2017; Robb et al., 2016) they may be able to achieve

empathy and have an easier time taking perspective during drama therapy interventions.

Furthermore, because actors have experience being seen in front of their cast/classmates and an

audience, they may feel more comfortable being vulnerable during a drama therapy group.

Aesthetic distance and de-roling are techniques for creating boundaries and resolving role

confusion. They were devised and are employed in sessions so that clients can work with

difficult subjects in a safe way. Literature and practice involving aesthetic distance and de-roling

already exists and is extensive. Drama therapy can look like a wide range of interventions and

include other modalities such as art, movement, and music. My recommendation for drama

therapy with this population would address both creating distance between role and character, in

addition to de-roling theory and technique.

Before implementation of either intervention, I would suggest exploring a participant's

identity out-of-role and helping create a firm sense of self. The goal for this is to allow the actor

a way to figure out what their true baseline level is. This will help the actor understand when

they have de-roled completely and when the character is sticking or seeping into them.

Following this, actors can bring in their character, and work with it outside of themselves. This

means that they may address their character as if they were sitting across from them in an empty

chair or use projective measures to talk about their role. Additionally, the drama therapist can

enroll as the character and interact with the actor in that way. This would allow the actor to work

on their character, while still maintaining a healthy distance.

To create additional distance, the actor will need to use tools to separate themselves from

their role and pay attention to the differences between themselves and the character. This is

counterintuitive to the techniques mentioned previously in this paper, but would help with the

actor's wellbeing. A drama therapist may help an actor create a mental or literal image for what

the character would look like if they did not have the actor's body or voice. Using projective

techniques with the character may be helpful for externalizing and exploring its relationship with

other characters, and even the actor and the people in their life. Then I would recommend

teaching and practicing de-rolling techniques such as physically unzipping and stepping out of a

character, shaking off their role, repeating self-affirming mantras such as "I am ___ and not

____", or using tapping or light touch to ground and bring them to the here and now.

Research on actors and mental health is slowly growing and needs more energy to

flourish. There is little quantitative research done, which can inhibit the overall discussion and

exploration of this topic. A next step for researchers could be to examine the correlation between

specific acting techniques and the mental health of the actors who were trained in and use that

technique. Researchers could also observe acting training and analyze what they notice about the

acting students, teacher, and the relationship between the two. Making observations in tandem

with pre- and post-surveys of the actors with a production of a play, from initial auditions to final

curtain, in which actors portray trauma or emotionally intense material, could shed light onto the

arc of the actors' mental health throughout a performance. A longitudinal study of one actor, the

various characters they play in their lifetime, and how these characters impact their sense of self

could also be fruitful. This would be particularly interesting with actors who are cast in a wide

range of roles. It would also be fascinating to learn more about actors in anthology-series (i.e.,

American Horror Story, American Crime Story) or actors in a company who play different

characters every season. Learning more about ensemble dynamics in these situations could

benefit the professional acting community. Studies on drama therapy with this population would

help raise public knowledge about the effectiveness of drama therapy and help this population

learn tools that promote positive well-being. A drama therapist could follow a production closely

and work with the cast and crew to develop aesthetic distance and teach de-roling and observe

how it effects the process. I am also curious to see how a drama therapist could work with a director to develop exercises that explore distance as well as improve ensemble cohesion.

In looking back on what I have learned from the literature, I am not surprised that actors report higher rates of mental health difficulties than people in other professions. Acting and acting training were both extremely rewarding and emotionally draining in my experience. I remember feeling like I was the only one experiencing psychological discomfort and exhaustion, but this research shows that other actors also feel this way. One piece I felt was missing from the research was information on ensemble dynamics and how certain plays or roles can influence off-stage relationships. In past roles when my character had a romantic interest, I remember questioning my affection or attraction for the actor playing that role. I am reflecting on times when an actor I had a personal relationship with played a villain or an antagonist opposing the character I play and how that impacted our personal relationship.

While training at the Lee Strasburg institute I was indoctrinated into the method. During the intensive I felt excited and honored to be learning at the same site as many acclaimed actors and directors have. I enjoyed the warm up and relaxation portions greatly and still use some of the activities today. Reflecting on this experience, I am worried by my willingness to go wherever the instructor asked us to go. For our final showcase I performed a monologue in which my character told her mother she no longer needed her in her life. The instructor had me visualize my own mother in the corner of the room and think about all the ways she had emotionally hurt or manipulated me in my lifetime and say some of them out loud, which immediately put me in a vulnerable space. While reciting the monologue, the instructor would shout out the memories I offered and make comments as if he was my mother. The instructor must have been impressed because he made my piece the finale, which fueled my desire to

comply with the instructor's prompts. As an audience member, I am sure the performance was compelling. Unfortunately for me, the exercise made me second-guess the relationship I had with my mother and I asked her not to attend the performance.

The experience I had as an actor and acting student is what brought me to question the relationship between acting theory and mental health. My previous investment in this topic made me curious about how I would process reading literature. For me, this was another layer of learning about what I was reading, reinforcing the theory of art as a way of knowing. In doing these embodiments and allowing myself to feel through the emotions, I was able to more deeply understand what I read and concerns I had. In my first fluid sculpture I felt I was embodying an acting student holding and crumbling under the weight of all that was expected of me; my shoulders and hands are tense while my face is filled with fear. I felt crushed by everything I was carrying and there is a sense of dread in my face. My response to reading the literature on acting techniques was a powerful one. The photos show a painful ripping from my chest and stomach, followed by an audible gasp, which brought my hand to cover my eyes. This motion was the fastest paced of all the responses and the only one with sound. It felt uncomfortable and jarring, my breath became labored and my muscles tightened. I felt blinded by my own actions and simultaneously felt a sense of guilt. The reaction I had to the lack of resources to help actors illustrates both my frustration and dislike for what I found. After bringing the information I found close to my face, I disregarded it. This embodiment taught me that the research I searched hard for was not what I was expecting or hoping for. It illustrates my disappointment and refusal to accept Alba Emoting as the only answer to the problem actors are facing. My final sculpture, based on the drama therapy techniques of aesthetic distance and de-roling, demonstrates de-roling from an uncomfortable position and finally standing in a position of strength and acceptance. While there is a look reluctance on my face in the first three positions, the final pose

brings a sense of calm and ease-something that was not depicted in any of the other sculptures. Gone was any tension in my body or breath and I felt truly comfortable and even hopeful.

These fluid sculptures not only helped reinforce the idea that these techniques and institutions are harmful, but also helped me understand some of the reluctance people may have towards engaging in drama therapy. In the end, de-rolling was the only sculpture that I felt relief and the absence of tension. It also felt like the embodiment of aesthetic distance – I was aware of both my insights on this problem as well as my feelings regarding a potential solution. These fluid sculptures are only brief examples of the embodied differences I felt between each section of literature but were an important component to my analysis. Working from the assumption that there is value in aesthetic and embodied ways of knowing, the release of tension I felt when embodying the drama therapy techniques suggests that there may be importance in practices and research which ask actors to reflect on how their body is reacting to rehearsals, performances, and particular acting and/or drama therapy techniques.

While there may be other techniques being developed to help actors with the problems they are facing, I believe that drama therapy offers an immediate remedy to help solve some of these problems they are currently facing. The tools and techniques drama therapists have in their arsenal can contribute to research and general knowledge on how to help actors maintain their boundaries and ensure their safety during performances despite popular acting techniques that encourage unsafe practices.

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