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Dance/Movement Therapy Techniques for Helping Actors Exit Character and Emotion: A Program Development Project

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DANCE/MOVEMENT THERAPY TECHNIQUES FOR HELPING ACTORS EXIT
CHARACTER AND EMOTION:
A PROGRAM DEVELOPMENT PROJECT

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in

Dance/Movement Therapy & Counseling

Department of Creative Arts Therapies

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Abstract

The embodiment of emotion and character creates emotional dysregulation for many actors, yet few actor training programs teach emotional regulation techniques to help actors intentionally exit character and emotion. The purpose of this program development is to collaborate with others in creating a program that addresses symptoms of emotional dysregulation in populations of actors. The program will do this by providing actors with psychoeducation about the signs of emotional dysregulation and teaching dance/movement therapy skills that actors can use to regulate emotion after the embodiment of character and emotion. The intended result is to decrease the prevalence of disorders that involve emotional dysregulation in populations of actors, which improves actor quality of life and the sustainability of a career in the arts. This program was developed by utilizing the structure of the Delphi Method to gather information from a panel of seven collaborators who hold expertise in the fields of dance/movement therapy, acting, and performance pedagogy. This information was then organized using the theory approach logic model to create a pragmatic program that teaches actors skills to help them exit character and emotion.

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Chapter One: Introduction

As a theatre-maker – which for me includes acting, dancing, and playwriting – I touch the nexus of madness and creativity. When I portray a character’s narrative, I am often embodying intense emotion, extreme circumstances, and human turmoil. This act, wherein the body tells the story of dramatic wins and losses, can be empathic, cathartic, and deeply gratifying. It can also cause profound emotional dysregulation in many actors.

Emotional dysregulation is a term meaning emotional intensity, poor awareness of emotions, negative reactions to emotional experiences, and diminished capacity to self-soothe (Macklem, 2008). Time and again, I have witnessed a pattern in which actors become emotionally dysregulated offstage during times when they are portraying intense emotions onstage.

I first witnessed this challenge of an actor’s work during my education in a BFA Acting program. My best friend became increasingly dysregulated after each acting class in which we were asked to use personal memories to evoke emotion in the performance of a monologue. My friend’s distress became so overwhelming he eventually had to drop out of the acting program. This was a great loss for me, and since then I have been invested in the psychological health of actors.

The technique that was detrimental to my friend is not used in every approach to acting. Some acting techniques encourage the use of personal memory, and others take physical or imaginative approaches to inducing emotion. Seeing the effect that this technique had on my friend, I avoided psychological approaches and focused on physical ways of entering character and emotion. From 2007 through 2016, I trained in Alba Method (formerly Alba Emoting™), which is a physical method of recognizing, inducing, and expressing basic emotions. It is used to

train actors and in therapeutic settings to help clients explore and regulate emotion (Kalawski, 2011). Neuroscientist Susana Bloch created the Alba Method by studying and documenting patterns of breath, muscle engagement, and facial affect that arise when humans feel basic emotions (Bloch, 1993). I had the pleasure of training with Susana Bloch in 2008 and continuing my training with several other master teachers, gaining a Certified Level 3 in the method and the ability to teach it to others.

Alba Method attempts to solve the emotional dysregulation that many actors experience after the embodiment of emotion by teaching a “Step-out” which is a series of movements coordinated with a breathing pattern that is meant to help actors transition out of the physical patterns of emotion that Alba teaches (Baker, 2008). In my two experiences of co-teaching a semester-long Alba Method course at the University of Cincinnati with Rocco Dal Vera, I witnessed that the Step-out was not always effective for students. Several students reported experiencing emotional dysregulation after class. I was confounded that even these purely physical techniques left me, several of my acting students, and many of my professional colleagues emotionally dysregulated.

I began formal research of this issue through an MFA in Interdisciplinary Arts at Goddard College and then continued my research through Columbia College’s Dance/Movement Therapy and Counseling MA program. After ten years of research, I discovered that many actors struggle with emotional dysregulation related to the embodiment of character and emotion, regardless of the technique of acting they use. This is because emotion impacts both the brain and the body. When we feel an emotion, certain hormones are released and heart rate changes (Herrero, Gadea, Rodríguez-Alarcón, Espert, & Salvador, 2010; Levenson, Ekman, & Friesen, 1990). Emotion – even acted emotion – arouses the central nervous system and the autonomic

nervous system (Siegel, 2015; Thomson & Jaque, 2017). Emotions also activate certain regions and neural networks of the brain (Damasio, 1999). Because the brain is designed to be efficient, the more often the brain is activated in a particular way, the more likely it is to be reactivated that way in the future (Siegel, 2015). When actors portray sadness, anger, or fear, all of which are common states in dramatic literature, they are portraying emotional dysregulation. Actors spend many hours in class and rehearsal teaching their brains how to create intense states of emotional dysregulation and these acted emotions create actual stress responses that are more likely to be reactivated in the actor's life both on and offstage (Bloch, 1993; Geer, 1993; Hetzler, 2008). Acted emotion appears to be real for the brain and body.

Witnessing and personally experiencing the dysregulation that can result from the repeated embodiment of emotion and character has made me determined to find healthy ways of engaging in the creative process. An actor's work involves unique stresses for the brain and the body, but I believe if actors are provided with the right tools, they can navigate these stresses in ways that actually enhance their emotional stability. I developed the Offstage Equilibrium program with the intention to create pathways for actors to thrive within the stresses of their work.

Purpose of the Program Development Project

Clinical literature shows that compared with non-actors, actors experience a higher prevalence of disorders that involve emotional dysregulation such as depression (Robb, Due, & Venning, 2016), anxiety (Aaron, 1986; Robb et al., 2016), bi-polar disorder (Jamison, 1997), and dissociative disorders (Thomson & Jaque, 2011; Thomson & Jaque, 2012; Thomson & Jaque, 2017). Emotional dysregulation is not a disorder, but a symptom of several different disorders including dissociative disorders, mood disorders, and anxiety (Cole & Deater-Deckard, 2009).

One effective way to treat emotional dysregulation, and to therefore treat disorders that involve emotional dysregulation, is to teach emotional regulation skills (Linehan, 2015). Emotional regulation is a person's ability to control responses within the self (Siegel, 2015) and manage their emotional state by heightening or decreasing specific feelings (Shafir, 2016).

The purpose of doing this project was to collaborate with others in creating a program that most efficiently and accurately addresses symptoms of emotional dysregulation in populations of actors. The program does this by providing actors with psychoeducation about the signs of emotional dysregulation and teaching emotional regulation skills that actors can use to exit character and emotion. The intended result is to decrease the prevalence of disorders that involve emotional dysregulation in populations of actors, which improves actor quality of life and the sustainability of a career in the arts.

Value of the Program Development Project

While an abundance of literature documents the psycho-emotional challenges of actors, neither the field of theatre nor the field of psychotherapy offers pragmatic ways for actors to navigate these issues. Most actor training programs in universities and independent studios focus on teaching actors how to enter states of emotion and step into character; few acting programs provide training on how to exit states of emotion or how to de-role.

The field of psychology has studied these issues of emotional dysregulation in populations of actors, but these concerns have not been specifically addressed through treatment options. In fact, compared with other types of performing artists such as musicians, dancers, and singers, actors are the least studied group (Thomson & Jaque, 2017). Even the specialized fields of dance/movement therapy, drama therapy, and Playback Theatre have not problem-solved actors' emotional dysregulation challenges, despite the obvious overlap of knowledge and

community. I have discovered that there are few clinical, academic, or professional contexts that educate actors in emotional regulation. This program will fill a gap in all three fields by developing actors' ability to regulate emotion and de-role from character. It will also expand the body of clinical and academic literature about actors through the addition of pragmatic treatment options. This program is currently the only one of its kind to train actors in emotional regulation skills that fit into their creative processes and are aimed at improving health, self-care, and stability offstage.

Contribution of the Program

The focus on emotional regulation sets this program apart from skills that are currently taught to actors. Even though Alba Method's *raison d'être* is to provide actors with safe ways to work with emotion, it only teaches one way of exiting emotion. My interest is to provide actors with multiple ways of exiting emotion. Individuals have unique adaptations in their autonomic and central nervous systems and emotions arouse these systems differently (Thomson & Jaque, 2017); I believe providing actors with options for emotional regulation empowers them to discover what is most effective for them.

Several existing approaches to therapy teach emotional regulation skills through the lenses of cognitive behavioral therapy, dialectical behavioral therapy, and dance/movement therapy; the Offstage Equilibrium differs from these pre-existing approaches, as it is a program that integrates emotional regulation skills into the unique rituals that actors do to enter character and evoke emotion. The skills taught in this program will be offered as an intentional recuperation from the exertion that actors engage onstage, and can be utilized as a way to transition from performing into daily life.

Why the Program Uses Dance/Movement Therapy

Dance/movement therapy (DMT) is a form of psychotherapy that uses movement to increase emotional and cognitive functioning in an individual. It enlists physical processing of thoughts and feelings to promote positive change in cognition and emotion (Bernstein, 1986).

I believe DMT's emphasis on embodiment makes it a good fit for addressing an issue that is connected to actors' embodiment of emotion. The embodiment of dysregulated emotion contributes to actors' offstage dysregulation (Thomson, Keehn, & Gumpel, 2009), and DMT utilizes the embodiment of calm states to facilitate emotional regulation (Shafir, 2016). DMT is often effectively used to foster emotional regulation by shifting the physical patterns connected to states of emotional dysregulation (Corbi, 2005; Harris, 2009; Navarro, 2017; Shafir, 2015; Shafir, 2016).

Many studies cite creative arts therapies as an effective modality for clients who are creative artists. Thomson & Jaque (2016) studied creativity, coping skills, and post-traumatic stress disorder (PTSD) symptoms in dancers and athletes and found that this population utilizes creativity as a successful coping mechanism. This reinforces the findings that artists often use the creative process to improve their health (Bloom, 1997; Culbertson, 1995; Lerner, 2004; Miotto, 2005; Weine, 1996).

Dance/movement therapy is both a creative arts therapy and a body-based modality. An assumption of this program is that the combination of creativity and attention to the body makes dance/movement therapy a particularly good fit for actors whose strengths are based in creativity and whose challenges lie in regulating and staying present in the body.

In the following chapter, I will provide a review of clinical literature that supports the relevance of this thesis, with special emphasis on emotional dysregulation in actors and the phenomenon of boundary blurring between actor and character.

Chapter 2: Literature Review

Emotional Dysregulation in Actors

There are many avenues of research that relate to actors' psycho-emotional challenges. This literature review will focus on issues of emotional dysregulation, a term meaning inappropriate emotional intensity, poor awareness of emotions, negative reactions to emotional experiences, and diminished capacity to self-soothe (Macklem, 2008). Emotional dysregulation occurs when the brain is unable to integrate a shift in emotion, and is therefore unable to modulate the physiological and psychological responses that have arisen (Siegel, 2015). Emotional dysregulation is an underlying symptom of several different disorders that are prevalent amongst actors including dissociative disorders, mood disorders, and anxiety disorders (Cole & Deater-Deckard, 2009). This literature review will also discuss the specific phenomenon of boundary blurring between actor and character, which clinical literature describes as an actor emotionally and behaviorally merging with a character they are playing to the point that it creates emotional distress (Burgoyne, Poulin, & Rearden, 1999). For this reason, the literature review will refer to this phenomenon within the context of emotional dysregulation. This chapter will not discuss issues of self-esteem, eating disorders, perfectionism, shame, addiction, or psychotic disorders in actors, although these are valuable areas of inquiry.

For the purposes of this review, "actor" is defined as any performing artist whose profession is to perform for an audience on stage or screen (English Oxford Living Dictionaries, 2018).

Types of Emotional Dysregulation Found in Actors

Compared with non-actors, single studies have found that actors appear to be more prone to depression (Robb et al., 2016), anxiety (Aaron, 1986; Robb et al., 2016), and bi-polar disorder

(Jamison, 1997). Literature also indicates that many actors experience issues with unresolved mourning (Thomson & Jaque, 2012a, 2012b), fantasy proneness (Panero, Goldstein, Rosenberg, Highes, & Winner, 2016; Thomson, Keehn, & Gumpel, 2009; Thomson & Jaque, 2011; Thomson & Jaque, 2012), and boundary blurring between self and character (Bates, 1987; Burgoyne et al., 1999; Hannah, M.T, Domino, Hanson, & Hannah, W., 1994). Unresolved mourning, fantasy proneness, and boundary blurring are not psychiatric diagnoses, however they do involve emotional dysregulation (Burgoyne et al., 1999; Thomson & Jaque, 2012).

Unresolved mourning is a classification given to a person if they demonstrate certain behaviors during the administration of the Adult Attachment Interview (AAI) (Thomson & Jaque, 2017). If a person shows signs of psychological disorientation, disorganization of narrative, and emotional dysregulation while discussing a past event involving trauma and/or loss, this indicates unresolved mourning (Main, Goldwyn, & Hesse, 2003). Compared to the general population, actors have a higher distribution of unresolved mourning (Thomson & Jaque, 2012a, 2012b) which means they are also more likely to experience PTSD symptoms (Thomson & Jaque, 2017).

Dissociation and fantasy proneness.

Actors appear to have a greater prevalence of dissociation and fantasy proneness than populations of non-actors (Panero et al., 2016; Thomson et al, 2009; Thomson & Jaque, 2011; Thomson & Jaque, 2012). Fantasy proneness and dissociative states are both symptoms of emotional dysregulation (Thomson et al., 2009). Fantasy proneness is a personality trait that involves spending a significant amount of time fantasizing and daydreaming, as well as being able to role-play imaginary situations convincingly (Wilson & Barber, 1983). Fantasy-prone individuals also can experience physical symptoms when imagining an illness (Panero et al.,

2016). Dissociation is a disruption in emotional regulation, and it can manifest as symptoms of amnesia (not remembering something that happened), depersonalization (feeling separate from yourself), or derealization (having a surreal experience of reality) (American Psychiatric Association, 2013). Dissociation can also reinforce greater emotional dysregulation (Farina et al., 2015; Giesbrecht, Geraerts, & Merckelbach, 2007), so dissociation could be considered both a type of emotional dysregulation and a mechanism that increases dysregulation.

Several studies have found dissociation to be more prevalent in performing artists, compared with non-artists (Thomson et al., 2009; Thomson & Jaque, 2011; Thomson & Jaque, 2012). One of these studies (Thomson & Jaque, 2011) compared actors to a control group of non-actors on three psychological categories: type of traumatic events previously experienced, fantasy proneness, and type and frequency of dissociation. This study differentiated between normative dissociation and pathological dissociation. Normative dissociation includes normal daydreaming, imaginative involvement, altered time sense, and trance-like behavior (van der Hart, Nijenhuis, Steele, & Brown, 2004). Pathological dissociation is a maladaptive behavior that causes distress, interrupted consciousness and memory, and disintegration of the self (Carlson, Yates, & Sroufe, 2009). Actors who participated in Thomson and Jaque's research were more likely to experience dissociation than the group of non-actors. Additionally, actors were found to be more prone to vivid fantasy than non-actors. The findings suggest that fantasy is significantly correlated with dissociative depersonalization and that actors may have a higher incidence of a destabilized sense of self (Thomson & Jaque, 2011).

Another study by Thomson and Jaque (2012) compared actors to a control group of non-actors and evaluated participants' capacity for emotional regulation, absorption, fantasy proneness, degree of resolution of past trauma, and attachment status. The study found that

actors seem to be more psychologically self-aware than others, but also more vulnerable to psychological distress. The actors exhibited more symptoms of dissociative depersonalization, compared with the group of non-actors. This suggests that “actors may be more vulnerable to identity destabilization” (Thomson & Jaque, 2012, p. 233). The study also discovered that actors had higher vividness and extensiveness of fantasy proneness, as compared to the group of non-actors. The researchers drew the conclusion that more intense fantasy proneness is correlated with both normative and pathological dissociation, and that actors seem to possess significantly higher fantasy proneness. This may leave actors “more vulnerable to dissociative disorders and to a destabilized sense of self” (Thomson & Jaque, 2012, p. 234).

Thomson, Keehn, and Gumpel (2009) examined dissociation, trauma experiences, fantasy proneness, and affective states in populations of artists and compared the results of artists who compose creative material (writers, designers, choreographers, composers) to the results of artists who embody creative material (directors, actors, opera singers, and dancers). This study found that artists who embody creative material scored significantly higher than artists who compose creative work on total dissociation, absorption/imagination, absorption/changeability, and depersonalization/derealization (Thomson et al., 2009).

Actors appear to have a greater prevalence of dissociation and fantasy proneness than populations of non-actors (Thomson et al., 2009; Thomson & Jaque, 2011; Thomson & Jaque, 2012). These studies do not identify reasons for this trend, however they do describe these results as indicating vulnerabilities in actors’ mental health, particularly related to actors experiencing “identity destabilization” (Thomson & Jaque, 2012, p. 233)

Boundary blurring.

Several studies illuminate the phenomenon of actors merging with the characters they portray (Burgoyne et al., 1999; Bates, 1987; Hannah et al., 1994; Robb et al., 2016; Seton, 2006). Bates uses the word “possession” to describe this type of boundary blurring induced by an actor’s embodiment of a character (Bates, 1987, p. 69), drawing a parallel between the performative work of the actor and the tradition of possession that has been a central part of indigenous ritual for many thousands of years and continues to be practiced on every continent in ritual performances (Laycock, 2015). In indigenous contexts, it is typically an ancestor, a deity, or a nature spirit that possesses a shaman during a ritual (Eliade, 2004). Bates draws a parallel between the embodiment of someone other than the self that both shamans and actors achieve.

Burgoyne et al. (1999) examined this phenomenon through a qualitative study using grounded dimensional analysis, which is a form of grounded theory, in order to administer and analyze a series of interviews with actors on the topic of how acting has impacted their lives. The actors they interviewed who experienced the blurring of boundaries between self and character were utilizing an inside-out approach acting technique that projects the actor’s personal experiences onto the character’s imaginary circumstances in order to evoke emotion in the actor (Burgoyne et al., 1999, p. 160). The inside-out approach intentionally ruptures the boundary between actor and character for the purpose of inducing authentic emotional expression onstage. It is significant that in this study the respondents reported that this blurring between self and character was artistically effective but carried emotionally distressing personal consequences. These actors also reported that they did not know how to manage the experience of boundary blurring when it occurred, and described feeling emotionally out of control (Burgoyne et al., 1999). From this research, Burgoyne et al. (1999) discovered two distinct types of distressing boundary blurring between actor and character: 1) The actor’s personal life bleeds into the

performance, resulting in the actor's loss of control onstage, and 2) the character's personality bleeds into the actor's offstage life, impacting the actor's daily behavior.

Hannah et al. (1994) presents quantitative research on the subject of boundary blurring between actors and the characters they portray. A cast of student actors was assessed with a personality test at four points during the creative process of a show: prior to the first read of the script, midway through the rehearsal period, during the final weekend of performances, and one month after the close of the show. The Adjective Check List assessment tool was used to invite participants to check adjectives that describe their current personalities (Hannah et al., 1994). In order to not encourage certain responses from the actors, this test was administered without disclosing that the study was seeking information about personality changes in actors. The person administering the test told the actors that the purpose of the assessment was to gather information on "what people in other majors are like" (Hannah et al., 1994, p. 280). The experiment found that several personality dimensions fluctuated during the time actors were portraying a character, and that the characters' personalities seemed to impact the domains that changed in the actors' personalities, according to actors' self reports (Hannah et al., 1994).

Robb et al. (2016) describe a different type of boundary blurring between actor and character that resembles symptoms of PTSD. Actors who were interviewed in this study reported feeling "traumatized" by their work onstage, when the script required them to repeatedly embody scenarios of sexual and physical violence, grief, and suicide (Robb et al., 2016, p. 8). Participants of the study described intrusive thoughts and nightmares related to the content of traumatic narratives they had portrayed onstage. The study by Robb et al. posits that this phenomenon may be a type of vicarious trauma. Other articles have referred to the same pattern of symptoms in actors as "post-dramatic stress" (Seton, 2006).

Although there is not a great deal of research on the topic of boundary blurring between actors and the characters they play, it is a phenomenon that has been observed and documented by multiple practitioners in the fields of performance and psychology (Bates, 1987; Burgoyne et al., 1999; Hannah et al., 1994; Robb et al., 2016; Seton, 2006). Each of these articles captures the concerning extent to which this phenomenon undermines actors' emotional stability. Hannah does not interpret the changes in actors' personalities as positive or negative, but Bates, Burgoyne, Robb, and Seton all depict the results of boundary blurring to be various types of emotional dysregulation and distress.

Correlation between Embodiment of Emotion and Emotional Dysregulation

Several studies illuminate a correlation between actor's embodiment of emotion and emotional dysregulation (Baker, 2008; Bates, 1987; Bloch, 1993; Burgoyne et al., 1999; Geer, 1993; Hannah et al., 1994; Hetzler, 2008; Mandell, 2017; Robb et al., 2016; Thomson & Jaque, 2012; Thomson et al., 2009; Seton, 2006). Bloch (1993) and Geer (1993) state that emotions actors embody for a role often linger after rehearsal and performance are complete. Both articles refer to this experience as an emotional hangover (Bloch, 1993; Geer, 1993). Bloch (1993) also found that actors experience emotional hijacking, meaning that inducing an emotion onstage can cause actors to be uncontrollably flooded with that emotion to an extent that they become emotionally dysregulated.

Hetzler (2008) conducted an anonymous survey called *The Actor's Experience* between 2005 and 2007 that was disseminated to over 150 theatres, universities, and individuals and included respondents from the United States, United Kingdom, Ireland, and Canada. A majority of the respondents replied to the survey that the emotions they feel onstage are "real" (Hetzler, 2008, p. 65). Respondents clarified that their onstage emotions arose from the circumstances in

the play (i.e. if someone physically attacks their character, they feel fear and/or anger), so these emotions belonged to the character, yet the actor genuinely felt them. 39.45% of the survey's respondents stated that they still feel the emotions of the scene after they leave the stage.

This finding is echoed in an article by Mandell (2017) featured in *American Theatre* magazine, which is not a clinical study, but rather a compilation of interviews with famous actors and directors. All of the interviews speak to the challenge of actors struggling to regain emotional stability and connection with reality after performing. Several of the interviewed actors report using alcohol in order to recuperate from the emotional exertion of performance. Mandell (2017) also interviewed actress Lupita Nyong'o, who is more recently known for her role as Nakia in the film *Black Panther*, about the stresses of portraying a Liberian teenager who is sex-trafficked in the play *Eclipsed* by Danai Gurira which ran Off-Broadway and on Broadway. The article quotes her: "...this play was very, very, very taxing on my soul, and I couldn't face people afterwards. It took time to build the stamina, and just the stamina for my heart. After the show, I would head home and just keep to myself." She continued, "...God help all my friends and the people in my life, because I don't know when [all that emotion is] going to come out, what's going to trigger [it]" (Mandell, 2017, p. 41).

Mandell (2017) also interviewed directors Erin Mee and Richard Schechner who are both professors at New York University's Tisch School of the Arts. Both Mee and Schechner concur that cooling down is a necessary part of the performance process, but they recognize that actors are not taught these tools. Broadway actor Ben Whishaw, who trained at the prestigious Royal Academy of Dramatic Art in London, reiterates this sentiment, stating that he received a great deal of education in portraying characters and emotions, but received no teachings on how to exit these states (Mandell, 2017).

The studies described in the previous section on boundary blurring all directly link the onstage embodiment of emotion with offstage emotional dysregulation (Bates, 1987; Burgoyne et al., 1999; Hannah et al., 1994; Robb et al., 2016; Seton, 2006). Burgoyne et al. (1999) discovered that many actors experience out of control emotion and personality changes connected to portrayal of a character; Hannah et al. (1994) found that actors exhibit personality changes while rehearsing and performing a role that match the personality of the character they are preparing; Robb et al. (2016) and Seton (2006) document PTSD symptoms in actors following the embodiment of traumatic events for a role. Bates (1987) and Mandell (2017) both document actors' personal testimonies of experiencing emotional dysregulation as a result of emotions and situations they portrayed on stage and screen. Bloch (1993) and Geer (1993) illuminate emotional dysregulation that can occur when actors lose control of emotions they are portraying for a role, and also when these emotions linger after rehearsal and performance are complete. There appears to be a correlation between actors' embodiment of emotion and symptoms of emotional dysregulation.

Emotion as a Physical Experience

There are multiple theories of emotion, and controversy amongst scientists regarding a single definition of emotion (Davidson et al., 2003). According to Siegel (2015), most theories of emotion share a few common ideas: 1) emotion involves cognitive processes (i.e. evaluating the meaning of a situation), 2) emotion involves physical changes (i.e. endocrine, autonomic, cardiovascular, and respiratory changes), 3) these internal processes interact within the individual and the environment in complex ways, 4) these cognitive and physical changes may have some repeated patterns across time and individuals.

Within Siegel's (2015) broad definition of emotion is a more well-known, but also debated, theory that humans experience categorical or basic emotions such as fear, sadness, anger, and joy, and that the physiological responses associated with these emotions have been found universally across cultures (Ellsworth & Scherer, 2003; Ekman & Lama, 2009; Levenson, 2003). In the context of this thesis, I adhere to Siegel's definition with special emphasis on the physical changes that occur during emotions. I also use the term emotion to refer to basic emotions such as fear, sadness, anger, and joy, that actors intend to embody for their work, and acknowledge that these emotions are associated with physiological responses.

Both definitions of emotion indicate that emotion impacts both the brain and the body. Emotion arouses the central nervous system and the autonomic nervous system (Kreibig, 2010; Siegel, 2015; Thomson & Jaque, 2017), and emotions activate similar autonomic and central nervous system responses within individuals and across individuals (Golland, Keissar, & Levit-Binnun, 2014). Emotions such as anger and sadness increase sympathetic autonomic activation (Rochman & Diamond, 2008).

When we feel an emotion, certain hormones are released, specific areas of the brain are activated, and heart rate changes (Herrero, Gadea, Rodríguez-Alarcón, Espert, & Salvador, 2010; Levenson, Ekman, & Friesen, 1990). Emotion also generates significant changes in breathing rhythm (Bloch, 1993; Boiten, Frijda, & Wientjes, 1994; Philippot, Chapelle, & Blairy, 2002); for example, breath rate tends to increase during states of stress and anxiety (Van diest, Bradley, Guerra, Van den Bergh, & Lang, 2009). These changes in breathing rhythm directly impact heart rate and the autonomic nervous system (Russell, Scott, Boggero, Carlson, 2017). Increased breathing frequency negatively impacts heart rate variability and is correlated with continued stress, anxiety, and depression (Lehrer et al., 2010; Lehrer & Gevirtz, 2014; Litchfield, 2003;

Nazarewicz, Verdejo-Garcia, & Giummarra, 2015; Russell et al., 2014; Sargunraj et al., 1996). Fear and anger responses are also correlated with endocrine changes such as the release of the hormones cortisol and adrenaline (Olpin & Hessen, 2013).

Additionally, emotions produce changes in musculoskeletal activation, movement patterns, and posture (Carney, Cuddy, & Yap, 2010; Duclos & Laird, 2001; Koch, 2014; Koch, Fuchs, & Summa, 2014; Shafir, Taylor, Atkinson, Langenecker, & Zubieta, 2013; van Dyck, Maes, Hargreaves, Lesaffre, & Leman, 2013). For example, muscle tension increases during states of fear and anger (Bloch, 1993; Duclos & Laird, 2001; Olpin & Hessen, 2013). Postural slumping has been correlated to feelings of sadness and decreased confidence (Bloch, 1993; Carney, Cuddy, & Yap, 2010; Duclos & Laird, 2001). Postural changes of growing or shrinking in response to a stimulus can reflect feelings of attraction or repulsion (Amighi, Loman, Lewis, & Sossin, 1999). Movement patterns of withdrawal are associated with feelings of fear (Bloch, 1993; Amighi et al., 1999).

Adding to these autonomic, respiratory, cardiovascular, endocrine, and movement changes, emotions activate certain regions and neural networks of the brain (Damasio, 1999). Because the brain is designed to be efficient, the more often the brain is activated a particular way, the more likely it is to be reactivated that way in the future (Siegel, 2015).

When actors portray sadness, anger, and fear, all of which are common states in dramatic literature, they are outwardly portraying emotional dysregulation. Regardless of how actors enter these states, many actors manipulate their breathing by increasing breath frequency or creating irregular breath patterns in order to demonstrate a character's distress (Bloch, 1993). Because increasing breath frequency generates stress-related changes in heart rate and the autonomic nervous system (Lehrer et al., 2010; Lehrer & Gevirtz, 2014; Litchfield, 2003;

Nazarewicz, Verdejo-Garcia, & Giummarra, 2015; Russell et al., 2014; Russell et al., 2017; Sargunraj et al., 1996), it is likely that actors are creating physiological emotional dysregulation in their own bodies by simulating it in character.

Actors spend many hours in class and rehearsal teaching their brains how to create intense states of emotional dysregulation, and according to studies on actors, these acted emotions generate the actual physical and psychological consequences of emotion (Bloch, 1993; Geer, 1993; Hannah et al., 1994; Hetzler; Robb et al., 2016; Seton, 2006). Because the brain repeats neural patterns the more they are activated (Siegel, 2015), these emotions may be more likely to be reactivated in the actor's life both on and offstage, as evidenced by actors' reports (Baker, 2008; Burgoyne et al., 1999; Bates, 1987; Hannah et al., 1994; Mandell, 2017; Robb et al., 2016; Seton, 2006). Acted emotion appears to be real for the brain and body.

Summary

Compared with non-actors, actors appear to be more prone to mental disorders that involve emotional dysregulation. Emotional dysregulation involves physical changes in breath rate, heart rate, and the autonomic and central nervous systems. Whether or not actors utilize personal emotions in the portrayal of a role, the embodiment of emotion through manipulating breath rate can cause the same changes in heart rate and autonomic functioning as a personal emotion would. Causation is impossible to prove with clinical validity, however numerous studies show a correlation between actors' embodiment of emotion for a role and personal experiences of emotional dysregulation (Baker, 2008; Bates, 1987; Bloch, 1993; Burgoyne et al., 1999; Geer, 1993; Hannah et al., 1994; Hetzler, 2008; Robb et al., 2016; Thomson & Jaque, 2012; Thomson et al., 2009; Seton, 2006).

Emotional Regulation Skills as Treatment for Emotional Dysregulation

Broadly, emotional regulation is a person's ability to control responses within the self (Siegel, 2015) and manage their emotional state by heightening or decreasing specific feelings (Shafir, 2016). Beyond this broad definition, emotional regulation is a nuanced and complex process that encompasses much more than the control of internal responses. It includes awareness, understanding, and acceptance of emotions; sometimes it involves impulse control in the service of goal achievement, and other times it includes loosening an over-regulation of impulse and desire (Gratz & Roemer, 2004). At times, emotional regulation requires heightening emotional expressivity, and at other times it necessitates withholding the full expression of our feelings (Thomson & Jaque, 2017). Emotional regulation stretches us to access the opposites of expression and suppression, while tracking internal responses, external environments, and relational circumstances (Bononno, Papa, Lalande, Westphal, & Coifman, 2004).

The terms emotion-regulation and self-regulation are used in the literature as well, with comparable definitions to the above understanding of emotional regulation (Linehan, 2015; Shafir, 2015; Shafir, 2016; Siegel, 2015; Thomson & Jaque, 2017). These sources, and many others, use the terms emotional regulation, emotion-regulation, and self-regulation interchangeably; for the sake of consistency and clarity, I will use the term emotional regulation.

Emotional Regulation Skills

Emotional regulation can be taught through concrete skills building, and these skills are one effective way to treat emotional dysregulation (Linehan, 2015). Berking et al. (2008a) identified that emotional regulation skills are integral to successfully managing a variety of mental illnesses and evaluated the efficacy of teaching nine specific skills in a sample of 289 inpatients before and after the patients experienced cognitive-behavioral therapy (CBT). This study found that replacing parts of standard CBT protocol with emotional regulation skills

training increased the efficacy of the CBT treatment and improved other measures of mental health (Berking et al., 2008a).

Another study tested the efficacy of teaching emotional regulation skills to employees working in an elderly care setting and found that these skills improved the well-being of employees (Buruck, Dörfel, Kugler, & Brom, 2016). With these results, Buruck et al. (2016) end their article by stating that emotional regulation skills are “crucial individual resources” for employees working in stressful work environments, and they advocate for training employees in these skills to improve emotional coping strategies in occupational contexts (p. 489).

The most basic skills related to breath control have been found very effective in the treatment of a broad spectrum of stress-related symptoms and have been found to increase patients’ ability to regulate emotion (Brown, Gerbarg, & Muench, 2013; Sargunraj et al, 1996). In their finding of research related to emotional adjustment, Berking et al. (2008b) report that focusing on emotional regulation skills may be important to preventing and treating mental disorders that impact affect such as mood, anxiety, dissociative, and stress-related disorders.

Emotional Regulation Skills for Actors

Emotional regulation is a particularly important skill for creative artists. Ivcevic and Brackett (2015) found that creative people require greater capacity for emotional regulation in order to support their creativity. This is because emotional regulation facilitates frustration tolerance and allows creative people to generate new ideas even in the face of difficulty during the creative process (Ivcevic & Brackett, 2015). In general, performing artists appear to experience more intense emotionality and some struggle in regulating negative emotions (Thomson & Jaque, 2016b, 2016c). Despite the pattern of actors’ struggles to regulate emotion,

they are also able to effectively use self-control techniques to navigate their emotionality (Sanchez-Ruiz, Perez-Gonzales, & Petrides, 2010).

Given the specific issues that actors have with emotional regulation (Thomson & Jaque, 2016b, 2016c), the capacity that many actors have to learn and utilize self-control skills (Sanchez-Ruiz et al, 2010), and the proven efficacy of teaching emotional regulation skills for emotional dysregulation disorders (Berking et al, 2008a, 2008b; Brown et al., 2013; Buruck et al., 2016; Linehan, 2015; Sargunraj et al, 1996), acquiring skills for emotional regulation may be an effective treatment option for emotional dysregulation amongst actors.

Dance/Movement Therapy, Emotional Regulation, and Actors

Dance/movement therapy (DMT) is a form of psychotherapy that uses movement to increase emotional and cognitive functioning in an individual. It enlists physical processing of thoughts and feelings to promote positive change in cognition and emotion (Bernstein, 1986).

Moods and emotions are embodied states (Golland, Keissar, & Levit-Binnun, 2014; Rochman & Diamond, 2008; van Dyck, Maes, Hargreaves, Lesaffre, & Leman, 2013). Therefore, the embodied approach of DMT is frequently used to effectively foster emotional regulation by shifting the physical patterns that construct dysregulated emotion (Harris, 2009; Navarro, 2017; Shafir, 2015; Shafir, 2016; Shafir, Tsachor, & Welch, 2016).

DMT has multiple, effective techniques for shifting emotional states, including the technique of Effort Modulation. Effort modulation comes from the tradition of Laban Movement Analysis (Laban, 1950/1980). It is a process of identifying the movement qualities present in an individual and intentionally progressing from this combination of movement qualities to a different combination of movement qualities (Corbi, 2005). Because movement qualities are connected to emotional states (Carney et al., 2010; Duclos & Laird, 2001; Koch, 2014; Koch,

Fuchs, & Summa, 2014; Shafir et al., 2013; van Dyck et al., 2013), changing movement qualities is an effective intervention for shifting emotional states (Corbi, 2005; Harris, 2009; Shafir, 2015; Shafir, 2016; Shafir et al., 2016; Shafir, Tsachor, & Welch, 2016).

DMT also has many techniques that are effective in treating dissociation (Jorba-Galdos, 2014; Manford, 2014; Pierce, 2014), a phenomenon that appears to be prevalent amongst actors (Thomson et al., 2009; Thomson & Jaque, 2011; Thomson & Jaque, 2012). DMT may be uniquely equipped to support populations working with dissociation because it focuses on increasing awareness of emotions and the physiological shifts they cause, and being able to regulate these emotional/physical responses (Jorba-Galdos, 2014).

Another strength of DMT is that it contains practical skills that can be taught in therapy and later utilized by clients independently of the therapist. This type of task-oriented coping strategy, which uses a consistent technique to directly address a problem, has been found more effective than coping strategies that only focus on emotional processing (Endler & Parker, 1990; Sears, Urizar, & Evans, 2000). Task-oriented coping skills are also correlated with decreased psychopathology (Myers, Fleming, Lancman, Perrine, and Lancman, 2013).

Additionally, many studies cite creative arts therapies as an effective therapeutic modality for creative artists. A recent article about creativity, coping skills, and PTSD symptoms in dancers and athletes found that this population utilizes creativity as a successful coping mechanism (Thomson & Jaque, 2016). This reinforces the findings that artists often use the creative process to improve their health (Bloom, 1997; Culbertson, 1995; Lerner, 2004; Miotto, 2005; Weine, 1996). Most BFA and MFA actor trainings in the United States focus on expressive movement, so compared to other creative arts therapies, dance/movement therapy capitalizes on movement skills that actors have already mastered in their prior training.

DMT provides effective emotional regulation techniques, teaches task-oriented coping skills, builds upon skills that actors already possess, is a creative arts therapy, and a body-based modality. This combination of creativity, concrete coping strategies, and attention to the body may make DMT a particularly good fit for actors whose strengths are based in creativity and whose challenges lie in regulating and staying present in the body.

Conclusion

The existing literature reveals a prevalence of emotional dysregulation disorders in actors. Several studies show a correlation between actors' embodiment of emotional dysregulation for a role and the incidence of emotional dysregulation in actors' daily lives (Baker, 2008; Bates, 1987; Bloch, 1993; Burgoyne et al., 1999; Geer, 1993; Hannah et al., 1994; Hetzler, 2008; Robb et al., 2016; Thomson & Jaque, 2012; Thomson et al., 2009; Seton, 2006). Several studies cite emotional regulation skills as an important and effective treatment option for the treatment of emotional dysregulation disorders and for improving wellbeing for employees in work settings. DMT is used successfully to teach emotional regulation skills, as it is an embodied approach to therapy and emotions are embodied states. DMT and creative arts therapies have also been used successfully to treat artists because artists have a propensity for utilizing the creative process toward their own healing.

From the review of literature, it is clear there is a need for actors to be taught skills for emotional regulation, yet there are no currently existing programs within the fields of counseling, dance/movement therapy, or theatre pedagogy that effectively teach actors these skills. DMT has many evidence-based techniques that foster emotional regulation skills and may be effective in decreasing the prevalence of emotional dysregulation disorders in actors.

Definitions of Key Terms

Actor. Any performing artist whose profession is to perform for an audience on stage or screen (English Oxford Living Dictionaries, 2018).

Character. A role that an actor plays (Harrison, 1998).

Dance/Movement Therapy (DMT). The “psychotherapeutic use of movement to further the emotional, cognitive, physical, and social integration of the individual” (American Dance Therapy Association, 2016, “What is Dance/Movement Therapy,” para. 1). Dance/movement therapy techniques often use movement as both assessment and intervention (Levy, 2005) and aim to integrate verbal and nonverbal processing (Burton & Ancelin-Schutzenberger, 1977). Based on the holistic notion that cognition, emotion, and the body are interconnected, dance/movement therapy enlists physical processing of thoughts and feelings to promote positive change in cognition and emotion (Bernstein, 1986). Throughout the thesis I use Bernstein’s (1986) definition because, although it is less recent than the definition from the American Dance Therapy Association, I feel it is more explicit in describing the process and rationale behind DMT.

Embodiment. A spontaneous process wherein thoughts and feelings are expressed through sensorimotor processes, and knowledge, image, and memory gain physical, concrete simulations (Aposhyan, 2004; Barsalou, 2008).

Emotion. A shift in the brain’s state of integration (Siegel, 2015). There are many contradictory definitions of emotion, but according to Siegel (2015) most theories agreed that 1) emotion involves cognitive processes (i.e. evaluating the meaning of a situation), 2) emotion involves physical changes (i.e. endocrine, autonomic, cardiovascular, and respiratory changes), 3) these internal processes interact within the individual and the environment in complex ways,

4) these cognitive and physical changes may have some repeated patterns across time and individuals. Within Siegel's (2015) broad definition of emotion is a more well-known, but also debated, theory that humans experience categorical or basic emotions such as fear, sadness, anger, and joy, and that the physiological responses associated with these emotions have been found universally across cultures (Ellsworth & Scherer, 2003; Ekman & Lama, 2009; Levenson, 2003). In the context of this thesis, I adhere to Siegel's definition with special emphasis on the physical changes that occur during emotions. I also acknowledge that actors often intend to embody basic emotions such as fear, sadness, anger, and joy for their work, and that these emotions are associated with physiological responses that have an impact on actors' bodies.

Emotional dysregulation. Emotional intensity, poor awareness of emotions, negative reactions to emotional experiences, and diminished capacity to self-soothe (Macklem, 2008).

Emotional dysregulation disorders. Emotional dysregulation is an underlying symptom of several different disorders including dissociative disorders, mood disorders, and anxiety disorders (Cole & Deater-Deckard, 2009). Throughout this thesis I use the phrase "emotional dysregulation disorders" as an umbrella term that refers to all disorders in the DSM-5 that include emotional dysregulation as a characteristic symptom.

Emotional regulation. A person's ability to control responses within the self (Siegel, 2015) and manage their emotional state by heightening or decreasing specific feelings (Shafir, 2016). It includes the regulation of internal physiological and psychological responses, and it requires the self to modulate both conscious and unconscious processes (Vohs & Baumeister, 2004). Emotional regulation is a nuanced and complex process that includes awareness, understanding, and acceptance of emotions; sometimes it involves impulse control in the service of goal achievement, and other times it includes loosening an over-regulation of impulse and

desire (Gratz & Roemer, 2004). Emotional regulation requires one to access both expression and suppression, while tracking internal responses, external environments, and relational circumstances (Bononno, Papa, Lalande, Westphal, & Coifman, 2004).

Self. According to Jung (1964), the Self is a union of conscious and unconscious processes within a person, and it represents the psyche as a whole. The Self is the total personality and is one's "inner center" (von Franz, 1964, p.169).

Chapter Three: Methods

Approach

The theory approach logic model provided the structure for developing my program. The logic model is a schematic visual depiction of how one intends their program to operate. It charts the planned resources, inputs, and activities involved in the program, and then presupposes the resultant outputs, outcomes, and impact of these actions (W.K. Kellogg Foundation, 1998). Logic models are also helpful because they can cultivate a common vocabulary among stakeholders, support highly participatory learning contexts, document and emphasize very concrete outcomes, and illuminate knowledge about what is effective and why. These features lead to improved design and implementation of a program (Chen, 2005).

This format supported the creation of a program for actors' mental health because it provided both direction and delimitation while allowing me to engage in a creative process with others related to the program's content.

Collaborators

In order to gather information about issues of emotional dysregulation in actors and to problem-solve these challenges with therapeutic techniques, I collaborated with seven individuals who hold expertise in the fields of therapy, acting, and performance pedagogy. Four collaborators have expertise as therapists and three collaborators have expertise as actors and acting teachers. One of the therapist collaborators also has experience as a professional actor. None of the collaborators were close, personal friends of mine; some were strangers to me and others were former colleagues or teachers of mine that I have worked with in the past.

Four collaborators hold masters or doctoral level training and licensures such as LCPC and licensed clinical psychologist, in addition to specializations in dance/movement therapy,

drama therapy, certification in Laban Movement Analysis, emotion-focused therapy, and internal family systems. Three collaborators are professional actors and/or acting teachers who have a special interest in actors' mental and emotional health. One of the acting collaborators is a professional stage combat and intimacy choreographer and has published articles about helping actors embody the reality of a character's trauma in a safe and repeatable way. Two of these collaborators are master teachers of the Alba Method, a physical method of recognizing, inducing, and expressing basic emotions. Alba Method was developed in the 1970s by neuroscientist Susanna Bloch and is used to train actors and in therapeutic settings to help clients explore and regulate emotion (Bloch, 1993). One of these collaborators completed a PhD about the performance of emotion and is a master teacher of the Alba Method as well as a guild-certified Feldenkrais practitioner.

The purpose of my exchange with these collaborators was to gain multiple perspectives on how actors can be trained to exit emotion and character through the use of dance/movement therapy techniques.

Setting

The three-round information gathering process involved one round of interviews followed by two rounds of questionnaires administered by Survey Monkey. In-person interviews occurred in private settings such as studios, rehearsal spaces, and offices, etc. Some collaborators live in different states and other countries, so several of the interviews took place via Skype and FaceTime. No in-person interviews occurred in my home or collaborators' homes. My solo interpretation of the interview content occurred in my home.

Recruitment Procedure

Collaborators were recruited through email invitations. Once the collaborators agreed to participate, they were emailed a copy of the Collaborator Agreement (appendix A), which they signed prior to the first interview. All collaborators were explicitly informed that their role was to provide opinions for the purpose of the program development and that they were not responsible for the creation of program content. They were also informed that I was the primary author of the program and will retain the sole rights to the program.

Information Gathering

I utilized a three-round structure of the Delphi Method (Hsu & Sandford, 2007) in order to gain insight from my collaborators. Round one included individual semi-structured interviews with collaborators. These interviews were audio recorded using Garage Band (2013).

All collaborators were asked questions regarding the two major topics of emotional regulation and effective ways for actors to de-role. Actor and acting teacher collaborators were asked different questions than the therapist collaborators, as their scopes of expertise differed significantly. Follow-up questions varied and were dependent on collaborator responses or related to unique knowledge or training that individual collaborators held. Please see Appendices C and D for Round One questions.

The feedback from this first round was utilized to create a logic model (Appendix B) for the program. The second round of the Delphi Method provided collaborators with this logic model and asked for specific feedback via surveys created on Survey Monkey. The first interview and second round feedback both shaped my creation of content for the program, which is presented in Chapter Four. In the final round of the Delphi Method, I shared four exercises from the program with collaborators for final feedback and member checking (Creswell, 2013) and gained feedback through a final survey via Survey Monkey. I then reviewed this third round

of feedback and made revisions to the exercises based on the collaborators' comments, questions, and suggestions. Throughout this process, I tracked my evolving thoughts on this program through journaling.

Interpretation

Information gained through each round of the Delphi Method was interpreted and integrated into content for the next round of collaboration. The structure of logic model program development (Hsu & Sandford, 2007) guided the organization of disparate and consensual opinions from collaborators.

Ethical Considerations

Primary ethical considerations in this process were ownership of creative/intellectual property, confidentiality, and power dynamics. In order to achieve proper credit as well as anonymity, I asked each collaborator to sign an agreement detailing the structure of the Delphi Method, the expectations of their involvement, and the option for collaborators to choose whether they would like their names listed as contributors. I explicitly stated that they could choose for their names to be listed in my acknowledgements section, but details of what they spoke in feedback sessions would not be identified with their names. This protected any personal information that was shared in the three rounds of collaboration. All information gained in feedback sessions was stored on my personal computer which is password protected in order to further maintain confidentiality of collaborators' contributions.

Collaborator identity is protected within the thesis, as I refer to collaborator feedback not by the individual who said it, but by whether the feedback came from someone in the actor/acting teacher group or the therapist group. The program itself does not reference

collaborators, except in the acknowledgements section of the program where I list collaborator names for the individuals who have chosen this option.

The potential for power dynamics amongst collaborators was minimized by the structure of utilizing individual interviews as opposed to group meetings. The potential for power dynamics between developer and collaborator was significant because I as the developer of the program had complete control over the organization and presentation of information I gathered through my Delphi rounds. I have attempted to reduce this power differential in my control over the information by sharing program content with the collaborators in my final round of information gathering. This provided transparency of how I interpreted and utilized the information they provided in the interviews.

I have decreased the potential for the exploitation of collaborator ideas by stating in the collaborator agreement that the program will not use an exact replica of collaborator ideas that were relayed to me in interviews without their express permission. Most of the program content was of my own creation; I gained permission for the use of anything that is not my own content. Primarily, collaborator feedback was used as inspiration and I synthesized multiple ideas in order to create unique skills and processes. For the few exercises that I did not create, but adapted directly from previously existing work, I credit by name the creators of those exercises. The exercises that I did adapt from previously existing works in fact did not come from my collaborators, but from other professionals in various fields.

The Collaborator Agreement (Appendix A) explicitly discussed agreements of intellectual property belonging to the developer of the program, confidentiality, termination, and a statement of my obligations to the collaborators as the program developer.

Presentation

As this is a program development, the findings of the information gathering were synthesized and presented in the form of a training that teaches actors skills for self-care, emotional regulation, and exiting character. The program is to be implemented by a dance/movement therapist with additional training in acting and/or theatre pedagogy. This curriculum will include an introductory chapter that frames the context of the program and its goals, followed by three modules of psychoeducation and dance/movement therapy skills for actors.

The program is constructed as a training that could be taught in the context of an undergraduate or graduate acting program for students. An experiential training is the method by which student actors will gain these skills because embodied training is a consistently used and highly effective tool in the theatre field; it is the method by which actors learn their craft. The rationale for embedding the program into student actors' university education is that the training actors receive in undergraduate and graduate programs lays the foundation for actors' professional creative processes once they leave school. The purpose of teaching skills that support mental health during an actor's initial training is that healthy habits will be learned and integrated into the actor's lifelong creative process.

Chapter Four: The Program

The Offstage Equilibrium Program

Offstage Equilibrium is a series of three intensive trainings that teach actors skills for exiting character and emotion. The program does this by providing actors with psychoeducation about the physiological impacts of portraying emotion and teaching practical skills that actors can use to bring the body and mind to a calm, stable state after rehearsal and performance. The intended result of the program is to decrease the prevalence of emotional dysregulation disorders in populations of actors, such as anxiety, depression, bipolar disorder, and dissociative disorders. Decreasing the frequency and intensity of these mental health challenges could improve actor quality of life and the sustainability of a career in the arts.

Implementation and Format

The program is constructed for implementation within the context of a BFA or MFA program during the first year of student actors' training at the university or college. Nagel (2009) documents the prevalence of emotional/psychological distress amongst students enrolled in university performing arts programs and emphasizes that performers need emotional support during their training years. Providing these tools for emotional regulation within the first year of an actor's training may help to prevent the distress that many actors experience while enrolled in school.

The program has three modules, Self-Care, Emotional Regulation, and Exiting Character, which are each a weekend intensive. Each module is taught over the course of two, five-hour days and contains ten hours of training. The total program consists of thirty hours of training. The program could also be taught as a semester-long course. Participants receive a printed

workbook of the exercises taught during the modules so they may practice and integrate the skills into their creative processes independently.

Student actors will gain these skills through experiential training that is integrated into their creative practices because an experiential format has been found most effective at changing individual's behaviors and attitudes (Coomarasamy & Khan, 2004). Experiential training is also a consistently used and highly effective tool in the theatre field; it is the method by which actors learn their craft.

Because each module contains several new skills, it is recommended that the intensives be spread over the course of many months so the actors have time to integrate and utilize the information. One format is to offer Module 1 in the Fall of the first year of training, Module 2 during the Winter of the first year, and Module 3 during the Spring of the first year. This would allow students several months to apply the material of each module to their creative processes before moving to the next phase of the program.

The Program's Goals

Following are the projected outcomes of the Offstage Equilibrium program. They are categorized into short, intermediate, and long-term outcomes that were identified during the program development process in collaboration with professional therapists, actors, and acting teachers.

Short term.

Short-term goals are connected to recently learned knowledge and the resultant shifts in awareness, attitudes, skills, motivation, and intention.

- Student actors will be more aware of signs that they need mental health support and will seek help from professional therapists sooner.

- Student actors will have the tools to regulate emotion in safe, healthy ways.
- Student actors will have more options for emotional regulation that do not include the use of alcohol and/or substances.
- Student actors will be equipped to tend to their mental health during the increased stresses of university play production processes.

Intermediate term.

Intermediate-term goals involve action-oriented changes in behavior.

- Student actors will implement skills before and after rehearsals/performances that help them maintain emotional stability.
- Actors will consistently practice self-care skills that decrease the possibilities of burnout, injury, and illness.
- Students will take fewer absences related to stress, fatigue, and emotional distress.
- After graduation, actors will be able to navigate emotionally rigorous roles while sustaining practical and personal responsibilities.
- Actors will utilize their knowledge of emotional dysregulation to coherently communicate about their distress and ask for support from friends, partners, and therapists.
- Actors will be able to set healthy boundaries with other theatre professionals.

Long term.

Long-term goals involve changes in environments, overall well-being, as well as social systems and interactions.

- Actors will be equipped to sustain longer, healthier careers.

- BFA and MFA programs that include this training will be more attractive to prospective students because they are investing in the mental health of their students.
- BFA and MFA programs that include this training will have a higher retention rate of students due to fewer student mental health crises and better class attendance.
- The culture of the professional theatre field can shift to include practices that respect the mental and physical health of actors, as opposed to practices that cause physical or emotional injury.

The Importance of a Trained Facilitator

The Offstage Equilibrium program requires a dance/movement therapist who has additional training in acting or acting pedagogy to implement it. This dual credential is necessary because the program relies heavily on knowledge of Laban Movement Analysis, dance/movement therapy theory, and how these approaches can be used in the context of an actor's work. Although several acting teachers are experienced in Laban Movement Analysis, navigating a student's psychological distress is not within a teacher's scope of practice. Additionally, teachers interacting with students in a therapeutic manner would create a problematic dual relationship.

The program teaches pre-written skills, however, each student will respond differently to the exercises and will discover individualized ways of regulating emotion. Additionally, students may have therapeutic experiences with the material and may require support in the moment to process and integrate the information they gain from the exercises. Only a dance/movement therapist with at least the initial R-DMT licensure has movement assessment

abilities and psychotherapy training to properly respond in the moment to the ways students spontaneously interact with the material of the program.

The dance/movement therapist who implements the program also must have training in acting. Acting training is harder to quantify because there is not licensure for acting expertise as there is for therapists. The qualifications for the facilitator's acting training are either a BFA, BA, or MFA in Acting, or at least one year consistent training in a studio setting. Although a dance/movement therapist who does not have theatre training would have the expertise to help actors learn skills for self-care and emotional regulation, without knowledge of an actor's work, a dance/movement therapist would lack information about how actors could integrate the program's exercises into their creative processes. The integration of acting contexts and emotional regulation skills is the crux of the program; therefore the facilitator of this program must have training in both acting and dance/movement therapy.

Final Remark

Emotional regulation is used broadly in this program to describe a person's ability to control responses within the self (Siegel, 2015). In reality, emotional regulation is a nuanced and complex process that encompasses much more than simply controlling internal responses. It includes awareness, understanding, and acceptance of emotions (Gratz & Roemer, 2004). It sometimes involves impulse control in the service of goal achievement, and other times it includes loosening an over-regulation of impulse and desire. Sometimes it requires heightening emotional expressivity, and sometimes it necessitates withholding the full expression of our feelings (Thomson & Jaque, 2017). This is where emotional regulation departs from being prescriptive and becomes an art unto itself. It is unique to the individual and also to the situation. It stretches us to access the opposites of expression and suppression, while tracking internal

responses, external environments, and relational circumstances (Bononno, Papa, Lalande, Westphal, & Coifman, 2004).

Thus, emotional regulation looks slightly different for each individual. What regulates one person may dysregulate another. What dysregulates most people may be grounding and exhilarating for one. The Offstage Equilibrium program provides written exercises that are effective for many people, but the experiential aspect of the program is necessary to help students discover their unique preferences within the curriculum. Ultimately, the program invites students to create their own relationship with emotions and the regulation of them.

Chapter Five: Discussion

The goal of this program development project was to collaborate with experts in the fields of therapy, acting, and acting pedagogy in creating a program that addresses issues of emotional dysregulation in populations of actors. The program does this by providing actors with psychoeducation about the signs of emotional dysregulation and teaching dance/movement therapy skills that actors can use to regulate emotion after the embodiment of character and emotion. The hope is that, if implemented, this program would decrease the prevalence of emotional dysregulation disorders in populations of actors, which improves actor quality of life and the sustainability of a career in the arts.

Process of Creating the Program with Collaborators

Round one.

The relationship with my collaborators was brief, however it was instrumental in helping me organize my thoughts and create the exercises for the program. For me, the most useful round of the Delphi Method was Round One during which I did individual interviews with each collaborator.

The interviews with collaborators provided me with only a few fully formed ideas for exercises; however, it did help me recognize commonalities and themes that appeared in multiple interviews, which I then prioritized as issues to address in my creation of exercises. For example, six of the seven collaborators stated that it was highly important for actors to be taught how to set boundaries. This is significant because I asked no questions about boundaries or consent, nor did I use the word boundaries in any of these conversations. The six collaborators who made these statements explicitly mentioned that actors must be encouraged to say no to doing roles or activities for their creative work that undermine their mental and physical health.

Additionally, several collaborators recognized the challenges that actors face in being ostracized within their field for setting boundaries. For this reason, I created exercises in the self-care module that allow actors to practice boundary-setting.

Another theme that arose in Round One interviews was self-care. Several collaborators emphasized the importance of actors doing intentional self-care outside of rehearsal and performance times. One collaborator described the lack of self-care and executive functioning skills some of her college acting students have. Originally, I was planning to only focus on emotional regulation and exiting character skills, however these reflections led me to believe that self-care needed to be the first module because it is a skill that needs to be taught and I believe it is a precursor to emotional regulation.

Lastly, several of my collaborators brought my awareness to my own biases around what facilitates emotional regulation. During the interviews, I was operating from assumptions that what helps me regulate emotion is stabilizing for others. Although there are some interventions that are scientifically shown to facilitate emotional regulation, for example slowing breath rate (Berking et al., 2008a; Berking et al., 2008b; Brown et al., 2013; Buruck et al., 2016; Linehan, 2015; Sargunraj et al, 1996), many collaborators reminded me that what regulates a person's emotions is to some extent individualized. This helped me frame the exercises in more open ways, and encouraged me to explicitly state the individual nature of finding practices that are emotionally stabilizing in my psychoeducation for the program.

I was surprised and delighted by the different perspectives that arose from collaborators in different fields. When I asked therapist collaborators the question, "What techniques do you use to help clients self-regulate?" I found that collaborators who had training in DMT named multiple techniques that facilitate emotional regulation; therapist collaborators with theoretical

orientations other than DMT saw emotional regulation as a relational process but did not list many concrete techniques they use to teach it to clients. The collaborators who are currently actors and theatre professionals, Trina Fischer, Rachel Flesher, and Jessica Beck, each brought different expertise within the theatre field. Trina and Jessica are both advanced teachers of Alba Method and Rachel is a stage violence and intimacy choreographer. Jessica is also a practitioner of the Feldenkrais Method. Interestingly, I found that the collaborators who are acting/theatre professionals very much ascribed to the theories of emotion that state there are universal physical patterns associated with basic emotions. I found that DMTs (both my collaborators and other DMTs I have consulted with in the field) are less likely to believe this universal theory and highly emphasize personal and cultural differences in emotional expression. These differences in opinion were notable, considering my program's emphasis on emotion.

Round two.

The second round of interaction with collaborators simply involved me providing collaborators with my logic model for the program (Appendix B) and an online survey to gain feedback about the viability of the logic model. I did not get very much feedback during this round of information gathering. Altogether Rounds One and Three were the most helpful to me in crafting the program.

Round three.

During the final round of the Delphi method, I sent collaborators four exercises from the program and an online survey to help me gain feedback about suggestions for improvement on these exercises. This round helped me streamline my language in the exercises and brought my attention to ways I could simplify directions.

This round also gave me important information about what audiences are able to interact with the exercises by reading them. Collaborators who had training in DMT and collaborators who are working theatre professionals were able to easily read and imagine the exercises; collaborators who were therapists but not DMTs or working theatre professionals had a bigger challenge reading and comprehending how the exercises would look and feel. This reaffirmed my belief that it is necessary for a DMT to implement the program.

Sustaining Program Goals

During the information gathering process of this thesis, collaborators expressed that the long term goals of Offstage Equilibrium may be most achievable if the culture of the BFA and MFA programs that host the modules continue to reinforce the values of the modules throughout the years their students are enrolled. This could look many different ways including professors assigning the practice of Offstage Equilibrium exercises as homework, providing verbal reminders encouraging students to utilize the tools of the program throughout the semester, or verbally identifying moments when students are struggling with something that could be addressed through the Offstage Equilibrium exercises. This requires several professors to be familiar with program content and to support the program, which I as the program creator cannot control. Making actors' mental health a priority of undergraduate and graduate programs would entail a culture shift of these training programs. Although this shift may benefit the field of acting and the sustainability of a career as a performing artist, such a shift is beyond what Offstage Equilibrium can catalyze alone.

Limitations

The first potential limitation is that the program requires a dance/movement therapist who has additional training in acting or acting pedagogy to implement it. This dual credential is

necessary because the program relies heavily on knowledge of Laban Movement Analysis, dance/movement therapy theory, and how these approaches can be used in the context of an actor's work. Although several acting teachers are experienced in Laban Movement Analysis, navigating a student's psychological distress is not within their scope of practice as they do not have training and licensure for this type of intervention, and also because interacting with students in a therapeutic manner would create a problematic dual relationship. A dance/movement therapist who does not have theatre training would have the expertise to help actors learn skills for self-care and emotional regulation; but without knowledge of an actor's work, a DMT would lack some information about how actors could integrate the program's exercises into their creative processes. It is possible that I could train DMTs to implement the program, however I would need to create a separate training for facilitators and I do not have the structure for this created at this time.

Another limitation of the program is that the goals are generalized and do not take into account the status of individual students' mental health at time of the program's implementation. Students with pre-existing traumas, substance abuse, or serious mental illness may not gain as much benefit from the program because they need individualized therapeutic support to manage underlying issues that are separate from the stresses related to acting.

Many factors besides an actor's baseline mental health could impact the effectiveness of the program. An individual's level of maturity, their ability to practice self-care, their financial resources and access to sufficient nutrition, and their interest in applying the exercises in Offstage Equilibrium to their creative process are all factors that determine whether the program is successful in addressing symptoms of emotional dysregulation in individual students.

Ethical Considerations

Language.

In writing the exercises, I struggled to find language that would facilitate actors' experiences with Laban's Efforts, while not too narrowly prescribing and manipulating their explorations. Using images to help people access Motion Factors has been helpful to me as a student and was recommended by one of my collaborators, however it is challenging to find images that work for everyone. In the end, I chose to use images in my Introduction to Laban's Efforts exercise, despite the issues attached to the use of images, because they are helpful in bringing the Efforts alive in my experience.

I also deliberately chose to use the pronoun *they* in the program when referring to an individual. The APA Publication Manual endorses the use of "he or she" when referring to a hypothetical individual (American Psychological Association, 2010), however as a queer person and an advocate for using language that includes individuals who do not identify as male or female, I have created my program to use gender-neutral language throughout. In 2017, the Associated Press Stylebook, which is one of the foremost authorities on grammar in journalism, added "they" as a singular gender-neutral pronoun (Andrews, 2017). Given the cultural shifts around this use of pronouns and the issues of inclusion involved, I feel justified in making a stylistic choice that is not in accordance with the APA Publication Manual.

Omitting deeply therapeutic material.

One issue I originally sought to address in the program was the challenge of actors' personal trauma being triggered by portraying violence onstage. My first draft of the program included an exercise in Module 3 that was a comprehensive way of reprocessing personal trauma and separating an actor's traumatic memories from the actions they are portraying onstage. The purpose of the exercise was to prevent actors from being consistently re-traumatized in

rehearsals and performance by portraying something that paralleled personal traumatic experiences. Although I felt the exercise had the potential to be powerful and effective, I chose to omit it from the program for two reasons: 1) The exercise required the presence of a therapist and I could not guarantee that actors would not do the exercise on their own once they had the printed workbook, and 2) Doing an exercise that involves such intimate disclosure of traumatic material in the context of a school setting with students who are in classes together is ethically problematic.

Knowing the school-based context of my program led me to make the exercises less about therapeutic process and more focused on skills building.

Participation.

The program is built for implementation in a school setting, so it is my belief that participation should be voluntary. Because the program advocates for personal choice and boundary setting, I believe it should extend that choice to actors from the very beginning in the invitation to participate. Also, because some of the work is not therapy but is therapeutic, there could be an ethical issue with grading students on therapeutic participation. If the program were to be implemented as a college course, I advise that the course be recommended but not required, and that the grading criteria not be related to the ways students interact with vulnerable exercises or self-disclosure within the classroom setting.

Cultural Considerations

There are several cultural considerations that impact the relevance and/or effectiveness of the Offstage Equilibrium program. One of the collaborators in this program development has obtained most of her acting training in the United Kingdom and has lived and worked in London for the duration of her professional career. She shared the perspective that issues of boundary

blurring between actor and character as well as the amount of emotional dysregulation resulting from the portrayal of emotion is not as severe amongst actors in the United Kingdom, in her experience. She stated that this could be because the approaches to acting training in the United Kingdom differ significantly from those in the United States. According to this collaborator, trainings she has experienced in London do not use psychological approaches to inducing emotion and she hypothesized that this helps actors to contain character and emotion within the context of the show. She also stated that the culture of acting in the United Kingdom does not romanticize losing oneself to character or emotion in the way that the culture of acting in the United States does. She stated that being able to exit character and emotion easily once the rehearsal or performance is complete is considered a sign that one is a disciplined and competent actor.

It seems like the British culture provides positive reinforcement of an actor's ability to exit emotion and character and that this may have an impact on actors' investment in growing this skill. I have certainly experienced some acting teachers in the United States providing positive reinforcement of actors losing control emotionally and I have seen instances of profound emotional dysregulation used as examples of successful acting. Perhaps the emotional dysregulation that results from the embodiment of emotion and character can be navigated when the culture rewards an actor's ability to regulate emotion as a marker of competence. Perhaps the ways the American culture of acting rewards loss of control as a marker of competence magnifies and reinforces the issue. This would make sense from the perspective of operant conditioning that states if a behavior is continually met with positive reinforcement, this will increase the frequency and magnitude of the behavior (Skinner, 1938).

This collaborator's report that emotional dysregulation is less of an issue amongst actors in the United Kingdom also brought me to wonder about the factors that influence this perception. It is possible that the British culture around expressing emotions in public is different from that in the United States or that admitting to experiencing mental health issues is more stigmatized in the United Kingdom. These cultural differences may also influence this collaborator's perception that actors do not struggle with emotional dysregulation: perhaps actors in the United Kingdom have the same struggles as actors in the United States, but they manage them more privately. Perhaps a lifetime of managing emotions in a certain way that is influenced by British culture inoculates British actors from experiencing emotional dysregulation in the first place. Perhaps by coincidence this collaborator has interacted with actors who have stable mental health, although this may not represent the majority of British actors. Brian Bates' book *The Way of the Actor* describes experiences he had as a psychologist working with actors at the Royal Academy of Dramatic Arts in London, and he dedicates several chapters of his book to describing actors' struggles with boundary blurring between self and character (Bates, 1987). This book may reveal another subset of British actors who do experience the struggles I have noted in this thesis.

During my MFA thesis process I led a research residency in Wroclaw, Poland, the findings of which lead me to believe that emotional dysregulation may be more of a shared issue amongst actors of different trainings and cultures than is publicly evident in communities of British actors. The purpose of the research, which was approved by the Goddard College Institutional Review Board, was to test and further develop techniques actors can use to maintain psychological health. My friend and colleague, Julianna Bloodgood, hosted me to do this

research at The Song of the Goat Theatre where she is a resident company member. The research participants were a group of professional actors from Norway, Poland, Spain, and the UK.

All of the research participants came from different cultures including the UK. They also had different acting training backgrounds, however they all reported experiencing boundary blurring between self and character as well as emotional dysregulation while involved in a show that required them to embody intense emotions (Wolf, 2016). It was these destabilizing experiences that drew them to participate in the research.

My research was only one study with six participants, so this hardly represents a majority of European actors. The differences in perception of whether emotional dysregulation is a shared experience amongst actors from different countries and cultures cannot be reconciled with the available research. Additionally, my research and my collaborator's experiences are based in Western culture; these issues may be different or nonexistent in populations of actors from Asian, African, Indian, Australian, or South American cultures.

Subcultures within the United States

Collaborators brought my attention to subcultures within the United States population of actors that could impact the efficacy of the program. Firstly, there are several differences between actors who mainly work onstage and actors who work in film and television. The creative processes of these performance mediums differ significantly, as do the aesthetics and expectations of casting for these mediums. Because the stresses of acting are slightly different between onstage and on screen actors, it is possible that actors' mental, physical, and emotional health are impacted in different ways depending on the medium they work in most. Because I am an actor who has trained and worked primarily onstage, the Offstage Equilibrium program may be more sensitive toward the needs, experiences, and aesthetics of stage actors. This bias is

evident in the title of the program, which refers to being offstage – not off screen. One question that could be examined in the evaluation of the Offstage Equilibrium program is whether it is equally effective for actors who work on screen and actors who work onstage.

Finally, there is a subculture of actors within the United States that takes pride in losing themselves to the characters they portray and in sustaining the perspective and emotions of the character during daily life. The Offstage Equilibrium program may not be interesting or effective for actors who consider boundary blurring between self and character to be a valuable part of their creative processes. This is one limitation of the program being offered within undergraduate and graduate acting training programs: some universities may make participation required instead of chosen, even for actors who may not be interested in achieving the goals of the program. This is another factor to be considered during the future evaluation of the program.

Evaluation Suggestions

In order for this program to be evaluated in the most objective way, it will be necessary to have an external evaluator design and implement the evaluation. A few suggestions for this evaluation is that it utilize a focus group of students within a first year cohort of acting students in a BFA program. I strongly recommend that the participating students be voluntarily involved in the program, and that the program not be a requirement, for two reasons. First, a major focus of the program is empowering students in setting boundaries and exercising choice within their artistic work. It would therefore be hypocritical of the program to require participation. It is also my belief that experiences are inherently more empowering when they are chosen. Second, students who are voluntarily involved are most likely to be invested in the goals of the program. Some actors may prefer an approach to acting that is antithetical to the program's goals and may not have interest in separating from emotion and character. Participating in the program would

likely be frustrating and unhelpful to someone whose creative process is at odds with the program content. Additionally, it may pose challenges to evaluating the efficacy of the program if participants are not interested in working toward the program's goals.

Prior to the program's implementation, I recommend that the participants' baseline mental health and current stress levels be evaluated through some sort of survey assessment tool. Gathering baseline information is an essential part of evaluating whether a program has created change (Church & Rogers, 2006). Surveys could also be utilized to evaluate participant progress toward program goals at several points during the program's implementation and certainly after they have completed all three modules of the program. It may be worthwhile to survey the students about retention and continued utilization of the program's skills a year or more after the program is complete.

It may be helpful for the evaluator to also meet with faculty who teach and/or direct the students to get more perspectives aside from student self-report on whether the program is making an impact.

Future Ideas

After the Offstage Equilibrium program is implemented and evaluated, future iterations of the program could include more exercises to be added to the current three modules, and the addition of other modules that would address issues of substance abuse, self-esteem, perfectionism, and/or body image, which clinical literature notes as relevant issues in populations of actors. If the demand for the program calls for it, a teacher training could also be developed because the program requires a specific skill set of the practitioner who implements it.

Conclusion

For as long as I have been an actor, I have heard stories of my career's casualties – mental breakdowns, overdoses, relational dissolutions – in the news, in books, in dressing rooms, and amongst whispers at cast parties. These stories were always told with an air of inevitability, as though actors were bound to go mad at some point, and no one knew why, but we all knew how it looked. We rarely wondered *if* we would be negatively impacted by our work; most of us wondered *when* it would happen and if we would make a successful rebound from it.

With science advancing our understanding of emotion and the interconnectedness of mind and body, actors can now be empowered with the knowledge of why we are impacted by embodying emotion for our work. This knowledge demystifies a longstanding shadow in the field of theatre, film, and television. Understanding how to navigate this challenge of the profession can help actors not be swallowed by it.

There is currently a movement toward more humane treatment for actors in Hollywood, New York, and Chicago. I believe the professional acting environments that value the mental and physical health of actors are instigating similar changes in acting training programs. As these changes occur, I believe actors can gain the skills to transform the challenges of the profession into an integrated capacity to both express and contain emotion. My greatest desire is that the Offstage Equilibrium program can support this cultural shift.

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Appendix A. Collaborator Agreement

This agreement is entered into between _____ (Collaborator) and _____ (Developer) on the date of _____ for the project entitled “Dance/Movement Therapy Techniques for Helping Actors Exit Character and Emotion: A Program Development Project,” which is the Developer’s graduate thesis for Columbia College Chicago.

The purpose of the program that Alison Vodnoy Wolf will develop is to provide actors with practical self-regulation techniques that help them exit emotion and character. For the purposes of this program, self-regulation refers to a person’s ability to control physiological and psychological responses within the self, in other words, to self-soothe.

You will be invited to participate in one semi-structured interview in person or via Skype, followed by two rounds of questionnaires via Survey Monkey. Interviews will be audio recorded and transcribed. Your participation in this project is unpaid, will take place between April 10, 2018 and June 1, 2018, and will require no more than two hours of time. It is your role as a Collaborator to provide opinions for the purpose of the program development. You are not responsible for the creation of program content and will have no rights to the program itself.

It is Alison Vodnoy Wolf’s role as the Developer to gather information from a panel of collaborators in the fields of therapy and theatre in order to create her own program. In this process, some of your feedback as a Collaborator may be included in Alison’s final program, and some of it may not be included. Alison Vodnoy Wolf will be the primary author of the program and will retain the sole rights to the program.

Confidentiality

You have the option of remaining anonymous or to have your name listed as a Collaborator in the Acknowledgements section of Alison’s thesis and in the program itself. None of your specific identifying information or responses from interviews or surveys will be revealed

in the thesis in order to protect confidentiality. Please check your preference to remain anonymous or to be listed in the Acknowledgements section of the thesis and program.

I would like to remain anonymous_____

I would like to be acknowledged by name as a Collaborator_____

Termination

You have the option of rescinding your involvement in this project at any time.

Developer's Obligations

As the Developer of the program, Alison Vodnoy Wolf will uphold the following obligations to you as Collaborator:

- I will arrive to scheduled interviews on time.
- I will understand if you must withdraw your participation.
- I will not use an exact replica of your interventions or activities in the program without your express permission.
- I will invite all of your feedback on the program and my interpretations of your responses.

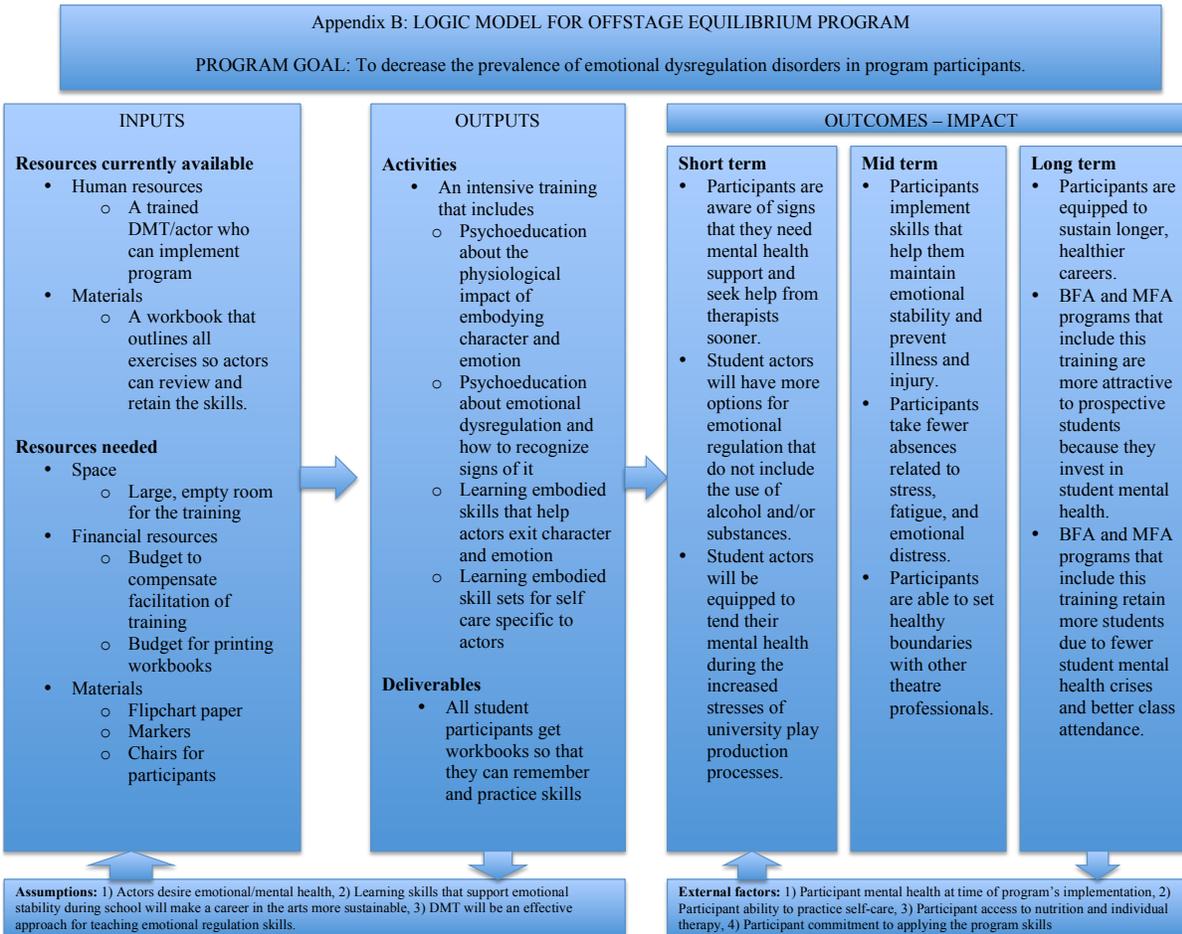
Signature of Collaborator_____

Date_____

Signature of Developer_____

Date_____

Appendix B. Logic Model for Offstage Equilibrium Program



Appendix C. Round 1 Semi-Structured Interview Questions for Actors/Acting Teacher Collaborators

1. What self-regulation coping skills have been most effective for you as an actor?
 - a. Are there ways you titrate your exertion of energy during a long rehearsal or performance?
2. What skills are currently taught in acting programs that help actors navigate emotional dysregulation caused by the embodiment of emotion?
3. What gaps are there in acting training regarding self-regulation?
4. Actors have to cultivate behaviors that clinicians might read as manic or hypomanic, simply because they have to generate and project extreme physical/vocal energy onstage. I have noticed that many actors have a hard time exiting this extreme exertion of energy after rehearsals and performances and remain in a kind of “amped-up” state. What techniques can help actors intentionally come down from the high of performance?
5. Some roles intersect with parts of an actor’s personal, unhealed history. These roles can evoke the actor’s history in ways that are re-traumatizing, as opposed to re-processing. Are there ways to navigate these roles that could help actors intentionally engage with the personal material that they are reminded of, so that this material is healed instead of re-injured?
6. Actors are very skilled at crafting a character and becoming other people; many actors are also very good at taking directors’ notes and behaving in ways that other people dictate. There is little emphasis on helping actors develop a strong sense of *personal* identity. Are there techniques that could help actors develop a strong sense of personal identity so that they know who they are returning to when they exit character?

7. What type of training has been most effective in helping actors exit intense emotion?
 - a. Can you describe this training or technique?
8. What type of training has been most effective in helping actors exit character?
 - a. Can you describe this training or technique?

Appendix D. Round 1 Interview Questions for Therapist Collaborators

Self-Regulation

1. What techniques do you use to help clients self-regulate?
2. How do you work with clients who experience out-of-control emotion?
 - a. Are there physical techniques or verbal prompts you use to help with appropriate expression and containment?
3. Actors have to cultivate behaviors that clinicians might read as manic or hypomanic, simply because they have to generate and project extreme physical/vocal energy onstage. I have noticed that many actors have a hard time exiting this extreme exertion of energy after rehearsals and performances and remain in a kind of “amped-up” state. What techniques can help actors intentionally come down from the high of performance?
4. What do you know about Laban’s Knot Theory and is there a way to use Space Harmony approaches to help actors break the physical cycles that reinforce an emotional state?
5. How would you use the concept of exertion/recuperation to help actors titrate their energy during a long rehearsal or performance?

Exiting Character

1. Have you ever done any role-play as part of therapy and how do you help people de-role?
2. Are there any therapeutic techniques that could be used to help actors establish clear psychological boundaries between self and character, and to fully exit character?
3. Some roles intersect with parts of an actor’s personal, unhealed history. These roles can evoke the actor’s history in ways that are re-traumatizing, as opposed to re-processing. Are there ways to navigate these roles that could help actors intentionally engage with the personal material that they are reminded of, so that this material is healed instead of re-

injured?

4. Actors are very skilled at crafting a character and becoming other people; many actors are also very good at taking directors' notes and behaving in ways that other people dictate.

There is little emphasis on helping actors develop a strong sense of *personal* identity.

Are there techniques that could help actors develop a strong sense of personal identity so that they know who they are returning to when they exit character?