This article is an attempt at exploring the possibilities of role-playing as a technique in social work. The role concept in relation to social work is discussed in the introductory part which is followed by a brief description of psychodrama, a form of role-playing which has been developed by J. L. Moreno. In the last part which is the main part, potentialities and possibilities of role-playing as a technique in social work are discussed.

INTRODUCTION: ROLE CONCEPT IN RELATION TO SOCIAL WORK

Social work as a helping process attempts to enhance the social functioning of its clients. Since social functioning cannot be assessed except in relation to performance of social roles, social work practice is actively concerned with the roles and role performance of its clients. Social role can be defined as a pattern of behaviour or mode of behaviour expected of a person in relation to other persons in a social system. The expectations regarding the mode of behaviour will depend upon the social position or status the individual has in the social system. A role in action involves another person or persons who are the role-partners. Hence, we have parent-child, husband-wife, teacher-pupil relationships, carried on as between a role-carrier and his role-partner. That is, carrying a role means having to do with other people in terms of "interactions, transactions or reciprocations". Role leads to role performance and role performance means action involving interactions, transactions or reciprocations among several people. How an individual performs a particular role depends upon a set of factors which can be summarized into four groups:

1. The individual's needs and drives.
2. The individual's physical, emotional and intellectual capacity.
3. The individual's conceptions of the obligations and expectations around a role. (These obligations and expectations are themselves shaped by the culture and tradition of one's society.)
4. The compatibility or incompatibility between the individual's conceptions of obligations and expectations and the conceptions held by his role-partners.

All the problems which clients bring to social work agencies are really problems regarding roles and their performance. There have been some worthwhile attempts to classify these problems. In a recent article, the authors have classified these problems into three categories:

1. Problems related to performance of legitimate and accepted roles;
2. Problematical roles;
3. Problems in the structure of social system that affects the behaviour of individuals. The first category, that is, problems related to performance of roles have been sub-classified into 23 groups. Among these, the most com-

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mon problems which social workers deal with in their practice, are the following:

1. Impairment of role performance because of illness.
2. Incapacity for role-performance.
4. Inadequate role-perception.
5. Inadequate preparation for role-performance.
6. Deficiency in role-performance because of inadequate resources.
7. Intrarole conflict.
8. Interrole conflict.
10. Incompatible roles.
11. Problems in role transition.

These twelve types of problems can be fitted into Helen Perlman's 'D' categories\(^5\) — deficiencies, disturbances or disorders, and discrepancies. • In dealing with these role-problems the social worker uses various techniques, knowledge of which is an important part of the worker's professional equipment. These techniques are dealt with extensively in social work literature and here I want to make only a passing reference to these modes of helping. Demonstration of empathy and concern for the client, building up a warm relationship, modification of environment, providing emotional support, clarification, explanation, stimulating reflective consideration of psychological factors, confrontation, counselling, imparting of information and advice etc. are some of the techniques. It is in addition to, or as an adjunct to some of the above-mentioned techniques that role-playing can be used. The use of the word "adjunct" implies that role-playing cannot be used alone, but it can be used in conjunction with or as a re-inforcer to other techniques. The remaining part of this article is an attempt to find answers to the question as to "where", "when" and "how" and in "what different ways" role-playing can be used.

THE TREATMENT POTENTIALITIES OF ROLE-PLAYING DEVELOPED THROUGH PSYCHODRAMA

J. L. Moreno was one of those who developed and sharpened techniques based on role-playing. Moreno used role-playing in a mode of psychotherapy which he called psychodrama. It is the dramatic enactment in front of an audience of a real or imagined experience from the life of the emotionally disturbed patient who becomes the "protagonist" in the psychodrama scene.\(^6\) The audience consists of other patients, trainees in this mode of treatment and full-fledged therapists. The director who is the chief therapist chooses from the audience "auxiliary egos" who play the roles of the patient's role-partners in the particular event from life which he is acting out. The auxiliary egos present the parts played by the patient's role-partners in the way the patient perceives those portrayals in real life. The auxiliary egos may also represent on the stage the different aspects of the patient's personality. If one or more members of the patient's family also come for treatment as in family therapy, they also are involved as protagonists or auxiliary egos in the psychodramatic scene. After the enactment of the scene, there is a discussion by the whole group about the objective and subjective aspects of the event with the
view of giving the patient better insight about the event. The whole scene can be re-enacted again and again, applying different techniques in order to clarify matters and to teach the patient better emotional responses to life's situations.

The therapist-director is an important person in psychodrama. He should be an experienced therapist, psychoanalytically oriented and well-versed in the study of human behaviour, adequately equipped with therapeutic knowledge and skills, and also trained in the use of psychodrama techniques. Besides, he should have the ability to show empathy and warmth, should possess physical and emotional energy in abundance and an outgoing temperament.

Concepts of spontaneity and creativity as they are developed by Moreno in psychodrama are of relevance in social work. Spontaneity in this context means the ability to respond naturally, genuinely and appropriately to the social situation. Moreno points out that the words spontaneity and responsibility are derived from the common root word. (SPONTaneity and reSPONSibility). Therefore to act spontaneously does not mean, to act impulsively in an undisciplined manner, but it means to act responsibly with a certain degree of wholeheartedness and healthy commitment. When a person is struggling under the impact of emotional problems, it is difficult for him to be spontaneous in this sense. Such a person is helped to be spontaneous through the psychodrama session and thus to develop responsible and wholesome modes of behaviour. The concept of creativity in psychodrama is also a broad one. It is not considered as an ability which is possessed only by those gifted persons who make valuable contributions to society in terms of their scientific, literary, artistic or professional work. On the other hand, creativity may be considered as a phenomenon shared by almost all human beings in different degrees. An artist painting a portrait, a doctor treating a patient, a teacher teaching his pupils, a social worker helping his client, a housewife cooking a meal for the family — all these people may be using creativity in varying degrees in their respective situations, if they invest appropriately a part of themselves in it and derive some gratification out of it. It is the same creativity which an individual uses in handling his emotional problems. So what the therapist in the psychodrama session does, is to set free the patient's spontaneity and creativity. This unleashing begins at the "warm-up" phase of the psychodrama session. The therapist-director who has already studied the patient and his problem through interviews, prepares the patient and the audience for psychodrama in the "warm-up" phase. During this period the director introduces the members of the group to one another, initiates interaction among them, and encourages self-revelation. Then he persuade one of the patients to present his problem on the stage. This patient becomes the protagonist. The director's direction is multi-dimensional — he facilitates on-going movement on the stage, introduces therapeutic pauses, makes comments, asks questions, elicits answers, suggests change of roles, actors and techniques, initiates discussion and so on.

There are various therapeutic techniques which are used on the stage, some of which are briefly described below.

Enacting the role: This is the first and most direct technique. That is, the prota-
gonist is helped to act his own role in the problem situation with the concomitant feeling, thinking, doing aspects of the situation. The main purpose of the technique is to set the psychodramatic session in motion and to provide an opportunity for catharsis for the patient.

**Role-reversal:** The protagonist in the process of enacting his own role is asked at some point or other to imagine himself in the place of his role-partner and thus exchange roles with the auxiliary ego. This enables him to perceive the situation from his role-partner's vantage point. Thus he gets a chance of getting out of his own perceptual-rut and obtain a broader view of the whole situation.

**Double:** An auxiliary ego identifies with the patient on the stage and gives him emotional support. Furthermore, he presents the patient's conflicting and unexpressed feelings. This technique enables the protagonist to perceive different aspects of his own personality and also to accept the co-existence of conflicting and ambivalent feelings within oneself.

**Mirror:** One auxiliary ego, after watching the patient's self-portrayal mimics or reflects the behaviour as was observed by him and others in the audience. This is a technique intended to enable the protagonist to see himself as others see him. This may help him to understand and clarify the discrepancies between perception by the self and perception by others.

**Sharing:** The audience is encouraged to empathise with the protagonist in a non-condemning manner, to identify with him and to relate those aspects of their own experience which are similar or which have some relevance to the type of situation which was enacted. It enables the patient to obtain support and understanding from the audience.

**Future technique:** The patient is encouraged to project himself to a future date and act out an imaginary scene which has sequential relevance to the current scene. This technique enables the protagonist to look beyond the "here and now" to a future situation and to prepare for it.

**Modelling and Role-Training:**

When the protagonist's perceptual span is very limited, he tends to cling on to his inappropriate responses thus perpetuating the problematic situation. To help him to overcome this difficulty, the auxiliary ego enacts possible patterns of appropriate responses to the same situation, and persuades the protagonist to select one of these patterns. This technique enables the protagonist to 'model' himself on what he saw on the stage and thus involve himself actively in role-training.

**Restructuring the situation:** After the patient has enacted his problem-situation with all the dissatisfactions centred around it, he is asked to reportray the situation as he would like it to be, with all the changes he wants in the human and material environment. He is likely to point out the changes he wishes to have in his role partners and overlook the need for changes within himself. By other techniques and discussion it is possible to enhance the protagonist's self-awareness and responsibility towards adequate role-performance.

**THE RELEVANCE OF PSYCHODRAMA TECHNIQUES FOR SOCIAL WORK PRACTICE**

As far as Moreno's psychotherapy is concerned, psychodrama is the major and most important method in the treatment of emotionally ill persons. As I have men--
tioned before, psychodrama does not and cannot have the same place in social work, but it is possible to adapt some of its techniques in social work practice. Social workers are already using elements of these in their day to day encounters with their clients. For instance, when we allow the client to tell us all about his problem situation and help him to ventilate his feelings, it is a kind of "role-enacting" minus some aspects of doing. Don't we sometimes ask the client to view the situation from his role-partner's position? For example in the case of a marital discord where the husband, Mr. A had no appreciation of his wife's efforts for taking care of his four small children ranging in age from 8 years to 6 months, the worker told Mr. A "Well Mr. A, you say your wife is inefficient. You may or may not be right. But imagine yourself for a moment in your wife's shoes, doing all that housework and taking care of you and your kids..." Here the worker was trying to help Mr. A to have an imaginary "role-reversal". When the worker tries verbally to help the client to see himself as others see him it is an aspect of the "mirror" technique. When the worker empathises with the client and sometimes verbalises for him those feelings which he himself is not able to express, the worker is acting as his "double". For instance, when Mrs. K described her son's exasperating behaviour without expressing her feelings of anger, the worker verbalised her feelings for her by saying, "I can understand Mrs. K, how angry you feel towards your son. You would like to spank him hard and silence him for ever; at the same time you feel you can't do it, because your love for him pulls you back." Mrs. K nodded in agreement and asked, "Do other mothers also have sometimes such hateful feelings towards their children?"

"Sharing" is a technique which we use frequently in group sessions with clients. Even in casework interviews when the worker consciously talks about her own personal experience to drive in a point, or when she uses universalization, it is "sharing". As regards the "future technique" it is very much similar to the anticipatory guidance which the social worker gives her client, in order to prepare him to face some future event. Elements of "modelling" and "role training" are evident in the worker-client contacts wherein the worker is required to project an appropriate image as a responsible adult with ability to respond to situations in an adequate and mature manner. To help clients whose social functioning is impaired by inadequacies of personality or emotional blocking, the worker has to be the "role-model" providing for the client possibilities for identification and attitudinal change. For example in the case of Mr. P who had rejected his mentally retarded son and treated him harshly, the worker provided a kind of indirect "role-modelling" by making frequent home visits and by interacting with the retarded boy in a warm and kind manner in front of the father. The worker's ready acceptance of the boy with all his inadequacies gradually helped the father to do the same and thus change his attitude and behaviour. Sometimes it is the worker's acceptance of the client himself which leads to the latter's acceptance of his role-partners. As regards the technique of "restructuring the situation", social workers do a similar activity while trying to give insight to the client regarding his own part in the problem situation.
In the preceding paragraphs some of the similarities between psychodrama techniques and social work techniques have been briefly pointed out. But there is scope for a more direct application of these techniques in social work practice. There can be direct application both in case work and group work situations.

**ROLE-PLAYING IN CASEWORK SITUATIONS**

When casework has been carried out for some time, role-playing can be used as an adjunctive technique, to speed up the process and as a reinforcer to other techniques. Take for example the case of Mrs. L who wanted to see her unrealised ambitions of life fulfilled through her ten-year-old son K. Opportunities for formal education which had been denied to her in her childhood, Mrs. L wanted to provide in full measure, to her son K. But her expectations were too high and unrealistic, with the result that she began to push K towards a level of performance of which he was incapable. K was rather quiet and timid who could not verbalise his angry feelings. Nevertheless, his unfavourable reaction showed itself in the form of aches and pains. The mother, in her over-zealous attempt at goading the boy for academic achievement overlooked the boy's needs for relaxation, play and companionship of other boys. From what seemed to him as an intolerable situation, the boy sought relief by resorting to his symptoms. When Mrs. L was able to get some insight into the situation, with her permission, some of the mother-son situations were enacted by two workers. K's negative feelings which were unexpressed in the reality situation were expressed in the role-playing session. The session was, of course, conducted in a lighter vein in order to prevent Mrs. L becoming defensive. The session turned out to be effective in that it provided an opportunity for the mother to perceive herself as her son saw her. At one moment Mrs. L exclaimed, "Am I so harsh with my boy?" thereby indicating that the point had driven home. The role-playing methods used by the workers were adaptations of "mirror" and "soliloquy" techniques. Later through the application of "restructuring the situation" and "modelling" the mother was role-trained for better interactions with her son.

The "future technique" can be used in situations where the client has to be prepared for a future event like preparing for an interview, meeting someone whom he is afraid to meet, talking to his adopted son about his adoption etc. It is a kind of 'flash forward', which the client attempts with the help of the worker. In the case of an eighteen-year-old leprosy patient who had become clinically negative, his first job interview without any preparation turned out to be very frightening for the boy. He almost decided to give up trying for jobs. Role-playing was tried between the client and his worker. Later there was a role-reversal and discussion. This helped the client tremendously to overcome his sense of failure, to perceive the hidden and obvious aspects of the situation, to develop self-confidence and to resolve to make further efforts for a job.

When children's institutions start case work services for the first time the clients hardly understand the role of the social worker. They develop all kinds of mis-

*The word "soliloquy" is used in the same sense as it is used in any drama. Through soliloquy the actor reveals his thoughts and feelings to the audience.
conceptions and misapprehensions about social workers and their work. Role-playing by the workers is a good method for giving the children a correct orientation regarding social work. In a residential home for destitute children, when casework service was started, there were two kinds of responses from the clients depending upon the age of the child. Clients below the age of twelve responded favourably to the workers and showed no reluctance in coming for interviews. The response of the older clients was just the opposite; they ran away at the sight of the workers and avoided them by all the tricks available to them. When this continued for two or three months, the workers decided to have a combined session with their teenage clients. During the session the workers demonstrated their role in a skit-like scene which was prepared for the specific purpose of giving the clients a correct orientation of social workers. After this, the clients became more approachable and friendly. On later occasions, they themselves presented by means of role-playing their problems of living in the institution. One incident which was enacted by the girls (clients) was a quarrel between one of them and an elderly cook which had ended disastrously in a fist fight, between the two. First, the girl concerned, played her role. Later the other girls enacted the same scene which they had seen as spectators. A lively discussion followed wherein there was a free flow of feelings and much letting-off of steam. Finally the scene was enacted by the girls again, highlighting ways of preventing quarrels from developing into fist fights.

Now going back to the introductory section of this paper and reviewing the list of problems related to social roles and performance of roles, I find that role-playing as an adjunctive technique can be effective in dealing with some of those problems such as, (1) Inadequate role-perception (2) Inadequate preparation for role-performance (3) Intrarole conflict (4) Interrole conflict (5) Problems of role separation; (6) Incompatible roles; (7) Problems in role transition.

For illustration, a few examples may be considered. When a mother experiences a conflict between two aspects of her mothering role, that is, between showing affection to the child and firmly demanding certain norms of behaviour, role-playing techniques can be tried.

Examples of other situations where role-playing can be tried, are given below.

*Problem*  
Incompatibility between the job and mothering tasks of the working woman.

Independence-dependence struggle in adolescents

The problem of behaving like the "business executive" with wife and children

Some difficulties of *old* age

*Category*  
Interrole conflict

Problem of role transition

Problem of role separation

Problem of role transition
There is one factor which has to be made clear—that is, the distinction between the "role" as referred to in the first part of this article and the "role" in role-playing discussed elsewhere. In the first part, the word is used denoting a complex concept with many aspects. But only a few of these aspects are enacted in role-playing.

ROLE-PLAYING IN GROUP SESSIONS

Role-playing has tremendous scope in dealing with groups of mentally ill and emotionally disturbed people, alcoholics, leprosy patients the physically and mentally handicapped and others, to help them manage their problems. While working with alcoholics, role-playing can be used to give them insight about their rationalisations, denials, situations which incite them to restart drinking after abstaining for some time, the misery they cause to their family etc. Almost all the psychodrama techniques are applicable. The "future technique" can be applied in a variety of ways to visualise future situations which will offer irresistible temptations for drinking and to steel the cured alcoholic in his determination not to drink again.

While working with the mentally ill, the techniques can be skillfully modified to suit the different levels of patients. With hospitalized patients who are extremely apathetic, having lost their interest in their surroundings, role-playing should be attempted only in a simple form. To start with, they can be persuaded to enact familiar but emotionally neutral, life situations. This is one way of helping them to regain their touch with reality. When they show improvement they can be led to enacting their problems. In this context I am reminded of an incident which happened in a group situation, of a group of psychiatric patients of a general hospital. One of the patients, a young married woman was very withdrawn and all efforts to make her participate in the group activities of singing and talking were of no avail. She just sat there like a statue. One of the members suggested that the group would like to see how this particular, withdrawn patient would rock her one-year-old baby to sleep. This suggestion acted like an energiser. The patient responded immediately; she sat on the floor and showed vividly and with expression how she would rock and lull her baby to sleep on her lap. After that, she began to relate to the group more meaningfully.

When hospitalized mental patients improve and are ready to be discharged, role-playing sessions can be used to prepare them for their social roles in the community outside the hospital and to substitute more appropriate patterns of behaviour for their previous, disturbed responses. Through these sessions it will be possible to densensitize them against some of the negative attitudes prevailing in the community pertaining to the social stigma of mental illness. It needs a great deal of emotional immunization for the about-to-be-discharged patient not to be affected, when in the community he is greeted with the label "mad man". During a role-playing session held in a mental hospital, the usual taunting remarks and condemning attitudes towards ex-mental patients were sensitively portrayed by the group. The patient enacting the role of the ex-patient immersed himself so well in the situation that one could read in the twitching of his lips and the clenching of his fists the enormous efforts he was making to control his anger towards his tormen-
tors. By re-enacting the same scene by different persons in different forms the patients were getting desensitized to the unpleasant situations they might encounter. It was hoped that the emotional immunity thus obtained might stand them in good stead in real situations. In such cases, follow-up information will be very valuable to confirm the efficacy of this method.

Role-playing is such a viable and adaptable method that it can be used in a variety of situations—in therapy, in classroom teaching, in field work supervision, and such other areas. Some field work supervisors have been using it with good results especially in teaching students whose learning capacity is limited and who experience difficulty in assimilating interviewing techniques. It is also effective in helping students, who, lacking social experience, feel uncomfortable in meeting strangers and making contacts in the community and those who cringe and withdraw in the face of negative responses from people. Further, role-playing can be used to give students the understanding of some administrative problems. Some of the young social work students are impatient of the slow pace at which human attitudes 'change. Being highly critical of the existing conditions of our social welfare institutions, student workers are eager to bring-about changes while doing field work in these institutions. But contrary to their expectations, their efforts only clash with official resistance which plunges the young-workers into states of frustration and hopelessness. Being blinded by anger and frustration, they occasionally fail to see some important reality aspects. In relation to such situations, role-playing by student-workers can be attempted as a learning method by which they can be helped to broaden their perception, to discover new possibilities in a seemingly-hopeless situation and in sharpening their skills as "human relations specialists".

SOME PSYCHODYNAMIC ASPECTS OF ROLE-PLAYING

Aspects of psychodynamics of role-playing as an adjunct to the social work helping process have appeared here and there in the preceding pages. What I would like to do here, is to link them up in a summarized form. Effective use of role-playing techniques initiates a series of connected reactions. It provides opportunities for discharge of strong emotions and also serves to reduce the intensity of destructive emotions. It widens the span of the client's perception and improves self-perception and self-awareness. It helps to desensitize or immunize clients against frightening, unpleasant or otherwise harmful situations, so much so, that such situations can no longer trigger off a chain of destructive interactions as they used to do before. It releases the client's potentials of creativity for use in dealing effectively with his daily problems of living. Lydia Rapoport's definition of and comments on the qualities of creativity are relevant here. She says that to be creative, indicates thought and action which is innovative, which leads to the forging of something new; some of the qualities of creativity mentioned by her are the following:

(1) The urge to bring order out of chaos and the striving for harmony and control.

(2) The presence of a special relationship between the conscious and preconscious aspects of the mind.
(3) Imaginative use of the self.

(4) The ability to permit oneself to become regressed temporarily to achieve order in the perceptual level.

(5) The quality of openness and receptivity to new information and ideas.

It is easy to find that these aspects do apply to the process of role-playing as well. The very purpose of helping the client is to do away with chaos from his life and to bring in harmony. Role-playing techniques bring out a relationship between the preconscious and conscious layers of the mind, also. A great deal of our daily routine consists of activities that are automatized because they have become habitual and do not need our mental concentration for operation. Therefore their driving force comes from the preconscious part of the mind. Some of our defective responses to life situations may also become automatic and repetitive and in their effects, harmful. When role-playing improves perception and self-awareness, and enlarges the repertoire of adequate responses, there is a switching off of automatic responses and a switching on of consciously used adequate responses until the time when these adequate responses also become automatized. This is the relationship that is brought about between the preconscious and conscious and to establish this relationship, an imaginative use of the self is necessary.

To a person who is unfamiliar with the various aspects of human behaviour and the methods social workers use in enhancing social functioning the very idea of role-playing may sound as childish. Perhaps there is an element of "childishness" or rather "childlikeness" which validates the need for temporary regression to the level of the child, that is, to lose all self consciousness and to see himself being portrayed as he is, to express his emotions openly as a child, to make himself teachable like a child. If the client is too rigidly set in his ways and incapable of learning new ways of living, it is difficult to release his learning potential through role-playing. There are other clients who view the role-playing situation as an artificial one where they cannot be natural or spontaneous. In dealing with such clients, therefore, this tool may not be effective. It is up to the social worker to assess the client and the situation as regards the scope of this tool and to use or not to use it, accordingly. To conclude, it can be said that the effectiveness of role-playing as an adjunctive technique depends very much upon the professional competence of the worker.

REFERENCES

ROLE-PLAYING AS A TECHNIQUE IN SOCIAL WORK


9 Ortman, ibid., pp. 204-211.