The Arts in Psychotherapy 55 (2017) 158–163

Contents lists available at ScienceDirect

The Arts in Psychotherapy

Research Article

Shifting roles: A new art based creative supervision model

Ronen Berger

The Academic College of Society and the Arts, Israel

ARTICLE INFO

Article history:
Received 13 October 2016
Accepted 23 April 2017
Available online 2 May 2017

Keywords:
Supervision
Drama therapy
Role

ABSTRACT

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

The importance of arts-based supervision

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

Most supervision in Israel is based on observations of issues arising from a psychological perspective that focuses on narrative and its meaning, rather than an artistic perspective. Despite the alternative of using creative and dramatic methods in supervision such as Jenning's EPR or the Mandala method (Jennings, 1999), Landy's role model (Landy, 1999) or Lahad's Myth of the Savior and Creative Supervision approach (Lahad, 1999, 2002), most supervision operates through verbal and cognitive rather than creative means (Berger, 2015). This tendency, which is apparently worldwide and is associated with the growing academic turn in the field, tends to reduce the uniqueness of the arts therapy profession and deprive it of its prime strength (Jones & Dokter, 2009). It departs from the development of the artist within the therapist in favor of the development of cognitive insight processes and verbal ways of working. It weakens the belief of professionals in their tools and unique language, and distances them from the creative act itself, which is the heart and soul of the profession (Berger, 2014, 2015). Here it is argued that the supervision of arts therapists need to be provided from an arts-based perspective. This type of supervision can strengthen the artist within the therapist, expand their creative toolboxes and give them faith in their tools and inspiration to use them.

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

Shifting roles

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

E-mail address: ronenbw@gmail.com
URL: http://www.naturetherapy.org.il.

[1] The second model, T̈alking in a Variety of Creative Languages, Dramatherapy, 2015, Vol. 37, Nos. 2–3, 89–99, http://dx.doi.org/10.1080/02630672.2016.1207931

http://dx.doi.org/10.1016/j.aip.2017.04.010
0197-4556/

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

Taking a role— basic assumptions

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

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

To help these characters communicate and achieve equilibrium among themselves, Landy defines another character termed the guide. The guide bridges and balances the role and the counter-role, and has a greater ability to observe the situation, the process, and the person. The guide helps individuals integrate and find their authentic path. Work on dialogue and assigning a place to characters expands the repertoire and range of roles, develops their mobility and flexibility and exposes additional facets of the personality. Role Theory's ability to allow opposing characters to engage in dialogue whether victim and perpetrator, masculine and feminine, mother and child, etc. – can help the individual develop tolerance and empathy towards ambivalence in life, and is of therapeutic value in and of itself (Landy, 1993, 1996, 1999, 2009).

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

Conceptual basis

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

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

The four theater roles

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

drama. Each role is uniquely significant. They need to merge and match to create a complete arts therapy expressive space.

The audience

This role listens, contains and bears witness to the client and the process. It permits the experience of non-judgmental containment, empathy and acceptance that enables clients to express themselves and present their story and experiences with confidence. In this role it is important for therapists to maintain a certain physical and emotional distance from the scene and from the art/drama that is unfolding so that they can get a broader view. This distance allows them to see the wider setting, the depth of the stage and the relations between the characters and with the environment; i.e., the scenery. This is more of a "being" role, for which a passive, attentive presence is required that involves seeing and containing from a non-judgmental and accepting standpoint. This role is taken on when the client plays a dramatic role, uses materials (draws, sculpts) plays an instrument, dances or writes while the therapist remains outside or on the margins of the play space or in the language of theater, on the other side of the fourth wall, as a member of the audience. From this standpoint the therapist holds part of the potential play space for the client, while witnessing the client and the process.

Actor. This role enables the therapist to create a meaningful dialogue in a symbolic language with and for the client. It allows the therapist-actor to work with and for the clients while the clients can observe the scene (and themselves) from other perspectives, by playing the roles themselves or from a more distant standpoint, for instance when watching the play as the audience. This role can be taken on when the therapist chooses to make a therapeutic intervention such as reflecting, echoing, confrontation from within the play space and through the character, and by playing a role him or herself. For example, this can be the case when clients let the therapist embody a particular role, such as a fairy or a witch and the therapist agrees and plays it for them, or with the clients. Here the therapeutic interaction takes place within the fantasy-dramatic space, by the playing of roles between the therapist and the client (or the clients and the therapist) as in Johnson's developmental transformation method (Johnson, 2009), based on improvised dramatic acting in which the client acts with the therapist. Another option for working within the role of actor is when the client remains in the position of the audience while the therapist becomes a character in the dramatic space and presents the scene and/or the story to the client. Playback Theater and its use in therapy is based along similar lines, where the therapist and/or the actors present the client/narrator with their story while giving their interpretation and perspective (Lubrani-Rolnik, 2009). In most cases the playback is performed by members of the group; namely, players who present (replay) the storyteller's story. These principles can be applied in individual therapy as well, where the therapist presents the story or elements of the story to the client. The actor's role can also be used in cases where the therapist models and shows-explains-teaches to the client by means of an artistic-dramatic presentation of the exercise/technique/character.

Although it is easy to see how the role of the actor is applied to drama therapy, it can also be used in all forms of arts therapy; for instance, when the therapists draw, sculpt, play instruments, write or dance with their clients, or when they play, sing, dance or draw a picture while the clients observe and listen. In this role the therapist takes a more active, dynamic stance than in a role as the audience. Therapists need to be sure that they are assuming a character that is matched in form and quality to the particular therapeutic situation, and that they are not using role-play, creativity and/or the stage in a way that is not suitable to their role as a therapist. They also need to be aware of inappropriate processing or expression of their own (unconscious) feelings and needs, including their need for creative expression and/or for a stage. Particular attention must be paid to identification processes and their implications, otherwise a situation is likely to arise in which therapists assume a character they are not comfortable with, and in fact need to assume a different role, or act in a different way. At the same time, therapists must allow themselves to act authentically, be influenced by and be connected to their identification processes, so that their acting is credible and touches the client. Here therapists are required to develop the ability to act and to observe simultaneously during their acting, to examine and to confirm that their acting is adapted to and advances the therapeutic situation, the client and the process.

Director

This role enables the therapist to construct and organize the creative space in which the process of exploration and transformation of the client in a symbolic-artistic language takes place. As in the role of audience, in this role the director is located outside the play space and on the other side of the fourth wall (but close to it). He or she does not play or embody characters in the story, but rather gives the clients-participants directorial instructions that they can use to express, present and examine the subjects they brought to the therapy in a removed and esthetic way. In the role of director the therapist chooses to direct the process through instructions for executing a particular creative action (in drama, movement, drawing, playing an instrument, etc.), by giving staging instructions and sometimes instructions for designing the stage as well. Here too, the performance of this role can be seen as the work of the drama therapist, but it can also be seen in the work of all types of arts therapists. For instance, this can involve giving instructions for choosing the size, color and type of paper or instructions for the type of material to be used in creative visual art. The same applies when the therapist gives instructions for using a musical instrument, say at a particular rhythm, or refers to a particular text or dance/movement.

The director role combines the two previous roles and alternates between an active and a passive role, from "being" to "doing". Here too, one needs to be careful not to controls the process, since the client's own staging of the play of his/her life has enhancement as well as therapeutic-transformative value (Doron-Harari, 2014; Lubrani-Rolnik, 2009). Clearly the therapist-director must use his or her own creative images and ideas because they can help clients to express themselves in a symbolic way and create an opening for expanding the perspective and the meaning that they attach to the story and the experience.

Roles behind the curtain

This type of role may appear be less important or less respectable than other roles. Nevertheless, it is essential, for without it the play cannot take place and neither can arts-based therapy. Behind-the-curtain roles create a framework for important issues such as maintaining the therapeutic setting, caring for and attending to minor needs and details (for instance, ensuring the right type, quality and quantity of artistic materials). They provide the foundation for therapy and the basis for creating a safe experience, visibility, continuity and order. They are essential for the enactment of therapy and are an integral part of the role of the arts therapist. Roles behind the curtain can include secondary roles such as: producer, house father/mother and usher (takes care of purchasing and arranging the required art materials), cleaning the studio, the lighting, cushions for seating, accessories, and so forth. The Marketing and public relations person takes care of recruitment and ensuring the participants attend the group. This applies to all groups and for groups that operate privately, particularly when the therapist recruits the participants. The Usher takes the money, sees to setting

a budget for the therapy program, and in the case of a private group also the payment schedules and charging the participants. Because this role requires skills, some of which are technical-managerial, care needs to be taken to ensure that in practice they uphold therapy standards such empathy, containment and visibility.

Vigilance in choosing the role, consistency and flexibility personifying it

In order for the therapeutic intervention to enable clients to undergo a significant developmental process, the therapist should choose only one stance and role, in accordance with the situation and the type of intervention demanded by the situation. By being consistent and clear in the execution of the role, the therapist will aid the client in understanding what is happening and the rules of the game. It will help clients orientate properly during their contact time, define a clear character, develop and expand it, its identity and its role in the social world. Because this is a case of a shared journey in which one character develops, challenges and expands the other character, the repertoire of roles embodied by the therapist should ideally also develop, expand and change in accordance with the expansion process of the client's characters. The significance of this process lies in the fact that the therapist allows her or himself to move and change location and role during the stages of the process, by moving between roles of audience, actor and director, sometimes even in a behind-the-curtain role. The process and the movement are subtle. The movement and transition between roles is essential for the development of the drama therapy process, in conjunction with the expansion and deepening of the roles. By contrast, uncoordinated movement and shifts are liable to lead to confusion, uncertainty and even abandonment, violation the therapeutic contract and/or empathic failure.

Examples – implementing the model in supervision

To illustrate the implementation of the model in supervision and how the supervisor and the therapist (supervisee) can decide what role is suited to embodying a particular situation, and then choose the role s/he needs to take on, a few examples are provided below. The examples show what can happen in cases when the therapist chooses to remain in an unsuitable role and the effect this can have on the process. They demonstrate the use of the model in supervision as well as what can be learned from it in therapy. All examples are taken from supervision delivered privately and in art therapy training programs and supervision courses.

An unsuitable choice of a functional role

This example relates to supervision of a therapist who was working with a group of adults and felt she was "stuck". She said that during the therapy sessions she remained in the role of audience and used only verbal language. She said that the group experienced her as "being stuck,ẗo the point that they revolted and threatened to stop coming. She added that members of the group claimed they chose to come to drama therapy in which acting and drama were central, but in practice discovered that most of the group work was conducted by verbally and from a psychological perspective. According to them the process was stuck and the therapist was doing nothing to get it moving. This situation arose because the group experienced repetitions of the same dynamic and roles without their being able to expand or change it. The therapist remained in the audience role and allowed the situation to stagnate despite the mounting frustration. As a result, the group asked the therapist to take a more active role, since doing so would help them break free, expand the dynamic and the repertoire of roles embodied in it. In terms of the concepts discussed above, the group asked the therapist to move into the role of director or the role of actor, and to attempt to channel the process in other directions through one of these roles. During the supervision it became clear that the therapist felt insecure about taking on the role of director or the role of actor and therefore remained in the role of audience. Thus a vicious circle was created in which by remaining in the role of the audience the therapist confirmed that the group was stuck.

The supervision examined the supervisee/therapist's difficulty to take on the role of director and/or actor and revealed that it originated in painful childhood experiences connected to her difficulty in taking her rightful place of center stage as a little girl in her family, in nursery school and at school, but also her lack of experience in the fields of acting and directing. Once the source of the difficulty was pinpointed, work was done exclusively on this issue in supervision. At this stage the supervision focused on providing tools and developing the supervisee's capabilities as director and actor, as well as boosting her self-confidence and willingness to claim space. The supervision sessions involved role play, constructing and achieving dramatic scenes around relevant images from the supervisee's childhood. In the course of the role play the difficulty of being center stage arose, as well as the difficulty of asking and/or fighting for the right to be the center of attention. Through role play it became possible for the supervisee to deal with these issues and with the unfinished business they involved, all the while developing and expanding her repertoire of roles. The fact that she could see the therapist working with her in supervision from the standpoint of an actor while participating in the role play with her, as well as taking the director position, giving stage instructions while understanding the scene "from the outside,c̈onstituted a type of modelling that gave her tools and made her aware of the potential of using these ideas and techniques in therapy.

This is an example of the way supervision integrated with the arts provided the supervisee with practical tools for continuing her creative work, and also, no less importantly, gave her inspiration and faith in the language of arts-based therapy. By looking at the group processes and similar dynamics that existed between her and the group, she acquired a better grasp of why the group was stuck and was able to focus on ways to advance it. Since the supervisee preferred to work with an existing text and in a way that was comprehensible (and not improvised), a text from George Orwell's Animal Farm was selected as a framework for the ongoing work with the group. The therapist now used dramatic tools and moved between the roles of audience and director. Because it became apparent that a considerable part of the difficulty in the group was linked to a hidden agenda about place and role, and to concealed aggression that existed in it, it was decided that the therapist would give the participants roles defined in the play (book), with occasional exchanges. It was also decided, at least during warm-up, to use masks to help the participants get into the character and express taboo components in a freer, more distanced way. This choice was designed to make it possible to deepen the exploration and expansion of characters. At the same time, the exchange of roles changed the dynamic and reinforced the group process. Because the therapist did not feel comfortable working in the role as actor or engaging in a physical-symbolic interaction with the participants at this stage because she feared excessive closeness and the threat to her position, it was decided to work from the position of director, with the possibility of expanding it to the role of actor in the future. It is important to note that given the limits of supervision, it was suggested that the supervisee should participate in a class of Playback Theater or other forms of theater to expand her acting and directing skills. She was also referred to the literature on theater and directing, that includes ideas for playing roles that she could use, as well as simple directorial ideas and techniques.

This example illustrates how the Shifting Roles model can be used in supervision relating to group work issues. It also shows how observation of the group process and, in parallel, the therapist's work, can be used not only to understand the therapeutic situation and the reason for being stuck, but also to give the therapist inspiration and creative tools for continuing work with the group. It is important to note that unsuitable choices of a functional role can take place in any form of art therapy and not only in forms that use drama. For example, a therapist can refuse to drawing or play music with a client despite requests from the client to do so (and stay in the audience position) and thus miss an opportunity to join and work with the client within the dramatic reality. Therapists may also refuse to give the client artistic guidance (in art therapy for example), such as providing a specific kind of paint or technique (refusing the role of the director) and thus miss out on the quality of such a directive intervention in symbolic language because he or she remains outside the dramatic reality.

Choosing an unsuitable quality within the chosen role

In each of the four theater roles available to the therapist, mistakes can be made in the choice of standpoint the therapist adopts and/or the way it is adopted. This is not a case of a wrong choice of the role itself, but rather the way it is personified and its quality. Most mistakes tend to occur in choices made in the position of actor. Although it is important to note that in the role of director, with the authority and the power that this role confers, mistakes can occur, as well as in the role of behind the curtains. Inaccuracies in personifying the role of actor can be connected to processes of over-identification when the therapist enters the dramatic role. Situations like this, in which the therapist personifies a character in a way that does not correspond to the therapeutic situation, are liable to delay or impede the development of the dramatic scene in a direction that will enhance the therapeutic process. In certain cases, it may even lead to being stuck and may cause an empathic failure or regression.

These cases can stem, for example, from the fact that the therapist believes that she is not allowed to play a "bad" character, and needs to play only good or enriching characters. Some therapists think that playing bad, aggressive or cruel characters is immoral or unethical. The refusal of the therapist to take on the role assigned to her, or in the way the client needs or requests, can occur because of an over-identification experience with the client or with the character the therapist asks the client to personify. This can cause the client to feel emotionally overwhelmed, leading to discomfort when personifying it. The client's avoidance of personifying this role is liable to stop him or her from expressing troubling issues (including taboo subjects) thus preventing him or her from expressing and processing them. This restraint can prevent clients from dealing with unfinished business and makes it more difficult for them to find a different possible and more enhancing ending. In addition, it can send clients a negative message or one critical of their experience, which may also not be supportive of therapy. It is liable to prevent the client from creating a dialogue between oppositional aspects, such as the victim and the aggressor, the good and the bad, which in many cases is the most highly needed process for creating integration, breakthroughs and a resolution of the conflict taking place in the client's story and life. Thus, the identification of an essential process like this, in which the therapist does not agree to take on and personify a role given by the client, or does not agree to play the role at a suitable standard, is crucial to explore in supervision.

An example of a case like this comes from supervision of a drama therapist who was working with a young boy who had suffered abuse. In the supervision she described a situation in which the boy asked her again and again to play the role of the cruel aggressor, which involved creeping up on him quietly while he was sleeping and to carrying out his evil intent violently. Despite her repeated explanations that games like this were not permitted, the boy continued asking her to play the part. When she finally agreed to this role play, she acted the aggressor too delicately and considerately, in a way that annoyed and frustrated the boy. Although the boy repeatedly asked the therapist to act violently, she did not agree or succeed. After a number of meetings like this, the level of the boy's cooperation in the therapy dropped and he later expressed dissatisfaction with coming to therapy, claiming that it was boring.

In supervision, it emerged that the supervisee-therapist had experienced sexual abuse by a family member as a child. She felt uncomfortably close to the story, was flooded with feelings and also felt guilty and immoral about dealing with them in therapy with the young boy, particularly in the role of the violent perpetrator. Once the parallel process taking place as well as the supervisee's need to protect herself was understood, the subject was dealt with using more detached methods and not with concrete role play as the boy had requested. Acting with lesser characters gave her a greater sense of security and control, which was, at this stage, more supportive. The supervision first consisted of making characters from a story related to her life which were placed in a puppet theater. For the next supervision meeting, the supervisee-therapist brought a dollhouse that she had kept from childhood, and it served as a stage for this play. It turned out that the choice of a dollhouse reflected her experience as a puppet in the house she grew up in. This also explained her difficulty in agreeing to taking on roles that various clients gave her generally and, in particular, to accept stage instructions from them, a situation she also experienced in other therapies, and not only in the case of this boy. This creative process helped to understand the issues hindering the therapist in her work with the boy and the transference taking place. Based on the work in supervision a similar intervention with the boy was devised. However, unlike the supervisee, the boy chose to create the characters as animals in play dough and put them in a zoo. His choice of animals was connected to the sounds and the physicality he remembered from the dreadful events he had experienced. It also connected to the experience of visitors to the zoo who hear but do not understand the animals' language. The distanced drama work achieved through role play with the therapist allowed the boy to tell his story while trying out a range of roles and practicing various ways to respond, all while maintaining a sufficient degree of separation and distance that allowed the therapist to feel secure. After a short time the boy regained interest in therapy and attended regularly. However, it is important to stress that it is not appropriate in every case of a traumatic experience based on an assault for the therapist to take on the role of perpetrator. In many cases, it is more appropriate to remain in a position that signifies a safe place, and operate within it. Otherwise, there might be reactivation of the trauma and a crisis of trust. Cases such as this must be considered carefully and dealt with cautiously.

The Shifting Roles model in conjunction with supervision allowed the supervisee-therapist to consider and understand the therapeutic situation and certain parallel processes within it. In addition supervision through the model provided her with creative tools and helped her to construct the rest of the therapy using them. However, an inappropriate choice of the manner and quality of the embodiment of the character of the therapist-actor can also occur in the opposite way from the one presented in this example. This can occur when the therapist plays the role given to her in too extreme a way for the client's frame of mind such as when she personifies the character of the aggressor too cruelly or too aggressively. Cases like this can create a situation of over-proximity to the subject, which can cause fright, abstention or withdrawal (or, alternatively, a hostile response) on the part of the client. Although

it is likely that the therapists' reasons for their inappropriate choice are similar (over-identification, a set of beliefs about what is "good therapy,ëtc.) their direct and indirect effects on their choices in the field can be different; hence, every case needs to be examined individually.

Inappropriate choices of ways and qualities of embodying a role are also related to playing the roles of director and audience. The role of director can be embodied in a way that is too controlling, thereby withholding important differentiation and independence processes from the group or client. Alternatively it can be embodied in a way that is too anemic and fluid, which does not give the group or client the feeling of having sufficient momentum for creating a sense of safety. The role of the audience can be played inappropriately, for instance as an audience that is too critical and castrating or a mute audience that does not transmit an adequate sense of visibility and echoing. The role of behind the curtains can also be played in an inappropriate way, for example, when the therapist does not look after her clients' creative work sufficiently well, or if the presentation of the materials is either not organized or skimpy. These factors can initiate processes such as reduced motivation in the therapy, empathic failure and even a crisis of faith.

Thus overall, situations of choosing an unsuitable quality within the chosen role can take place in any artistic medium and not only in drama. For example, in music therapy a therapist can play a suitable melody but too loudly or too fast and make clients feel that the therapist is not with them or the therapist can play or sing too well or accurately in a way that might cause clients to retreat or feel inferior.

Discussion and conclusion

This article presented the Shifting Roles model which is aimed at assisting arts-based supervision processes. It gives supervisors an art based perspective to explore group and individual art based therapy. It can be used while supervising students and professionals over the course of their development and also for self-supervision via personal reflection. This article presented the theoretical framework for the model and highlighted its possible implementations via examples. It showed the value of providing supervision with creative tools and perspectives, and the way in which this type of supervision contributes not only to the development of awareness and understanding of processes, but also shows the therapist-supervisee possible ways of implementing this way of thinking and these tools in therapy. The very fact of integrating creative experimentation and the use of artistic tools in supervision enables therapists-supervisees to experience the therapeutic power of the art itself, thus expanding their belief in the tool and inspiring them. Thus arts-based thinking and techniques can be integrated into psychological perspectives and the art-as-therapy approach can exist in combination with and in parallel to other psychological approaches.

Clearly, the issues of the characters are relevant both to the work of the individual and to the group therapist. However, because in a group the participants embody many characters, with a variety of features and needs and with a wide range of creative languages, the work of the group therapist is likely to be more complicated than that of a one-to-one therapist. It is likely that the former will have to find within herself and give expression to a wider range of characters, including the need to arrange and choose who will take the stage and when, as well as find the common denominator of creative language in the whole group and to work within it. Working cooperatively with another facilitator has many advantages, as well as complications. The development of the roles and the flexible transition and integration between them takes time and this can be part of the aim and process of supervision.

References

Berger, R. (2014). Know the place you are coming from—An Introduction. In R. Berger (Ed.), *The arts–The heart of therapy* (pp. 19–32). Kiryat Byalik: Ach Publications (Hebrew).

Berger, R. (2015). Back to ritual. In V. Buchanan (Ed.), *Art therapy: Programs, uses and benefits* (pp. 51–66). New York: Nova Pub.

Doron-Harari, M. (2014). Autobiography Theater as a model in Drama Therapy. In R. Berger (Ed.), *The Arts–The heart of therapy* (pp. 159–191). Kiryat Byalik: Ach Publications (Hebrew).

Fehr, S. (2003). *Introduction to group therapy*. New York: Haworth Press.

Garcia, A., & Buchanan, D. R. (2009). Psychodrama. In D. Johnson, & R. Emunah (Eds.), *Current approaches in drama therapy* (pp. 393–419). Springfield, ILL: Charles C. Thomas.

Jennings, S. (1999). Theater based supervision–A supervisory model for multidisciplinary supervisees. In Tselikas-Portmann (Ed.), *Supervision and drama therapy* (pp. 62–79). London: JKP.

Johnson, D. (2009). Developmental transformations: towards the body as presence. In D. Johnson, & R. Emunah (Eds.), *Current approaches in drama therapy* (pp. 89–116). Springfield ILL: Charles C. Thomas.

Jones, P., & Dokter, D. (2009). *Supervision of drama therapy*. London: Routledge.

Lahad, M. (1999). Supervision of crisis intervention teams – The myth of the savior. In Tselikas-Portmann (Ed.), *Supervision and drama therapy* (pp. 136–154). London: JKP.

Lahad, M. (2002). *Creative supervision*. London: Jessica Kingsley Publishers.

Landy, R. (1993). *Persona and performance: The meaning of Role in drama, therapy, and everyday life*. New York: The Guilford Press.

Landy, R. (1996). *Essays in drama therapy: The double life*. London: Jessica Kingsley.

Landy, R. (1999). Role model of drama therapy supervision. In E. Tselikas-Portmann (Ed.), *Supervision and drama therapy* (pp. 1–16). London: Jessica Kingsley.

Landy, R. (2009). Role theory and the Role method of drama therapy. In D. Johnson, & R. Emunah (Eds.), *Current approaches in drama therapy* (pp. 65–88). Springfield ILL: Charles C. Thomas.

Lubrani-Rolnik, N. (2009). *Life in a story—Playback theatre and the art of improvisation*. Tel Aviv. Kibbutz Publications.

McLeod, J. (2003). *An introduction to counselling*. Buckingham: Open University.

Rutan, S., & Stone, W. (2001). *Psychodynamic group psychotherapy*. New York: Guilford Press.

Zinker, J. (1977). *Creative process in Gestalt therapy*. New York: Brunner.

Ziv, Y., & Baharav, Y. (2001). *A group journey—A guide to the group facilitator*. Tel Aviv: Gal Publication [Hebrew]