



## Research Article

## Shifting roles: A new art based creative supervision model



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## ARTICLE INFO

## Article history:

Received 13 October 2016

Accepted 23 April 2017

Available online 2 May 2017

## Keywords:

Supervision  
Drama therapy  
Role

## ABSTRACT

This article presents a new creative supervision model that integrates Landy's theory of roles into arts-based supervision. It defines the arts therapist in terms of theatrical roles, and suggests how best to choose the therapist's role and stance accordingly. This new approach provides the arts therapist and supervisor with another perspective to explore complexities and resistance in therapy, as well as ways to work through them. The model can underpin arts therapy supervision processes in general and the work of drama therapists in particular, and contribute to therapists who combine different art forms. Examples illustrate the implementation of the model, while highlighting the potential of creative supervision. It is argued that creative supervision can increase therapists' awareness, provide valuable supervisory tools, cultivate belief, and prompt inspiration.

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## The importance of arts-based supervision

As a teacher and supervisor of arts therapists, I am aware of the need for special theories to assist professionals in understanding and constructing the therapeutic process from a creative perspective. This perspective is oriented around artistic form rather than content linked to psychological approaches, and stems from the view that arts-based therapy differs from other methods of therapy. It consists of two parallel and interrelated processes: it advances the therapeutic process from a formal-esthetic perspective through creative techniques, as well as from the perspective of narrative-psychological content and insight that are primarily verbal (Berger, 2014, 2015). These two approaches need to be combined in both form and content, to ensure effective, holistic treatment.

Most supervision in Israel is based on observations of issues arising from a psychological perspective that focuses on narrative and its meaning, rather than an artistic perspective. Despite the alternative of using creative and dramatic methods in supervision such as Jennings' EPR or the Mandala method (Jennings, 1999), Landy's role model (Landy, 1999) or Lahad's Myth of the Savior and Creative Supervision approach (Lahad, 1999, 2002), most supervision operates through verbal and cognitive rather than creative means (Berger, 2015). This tendency, which is apparently worldwide and is associated with the growing academic turn in the field, tends to reduce the uniqueness of the arts therapy profession and deprive it of its prime strength (Jones & Dokter, 2009). It departs from the

development of the artist within the therapist in favor of the development of cognitive insight processes and verbal ways of working. It weakens the belief of professionals in their tools and unique language, and distances them from the creative act itself, which is the heart and soul of the profession (Berger, 2014, 2015). Here it is argued that the supervision of arts therapists need to be provided from an arts-based perspective. This type of supervision can strengthen the artist within the therapist, expand their creative toolboxes and give them faith in their tools and inspiration to use them.

The model presented in this article entitled "Shifting Roles" is one of two developed in the course of my work as a supervisor and therapist.<sup>1</sup> Shifting roles relates to the position and role of the therapist and is applicable to all arts therapists and to those integrating the arts, and can be used for the supervision of students as well as professionals and in the supervision of both group and individual work and therapies that incorporate creative work within drama. This new model strengthens both the supervision processes and the development of the internal supervisor and can be seen as a complement to other theoretical approaches to make supervision more effective.

## Shifting roles

The "Shifting Roles" model is based on Landy's Role Theory (Landy, 1999) for drama therapy. It focuses on the meaning and

E-mail address: [ronenbw@gmail.com](mailto:ronenbw@gmail.com)URL: <http://www.naturetherapy.org.il><sup>1</sup> The second model, Talking in a Variety of Creative Languages; Dramatherapy, 2015, Vol. 37, Nos. 2–3, 89–99, <http://dx.doi.org/10.1080/02630672.2016.1207931>

implications of the therapist's role, stance and work, and not on the client. The model associates and organizes existing concepts in a way that integrates and ideates an additional theoretical axis with which the supervisor can appraise the arts therapist's role on issues related to theater roles. The model creates a "role map" that allows the therapist to make a more accurate choice of the role and position suited to the therapy situation, and which will advance it.

### Taking a role— basic assumptions

The concept of role is basic to drama therapy. Robert Landy, one of the pioneers of drama therapy, relates to life as drama and performance. He suggests that people are role players and that they take on and play roles routinely throughout their lives. Landy claims that in the course of life and through role play people experiment with embodying a variety of roles, which they use to create a classification and a set of roles for themselves. Through the interaction of these roles people can define themselves, as well as the array of emotions, thoughts and feelings they have about themselves and those around them. According to Role Theory, the person is a complex of roles which are in constant and confusing interaction among themselves in the person's inner world as well as in interactions with the characters and roles of other people (Landy, 1993, 1996, 1999, 2009). Comparable to the prevailing approach in group work in which the group is a microcosm of life and a laboratory for examining relationships, the characters, and the roles embodied in the relationships among the participants, drama therapy and psychodrama enable the participants to examine these roles via activity and play in a safe drama-play space. This laboratorial, play experiment allows individuals to consider and examine the quality, functionality and meaning of a specific role, and even expand the range of roles they can embody. This process of becoming familiar with, moderating and expanding one's personal repertoire of roles can constitute a therapeutic goal in and of itself, since moderating and expanding it will contribute to a parallel process in the group and in the individual (Fehr, 2003; Rutan & Stone, 2001; Ziv & Baharav, 2001). With reference to role theory developed by Moreno, the father of psychodrama, Landy also claims that these roles are not separate from one another, and are in constant contact. Each role exists as a separate entity within the person and need to dialogue and cooperate. He also posits that every role has a counter-role and that character and background relations exist between them. This counter-role might be a shadow aspect of role or a corresponding (not opposing) role; for example, mother and child. It can also be underdeveloped within the person, and need to be developed and further expressed.

In the Shifting Roles model presented here, when a particular role becomes dominant, another one becomes the background, and vice-versa. This is not a question of a good or bad character, but rather another facet that the person overlooks or ignores. Despite a person's attempt to achieve a balanced set of roles, and in light of the complexity of this relationship, disputes and conflicts between characters are liable to create tension, confusion and anxiety. Because the role patterns and their repertoire are shaped throughout a person's development, moderating and expanding them is not easy.

To help these characters communicate and achieve equilibrium among themselves, Landy defines another character termed the guide. The guide bridges and balances the role and the counter-role, and has a greater ability to observe the situation, the process, and the person. The guide helps individuals integrate and find their authentic path. Work on dialogue and assigning a place to characters expands the repertoire and range of roles, develops their mobility and flexibility and exposes additional facets of the personality. Role Theory's ability to allow opposing characters to engage in

dialogue whether victim and perpetrator, masculine and feminine, mother and child, etc. – can help the individual develop tolerance and empathy towards ambivalence in life, and is of therapeutic value in and of itself (Landy, 1993, 1996, 1999, 2009).

This idea of dialogue and mobility between characters is also present in the concept of the character and its background. It is rooted in the idea of the polarity of the Gestalt, whose conceptual crux is the contacts, dialogue and the connection between the two (Zinker, 1977). This concept is also present the idea of the dominant story and the background story in the narrative approach developed by White and Apstone (McLeod, 2003), as well as in psychodrama (Garcia & Buchanan, 2009). It is also part of all therapeutic methods that recognize a multiplicity of voices, including the initial psychoanalytic debate between the superego and the id, the conscious and the subconscious, the good breast and the bad breast, in Freud and in Klein (McLeod, 2003).

### Conceptual basis

The concept behind the Shifting Roles model is related to Landy's Role Theory but extends it for the purpose of supervision to focus on its implications for the role and stance of the therapist, and not those of the client. It posits that the role of the arts therapist is actually a multi-role, including many characters and roles and counter-roles, each of which has different features, needs and expressions. Some of the characters like to be stage front, whereas others prefer to remain behind the curtains, or perhaps not to enter the theater at all. Some characters/roles never leave the stage and others never set foot on it. As in the theater, sometimes there are conflicts, rivalries and clashes between the characters and their desire to function or cease functioning, to go on stage or to exit. However, to present a complete play, all are needed. Landy contends that flexibility in adopting and exchanging roles can help a person deal with various social functions in life, such as transitions between situations and between roles. He claims that the process of expanding roles and the ability to move between them in a flexible way is a key aim of drama therapy (Landy, 2009).

In order for therapists to work effectively, they need to identify the role that will be most effective for a particular therapeutic intervention. In many cases complications and difficulties arise in therapy when the therapeutic situation requires therapists to take on a role that is not in their repertoire, and/or when the therapist is confused and puts a character on stage that is unsuited to the particular therapeutic situation. This case would be similar to a situation in which, at the theater, a character from one play comes on stage when another play is being performed, or when a character from the first act accidentally goes on stage during the third act. Thus, in many cases in which the therapist has the feeling the therapy was stuck and/or feels there has been an empathic failure, there may be a confusion or an inappropriate embodiment of a role. To deal with this issue, the "role map" below presents the four main types of theatrical roles critical to supervision. In practice there should be mobility and a mixing of roles, since integration and flexibility are basic to the concept, but for the purpose of presenting the theoretical model they are discussed separately.

### The four theater roles

There are four "super roles" embodied by the therapist. They cover the functional roles that define the therapist's stance in relation to the client and the space, as well as qualities and curative elements that the therapist takes on for the client and the process. Thus, the four roles constitute an internal function of the therapist and are an essential part of the therapist's engagement in the

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