

Day by Day—Role Theory, Sociometry, and Psychodrama With Adolescents and Young Women

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ABSTRACT. In this article, the author portrays the judicious use of the psychodrama method with four young people. The author uses a role theory framework, sociometry, and psychodrama in her brief psychotherapeutic work of 1 to 6 sessions with young women and their family members.

Key words: brief psychotherapy, family, psychodrama, role clusters, role theory, sociometry

BEING PRESENT IN THE MOMENT AND WORKING IN the here and now are central to the psychodrama method. Every moment is new. I find that looking at people, not just making eye contact, but looking at them and seeing them—which may mean seeing beyond the surface—is one of the most important factors for being in the here and now. How people sit, what they wear, and what they do from the moment that one meets them is grist for this mill. A second factor is listening to and hearing not just the person's words, but the tone, texture, and cadence of the voice. It is an active, rather than a passive, listening because the therapist makes sense of what he or she hears. The roles of clear seer and active listener assist me in being spontaneous and creative. A third factor is to have or cultivate a creative imagination, which basically means the ability to create pictures in one's mind or to note the fragments of a song. In another discipline, this might be called free association. These three factors help me to see what is happening in front of me.

The mirror technique can be applied in a variety of ways. Although all techniques have the potential to serve well, their efficacy is limited without the establishment of a two-way mutual relationship with protagonists, clients, and patients. Now, I invite you to enter the lives of four people and the various scenarios in which I have engaged with them.

The Use of Sociometry and Role Theory in One-to-One Psychotherapy

Case 1: Imogene*

When I opened the door, my first view of Imogene revealed a pint-sized young woman full of the freshness of spring, with pink cheeks and light brown shoulder-length hair and wearing modern, colorful clothes. Yet, she was somehow cowered, as if she had received a blow to the stomach or had been hit over the head with a newspaper and was attempting to skitter away. Her blue-grey eyes were bright and shining but with a shifting wariness and hopefulness in their expression. My image of her in that first moment, and my subsequent role-theory hypothesis, was of a young and innocent kitten that had had a cruel encounter with a human being. First meetings are always important, beginning with the first telephone contact and the meeting at the door for the first consultation. After more than 25 years of experience working as a role trainer, psychologist, and psychodramatist, I find the first few moments of contact with a person or group contain the seeds of the problem or the theme of the group.

The Purpose for Coming and Social and Cultural Atom Exploration

Imogene settled herself in one of my chairs and spoke of how she was given my number by her sister, who was a friend of a friend of mine. She said her sister was worried about her and thought that I might be able to help her. Why was this? She had not been able to attend her university classes. Some days, she would get herself ready and go out of the door and down the street, but as soon as her mother was out of the house, she would return and spend the day by herself at home. She said that her mother was worried about her too but did not understand her, and she said that she was worried about her mother. Her parents were divorced, and her father had a new wife. Her mother, however, had no one and was angry, always complaining and unhappy with herself. She said that she could not talk to her mother but could talk to her father and that she confided in her sister a lot. Imogene reported that she was afraid of going to the university and afraid of what her friends would think of her. She thought that they were laughing at her and finding her odd.

*The names and details of the people in this article have been changed significantly to retain confidentiality.

Social Investigation: The Roles of the Naïve Inquirer, Active Listener, and Clear Seer

Throughout the early interview stage of the session, I portrayed my naïve inquirer role, not assuming anything, simply asking how, why, what, and when questions, and listening intently to Imogene to ascertain her story. The roles of naïve inquirer, clear seer, and active listener I find very useful in my work as a psychologist and psychodramatist. I was in the clear seer role, when I described how I first saw Imogene and made my first hypothesis. The active listener role is one in which the listener mirrors back or asks pertinent questions so that the client gets to know that the listener is interested and mirrors back certain aspects of the story so that the client can see and hear himself or herself.

Imogene also told me that she had just broken up with her boyfriend and was very unhappy about meeting him at the university. She said that she was afraid of being bullied by her university friends. Although nothing seemed to indicate that they were bullying her, she felt that they were laughing at her and that, in some way, not having a boyfriend indicated that she was lacking or deficient. She felt embarrassed. As we talked, Imogene told me that she had been bullied at school when she was 13 years old. She described that incident in detail, and I noticed that she turned pale. She told me the incident had been dealt with by the teachers and that her parents had been involved and had assisted her at that time. She also said that she felt that she had never got over it and was always nervous in groups. I commented that that incident was a frightening thing to have happened to her, and she agreed that she had been very frightened. I told her that I understood how she felt at that moment and wanted to show her dramatically what I saw. She reported that she knew a little about psychodrama. I got up slowly from my chair, and after a second, quickly crouched down on my knees, covering my head with my hands. I did not speak. I stayed in that position for about 8 s. I then looked at her from that position. She had regained her color, and her eyes were soft and moist. "That's exactly it," she said quietly.

I got up and sat down again in my chair. She looked at me. For a few moments, she was reflective. We then talked for a while about how I had seen her inner self, that my action had brought this role fully into her awareness, and that it had been "inside her" for a long time. At the end of the session, Imogene appeared calm, yet was more flexible in her actions. There was a bounce to her step, and she looked taller. She smiled at me when she left.

I saw Imogene for two more sessions. In the next session, she talked in detail about her mother and her worries about her. She talked about the breakup of her family and the guilt that she felt when her mother was not happy. She also said that all members of the family were worried about their mother, and I told her that I wanted to talk to her family. She said that her

father and her sister would be willing to see me but that her mother probably would not come because she did not believe “in this stuff.”

The Family

I had three sessions with her immediate family before I saw Imogene for the third and last time. I saw her sister first, and she bore out the story about the mother. She said that she did not worry about her mother, understood her but had her own life, had a boyfriend, had recently moved out of home, and was planning to go overseas for a vacation with her father. She said that Imogene was meant to come too but that their mother was worried and did not want Imogene to go. She offered to talk to her father and see if he would come to see me. I talked to the sister about Imogene and suggested ways in which she could talk to Imogene that would allow her to feel her sister is listening. She found the suggestions useful.

Next, I saw the father. He was financially well-off and enjoyed his money. He talked about his ex-wife and said that he could not help her. She had always been a worrier and that was part of the reason he had left, saying nothing was good enough. He was in pain as he spoke, and I could see that he was concerned for his family and their predicament. We discussed what he was doing with Imogene and what worked and what did not. He agreed to do more of some of the things that he had been doing and to stop doing other things, such as giving her advice. He loved his daughters and was looking forward to taking them overseas. He was open to receiving my ideas about relating to Imogene and accepted the idea of listening to her and staying focused on her.

Although wary, the mother did come for a session. She had taken great care of her appearance, and I noticed a slight defensiveness in the beginning of the session. She talked about her mother and upbringing, her values, her dreams, and the loss of her husband. It was a tender, gentle session. I was gentle with my inquires and she relaxed and talked about herself, what she liked, what she wanted to do, who her closest friends were, and what she denied herself. Near the end of the session, I took an educative approach and had a conversation with her about not sharing her worries with her daughter and not constantly going into Imogene’s room and telling her to come out. I said that perhaps her daughter was not the best person with whom to share her worries about her ex-husband and not having the kind of life that she had wanted. Imogene perhaps was feeling worried and responsible for her mother. Referring to Imogene’s spending time in her room, I encouraged her mother to leave her alone. Perhaps she could show trust in Imogene. She understood and accepted that with a smile and a nod of her head. She appeared relaxed by the end of the session and thanked me on her way out.

Imogene's Final Session

For the final session, Imogene arrived with a smile and was relaxed. She thanked me for seeing her family. She was happy that her mother had come to see me and had liked me. She said that she had never imagined that her mother would come to a therapist. From Imogene's description, I could see that the mother had gained from the session and that her dignity, integrity, and authority as a mother were intact. Imogene loved her family and had not wanted anyone to hurt them, least of all on her account. She reported that her mother had, to a large extent, stopped hassling her about all the things that had nothing to do with her and that she had stopped feeling overwhelmed by her mother, stopped retreating to the bedroom, was going to the university, and was going to go to Europe on the skiing vacation with her father and her sister. She said that her mother still complained but to a lesser degree, was attending an art class, and was going out more with her friends. She reported that she did not feel so responsible for her mother. Imogene said that she felt sad when she saw her ex-boyfriend at the university but realized that people were not looking at her in relation to him. She did not feel it necessary to come for therapy anymore, and I agreed. She left, a happy young person.

Discussion

Imogene had three sessions, and her immediate family of three had one session each, making six sessions in all. The pivotal point for Imogene was the mirroring that she received when I concretized the role of the frightened, curled-up kitten. The fact that all members of her family came to a session with me showed her that they were interested in her well-being. Her mother's coming, despite her fears, was especially important to Imogene. That session required my working with much delicacy. I considered the mother and daughter to be the primary clients. Being able to work with all members in the family system was useful for the recovery of the young woman and was a healing factor in itself.

Case 2: Jane

Jane goes to an alternative school. Her mother referred her to me because Jane could not make up her mind which school to attend. I had seen the mother previously, and she had told me her concerns about Jane. She had been in one school and had left, not only because she had been bullied but also because her mother thought that at an alternative school Jane would get the art instruction that her mother thought she required. Her brother Jason goes to another school and is doing well, according to the mother and Jane. Jason is like his mother,

whereas Jane is more like her father. Jane's mother does not understand her. Jane has had suicidal thoughts and has been on antidepressant medication for 6 months. In the first session, I noticed Jane's artistic ability because of the way she dressed. She had put color, texture, and fashion together in a subtle and casual, yet beautiful, way. I told her what I thought, and we had a long discussion about fashion, clothes, art, and music. That put us on an even keel, as I revealed my likes and dislikes and was able to enter Jane's world. By the end of the first session, she had unwound and managed to talk about her brother and her parents' favoring him, saying that he could do no wrong. She was able to express her anger, pain, and resentment about that. We discussed in full Jane's feelings about school, the disjointedness of changing schools, missing friends, traveling long distances to the alternative school, and the lack of structure in the new school. We also talked about how she might let her mother know what she wanted. "If Mum doesn't know how you feel, what chance has she got with you?" I said. Her response was reflective; she simply looked at me.

The Second Session

Jane came on time. She was dressed again in a smart, grungy, casual style. This time, however, she had a light in her eye, and her head was upright. She did not play with her cuffs or look down into her lap. She said that she had just about decided on a school and had definitely decided to leave the alternative school to try another one closer to her brother's school. She said that she could do math and art, her favorite subjects. She talked about the party that she had and about how her mother had helped her organize it and had spent lots of time with her. I mirrored back to her how important that was, and she nodded. She appeared lighter after this, as if she had come out of a shadow. She told me in detail about her dress and the accessories that she had worn for her party and that she had a new boyfriend. She did not think that she needed to come anymore. I told her that I was delighted to have met her and enjoyed her immensely. She gave me a quiet, warm smile.

Discussion

Although no action was used in those two sessions, my major intervention was mirroring Jane and especially mirroring her progressive roles. Two of the roles were *open sharer of self* and *passionate lover of life*. In response, I was an *enjoyer of life* and a *warm confidant*. I also challenged her. She came to see herself through my eyes and raised her estimation of herself. I am sure that if she ever felt the desire or need, she would make another appointment and know that there was someone to listen to her and in whom she could confide.

Case 3: Ritta

In my first interview with Ritta, she told me that she had been a heroin addict since she was 12 years old. She had finished her schooling, survived the streets, went on to the university, studied philosophy before dropping out after 6 months. She was now working in research at a drop-in addiction center. She attends Narcotics Anonymous and has been drug free for 5 years. Ritta, now age 25, is involved in the performance field, lives by herself, plays the guitar, sings, and has a new girlfriend. In the first session, she was laid back and nervous. However, I noticed determination and quiet pride in her. "I have to do something," she said. "I have a mind that constantly talks to me and says I can't do anything, that I am a useless human being." I asked her to take on that role for a while, which she did, still sitting in the chair. That had a confirming effect, and she said, "This is exactly what it is like."

The mind role was derogatory and doubting. I countered that role by taking the role of interviewer, asking, "Why are you doing this to her?" Although the mind-role aspect of herself wanted the best for her, it was going about it in the wrong way and causing her much angst. All of Ritta's family valued study and making money. Singing, performance, and feelings were not valued as serious things, and nothing compared to a university degree.

Toward the end of the session, she said something about faith, and I mirrored her back, saying, "Blind faith got you through." Yes, she said, "Blind faith—without that, I would have got nowhere." She looked me directly in the eye, and I felt a strong connection with her. I took her hand and asked her to get up and come forward because I was in the role of blind faith. She took my hand and came forward out of the chair and away from the doubting, carping critic. She said that she felt a lot of relief from this work. We talked about doing some more psychodrama, and I told her about a psychodrama group that was starting in a few weeks. She was delighted, phoned the next day, and arranged to join the group.

Discussion and Role Analysis

The first session was important because we were able to meet one another. Ritta was desperate, yet proud and intelligent. She assessed me and found me to be acceptable for her, strong enough yet not overwhelming. We had a positive mutual encounter. At the end of the session, I thought that being in a psychodrama group might help her to socialize and see that others have similar patterns, thoughts, and fears. I predicted further that Ritta would develop empathy, insight, and confidence by being an auxiliary ego in other people's dramas and come to value her own choices and journey in life.

In the first session, I observed a range of some of the progressive, coping, and retrogressive core roles. Therapists may use a role framework to diagram and analyze role systems and show the operational links within and between them. Progressive roles are so named to reflect unity and quality of life, coping roles reflect the best means of survival in a family or social system, and retrogressive roles contain fragmented aspects of the personality (Daniel, 2004). The following analysis of roles may help to illustrate the categories. Not all the roles are in relation to other roles within this client's role system because, as Moreno (1994) said, "Every psychodramatic session demonstrates that a role is an inter-personal experience and usually needs two or more individuals to be actualized" (p. 184).

An Analysis of Two Roles and the Counterroles in the Role System of Ritta

Ritta had developed a role, which I called the *strong adventurous spirit*. I have placed it in the progressive role category under the subcategory of developing because it is a sturdy core role, and is well grown and used. It brought her to my door. It also keeps her going forward in life, trying new things, following her heart, and going into the unknown. She has used it many times in her life; it may have developed when she was living on the street, but also she may have had that role as a small child.

I identified strong adventurous spirit as a core role in a role cluster, which might include performer, doer of new things, taker of paths previously untrod-den, dancer, actor, and challenger. The core role overcame the role of the *anxious doubter*, whose purpose was to stop her doing things. In some situations, that role might be a coping role, especially if it was endeavoring to keep her safe from something dangerous. In a situation in which she wanted to do something that was good for her, however, it perceived danger where there was none. I hypothesized that she picked up the role from her family, who no doubt would have been most anxious about her and her life in the past and, maybe, her life now. According to her, they were anxious that she become what they wanted and believed was of value, rather than what she wanted to do. The reason I placed the role in the diminishing subcategory rather than the fixed one is because I could get a toehold on it. When she was in that role, she listened, had a conversation with me, and was not immovable. I think it helped that I was not critical of this role but rather demonstrated my interest in it. I have not depicted my role in the role chart, but I was mostly a *naïve inquirer* as I interviewed the role in the session. For example, "Why are you doing this to her?"

The role of *blind faith* took Ritta beyond the perception of herself as a useless human being. That perception came from the role of the *derogatory carping critic* who displayed superiority and put down all the things that Ritta wanted to do and found enjoyable, such as loving her girlfriend, expressing

her feelings, and singing and performing. *Blind faith* had a pure life force; therefore, in this session, I saw it as a progressive role. The *derogatory carping critic* was a fixed role, and I placed it in the retrogressive role category. That aspect of herself was not conducive to healthy functioning and caused her much angst. In that role, she makes choices that do not serve her well. For example, she will start something to please that role and then drops it a little while down the track, because she did not want to do it in the first place. The role plays havoc with her life force, and she cannot win with it.

Ritta continued to see me every 2 weeks and then once during the four weekly psychodrama group meetings. In our fifth and final session, Ritta told me she had confronted her mother about some of her comments and let her know how hurt she had felt. The mother had listened, and now they have a positive relationship. Ritta feels comfortable visiting her mother and is happy to be reunited with her, someone whom she loves very much.

Working With Somatic Roles

Gina

I am writing in particular about our second session because Gina's pattern is to get anxious the more that she gets to know someone. Gina is very tiny, and as she settled into the chair, I noticed that she seemed to get lost in it. She spoke about her lack of confidence in herself in everything except singing. She loves performing and is in several choirs, including a favored type of choir. She said that it was harder to come the second time and that her mouth was quite dry. I asked her if she would like a glass of water, and she said yes. I focused on Gina's account of her anxiety and lack of confidence in areas other than singing. She said that she has a lovely time at the favorite choir and that she enjoys having a coffee by herself in the café down the street. She reported that she gets frightened of what other people think of her and that she feels weary by this constant checking of herself. She started to cry, and I asked her to breathe. She did that and soon had control, yet she stayed soft and open. She felt calmer because, once breathing, she was more in contact with herself and not so frightened. I took an educative approach at that point and told her that holding one's breath causes the body to tense up and that causes one to get more frightened. As a singer, she was able to understand the nature of breath quite well, and she digested what I had said. I asked her the nature of what held her back from expressing herself, and she said the tension in her body, especially the pain around her chest. She indicated a spot near the sternum. When I asked her to imagine being that tension, to describe it, to say what it is doing and what its purpose is, a remarkable change came over her. She sat differently at the front of her chair and fully took on the role of the

tension. I mirrored back the role to her, and we had a good dialogue. After that, we spoke about the changes that had occurred. She said that she felt less tight and felt that the role was way out in front of her, separate from her, and that the role taking had given her space. She was delighted. She could hardly believe that she was free of the force that had been on her body. We were in full eye contact throughout the conversation.

I then asked her where else she felt tension, and she indicated her mouth, covering it. Again she took on the role, and we had a dialogue. This time the aspect or entity easily moved to the side, and we discovered its relationship to the other tension. After that, she noted that her jaw, neck, and upper body were not so tense. She laughed and said that it was easy to wipe it off, not like the other. I told her that the word hallelujah appeared in my head and that I thought of a song by Leonard Cohen by the same name. "Oh yes," she mused and then sang a few bars. Her voice was sweet and lifting. She made another appointment for 2 weeks hence.

Discussion

In this work, a link was made between the physiological role cluster and the psychological role cluster, if not also the social role cluster, because Gina's anxiety in social situations other than singing caused a heightened disturbance within herself. I looked forward to seeing how my intervention worked, how much was maintained, and what other things may have emerged in Gina between Sessions 2 and 3.

Gina arrived for the third session, smiling and walking with a bounce and a flow. She had maintained her new state of being and was utterly delighted to be free of the bodily tensions that had plagued her for so long. By the fourth session, she had gained confidence, attended to her appearance, added a shade of red to her hair, and painted her nails. She told me that she had been on a date with a man from work to whom she had felt attracted. She was eager to continue to work in action. I added some role training to the fifth session to assist her with some social interactions with her peers. She looked forward to being involved in a psychodrama group, which, I think, will assist her to enhance her ability to develop further social relationships.

Conclusion

A most significant act is when one is present to the person in front of him or her. Observing and noting the significant roles that are full of life, that hold a person back, or that help a person cope give the therapist a sound framework with which to work. A role framework furthers that process. From this work, I am ever mindful of the value of being in the moment with new and ongoing

clients, patients, protagonists, and all people in everyday life and of the value in working as much as possible with progressive roles to build on the healthy aspects of a person. I am also aware of the spirit in these particular young women and know that it is natural to want to be happy, be able to express oneself, and be free of old roles that are stultifying and sometimes dangerous. To work with “what is” is a pleasure because it is real. Role theory, sociometry, and psychodrama serve that life force.

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