

CLINICAL DIAGNOSIS FROM A PSYCHODRAMATIC PERSPECTIVE

From Role Theory to Operative Diagnosis

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■SUMMARY

This article focuses on the relationship between psychodrama and diagnostic action. Beginning with general epistemological considerations regarding the relationship between the investigating person and the observed object, existentialism and scientific knowledge, subjectivity, and the search for universal truth, the developed reflections are directed to define typologies, purposes, characteristics and limits of possible diagnostic activities compatible with the Morenian philosophy and method. In this context the specific category of the operative diagnosis is defined, of which principles and reference criteria are then explained and described.

Making a diagnosis means observing, examining, interpreting and attempting to reach, in the end, the definition of a person other than the self; it is therefore an action which moves in a dimension that, on one hand, has the interpersonal relationship as coordinates and, on the other hand, the knowledge of and the search for truth. The specific information that is sought to be gathered, interpreted and defined relates to the personal and psychological situation of an individual: the patient, or user or client (with preferred attention on his state of health); this operation is realized through the intervention of another individual that works with the person for different purposes: for study, help or treatment.

The Relationship Poles: Role and Counter Role

In the psychological sphere the individual's health condition is connected to the idea of the definition of oneself and of structure in a relevant and significant way; this gives us an initial indication with respect to the purpose, pursued herein, to find a well-founded paradigm, a diagnostic action in harmony with the psychodramatic perspective: the idea of structure is immediately associated with the Morenian concept that defines the *role* as an "operative form".

In fact, in Moreno's words "*role can be identified with the real and perceivable forms that the self takes on. 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. The symbolic representation of this operating form, perceived by the individual and by others, is called role. The form is created by past experiences and by the cultural models of the society in which the person lives, and it supported by the specific characteristics of the productive abilities of the person himself. Every role is a fusion of private and collective elements.*" (Moreno, 1961).

In the Morenian ontological concept the same individual personality is not only supported and manifested through forms or "operative structures", the *roles*, but in these and through these it is also founded, developed and defined respectively: "*Roles do not emerge from the self, but the self emerges from the roles*" (Moreno, 1985, pg. 36). So according to Moreno's idea the role is not defined as a simple manifestation or attributed to the personality, but rather it constitutes a well-founded element in that through the contextualized interaction between roles the developmental and definition processes of the self are realized.

The role is therefore characterized as the first qualifying aspect in order to be intrinsically relational: "*the role implies a relationship with others ... if it did not exist outside us, it could not be given the role. A role always requires polarity, that is, two entities that create a relationship through interacting. Within this bipolarity Moreno differentiates the two entities by assigning the term of role to one and counter role to the other..... The first term is attributed to the polarity in which he is found and that he, from his point of view, perceives the relationship and whether he portrays it; the second term is attributed to the element that portrays the 'other'.*" (Boria, 1997).

Therefore in the interaction between two people giving one name or another to one of the two people is solely in function of what the point of observation is, in which it is chosen to

be placed; in this sense the terms are absolutely interchangeable; one of the characteristics is associated with this interchangeability that, together with the symmetricalness and the complementarity, more significantly defines the role and its position with regard to the counter role: reciprocity.

Role and counter role are *symmetrical* because the relationship that connects them is developed on a plan of absolute equality; they are *reciprocal* in that the identity of each of the two is defined and supported by the other: each role is structured and conforms through the interaction with the encountered counter roles; and at the same time they are also *complementary*, in that the significances incorporated in each of the two find reference and integration in the grasped significances of the other.

As we will attempt to demonstrate by continuing, not even the therapist-patient relationship escapes these characteristics, in that the relationship itself can be considered by the same standard a particular case of role-counter role relationship; this consideration is the bearer of important consequences supported precisely by the diagnostic action, the object of our interest.

Role/Counter Role: The Therapist-Patient Relationship or Between Diagnosis and “Case”

“..... Freud discovered that the therapist is not free from some personal involvement in return and this he called “counter”-transference: Counter-transference arises in the physician as the result of the patient’s influence on his unconscious feelings”. Actually, there is no “counter”. Counter-transference is a misrepresentation; it is just transference “both ways”, a two-way situation. Transference is an interpersonal phenomenon.

The definition of transference as given to us by Freud is obviously made from the point of view of the professional therapist. It is the therapist’s bias. If the definition would have been made from the point of view of the patient, then the description given by Freud could be “reversed” without change ... After having eliminated the bias of the therapist as the one which defines the therapeutic situation, assigning to himself a “special status”, an unjustified status of uninvolved and after some insight had come to display, still giving himself the benefit of being only “counter”, we arrive at the simple, primary situation of the two individuals with various backgrounds, expectations and roles, facing each other, one potential therapist facing another potential therapist... At the same time, another process takes place in him: that part of his ego which is not carried away by auto-suggestion feels itself into the physician. It sizes up the man across the desk and estimates intuitively what kind of man he is. These feelings into the actualities of this man, physical, mental or otherwise are “tele” relations. (Moreno, 1995, pp. 13-14).

In the Morenian perspective the therapist-patient relationship is therefore interpreted like any other interpersonal relationship, thus subject to the same laws and presents the same model of riches and problematic nature with regard to which the phenomena of “tele” and transference are formed as important and fundamental examples. It therefore follows that making a diagnosis, in the aforementioned sense of grasping and defining an individual’s intimate situation, cannot be an operation in which carrying it out “unidirectionally” involves a “investigating” subject and an observed object; rather it must be considered as the encounter of two subjectivities, distinct yet symmetrical and complimentary, that

together reach the result of broadening the field of awareness and truth regarding one of the two in a preferential yet not exclusive way.

These affirmations have additional foundation when we consider the more sophisticated instruments used in the diagnostic venue, those that, beyond anamnesis and gathering the information, so-called objectives, focus the attention on the actual figure of the therapist and his relative experiences brought out by the interaction with the patient in order to define the latter through counter transferal interpretation. So it is precisely when the actual therapist himself and the relationship engaged with the patient are performed respectively, and explicitly, the instrument and the preferential object of the investigative method that the process developed cannot be asymmetrical and “one-way” is better highlighted. Thus a sort of psychological “*vagueness principle*” is defined for which the smaller the distance between the observer and the observed, the more intimate and delicate the explored dimensions, the more difficult it is to draw upon, in situations of asymmetry and unambiguousness of the relationship, the truth.

This happens because both the same insufficiency on a relational distance level between the persons as well as the participation and the personal involvement of the therapist, at the moment in which they become unavoidable (given the nature of the dimension of the actual enquiry object), open to contamination and conditioning with regard to the objectivity and the truthfulness of the results of the observation and interpretation process.

Diagnosis: Between Subjectivism and Relationship; The Construction of Truth

“... We sociometrists have emphasized since our early days that the human being in his total subjectivism has to be made part and parcel of scientific analysis in order to provide the investigator with a complete phenomenological account of what takes place in the human situation. The patient becomes the chief guide in the research about himself as well as in his cure. Two contradictory principles are operating in the therapeutic investigation. One is the utterly subjectivistic and existentialistic situations of the subject; the other is the objective requirements of the scientific method. The question is how to reconcile the two extreme positions. Existential validation pays homage to the fact that any experience may be reciprocally satisfactory at the time of the consummation, here and now. ...Psychotherapeutic methods, individual and group, depend on genuine interaction between therapists and patients ... as long as no pretense is made that generalizations can be drawn from whatever events recorded, or that the future behavior of the participants can be predicted from the events... Indeed, a scientific validation would be meaningless for the participants, for the value of their experience is self-evident. But scientific and existential validation do not exclude one another, they can be constructed as a continuum.” (Moreno, 1995, pp. 248-49).

On one hand these words by Moreno supply us with additional indications about the direction to take in formulating a diagnostic action according to a psychodramatic perspective, and on the other hand they highlight the problematic nature and conflicts that seem to have no apparent solution.

The first aspect involves the confirmation of the value of the subjectivity, of every subjectivity, even the weakest, the most indefinite or the most problematic; a value that extends to considering every being in his/her oneness and uniqueness to optimize the

potentialities for the actual initiative and responsibilities (in other words creativity) of every human being.

The value subjectivity becomes the foundation of truth at the moment in which recognizing the preciousness of every single human existence is broadened to every significance embodied by the latter, and to every point of view expressed by the same. Every personal content (thought, emotion, background, desire ...) is a legitimate and true expression of an individual's personal situation; it produces and assumes significance in relation to the existential experience of these, while it is also part of the articulate and complex construction of the human reality, together with all the manifestations of the other subjectivity.

In proceeding with the intent of coming to the knowledge and definition of a personal entity, the optimized focus on every individual subjectivity therefore gives shelter from arbitrary and mystifying role asymmetries; it is therefore qualified as an indispensable reference for this important and delicate activity. Thus we cannot consider this sufficient criteria when considering reaching our goals; in fact, the knowledge of the situation cannot be reduced to the simple consideration of every personal existence, neither to the approach or simultaneous consideration of a multiplicity of points of view and personal expressions and nor, if it were possible, to the totality of these; the subjectivity to draw upon the "true" knowledge of the situation requires at least one reference.

The adoption of role theory, as a model for the observation and interpretation of social and psychological phenomena, is always to guide us in the research and to lead us to the identification of this reference with a "*collective*" dimension. This role is also characterized by its 'bridging' quality between the individual and the context, between subjectivity and sociality; in fact, "*the function of the role is to enter the unconscious from the social world and bring shape and order into it.*" (Moreno, 1985, pg.39); yet its function, as far as an operative method that the individual assumes in relating with others and with the world is also that which allows the person to express himself towards the social world making himself known to it, trying to provoke counter reactions that respond to the actual needs: "*Every individual man functions in a system which is confined by two boundaries: the emotional expansiveness of his own personality and the socio-emotional pressure exerted upon him by the population.*" (Moreno, 1964, pg. 292).

The subjectivity needs to find references in order to come to the determination of a truth that, establishing a dimension of objectivity, protects him from the risk of falling into subjectivism or into relativistic exasperations. In doing so he finds a suitable and specific "counter role", taking into consideration the "other than the self"; a consideration that, not being resolved in a simple acceptance and optimization of differences, then creates a dialectic interaction between multiple persons; the research (and the definition of truth) is therefore not realized as a mere juxtaposition or sum of additional subjectivity, but is defined as a common and coordinated action (even if eventually permeated by conflicting aspects) that produce determinations that belong even temporarily to the collective dimension. In other words, we can thus say that from both a social and psychological point of view the personal truth has a specific and unavoidable interlocutor: the interpersonal relationship. It is precisely through these "relational dialectics" that the different persons come in contact, and interacting reciprocally they stimulate each other, both taking part in the definition and contextually reaching the formation of collective elements, very similar to those entities defined by Moreno as "cultural preserves" (Moreno, 1985, pp. 171-172 and

188). These products of the collective interaction and action are qualified as functional and useful reference schemes that temporarily come to constitute during the parallel flow, and dialectic at the same time, of the creative action of the individuals and of the development of cultures; they are thus realized as indispensable, but temporary, moments of “standstills” and “rigidness” of the structures throughout the incessant flow of the psychological and social existence. The products of this type are formed as results of the activity of the individuals and of the cultures; similar to them are the results of those diagnostic activities that, when realizing them, take on the dimension of the universal as a preferential reference and, consequently, the categories and classifications, neglecting, sometimes entirely sometimes partially, the subjectivity of the other, which is the definition object.

In this way there is no intention of disowning the usefulness of these practices, but rather to define it, and therefore implicitly optimize them, the specific purposes and usefulness; in an extremely synthetic and simplifying way we lead the latter ones back to the possibility of being able to generalize, exchange, collate and diffuse elements of knowledge; however a knowledge that refers to partial aspects and to attributes of the latter, for example its symptoms, much more than to the individual person. We define type of activity as a personality diagnosis prevalently *cognitive* (of generalized and common aspects to different subjectivity) and *informative*; we can add at least two other typologies to this, which we will call *operative diagnosis* and *existential diagnosis*, respectively identifying the first as a diagnostic activity that have the main goal of guiding and directing the ‘operativeness’ of a therapy agent (in our case, the director of the psychodrama group); the second as an action that is proposed to draw upon the most profoundly possible of the richness, specificity and complexity of the significances embodied in a single individual existence. We will limit ourselves hereafter to closely examining the elements characterizing the first of the two typologies just mentioned, saving some attention for the second in the brief conclusive considerations.

Operative Diagnosis

Having assumed the role as a reference model helps us once again with our difficult task of defining this type of diagnostic activity in a precise and distinctive way. Every role is characterized by two aspects or base characteristics: it is real, concrete and therefore *immediately* perceivable, describable, recognizable and definable; and, at the same time, it is a ‘symbolic representation’, that is it deferred to something else. The first aspect regards the ‘structural’ dimension that is the assumed and represented forms by that which we perceptively perceive in the immediacy of the observation; the second aspect defers to the significances that that structure implies and embodied by the subjectivity reality with which we relate. An operative diagnosis is thus defined as a partial and selective activity that is led and limited in perceiving and defining specific (and we repeat, partial) aspects expressed by a person in the immediacy of acting and relating. Only for these reasons and in this sense is an operative diagnosis offered to produce definitions characterized by a relevant degree of universality and objectivity, and to make those conceptual instruments available, of basic value, which hereafter we will try to define.

Basic Role Structure: Development and Typology Level

In identifying the parameters on which to base an operative diagnosis of psychodramatic inspiration, we could concentrate on the structure of the personality in general, concentrating on defining the characteristics: if it is developed or vice versa immature, rigid or flexible (spontaneous or crystallized). In addition, in harmony with the considerations developed above, we will focus our attention, in a preferential way, on the role repertory presented by the person observed, aiming to define what the level of development, adequacy and reciprocal integration of these is.

With regard to this Moreno identifies three methods through which the relationship between the actor and the roles they are called to play can be realized (they correspond both to three different levels of spontaneity of action, as well as three evolutionary stages in personality development): *'role-taking', which is the taking of a finished, fully established role which does not permit the individual any variation, any degree of freedom, 'role playing', which permits the individual a high degree of freedom, and 'role creating', which permits the individual a high degree of freedom, as for instance, the "spontaneity player"*. (Moreno, 1964, pg.76).

Making reference once again to the Moreno's role theory, we can evaluate the roles acted out by the subject, and observed by us, identifying them and qualifying them as a) *rudimentarily developed, normally developed, or overly developed*, b) *partially or totally lacking (disinterest in the role)*, c) *degenerate in a hostile function* (roles present but not adequately acted out with regard to the person's need and to the contextual situation); or, referring to their presence and to their development over time, we conclude that a) *the role is never present*, b) *it is manifested in several circumstances (the presence of specific persons or situations) but not in others*, c) *present at one time in a circumstance but not longer exists*.

Or we could refer to the *"role scheme"*, elaborated by one of Moreno's students¹ and according to whom: the ego is essentially led back to self-consciousness; the self is considered a sort of dynamic membrane that envelops the ego, in direct and syntonetic connection with the emotions experienced by this and with its defense mechanisms; the roles are fundamentally considered in their "bridging" function, or extension, an instrument for establishing relationships, of the ego in the social structure (through the dynamic field, subject to expansions and contractions, represented by the self).

Within this interpretive framework they can be coded: *little developed roles*, that are not able to reach their goal (meeting and relating with the corresponding counter role), in that they do not leave the area bound by the self, and they are subjects with slight mood changes and defensive activations, of the individual that, with respect to them, lives an overall involvement and an insufficient discrimination; *moderately developed roles*, that find their contact point with the counter role very close to the boundary of the self, also for which limited variations at the expense of the latter condition the possibility of interaction and encounter; *well developed roles*, that draw upon the energetic supply from the emotiveness of the self, but being well developed and defined, they firmly go beyond the limits, clearly making them observable by the subject for the purposes of necessary adjustments, while they interact in a continuous and adequate manner (corresponding to their needs for which are formed and activated) within the relationship with the external world; *pseudo roles*, also

¹ Cf. The conceptual framework elaborated by Rojáz-Bermúdez, in an article by Boria (1997) from pg. 46 on.

called "orthopedic roles", that are grafted on little developed roles in correspondence to a closed social situation and/or to a weak ego, and they are the temporary and subrogatory result (with regard to a more suitable action in the sense of self-determination and freedom and newness) of its attempt for a response to the pressing requests of the context.

Double, Mirror and Reverse Roles

It has already been emphasized how, in general, the role embodies a base function with regard to forming and creating an individual's personality; this applies in particular to a special role group that the person, over the course of the progressive development of his background and of his existence, lives out: *double, mirror and reverse role*. In short we remember how the functions of double, mirror and reverse roles refer to the relational situations for which one of the persons respectively involved in these is activated for: in the first case to "feel with" and "inside" the other, in a background of intense sharing that does not imply, however, the loss of the individuality of the different persons; in the second, to perceive, from the outside, aspects and characteristics of the other, to defer them to him, benefiting from the possibility of these in order to perceive from an observation point found outside of him, thanks to this contribution; lastly, in the third case, placing himself in the other's point of view, taking this on, in addition to the perspective of observation, emotions, thoughts, and behavioral models.

The aforementioned functions also correspond to specific orders of the relationships that progressively find the human being involved in the course of his evolution as a person and as a social subject, according to a chronology that sees the double followed by the mirror, then arriving at the reverse role; therefore the specific configurations in the relational field (according to the preferential methods of the double, mirror and reverse roles) correspond to quite distinct and defined evolutionary stages.

Double, mirror and reverse roles are therefore formed at some point, as happens for every type of role, as operative configurations that the subject assumes, and as a model for the relational dynamics that involve two or more persons. As relational models the double, mirror and reverse roles can be defined both as roles as well as counter roles, as long as within the interaction that is to be structured, according to said methods, the subject little by little assumes and yields to the point of view found in a respective active or passive position. In other words the individual on which the attention is focused, over the course of the observation (for diagnostic or other purposes), will embody a double, mirror or reverse role, or vice versa will relate with a corresponding double, mirror counter role etc., depending on whether he is the promoter subject of the corresponding function, or whether characterized as a passive beneficiary, or reference, of the same.

Therefore, for operative diagnosis purposes, particular care in perceiving and defining how the subject manifests himself in relation to the aforementioned roles and functions will be placed on the part of the observer; this both when, in an active position, he is called to act them out and to present them, as well as when passively formed as a receiver or beneficiary with regard to the same entities. In particular, attention must be put given to perceive deficiencies or anomalies in the structuring of the roles corresponding to the mentioned functions, or particular and significant interaction methods with the corresponding counter roles; in fact, the observation of these aspects can supply precious indications both with

respect to the hypothetical critical knots located in specific points of the evolutionary continuum, as well as in consideration of the preferential strategic operative decisions in the course of the therapy.

Fusionality, individuation and alterity

We can then refer to the psychodramatic concept of the development of the individual personality (in dynamic interaction with persons and situations within the relational matrixes), at the same time taking into account the needs theory, a Morenian inspiration², that is rooted in a harmonious alteration of fusional satisfaction and individual satisfaction, with consequent access to the alterity, the formation and evolution personality processes; if we consider everything that we observe and search for the attitude again, on the part of the subject person of our interest, to act out roles on the register of fusionality and on that of the individuation, to act them out respectively in an active position or vice versa passive, and coming to the encounter with the newness and that which is different from himself (De Leonardis, 1994, pg. 153 and on).

Ego Actor and Ego Observer Dynamics

In order to enrich our diagnostic framework we can also consider the observation and reflection activities of the subject towards himself and his own roles (self-observation role), and thus define and interpret the specific ego actor-ego observer relationship (of that person) (De Leonardis, 1994, pg. 204 and on).

In particular through this diagnostic criteria level of structuring and definition presented by the two entities will be examined, as well as the degree of differentiation of the respect for each other and, lastly, the specific interaction methods with emphasis, above all, on significant evidence like the over-structuring and abuse of an urgency to the detriment of the other.

At the conclusion of these observations and reflections we will have defined an important and useful interpretive framework of generalizing and classifying value, of the structure and of the processes that govern the psychic activities of an individual, reaching a level of strong abstraction about the knowledge that we have about the partial aspects of that person. The knowledge of the subject individual of our attention therefore requires an additional examination, so that the riches of his subjectivity do not escape us, nor any aspect of the enormous variety of roles embodied by him and of the significances to which these defer. Moreno's "outlook of man and the world" identifies in the "tele" and the interpersonal relationship the possibility of drawing upon such riches: the observer that makes the diagnosis can gather the nuances that characterize the "form" of the roles acted out by the observed person, interpreting the significance and coming to know his intimate existential situation, only in the immediacy of a tele relationship started with it; in portraying the

² Regarding this and the following, it involves original theoretic contributions elaborated by Paola De Leonardis; autonomous in production, yet "Morenian" in spirit, in that they are harmoniously integrated into the general conceptual framework that has shaped the outlook developed by Moreno regarding the development and the action of the individual in the world.

double or mirror of it, putting himself in shoes of the other person; presenting – in carrying out the scenic representation – every fragment of his personality and making the significance explicit; thus following it, along the flow of his existential events.

A diagnosis that has the intention of drawing upon the intimate and profound knowledge of the person can only be realized through the co-exploration of the person's vital world; therefore it is also defined as co-diagnosis and is qualified as real only in the immediacy of each single fragment of existence throughout incessant flow of becoming.

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