

Me, I, You and All of Us

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ABSTRACT

Jacob Moreno's theory of personality development posits that human beings develop by moving from the undifferentiated Matrix of All Identity at birth, through the stages of Mirroring and Doubling, and culminate in the ability to Role Reverse. When individuals emerge from the Matrix of All Identity, they have come to know where they begin and where they end. This paper explores the concept of the Matrix of All Identity as a working framework for clinical practice, including its relationship to attachment theory, with a view to identifying effective interventions.

KEY WORDS

Moreno, role theory, personality development, matrix of all identity, mirroring, doubling, role reversal, attachment theory, psychotherapy, group work

Introduction

Moreno's theory of personality development continues to be a robust framework for understanding who we are in the world. In Australia and New Zealand, attention has been given to the stages of the Double, Mirror and Role Reversal but there has been comparatively little focus on the stage of the Matrix of All Identity. This is not the case in Brazil, where the Matrix of Identity appears to have formed the base-line theoretical approach. Drawing on the writings of Jose Fonseca, Zoltan Figusch and Dalmiro Bustos, and also recent writing on attachment theory, I investigate the assessment of this stage of development, whilst also identifying effective interventions.

In my clinical work I had spent a great deal of time considering what role reversal, mirroring and doubling were all about. Whilst understanding the theory of the Matrix of All Identity, I had struggled to gain a clear idea of its clinical application. It was not until I was compelled to find a better way to work with a group member that I began to make some workable sense of this stage of development.

For the past six years I have been facilitating a support group for people with a

diagnosis of Cancer. The common concerns of the group members are feelings of fear, helplessness and powerlessness, usually in regard to treatments and disease progression. Because these individuals are living with an ongoing existential crisis, unresolved anxieties quickly become obvious. Despite many different interventions, by both the facilitators and group members, one member of the group confounded all our attempts to stem her flow of conversation, an expression that would ramble from one topic to another with barely a hesitation. But before I enter into this discussion more fully, a review of attachment theory and Moreno's stages of personality development are called for.

Development of the Personality

Moreno's ideas about personality development have continued to stand the test of time. New understandings that have emerged from research into attachment theory, serve to strengthen his original concepts. The Morenian theory of personality development culminates in the capacity to role reverse. Role reversal brings the possibility of encounter, a process that takes all of life to fully develop. When encounter is achieved, the quality of relatedness becomes that of the *I to Thou*. There is a full warm-up to spontaneity and creativity, and the development of progressive role functioning. Ultimately there is a return to one's origins, to the having of a relationship with the cosmos and possibly with God.

MORENO'S THEORY OF PERSONALITY DEVELOPMENT

MATRIX OF ALL IDENTITY	DOUBLE	MIRROR	ROLE REVERSAL / I-THOU
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The child is immersed in
her/his social placenta.
From the psychosomatic the
nucleus of the 'I' emerges.
Can I survive if I feel?

Development of the 'I'.
Who am I?
What am I worth?

Is it ok to be who I am?
How do I appear to others?
Identity is beginning to firm up.

Development of empathy.
Recognition of 'You' / The
Other is a life-long process.

Adequate progression through all of these stages of development will result in a healthy and robust personality. When assessing a person's health, it is useful to keep the following principles in mind.

- Health can be measured by an individual's ability to role reverse. An inability to fully role reverse indicates an interruption to healthy functioning.
- Ability to role reverse must be assessed over many enactments, as this allows for an adequate warm-up to develop.
- When an inability to role reverse becomes evident, it is important to pursue healthy functioning rather than focusing on what cannot be done.
- A failed encounter more often than not indicates transference in the relationship, when at least one person's perception of the other is distorted. There is a projection of the person's internal world onto the other. At this point doubling is often indicated.
- Relationships can be said to be either more telic, or more transferential. The greater the anxiety, the greater the transference and therefore the solicitation of a complementary response that ensures the re-enactment of the original social atom.

(Adapted from Fonseca, 2004)

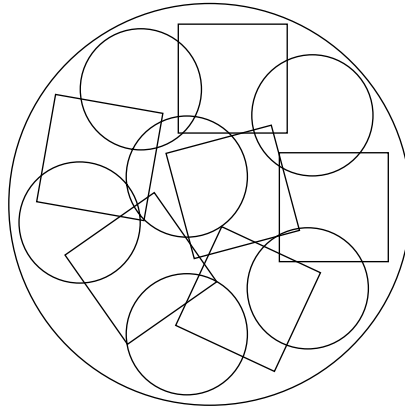
To adequately role reverse, a person must have experienced a sufficient amount of mirroring and doubling. In brief, mirroring assists people to see aspects of themselves that they are blind to, and thus builds self acceptance. Doubling assists a person to become aware of their experience, to know who essentially they are in the world, and thus builds self-esteem.

Let us now go straight to the beginning, to the first stage of development.

The Matrix of All Identity — Undifferentiation

The child comes into the world and experiences all objects and people co-existentially. When the child is hungry she cries and the world takes care of her. The child cannot survive alone and needs an auxiliary ego to do for her what she cannot do, a person who understands what she desires. Moreno describes this world of the new infant as the Matrix of All Identity which 'lays the foundation for the first emotional learning process of the infant' (Moreno, 1946:61).

DIAGRAM 1: MATRIX OF ALL IDENTITY



The large circle in the diagram represents the world of the infant. The small circles represent living organisms while the squares represent objects. The overlapping of the shapes indicates the way in which the infant fuses people and objects. For example, the bottle belongs to the hand and both belong to the lips. In this first social placenta, there is a unified experience with no differentiation (Moreno, 1977:74).

Figusch (2006:77), in his distillation of Bermeduz's 'Nucleus of the I' theory, describes this stage as

. . . the total confusion [undifferentiation] between mind, body and environment.

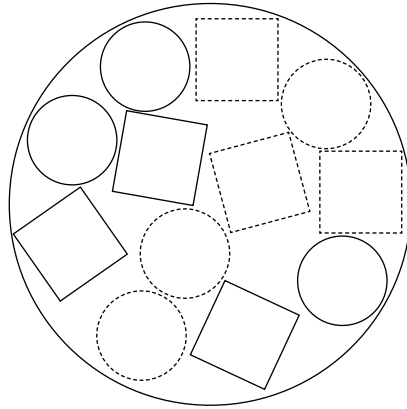
He goes on to say

. . . the development [structuring] of the psychosomatic roles is fundamental to the progressive delimitation of the three areas [mind, body and environment]. The delineation and separation of these areas is exactly what will help the child solve the confusion of the chaotic and undifferentiated world [into which he was born] allowing him/her to develop a more complex social structure.

Bustos (2006:91) warns us that the social placenta, the Matrix of All Identity into which the infant is born, will have a lasting impact on how the infant perceives herself and her world.

Everything that surrounds the infant — especially his mother . . . — is part of the infant. What happens around him is experienced as if it happened inside him. The burden of tensions of the family environment surrounding the infant will become a constituent part of him, impregnating the infant.

DIAGRAM 2: MATRIX OF DIFFERENTIATED ALL REALITY



At the next stage, the Matrix of Differentiated All Reality, the overlapping of objects and people is no longer present for the infant. Differentiation is beginning, although all objects and people are still assigned the same degree of reality. The tele factor is undifferentiated. The emergence of tele begins with the first interpersonal relationship. Gradually a tele for objects separates itself from a tele for persons (Moreno, 1977:75).

The mother, acting as a double for the child, seeks to imagine, to know, what the child needs. The well-attuned mother assists her child to know his experience. Over time, the child learns to regulate feelings and tolerate frustration. As this occurs, the child begins to recognise the 'I'. This process of self-recognition begins with the somatic, such as the discovery of ones toes and fingers and the sensation of hunger. This same process is to be found in psychotherapy, with the same purpose of achieving confidence in the regulation and expression of one's self. However, rather than the original mother, the work is conducted through a relationship with the therapist.

The Contribution of Attachment Theory

The work that has been done in the field of attachment theory assists us to understand this stage more fully. The well-attuned mother, the good enough mother, offers the baby a secure relationship. Equipped with this, the infant can learn to confidently explore the world, returning to his reliable mother whenever reassurance is needed. When there has been a secure attachment for the child through adequate doubling, movement out of the undifferentiated position is possible. This is central to the maintenance of vitality along with the development of self-concept and self-regulation. Self-regulation involves the ability to regulate one's internal bodily states and to read the states of mind of others. Eventually, the capacity for empathy develops. A personality structure that is primarily located in the progressive gestalt will be the outcome.

When the mother is unresponsive, or her responses are unpredictable or chaotic, the child fails to develop confidence or a sense of security about her world. Of necessity, she adopts a number of coping strategies to manage the inevitable anxiety. In a psychodramatic approach, role theory is used to describe the coping strategies of moving towards, moving away or moving against. Infant attachment theory names the attachment styles as ambivalent, avoidant or disorganised. The disorganised category belongs with the fragmenting gestalt found in role theory. The adult attachment interview has identified the same behaviour in the adult as preoccupied, dismissive or unresolved. These behaviours correlate to the adaptive responses seen in the child when under stress. The following schema (Table I) shows the correlation between infant attachment classifications, adult attachment styles and role theory gestalts (Broom, 2008:33).

TABLE 1: THE RELATIONSHIPS BETWEEN INFANT ATTACHMENT CLASSIFICATIONS, ADULT ATTACHMENT STYLES AND ROLE THEORY GESTALTS

Infant Attachment Classification	Adult Attachment Interview (AAI) Classifications		Role Theory Gestalts	
Secure	Secure/Autonomous		Progressive	
Ambivalent	Preoccupied	<i>Pattern of helplessness</i>	Coping	<i>Moving towards</i>
		<i>Pattern of chaos and anger</i>		<i>Moving away</i>
Avoidant	Dismissive			<i>Moving against</i>
Disorganised	Unresolved		Fragmenting	

When there has been no secure place from which a child can come to know the self, the personality becomes structured such that the primary focus is on the management of anxiety. Spontaneity is absent, and there is no ease when exploring and entering into the world. There is thus a two-fold task for the mother, firstly that of the protector

and responder and secondly that of the lively engager. The good enough mother not only offers a secure and reliable relationship, intuiting the child's needs and responding accordingly, but she also engages strongly with her infant, pulling him into life and relationship with her. Talking, cooing, maximising gestures and facial responses are all ways by which the mother engages with her infant in their warm-up to life.

Kohut (1984, cited in Fonseca, 2004:132) captures the essence of the mother/infant relationship when he speaks of the child who 'registers the shine in his mother's eye'. An 'energetic impregnation develops and imprints a healthy sense of grandiosity and exhibitionism in the baby'. The infant fully experiences her mother's love and vitality, and through this comes to know her own essential goodness and lovability. This is the healthy experience of being special. The mother's relationship with her child assists in the minimisation of negative experiences and the maximisation of positive experiences. At this stage in the child's life, the mother plays a significant role in the amplification and regulation of the infant's joy (Schore, 1999).

Identity Disorders

When self doubt is such that it is difficult for a person to know 'who am I', 'what am I worth' and 'how do I appear to others', then it can be said that one's identity is disordered (Fonseca, 2004:65). Compensation against the inevitable anxiety results in oscillation between grandiosity and devaluation. 'Wounded at the stage of the Matrix of All Identity the person will try to reduce their pain by compensatory relational dynamics, which inevitably fail and give rise to guilt, shame, fury and depression' (Kohut, 1984, cited in Fonseca, 2004:65). 'Depression and guilt frequently originate from unfulfilled grandiose ideas' (Fonseca, 2004:65). The healthy grandiosity seen in children who have had adequate parenting is missing. There is a desperate search in adulthood for those experiences that have been missing from the beginning, with a consequent act hunger to be big and important. There is a desperate need to be noticed and responded to by others.

What Does the Clinician See?

The clinician sees people, who in their attempt to manage their anxieties adopt one of two modes of relating. Their narratives are either confused, circumstantial and generalised, or brief and lack any real detail. The clinging behaviour evidenced in long narratives is not designed for dialogue but instead to hold onto the relationship, as any break is experienced as intolerable. There is either a preoccupation with past attachment bonds or a dismissal of attachment related experiences and relationships. Such clients display a lack of self-acceptance, and a difficulty with self-soothing that often leads to addictive behaviours. They fear mirroring and doubling, and do not trust that they will survive if they experience the depth of their feelings. There is an inability to role reverse and a fear of choosing, especially in regard to relationships.

A Way Forward

Experience has taught me that many interventions, such as complex dramas, mirroring, role reversal and I–You encounters, do not work for these clients. Group rejection, pressure to perform and a disinterested response from others are equally counterproductive. These individuals need opportunities to experience the group as a secure place and from this place to recognise their own inner experience. This is more likely to lead to self-acceptance. They also need opportunities to gain that missed experience of being utterly special, and to be pulled into relationships where they are noticed and enjoyed, nourished and given to. For people who have learnt to cope by moving away, with a subsequent diminishment of affect, there needs to be an opening up and expansion of their world and their feeling experience. Assistance with punctuating and shaping the story is required for a person who copes by moving towards or against. Containment is needed.

A Case Study: Rachel

Rachel is a single, middle-aged woman who lives alone in a small flat. She works part-time as an attendant at a busy, inner-city laundromat and seems to have few friends. She is estranged from her family, which include her siblings and adult children. This estrangement is perplexing to Rachel and she is at a loss to understand her part in it. Five years ago she was diagnosed with breast cancer and has undergone surgery, radiotherapy and chemotherapy. She has been in remission for five years now. Shortly after her diagnosis, Rachel joined a Cancer Support Group to which she has become strongly attached. She is a regular member and is careful to send her apologies if she is unable to attend. However, she is not particularly attached to any individuals in the group and demonstrates minimal discrimination in her relationships with group members or facilitators.

Multiple attempts to coach Rachel to develop real relationships in the group have tended to throw her into confusion. She experiences being 'all at sea', feeling a pressure to perform but not knowing how. We can hypothesise that, for Rachel, the shift from the Matrix of All Identity to the development of a self-concept has been interrupted due to a high degree of inadequate parenting. There is little ability to differentiate. It seems that Rachel did not get to see the shine in her mother's eyes (Kohut, cited in Siegel, 1996) and did not experience feelings of being special and wanted. Instead she learnt that she was average or mediocre at best. She has thus adopted the coping strategy of *moving towards*, utilising behaviours that are designed to maintain a sense of safety by staying engaged with others.

Rachel continues to search for confirmation of her existence and self worth through the eyes of others. As well as suffering from chronic insomnia, she frequently complains about an impenetrable hospital bureaucracy and a thoughtless employer. The dynamics of Rachel's behaviour are likely to be representative of her early social atom. However, rather than develop insights into this possibility, she relates long, complicated stories that appear to seek help for a problem, while simultaneously holding the conviction

that there is no solution. Her convoluted story-telling and dismissal of group members' offers of assistance appear to demonstrate that she is not so much interested in the others' responses, but only in their applause for her difficult life (Fonseca, 2004).

On one particular day, Rachel was telling yet another lengthy story full of circumstantial details and convoluted by-ways, yet containing within it the kernels of her experience. She was oblivious to group members who became distracted and bored. After a number of failed attempts to respond to her, I forthrightly placed a chair in the action space and invited group members to express themselves as Rachel. To my surprise, all 15 people took up this invitation willingly and thoughtfully. Each person built on what the previous person had expressed. There was a deepening of their understanding of Rachel, and as things proceeded Rachel visibly settled. These multiple doubles left her satiated, well fed with a warm and contented smile. We had provided her with boundaries, so that she was no longer flaying out, looking for more, driven by a never-ending act hunger. She was settled.

Soon after, one of the longest attending members of the group died. Rachel visited her in her last days and was asked to be a pallbearer at her funeral. This experience of being chosen and special had a big impact on Rachel. In the following months she was able to be present in the group without demanding attention. The feed is lasting. Rachel has reported that her chronic insomnia has abated and that she has even been able to get herself off to sleep. Although she is still waking through the night, she does not appear to be so perturbed and is able to settle herself. What happened to make the difference? As the protagonist in the drama described earlier, Rachel had received attention without any requirement or pressure to perform. The group had noticed her, the multiple doubles accurately capturing her essence both good and difficult, without asking for anything in return. Rachel at last got to be special.

A Second Case Study: Janice

A young woman, Janice, felt betrayed when her friend did not share the same responses towards an eatery where they dined together. Janice was enraged about the service she received, and was even more enraged with her friend for not joining her in that response. She demanded that they talk through this disruption in their relationship. Janice has repeated this pattern of behaviour many times before. Rather than 'I' she uses the royal 'We', 'We have to talk'. The demand to be a 'We' is intense for Janice because she is frightened to be in the world on her own. Similarly, in the therapy group Janice struggles to choose an auxiliary for her drama. Anyone will do. She is not being intentionally difficult. Janice cannot differentiate between individuals, even though she has been a member of the group for nearly a year. Indeed it hardly matters to her who takes up the role as long as someone responds to her. Her anxiety is high.

Janice is currently at the stage of the Matrix of All Identity. The world is a terrifying place and she has little ability to see herself as a separate and worthwhile person. At present she can only tolerate some gentle doubling during the tea breaks, where she and I learn to play a little together. This happens outside of the formal sessions and is

focused on her liveliness. Once back in the group setting, she quickly becomes hyper vigilant, worried that something will be asked of her. Janice avoids all attempts to draw her into the life of the group. She has learnt to cope by using her very good brain. Yet despite a high level of intellectual functioning, she is 'all at sea' about being in a relationship. She is scared of her feelings and especially afraid of being vulnerable. It is with some surprise that towards the end of the year, I notice her beginning to sit next to me. It seems that through our contact in the tearoom, a relationship has begun to form. She is able to settle in the group, be in her own skin and begin to move into relationship. There is now the possibility of her accepting me as a double, an experience that she needs if she is to move beyond the stage of the Matrix of All Identity.

Conclusion

Many of the people whom we encounter in groups are at some point on the continuum, from the Stage of the Matrix of Differentiated All Identity to the Stage of the Double. When we have a good understanding of their developmental stage, we are better able to be of assistance to them, the group and ourselves, in finding a way forward towards progressive functioning.

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