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Applied Role Theory-II:
Dynamic Concepts

While applied role theory doesn't suffice as a stand-alone theory
(rather, it serves to integrate and complement other theories), it also
offers a number of valuable ideas which contribute to an overall
understanding of intrapsychic and interpersonal dynamics.

ROLE CIRCUMSTANCES VS. PSYCHIC DETERMINISM

The present predicament and anticipated future are often as important
if not more important than any consideration of early childhood influ-
ences. In this sense, applied role theory offers a corrective to tenden-
cies in dynamic psychology, especially deriving from psychoanalysis,
to view most dysfunctional behavior as being caused primarily by
reaction patterns developed in childhood. (In this way, role theory is
also consistent with the aims of existential psychotherapy.)

Analysis of the present predicament involves a host of factors,
emphasizing the environment and also including the individual's tem-
perament, abilities, and interests. It offers a particularly useful and

flexible conceptual tool, as a good deal of information comes from examining problems in terms of role conflicts, strains, pressures, overload, incongruities, and the like. Some questions that might be asked in addressing a situation include:

- Have the people in the various roles really learned how to perform them adequately? Are there elements that should or could have been trained but weren't?
- Are there areas of competence that are needed but not recognized by the person in the role, the person hiring or supervising the role, or the other people who are frustrated by an inadequate role performance?
- Have expectations of what the role consists of changed without explicitly notifying or training those who continue in the role?
- Has there been a loss of morale, encouragement, significance, or other shifts which might affect attitude?
- What are the sometimes subconscious beliefs and expectations that determine how people define their roles—which may include not only residues of early childhood experiences but also pervasive religious, political, economic, and other dimensions of role definition? (Gillette, 1992)
- Role overload is a common problem—that insidious tendency to gradually add additional demands, to the point that anyone would become stretched too thin in role performance (Bellak, 1975; Swenson, 1998).

One test for weighing the relative influence of realistic role stresses in the present versus excessive predispositions or sensitivities arising out of past experiences is simply to imagine oneself in this person's predicament. Given the simple yet realistic pressures of the major roles, mentally ask, "Would I feel equally conflicted or upset?" If the person seems to be overreacting, before assuming that he or she is "neurotic," first seek to articulate the full range of issues involved in the situation.

If that diagnostic process doesn't suffice, then it's appropriate to consider the effects of attitudes and expectations which are being carried over from earlier experience. Certainly this occurs, and not infrequently. It's just better not to assume this earlier source of interference without first checking out the realistic issues in the here-and-now. It avoids pathologizing people, treating them as if there's something wrong with them, and maximizes the likelihood of a more positive alliance in the task of problem-solving.

THE DEPTH OF ROLES

In any given role, there are several levels of disclosure, what is admitted openly or explicitly. First, there are those kinds of things which may be said in general society. Second, there is the level of what may be admitted to close friends in confidence, or perhaps to a therapist, but not disclosed to most people. This second level involves discretion and secrets.

At the third "pre-conscious" level, people have thoughts that come into awareness—but they're somewhat uncomfortable and tend to be pushed away. Bringing such levels out into explicit consciousness, as discussed in chapter 10, allows them to be dealt with more constructively. This is the main focus of most psychotherapy and exploratory psychodrama.

At a still "deeper" level (to use a spatial metaphor) is the "unconscious," those feelings and ideas that cannot be admitted to oneself. Given sufficient support, encouragement, and subjected to a wide range of techniques, from psychoanalytic free association to bodily exercises which arouse direct affects, images and feelings can be brought forward from the unconscious, first into the preconscious level, and from there, to a point where these may be shared with trusted others.

Jung notes another category of potential cognitions—vague perceptions which haven't yet acquired enough form or energy to register in awareness in the first place. It's not that they were repressed or pushed away, but that the individual hadn't yet come to a recognition of any specificity or significance. For example, a client may say, "Sure I put up with that; I didn't know any different." Bateson says that information is "a difference that makes a difference" and, without some meaningful contrast, perceptions may not gel. In other words, dissatisfaction requires some awareness of a "better" alternative.

One last category to be noted involves those ideas that have never been considered, such as the idea a few hundred years ago of women participating in the political process. These alternative ideas have a function later in the change process, when the challenge becomes the opening to creative alternatives.

These categories are not distinct, and experiences may involve mixed or in-between states. The point of noting the different levels is that, in any role or sub-role being analyzed, it is worthwhile assessing some of the more essential attitudes that might be expressed at the second and third levels of expression—the confidential and pre-conscious. Doubling, inner dialogue, and related techniques are aimed at

this dynamic movement. It's almost always necessary to clarify feelings and thoughts at these levels in order to work out problems or conflicts.

OTHER DIMENSIONS OF ROLES

Roles are learned, and the learning can be contaminated by anxiety, intensified and distorted by unconscious motivations, and disguised by evasive manipulations. One example is the unspoken cultural norm of not admitting feelings of inadequacy which leads to widespread misperceptions.

Roles can be thrust upon one, taken on voluntarily (but still requiring more than one bargained for), stripped away, relinquished, lost, and processed in many other ways.

Most people are in role transition in some dimension or another—aging, the cycle of any skill from beginner to mastery to revising the game, into and out of relationships, etc. Some are coped with easily, others subject people to major stress. Trauma may be defined as role shifts that are profoundly and intensely disorienting and disturbing.

For milder role transitions, which may also be cultural, economic, and multifaceted, there are almost always ambiguous issues which generate psychosocial conflicts:

- Which role components need to be retained and which relinquished?
- What supports are needed for entering or developing a role?
- Is there a conscious awareness of the role shift or is the transition being resisted in a state of denial?

Imagine a couple getting married and beginning the negotiations involved regarding how to celebrate holidays, differences in the styles of religious practice, how to cope with in-laws, etc. With whom can they talk about such issues? What infrastructure of knowledge is required before they can even communicate meaningfully with each other? Many young people hardly know these problems exist because our culture romanticizes love and fosters an unspoken assumption that meaning well (good intentions) can magically ensure understanding and harmony on all issues. This example illustrates the principle that role shifts often require a number of supportive adjustments, and a conscious, purposeful, skilled review of the problem is needed—though it rarely happens.

A related problem, common in most organizations, is that people hired for a job may fulfill official requirements without really having competence in all the actual components of the role. Once a person is situated in that role, however, he or she tends to be granted competence when it hasn't been demonstrated. The semi-humorous "Peter's Principle" that people are promoted to the highest level of their incompetence, dramatized more recently by the comic strip, "Dilbert," expresses my observation that most organizations have many people operating at marginal competence, and there is a collective collusion to overlook lapses into incompetence.

In turn, many supervisors are not trained to diagnose and constructively address such problems. (Incidentally, role analysis, discussed in the next chapter, offers a particularly useful methodology in this regard.) Without this ongoing process of clarification, marginal (and often sub-marginal) competence causes widespread problems in organizations. Unchecked, these problems are frequently attributed to other causes or (as scapegoats) other people, thus generating significant levels of interpersonal or group conflict.

A PLURALISTIC MODEL OF THE MIND

"The individual has as many different social egos as there are different social groups and strata with which he is connected. These egos are as different from one another as the social groups ad strata from which they spring."—Sorokin (1947, p.345)

One of the chief benefits of applied role theory is that it offers a model of the mind that, on one hand, is integrated and, on the other hand, pluralistic. Both processes may be addressed more explicitly.

First, regarding the pluralistic nature of mind: A current popular writer, Robert Fulghum (1993, pp. 8–10), describes:

"the commitee in my head, including a wise old person, a mechanic, demons, a fool, a scientist, comedian, musician, dancer, athlete, magician, professor, a Romeo, censor, police officer, fire fighter..," with perhaps a "ventriloquist's dummy, as chairman," ... "the disunited states of myself ... and the town meeting is always in session."

From many quarters, the idea that the mind is really a multiplicity has become increasingly familiar to the general public, and also within the fields of psychotherapy (Beahrs, 1982; Samuels, 1989; Schwartz,

1995; Hardy, 1987; Rowan, 1990; Rowan & Cooper, 1999; Vargiu, 1974). Role theory makes this model more understandable and more accessible for therapeutic interventions: simply engage the different roles in personified form in dialogue. This may be written in journal form and, of course, it's far more powerful and effective if such dialogues are fully, physically enacted in psychodrama.

One of the advantages of a pluralistic model is that it encourages the development of a broad role repertoire. It challenges the residual cultural attitude that valued consistency and a unified identity. This popular image of the definite character inhibits the enjoyment of significant contrasting interests and modes of expression. Even in ancient Greece, the whole person was encouraged to balance the "hard" sensibilities of physical education with the "soft" increased sensitivity of musical education.

The archetypal psychology of James Hillman, a post-Jungian, suggests the value in respecting and, to some degree, seeking to help find expression for the often contrasting passions and instinctual flows in the psyche. Hillman warned against tendencies to overemphasize the archetype of the "Self"—that integrative function which, if carried too far, can mute the richness of the contrasting parts of the personality.

The dramatic metaphor again offers a solution: Coordination of characters need not interfere with their finding some balanced expression, so that even in his tragedies, Shakespeare often put in some ironic comedy by the jester. The self as work of art benefits from a rich variety of forms, and even moderation should not be carried to excess.

The pluralistic model of the mind, plus applied role theory, has a practical application in addressing the common complaint of confusion. The strategy involves reframing confusion as a conflict among two or more parts, but the parts are interrupting and disqualifying each other so much that the client can't hear what the issues are. By imposing a new role, mediator, who hushes first one part and then, after hearing from one side, hushes that and listens to the other side, the underlying conflicting roles can be identified. Role naming is followed by a process akin to doubling in helping each role express itself fully. The underlying roles are often not very articulate and need this gentle process of being drawn forth.

INTEGRATING THE MIND

The idea that the mind is pluralistic isn't new—Freud imagined three parts which were, in a sense, re-named by Eric Berne; it's just that the number of parts isn't limited by any single theory. In a sense, Jung's

concept of "archetype" is role-like in nature, although it's also more subtle and primal. Just thinking of the mind, however, as a confederation of parts has problems too because there's no suggestion of who's in charge. Since one of the essential elements of emotional health is the capacity to take responsibility, where is the "I?" (Frick, 1993).

Alfred Adler called his approach "Individual Psychology" in part to emphasize his focus on the individual—i.e., non-divided—function of the mind. Applied role theory includes both dimensions, the mind's pluralistic nature, in terms of the many roles it plays, and its integrative functions, as the meta-roles. This dual functioning was noted in the previous chapter. In dramatic terms, these meta-roles are the playwright, director, producer, and critic roles. If the mind were a large organization, the meta-roles would serve the managerial and executive functions.

Thus, in a sense, we are all "multiple" at some level, which doesn't mean everyone is a "multiple personality disorder." Rather, in playing with the words, I've suggested that what's going on is "multiple personality *order,*" only the degree of order depends on the competence of the management functions (Blatner, 1991). In other words, the existence of different parts of the mind in itself causes no problem, but if the meta-roles fail in coordinating them, then various types of psychological dysfunctions ensue.

What was called multiple personality disorder (now renamed "dissociative identity disorder" by the DSM-4) might then represent not just mediocre management but total abdication of the effort to integrate the various aspects, which then develop their own autonomy. Thus, contemporary treatment for MPD involves a process of developing integrative skills, and I would suggest that the role concept and the idea of meta-roles could facilitate this goal. They could more vividly communicate the need of a healthy ego to balance the provision of a sense of security with a courageous expansion of new frontiers, foster discussion and negotiation among the various roles, and consciously work out effective compromises.

ROLE TAKING: A KEY SKILL

On one level, people naturally take on roles. Through simple imitation, quite young children begin to pick up these gestalts of attitude and behavior. Later, as anyone begins to embody a new role, the elements tend to be a little superficial at first. The words and actions generally fit cultural expectations.

Moreno differentiated between role taking and role playing, not in the sense of the exploratory method but just as a descriptive term. He wanted to emphasize that, as one becomes somewhat familiar with and/or secure in a role, there is a tendency to explore its boundaries, to play with it! Variations, adding personal style, some experimentations with its possibilities are all entertained. Also, the sociologist Ralph Turner (1962) noted that role enactment is a dynamic and continual process of creation, not just behavior conformity to preexisting expectations.

Moreno went even further, noting the potential in role taking for "role creativity" in which the role is modified, sometimes even challenging the general expectations or social norms. Women who began to affirm the right to be a mother *and* also have a career were redefining this role.

Two other types of role creativity should be noted. One involves more consciously playing a role in order to absorb some of its associated features, which is part of the therapeutic approach advocated by George Kelly's "Personal Construct" theory.

Another type of creative activity involves consciously taking another person's role in order to understand that person. In addition, one may exercise this to communicate empathy, for therapeutic or social purposes. Whereas ordinary role taking is somewhat superficial, empathic role taking requires a consciously cultivated skill (See chapter 12).

I've found that role taking offered the most effective guide for understanding my clients, and often for helping colleagues in consultation. Not only does it offer a useful tool for building this skill in the professional, but there's also considerable value in teaching clients to use it to better understand other people. A certain amount of psychological dysfunction derives from not knowing how to get past the habit of thinking that others should be like oneself. Learning the skill of becoming more imaginative, of extending oneself to consider the predicament of another person, serves to promote maturity and help overcome egocentricity. Also, clients can become more attuned to the emotional needs of their own "inner selves," learning to express these as if they were roles in a drama, which tends to bypass tendencies to explain or otherwise intellectualize their feelings.

ROLE AS "LENS"

A related advantage of applied role theory is that it allows for exercising the role taking process in a workable fashion. People are complex.

They may be thought of as consisting of scores of roles, and it is nigh-impossible to try to encompass the fullness of another's being in one's own mind. The idea, however, of imagining one role in another person is far more do-able. For example, if I asked you to tell me about your mother, it might be difficult for you to know where to begin. On the other hand, if I were to ask you to tell me about just one role aspect of your mother, say, her relationship to money or her attitudes to house cleaning, that might help you focus your memory and imagination. Thus, in seeking to understand another person, focus on one of the more specific role components at a time and gradually warm-up to imagining what that role might be like.

Additional cues may be used, such as considering how this person talks or acts in relationship to others. Picture the scene and allow the voices to be "heard"—don't consciously put in your own expectations, but be receptive to what "comes to you."

Furthermore, don't try to understand everything. Allow yourself to return to the implied question at hand, and wonder about the roles that seem most relevant to that question. This statement is in contrast to some tendencies in psychology to use general tests or interview schedules, what I call "fishing expeditions." These are occasionally productive, but even more often wasteful of time, misleading, and confusing to the client who wonders what the interviewer is getting at.

One of the disciplines of consultation, then, is to reground the investigation in the contracted problem, a process of checking the exploratory process. Would what is being sought make any difference in how either client or consultant would behave? This attitude recognizes the potential for information overload and "data smog." In the past, it was generally felt that extensive history-taking or simply free-association was useful because all information was beneficial. That fit with a time when long-term therapy was a norm—and also benefited the pocketbook of the therapist. This bias must be questioned as to its political motivations and intellectual assumptions. We need therapies and problem-solving methods that can re-focus.

I must caution that the skills I'm describing require practice. They cannot be mastered simply by reading about them, nor can words capture the nuances and dimensions of judgment that must be employed in exercising these activities. Nevertheless, this discussion is useful in noting that such skills are worth exercising and attaining as part of developing the role of "people-helper," whether one works in a clinic or a business.

MUTUALITY IN ROLE TAKING

George Bernard Shaw said, "*Don't* do unto others as you would have them do unto you—they may not have the same tastes." Despite Shaw's dictum, the activity of imaginative role taking, of wondering how you might feel if you were in that situation, is still relatively better than not exercising that skill at all. Shaw is right, though—you could be wrong! How then can you reduce the likelihood of imposing your mistaken ideas on others?

Mutuality involves the integration of humility in human relationships. One can be vulnerable with dignity, admitting from the beginning of the process that mistakes are inevitable as one person attempts to understand another. The trick is to build in an ongoing process of correction!

Here again, applied role theory helps provide a model. I say to my clients, "I want to understand where you're coming from. After listening for a while, I'm going to put myself in your shoes and speak as if I were you. I may be partly right, I may be partly wrong. Since my job is to get on your wave length, I need your feedback in helping me to gradually become more accurate."

This process, which I call "active empathy," is simply role taking mixed with an interactive mutuality so that the person being empathized with is free to correct the empathizer. This role taking is intrinsic to the double technique in psychodrama, with aspects of role reversal or auxiliary ego work, and in ordinary therapy, relates to what Carl Rogers called "working with the client's *self system*." The point is to use the kinds of words that the client would probably use rather than give in to the temptation of imposing psychobabble, professional jargon, or other intellectualized generalities.

This is very different from what so often occurs in therapy or groups: People "make interpretations" which is an intellectualized way of saying that one person presumes to pronounce opinions about how the other person is thinking or feeling. This is also disguised as well-meaning helpfulness, but it is generally experienced as intrusive, mildly assaultive, and intimidating.

The purpose is to help people stretch their imaginations and self-awareness just a small step beyond their ordinary mind-set—that's all anyone can handle, just a small step at a time. A more radical "interpretation" or "confrontation" tends to result in confusion or shutdown, however placating the external behavior may seem.

There is no loss of the therapist's authority in confidently using this technique. Instead, it is novel and refreshing enough to engage the

patient's curiosity. It stimulates the patient's interest and challenges the therapist to see if he or she can truly empathize with the patient, using words phrased so that the patient feels understood. This subtle, playful element can paradoxically communicate genuine compassion about the patient's distress while seeking to understand the dynamics and to formulate new strategies.

With clients who tend to be dependent, deferential, or overly placating I often need to have them learn and practice (repeatedly) the role of correcting an authority. I remind them that I'm like an actor and they're the playwright or director. I'm just trying to get the lines right, to express the character as they know it to be. This is a kind of "role training" process, but it has many powerful implications in reducing the intimidation of the conventional therapist-client relationship.

A slight digression here: A not-insignificant component of transference in psychotherapy has to do with clients having rarely, if ever, encountered helpers who would allow themselves to be guided and corrected by the helpee. This may never have consciously registered as a problem, but it results in a measure of interpersonal distrust and vulnerability in most helping relationships. Perhaps, after years of interpreting the transference in a classically psychoanalytic relationship, these dynamics may finally become explicit, but even then it doesn't answer the question of how to cope with the problem.

Worse, conventional interpretations about these transferential inhibitions or reactions often miss the point! If this view of the problem is correct, that it lies in part in the fact that many helping role relationships are problematical, then viewing these as distortions of early parent-child relations may actively mislead the client and not relieve the distrust.

The answer involves the helper being clearly willing to be corrected, to work mutually, and to actively initiate and guide this interactive process. All the insight in the world on the client's part cannot ensure this—it takes both parties to play in this new, healthy fashion, and it cuts through many artificial distortions and misinterpretations

I mentioned how accurate role taking is an interesting creative challenge for the therapist. In a mutual process of exploration, the client can also enjoy this construction of more meaningful understandings, participating by being empowered to give corrective feedback—the two become cooperative artists engaged in more fully expressing inner experience. This somewhat entertaining element also applies to group explorations with a playful tone, with the group leader also being open and tentative.

In the next chapter, other practical applications of role theory will be described.

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