

ROLE REPERTOIRE IN MARRIAGE

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Marriage counselling has been largely concerned with restoring the union to a level of "healthy interaction," the very treatment for which means that one, or both, partners admit to being guilty of neurotic behavior. Successful counselling is achieved by modifying the behavior of the most guilty party, usually in the direction of the more stable or dominant partner. Such practices have relied heavily on psychiatric-psychological quests for diagnostic definitions of normal personality, which has perhaps hindered our understanding of the rich variety of human behavior for at least the last half century. Recently alternative and perhaps more useful models for exploring human behavior have become available to us, particularly those involving role playing, a therapeutic concept originating with the pioneering work of J. L. Moreno, which has been further explored and utilized by Laing, Cooper, and others.

Implications of this work suggest that interaction between individuals can be described in terms of role playing, and that satisfactory long-term relationships can occur only when roles are mutually satisfying. It is possible to examine the interactions of two individuals of the opposite sex institutionalized in marriage in terms of their capacity to play mutually satisfying roles with each other, and to teach the partners ways in which they can expand and enhance their role repertoire.

Role conflicts increase as the possibilities for choosing alternative roles increase, a situation made more frequent as the basic problems of physical survival are met. Increased mechanization and technological advances have diminished the need for many roles that individuals engaged in for their mutual survival. Famine, disease, threats of hell and even ultimate catastrophe of nuclear oblivion no longer act as a bonding force to insure that both partners work towards the prosperity of their union. Further, the erosion of the larger tribal unit by industrialization and cheap transportation has severely limited the support available to the ultimate family unit of father, mother and children, thereby exposing them to their own pathology and an increased degree of psychic pressure. A laborer working 14 hours a day on subsistence wage could be seen as making less demands on his marital partner and possessing less psychic energy for playing out fantasy roles than a contemporary worker whose 35 hour week is sufficient for meeting the material needs of his family.

It has become possible, both on individual and group levels, to experiment with possible satisfactions of desired and fantasy roles. Since our psychiatric concepts have remained largely rooted in the repressive and hysteric Victorian fact, we find ourselves unprepared to deal with the pathology of freedom and ennui that is significantly replacing the neurotic conflicts, the psychopathology of the early 20th century. Role expansion and adjustment can be taught.

A role demands an audience. Refusal on the part of one partner to accept a given role inevitably brings on frustration, aggression, and fears of rejection. A marriage in which a partner can only act out roles which depend for their reward on excluding the other partner, has a low chance of survival at a time when we all can indulge our role playing potential to an unprecedented extent. We can define a good marriage as one in which positive reward can be gained interacting with the other partner, insofar as the partner is willing to play complementary roles in a large variety of acted out wishes and fantasies.

It is possible to construct a limited series of test situations in which fluidity and flexibility of such role playing can be examined. Such nuclear situations can be described below, although this list is by no means exhaustive:

1. Parents
2. Child relating to mother
3. Mother to child
4. Child relating to father
5. Father to child
6. Playmates—delinquent non-delinquent
7. Counsellor
8. Friends
9. The pick-up
10. Dating
11. Lovers

This series has been applied to groups over the last year with some considerable success. Situations are standard in terms of time, place and situation and the performances are rated by other group members. Such role playing exercises with a further series of role reversals can demonstrate quite clearly positive and negative areas of marital interaction. Failure of rewards at any of the above levels induces a withdrawal of psychic energy from the relationship with consequent investment of energy with alternate partners where specific role playing can bring more immediate and more rewarding results. Marriages possessing limited repertoire are highly vulnerable to breakdown and probably only exist as long as some concrete or manufactured threat to the survival of that relationship exists from the outside. Such unhealthy interaction is often unconsciously promoted to the extent that even the offspring can be turned into a threatening scapegoat to promote the continuation of pathological

interaction. Marriages which are initially successful due to the temporary stress of obtaining financial and status security become easy prey to the failure of role playing. Such a situation is seen not as a part of any neurotic constellation but more of an ignorance of long term complementary role playing for which neither partner is emotionally prepared. *All are capable of playing all roles even though these roles may never emerge into overt behavior and are only acted out in dream life.* Ability to act out roles is limited by—

- 1) anxiety relating to the reception of a particular segment of behavior by the partner.
- 2) the self alienation which leads to a refusal to accept repressed roles of self.
- 3) refusal to accept the partner as a fellow player.
- 4) fear that role playing ability is inadequate.

Our experience with this technique has pointed out a further fundamental problem and that is the limiting of permission to play roles. Often partners wish to limit the roles that the other can play and withhold permission for the partner to expand their behavior either from an inability to tolerate such roles, or from wishes to dominate the behavior of the other. The playing of any role, if it is to bring satisfaction, demands the presence of an interested audience. In the test situation, permission to play out certain roles or to “be oneself” is transferred initially from the interaction between two individuals to the therapist or the therapeutic situation. The structuring of role playing situations by the therapist permits the expansion of role playing without responsibility for the consequences of playing that role. The continued discreet quest for *permission to be* is not confined to the dependent and inadequate but exists as a continual fact of social existence. It represents a powerful part of marital life, and is one which theory has overlooked to a marked degree.

It is obvious from a casual inspection of our social interactions, on an individual and group basis, that many kinds of behavior can be acted out once sufficient permission is given to so behave. Thus, large masses of people can easily suspend their reluctance to kill another human being if permission becomes official in terms of State directed activity. More pertinently, we can report an initially distressing experience. A group worked together closely and insightfully for a period of nine months. Bonds were formed that were unusually constructive, warm and insightful. Before terminating therapy for the year, the group organized their own party to which the therapists were invited. The gathering proved empty and rigid. At the final group, the therapists were accused of “not being their normal selves.” They had not given permission to be spontaneous; they had not acted as the group had expected and hoped, and unhappily, demonstrated that group members had still not internalized permission to be other than their anxious, inhibited selves. It was this recent incident which led to consideration of many of the factors suggested in this paper.

Transference of responsibility for the consequences of role playing from the couple to the therapist is only the first step towards an ultimate internalization of permission. The mature person is defined as one who has internalized his repertoire. It is essential in the training period that both individuals be given roles to practice outside the physical environment of the therapy situation. To ensure improvement, homework must be given. It has been noted many times that patients may seem to improve in psychodrama only to find that the patient has not been able to transfer new responses to situations outside the therapeutic environment and that permission to reveal a new aspect of himself is too often only specific to the therapeutic situation. Much practice in new role playing is therefore required to obtain role integration.

It is our preliminary finding that testing, enlarging and practicing of repertoire has led to very rapid improvement of relationships in the majority of endangered marriages so far studied. We feel that we have taught partners in marriage to play with each other more comfortably.