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CHAPTER 6

The Role Concept, A Bridge Between Psychiatry and Sociology

1961

Editor's Note: This article contains Moreno's concepts of the self and the unconscious as well as role. In his view all three are active and interactive in nature.

According to Zilboorg two psychiatric revolutions have taken place in the last three centuries. Each psychiatric revolution was accompanied by a new body of theories and by new methods of clinical practice. The first psychiatric revolution was connected with the name of Philippe Pinel, his freeing of inmates from chains (1792); the second psychiatric revolution with Sigmund Freud, his treatment on an individual basis through psychoanalysis (1893). In retrospect, Zilboorg's view requires basic correction. The second psychiatric revolution had at least two other highlights: Ivan P. Pavlov's conditioned reflex (1904) and Adolf Meyer's psychobiology (1906).

There is wide consensus that we are now in the midst of the "third" psychiatric revolution. Psychoanalysis faces its greatest crisis; it is in decline in the West and is rejected in the Communist countries of the East. The new era is one of multiple innovations which have set the pace for the new developments in psychiatry. It is characterized by the group psychiatric approach. The theories of interpersonal relations, microsociology, and sociometry—and the

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theories of the encounter, spontaneity, and creativity—have opened up vast areas of research in psychiatry, social psychology, and social anthropology. New methods of therapy—group psychotherapy, psychodrama, sociodrama, psychosomatic medicine, and psychopharmacology—have been introduced. The ideas of the therapeutic society, therapeutic community, the day hospital, and the “open door” of prisons and mental hospitals are beginning to replace the older coercive methods of the management of prisoners and mental patients....

A new body of theory has developed in the last thirty years which aims to establish a bridge between psychiatry and the social sciences; it tries to transcend the limitations of psychoanalysis and behaviorism by a systematic investigation of social phenomena. One of the most significant concepts in this new theoretical framework is the role concept.

Current surveys of the origin and development of role theory and role concept emphasize the contributions made by sociologists and psychologists but neglect the contributions of psychiatrists. The reader gets the impression that psychiatrists had nothing to do with the development of role concepts. The authors of these surveys are often psychiatrists. Why do these authors look for the origin of new ideas in other sciences, neglecting their own, psychiatry? Psychiatrists are often given second place when it comes to theory; they react with inferiority feelings when they are accused by psychologists and sociologists of being less scientific. Sociologists, in contrast, suffer frequently from a superiority bias, writing, rather than observing and experimenting, being their favorite occupation. It is only fair to point out that besides non-medical authors, numerous psychiatrists have had a profound bearing upon the development of the role concept, influencing many sociological and psychological authors in their own, more academic formulations.

“Role,” originally an Old French word, which penetrated into Medieval French and English, is derived from the Latin “rotula.” In Greece and also in ancient Rome, the parts of the theatre were written on the above-mentioned “rolls” and read by the prompters to the actors who tried to memorize their part by heart; this fixation of the word appears to have been lost in the more illiterate periods of the early and middle centuries of the Dark Ages. It was not until the sixteenth or seventeenth centuries, with the emergence of the modern stage, that the parts of the theatrical characters were read from paper fascicles, whence each scenic part becomes a “role.”

Role is not thus a sociological concept; it came into the sociological vocabulary via the drama. It is often overlooked that modern role theory had its logical origin and its perspectives in the drama. It has a long history and tradition in the European theatre from which gradually developed the therapeutic and social direction of our time. It is from Europe that the seed of

these ideas were transplanted to the U.S.A. in the middle of the twenties. From the roles and counterroles, the role situations and role conserves developed naturally their modern extensions: role player, role playing, role expectation, acting out, and finally, psychodrama and sociodrama. Independently, the sociological concept of role taking by G. H. Mead took form (1934) and was further developed by R. Linton (1936); both of these men were apparently unaware of the basic dependence of the process of role taking upon the drama. Many American sociologists have monopolized the concept of role, especially T. Parsons, as if it were sociological property. But most terms and meanings which Parsons and associates present in their writings can be found in prior publications.¹

DEFINITION OF ROLE

Role can be defined as the actual and tangible forms which the self takes. We thus define the role as the functioning form the individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved. The symbolic representation of this functioning form, perceived by the individual and others, is called the role. The form is created by past experiences and the cultural patterns of the society in which the individual lives, and may be satisfied by the specific type of his productivity. Every role is a fusion of private and collective elements. Every role has two sides, a private and a collective side.

The role concept cuts across the sciences of man—physiology, psychology, sociology, anthropology—and binds them together on a new plane. The sociologists, G. H. Mead and R. Linton limited the theory of roles to a single dimension, the social. The psychodramatic role theory operating with a psychiatric orientation is more inclusive. It carries the concept of role through all dimensions of life; it begins at birth and continues throughout the lifetime of the individual and the *socius*. It has constructed models in which the role begins to transact from birth on. We cannot start with the role process at the moment of language development, but in order to be consistent we must carry it through the non-verbal phases of living. Therefore, role theory cannot be limited to social roles; it must include the three dimensions—social roles, expressing the social dimensions; psychosomatic roles, expressing the physiological dimension; and psychodramatic roles, expressing the psychological dimension of the self.

Illustrations of psychosomatic roles are the role of the eater and the sexual role. Characteristic patterns of interaction between mother and infant in the process of eating produce role constellations of the eater which can be followed up throughout the different life periods. Psychodramatic forms of

role playing, such as role reversal, role identification, double, and mirror playing, contribute to the mental growth of the individual. The social roles develop at a later stage and lean upon psychosomatic and psychodramatic roles as earlier forms of experience.

The function of the role is to enter the unconscious from the social world and bring shape and order to it. The relationship of the roles to the situations in which the individual operates (status) and the relation of role as significantly related to ego has been emphasized [in *Who Shall Survive?*].

Everybody is expected to live up to his official role in life; a teacher is to act as a teacher, a pupil as a pupil, and so forth. But the individual craves to embody far more roles than those he is allowed to act out in life, and even within the same role, one or more varieties of it. Every individual is filled with different roles in which he wants to become active and that are present in him in different stages of development. It is from the active pressure which these multiple individual units exert upon the manifest official role that a feeling of anxiety is often produced. Every individual—just as he has at all times a set of friends and a set of enemies—has a range of roles in which he sees himself and faces a range of counterroles in which he sees others around him. They are in various stages of development. The tangible aspects of what is known as “ego” are the roles in which he operates, the pattern of role relations around an individual as their focus. We consider roles and the relationships between roles as the most significant development within any specific culture.

Role is the unit of culture; ego and role are in continuous interaction. Role perception is cognitive and anticipates forthcoming responses. Role enactment is a skill of performance. A high degree of role perception can be accompanied by a low skill for role enactment, and vice versa. Role playing is a function of both role perception and role enactment. Role training, in contrast to role playing, is an effort, through the rehearsal of roles, to perform adequately in future situations.

Regressive behavior is not a true regression but a form of role playing. In paranoiac behavior, the repertory of roles is reduced to distorted acting in a single role. The deviate is unable to carry out a rôle in situ. He either overplays or underplays the part; inadequate perception is combined with distorted enactment. Histrionic neurosis of actors is due to the intervention of role fragments “alien” to the role personality of the actor.

By means of role reversing one actor tries to identify with another, but reversal of roles can not take place in a vacuum. Individuals who are intimately acquainted reverse roles more easily than individuals who are separated by a wide psychological or ethnic distance. The cause for these great variations are the developments of co-conscious and co-unconscious

states. Neither the concept of unconscious states (Freud) nor that of collective unconscious states (Jung) can be easily applied to these problems without stretching the meaning of the terms. The free associations of *A* may be a path to the unconscious states of *A*; the free associations of *B* may be a path to the unconscious states of *B*; but can the unconscious material of *A* link naturally and directly with the unconscious material of *B* unless they share in unconscious states? The concept of individual unconscious states becomes unsatisfactory for explaining both movements, from the present situation of *A*, and in reverse to the present situation of *B*. We must look for a concept which is so constructed that the objective indication for the existence of these two-way processes does not come from a single psyche but from a still deeper reality in which the unconscious states of two or several individuals are interlocked with a system of co-unconscious states. They play a great role in the life of people who live in intimate ensembles, like father and son, husband and wife, mother and daughter, siblings and twins, but also in other intimate ensembles, such as in work teams, combat teams, persons in concentration camps, or charismatic religious groups. Marriage and family therapy, for instance, has to be so conducted that the "interpsyche" of the entire group is reenacted, so that all their tele relations, the conscious and co-unconscious states, are brought to life. Co-conscious and co-unconscious states are, by definition, such states which the partners have experienced and produced jointly and which can, therefore, be only jointly reproduced or re-enacted. A co-conscious or a co-unconscious state can not be the property of one individual only. It is always a common property and cannot be reproduced but by a combined effort. If a re-enactment of such co-conscious or co-unconscious state is desired or necessary, that re-enactment has to take place with the help of all partners involved in the episode. The logical method of such re-enactment à deux is psychodrama. However great a genius of perception one partner of the ensemble might have, he can not produce that episode alone because the partners have in common their co-conscious and co-unconscious states which are the matrix from which they drew their inspiration and knowledge.

As a general rule, a role can be (1) rudimentarily developed, normally developed, or overdeveloped; (2) almost or totally absent in a person (indifference); (3) perverted into a hostile function. A role in any of the above categories 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.

A simple method of measuring roles is to use as a norm permanently established processes which do not permit any change, role conserves like

Shakespeare's *Hamlet* or *Othello*, Goethe's *Faust* or Byron's *Don Juan*. Another method of measurement uses as norms social roles which are rigidly prescribed by social and legalistic customs and forms. Illustrations for this are social roles as the policeman, the judge, the physician and so forth. Another method of measurement is to let a subject develop a role *in statu nascendi*, placing him into situations ranging from the little structured to the highly organized. The productions of different subjects will differ greatly and will provide us with a yardstick for role measurement. Another method of measurement is to place a number of subjects unacquainted with each other into a situation which they have to meet in common. Illustration: six men of equal military rank are camping. Suddenly they see an enemy parachutist landing in the nearby forest. They have to act on the spur of the moment. A jury watches to see how the group grows *in statu nascendi*; the jury may discern (a) what relationships develop between the six men: who is taking the initiative in the first phase, in the intermediate phase, in the final phase of their interaction? Who emerges as the "leader"? (b) What action do they take towards the enemy? (c) How is the situation ended and by whom?

Another significant method of measurement is the analysis of role diagrams and sociograms of individuals and groups from the point of view of role interaction, role clustering, and prediction of future behavior.

A considerable amount of experimental and validation studies have been made in recent years with regard to role theory.

SUMMARY

The concept underlying this approach is the recognition that man is a 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.

In contrast to the theories presented by psychologists and sociologists, "psychiatric role theory" developed largely out of clinical contexts, methods of prevention, treatment of psychosis and neuroses, of marriage and family groups, of interpersonal relations, of problems of industrial adjustment, of the fields of mental hygiene and education.

Role research and role therapy are still in their infancy. Psychodrama presents a valuable vehicle for experimental and control studies of roles. It permits the observation of individuals in live situations in which they are concretely involved.