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Role engulfment and psychological safety in screen acting: An integrative review with implications for actor education and training

Do Phu Hai*
Saigontourist Cable Television Co. Ltd, Ho Chi Minh City, Vietnam
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Abstract
Screen acting requires performers to shift perspective, emotion, voice and bodily action in ways that may temporarily reduce the salience of their everyday identity. The term role engulfment offers a useful conceptual lens for circumstances in which engagement with a character becomes difficult to regulate or discontinue; however, it is not a clinical diagnosis and should not be treated as an inevitable consequence of immersive acting. This integrative narrative review synthesized sociological role theory, empirical research on acting, cognitive neuroscience and professional safety guidance to clarify the boundary between adaptive character immersion and psychologically risky role carryover. Current evidence indicates that acting may involve transient attenuation of self-referential processing, as well as absorption, flow, empathy and perspective taking. These processes can support performance and are not inherently pathological. Risk appears more likely when emotionally demanding material is combined with autobiographical exposure, weak consent, power imbalance, precarious work, insufficient recovery and limited access to support. A stage-based framework is proposed for actor education and screen production: informed preparation and role-risk assessment; maintenance of dual awareness and choreographed boundaries during performance; structured de-roling and recovery; and clear pathways for consultation or clinical referral. Acting programs should teach entry into character and exit from character as equally important professional competencies. The available evidence remains limited and heterogeneous, and prospective actor-specific studies are needed to test the effectiveness of de-roling and other psychological safety practices.

Keywords: Role engulfment, actor wellbeing, psychological safety, de-roling, Method acting, acting education

Introduction

Contemporary screen acting often privileges emotional credibility, detailed character embodiment and sustained continuity across repeated takes. These demands can require performers to use autobiographical memory, imagination, perspective taking, physiological activation and controlled emotional expression. Such practices may create artistically productive states of absorption, but they can also make the transition back to ordinary life more difficult when the role remains emotionally or behaviorally active after rehearsal or filming.

The sociological concept of role engulfment describes a condition in which one role becomes disproportionately dominant and narrows the person's access to other identities or social roles [1, 3]. Applied cautiously to acting, it refers to persistent or poorly regulated character carryover rather than the ordinary, temporary experience of being absorbed in a performance. The concept is useful because it directs attention away from sensational stories about performers 'becoming' their characters and toward the practical question of whether the actor can enter, monitor and leave the role with sufficient agency.

Role engagement should not be confused with psychiatric disorder. Dramatic performance routinely involves imaginative absorption, empathy, altered self-focus and loss of self-consciousness. These experiences may overlap phenomenologically with dissociation, yet they can also be adaptive components of creativity and flow [4, 8]. A psychologically informed account must therefore distinguish artistic immersion from clinically significant depersonalization, derealization, identity disruption or functional impairment.

The original conceptual discussion of role engulfment in acting has considerable educational relevance because acting schools teach not only technique but also norms concerning vulnerability, obedience, emotional authenticity and professional endurance. Actor safety is consequently shaped by pedagogy, rehearsal culture, production hierarchies and access to recovery, rather than by individual technique alone. This review addresses three questions: (1) what psychological and neural processes support character immersion; (2) under what conditions may immersion become difficult to regulate; and (3) what practices can actor education and film production adopt to protect psychological safety without reducing artistic quality?

Material and Methods

An integrative narrative review was conducted to connect theoretical, empirical and professional-practice literature across psychology, neuroscience, sociology, and actor training and screen-production safety. This approach was selected because the evidence base is heterogeneous and includes experimental studies, qualitative interviews, systematic reviews, books on role theory and professional guidelines. Narrative integration is appropriate when the purpose is conceptual clarification and practice development rather than estimation of a pooled effect [15].

Sources available through July 2026 were identified through targeted searches of PubMed, publisher databases and reference chaining. Search combinations included actor or acting with role engulfment, character immersion, identity, dissociation, flow, empathy, emotional labour, wellbeing, de-roling, psychological safety, actor training and intimacy

coordination. Priority was given to peer-reviewed actor-specific studies, systematic reviews of performing-artist wellbeing, foundational theoretical works and current guidance from recognized professional organizations. Journalistic anecdotes, celebrity reports, unsourced web commentary and claims that could not be traced to empirical or professional evidence were excluded.

The literature was synthesized into five analytic domains: conceptual boundaries; cognitive and neural mechanisms; actor wellbeing and occupational context; risk pathways; and protective practices. Because the review was not a registered systematic review, it does not report a PRISMA flow diagram or numerical screening counts, and no meta-analysis or formal risk-of-bias score was undertaken. Interpretations were intentionally conservative: cross-sectional and qualitative findings were not treated as proof of causation, and temporary neural changes during performance were not interpreted as evidence of brain injury or permanent personality change.

Results

Role engagement, role distance and role engulfment

Goffman's dramaturgical account of social life emphasizes that people continually organize conduct for different audiences and settings [1]. Moreno similarly understood personality as a repertoire of roles that can be developed, combined and revised [2]. From this perspective, psychological flexibility depends less on avoiding roles than on retaining access to multiple roles and the capacity to move among them. Schur's account of role engulfment highlights the opposite process: a single identity becomes dominant enough to organize how the person sees the self and is seen by others [3].

For actors, a continuum is more accurate than a binary distinction between being oneself and being a character. At one end is technical role performance with clear self-observation. Increasing immersion may involve vivid imagery, emotional resonance, and motor simulation and reduced self-consciousness. A further stage is residual activation, in which mood, posture, language or interpersonal responses continue after the scene. Role engulfment becomes a meaningful concern when carryover is persistent, unwanted, functionally impairing or associated with loss of agency. Landy's concept of aesthetic distance and Blatner's meta-role both describe a monitoring position from which the performer can participate emotionally while retaining awareness of the creative frame [4, 5].

This distinction is central to psychological safety. Deep involvement is not itself evidence of harm, and emotional distance is not always protective. Over-distance can produce mechanical performance and emotional avoidance, whereas under-distance can produce flooding and difficulty separating fictional circumstances from personal experience [4]. The pedagogical goal is therefore regulated permeability: sufficient openness to create a credible character, combined with sufficient distance to make deliberate choices and return to other life roles.

Cognitive and neural processes during character portrayal

Acting requires a deliberate shift from first-person self-reference to the perspective of a fictional person. In an fMRI study, trained actors answered questions either as themselves or as Shakespearean characters. Character portrayal was associated with reduced activation in cortical midline regions implicated in self-referential processing, including medial prefrontal areas [6]. This finding supports the idea of temporary self-suppression or redistribution of self-related processing during acting. It does not demonstrate structural brain change, neurological damage or permanent replacement of identity.

The same performance state may recruit perspective taking, imagination, autobiographical memory and emotion regulation. Actors can generate character-consistent responses while maintaining procedural awareness of marks, camera position, and continuity and scene partners. This coexistence is often described as dual awareness: the actor is experientially engaged and simultaneously aware of the task, the fictional frame and personal boundaries. Dual awareness provides a plausible cognitive basis for the meta-role and may explain why immersive acting can remain controlled even when emotion is intense.

Absorption, dissociation, flow and empathy

Empirical findings caution against equating actors' absorption with psychopathology. In conservatory students, elevated scores on a general dissociation measure were primarily driven by absorption and imaginative involvement. These dimensions were related to flow, and total scores did not necessarily indicate a dissociative disorder [7]. In a later performance study, acting students reported higher flow and empathy than non-acting students. Dissociation increased modestly after performing, but neither dissociation, flow nor empathy independently predicted acting quality once experience was considered [8].

These studies suggest two conclusions. First, acting may temporarily alter subjective self-experience. Second, such alteration is not uniformly harmful and may contain positive components, including concentration, intrinsic reward, perspective taking and imaginative flexibility. Recent systematic evidence also indicates that acting training can strengthen aspects of emotion recognition and expression, although methods and outcomes remain inconsistent across studies [16]. Psychological safety initiatives should therefore avoid pathologizing normal creative absorption.

Actor wellbeing and occupational conditions

Actor-specific qualitative research describes both growth and strain. Professional actors report meaning, personal development, community and artistic purpose, alongside precarious employment, self-criticism, power imbalances and uncertainty [9, 10]. In acting training, intensive workload, evaluation, exposure and perfectionistic expectations may destabilize wellbeing for some students, particularly when vulnerability is treated as proof of commitment rather than as material requiring consent and containment [11].

A systematic review across performing artists found that organizational, social and emotional demands were generally associated with poorer wellbeing, whereas social support and performance-related resources could be protective [12]. The review also identified limited methodological quality and a shortage of theoretically informed intervention studies. Accordingly, actor distress should not be attributed only to a particular acting method. Workload, employment insecurity, interpersonal power, harassment, role content, recovery opportunities and organizational response can interact with individual history and technique.

A recent qualitative study of Australian-based actors is especially relevant to character transition. Participants described preparation, the movement into performance, the process of letting go and occasions when a connection with the character continued. A sense of duality and deliberate release strategies were experienced as protective, although some emotions remained unresolved beyond the performance context [9]. This evidence supports de-roling as a promising practice while also showing that actors differ in how they enter and leave roles.

Pathways from immersion to harmful carryover

The reviewed literature supports a multi-factor pathway rather than a simple claim that Method acting causes mental illness. First, some inside-out approaches use personal memory or emotional substitution. When the material overlaps with unresolved trauma, repeated activation may exceed the actor's available regulation and recovery resources. Second, deep acting can create emotional dissonance when the performer must generate or sustain an internal state that conflicts with present needs or values. Emotional-labour theory predicts strain when regulation demands are intensive, prolonged and insufficiently supported [14].

Third, role content can increase exposure. Scenes involving humiliation, coercion, grief, violence, self-harm, sexual content or identity-based abuse may require additional consent, choreography and recovery planning. Fourth, production conditions can reduce agency. Unclear expectations, last-minute changes, long hours, financial insecurity and fear of being labelled difficult may discourage performers from revising boundaries or requesting support. Fifth, inadequate transition time can allow physiological and emotional activation to continue into travel, sleep and relationships. Actor-specific evidence on family spillover remains limited, so this area should be treated as a research priority rather than an established consequence.

Role engulfment is most plausible when these factors accumulate: high emotional intensity, personal relevance, low choice, weak role distance, prolonged exposure, inadequate sleep or recovery and limited social support. Conversely, immersion is more likely to remain adaptive when actors retain decision-making capacity, understand the technique being used, can signal limits without penalty and have reliable practices for returning to baseline.

Protective practices for actor education and screen production

Preparation should begin with transparent disclosure of psychologically and physically sensitive content. Actors need enough information to make specific and revisable decisions about participation. For educational settings, this includes content notes, community agreements, reporting pathways and explicit separation between assessment of acting competence and willingness to disclose personal trauma. Role-risk assessment should identify emotionally demanding scenes, repeated exposure, intimate or violent choreography, personal triggers disclosed voluntarily by the actor and available support.

During rehearsal and filming, training should strengthen dual awareness rather than reward uncontrolled immersion. Practical tools include identifying the character's objectives while preserving the actor's own values, using agreed physical and emotional boundaries, maintaining technical anchors such as breath or spatial orientation and differentiating character language from personal language. A teacher or director should never function as an unqualified therapist, and autobiographical exercises should not require coerced disclosure. Responsible-care models in drama schools similarly argue that occupational health belongs within actor training rather than being added only after problems emerge [13].

Intimacy coordination illustrates how artistic specificity and safety can support one another. SAG-AFTRA protocols emphasize advance communication, ongoing consent, clear choreography, closed-set practices and coordination among performers and production departments [17]. Equity's higher-education guidance recommends embedding consent and boundary education throughout acting curricula and specifically identifies warm-up, cool-down and de-roling practices [18]. An intimacy coordinator is not a substitute for a mental-health professional, but the role can reduce ambiguity, support agency and prevent unnecessary personalisation of simulated intimacy.

De-roling is a deliberate transition from fictional action to the actor's everyday identity and environment. It may include removing costume or makeup, changing posture and voice, naming what belongs to the character, orienting to the present setting, brief physical discharge, breathing, hydration, social reconnection and a personally meaningful end-of-work ritual. The objective is not to erase all emotion immediately but to restore choice and mark the end of professional exposure. Highly activated performers may require additional decompression time, peer contact, supervisory discussion or referral to an appropriately qualified clinician.

Discussion

The reviewed evidence supports role engulfment as a heuristic continuum, not as a diagnosis or a universal effect of immersive acting. The concept is most useful when it identifies a failure of regulation and transition: the actor cannot voluntarily reduce character-related activation, other life roles become constrained, or functioning remains disrupted after the performance demand has ended. This formulation avoids romanticizing distress as artistic authenticity while also avoiding the opposite error of treating absorption, empathy and flow as symptoms.

A four-stage psychological safety framework follows from the synthesis. Stage 1, preparation and contracting, includes disclosure of demanding content, consent, role-risk assessment, discussion of technique and identification of support pathways. Stage 2, performance containment, includes dual awareness, choreographed boundaries, agreed stop or pause procedures, reasonable work design and active monitoring by trained staff. Stage 3, transition and recovery, includes cool-down, de-roling, rest and follow-up after unusually intense work. Stage 4, escalation and care, includes confidential reporting, occupational-health consultation and clinical referral when distress is persistent, severe or functionally impairing.

This framework has direct implications for education. Acting programs often teach how to enter a role in detail but leave exit practices informal or individualized. Entry and exit should instead be paired competencies. Students can be assessed on preparation, responsiveness, technical precision, collaboration and ethical boundary management without

being rewarded for self-endangerment. Educators also need training in consent, trauma-aware communication, referral limits and the distinction between artistic coaching and psychotherapy.

The framework also reframes organizational responsibility. Psychological safety cannot be reduced to an actor's resilience or a short debrief after filming. Directors and producers influence exposure through scheduling, repeated takes, communication style, changes to agreed action, privacy, recovery time and the consequences attached to saying no. Preventive structures may improve performance by reducing vigilance and ambiguity, allowing actors to take creative risks within a reliable container.

Several limitations should guide interpretation. Actor-specific research is still small, geographically concentrated and often qualitative or cross-sectional. Definitions of Method acting, immersion, dissociation and de-roling vary substantially. Evidence on neural processes comes from controlled tasks that do not reproduce the full duration and social complexity of film production. Professional guidelines represent informed practice standards but are not randomized evaluations. Future studies should use prospective designs, repeated measures before and after demanding roles, validated indicators of recovery, sleep and functioning, and transparent comparison of de-roling protocols. Research should also examine cultural differences, freelance conditions, family spillover and the experiences of minoritized performers.

Conclusion

Character immersion is a normal and potentially valuable part of acting. Current evidence does not support the claim that deep acting inevitably produces psychiatric harm or permanent loss of identity. It does show that performance can temporarily reduce self-focused processing and increase absorption, while occupational and interpersonal conditions influence whether emotional activation is integrated or carried beyond the work. Role engulfment is therefore best understood as a risk of persistent, unwanted and impairing carryover that emerges from the interaction of technique, role content, personal vulnerability, power and insufficient recovery.

Actor education and screen production should give equal status to entering a role, maintaining agency within the role and leaving the role. Transparent consent, dual awareness, role-specific boundaries, intimacy coordination, structured de-roling, recovery time and accessible referral pathways form a practical foundation for psychological safety. These measures do not weaken artistic commitment; they help make demanding performance repeatable, ethical and sustainable.

Declarations

Conflict of interest: The authors declare no conflict of interest.

Ethical approval: Not applicable. This article is a review of published literature and professional guidance.

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