Headspace Theater: An Innovative Method for Experiential Learning of Psychiatric Symptomatology Using Modified Role-Playing and Improvisational Theater Techniques

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Objective: *Headspace Theater has been developed to allow small group learning of psychiatric conditions by creating role-play situations in which participants are placed in a scenario that simulates the experience of the condition.*

Method: *The authors conducted a literature review of role-playing techniques, interactive teaching, and experiential education, and performed consultations with experts in improvisational theater, live-action role-playing, and cognitive psychology (constructivism).*

Results: *Participants have universally rated the Headspace Theater experience positively. They affirmed that the simulations evoke emotions and cognitive distortions that create a window into the experience of a patient suffering from psychiatric symptoms. Several participants have also disseminated the techniques and scenarios to their local teaching setting.*

Conclusions: *Headspace Theater may serve as a useful tool for helping various learners to experientially understand what a person may encounter when under the influence of a mental health condition, and thus help shape attitudes and increase empathy toward such people.*

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Headspace Theater is designed for small group learning of psychiatric conditions via modified role-play situations that simulate the experience of the condition. The modification is in having the learners role-play characters who have differing perceptions of reality—the interaction between characters helps create cognitive and emotional experiential learning for the students.

It is much easier to help learners acquire knowledge and skills in psychiatry than it is to help them develop professional attitudes towards and empathic capacity for dealing with people suffering from mental health disorders (1–3).

Attitudinal factors have an impact on professionalism, communication, scholarship, and collaboration capacities in a learner. Providing students the opportunity to experience, through role-play, the emotions and cognitive trajectory of specific psychiatric conditions can help them develop their empathic capacity as well as shape their attitudes towards mentally ill patients. The role-play experience accompanied by reflective exercises can ultimately have a positive impact on patient care. This concept fits well with adult learning theories, such as Kolb's experiential learning cycle (4), as well as other constructivist and phenomenological theories which articulate that through experience we construct our reality and sense of efficacy in the world (5, 6). According to these theories, our understanding of reality is built upon our experiences that, in turn, shape our ideas about what is valued as knowledge. With Headspace Theater, each individual student is encouraged to acquire a depth of understanding about a medical condition, with special focus on the condition's personal impact on the patient.

Although techniques have been developed in the past (7, 8) in an attempt to simulate psychiatric symptoms for learners, most have been limited in that the learners are

cognizant that it is a simulation or the method does not capture the true experience of living with the conditions.

Headspace Theater is an innovative initiative, central to which is the unique nature of the role-play experience. In one scenario, all of the learners are assigned a role that appears to be one thing but, in fact, is based on a set of perceptions different from the assigned role. Other learners may take roles to help create or reinforce the reality of another. For example, in the simulation of psychosis, the protagonist thinks he or she is a doctor interviewing a patient with a medical student. In fact, the protagonist is the person with psychosis, and the other actors help create a paranoid atmosphere. Afterward, a discussion takes place about how the protagonist felt. This experience is then linked after a debriefing to activities such as the teacher delivering a lecture on a differential diagnosis of psychosis or the student being assigned the task of interviewing a patient with psychosis about his or her experience with the illness.

To help put Headspace Theater in context, the techniques are based on and adapted from improvisational theater, role-playing games, and live-action role-playing games.

Improvisational Theater

Improvisational theater (also known as improv) is a form of theater in which the actors perform spontaneously, without a script. In all forms of improvisation, the actors invent/discover the dialogue and action as they perform. Many companies and artists use dramatic improv as a means of generating text and content for later performance (9).

In order for an improvised scene to be successful, the actors involved must work together responsively to define the parameters and action of the scene. With each spoken word or action in the scene, an actor makes an *offer*, meaning that he or she defines some element of the reality of the scene. Accepting an offer is usually accompanied by adding a new offer, often building on the earlier one; this is a process improvisers refer to as *"Yes, and . . . "* and is considered the cornerstone of improvisational technique (10).

Improvisational theater has been used in the education and business world for training (11–16).

With Headspace Theater, there is a difference: the imaginary environment/reality for each character is slightly different, and so some players will be respecting one "reality" while others have another, which is often the basis of mental health problems via misattributions/improper salience. The interactions that occur because of the differences in perception are the source of the emulating/simulating the psychiatric symptoms and creates the material to be processed after the "play."

Role-Playing Games

A role-playing game is a type of game where players assume the roles of fictional characters. At their core, these games are a form of interactive and collaborative storytelling (17).

In most role-playing games, participants play the parts of characters in an imaginary world that is organized, adjudicated, and sometimes created by a game master (e.g., a narrator, referee, dungeon master, storyteller). The game master provides a world and cast of characters for the players to interact with (and adjudicates how these interactions proceed), but may also be responsible for advancing some kind of storyline or plot, albeit one which is subject to the somewhat unpredictable behavior of the players. In Headspace Theater, this is the usually the facilitator/educator who runs the teaching series, who can act as the narrator as well as step in to help advance a plot or stop the action if there are any concerns during the role-playing (17).

Role-playing has been used in medical education in many forms (18, 19). The cooperative aspect of role-playing games comes in two forms. In the first, the players generally don't compete against each other. Most other games place players in opposition, with the goal of coming out the winner. In the second, all of the players write the story together as a team. Thus, in Headspace Theater, the concern that a student may feel manipulated or tricked because of the set-up of the scenarios decreases. The feeling of being tricked is usually part of the emulation/simulation of the psychiatric symptoms (especially psychosis); thus, this feeling is usually a sign that the desired effect has been achieved and that the students have had success in creating an experiential learning environment.

Live Action Role-Playing

The original role-playing games were often with dice, figures, or a board, with players sitting around a table. Another mode of play is live action role-playing, in which the players physically act out their characters' actions. This type of game play is usually more focused on characterization and improvisational theatrics and less focused on combat and the fantastic, if only because of the physical limitations of the players themselves (20).

Some live action role-playing games avoid combat whenever possible, leaving only minimal or nonexistent combat systems. Many murder-mystery live action role-playing games lack any combat system, the focus being entirely on social interaction and investigation. Some games that discourage and penalize combat might use very simple rules, for instance, pointing a toy gun at someone and shouting, "Bang!" means that the target character is dead. In Headspace Theater, the scenarios are designed so that there is no physical "combat" or interaction, as this might result in a student feeling distraught. Again, in building and running any scenario, every player is asked about his or her personal comfort before assuming a role and is aware anyone can stop the play at any time if there are any concerns.

Goals of Headspace Theater

The goals of Headspace Theater are to:

1. Increase the learners' empathy and professional attitudes towards patients with the conditions being simulated by the role-play.
2. Desensitizing students to role-playing techniques by teaching them specific skills for role-playing as well by allowing group members different levels of intensity of the action.
3. Promote reflection about the experience in order to link specific teaching points or minididactic lectures to new knowledge.
4. Promote retention and synthesis of new knowledge and skills.

Method

We conducted a review of role-playing techniques, interactive teaching, and experiential education, and performed consultations with experts in improvisational theater, live-action role-playing and cognitive psychology (constructivism).

Headspace Theater uses a selection of interactive teaching techniques and role-playing methods. It lends itself to adaptability and includes active feedback from learners and teachers (e.g., "play testers") on the content to help shape the methods and scenarios for further play-through of scenarios.

A series of improvisational scenarios allows students to take on various roles or be spectators. The basics of role-playing and improvisation and the basic outlines and framework for the teaching are taught to students. Students rotate being the main "protagonist" of scenarios. Afterwards, the experience is processed using reflection techniques and tied into specific content teaching points.

A key element is creating a learning environment where the learners trust in the process. If the teacher does not spend time creating the frame, explaining how some learners are intentionally going to perhaps feel "tricked" as part of the simulation (e.g., feeling "tricked" is part of feeling paranoid), there is the danger the learners might feel manipulated and taken advantage of. Instead, the learners are hopefully brought to a point where they understand the techniques involve surprises and intentional information distortions in order to evoke the emotional and cognitive processes of the condition being simulated.

Many of the scenarios are works in progress and are offered as frameworks for educators to modify for their individual learning groups. The scenarios have been run multiple times for many groups of learners consisting of medical students (three groups); psychiatry residents (three groups); staff psychiatrists (one group); interprofessional (combinations of the previous and psychologists, registered nurses, social workers, child and youth workers) (five groups); gambling therapists (one group); and public participants (one group).

Results

The Headspace Theater techniques were used in various teaching activities by Dr. Ballon at the University of Toronto, Canada. The simulations were rated highly when run as stand-alone techniques or as part of larger workshops on mental health education. The exercise has received excellent evaluations from workshop participants; learners have enthusiastically endorsed the simulations as a useful and enjoyable learning tool because of its experiential strength and its ability to help learners engage with the content. There were 14 runs of Headspace Theater where two to three scenarios were run in a session. The number of participants ranged from six to 20 participants per session ($N = 94$).

The following themes were obtained by the facilitators from verbal (recorded by the facilitators) and written feedback from a satisfaction questionnaire (in the section for general comments, most respondents wrote narrative statements. These comments were analyzed for pertinent themes related to the simulation exercise [Appendix 1]).

The feedback contained no negative comments or criticisms.

At an additional test site, the Headspace Improvisations

were performed both as improvisation plays in which participants did not know the entire scenarios or outcomes and as improvisation plays with the difference that the participants knew the full premise of the scripts and the desired outcomes in advance. Student participants reported that they gained equal amounts of learning about empathy by either method. Dr. Fidler, who tested both formats, also teaches acting in the drama department at West Virginia University. He remarked that the goal of well-rehearsed plays is to allow actors the safety of knowing the outcomes so much that actors can immerse themselves in enormous depths of emotion as the characters experience events. This unguarded suspension of disbelief is the reason actors enjoy and learn from repeated performances; they learn something fresh and of more depth with each reenactment. For both methods, it was considered essential to follow up with reflection and discussion about the experiences.

Headspace Theater Synopsis: Setting the Stage

Currently, we have a work-in-progress manual for Headspace Theater. This contains in detail how to set, run, process, and develop scenarios (as well as many example scenarios ready to use—talk to students on an individual basis in-between sessions if a student wishes to have a private discussion over an issue. The importance of debriefing should never be overlooked [21]). The following information is drawn from that manuscript to allow one to understand the framework and encourage running Headspace Theater in one's own settings. There is more information on how to obtain this manuscript at the end of the article.

It should be stated up front that the goal is to simulate psychiatric symptoms by having people role-play characters with different perceptions of a situation. This leads to interactions that create the cognitive distortions and hopefully evoke the feelings that someone with a particular psychiatric condition experiences. Hence, students are told they are going to be surprised and that certain characters do not have all of the information on what is really going on intentionally so that the learner can experience the symptom. This is rooted in the basis that numerous psychiatric disorders have misattribution and/or abnormal salience placement issues (e.g., anxiety placing unrealistic concerns on a low-risk situation; psychosis creating the perception that people are staring at them for malevolent reasons; a gambler mistakenly thinking s/he understands the odds of a game).

This is an environment for exploration. There are surprises and unexpected twists when doing the role-plays. However, anyone who feels uncomfortable can stop the play at any time with a proper pre-agreed action or word. As mentioned above, every student is asked about his or her personal comfort before assuming a role and is aware anyone can stop the play at any time if there are any concerns.

Also, it should be emphasized that debriefing/processing time is always built into the sessions (around a ratio of 1 part role-play to 4 parts processing in terms of time) so that the learners' experiences can be dealt with in detail. The educator/facilitator is also available to talk to students on an individual basis in-between sessions if a student wishes to have a private discussion over an issue. The importance of debriefing should never be overlooked (22), and Headspace Theater should not be run unless there is the proper amount of time to allow participants a chance to reflect and discuss their personal experiences.

Resistance to Role-Play and Assigning Character Roles

All students are able to be part of the role-play but as most educators know, learners often dislike role-playing as they are afraid they will be "judged." This is often due to the role-play scenario structures in medical school where the student has to play "a medical student" or a resident has to play "a resident." Invariably, most students try to pick the patient role or other less "in the spotlight" character at first. Keeping this in mind, Headspace Theater scenarios try to keep away from setting the scene in a medical setting or playing high-stress roles—although when these are present, the situation is set up so that the roles do not require the students to have extensive psychiatric knowledge or skills. The students just have to go along with the experience of playing out the character's reactions.

In starting the scenarios, the educator/facilitator chooses a student who seems to be the least shy and is keen to role-play. The "Paranoia Will Destroy Ya" scenario is used to demonstrate how Headspace Theater works. The student plays the center role where he or she experiences social anxiety symptoms via the use of the role-play. The volunteer is told ahead of time exactly what to expect from the situation; for example, "People will be looking at you, staring, and whispering about you—if you feel you want to stop the process, say "Cut!" or put down the glass of water" (this is a built-in part of the scenario to signal to other players to stop).

The other learners are invited to take on the other roles of the scenario as the characters who will do the staring

and whispering. If anyone is uncomfortable, they do not participate at this time and just observe.

After the scenario runs, it is debriefed to demonstrate all of the above principles of Headspace Theater and to highlight the experience of the volunteer, the students "inducing" the anxiety, as well as any observers.

With enough sessions, each learner can take a turn playing the "protagonist" of a piece, sideline characters, or just observe the play per the interactive technique of the "fishbowl" (i.e., watching the play as audience members in a circle or semicircle). By playing characters often outside the typical medical role-play scenarios, supporting them when they are not sure what is going on, and having the students build up their role-play skills, this helps decrease resistance to role-playing and builds up students' confidence in stepping into roles.

Sessions

In the first session, it is important to discuss the frame and establish the environment of exploration. This takes about 10 minutes. Then the "Paranoia Will Destroy Ya" scenario is enacted, taking about 2 to 3 minutes to select learners and up to 5 minutes to run. The next 20 minutes are devoted to debriefing the action. At the end, the teacher can give the students a reading on social anxiety disorder or paranoid symptoms. The rest of the time can be used for reflection on the entire session.

For the following sessions, we suggest having 10 minutes of discussion about any issues from the last session; 10 to 15 minutes of enacting a scenario; 25 to 30 minutes of discussion; and 5 to 10 minutes of winding up the session, giving any relevant readings on the topic at hand to students and allowing any self-reflection (via optional journaling). The order of the scenarios is up to the educator.

Rules/Guidelines

The scenarios usually run for about 10 minutes. The facilitator calls participants into play by saying "Action!" (he or she may have a few narrative comments to set the scene for the audience before calling this word out). At the end of 10 minutes, the facilitator/educator calls "Cut" and stops the action to begin the discussion process.

Anyone, including the players, audience, or facilitator can call "Cut," which ends the play immediately and begins a discussion process. Only the facilitator can call "Action" and only when he or she is sure that if a student stopped the play, that everyone is comfortable to continue. If not, the facilitator continues the discussion process.

No student should ever feel compelled to participate in any role (of course, most will have self-selected to come to this—but that does not mean they are comfortable to play any role).

No one needs to physically touch anyone during the play action. Players may come close into a person's "space" as part of creating/evoking an emotion—but that is all.

Those not participating should remember not to make any comments or interact or disturb the players while the action is taking place.

Characters

Everyone in the play receives a character. This lets the player know the setting, personality sketch and motivations. The information each student receives also contains information on other characters to help work together to create the situation that will emulate/simulate the psychiatric symptoms.

Scenario Design and Connection to Content

The teacher/facilitator should consider articles and references relevant to the topic at hand. Often, the action will result in a discussion bringing up issues that the teacher did not anticipate. This often leads to the educator and students agreeing to look up topics and information to bring back to the next session to share with the group (thus encouraging motivation and literature searching skills).

Processing/Debriefing

The discussion can be processed in the following order:

1) The protagonist's experience
2) The other players' experiences
3) The audience members' experiences
4) General discussion

After processing the experiences, the facilitator focuses on bringing in content information, helping elaborate the cognitive and emotional factors in a psychiatric symptom, and helping the students reflect further on the experience. The discussion needs to be built around the experiences of the students as the scaffolding to give the content a base.

Conclusions

The concept of Headspace Theater has been developed for simulation of mental health and addiction issues in an innovative way but its potential for experiential learning involving any situation that involves multiple view-points is clear. Thus, Headspace Theater can be beneficial for students in the health care field, including medical students, social work students, nursing students, and pharmacy students at all levels of training. The essence of

Headspace Theater is taking role-playing techniques to truly capture experiences that can help open windows in the learners' minds on what it would really be like to have a particular mental illness. In designing Headspace Theater, the principles of proper set-up, safety, and debriefing were refined and made central to the successful running of scenarios. These principles can be applied to all forms of experiential learning using classical role-plays, or even other forms of narrative experiential learning (e.g., showing a film clip with highly charged emotional content).

Preliminary reactions to Headspace Theater have been universally positive according to qualitative feedback. It is interesting that at least at this point, no negative feedback has been given when role-playing has been often looked upon as a method that may make participants anxious. Perhaps some participants felt they could not give negative feedback, although this was actively solicited for in terms of asking about dangers, pitfalls, reality, and improvement of scenarios. It should be noted in setting up any of the scenarios, the facilitators took great care to set up the learning climate, build trust, create an atmosphere of sharing, and experience with less intense scenarios building up to more intense scenarios if the participants seemed to be engaging with the methods and content. This may also have been part of the reason no negative comments were created. By not following basic education concepts of creating a positive learning climate, possessing the appropriate facilitation skills, and being attuned to the learners' needs, this method, like most interactive methods, could then indeed garner negative comments—but we assert that is due to the context and the teachers not taking time to learn the ins and outs of a teaching methodology and how to employ it properly and with thoughtfulness and reflection.

In the future, once the materials are further elaborated and developed, evaluation will include both qualitative and quantitative measures. Eventually, comparing teaching of similar subject material with and without these can be compared on multiple levels from content retention to impact on attitudes, empathic connections, and professionalism. Finding and/or developing an appropriate "Attitudinal Scale" (attitudes toward the mentally ill) will be key in measuring both before and after the intervention to determine whether mind-set had shifted and how that may relate to professionalism. Recent research in studying countertransference (23) has also opened up other ways to investigate the impact of Headspace Theater (e.g., examining such dynamics before and after Headspace Theater experiences—especially scenarios involving portrayals of such conditions like borderline personality disorder).

However, at this stage, this manual is being distributed to innovative educators who will pilot the materials with their learner groups and share the outcome with the author(s). It is hoped this will result in the creation of further scenarios, elaboration of methods and process pearls, and the eventual creation of a book for publication created through international collaboration! For those interested in participating, please e-mail the authors.

APPENDIX 1. Responses to Headspace Theater

- The exercise met the goals of evoking simulated experiences in participants in terms of symptoms of anxiety, psychosis, and substance dependence (90 comments)
- The overall structure and scenarios made the experience engaging and promoted discussion to allow more contextual understanding of the material being taught (84 comments)
- The methods were innovative and promoted excitement in participants (75 comments)
- Learners felt greater empathy for people suffering from mental health conditions (73 comments)
- Learners felt they wished to continue with further scenarios and wanted more to be developed to help augment understanding of other mental health conditions (41 comments)
- The experiences of the role-plays were less stressful than traditional ones (where the roles usually replicate a staff physician, resident, and medical students) (24 comments)
- The learners felt less isolated from fellow learners and the facilitator/teacher, and role-playing promoted a sense of reducing hierarchical issues (19 comments)

APPENDIX 2. Sample Scenario: The Kafkaesque Konversation (Psychosis)*

Setting: *Emergency Room. A patient has been brought in for a psychiatric assessment by the police. In fact, the patient thinks s/he is a medical student and is experiencing psychotic symptoms—that of a staff psychiatrist telling him or her what to do. The real doctor will be perceived by the patient as the mentally ill person.*

Props: None

Dramatic Personae: Facilitator; Protagonist (the Medical Student); the Staff Psychiatrist; the Patient. Optional but encouraged: Psychiatry Assistant/Orderlies (two)

Instructions: The Facilitator will discuss the rules of Headspace Theater and find volunteers for the roles *but will not say who the protagonist is (key point)*. Do not go out of your way not to mention it—just hand out the roles Medical Student, Staff Psychiatrist, Patient, etc. Set up the seats to allow a conversation as it would be in the ER. Then announce: ''The scene is the emergency room where a psychotic patient has been brought in by the police. The Staff Psychiatrist and Medical Student are about to interview the Patient (with the help of two Psych Assistants to keep things calm!) *Action!''*

Read the roles below and it will all make sense!

For the Medical Student: That party last night was too much. In fact, you can hardly remember much of last night. Well, at least you can feel good helping the staff doctor assess the psychotic patient. You are really eager to show you know some stuff. The staff doctor seems to be a bit demanding and always telling you what to do. Having a headache from the party last night does not help, but you will try to concentrate and listen to the patient.

For the Staff Psychiatrist/Hallucination: Guess what? You are actually a hallucination that the Medical Student believes to be real. You are supposed to be a harsh staff psychiatrist. You are going to help create the psychotic experience for the Medical Student.

Your role is to tell the Medical Student to do the interview, and constantly nit-pick everything s/he does—but not too harshly—almost like a running commentary. This can be done by mumbling loudly (''What lousy ID-taking!'') or more directly at times (''You would fail your exam if you ever asked that question that way again!'')

Do not ever directly respond to the Patient or orderlies—although you can make snide comments about anything they might have to say.

For the Patient: You really are not the patient—you are the doctor! The Medical Student is the actual patient brought in by the police—part of his or her psychosis is believing he or she is a medical student and seems to be talking to voices (played by the Staff Psychiatrist, who is actually a hallucination for emulating this experience from the point of view of the Medical Student).

Remember—the Staff Psychiatrist is not really there. Do not respond to that character—do not ask it questions—it is only perceived by the Medical Student.

In terms of the interview—do not identify yourself as a doctor at first. Just say things along the lines of ''Why are you asking *me* these questions?'' or, ''Well, I'll tell you if you tell me who you are . . .''

Eventually start asking questions like, ''Who are you talking to?'', ''You realize you are in the emergency room?'' . . . After 5 minutes, start saying, ''I am the doctor, you are the one the police brought in . . .I do not see any doctor there . . .''

For the Psych Assistants/Orderlies: The Medical Student is actually the patient brought in by the police—part of his or her psychosis is believing he or she is a medical student and seems to be talking to voices (played by the Staff Psychiatrist, who is actually a hallucination for emulating this experience from the point of view of the medical student). The Patient is the actual psychiatrist—whom you know quite well and have worked with before.

Your role is to sit and watch the interactions. Remember—the Staff Psychiatrist is not really there. Do not respond to that character—do not ask it questions—it is only perceived by the Medical Student.

You can keep staring at the Medical Student at all times. If the Medical Student asks you a question—try to answer in a nonuseful way and look to the Patient for any guidance. Since the Medical Student is psychotic, as time goes on (around 4 minutes) feel free to increase the stare into a malevolent leer (not that your character would really do it, but the medical student's psychotic perceptions would see this, so help create the illusion!).

The Debriefing

The debriefing includes a discussion of psychosis and related psychiatric conditions. In all the times the scenario has been run, the protagonist has never figured out that he or she was the one with the psychosis. The closest was when one said, ''Wow, I'm starting to feel like the patient,'' and then continued on anyway, saying later that she felt the ''patient'' had echolalia and the staff psychiatrist was incompetent! This scenario is very powerful and feedback has constantly rated it as the one that really captures the experience of what it might be like to have psychosis. In terms of common experiences, the learners endorsed feelings of isolation, alienation, bewilderment, paranoia, and helplessness. All learners playing the role of the medical student endorsed it being an excellent experience, as did the other participants. The facilitator then discussed actual presentations of schizophrenia and other psychotic disorders.

* This is not a scenario recommended to begin with. However, it was the most highly rated and recommended scenario endorsed by the learners in terms of educational impact. For lighter and more introductory scenarios, please contact the authors.

APPENDIX 3. Other Scenarios in Development Contained Within the Headspace Theater Manual

Tequila Recall	Alcohol use disorders. The protagonist awakens with no memories of the night before, a hangover, a stranger in the shower, and the police knocking on the front door (Addiction: Alcohol Issues)
Splitting Headache	Borderline personality disorder. The protagonist seeks solace at the closest ER
King of the World	Manic episode. The protagonist acts ''normal'' but all other players go very slowly and treat the protagonist like a god or king
Escape from Mars!	Psychosis and restraints. Protagonist is again ''psychotic.'' Players are dressed like martians and appear to want to do medical experiments on you—in fact, they are an ER team calmly trying to get a patient to take medication without resorting to physical restraints
Memento Mori	Deteriorating cognitive functions. The protagonist keeps having difficulties with the Mini-Mental State Examination and other cognitive tests, as well as experiencing classic delusions of having things stolen. Various people seem to remember the protagonist, although the same can be said for the reverse
Cyrano at the 7-11	Body dysmorphia. The protagonist has a large prosthetic nose placed upon his or her face, then the person and everyone in the group go outside into the ''real-world'' to a nearby corner store to buy a newspaper, etc. People can take turns doing this and then debrief the experience. Doing it within the classroom environment likely would not have the same impact since people will all be ''in'' on the scenario that what is required are some ''regular'' people to look at the protagonist strolling around

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