



## Abstract

The systemic idea of learning by doing is a basis for the role-playing. The role-playing is related to the forming of the therapist's repertoire and way of conducting therapeutic session. The contributions of the role-playing influence the development of the student as a therapist. With the role-playing, students can get practice to improve skills, self-awareness, get supervision and feedback. Role-playing shows the student's style of conducting therapy. The dynamic in the group influences personal experience and efficacy of the role-playing.

**Keywords:** Role-Playing, therapeutic session, personal development, therapeutic relationship

The Systemic idea of "learning by doing" is a basis for the role-playing of different therapeutic systems and constellations. According to C. Burck and D. Gwyn (2010) it is shown that in systemic training and therapy, it is possible to clearly see and investigate the process at work from diverse angles. These observations can influence the development and building of psychotherapists' identities. Using role-playing allows prospective therapists to experience the challenge of putting interventions into practice, rehearsing their own style and trying out new ways of thinking. By rehearsing the therapeutic situations in the role of the therapist, the client or the observer, the student can empathize with the different perspectives and broaden their repertoire of therapeutic tools. Therefore the study of how role-playing experience influences a potential therapist's way of thinking and conducting therapy is very important in Systemic Family Psychotherapy.

### 1. Role-Playing as a Technique

Originally role-playing was developed for psychotherapy by Jacob L. Moreno, called "psychodrama". Moreno was a Viennese psychiatrist who worked with mentally disturbed patients. The main purpose of psychodrama was research and understanding the patients' life

by using role-playing and spontaneous dramatization.

Later on role-playing was used in different communities like schools, institutions by different specialists. Through role-playing human beings are able to think, feel and act at the same time. Role-playing can provide such opportunity to experience new feelings by acting new roles and further change the way of thinking. Therefore this rehearsal is a necessary part of training, for understanding oneself in different situations or understanding different people trying on their roles. Moreover, after role-playing the participants get feedbacks with a suggestion to do something differently. This "creates the motivation to inquire and to experiment with new behaviors" (Jossey-Bass, 1998, p.63).

According to Jossey-Bass's publication (1998) the main point of advantage in using techniques such as role-playing is to "carry out" a thought or decision. It shows that there is a difference between thinking and doing. Role-playing allows to practice, gives opportunity to train personal skills in order to reach good human relations. Role-playing changes one's attitude. It makes people aware of the other's feelings and to be more sensitive. It permits to discover "personal faults". By role-playing a person can learn how to control emotions and

feelings. Role-playing shows not only how to act in different situations, but also gives information why people may act as they do.

Role-playing is one of the techniques of experimental learning. Experimental learning means learning by doing. The main purpose of the experimental learning is to feel and to think at the same time. Feeling the role is the same as trying on new characters and understanding what it means "to be in someone's shoes". Moreover, Jossey-Bass's publication (1998) supported the idea that role-playing gives the members an opportunity to try and practice new patterns of behavior in a safe environment. It means that participants can improve their skills and experience listening, asking questions, finding solutions, communication, taking a risk and sharing information without hurting or being hurt, that means in a safe environment.

According to Jossey-Bass (1998) there are three categories of role-playing:

- demonstrations or modeling,
- multiple role-playing,
- spontaneous role-playing.

Demonstrations or modeling is a process where two people are performing the therapist and client and others observe and give their comments and suggestions after play. After getting feedbacks from the observers, the role-playing can be repeated with consideration of the feedbacks.

Multiple role-playing is when pairs or small subgroups perform role-playing and after coming back to the big group they discuss and share their experience. This category of the role-playing is very comfortable for big groups, because it can include every member in the group to participate and act in the performance.

Spontaneous role-playing is the last category, which shows a certain case or situation, which is not clear, or when there is a disagreement about a certain technique, whether it will be useful and necessary or not. So, in such cases role-playing is demonstrated in front of the group in order to get the picture of the situation.

With new participants it's important to allow them to get used to each other and get to know each other. Otherwise the participants feel shy and unprotected entering a role-playing. That's why they usually don't want to act in front of other people in the beginning. Moreover, in order to get successful role-playing it's important to have strict discipline during the process, time arrangement and instruction.

## **2. Role-Playing in Family Therapy**

One of the pioneers of Systemic Family Psychotherapy, Salvador Minuchin (1981) introduced role-playing into psychotherapy as a necessary part of the treatment. Minuchin (1981) compares a person with a dance. He describes in his book that people are dancing their life, but when they come to the therapist, they stop dancing. Instead of dancing people try to describe, explain, comment and analyze their life. Moreover, clients can control what they are presenting by selecting what is better and what is not. It's similar to interrupting the music in order to understand it. But it is not possible to hear what it is about listening it with interruption. Minuchin (1981) suggested dancing the life during therapeutic session instead of talking about it. He believes that during therapy session, experiencing life situation, "family members interact with each other, transacting some of the problems that they consider dysfunctional and negotiating disagreements" (Minuchin, 1981,p.78).

This technique was called “Enactment” and it was developed by Minuchin (1981) to allow the members of the family to act certain life situations during the session by experiencing real situation instead of talking about it. “Family members enact a transaction, the usual rules that control their behavior take over with an affective intensity similar to that manifested in their routine transactions at home” (Minuchin, 1981,p.80).

In Enactment, the therapist creates a scenario of the situation with “dysfunctional transactions” among members of the family in order to observe verbal and non-verbal signals sending to each other and develop “tolerable transactions”. The therapist can regulate transactions, making them longer or more intensive.

Enactment is a dance in three movements. In the first movement the therapist observes the family’s transactions and defines dysfunctional areas. In the second movement the therapist creates scenarios of their dysfunctional transaction, where the members of the family have to perform it in therapist’s presence. And in the third movement the therapist suggests alternative ways of transacting to the same dysfunctional area.

Enactment provides certain therapeutic advantages. It produces engagements between therapist and family. Enactment clarifies what the core of the problem is. Because of Enactment therapist can have a chance to get a picture of the family rules and atmosphere. Enactment can be a field for experimenting and playing certain situations and trying to change and act it in different variations.

According to Minuchin (1981) Enactment should become a therapist’s spontaneous way of being for getting clear picture of the situation.

Another contribution of using role-playing, made by Virginia Satir, was Family Drama. In Family Drama the family members are supposed to act out the situation from their family life. Sculpting, pantomime was used in drama in order to show vulnerable or conflict situations from their life. The situation can be acted twice. The first time to show the main picture of the family relationship and the second time to show what sculpting person would like to be. The goal of this technique is achieving new perspectives, understanding of the situation in the family and developing new coping skills for using it in “dysfunctional” situations (Rasheed, 2011).

In Family Drama, Virginia Satir used a technique called Family Sculpture. While using this technique it’s possible to see the nature of the relationship in the family. The members of the family sculpt or design their relationship with each other by using bodily posture, gestures, facial expression, distance and closeness to each other (Rasheed, 2011). By this technique it’s portrayed family dynamics and processes. It is the way to see of communication, relationship patterns, family roles and rules. The main character does the sculpting in that way he wants, and can also give verbal instructions. The sculpting can be rearranged too. If the first sculpting was to portray of his family relationship, so the second sculpting can be to portray the relationship he would like to have. Moreover, the sculpture can be rearranged by other members of the family in the way, how they perceive or the instructor can contribute his vision of the family.

### **3. Development as a Psychotherapist**

The role-playing has it’s own influence to the therapeutic trainings in order to develop as a psychotherapist.

According to Orlinsky “psychotherapy is basically a set of specific and specifiable procedures, like interventions, techniques that can be taught, learned and applied” (2008, p.4). Treatment of the psychological disorders should be effective. In the therapy a therapist is perceived not only as an individual, but also as a specific “set of manualized treatment skills”. Therefore therapist is expected to be trained and have experience to be able to offer certain treatment.

In order to see the therapist’s growth Orlinsky and Ronnestad (Duncan, 2011) developed the model to define the therapist’s development, which is called Healing Involvement. Healing Involvement is therapist’s experience of being personally engaged, interacting with empathy, being useful, effective and dealing constructively with problems (Duncan, 2011).

Healing Involvement was identified by three sources: cumulative career development, theoretical breadth and currently experienced growth. Cumulative career development is improvement in clinical skills, techniques, increasing mastery and experience. Theoretical breadth is the ability to understand the clients from different contexts and being flexible in therapy. The most important influence of Healing Involvement is currently experienced growth. Currently experienced growth is ongoing experience of growing. It is being aware of growing in the moment of being in certain experience.

Role-playing can be used in all three points of Healing Involvement, which shows the influence of the role-playing to the therapist’s development. According to cumulative career development, role-playing can be used as a tool for learning new techniques and skills. By using role-playing in the point of theoretical breadth, it’s possible to see what is the real cause of symptoms and complaints hidden by defensive behavior. By finding solutions and

effective usage of techniques in the role-playing, a therapist sees and feels his(her) growth in ongoing experience.

Covering the literature review above will be analyzed by how role-playing experiences influence the emerging feelings of therapeutic competence and therapeutic identity while working with clients. So, the research question will be stated like:

How the experience of role-play in systemic therapy training opens the repertoire of the therapeutic interventions and relates them to the first therapeutic experiences

#### **4. Method**

The study sample (N=8) is a mixed group of students of Systemic Family Therapy at SFU (Sigmund Freud Private University). The sample is an average student group of Systemic Therapy, consisting of male and female students of different ages and different professional, cultural backgrounds.

Material collection is established through semi-structured questionnaires with open questions, developed by Dr. Ahlers. The questions focus on first experiences in role-play, group atmosphere, experiences of learning, feedback from others and the transposition of these learning effects into first therapeutic experiences.

Grounded theory was used for analyzing collected data in this study. Grounded Theory is a qualitative research method, which moves from sampling to description and from description to interpretation. Atlas ti version 7 was used for processing and analyzing the data of the interviews.

## 5. Results

According to the results of the research, role-playing has a contribution to the development of the students as psychotherapists. It influences the therapist's style, the way of conducting psychotherapy. Through role-playing students get practice, feedbacks and supervision. Role-playing gives opportunity to increase self-awareness and awareness of others. Moreover, role-playing is an excellent tool for getting skills and tips from professors in practice.

The combination of practice, self-awareness, supervision, feedbacks and professor's contribution builds up the structure and repertoire of the therapist. The efficacy of the role-playing in the development of the students as future psychotherapists depends on the dynamic in the group as well. The atmosphere of the group influences the results of the role-playing as an exercise.

### 5.1. Practice

One of the main advantages of role-playing is practicing. If you explain the person how to drive a car theoretically and give him the keys, this person will not be able to drive it without practice. The same thing happens while conducting a therapy. The experience comes with practicing and training. Role-playing is an excellent tool for practice and providing an artificial condition for imitating the real psychotherapeutic session.

Practice is a tool for preparing to the real therapy. It is necessary to have the basics to rely on in the beginning of praxis. Usually, during the first role-playing, students feel confused and these effects are the same during the first real therapeutic session. It happens because of lack of experience. Role-playing provides practice in order to get confidence in conducting therapeutic session.

Because of acting again and again the students feel less tense and become more neutral and relaxed. In the role-playing, some students are trained to get over of the anxiety and to hide some emotions in the therapy.

Practice is getting new ideas how to conduct the sessions, how to think during therapy, how to use methods in practice.

### 5.2. Self-awareness

Self-awareness and the way of conducting therapy are related to each other. In role-playing students can experience different roles, what can help them not only to practice, but also to be more aware of their own perception of the process and behavior in general.

Being a client in the role-playing brings emotions and own personal issues. It can be worries, anger and different problems. Moreover, the students can open up and this can be helpful in the role of the client, if the therapist matches the client. Being in the role of the client it's possible to be a real client and discuss own issues in the role-playing. It can work in the case of real therapist-client relationship.

The students can get awareness of being the client as an experience of being in someone's shoes. It can help students to understand the feelings and emotions of people with difficulties and get new perspectives. Students can experience the feeling of characters of whom they are playing, what brings them psychological and physiological awareness.

Beginning psychotherapeutic training in role-playing is a good practice in self-awareness. Awareness brings less fear to be judged and makes less nervous, whereas stress can be expressed through physical changes like sweating hands.

Self-awareness is an important contribution of role-playing in order to build up the therapist's way of understanding therapeutic sessions.

### **5.3. Feedbacks**

The next contribution to the creation of the therapist's repertoire is a discussion after performance. A lot of useful things are taken from the feedback of colleagues and professors after the role-playing. Feedbacks help to change and improve certain techniques. It teaches to learn how to ask questions and deal with structure. Here students get as many tips as possible.

Through feedbacks, students receive different points of view and perspectives. Because of feedbacks, it's possible to learn something new and notice what wasn't seen before. Feedbacks give more awareness of students' behavior conducting therapy in practice. Feedbacks and questions from outside concerning the performance in role-playing help students to be more professional.

Feedbacks should be without intensive criticism and more resource-oriented. In general, positive feedbacks give students self-confidence, what enhances braveness and courage for trying a further time.

Getting feedback is a reason to be evaluated and resolve certain cases. That's why in the beginning students can be blushing. They can feel shame in front of people.

In the beginning students prefer positive feedbacks, but with an experience and time they are waiting for different feedbacks, also for the ones with which they would disagree and which will make them think more.

Students understand that negative feedbacks are necessary, but at the same time they have strong fear concerning to negative feedbacks, even if in reality it's hardly possible to get them.

Students have to be delicate with their feedbacks, because criticism is very difficult to convey in the group. Some students have psychosomatic symptoms, like stomachache, headache because of criticism. Critical feedback as a correction of a fault can be used as a technique when you know how to use it. Students appreciate the diplomatic way of giving feedbacks.

### **5.4. Supervision**

The next contribution to the therapeutic way of conducting therapy is supervision. Supervision is necessary for providing effective help to the clients. In supervision psychotherapists can get different ideas for conducting therapy. In supervision the students can get new suggestions and possibilities both from the professor and colleagues.

Role-playing is 5-10 minutes performance in supervision in order to show the client's picture, client's behavior, emotion and nonverbal language. It's for getting more information about the client in general. Getting better picture of the client gives opportunity to get clearer understanding what this client needs, what allows to get better suggestions for treatment. Role-playing in supervision is not only talking about the case, but also it's about showing it. It makes therapist more confident in conducting therapy session.

### **5.5. Professor's role**

The Professor influences students' style of conducting therapy and repertoire.

Professor gives feedback stating what should be done better and some knowledge from his own experience.

It's much more useful when the professor shows how to conduct therapy or supervision in the role-playing.

A professor in the role-playing is like a trainer, (s)he observes, participates and at the same time checks. A professor tells you about your mistakes during the role-playing. Professor can help you when you are stuck in a certain case. (S)he can give some tips how to behave in a such way that the students can get an achievement.

Professors can be experts in certain techniques and share with us knowledge and how to do it properly. Different therapists from the same modality can use the same technique in different way, with different style.

### **5.6. Body Language**

Body language reflects therapist's experience. According to body language you can see the therapist's state, whether (s)he is nervous, relaxed or artificial. Body language reflects the state of the person. That's why it's important when body language is relevant to the verbal language.

Usually in the beginning of role-playing the person is tensed and it's obvious through body language, while whole body is tensed. With practice and experience body posture becomes stable. Later, with role-playing the body language gets automatic.

Later, because of practice therapist's body gets more relaxed. Students are taught to find special posture where they can be relaxed and sweat less. They are less nervous, what was expressed through sweating hands and other physical changes. Students feel more comfortable, have specific pose, change the way of speaking and are confident being in eye contact with their role-play-clients. The movements with the eyes and the hands could have huge impact. The peaceful voice calms down the client and gives confidence.

Body language at the same time is very vague. The words you are saying are more accurate

and valued, whereas your body language is a pool of speculation.

### **5.7. Group Dynamics**

Group dynamic in the role-playing highly relates to the productivity of the group and affects the usefulness of the exercise. Passive dynamic in the group, while the participants are under the "lazy climate", brings less efficacy then if the participants are enthusiastic.

Role-playing depends on the group and the issue you are working on. People in the group influence each other, if one is enthusiastic, others are too, the same effect can be with yawning.

Participants can be supportive, nice and at the same time students can be very competitive, analyzing every movement, body language, way of talking, observing how the person looks. Because of these acts of control and criticism students feel pressure in the role-playing.

In the role-playing there is an expectation that the performance should be always good and perfect. The utterance "No" is not accepted in the role-playing while in real session it could be normal.

In role-playing people make pressure when they don't like the therapist's way of working. There is a silent voice in the group during the role-playing, which shows the attitude of the group toward the way of conducting therapy. But professor's voice silences all voices.

Each member has it's own state in the group dynamic and it doesn't depend on the roles for performance. These positions can be taken by a dominating or leading person, a very weak person and the others.

The person who is dominating creates the atmosphere in the group. (S)he can make a pleasant encouraging situation in order to



make the role-playing as productive as possible or the person can just create negative atmosphere. If the dominating person creates negative atmosphere, so (s)he destroys everything in the role-playing.

It's difficult to be a therapist for a person who is not dominant. Being therapist, the student feels being observed by the whole group. It's difficult to be therapist in front of the class, especially if you have problems with language or certain skills. It's easier to be a therapist in a real session, rather than to be a therapist in the role-playing session in front of the group.

For feeling secure in the role-playing the size of the group plays an important role. Students prefer to be in the role of the therapist with a small observing group. In small groups they feel more comfortable and relaxed. But in big groups working with more people is working with more different ideas, and that means than you are learning to be flexible and ready at the same time.

Role-playing is taken more seriously with professor's presence in big group. But, in small groups participants have more space to be active and personally involved.

## 6. First sessions

The first real session is the most difficult session in the expectation of a becoming therapist. Conducting therapy is getting easier after first session. In the first therapy session you put more effort rather than during the rest sessions. First session is like first big breath of just born baby, (s)he takes it and then this big breath goes out. Later, baby breathes automatically, without conscious focus on it, as young therapist does in their own praxis.

Students experience first session differently, some of them found previous role-playing use-

ful and some don't think that it is necessary in the training. The relationship between real therapy and role-playing is not palpable for the students. In fact there is an ambivalent understanding of influence of the role-playing, some students are sure that role-playing is not a useful experience though they know they have taken certain things from it. Students, who are sure that it's necessary to do role-playing, cannot identify what exactly was useful.

Real therapy is not as difficult as students expect. Role-playing can be much more complicated and harsh than real therapy.

## 7. Discussion

According to the results of the research there is an ambivalent attitude towards the contribution of the role-playing to the student's development as a therapist. The influence of the role-playing is described as not being obvious, but it is seen as helping students to see themselves as therapists and creating their own style and repertoire of interventions.

According to Orlinsky (2008, p.4) therapist is a set of manualized treatment skills. According to the results of this study it's shown that the main components taken from the role-playing for therapeutic development are self-awareness, supervision of own cases, feedbacks, practice, professor's ideas and group dynamics as a more or less helpful atmosphere for learning. These components create the repertoire of the therapist and it's not a manualization of skills. The students get personal development as psychotherapists, creating psychotherapist's identity. Group dynamic influences the efficacy and productivity of the role-playing, which is an important point for personal development.

The main idea of role-playing is learning by doing. It's a challenging part of the role-playing,

because there is a big difference between thinking and doing. Minuchin (1982) remarked in his book, that it's better to dance rather than describe and talk about dance. The results of the research showed that showing the case through role-playing is much more informative than describing it. It makes helpful experiences in different perspectives, for role players, for observers and for students playing therapists. Students could find different perspectives and could experience being in somebody's shoes from inside or outside and feel the therapy's influence and effectiveness of the technique in order to improve it.

For self-efficacy in praxis therapist also needs self-confidence. Role-playing is an excellent condition for the practice and development of skills and self-confidence without hurting clients.

Only when the students in role-playing get personal information about themselves or bring up personal issues it can turn out to be unethical towards these students, because they may feel hurt by the way the role-playing is done and they cannot say that, because they are playing a role or because they do not want to hurt the colleague playing a therapist role either. This is a very subtle situation for professors, where they have to weigh in the situation who and what is more important.

According to the results, students find role-playing useful for their therapeutic development, especially through experiencing the client's position and also as an enrichment of self-awareness. Students appreciate moments in the role-playing where they have good therapist-client relationship. In such moments as "clients" they can open up and share their personal issues and as "therapists" they can feel, what could be good therapy. Both experiences are helpful for building of a therapeutic identity.

Having the student in the role of the client can be perceived negatively and positively. Usually, in the role of the client the student is first of all psychotherapy student and only after that (s)he is a client. So, some students in the role of the client try to assist therapist to use certain technique in order to practice all techniques or help to find a solution. It can be useful for the practice of new skills, but at the same time it can be perceived as artificial, unrealistic and therefore not useful.

Group dynamic plays an important role in the learning possibilities and the development of role-plays. So, before role-playing it's necessary to know the group. It's important to get to know each other in order to feel comfortable and safe. It is better to know the group members, but not too well, as it can be the reason for predicting behaviors of the members in the role-playing, which can provoke confusion in playing. It's important to have a positive learning atmosphere in the group while planning, doing and reflecting role-playing. It is important to understand that mistakes in role-playing are necessary, because mistakes are good experience and bring up helpful coping strategies. And it is important to discuss other alternatives later.

The dynamic in the group can make a role-playing more harsh and rough than a real session. According to our interviews with students real sessions seem to be easier than role-playing. Role-playing in a competitive group can bring up measuring with each other, trying to be the best, all sorts of fights among the students and while the real sessions the client is much more softer and delicate. Maybe this has to do with the different goals in real sessions and role-playing. The goal of the role-playing is to learn to use the methods, keep calm and try out techniques, get to know difficult cases and have first experiences with clients. In real session the goal is to help clients to

find out a solution and make the situation better for them. There are no observers from outside.

Though real sessions are described to be easier than role-playing however the first session of therapy seems to be a big jump for students that feel anxious and full of expectation. The first session of the young therapist is mostly for the therapist (her)himself, not for the client. For this session having experience in role-playing seems to be very useful.

There is an interesting point concerning how to give feedback to the therapist after a role-playing. Students are aware of usefulness of having both criticism and compliments. It's not useful to have only compliments, because it's important to know mistakes as well in order to improve them. But, at the same time there is a fear of criticism, which even can be expressed psychosomatically. Criticism is necessary in feedbacks in right way and tone. It can be useful and digested if it is in a delicate and nice way. This last point is a very important one, as we need evaluative, corrective inputs to improve, but at the same time, becoming a therapist seems to be a development where the need of positive connotation is extremely high.

## 8. Conclusion

Role-playing contributes a lot to the development of the student as a therapist. It influences therapist's repertoire and the way of conducting therapy. The main contributions of the role-playing are related to becoming more self-aware, being supervised, learning how to receive and give feedbacks, listen to professor's ideas, cope with better and worse group dynamics, prepare for the first therapy session. All these points help the student to train techniques and develop their psychotherapeutic identity, habits and stance. Besides, you learn interventions and techniques in application to difficult cases.

## 9. References

- Burch, C., Gwyn, D. (2010). *Mirrors and Reflections: Processes of Systemic Supervision*. London, GBR: Karnac Books.
- Dourdouma, A., Mörtl, K. (2012). The Creative Journey of Grounded Theory Analysis: A Guide to its Principles and Applications. *Research in Psychotherapy: Psychopathology, Process and Outcome*, Vol.15, No.2, 96-106
- Duncan, B. (2010) On Becoming a Better Therapist. *Psychotherapy in Australia*, Vol.16, NO 4.
- Duncan, B. (2011). What therapists want: It's certainly not money or fame. *Psychotherapy Networker*, May/June, 40-43, 47, 62.
- Jossey-Bass/Pfeiffer. (1998). Training Technologies for Experiential Learning Activities. *The Pfeiffer Library*, Vol. 21, 2<sup>nd</sup> Edition
- Landis, L. L., Young, M. E. (1994). The reflecting team in counselor education. *Counselor Education & Supervision*, Vol. 33 Issue 3, p210. 9p.
- Minuchin, S.F., Charles, H. (1981). *Family Therapy Techniques*. Cambridge, MA, USA: Harvard University Press.
- Orlinsky, D. (2008). Comments on the State of Psychotherapy Research (As I See It). *Existenzanalyse*.
- Pomerantz, A.M. (2003). Who plays the client? Collaborating with theater departments to enhance clinical psychology role-play training exercises. *Journal Of Clinical Psychology*, Vol. 59 (3), pp. 363-8.

Rasheed, J.M., Rasheed, M.N., Marley, J.A. (2011). *Family Therapy: Models and Techniques*. London GBR: SAGE Publications, chapter 4, pp.135-167.

Wannan, G., York, A. ( 2005). Using video and role-play to introduce medical students to family therapy: is watching better than appearing? *Journal of Family Therapy*, Vol. 27 Issue 3, p263-271. 9p.

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