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Role Theory

The self emerges from the roles we play, rather than the roles emerging from a self that has not yet had the opportunity to be formed and integrated. Body, psyche and society are intermediary parts of the entire self.

—J. L. Moreno

Fundamental to psychodrama, sociometry and sociodrama is the concept of role. The role, according to J. L. Moreno is “the tangible form the self takes.” Feelings, thoughts and behaviors tend to be role specific; that is, we feel, think and act in ways that grow out of the role we are playing. Moreno felt that “the concept underlying this approach is the recognition that man is fundamentally role-player, that every individual is characterized by a certain range of roles which dominate his behavior, and that every culture is characterized by a certain set of roles which it imposes with a varying degree of success upon its membership” (J. Moreno 1934, 60). “The sociometrist will point out that the playing of roles is not an exclusively human trait, but that roles are also played by animals; they can be observed in the taking of sexual roles, roles of the nest-builder and leader roles, for instance.”

Moreno felt that in our modern, western society we each potentially have a

very large role repertoire, more than we are likely to use. This access to new and varied roles is a relatively new phenomenon in our mobile culture. "Our task, then, becomes finding the roles that best suit our own uniqueness."

"As a general rule, a role can be: 1, rudimentarily developed, normally developed or overdeveloped; 2, almost or totally absent in a person (indifference); or 3, perverted into a hostile function" (Moreno Vol I).

Roles have both a public and a private side; that is, we can experience a role in each dimension. We may experience a role differently in each dimension.

HOW WE DEVELOP AND ROLE-LEARNING

Role-learning begins at or before birth. It insinuates itself into and around thinking, feeling and behavior throughout each stage of development. Therefore, when we examine the contents of a role—the thoughts, emotions, actions, act hungers, open tensions, drives, wishes, needs, pressures and so on—we have a way of tracing the threads of our very self as they weave their way throughout our development. Gradually, roles take shape and increase in complexity as the self emerges from the roles that are played. "The function of the role," says Moreno, "is to enter the unconscious from the social world and bring shape and order into it." Because the development of the role begins at birth or even in utero (in its somatic form), when we explore a role in a psychodrama that exploration can have deep resonance and reverberation; it can reach from the present far back into childhood and infancy. The child is imbedded in the adolescent, both adolescent and child into the adult and so on.

Our neurological wiring is set up not in isolation but in connection. Roles transmit learning on a multisensory level that incorporates the thinking, feeling and behavior of those who came before us into our own self-system where they give "shape and definition" to our unconscious. Then, when the role reverses, when, for example, the daughter becomes the mother, the role learning is passed along to another generation.

When we explore the role, we also explore the thinking, feeling and behavior, along with the act hungers and open tensions, embedded within the role. This is part of what makes role-play such a profound vehicle for growth. In role reversal, for example, as we stand in the role of, say, our mother, we can act out

not only the part of her we see with our eyes or perceive with our senses, but the part of her that has become incorporated into our unconscious. Her tears may flow through our eyes but with new awareness as to why we might be carrying not only our own grief but the grief of generations. Or the tender reminiscences that allow a mother and child to touch hearts may emerge spontaneously through the roles we play in our own lives, the laughter that bubbles out of our chests but carries the humor of generations.

“Role is the functioning form the individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved. It begins at birth and continues throughout the lifetime of the individual and the socius. It has constructed models within which the role begins to transact from birth on” (J. Moreno 1964).

“A role . . . can also be classified from the point of view of its development in time: (1) it was never present; (2) it is present towards one person but not present towards another; (3) it was once present towards a person but is now extinguished. As the matrix of identity is, at the moment of birth, the entire universe of the infant, there is no differentiation between internal and external, between objects and persons, psyche and environment, it is one total existence” (J. Moreno 1964, Vol IV).

THE BODY-MIND NATURE OF ROLES

Roles develop into a relational context through interaction. They have physical, emotional, psychological, and what Moreno refers to as “psychodramatic” dimensions. . . . “We cannot start with the role process simply at the moment of language development. In order to be consistent and comprehensive we must carry it through the nonverbal phases of living. Therefore, role theory cannot be limited to social roles, it must include the three dimensions. . . . The infant lives before and immediately after birth in an undifferentiated universe which I have called ‘matrix of identity.’ This matrix is existential but not experienced. It may be considered as the locus from which, in gradual stages, the self and its branches, the roles, emerge. The roles are the embryos, forerunners of the self; the roles strive towards clustering and unification” (J. Moreno 1964).

The three dimensions that Moreno refers to above are: *somatic*,

psychodramatic and *social*. The somatic roles represent the physical aspects of self. The first roles that we play are physical or *somatic*, preverbal, and associated with the initial undifferentiated universe in which the infant experiences mother and the surrounding world as one with his own self. Included in the somatic roles that the infant plays are the role of the breather, urinator, defecator, eater and the sleeper. Further somatic roles emerge for the child throughout development, such as the crawler, the walker, the noisemaker and so on.

The next set of co-occurring roles that the developing child plays are *social* roles. Social roles represent the interpersonal roles we play with other people in our families and in society: mother/child, sister/brother. Social roles may have both a private and public dimension.

The *psychodramatic* roles represent the internal dimensions of self, the fantasy roles such as the thinker, the feeler, the dreamer. Exploring psychodramatic roles allows us to give shape and form to internal dimensions of self, concretize them, role reverse with them and work through any issues surrounding them. The blocked writer, the would-be entrepreneur/builder, the Don Juan, the seductress, the stuck victim can all be met and dealt with.

In examining a role, we need to take into account the sociocultural context in which the role developed. What was the cultural context and family environment that influenced, for example, the development of the role of an addict?

IN MORENO'S OWN WORDS

"It may be useful to think of the psychosomatic roles in the course of their transactions as helping the infant to experience what we call the "body"; the psychodramatic roles and their transactions to help the infant to experience what we call the "psyche"; and the social roles to produce what we call "society." Body, psyche and society are then the intermediary parts of the entire self (J. Moreno 1964). In the circle diagram on the next page, "the psychosomatic roles are in the innermost circle, and the next two concentric circles represent the social and psychodramatic roles, with a dotted line to separate them indicating that the threshold between them is thin. A smaller space is assigned to the social roles, since they are less intensively developed than the psychodramatic roles. In terms of development, the psychosomatic roles (role of the eater, eliminator,

sleeper, etc.) emerge first. The psychodramatic and social roles develop later, the domain of the psychodramatic roles being far more extensive and dominating than the domain of social roles. After the breach between fantasy and reality is established, the division between psychodramatic and social roles, which have been up to that point merged, begins gradually to become differentiated. The roles of the mother, son, daughter, teacher, etc., are called social roles and are set aside from the personification of imagined things, both real and unreal. The latter are called psychodramatic roles” (J. Moreno 1964).

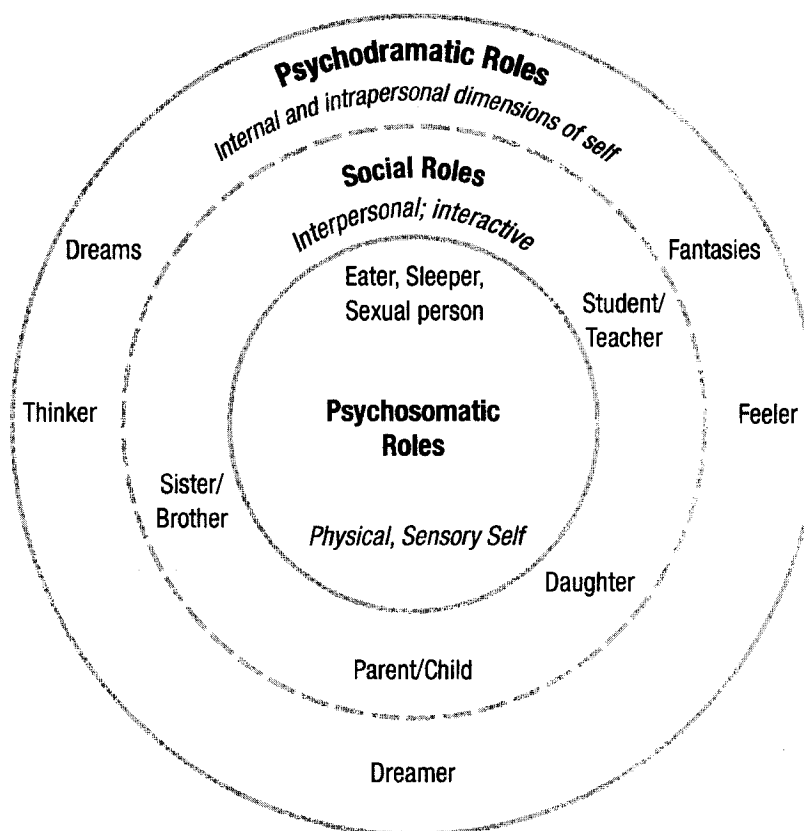


Diagram adapted from *Psychodrama Volume 1*

THE THREE STAGES OF LEARNING A ROLE

Moreno felt that we go through a specific set of stages in learning any role, be it mother, writer, jogger, politician or psychodramatist. He called these three stages role-taking, role-playing and role creation.

Role-Taking—The process of role-taking is most closely related to the concept of modeling. It is the taking in of a role through a modeling process in which we imitate and imbibe what we perceive or experience outside of us. There is generally little awareness of this process as it is happening. It begins in infancy, the way that we are touched, spoken to and held, the way that we are

seen or not seen will all go into our brain as our learning on how to be with an infant. When we are confronted with a similar situation, it is this historic knowledge that will be brought to the surface and acted out in role reversal, i.e., the infants, now the parent, will likely treat their infant the way they were treated if there is no conscious intervention in that process. Role-taking forms the brain template that is referred to again and again as a psychological and emotional map. This may be a part of why we play out life scripts for no apparent reason. Role-taking forms the partially unconscious portion of how we behave throughout our lives. The more consciousness we have around this process, the more of ourselves we can bring to playing out roles in our own lives.

Role-Playing—Role-playing is a more conscious level of role experience. We have already learned a role and are playing it out. Naturally, as we play out a role it will be played on our own stages, so to speak. It will come out through us with parts of ourselves insinuating into the role and making it, at least in part, our own. We have some perception of what we are doing and an ability to allow pieces of ourselves to enter the role as we play it.

Role Creation—Role creation can occur when the first two stages have been fully enough integrated so that the most creative part of the self can be brought to bear on restructuring the role in a new and unique fashion. Consider the exquisite early drawings of Picasso, how fine his lines are, how delicate and sensitive his portraits of people, how perfectly he was able to master his technique. Once mastered, he then was in a position to throw away what he learned, to toss it up in the air, into the universe, into the vast expanse of himself, and let fall in a new and highly personal vision of his own uniqueness.

Much in this way we create ourselves and our own lives through the roles that we play. When roles have been fully enough learned and experienced with something new created with the old, something old blended in with the new, when the security of those two stages is internalized, we feel able to take on the ultimate challenge of experiencing our inner dimensions. To enter into our lives with wonder, firmly rooted but with arms open to what might be. After the actor has learned his lines, incorporated the blocking and drawn out the parts of himself that relate to the role and integrated them with the playwright's conception of the role, he is in a position to role-create, to bring to the character

that which has never been brought in just this way, to release what is known and walk into what is not known with the confidence that what is available to him (if necessary in milliseconds) will be all the accumulated knowledge of the script, the playwright's conception of the role and his own integrated perception, with the self-assuredness to let it happen spontaneously within the moment.

ROLE PRESCRIPTIONS

One begins to see the advantages of approaching life and clinical work through a role perspective. Treatment plans can have role prescriptions in them that help to bring balance into the outer world of the client, and subsequently balance into her inner world, as the role has the power to "enter the unconscious and bring shape and order to it." In this way it is important not only to explore the inner world of the client but the roles that she is playing in her life. Which roles are in or out of balance, which roles is she overplaying and which is she underplaying? Are there some roles that need to move to the periphery in order to bring balance, and are there others that need to be added or made more central? How much satisfaction and aliveness is she experiencing in a particular role? What are the pressures, tensions or act hungers that are part of the roles?

For example, someone who is addicted has a role that has gotten out of control and is, like weeds, taking over the garden of his life. Roles are alive and growing. The addict will need to cut back certain roles and expand others in order for recovery to take hold. This behavioral emphasis has always been understood intuitively by the addictions field. Addicts need to give up the using role and replace it with other roles in order to continue growing as people. They may need to add the role of the twelve stepper, the group member, the healthy eater, the exerciser, and later, as these refine and bring new balance and order to their inner and outer worlds, and after they are well stabilized and integrated, they can experiment with new roles. We think, feel and behave according to the role we're playing. The addict thinks, feels and behaves like an addict. This is part of why full recovery so often requires a change in friends, the reduction of roles associated with addiction, and the adding of roles associated with health and recovery. The role, remember, enters the unconscious. Being an addict is a

powerful role that the unconscious remembers. The addict who remains in the environment that stimulates that role may be constantly tempted, constantly reminded and subtly drawn toward the thinking, feeling and behavior related to addiction.

Role-learning does not always generalize. The man or woman with an overdeveloped work role and an underdeveloped husband, wife or father role, for example, may succeed in one area admirably and fail miserably in another. The business man who wants to run his family like a corporation has the mistaken notion that the skill set for his business role is the same as that which he needs to succeed within the home. His wife and children are not likely to appreciate bulleted lists of tasks or his conducting a dinner conversation like a staff meeting. Or the doctor who is so used to handing out medical advice that she assumes she has something valuable to say on each and every subject may do well as a doctor but have few intimate friends.

SARA'S STORY: THE ROLE AND ITS SUBROLES

A stunningly beautiful young woman and a recovering addict, Sara announced in group that she was having awful memories of her using days, and some of the things that she did were haunting her. Sara had turned her life around admirably. She has excellent sobriety, a good working understanding of the underlying issues that led her to drink and a deep commitment to living a sober, healthful life. Sara fell in love and became engaged. In the course of becoming a lover to her fiancée, memories from her previous love relationships became warmed up. "Putting roles into action is what brings up the surrounding emotions, thinking, behavior and history attached to the role" (Z. Moreno 2004). Sara was feeling haunted by the sexual encounters that she had had in her drinking days, which were risky and sometimes dangerous. They were her way of feeling powerful. They were also an unconscious reenactment of the confusing and frightening sexual abuse she experienced from her brother, who was ten years her senior. In addition, Sara's jobs while using had always been part of her using world. She was a bartender and a topless dancer.

We decided to do her drama from a role perspective. Sara chose someone to play her addicted self surrounded by auxiliaries representing four subroles she

identified of her addicted self, “the seductress,” “the professional,” “her sadness and shame” and “the substance.” As she talked to each role and reversed roles with these various aspects of self, Sara was able to explore the thinking, feeling and behavior attached to each role. Concretizing and talking to the roles she had played as represented by auxiliaries gave her just enough psychic distance and clarity to allow the fuller picture to emerge. This allowed Sara to share the truth of her existence more fully, to self-disclose in service of healing and to gain insight into and compassion for her addicted self.

When Sara felt that she had completed her drama, I asked her to say the last things she needed to say to each role, put a hand on each side of them and put them where she wanted them to be. As Sara put the role-players in their seats, I asked her to choose someone to represent a more positive, functional version of each role in order to do some role-repair. She traded “the seductress” for a seductress who was playful and sexually alive in her marriage, “the professional” for a self-respecting, “ethical professional.” “Her sadness and shame” she wanted to keep, honor, comfort and transform into her “feeling self” because it was the part of herself who started to feel bad about her behavior and led her to sobriety. “The substance” she traded for self-esteem. Next Sara dialogued briefly with each new aspect of self. Then I asked her to put these parts of herself into a sculpture that felt right to her now. This was an enormously relieving piece of work for Sara. She felt very exposed, however, and it was through the sharing and identification of the group that her healing became more fully integrated. As the group identified, Sara learned that she was anything but alone in her acting-out behavior. Her willingness to be honest about it allowed other group members to be honest about their own. This allowed Sara to take in caring and support from others, ground her insights and feel less stigmatized, which let her be more comfortable in the group. Through interacting with roles within her own self-system, Sara was able to make changes in her inner and outer worlds.

SPONTANEITY/CREATIVITY AND THE ROLE

“Moreno first began his formal interest in psychology by observing and joining in children’s play in the gardens of Vienna,” writes Zerka Moreno, “in the first decade of this century.” In watching the children he was impressed by the

spontaneity with which the children entered the roles and he “became aware that human beings become less spontaneous as they age.” He asked himself, why does this occur? What happens to us? The same process struck him when he started to direct children in staged, rehearsed plays. “Initially the children brought considerable spontaneity and creativity to the creation of their roles, but eventually, the more rehearsed they became, the less their spontaneity and creativity. They began to conserve their energy, repeating their best lines, movements and facial expressions because they produced the greatest effect upon the audience. What resulted was a mechanical performance, lacking in reality. Clearly this was the same phenomenon evident in aging and in certain types of emotional disturbances, where one finds repetition without relation to the current situation, a freezing of affect and memory.” Moreno recognized these as what he later came to call cultural conserves, or “attempts to freeze spontaneity and creativity.” Moreno attempted to correct this or “slow down” the process of losing spontaneity by putting his actors from the Theater of Spontaneity into what Zerka describes as “a variety of situations, taking them by surprise and having them respond to one another. It was a freeing of their ability to act and interact on the spur of the moment. . . . He attempted to tap into the unconservable energy, spontaneity, from within the wellspring of the actor and use it in the developing of interaction, to see if some resolution could be found, either between the actors or within the actors themselves. The bonding which took place between them and which helped them to be more creative due to their cocreation, he called tele.”

In encouraging therapeutic actors to throw away their scripts and react spontaneously to new situations he was attempting to train spontaneity. By cutting off the old, scripted route he opened a route toward using the role in a novel way, to develop and train spontaneity.

THE PSYCHODRAMATIC THEORY OF DEVELOPMENT

Moreno puts forward a theory of psychodramatic role development that mirrors the functions of the double, the mirror, the auxiliary ego and role reversal built into the psychodramatic method. A developmental model of treatment is one that has received a much-needed scientific boost in recent

years. Studies in neurobiology point to how critical the early environment is in laying down the neural wiring that becomes part of our emotional regulation throughout life. "The emotion-generating limbic system is the most obvious site of developmental changes associated with the ascendance of attachment behaviors. Indeed, the specific period from seven to fifteen months (roughly Bowlby's period for the establishment of attachment patterns) has been shown to be critical for the myelination and therefore the maturation of particular rapidly developing limbic and cortical association areas" (Kinney, Brody, Kloman and Gillens, 1988; Yakovlev and Lecours, 1967; Schore, 1994, 1998a). Here, psychology and neurology meet in seeing early experience and environment as a critical part of a child's emotional and psychological development.

Every role, from birth on, is interactive and develops in a particular context. The environment in which a role develops needs to be taken into account whenever examining a role.

Following are the stages of development that infants go through on their road to maturity.

Stage One: The Double

In the first universe, the roles we play are somatic: the eater, the sleeper and the sensory/sexual being. The social or interpersonal roles develop in concert as the mother, father, siblings and early caregivers respond to and interact with this early universe of oneness. Perhaps the deepest seeds of self-image are planted and germinate here. Moreno refers to this as the "matrix of identity" in which the infant shares a "co-state" with the mother. One in which the universes of the mother and child are experienced by the infant as one; that in which the mother is the first "auxiliary ego" of the child, an auxiliary ego, without which the child cannot survive. Harmony in this dyad seeps into the infant where he experiences it as harmony within himself. Disharmony in this dyad also is experienced by the infant as disharmony within himself. What occurs in this dyad is also a precursor of future relational dyads, "the intrinsic regulators of human brain growth in a child are specifically adapted to be coupled by emotional communicators, to the regulators of adult brains." In these affective interchanges, the mother maximizes positive and minimizes negative affect states in the infant,

and they culminate in the development of an attachment system, the function of which is the dyadic regulation of emotion (Sroufe 1996). This is how children learn to self-regulate and is experienced by the infant as part of the construction of self. If the parent is an attuned “double” for the child’s experience, the child feels a sense of place and belonging. If, on the other hand, she leaves the infant to a world without doubling, the child may feel that he is incomprehensible to others and a sort of fissure may occur within the self due to feeling misunderstood or out of sync with his external representations of self since, from a child’s point of view, parents and some siblings are a part his own self. Initially, the child is an entirely sensory being and continues to function primarily from the senses into early development. This is, in part, why holding and touching are so important. We need to speak to our children through our senses as they understand best through their senses. The cooing, oohing and ahing, the touching, the shared affective world where both mother and child are enveloped in an attuned cohabitation, is where the child begins to feel her own presence in this world. Marsupial mothering, where the child and mother are almost attached and his little physical movement requires a sensitive adjustment on the part of the mother till both are comfortable, is a sort of physical model for an interactional, psycho-social phenomenon. These adjustments happen physically, emotionally and cognitively a thousand times a day. Without the nearness of the mother, there is a very significant loss of connection, as the child’s, at this point, connects through her senses and lacks object constancy. When the mother or father is not physically present, the child does not have the mental equipment to conjure them up. They are gone until they return to the child’s sensory orbit.

And the senses remain the first port of entry into toddlerhood, at least. Anyone who has raised a toddler knows that his first interaction with any object is to reach out his chubby little hand and touch it, then to bring it straight into his mouth. Sensory integration is every bit as critical to his development as emotional and psychological integration. One is related to the other. One can easily see how deficits at this stage are sensory in nature and may need therapies that allow the senses to participate in new learning. “There needs to be harmony between mother and child in these roles or it causes trouble in that fundamental

dyad” (Z. Moreno 2004). The child who is dragged along the street, forced to match the mother’s walking speed, or the one whose sleeping, eating or eliminating patterns are treated like annoying intrusions, reflects a lack of attunement in the mother-child or father-child dyad and can have long-term resonance in that child’s life in years to come.

Moreno cautions against filling the child’s world with too many inanimate playthings and too few real “auxiliary egos” who can, through natural interaction, teach a child the limits of his own psyche and behavior. He refers to dolls as being like “individuals with no spontaneity.” This is an especially chilling warning in today’s world, which is filled with so many technological playthings. The child gets no human feedback when playing with objects, no matter how animated they may be. The child has no human reaction to base his behavior on, no one falls over, cries, bleeds, hits back, smiles, laughs or loves. The connection with this phenomenon and violent or antisocial behavior is all too easy to make.

Stage Two: The Mirror

The second universe, or the stage of the mirror, heralds a beginning awareness of a separate self. After nine months the infant can engage in “joint attention,” or the ability to shift attention between an object and a person. In this form of nonverbal communication the infant coordinates his visual attention with that of the caregiver and is now not only aware of an object but simultaneously aware of the mother’s attention to the object. In such an instance of what Trevarthen et. al. (1998) call “secondary intersubjectivity,” each member of the dyad co-aligns separable yet related forms of consciousness.

Joint attention occurs with highly affectively charged social referencing transactions, an attachment process that mediates a resonance of positive affect. This dyadic mechanism allows the infant to appreciate that “the other person is a locus of psychological attitudes toward the world, that the other is ‘attending’ in such a way that shared experiences are possible” (Hobson 1993), a critical advance in the child’s adaptive capabilities.

The child begins to perceive her surroundings no longer only “as” the self but

also as a variety of reflections “of” the self. The child may still feel that the world exists at her command, that the sun rises and sets not only on but because of her, but there is the dawning of an awareness of self as differentiated from the world outside the self. If the world that is reflected back to the child is friendly and supports her growth and positive self-concept, the child hopefully experiences a growing sense of personal security. You might say ground begins to accumulate underneath the child’s feet that can eventually support her weight and be walked on. If, on the other hand, her reflected world is unattuned to her needs, drives and desires, she may experience herself as unmoored to anything constant, as difficult to understand, comfort or be with. This can clearly translate into a discomfort or dissonance within the self.

The transition from the double to the mirror is a constant back and forth and often a place, in my experience, that therapy pulls us back to. The holding function of therapy seems to have great healing power, the unconditional acceptance that slowly gives way to an ability to tolerate less-than-perfect holding so that clients can learn to live in the world without having to overcontrol other people’s responses to them in order to feel safe. All of us probably wish to be liked, but tolerating being unliked, rejected occasionally or misunderstood allows us to lead a life in which we can put up with “the slings and arrows the flesh is heir to” and get on with life without collapsing or overcontrolling or becoming enmeshed in order to manage our fears of feeling emotionally abandoned.

Much deep healing work inevitably happens in these first two stages as the holding, therapeutic relationships reach through the role relationship into the unconscious and give it new shape. Twelve-step work, in my experience, also can serve this function of holding and unconditional acceptance.

Stage Three: Auxiliary Ego

This is a stage of separation/individuation of continuing to identify the self in relationship to the other.

It’s easier to understand this if we put it into its developmental context. The way we develop is through introjection; we take in the other person, psychologically, emotionally and neurologically. In the doubling stage the child

is feeling that his mother's feelings are his feelings, and his feelings are the mother's feelings; this is introjecting. Internal feelings get picked up from the other person, and we're not distinguishing who the feelings belong to; they feel like mutual emotions. Mirroring is the beginning of awareness of the self as separate from the other, but only the beginning. In the stage of the auxiliary ego we are aware of making use of the other person in service of our own needs, but the other person is still not distinct and separate in the child's mind.

Codependency, for example, has some features of an unindividuated state, one in which we cannot fully distinguish between another person's inner world and our own; we're seeing the other person as separate but we think they have the same feelings we do, or that the feelings we imagine they have are their real feelings. The family-of-origin social atom is a concrete representation of this stage of development. Family members appear on the atom, not in their own right, but as extensions of the protagonist's world; they appear as the protagonist experienced them. We work with the protagonist's internalized set of object relations and slowly, work through the emotional or psychological blocks that may have frozen certain aspects of development at points along this stage.

Stage Four: Role Reversal

The stage of role reversal heralds a true sense of separateness, along with an ability to empathize with the other as a separate individual with different feelings and different motivations. It is a stage at which we are able to take our place in the world as an individual among other individuals, accepting ourselves as a person in our own right, with our own motivations, needs and drives, among others who are also separate individuals with their own motivations, needs, drives and histories. We are able to live with the knowledge that another person may not be able to be exactly who we may want them to be, nor should they have to. Others, like us, have a right to be themselves and work with us in what we call a relationship. We can take our rightful place in the larger context of the world without asking the world or our relationships to be what they cannot necessarily be in order to suit us. Having healed enough of our early wounds we are ready to accept the world not as we wish it were but as it is.

Eventually we become capable of a true encounter with another person, one

in which there are two subjects, intersubjectivity, when we're aware of the other person's subjectivity at the same time they are aware of ours. And when each person is also aware of herself, it is a true developmental accomplishment.

A SENSITIVE MOMENT IN DEVELOPMENT

Coming to the awareness that life and relationships in the present may not be all that we wish for can be a moment of deep integration that can sometimes lead to a sort of depression, an "is this all there is" feeling. This is sometimes referred to as the "depressive position," when you realize that your parent is separate from you and that she is both the good and the bad mother. The transition is from either/or to both/and; life is no longer black and white but full of ambiguity and paradox. It is a maturation out of the classic borderline position when the parent is seen as either all good or all bad, or the splitting defense. The classic defenses for the borderline position are projection, assigning to another person the parts of yourself that you want to get rid of, or projective identification, where you elicit from the other person an expected feeling or dynamic, perhaps a fear dynamic, e.g., you act as a frightened person so that you elicit retaliatory anger from someone and then they, in fact, become a feared object. Narcissistic wounds often occur in the stages of the double, which can seriously affect a person's ability to tolerate "mirroring" or feedback from the outside. These people have trouble taking it in and may experience it as attacking or dismissing and not seeing them. When someone is stuck somewhere on the continuum of the borderline position, it is considered to be related to the earlier stages of development, while being stuck in the depressive position speaks to a sadness and disappointment at the auxiliary ego transition. The stage of the auxiliary is also a maturation out of the narcissistic position, where others are seen only as extensions of the self and not people in their own right.

The depressive position is considered, in psychodynamic theory, to be a developmental accomplishment. It is also an important stage of therapy in which clients face the reality that they may never get what they yearn for, either from the person from whom they wish it or anyone else, in part because the yearning belongs to another time and place in development. Even if their parents, for

example, suddenly became the parents they wish had raised them, they are now adults, less dependent and vulnerable, no longer seeing through the eyes of the child. Getting what they yearned for could feel infantilizing. I see this oftentimes in clients who have mastered an aspect of therapy and come into a workshop, for example, saying, "I'm so disappointed. I've understood my needs, put them out there and still no one is meeting them." They may think they're with the wrong partner or missing something in recovery when actually they may simply be entering the stage of development where all children have to come to terms with the humanity of their parents and realize that all relationships do indeed have limitations. If this stage remains unresolved we may enter our intimate relationships wishing for and expecting in a way that sets us and our partner up for constant frustration and feelings of disappointment. The shame of this is that our intimate relationships with our own partners and children can be among the most healing of our lives. However, if we are marooned in a developmental position that is mired in trauma defenses and are unable to take in the caring and support because it feels ego dystonic (we are not wired for it) and absorb mostly the frustration and anger of the other because it is ego syntonic (we are wired for it), we lose access to one of our best possibilities for healing. We may pass our pain down through yet another generation. Spouses and children, because they stimulate our most primary and intimate roles, can be vehicles for healing the self if we can work through the trauma associated with early role learning and learn to live differently in intimate connection.



ROLE DIAGRAM

GOALS:

1. To familiarize participants with the variety of roles they play and allow for a paper-and-pencil exploration of them.
2. To understand the number and variety of roles played.
3. To observe those roles in relation to one another.
4. To explore content and satisfaction within the roles.

STEPS:

1. Ask participants to get a pencil and paper.
2. Ask them to put a circle somewhere on the paper with their name inside of the circle and extend lines like spokes of a wheel from the outside of the circle for about one and one-half inches.
3. Ask them to write on each spoke the major roles they play in their lives, for example, mother, wife, daughter, daughter-in-law, writer, professor and so on.
4. Ask them to choose one of those roles they would like to explore or one in which they feel some conflict.
5. Ask them to place another circle somewhere on the paper and put the name of that role within the circle, for example, mother. Then, as in the previous diagram, ask them to extend the spokes from the outside of the circle.
6. Ask them to put on each spoke an aspect of the chosen role, for the mother role, for example, chauffeur, doctor, listener, cook, nurturer, playmate, disciplinarian, friend, executive planner, teacher and so on.
7. Next, ask them to write the following words in a column at the side of the page: taste, smell, color, movement, texture and sound. Then, after each word, write the appropriate association with the word that would best describe or relate to the role they are exploring (for example, "the color that feels like the role of mother to me would be burnt orange"). (Adapted from Siroka, 1988)
8. At this point you may allow some time for sharing their adjectives with the group. Ask group members to share why they have chosen them to describe the various roles.
9. If you wish to move into action, the next step is to examine the diagrams to discover in which aspects of the role participants experience conflict or discomfort.

10. Structure whatever scene feels appropriate and ask participants who they wish to speak to about the conflict or issues they are experiencing: that is, where and with whom does the unfinished business lie, what aspects of themselves would they like to address by putting it into an empty chair or selecting an auxiliary ego to represent it?
11. Allow anyone who wishes to stage vignettes in order to further explore the issue or conflict, using doubling, role reversal, interview or soliloquy, or whatever technique might be helpful. The protagonist may wish to use an empty chair, or he may wish to choose someone to represent the person or aspect of self he is addressing.
12. Allow time for sharing after each vignette or for sharing as a group after several vignettes have taken place.

VARIATIONS:

This exercise can be done entirely as a paper-and-pencil exercise ending with group sharing. **Note:** Healthy people tend to be able to move in and out of roles with relative ease, and happy people tend to play more than one or two roles; they have a variety of roles among which they travel easily and naturally. Getting stuck in a role can lead to fatigue, a lack of creativity, and a sense of being bored or even depressed with life. In this case role work can help to gain perspective and a shift in awareness. If someone overplays a role until she feels burned out, she may need to add other roles to her life in order to provide new outlets for nurturing, creativity and growth. Though the answer may seem to lie in leaving the role in which she feels burned out, the solution may lie instead in adding new roles and expanding potential experiences.

ROLE DRAMA: ACTION REFRAMING

GOALS:

1. To concretize a particular role repertoire.
2. To work through the thinking, feeling and behavior attached to a particular role.

STEPS:

1. Invite the protagonist to cast auxiliaries to represent the self and the subroles. Before choosing each subrole auxiliary, it can be helpful to ask the protagonist to reverse roles and "show us the role."
2. Invite the protagonist to shape the self and subroles into an action sociogram or a sculpture.
3. Next ask the protagonist how it feels to look at this sculpture and ask him what is going on. The protagonist can reverse roles into the drama and play the self or double for any of the roles.
4. Whenever the scene seems to be winding down, ask the protagonist to "say the last things he needs to say for now to the self and subroles."
5. Next invite the protagonist to trade each role by deroling the role that may have been problematic and choosing someone to take on a new role (see Sara's Story). For example, the role of "the substance" can be replaced by a new role of "program, exercise and meditation" or "healthy, sober living." This is a form of action reframing.
6. After all of the old roles have been reframed into new ones, ask the protagonist to stand outside the scene and talk to it.
7. Let the scene draw to a close, return to seats and begin sharing.

VARIATIONS:

This drama offers an opportunity to turn the role diagram into an action sociogram and then do action reframing with roles that have become worn out or are dysfunctional, trading them for new, more appropriate roles. The sharing from role-players can be very rich and varied.



ROLE DEVELOPMENT

GOALS:

1. To identify points along the role development continuum where development may have been problematically affected.
2. To focus psychodramatic work on a developmental continuum and place developmental distortions into a context.

STEPS:

1. Familiarize the group with the psychodramatic theory of role development through talking and handouts.
2. Ask group members to quietly reminisce or share in group or subgroups about their development according to the psychodramatic model paying attention to both strengths and weaknesses they felt they experienced along the continuum of the developmental stages.
3. After sharing has occurred, ask if anyone feels warmed up to do work. Ask the protagonist at what point along the continuum she feels her work might lie; "Was there a point during one of these stages when you felt you became blocked or wounded?"
4. Invite the protagonist to choose auxiliaries to represent those people she was surrounded with at that time, primary auxiliary egos.
5. Proceed with a psychodrama. Note the developmental timing of the issue being explored.
6. Bring the scene to closure and allow plenty of time for sharing.

VARIATIONS:

This can also be done along a timeline, in which case the director asks the protagonist to select role-players to represent themselves at various points of development that feel significant from birth to the present. I find it helpful to put numbers along a timeline on the floor representing five-year intervals throughout the protagonist's life. Then auxiliaries representing aspects of self can locate themselves along the timeline in the appropriate period of the protagonist's life.

The timeline can be done as a journaling exercise by the protagonist creating a timeline of her life and then she can write a "doubling" statement or "soliloquy" for herself at each point along her time line. This should then be shared and processed with the group or therapist. This can also be done as a locogram putting each of the four stages of development in a corner and

inviting group members to stand in a corner that they feel represents a stage where they may have become wounded or need to work with for any reason.

ROLE TRAINING

GOALS:

1. To gain experience and practice in entering and adapting to a desired role.
2. To explore the nuances of a role as it relates to the self.
3. To explore the impact of the role from the position of the other.
4. To provide practice in underdeveloped roles so the anxiety and newness of a role can be worked through by “trying it on” in a clinical environment and practicing it.

STEPS:

1. Ask group members to come up with a role they need some practice with, wish to explore as a possibility for themselves, wish for a change of behavior in, or are walking into and feeling anxious or insecure about, e.g., career role, intimate role such as spouse, or lover, or a recovery role such as sober person, partner of a sober person, or self-reliant adult. The director may wish to interview the protagonist to gain a deeper understanding about his conflicts, anxieties or dreams.
2. Invite the protagonist to structure an anticipated scene in which he might play his role.
3. Set the scene and choose people to play all roles.
4. Role-play the scene with the protagonist playing themselves in the anticipated role. At any point where it would seem helpful to understand what's going on “inside” the protagonist, the director may ask him to take a step back “behind” himself and “double” for his own inner life, then step forward into the role again and continue the enactment. Group members can also spontaneously double for the protagonist or the protagonist in role-reversal.
5. Use role reversal as you would in any enactment so that the protagonist can (1) gain empathy and understanding of what it feels like to actually be the other person, and (2) to see himself in action from the perspective of the other person.
6. Continue to play the scene out until it resolves itself, then bring it to closure.

7. Invite the group to share identification and personal insight with the protagonist.

VARIATIONS:

1. The protagonist can be pulled out of the scene while a stand-in holds her role. In this way she can watch herself in action and gain insight into how her role plays out in an overall context. If using a stand-in, the protagonist may walk into the scene and double for herself when motivated to do so or simply watch herself "as if in a mirror."
2. While the protagonist is out of the scene other group members can take turns "trying on" the role and experimenting with a variety of approaches or behaviors that might be incorporated into the role. The protagonist may then choose from the group members' suggested options one or two that she may like to "try on," and she can play out the scene using this approach. In this variation, the protagonist can consider various role behaviors demonstrated by other group members from a safe distance. This can also allow for a degree of playfulness to enter the exploration.
3. Group members can take turns as in variation #2, but in this case the protagonist stays in the scene in role-reversal. In this way the protagonist can have the opportunity to experience herself from the other person's perspective.



ROLE RATING

GOALS:

1. To provide a step-by-step exercise to explore a role in a one-to-one therapy, or large or small group.
2. To use as a warm-up to psychodramatic role exploration.
3. To provide a role exercise that can be adapted for journaling.

STEPS:

1. Describe role basics to participants or group members, e.g., thinking, feeling and behavior are role-specific. We think, feel and behave according to and influenced by a role we're playing.
2. Ask group members to reflect on some of the major roles they play in their lives and write them on a piece of paper. Answer these questions on paper or out loud.

- Are the roles in your life balanced?
 - Which roles dominate?
 - Which roles would you like to be bigger?
 - Which roles do you feel most alive in?
 - Which roles do you feel most shut down in?
 - If you could magically add a role to your life, what role would you add?
 - If you could magically drop a role, which one would it be?
3. Next, make a circle and place the roles you play into pie-shaped wedges. Draw each wedge to represent the relative amount of time each role takes up in your life as compared with others. How much time do you spend in each role?
 4. Using numbers on a scale from one to ten, rate your roles using some of the following criterion:
 - How much satisfaction do you experience?
 - How much fatigue or burnout?
 - How much sense of success?
 - How much sense of failure?
 - How much aliveness?
 - How much conflict?
 5. If you wish to move into psychodrama, cast all of the roles with auxiliaries from the group and ask the protagonist to place them in the relationship to herself that she feels best represents her experience (e.g., near, far, large, small) then proceed with a psychodrama.
 6. After the drama has been brought to closure, the protagonist may place the roles in the manner in which she would like them to be in her life as a sort of map to work toward, or a wish fulfillment.
 7. Examine whether or not this is realistic. Is it a way of moving toward greater satisfaction or setting herself up for failure, and how does it feel to see the roles laid out like this? It may be necessary to modify until the right balance is achieved.
 8. Return to seats for sharing.

VARIATIONS:

This can be simply used as a paper-and-pencil exercise. In this case, stop at step five and use the information on the paper as a springboard for continued sharing and exploration. Or make a "role atom" playing roles in relationship to the self on paper. (See social atom).

If you don't want to mount a full psychodrama you may place an empty chair on the stage and proceed with monodramas or vignettes. Invite clients to put one of the roles they feel

particularly warmed up to working with in a chair and talk to it. Or this can be done as journaling and dialoguing between the role and the self.

ROLE-RATING SPECTROGRAM

GOALS:

1. To provide a group that shares common roles, a way of rating their satisfaction in those roles.
2. To provide a springboard for group sharing and processing.

STEPS:

1. Set up a spectrogram. (See Spectrogram, page 110).
2. Ask the group members to come up with three to five shared roles they would like to explore as a group, e.g., addict, recovering person, twelve-stepper, intimate friend.
3. Ask the group, "How much satisfaction are you experiencing in the role of recovering person, intimate relator, etc.?"
4. Invite whoever feels warmed up to share a sentence or two about why they're standing where they're standing.
5. Repeat steps three and four for each role the group has chosen.
6. Return to seats for continued sharing and processing, or chose a protagonist and move into a role drama, role reframing or any appropriate psychodrama.

VARIATIONS:

The word "satisfaction" in step three is only a suggestion. You can use any criterion, e.g., satisfaction, conflict, fear, anxiety, stuckness and so on. The criterion question, however, should be consistent so there is a valid comparison from role to role.

This could also be done as a locogram by designating four or five areas on the floor to represent roles and asking group members to stand in the section that represents the role they are experiencing (1) conflict in, (2) satisfaction in, (3) a wish to make more central, or (4) a wish to make more peripheral—or whatever criterion the group wishes to explore. The director may allow doubling in order to explore sociometric identification from role to role.



EXPLORING UNDERDEVELOPED ROLES

GOALS:

1. To explore roles that clients may feel they would like to develop in their lives.
2. To investigate why a particular role is underdeveloped.
3. To work with blocks that may be interfering with developing the desired role.

STEPS:

1. Name a role you would like to develop further and share it in group, along with why you wish to develop that role and what you feel might be standing in your way.
2. Invite anyone who is warmed up to play out the scene that he became warmed up to during this line of questioning.
3. Use any or all of the techniques of doubling, interviewing and role reversal to deepen the exploration.
4. After the protagonist is finished, return to seats for sharing, or permit the group to do a few vignettes and then share with multiple protagonists at the end of everyone's work.

VARIATIONS:

This exercise can also be done for overdeveloped or overplayed roles, roles in which you're experiencing "role fatigue," or roles in which you're experiencing "role hunger" or "role ambivalence." Vary it according to the needs of your clients. Clients from the addictions field may wish to explore the role of the recovering person, the sober person, the person who has a life that's working and so on.

Possible questions that can be explored either through sharing out loud or psychodramatic journaling might be:

What draws you to this role?

What parts of yourself do you feel would be actualized by playing this role?

What strengths do you bring to this role?

What are your weaknesses in this role?

What might you have to give up to play this role?

What might you gain in playing this role?



ROLE SHIFTS

GOALS:

1. To offer a way to examine major life changes from a role perspective.
2. To allow a concrete way of bringing closure (allowing them to be latent) to some roles and ramping up others.

STEPS:

1. Ask group members to take out a pen and paper, or offer them colors to work with.
2. Place a circle on the page. Write the role that is in flux in the center and on spokes jutting out the sides of the circle write all of the subroles associated with the role.
3. Allow the group to share what is on their papers.
4. Invite anyone who feels warmed up to cast role-players to play the role and all of the subroles attached to it.
5. Invite the protagonist to say what he needs to say to any aspects of the role. This might include saying good-bye to some aspects of the role, hello to others, and remodeling still others by allowing them to express themselves in new ways.
6. Invite the protagonist to resculpt his role constellations to meet the role demands reflected in his new stage of life. He may wish to allow some roles to sit down and choose auxiliaries to represent new roles. Some subroles may be kept and given new status, and others may simply represent a vacant space to be filled.
7. Return to seats for continued processing.

VARIATIONS:

Each stage in life has its own constellation of roles. When we move from one stage to the next, we add some roles and modify others. Looking at life changes in terms of role shifts can help us to make the changes with greater optimism and intelligence. For example, the man who has worked all his life within the same profession faces retirement. His major role of worker is in flux; which of his roles will he carry into retirement with him (e.g., husband, athlete, friend, uncle, brother, reader, musician and so on)? Though it may feel like his life is ending, it is actually his role that is changing. Depending upon how he feels about his work life, he will have a variety of responses toward ending it or evolving it into something different. He might make a list of all the aspects of the role that he is letting go of. For example, the worker

role might possibly contain teacher, traveler, planner, major earner, friend, listener, lecturer, etc. When he breaks the aspects of his role down, he can take a closer look at his possibilities for carrying on with those aspects of the work role that were most enjoyable for him and letting go of others. He may, in retirement, be able to continue being a listener, a lecturer and a teacher, both in paid and pro bono situations, which can bring him satisfaction, lessen the shock of the role change and give back to the society that has given to him. Equally, he can look at the roles he is moving into and make decisions about how he wants to play them. He may also wish to add roles that are appropriate to this stage in life. For instance, spiritual seeker or elder, or he may deepen the role of grandfather, which could be meaningful for all concerned.

The same basic approach can be used for any change, such as the empty-nest syndrome or midlife crisis. Taking this perspective on our lives gives us that little bit of objectivity that we need so we do not lose ourselves in a role or in a role change (we are not dying—perhaps the role or aspects of the role waning).
