Combination of actor's play training and assertiveness program to reduce difficulties in self-affirmation: A preliminary study.

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BACKGROUND

PROGRAM'S DEVELOPMENT

Many patients suffering from assertiveness issues often join theatrical troupe or improvisation group to deal with their difficulties. Thus, we were interested by the psychological processes involved in the actor's play training. A psychologist and an actress worked collectively to develop a program combining knowledge of classical assertiveness programs, including role-playing, and actor's play tennique. Actor's play enables patients to play the role of someone else, to not identify themselves with their characters and to develop their social creativity. Moreover, being someone else during actor's play training sessions makes emotions acceptance easier and enables patients to focus on social tasks as mindfulness does. In other words, actor's play training allows mindfulness foractice. The objective of actor's play training is that patients firstly transpose what their had learned in role-playing sessions in their daily life.

Our objective was to assess the efficacy of this new psychotherapeutic procedure in a preliminary study with the hypothesis that patients will improve on different independent

METHOD A

<u>Subjects</u>
20 participants (12 women and 8 men; age: M = 37.6, SD = 8.75) suffering from difficulties in assertiveness were included in this training program.

Study design and assessment procedure
Participants were assessed before (T0) and after the training program (T1) with the same self-assessment

Training program

This program consists of 10 sessions lasting three hours. These sessions were organised in five units focussed on the same topic: each unit comprised two sessions, the first animated by an actress and the second animated by a psychologist. Topics are presented in figure 1.

- Ouestionnaires

 Social Self-Efficacy Questionnaire (SSEQ) (Hautekèete, Dauxert, Delevallez & Servant, 2005)

 Assertiveness: Self-Affirmation Scale (Rathus, 1973)

 Assertiveness: Self-Affirmation Scale (Cungi, Bouvard & Rey, 1998)

 Self-Esteem scale (Rosenberg, 1965)

 Communication Scale (Cungi, Bouvard & Rey, 1998)

 State-Traft Anxiety Inventory (STAI) (Spielberger, 1983)

 Beck Depression Inventory (BDI) (Beck et al., 1961)

Statistical analysis Repeated ANOVA measures and effect sizes analysis were conducted.

Figure 1. Presentation of five units of the training program. icipants work on sensorial memory and use simultaneously their body, their imaginati Participants observe deeply their movements and become aware of their non-verbal Participants learn to use behaviours that they don't usually use , such as their partner's

RESULTS

In accordance with our hypothesis, participants scores improved after training program. Statistically significant improvements appeared for each measured variables, except for the Communication Scale (Table 1). The higher effect sizes emerged for the BDI, the Social Self-Efficacy Questionnaire, STAI-A and Cungi, Bouvard and Rey Self-Affirmation

| Questionnaires | N | T0 M (SD) | T1 M (SD) | F | η² |
|---|---|-----------------|----------------|---------|------|
| Social Self-Efficacy Questionnaire | | 472,29 (107,11) | 583,43 (93,69) | 16,41** | |
| Self-Affirmation Scale (Rathus) | | 121,10 (24,55) | | 11,80** | 0,38 |
| Self-Affirmation Scale (Cungi, Bouvard & Rey) | | 52,10 (17,42) | | 13,79** | 0,42 |
| Self-Esteem Scale | | 23,65 (7,34) | 26,65 (6,71) | 5,21* | |
| Communication Scale | | 47,80 (13,84) | 52,95 (13,30) | | |
| STAI-A | | 50,18 (14,23) | 38,24 (14,99) | | 0,43 |
| STAI-B | | 55,50 (10,70) | | 8,18* | |
| | | 18,35 (9,28) | 10,00 (8,56) | 53,36** | 0,74 |

DISCUSSION

Statistically significant improvements appeared on behavioural, cognitive and affective symptoms which support the idea that this new psychotherapeutic program is effective. Most important changes appeared for social self-efficacy feeling, assertiveness abilities and self-esteem. Moreover, depression and anxiety's scores decreased suggesting that participants' general state has improved. Nevertheless, participants didn't reach scores obtained by control groups in studies using the same questionnaires.

In conclusion, the combination of actor's play training and classical assertiveness program helps people suffering from assertiveness issues. In other words, our results confirm that the practice of mindfulness through actor's play training helps people with social difficulties as Schmertz et al. (2012) showed it already. Notwithstanding, we can't state on the specific actor's play's effect as we don't have a control group using only classical assertiveness program. Future research should replicate this protocol using a control group to overcome our study's limitation.