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Personality Disorders or Role Negotiation Problems?

Melvyn L. Fein

ABSTRACT

Many of the "personality disorders" defined by the DSM-III and DSM-III-R are really "role negotiation problems." Without fair, problem-solving oriented negotiations, people find it difficult to construct satisfying ways of life. This, for example, is true of passive-aggressive and histrionic strategies, and, if not recognized as such, interferes with effective clinical interventions.

Personality Disorders?

"Personality traits are enduring patterns of perceiving, relating to, and thinking about the environment and oneself, and are exhibited in a wide range of social and personal contexts. It is only when *personality traits* are inflexible and maladaptive and cause either significant impairment in social or occupational functioning or subjective stress that they constitute *Personality Disorders*."

Thus does the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R, 1987) define personality traits and personality disorders. This nosological system, which has become the bible of mental health professionals, takes special care to recognize the importance of personality problems, even going as far as to acknowledge that they are different from many other so-called mental disorders. It does so by placing them on a separate "axis" and giving them a unique status of their own. What it does not do, however, is emphasize the social and relationship character of these difficulties.

The DSM-III does state that personality traits include enduring patterns "relating to" the "environment" and are exhibited in "social contexts," but these are mentioned almost in passing. Many prominent psychological theorists, however, go a bit farther and, together with Theodore Millon (1986), bemoan the tendency of psychotherapists to "focus . . . on the patient's internal characteristics alone." Millon reminds his colleagues that "internal and external elements are inextricably linked" and that "intrapsychic structures and dispositions . . . prove functional or dysfunctional depending on their efficacy in specific interpersonal, familial, or social contexts." He would almost surely accept the insights of Karen Horney (1945) when she asserted that neuroses are grounded in inter- and intrapersonal conflicts.

Nevertheless, psychologists and psychotherapists have tended to concentrate on the personal characteristics of their subjects. Since the essential subject matter of these professionals is the human psyche, they tend to give short shrift to relationship variables. In fact, they have not noticed that the essence of the so-called personality disorders is not to be found in "perceiving" or "thinking," or that these "disorders" do more than cause a "significant impairment in social or occupational functioning." Specifically, they fail to appreciate that these behavior patterns are actually precipitated by social factors. To be more precise, it has not been recognized that personality disorders are more accurately described as "role negotiation" difficulties than "personality" ones.

A Role Negotiation Perspective

Social roles constitute a fundamental framework for social interaction (Fein, 1990). The various roles that human beings play structure their relationships with one another and give substance to their lives. Unless people have satisfactory roles that enable them to meet their fundamental needs, they cannot be happy. It is as spouses and parents that most of us experience love, and without these roles we would be adrift in a world peopled with millions of anonymous strangers. Even on a personal level, social roles are necessary to give meaning to life. That someone is a "caretaker," a "scapegoat," or a "family genius," may provide the linchpin of his existence, and even if these roles are stressful, they at least provide a direction for personal endeavors (Scarf, 1987).

But as important as social roles are, they do not spring into being fully formed, like Athena from the head of Zeus. No, social roles are constructed phenomena, and more significantly, they are constructed in social interaction (Sarbin and Allen, 1968; Turner, 1968, 1978). It is in the interpersonal negotiations, which form a central part of human experience, that people determine who will play what role and how they will play it (Kohn, 1969; Kohn and Schooler,

1983). Demands and counterdemands run throughout life and give it its organized character (Biddle, 1979). These demands create and maintain roles; they provide the boundaries within which individual decisions are made and personal directions are elaborated. As mundane as it may seem, it is in fights about who will take out the garbage that the nature of a role such as husband or child is decided.

The ubiquity of role negotiations, and their significance in establishing enduring patterns of interaction, is what makes them so pivotal to human happiness. If role negotiations go well, they can eventuate in relationships that enable people to meet their needs for safety, love, and respect (Maslow, 1954). Individuals can, for instance, build honest and intimate relationships in which they sensitively enhance each other's life chances. On the other hand, their role negotiations may be coercive, in which case they can be used to force people to behave in ways which are contrary to their interests. A child might, for example, be bullied into the role of family "scapegoat" (Ackerman, 1958), and, in the process, be prevented from being either safe or loved.

It takes fair negotiations to produce satisfying social roles. When these patterns are systematically unfair, they result in distorted and painful roles. Specifically, it is when role negotiations are "maladaptive" and "inflexible" that people are forced into dysfunctional and stressful patterns of living (Frank, 1973; Grinker, 1961). Thus, it is often a person's role negotiation strategy, and not his personality per se, that is responsible for his personal distress. One's social world, rather than one's psychic quirks, is the locus of fault, and ultimately where relief will be found.

Negotiations: Fair and Unfair

We will shortly be examining particular examples of role negotiation problems, but first we must determine how negotiations can be fair or unfair. Dean Pruitt's (1981, 1983) analysis of negotiation behavior constitutes an excellent starting place. He distinguishes between four basic strategies that can be adopted within a negotiation. His "dual concern" model proposes that someone can pursue (1) only his own interests, (2) primarily the interests of his partner, (3) both his interests and those of his partner, or (4) the interests of neither. If the first of these options is embraced, a person might rationally engage in excessive "contending"; coercion would then be regarded as a reasonable method for achieving his ends. If the second alternative is adopted, he would do well to yield and allow his partner to have whatever he wishes. The fourth option recommends a strategy of inaction, for if neither's interests count, it doesn't matter what a person does. It is obviously only the third alternative, namely considering the

interests of both partners, which is the moderate course. It is the one that favors a problem-solving approach to interpersonal disputes, and, one might add, is the one most likely to result in "fair" solutions.

In role relationships people work together to achieve ends that will hopefully satisfy both. Of course, not all relationships can, or should be, absolutely fair, but it is imperative that many should be. Without a reasonable degree of fairness, people feel cheated and misused, and if they can, strive to redress their grievances. This is especially true of intimate relationships, which, if not constructed on a foundation of trust, rapidly disintegrate into nothingness. Even unequal relationships, such as that between supervisor and supervisee, must include more than a modicum of fairness, for otherwise they approach that of master and slave, and will be rife with rebellion and inefficiency.

But many people approach their interpersonal encounters with a spirit of less than fairness. They do not perceive themselves as engaged in an act of problem solving, but as asserting dominance, or protecting themselves from it. There is not a world of partnerships, but one bathed in savagery and strife. For them, the inevitable conflicts of role negotiations are not open to peaceful resolution and, of necessity, involve a battle to the death.

This conflict-gone-awry is an implicit theme of many personality and psychotherapy theorists. Thus, it is present in the polarities which Millon (1986) uses to explain the varieties of personality dysfunction. His distinction between the self and other as a source of suitable reinforcement comes close to recognizing the importance of interpersonal unfairness, as less obviously do his dualities of pleasure/pain and active/passive. More clearly identifying the role of conflict is Horney's (1945) classification of people as moving "toward," "against" and "away from" others. Her model is very similar to Pruitt's when it distinguishes between yielding, contending, and inaction strategies.

Examples from the DSM-III

To discern how patterns defined by the DSM-III (1980) as personality disorders actually reflect role negotiation problems, one can do no better than to review the DSM-III itself. Since it enumerates twelve personality disorders, it is impossible within the compass of one paper to treat them all. Therefore, only two are examined here. These will be the "passive-aggressive" personality and the "histrionic" personality. The first has been chosen because it seems obviously related to negotiation strategies. On the face of it, it describes a yielding (or perhaps inactive) strategy, but on closer inspection will be found to involve excessive contending. The second has been chosen for its historic interest. Hysteria was Freud's entree into psychotherapy (Breuer and

Freud, 1957; Freud, 1953–1974), and it is interesting to note that a problem he originally treated as medical is, in truth, interpersonal, and, more particularly, negotiational.

Passive-Aggressive Personality

The passive-aggressive is described by the DSM-III as exhibiting:

- A. Resistance to demands for adequate performance in both occupational and social functioning.
- B. Resistance expressed indirectly through at least two of the following:
 1. procrastination
 2. dawdling
 3. stubbornness
 4. intentional inefficiency
 5. “forgetfulness.”
- C. As a consequence of (A) and (B), pervasive and long-standing social and occupational ineffectiveness (including roles of housewife and student), e.g., intentional inefficiency that has prevented job promotion.
- D. Persistence of the behavior pattern even under circumstances in which more self-assertive and effective behavior is possible.

“Passive-aggressive” is one of the favorite epithets of many psychotherapists (Spotnitz, 1976). It is often used pejoratively to describe difficult clients who resist the ministrations of their therapists. This sort of client is often categorized as “manipulative” and “resistant.” Such a person is seen to be fighting in an unfair way, obtusely frustrating the professional in his attempts to effect a “cure.” The language used is explicitly that of conflict, and the client’s behaviors are castigated as iniquitous. Indeed, his very style of interacting becomes the object of therapeutic attention.

The passive-aggressive client, in effect, engages in role negotiations with his therapist (Fein, 1990). The two are embroiled in a contest to determine how the client will relate with his helper and with significant others in his life space. But in this negotiation, the client is perceived as inappropriately contentious. It is alleged that instead of allowing the professional to control their interchanges, the client surreptitiously asserts his own will. The therapist understands himself as an expert whose job is to guide inadequate others into behavior patterns that they will find more fulfilling, while the client, contrary to his own overt request for help, attempts to move in a more independent direction.

No wonder therapists become frustrated and use diagnostic categories as labels of abuse.

Invoking the term "passive-aggressive" in a tendentious fashion may be an act of unfairness, but it is often a reaction to the unfairness of a client. Procrastination, dawdling, stubbornness, intentional inefficiency and "forgetfulness" can be extremely infuriating. They are, in fact, ways of resisting another person, and are all the more repugnant for being covert. Rather than saying "no" directly, the passive-aggressive merely drags his feet. On the surface, he may seem inactive, but this inactivity is purposive—the purpose is to defeat the other. In a sense, this strategy is eminently coercive, because it is so elusive. It is very difficult to influence a person who is ostentatiously doing nothing. When one accuses him of disagreeing with one's suggestions, he purses his lips and mutely proceeds upon his business. He will not allow us to win, or to make a difference, because he persistently refuses to acknowledge that we even have a bone of contention.

People become passive-aggressive, not because they intend to be obnoxious, but because they want to protect themselves. When children are raised by excessively coercive parents, they may have no recourse but to subterfuge. If a parent brooks no backtalk and no bargaining, how else can a child exercise control of his destiny? If direct resistance to parental orders regularly invites punitive oppression, what other strategy than secrecy is available? In such a circumstance, silent resistance may have the virtue of producing results, without inviting a beating.

The trouble is that this negotiation strategy does not allow for cooperative negotiations. If two partners are to collaborate in constructing roles that are mutually beneficial, they must problem-solve. But to problem-solve, they must put their interests and desires on the bargaining table. Misdirection and ostensible passivity short-circuit this process. They prevent an open dialogue which is the best hope of innovative and responsive solutions. No wonder they lead to the social ineffectiveness which the DSM-III finds so objectionable.

Histrionic personality

The DSM-III describes the histrionic personality as engaging in:

- A. Behavior that is overly dramatic, reactive and intensely expressed, as indicated by at least three of the following:
 1. self dramatization, e.g., exaggerated expression of emotion
 2. incessant drawing of attention to oneself
 3. craving for activity and excitement

4. overreaction to minor events
 5. irrational, angry outbursts or tantrums
- B. Characteristic disturbances in interpersonal relationships as indicated by at least two of the following:
1. perceived by others as shallow and lacking genuineness, even if superficially warm and charming
 2. egocentric, self-indulgent, and inconsiderate of others
 3. vain and demanding
 4. dependent, helpless, and constantly seeking reassurance
 5. prone to manipulative suicidal threats, gestures, or attempts.

On the face of it, the histrionic personality is not an incompetent role negotiator, but an abhorrent, demanding, and self-involved boor. His theatricality and dependence make him an unpleasant companion whom we would like to see develop some maturity. Our thoughts are inevitably drawn to the swooning Victorian ladies who sought their salvation on Sigmund Freud's psychoanalytic couch. Their husbands, and many of their physicians, treated them as superannuated children who must either be indulged or bullied into submission (Drinka, 1984). That they were deemed "sick" may have been little more than a comment on how uncomfortable was their presence (Szasz, 1961). But were these ladies (or their modern counterparts) merely being obnoxious, or did something else lurk behind their irritating surface? Why the exaggerated expression of emotions, the constant drawing of attention to oneself, or the overreaction to minor events? Why the shallowness, the egocentric self-indulgence, or the vain, demanding helplessness? Despite appearances, can it be that they were more than weak and unpleasant people? Perhaps their behaviors had a significance other than the obvious; perhaps they were in fact trying to achieve something important.

A clue may be found in the phrase "vain and demanding." It suggests a person who has a goal—in this case, someone who wants to be noticed and to make a difference. If indeed histrionics are "demanding," they may be engaged in negotiating, albeit in a manner that alienates their role partners. Self-drama and incessant drawing of attention to oneself indicate a need to be loved and, perhaps, respected. These maneuvers bespeak a person starved for interpersonal regard, but one who doesn't feel strong enough to attain it. We are reminded of Ibsen's *A Doll's House* and of the impotence and irrelevance to which Victorian housewives were often reduced. The epidemic of hysteria that Freud addressed may simply have been a sign of the poor negotiating situation in which these women found themselves.

Histrionic behaviors may actually be part of a role negotiation strategy of last resort, when other tools are not available. Moreover, these behaviors are especially associated with women because self-drama, overreaction to minor events, emotionality, tantrums, helpless dependence, and shallowness have historically been attributed to the role of female. Witness the ancient controversy about whether men may suffer from hysteria and the fact that this erstwhile medical disorder is named after the female womb (Veith, 1965). To designate the "histrionic personality" as a mental disorder is to impugn the negotiating techniques that many women have been forced to invoke. If their practices are unfair, and they often are, it is because the roles into which women have been thrust are often unfair. Excessive self-drama may be a form of coercion, but one which has been employed to counteract social demands which require women to be helpless, second-best citizens.

Aggressive self-drama and exaggerated emotions turn the female role on its head and use its implied helplessness as a weapon. These techniques trade on the fact that the strong man is not supposed to injure the weak woman. Tears and tantrums are a sign of her supposedly sex-linked fragility, and hence to attack her is forbidden. But if a man cannot use his advantages, then he is forced to comply with her wishes. He is put in a no-win situation, and this is the signature of coercion. Of course, the woman also loses because histrionic techniques prevent her from asking for what she wants in a way that will invite cooperation. Her partner may refrain from thrashing her, but he will not be inclined to honor or respect her. The techniques she uses may be designed to gain respect, but they only elicit a negative form of attention, one which is rarely satisfying.

Conclusion

To label histrionic negotiating techniques as a personality disorder is to place additional blame on people who are already having a difficult time making their lives work. Their ways of interacting certainly do cause them problems, but attributing them to disordered personal traits increases their burden. When, however, one recognizes that they are engaging in dysfunctional role negotiations, one doesn't have to try to change *them*; one only has to change their negotiation strategies. Instead of asking them to become different people, one can acknowledge the legitimacy of their goals and encourage them to institute strategies which do succeed. The fact that they desire to be safe, loved, and respected is no sin; it is what we all want. They only need more effective ways of achieving it.

If one examines the DSM-III's list of personality disorders, one notices that most of the entries clearly entail faulty role negotiation strategies. Thus the avoidant personality obviously engages in excessive inaction, while the antisocial personality indulges in excessive contending. Likewise, the narcissistic personality is unfairly coercive in a manner not unlike that of the histrionic, and the dependent personality is a champion yielder. Even the paranoid personality has negotiation problems in that he fights shadows and does so far too aggressively.

If clinicians are to implement productive interventions with those labeled as having "personality disorders," they will do well to recognize that these entail self-defeating negotiation styles. They will then be positioned to help their clients become problem-solvers, rather than ineffective contenders or yielders. By noticing that a social interaction has misfired, clinicians will be enabled to impart appropriate social skills and to do so in a nonjudgmental manner. As long as helping professionals exclude a social perspective from their attempts to assist people in pain, they will miss the essence of what causes the pain, and, however well meant, their interventions will bypass the real issue.

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