

# **Role Theory and Psychodramatic Couple Therapy: Assessment and Intervention**

DRAFT, Updated 17 August 2020

## **Introduction**

The main purpose of this document is to collate some notes relevant to role theory and Psychodramatic Couple Therapy. The document also has links and references to further reading.

Roles are usually defined as a response to another person, thus roles come in pairs and are best described as role pairs. (See blog post, Logeman, 2015) Role change in one person will impact the response from the other, hence it is useful to see the role pair. It takes only one person to change a relationship by finding a new role. Couples come to therapy because there is something awry in their relationship, this can be understood as something awry in their role dynamics.

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## **Zerka Moreno on roles**

### **The Concept Of Role In Psychodrama**

In psychodramatic terms, the role is a final crystallization of all the situations in a special area of operations through which the individual passes in interaction with others who play complementary roles. A role does not take place in total isolation from the environment or from significant others. It is thought of as a functional or dysfunctional unit of interactional behavior. The role can be defined as the actual and tangible form which the self takes. Self, ego, personality, character, and so forth, are cluster effects, not roles in themselves. The role is a fusion of private and collective elements.

During the 1960's, an unfortunate connotation was attached to the term "role playing," Wherein the enactment of roles was not seen as an inherent function of the human being, but as something dishonest, a mask over the real person. This is a complete misunderstanding of the role concept in therapy.

'The dramatic format of the Theatre of Spontaneity led to the concept of the role and role formation. They are placed into three main categories: Psychosomatic Roles, relating body and psyche, Psychodramatic Roles or Fantasy Roles, and Socio- Cultural Roles. The role is not considered separate from a person's essence, like the clothes he puts on or takes off, but as an existential part of his being, the part that makes up his ego with other roles. The personality may emerge from the roles, since role enactment takes place before there is role perception. The psyche is an open system with the roles in various stages of development. It is not a container into which the roles fit, like pick-up sticks in a tube. Every human being has a role repertoire far larger than normally used. There is great individual variation in the number of roles each one activates and in the value placed on them. Roles may be absent, latent, emerging or developing, incomplete, distorted, in full activation, descending, dying or burning out and replaced. They may be of central order or peripheral. Their condition and states are not fixed; they may move from one position to another. Inability to move, rigidity of roles, has to be attended to by therapy and/or retraining.

Zeig, Jeffrey K.. Evolution Of Psychotherapy, First Conference  
Taylor and Francis. Kindle Edition.

### **Roles can elucidate the overall dynamics**

The stories that the couple bring to therapy often describe scenes that could then be viewed as the role systems. Such roles as: distancer and pursuer, maximiser and minimiser are used described in the couple therapy literature.

Of a different order are roles the couple present in the therapy. The therapy is the drama. What are they enacting on the stage of the therapy space?

Max Clayton described how to assess roles in three gestalts, progressive, coping and fragmenting. (M.G. Clayton, 1994) <sup>1</sup>

## **Progressive Roles**

Max described Progressive roles as *well developed* or *developing*.

Typically the progressive roles in a relationship include lover, effective parent, cooperative homemakers, friends, companions. These are role relationships that make the relationship better. They include all the roles as described by Katerina Seligman in a 9 role grid. (Seligman, 2000)

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Awareness of these roles and appreciating them in each other is one task of couple therapy with respect to progressive roles. This is worth doing in the early sessions, and early in most sessions in the form of appreciations. Appreciations will strengthen the progressive roles. As therapy progresses, new roles emerge or become apparent, assist the partners to give each other the “news of difference” .

Connecting is the main way for new roles to emerge. Here is an example:

Avery: I feel scared to open up because I think you won't listen and you will attack me. This is fuelled by my experience in childhood.

Riley: One thing I might do differently is to make a conscious effort to listen.

*Conscious listener* can then be named as a progressive role, matching the other half of the role pair: *Truth speaker*.

The roles described so far can be seen as largely social. They are not specific to a particular person in a specific moment in a relationship. Consider this exchange (somewhat abbreviated and like all examples in this article, fictionalised):

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<sup>1</sup> His paper followed an earlier paper by Lynette Clayton using a similar approach. (Clayton, L 1982)

After the warm up the couple agreed that Riley would continue to open up and tell their story. Avery will open their world for Riley to enter.

Avery: I am angry. I don't think you connect with me. It is as if we are in our separate bubbles. I try to change that but then you think I'm complaining.

(At this point Avery curls up and turns away.)

(Riley is now looking somewhat overwhelmed. Tears are welling.)

In classical psychodrama if either one were the protagonist, maximisation of the role would be called for. This would clarify the role. In this moment of couple therapy if both were to maximise the roles too much further than they have here it would exacerbate an asymmetrical role system, and they would repeat the attack and withdraw coping dynamics they have at home. To move to the progressive the director/therapist, works with A and then B.

Therapist to Avery: Stay with your experience, let yourself feel it. (Minimal maximising!)

Therapist to Riley: You are feeling a lot... at the same as you feel, stick with being a listener in A's world. Tell Avery what you imagine is going on deep down. (Coaching the auxiliary)

Riley to Avery: I see you are lonely. You have been carrying the pain of loneliness for a long time.

Avery: Yes.

Now we can look at Avery and Riley in the moment in the room, co-creating a connection. The director without too much pondering now says:

Wow. Intrepid travellers into the unknown, you are just being who you are so fully and openly. Riley, you are with yourself, and with Avery, you are tuning in with surgical psychological precision.

You two at this moment fit together like hand and glove. Avery, you let go, open up your feelings and Riley, you are present, right there.

There is of course complexity to the role dynamics that is not elaborated on at this moment. The progressive roles are emphasised. The description of the roles is more personal to the relationship and to each partner, the focus is on the *psychodramatic roles*<sup>2</sup>, not the social roles.

### **Coping Roles.**

Max Clayton identifies three categories of coping roles; moving towards, against and away. Another way of putting that is pleasing, fighting and withdrawing. A role is a coping role if it maintains the status quo. Once these levels of coping make things worse they become fragmenting roles, they break up the relationships.

Coping roles people present in couple therapy, and the aim is to shift to progressive roles, usually ones that entail conscious connection. People cope as it is the best thing they have come up with. Judy Sutherland (then Broom) describes coping roles in some depth in her 2010 AANZPA thesis:

"Adapting Karen Horney's (1945) defence system typology, Lynette Clayton (1982) classified coping roles into three types, moving towards, moving away from and moving against others. Turner (2002) describes these three coping styles as the modes of supplication, flight and fight, noting that a feature of these roles is some restriction of intellectual and emotional functioning. A single individual may enact roles from all three coping strategies, depending on the context. However, one or two strategies usually predominate in the personality. These tendencies are likely to develop early in life, in response to the individual's original social atom. For example, one person might react to anxiety by moving towards others from roles such as placating peacemaker, coy seductive playmate or soothing nurse and at other times move away, taking up roles such as chilly distancer, self-sufficient

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<sup>2</sup> See Psychodrama Volume 1 p for a full discussion of role types.

mountaineer or lone wolf, but seldom mobilise moving against roles such as angry street fighter or righteous critic." (Broom, 2010)

### ***Moving towards***

"Moving Towards: Helplessness in Preoccupied Attachment  
People with a dominant coping strategy of moving towards have a tendency to perceive the self as weak and others as strong. Faced with inconsistent care in their original social atom, they have learned to amplify their cry for connection in order to get their needs met. They respond to the ever-present threat of abandonment by clinging. Feelings of helplessness, pain and vulnerability are likely to be keenly experienced and openly expressed. Doubling these affects alone, however, is likely to reinforce the existing coping roles. It is more helpful to double emerging affect that arises from the other pole of attachment behaviour, such as protest, anger and moves towards autonomy. Mirroring may be a useful intervention to strengthen reflective functioning. The experience of strong attachment longing leaves little room for reflection and thought, and roles with a strong thinking component such as realistic self-observer and clear-sighted systems analyst are likely to be underdeveloped. Maximisation of the moving towards roles may be effective in an enactment, as a full expression of this functioning temporarily reduces the act hunger for these roles and makes room for new roles to emerge. It is important not to take up a counter role such as benevolent expert. " (Broom, 2010)

See Judy's thesis for descriptions of the other coping styles.

### ***Roles in Action***

In the first moment with Avery and Riley above, I emphasised the progressive, we can see the coping roles present at the same time. We can see this even though the interaction is highly structured, with Riley as listener.

Avery: I am angry. I don't think you connect with me. It is as if we are in our separate bubbles. I try to change that but then you think I'm complaining.

(At this point Avery shrinks and turns away.)

The blaming statement: “I don't think you connect with me.” Shows Avery *moving against*. Riley was able to tolerate the accusation, and stay connected. Avery's body posture was one of withdrawal, *moving away*. In couple therapy it could be useful to maximise this role, but NOT in response to B.

Therapist to Avery: Is this familiar? Being angry and curling up a bit, like you want to disappear?

Avery: I remember going into the sunroom when I was six and pulling the leaves off a plant.

Director/therapist to Avery and Riley: Let's go to that scene, go and be six in that sunroom. Riley, in a moment I'll ask you to tell A the story as you see it. (Continue to include Avery as active observer and auxiliary.)

A scene unfolds of an absent father, a distracted mother and a child who's creative expression went unnoticed. Objects are used to concretise the parents and the child. In that context role reversal is used to expand the roles. The child puts words to what was not said at the time. “I hate you. It's not fair. .... I feel safer alone than in the kitchen.” More details emerge. The enactment concluded, Riley tells Avery the story that was revealed.

Riley: Once upon a time there was a six year old. That was you. You had lots of ideas. You could put animals in boats and take them to far away places. But no one could see what was going on! Clean up that mess! And the whole world of animals and boats was wiped out. Then you were sad and alone. You learned to get a bit of comfort by going off on your own. But the pain was still there. Avery: I was like our dog, licking its wound.

And there is the description of the coping role.

### **Fragmenting Roles**

Hostility, violence, threats and physical exits for sustained periods involve roles that make the relationship worse. One partner might storm out of the room, or attack the other partner physically or verbally with an intention to shame and hurt.

Doubling comes before mirroring in psychodramatic couple work. Roles come in pairs. The fragmentation can take extreme forms such as homicidal and suicidal behaviours. How are these fragmented roles paired in the relationship? Doubling is useful to explore the dynamic and the therapist is better equipped (at least initially) to do this than the couple. Doubling fragmenting roles in couple therapy is to bring to the fore the coping and the progressive. The therapist is better able to be the partners having the conversation they would be having if they were not having the fragmentation. For example:

Avery: You always do this! If you think I'm such a piece of shit why don't you just leave. I've had enough. (Stands up to walk out.)

Therapist: (Moves closer to Avery.) I'm in a lot of pain!

(Addressing Riley) I want you to see I am hurting.

Avery: Closer to the door, now looking at Riley

Therapist behind Riley and as Riley: I can see you are hurting, I want to be with you, I don't want to leave.



Therapist looks for confirmation from Riley and sees there is accuracy in the doubling: Express yourself to Avery.  
Riley: Tell me about your pain, I will listen.

## Endnotes

1. He built on a schema first presented by Lynette Clayton. (L. Clayton, 1982)

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