

Encountering What is Possible – The Impact of Role Development in Facing Existential Crisis

by Sandra Turner

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Existential crises challenge the essence of who we are, often provoking a retreat into coping role systems or at worst full fragmentation. It is a challenge to get beyond coping to a place where anxiety can be met, and vitality can be sustained, for individuals and for the members of their social network.

A coping role system reflects a person's best attempt at managing an anxiety-provoking situation; it is often their best attempt at managing intense feelings of isolation and helplessness in a seemingly hostile world. The primary task of a coping role system is to alleviate anxiety and maintain equilibrium in the presence of the overwhelming threat.

Taking the ferry across Cook Strait between the North and South Islands of New Zealand is often a calm and uneventful experience with nothing to distract except a wonderful vista. Yet no one would

anchor in this strait, for even the largest craft would be tested in maintaining its equilibrium. The meeting of the Tasman and Pacific oceans brings an inevitable turbulence. This same turbulence occurs when a person simultaneously holds knowledge of both life and death in each hand. It takes a skilled and strong hearted *engager of life* to surf ski this passage, riding the waves and the wind, attuned to the elements and being at their mercy. We may admire this person, even envy them, we may even consider them to be reckless or foolhardy, but in the end we would not choose to swap places with them.

Many events in life will plunge us and our loved ones into crisis, none more so than the prospect of an early and untimely death. Death challenges in a way that no other existential crisis can. How that challenge is met depends very much on what role systems we live out of.

This paper arises out of my work as a group facilitator for people with cancer coming to terms with a diagnosis and treatment. My own experience of living with cancer has honed my perceptions and understandings, as indeed it must.

This discussion draws from role theory and personality structure: in particular the three gestalts (progressive, coping, fragmenting) first developed by Lynette Clayton and refined by Max Clayton. Lynette Clayton observes that "clusters of roles can be recorded in three gestalts, each of which has a central identity which acts as an integrating force for the role cluster." (L. Clayton, 1982)

PROGRESSIVE ROLES

Progressive role development occurs when the conditions in life have been favourable enough, when there has been good enough doubling and mirroring to ensure the integration of thinking, feeling and acting in each of the roles taken up.

If identity is located in the progressive role system we have resolved significant developmental issues and are free to focus on the tasks of actualization, of living independently and interdependently. The progressive or individuated gestalt "when organized at it's highest level allows for the natural flow of spontaneity and creativity. Creativity is released at various levels through the body and physical senses, through realistic planning, through emotional expressiveness and through experiences of a transcendent level of being." (G. M. Clayton, 1993)

Doubling (otherwise known as mirroring in the self psychology/object relations field) is the recognition of the self by the other. The mirror in psychodrama offers a view of the

self not previously recognized. As with all mirrors there is always some distortion. We need accurate doubling and mirroring during infancy and throughout our lifetime as we seek to develop new roles, articulate our experience and embrace our ability 'to be' with all aspects of ourselves.

If an existential crisis occurs before there has been adequate consolidation of identity in the progressive role system, it is unlikely that progressive functioning can be maintained when responding to any situation that threatens our sense of who we are. There will be subsequent regression to a predominately coping or fragmenting state. If terror and the fear of fragmentation have been successfully faced in the past there can be confidence that progressive role functioning will be sustained. The terror that existential threat brings will inevitably retrigger and be blurred by past experiences if they have not been previously worked through.

I include here a personal story to illustrate: I am phobic about rats, mice and anything that has a rodent appearance. A consequence of this is our children have even been denied the pleasure of having guinea pigs. Throughout my life I often joked there was no need to resolve this issue as I was sufficiently practiced at dissociating if needed, and well able to organize others to attend to any rodent event in my life. However, inevitably the affective restrictions required around this one thing pervaded other aspects of my life and this mode of operating didn't hold up. I am now thankful I did not persist with living this way and that I encountered and allowed myself the terror of what this phobia represented for me. I am still highly uncomfortable with rats and all their associated families but I do know that I can survive terror and that the ensuing big feelings and distress will not destroy me. This gives me confidence as I grapple with life now.

COPING ROLES

The coping role system is a person's best attempt at managing anxiety-provoking situations and reflects the best means of coping the person learned in their family system. Coping roles are modeled on the behaviours of parents and significant others who provided solutions to developmental crises and the family pathology. (L Clayton, 1982) Re-establishing equilibrium and creating some degree of personal organization and self-management is primary. While the main task of overcoming anxiety has been achieved the result is often a restricted and brittle response in which the modes of fight, flight or supplication prevail. There is inevitably a retreat to behaviour that is familiar even if limited. With this goes an unavoidable shrinkage of both intellectual and emotional functioning. The coping role clusters can be paralleled with the restrictive solution identified in the focal conflict model of Whitaker and Liebermann (1964). We can be sure that whenever a person is acting from a coping role a restrictive climate, encompassing others, will dominate. There is a focus on managing, on doing and on control of self or others, with little tolerance for the ability 'to be' with self and others.

FRAGMENTING ROLES

The fragmenting role cluster is present when a person no longer experiences himself or herself as coping. In this position the overwhelming experience is of disintegration, isolation, helplessness and estrangement from self and others. "The constellation of roles in this gestalt represent the unresolved pathological aspects of the parents' personalities together with the role responses of the child." (L Clayton, 1982) The critical processes of doubling and mirroring that are required for the development of a

robust self have generally been absent. If identity is located in this gestalt, or cluster of roles, then life will be experienced as empty and often chaotic. Identity is organized out of what are essentially the roles of the distressed child and the pathological counter roles of the adult.

EXISTENTIAL THREAT

There are many things which assist us in knowing who we are. These include; our place in our network of relationships, what and whom we commit to, and the activities that make up our daily lives. When anything fundamentally threatens our way of being in life, the manner in which we each know ourselves, this becomes an existential threat. This threat potentially brings a loss of a way of life often coupled with a loss of the community to which we have made a commitment. We can no longer act as we normally would and this brings a loss of confidence, making it more difficult to confidently take action.

Aging, an inevitable existential threat, confronts us all; changes in body shape, strength and durability, mental stamina and agility bring a reminder of our mortality that we strive in our culture to keep at bay. When these changes take hold it is often a shocking and unsettling time before a new equilibrium is found.

Implicit in knowing who we are is a consciousness of our felt experience; being aware of and able to have our feelings. This is at odds with our culture that classifies feelings into positive and negative and makes only the positive acceptable. Thus any expression of distress runs the risk of being seen at best as "not coping", or at worst as pathological. As a society, and even as health professionals, there is a general

inability to discern when the expression of distress is healthy and indeed even required. Frequently there is a premature leap towards settling the distressed person, and at worst a diagnosis of depression, anxiety or mal-adjustment disorder is made.

To be able to tolerate the distress in another we must first of all be able to tolerate our own. This is a pre-requisite for health professionals, family members and friends if they are to maintain their relationship with a person who is struggling under existential threat following the diagnosis of cancer. Such a threat is a life-changing event requiring the presence of willing and generous doubles and mirrors if the transition to a new place of equilibrium is to be achieved. An inability to respond from a progressive role state and take the position of either the double or the mirror will result in disruption to the relationship with consequent withdrawal and isolation by both parties. Coping roles will prevail along with a defensive and restrictive climate.

GROUP FOR PEOPLE ADJUSTING TO THE IMPACT OF CANCER

Over the past two years I have been co-leading, with Keitha Ross, a group called Living the Journey, for people adjusting to the impact of a diagnosis of cancer and its treatments. The age range has been from 38 years to 94 years with the greater number of people in the 50 – 80 age group. Membership ranges from 7 – 10 participants. Many have often had no previous counseling or group experience and arrive with little awareness of the inner journey that the cancer has forced on them.

People who come to this group are for the most part holding a great deal of distress. Some experience the intensity and anguish

of a recent diagnosis, some have had lengthy and radical treatment, some have carried the burden of their distress for many years since diagnosis and some face the knowledge of now having secondary spread of their primary cancer. Previous coping styles do not often hold up in the face of this existential crisis. Of some initial surprise to me was the reduced expression of affect in the group given the reason for meeting. Coping roles were prevalent as each attempted to defend against the fear of fragmentation that came with expressing feelings.

As relationships built it became possible to challenge and invite authentic encounter. Themes that have consistently been important to participants in each group have been:

- Grief about lost opportunities in the past and the future.
- Holding onto their personal authority whilst interacting with doctors.
- Family members not wanting to talk or know about the cancer, or family members being intrusive and controlling.
- Adapting to a changed body, reduced energy, physical changes, increased dependency and sometimes loss of intellectual functioning.
- Pressure of waiting for critical test results and appointments.
- Fear of upcoming treatments, surgery/chemotherapy.
- Acknowledgement of pain.
- Learning to ask for the right kind of help.

- Learning to set boundaries with friends and family.
- Looking well but not being well.
- Learning to prepare for the worst while hoping for the best. Neither living in false hope nor despair.

These themes impact on both the protagonist and all members of their social atom. When a person is functioning from a coping role they will exert strong pressure on everyone else to take up the expected counter role. Any acknowledgment of the issues will be fervently resisted. This occurs in the group as well as in members' lives.

For example, Julie was fond of telling her story and would listen, ever ready with advice to give. She became uncomfortable whenever there was an expression of distress, quickly deflecting by telling another story, making a joke, or giving a homily. In the beginning group members accommodated her, giving her space to live this way whilst maintaining their own more authentic contact. In turn, Julie's advise-giving escalated as she sought to make everything alright for everyone and insisted on having the last say. She worked hard to have people join with her in this way of living. When this was eventually resisted by the group, who persevered in working for genuine encounter, she left the session abruptly and didn't return. The many unresolved issues of her life were now knocking at the door as she endeavored to come to terms with having a terminal illness. Her old coping roles of dominating all conversation and joke telling produced alienation when others refused to go along with this way of relating. Her identity, located in the coping role system, left her with few resources to manage this next terrifying phase of her life.

LEARNING TO LIVE WELL

We often underestimate how long it takes to adjust to a change in circumstances; change that calls for significant internal work to occur before we are able to identify ourselves in a new way. Having always been an active and energetic person, it has been a big learning curve for me to "live well" within the limitations of reduced physical energy and an often-sore body. If I am to be at a seminar for a full day, the day will work best for me if I am sitting in a comfortable armchair. It is one thing to know this privately and quite another to make this happen in a public setting. What made this transition possible was the care and concern of two colleagues at a course who saw that this was essential and were able to make this happen without fuss. Their doubling gave me the confidence when challenged by other people, for having the "Queen's chair," to say lightly and with ease that I had a disability and that with it went some special needs. I was able to inquire if anyone else had special needs that needed attending to. This seemingly easy interaction belied the enormity of the shift in identity that had just taken place. I had been able to accept myself in a new way without losing anything of myself.

This event stayed with me strongly and when proudly relating to someone close to me that I had achieved the position of owning having a disability, I was taken aback by their strong command to "get rid of that label, that is just negative". My fuller display of myself did not match with their need to have me well. At this point there was a disjunction in our relationship. They were functioning from a coping role, trying to control the situation and have me adhere to their belief that positive thoughts will conquer all.

SUFFERING IS A CRITICAL INGREDIENT OF LIVING

I find we do not manage suffering well in our culture. We endeavour to overcome it, to fight and to battle to the end. Hero status is given to those who battle and overcome the enemy. Such a pathway makes it difficult for others to find any alternate route. For example, George had coped all his life by locking away his feelings. From an early age, he needed to be staunch and strong. He was a man of courage and insight. At one of the group sessions when we worked with paper and crayons he drew himself, a small figure against the snowcapped-mountains. Wondering if he had put his immune system into his picture George realized it was represented by the snowcaps he had drawn on his mountains and that the large grey mountains were the cancer. Despite his obvious ill health he thought he was still going to get better and stated strongly and very seriously that these snow-caps, his immune system, ought to be much bigger, that he should re-draw them, and quickly. The fight was still on, to beat the cancer and survive. With some gentle encouragement George was invited to sit with the idea that what he had drawn was how it actually was; he was overshadowed by a large cancer and had a shrinking immune system. Between sessions he sat with his picture; the image was doing its work.

A week or two later George came to terms with the reality of his illness; he accepted that he was dying and used his remaining energy not to fight his cancer but to experience more closeness with his children. He was able to adjust his goal from getting well again to looking forward to sitting on his deck in the spring. George became more able to sit with the reality of his situation, to be where he was and to look around him,

appreciating the simple pleasures of being alive, knowing also his vulnerability and dependence. George made it to the Spring, felt the Spring sun on his back one more time and contributed much to the group in the meantime.

We are frequently unable to relieve another of their suffering; we cannot change places but must bear witness and tolerate our helplessness if we are to stay in relationship. Victor Frankl (1964) in *Man's Search for Meaning* speaks of the tragic triad of pain, guilt and death which can only be countered by the optimistic triad of faith, hope and love. George had been keeping his children and partner at arms' length as he fought the battle of his cancer. He was fearful that any expression of feeling would lead to a loss of control and fragmentation, a kind of death of its own. The nearness of death often provides a strong impetus for change and George took the opportunity. George's story is one where there is movement from the tragic to the optimistic in the paradoxical acceptance of both his life and his death. In the group he was able to have his tears, to know the ache in his heart as he saw his relationships concretised before him and to let in the care of others that for most of his life he had kept at a distance. George did not give up hope but he did come to know realistic hope that then allowed for quality moments in the time he had left.

There is a biblical story that will be familiar to many of you. (Luke 8, 43-48)

It is of a woman who has suffered many years of bleeding and ostracism for being unclean. She has lived in isolation keeping her plight hidden. Desperate for healing she surreptitiously reaches through the crowd to touch the cloak of Jesus. Her anonymity is immediately broken when he recognizes

her touch, turns and calls her forth into the public arena. For her to come into the open, to be healed, the thronging crowd must also make way, they must give space to see and hear her. Only then is she restored to health, health that encompasses being seen and having a place in society. No longer is she coping on the margins of society but is a full member. Not very much is said of the crowd in this story but it is fair to say that the effort that is required of the woman, to come into the public arena, is the same effort that is required of all others present to not turn away from her anguish. Only then do we have a culture that is life giving.

Existential crisis threatens not only the individual but also all members of their network, including their health team. Any such threat is likely to prompt a retreat into a coping role system in an endeavour to manage the inevitable anxiety. To counter this withdrawal we all need to be doubles and mirrors for each other.

Working in the group *Living the Journey* we are seeking to develop a culture that in the face of an existential crisis is life giving; where there is not a focus on fighting but on being, and where it is possible to be seen, to see and to live with the truth of our lives. I enjoy how similar aspirations are expressed by Rebecca Wells in the novel *The Divine Secrets of the Ya Ya Sisterhood*, in which a group of lifelong friends conclude that the purpose of life is to learn to be tender and to have good manners. A philosophy that might stand us all in good stead.

NOTE

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