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Manipulation tactics of patients with neurotic disorders in everyday life and during therapy

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Summary

Aim. The objective of the study was to examine the repertoire and intensity of manipulation tactics of neurotic patients in everyday life and during therapy, as well as diagnosing the intensity of Machiavellianism in neurotic patients.

Methods. There were 111 study subjects: 44 patients with diagnosed neurotic disorders, 44 people from the control group and 23 therapists. The manipulation tactics were measured by means of survey methods of E. Mandal and D. Kocur and Machiavellianism was measured using the MACH-IV scale of M. Christi and F. Geis.

Results. In comparison to people from the control group, the patients were more willing to use manipulation tactics such as guilt induction, threatening to break up the relationship, and self-mutilation but less willing to use supplication/begging. The intensity of tendency to undertake manipulation was higher in everyday life than during therapy. The Machiavellianism of patients was positively correlated with the tendency to employ manipulation tactics. Differences within the scope of general Machiavellianism between the patients and the control group were not noted.

Conclusions. The manipulation tactics of neurotic patients are of morbid nature. They are related to anxiety, feeling of guilt and hostility. The tendency to manipulate correlates with Machiavellianism.

Key words: neuroticism, manipulation, Machiavellianism

Introduction

Neurotic disorders or neuroses (situational neurosis) (ICD-10: F40–48) inclede functional disorders of the nervous system existing without any organic harm to it. In contrast to schizophrenia (F20) or borderline personality disorder (F60.31), in case of reactive neurotic disorders there does not occur any disruption of reality evaluation. Neuroses are functional mental disorders with not homogenous clinical picture usually

with the majority of changes in emotional processes, caused by widely understood psychological traumas – a variety of difficult situations of various impact and duration [1].

The prevalence of neuroses in industrialised countries amounts to ca. 10% and constitutes 5–15% of diagnoses by general practitioners and 40% of diagnoses by psychiatry specialists. Most patients are women, whose ratio to men in this regard amounts to 2:1. The axial symptom of a neurosis is anxiety, which leads to increasing difficulties in individual and social life [2–4] and is the most important element of the theory explaining the etiopathogenesis of this type of disorders.

The cognitive theory explains that a neurosis is erroneous perception, processing and evaluation of hazardous facts, inducing the emotion of anxiety and then the non-adaptive attempt to escape from the stimulus that causes the anxiety.

The theories of learning define neuroses as improperly learnt reactions that can reduce anxiety and its manifestation, created by means of modelling or imitating in interaction with pre-morbid personality, e.g.: egocentricity, submissiveness, tendency to dominate and aggressiveness.

In the psychodynamic theories the role of unconscious intrapsychic conflicts from childhood that remained unsolved, is underlined [2]. According to K. Horney, a fundamental anxiety that arose in that way during childhood participates in formation of neurotic attitudes “from”, “towards” and “against people” during adulthood [5].

In O.F. Kernberg’s theory, neurotic personality structure is consistent with the fixation unit development at the stage of ego and superego consolidation, psychotic – at the stage of normal symbiosis autism and borderline – intermediate, acting in continuum of disorder between neurosis and psychosis [6, 7]. Neurotic disorders are transient and reactive, personality disorders are relatively permanent (character neurosis) [5].

Manipulation defines an intentional behaviour related to the manipulating person’s own benefit and creating the feeling of being in control of the situation in the manipulated person, while the real control is in possession of the manipulating person. It means treating the other person more like an object than a subject and it is manifested by employing manipulation tactics that aim at making the manipulated person submissive with regard to intentions and aims of the manipulating person [8–10].

A high tendency to manipulate is related to a Machiavellian personality, that is, instrumental treatment of other people according to the principle of “trampling over people” to achieve one’s aim, the principle of the end justifying the means, lack of empathy, tendency to lie and specific perception of other people as naive and cowardly. A manipulating person may take advantage of a high level of anxiety – when it is a state in a manipulated person, while exhibiting himself or herself a low level of anxiety – as a trait [11, 12].

It can be supposed that anxiety, hostility and the feeling of guilt – the characteristics of a neurotic personality – may facilitate undertaking manipulation of other people. At the source of occurrence of neuroses there is a fundamental anxiety caused by feeling of insecure as a child. The high level of anxiety, feeling of guilt and hostility may induce undertaking manipulation due to a lack of ability to satisfy social needs [13]. Hostility may be related to instrumental treatment of other people. Thus, neuroticism

and Machiavellianism, as well as the tendency to manipulate other people, may be closely related to one another.

The studies conducted so far indicate that there is a relationship between Machiavellianism and the general personality disorder indicator (moderate correlation), specific scales of paranoid, passive-aggressive and antisocial personality (low to moderate correlation) [14], borderline personality (significantly lower level of Machiavellian tactics) [15] and depression (moderate correlation) [16]. Relationship between Machiavellianism and neurotic disorders is ambiguous [17].

Aim

The aim of the studies conducted with participation of patients diagnosed with neurotic disorders was:

1. to compare the intensity and repertoire of manipulation tactics employed by patients in everyday life with the intensity and repertoire of manipulation tactics employed by healthy people in everyday life;
2. to compare the intensity of Machiavellianism in patients with the intensity of Machiavellianism in healthy people;
3. to compare the intensity and repertoire of manipulation tactics employed by patients in therapy with the intensity and repertoire of manipulation tactics employed by patients in everyday life;
4. to compare the intensity and repertoire of manipulation tactics of patients in therapy with the intensity and repertoire of manipulation tactics observed by the therapists during therapy.

Material

The subjects were 111 people: 44 patients with diagnosed neurotic disorders (ICD-10: F40–F48), 44 people from the control group and 23 therapists. The group of patients consisted of 33 women and 11 men. Percentage of men and women in the group of patients corresponded to the proportion of 3:1 in the population of people suffering from neurotic disorders [2]. The mean age of all patients was: M = 38 years; SD = 9.0, women M = 38 years; SD = 9.5, men M = 37 years; SD = 10.07. The control group consisted of healthy individuals with no diagnosis of neurosis and psychiatric diagnosis. The health was additionally evaluated on the basis of the proper functioning of these people (work, study), which was confirmed by the circumstances in which they had been filling questionnaires (universities, libraries and other public places). The control group was similar to the group of patients with regard to sex and the mean age of the people from the control group (M = 37 years; SD = 12.00) did not differ significantly from the mean age in the group of patients ($p = 0.83$).

The qualification for the patient group was carried out among patients of 10–12 week long therapeutic stays at day wards for treatment of neurotic disorders in: Feniks Mental Health Centre in Sosnowiec, Independent Public Clinical Hospital No. 7, Medi-

cal University of Silesia – Leszek Gieca Upper-Silesian Medical Centre on the basis of medical documentation according to the ICD-10 criteria (F40–48).

The studied group included also 23 therapists from the Silesian, Lower Silesian, Opolskie and Greater Poland provinces (19 women (83%) and 4 men (17%)) carrying out individual and group therapy of patients diagnosed with neurotic disorders. Among the therapists there were 5 (23%) people with medical education (specialist in psychiatry), 11 with psychological education (master's degree in psychiatry; 48%) and 7 with therapeutic education (certificate of a therapist or pending training; 30%). The mean age of therapists was M = 38 years; (SD = 10.00) and the average seniority was M = 9 years; (SD=7.00). The therapists represented almost all the therapeutic orientations.

Method

The following research instruments were used during the studies:

1. Manipulation tactics employed by patients – survey method created by E. Mandal and D. Kocur [15]. It consists of two questionnaires: the first one regards the use of manipulation tactics in everyday life and the second one regards manipulation tactics employed during therapy. Both questionnaires include description of 10 different manipulation tactics: seduction, begging, ignoring, coercion, sulking, threatening, self-mutilation, lying, guilt induction and threatening with relationship breakup. The examined person specifies how often he or she undertakes specific behaviour (measuring particular manipulation tactics) by choosing the answers on a scale from 1 (never) to 7 (very often). The reliability coefficient for the survey regarding manipulation in everyday life is $\alpha = 0.76$, and for the survey regarding manipulation in therapy – $\alpha = 0.77$.
2. Manipulation tactics of patients according to therapists' opinions – survey method created by E. Mandal and D. Kocur [15]. The first part of the survey includes an open question of the following content: "What methods of exerting influence and manipulating have you observed in people with neurotic disorders during therapy?" The second part consists of 10 closed questions indicating various behaviours (manipulation tactics). The therapists evaluate the behaviour of patients observed during therapy on a scale from 1 (never) to 7 (very often). The instrument reliability coefficient is $\alpha = 0.78$.
3. MACH-IV Machiavellianism scale of R. Christie and F.L. Geis in the Polish adaptation of K. Pospiszyl [18]. This method is intended for diagnosing Machiavellian personality. It consists of 20 statements that form 3 scales: tactic, views on human nature, morality. The first two scales include 9 items each, the third one includes 2. The examined person declares his or her opinion on each statement on a scale from 1(total agreement) to 7 (total disagreement).

The nosological diagnosis of neurotic disorders is a qualitative diagnosis. The results of questionnaires do not allow for diagnosing this kind of disorder within the categories of ICD-10 and DSM-IV [19]. During the study the KON-2006 Neurotic Personality Questionnaire by J.W. Aleksandrowicz et al. [12] was not applied due to its

extensiveness. Studies have been conducted during the breaks between the therapeutic classes. The need to provide –alongside with the used three questionnaires – 246 additional items in KON-2006 (our tools included 144 questions) would be additional difficulty for patients who participated voluntarily in the study. The patients diagnosed with neurotic disorders usually score higher in the Neurotic scale according to the NEO-PI-R Inventory of P.T. Costa and R.R. McCrae [20, 21].

Results

The results showed that in everyday life neurotic patients tended to employ manipulation tactics such as guilt induction (M = 3.14), threatening with relationship breakup (M = 2.23) and self-mutilation (M = 1.57) significantly ($p < 0.05$) more often than people from the control group, while employing the begging/supplication tactic slightly less often (M = 2.55) ($p = 0.07$ – statistical tendency).

Female patients tended to undertake the tactics of self-mutilation (M = 1.67) ($p = 0.02$), guilt induction (M = 3.12) ($p = 0.04$) and sulking (M = 4.33) ($p = 0.07$) more often in everyday life than women from the control group. There were not found any differences in manipulation tactics employed between male patients and men from the control group (Table 1).

Table 1. **Average intensity of manipulation tactics of neurotic patients and people from the control group**

Manipulation tactic	Women			Men			Total		
	Patients	Control group	p	Patients	Control group	p	Patients	Control group	p
Seduction	3.39	3.64	0.57	4.18	4.36	0.87	3.59	3.82	0.59
Begging/supplication	2.70	3.15	0.19	2.09	3.09	0.20	2.55	3.14	<0.07
Ignoring	3.88	3.18	0.17	3.82	3.55	0.79	3.86	3.27	0.18
Coercion	2.97	2.82	0.59	3.45	3.82	0.76	3.09	2.91	0.52
Sulking	4.33	3.48	<0.07	3.55	3.18	0.73	4.14	3.57	0.15
Threatening	2.36	1.88	0.52	2.00	1.91	0.48	2.27	1.89	0.38
Self-mutilation	1.67	1.15	<0.02	1.27	1.00	0.17	1.57	1.11	<0.05
Lying	3.55	3.48	0.80	4.18	3.09	0.57	3.70	3.70	0.93
Guilt induction	3.12	2.21	<0.04	3.18	3.00	0.76	3.14	2.41	<0.05
Threatening to break up the relationship	2.23	1.64	<0.08	1.91	1.27	0.52	2.23	1.55	<0.05
Total	3.03	2.66	0.14	2.96	2.95	0.98	3.01	2.74	0.12

There were found no differences within the scope of the general Machiavellianism intensity score between patients (M = 70.64) and people from the control group (M = 70.39) ($p = 0.93$). In female patients (M = 38.76) there was noted a higher score on the

Machiavellian views scale than in case of women from the control group (M = 34.58) ($p < 0.01$).

Both male and female patients were less willing to employ tactics such as lying (M = 2.34), seduction (M = 2.20), sulking (M = 2.16), begging (M = 1.64) ($p < 0.01$), coercion (M = 2.36), threatening (M = 1.55) ($p < 0.01$), guilt induction (M = 2.41) ($p < 0.03$) and threatening with relationship breakup (M = 1.59) ($p < 0.04$) in therapy in comparison to everyday life. The average intensity of the tendency to employ all the manipulation tactics collectively during therapy (M = 2.15) was lower than in everyday life (M = 3.01) ($p < 0.01$).

Female patients employed the manipulation tactics of sulking (M = 2.18), lying (M = 2.12), seduction (M = 1.85), begging (M = 1.55) ($p < 0.01$), threatening (M = 1.52) ($p < 0.01$), guilt induction (M = 2.36), threatening with relationship breakup (M = 1.67) ($p = 0.02$) and coercion (M = 2.06) ($p < 0.03$) less often in therapy that in everyday life. The average intensity of the tendency to manipulate among female patients during therapy (M = 2.03) was lower than in everyday life (M = 3.03) ($p < 0.01$).

Male patients were less willing to use the manipulation tactics of lying (M = 1.91) ($p < 0.01$) and seduction (M = 3.27) ($p < 0.03$) during therapy than in everyday life. The average intensity of the tendency to manipulate among male patients during therapy (M = 2.52) was lower than in everyday life (M = 2.96) ($p < 0.07$) (Table 2).

Table 2. **Average intensity of manipulation tactics of neurotic patients (men and women) in everyday life and during therapy**

Manipulation tactic	Patients – Women			Patients – Men			Patients – Total		
	During therapy	In everyday life	p	During therapy	In everyday life	p	During therapy	In everyday life	p
Seduction	1.85	3.39	<0.01	3.27	4.18	0.03	2.20	3.59	<0.01
Begging	1.55	2.70	<0.01	1.36	2.09	0.40	1.64	2.55	<0.01
Ignoring	3.61	3.88	0.80	4.73	3.82	0.71	3.89	3.86	0.99
Coercion	2.06	2.97	0.03	2.09	3.45	0.22	2.36	3.09	0.01
Sulking	2.18	4.33	<0.01	3.27	3.55	0.08	2.16	4.14	<0.01
Threatening	1.52	2.36	0.01	3.00	2.00	0.37	1.55	2.27	0.01
Self-mutilation	1.36	1.67	0.20	1.36	1.27	0.17	1.36	1.57	0.08
Lying	2.12	3.55	<0.01	1.91	4.18	0.01	2.34	3.70	<0.01
Guilt induction	2.36	3.12	0.02	1.64	3.18	0.97	2.41	3.14	0.03
Threatening to break up the relationship	1.67	2.33	0.02	2.55	1.91	0.97	1.59	2.23	0.04
Total	2.03	3.03	<0.01	2.52	2.96	0.07	2.15	3.01	<0.01

Irrespective of sex, therapists observed in patients in therapy a higher frequency of using manipulation tactics such as guilt induction (M = 4.78), seduction (M = 4.57),

lying (M = 4.35), sulking (M = 3.70), coercion (M = 3.61), threatening with relationship breakup (M = 3,04), begging (M = 2.78), self-mutilation (M = 2.57) ($p < 0.01$) and threatening (M = 2.17) ($p < 0.06$) than the one declared by patients.

The average manipulation intensity observed by the therapists (M = 3.49) was higher than the intensity of manipulation to which the patients admitted (M = 2.15) ($p < 0.01$) (Table 3).

Table 3. **Average intensity of patients' manipulation tactics during therapy according to patients and therapists**

Manipulation tactic	Therapists	Patients	p
Seduction	4.57	2.20	<0.01
Begging	2.78	1.64	<0.01
Ignoring	3.30	3.89	0.26
Coercion	3.61	2.36	<0.01
Sulking	3.70	2.16	<0.01
Threatening	2.17	1.55	0.06
Self-mutilation	2.57	1.36	<0.01
Lying	4.35	2.34	<0.01
Guilt induction	4.78	2.41	<0.01
Threatening to break up the relationship	3.04	1.59	<0.01
Total	3.49	2.15	<0.01

Within the scope of intensity of tendency to undertake manipulation in everyday life, in the whole group of patients there were noticed correlations between Machiavellianism and the intensity of tendency to undertake manipulation ($r = 0.40$; $p < 0.01$), including: the tactic of ignoring ($r_s = 0.40$; $p < 0.01$) and the tactic of threatening with relationship breakup ($r_s = 0.30$; $p < 0.05$). Age was negatively correlated with the tendency to use the tactic of sulking ($r_s = -0.35$; $p < 0.04$).

Within the scope of intensity of tendency to undertake manipulation in therapy, there were noticed correlations between Machiavellianism and sulking ($r_s = 0.32$; $p < 0.03$). There was found no correlation between Machiavellianism and average intensity of tendency to employ manipulation.

Age correlated negatively with the tendency to employ the self-mutilation tactic ($r_s = -0.34$; $p < 0.04$) (Table 4). In the group of therapists there were not found any correlations between age, seniority and the number of manipulation tactics observed among patients.

Table 4. **Correlation between the patients' manipulation tactics in everyday life and during therapy**

		Therapy									
	Manipulation tactic	Seduction	Begging	Ignoring	Coercion	Sulking	Threatening	Self-mutilation	Lying	Guilt induction	Thr. w. rel. breakup
Everyday life	Seduction	0.44									
	Begging		0.34								
	Ignoring			0.41							
	Coercion										0.31
	Sulking			0.32		0.34					
	Threatening	0.37	0.36				0.49			0.30	0.33
	Self-mutilation	0.31	0.52			0.34	0.31	0.43		0.35	
	Lying								0.34		
	Guilt induction				0.38						0.33
	Threatening to break up the relationship						0.36	0.38			

The cluster analysis of the patients' manipulation tactics in everyday life indicated clusters of tactics: (1) of aggressive nature – such as: self-mutilation, threatening and threatening with relationship breakup; (2) of controlling nature – guilt induction and

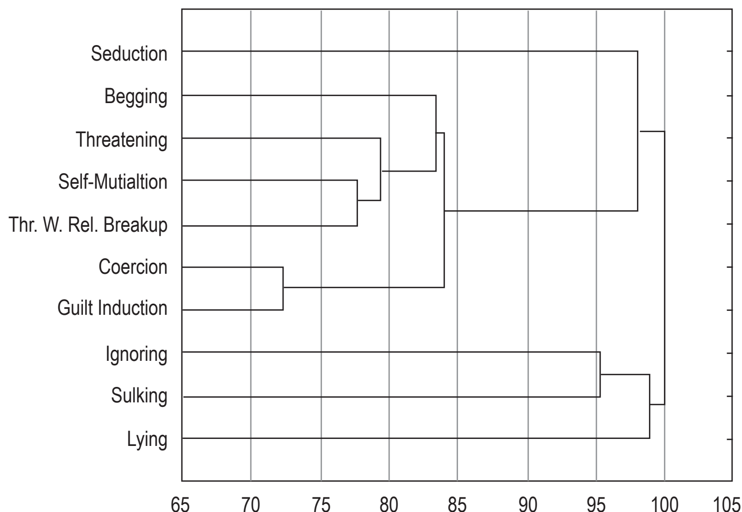

Figure 1. **Cluster analysis of the patients' manipulation tactics in everyday life**

coercion; (3) of isolating nature – ignoring and sulking. There was also noticed that seduction is related to lying and begging is related to threatening (Figure 1).

The therapists indicated that irrespective of their sex, the patients during therapy:

- when seducing: they praised the professional and personal competences of the therapists and reduced distance, while female patients came to the sessions dressed in a provoking manner;
- when begging: they asked to be exempted from performing the therapeutic tasks and to have them performed by the therapist by reason of their difficult situation;
- when ignoring: they suddenly left the session, they did not answer therapist's questions and they isolated themselves from the members of the therapeutic group;
- when coercing: they tried to seize control over the therapy by paying for the session in advance, they asked for additional sessions or medicines and they also did not leave the office after the session;
- when sulking: they expressed dissatisfaction with the therapy conditions, including financial conditions, they complained about discomfort after a session, they excused themselves and were looking through a window;
- when threatening: they promised instituting legal proceedings against the therapist;
- when mutilating themselves: they inadvertently caused accidents or showed their wounds to the therapist;
- when lying: they concealed prior treatment and information about medicines they took, they concealed the occurrence of symptoms or simulated them, they concealed socially unacceptable behaviour, they falsely blamed the lack of cooperation on the therapist and they accused the staff of alleged sexual abuse;
- when inducing guilt: they accused the therapist of not using all the available therapeutic methods, they complained about not being understood or about lack of empathy on part of the therapist, they wallowed in self-pity and overtly criticised the therapist;
- when threatening with relationship breakup: they promised to stop the therapy as a result of pretended improvement or worsening of their health condition, they expressed disappointment resulting from the lack of expected intervention on part of the therapist and they also expressed opinions about the lack of purpose of further therapy.

Discussion

The studies show that the repertoire and intensity of the manipulation tactics of neurotic patients may be related to the disorder that they were diagnosed with. Identified

tactics may also be used by patients with personality disorders. The higher tendency to employ manipulation tactics such as guilt induction, threatening with relationship breakup and self-mutilation present in neurotic patients when compared to the people from the control group may be related to egocentricity and excess ambition [2] that may hinder making requests, which might explain their slightly lower tendency to use the begging tactic in comparison to the control group.

The studies showed that in the studied patients the tendency to manipulate correlates positively with Machiavellianism. At the same time there were found no differences within the scope of the general intensity of Machiavellianism between patients and people from the control group. It may suggest a pathological basis of the tendency to undertake manipulation rather than any conditions related to Machiavellianism. The studied female patients obtained higher intensity scores than the women from the control group in the Views scale, which indicates treating people as dishonest, naive and slothful. In neurotic women this may strengthen the “away from people” attitude and, in consequence, result in them lacking the ability to form close relationships and being lonely.

The results show that during therapy the patients are less willing to employ manipulation than in their everyday life. The manipulation tactics of patients during therapy are also less aggressive than those that they employ in everyday life. This difference may be related to the situation of participating in therapy itself, and also to the behaviour standards in a patient-therapist relationship. It may also be a positive consequence of the therapy. The insight into one’s own problems obtained as a result of the applied therapy may lead to decrease in fear level and, in consequence, lowering the intensity of manipulation tactics undertaken against other people. Further studies are required in order to establish precisely the influence of therapy on employment of manipulation tactics by neurotic patients.

The difference between the intensity of manipulations observed by the therapists and that declared by the patients may testify to differences in understanding of the phenomenon of manipulation in therapy between patients and therapists. According to the image of reactive neurotic disorders [22], the manipulation tactics employed by neurotic patients are aimed at achieving a one-time or permanent submissiveness in other people in everyday life, while during therapy their purpose is to achieve such changes in behaviour and decisions of therapists that are desired by patients [23]. In contrast, the tactics of patients with personality disorders are intended to have a constant subjection of persons to whom they are made.

The results of the cluster analysis carried out within the scope of the study revealed the existence of three general groups of manipulation tactics in neurotic patients: aggressive tactics (threatening, threatening with relationship breakup, self-mutilation); controlling tactics (coercion, guilt induction) and isolating tactics (sulking, ignoring). These clusters result from the nature and similarity of specific behaviours, as well as neurotic attitudes that are either directed “away from other people” or “against other people”.

The repertoire of observed manipulation tactics undertaken by patients is quite extensive. The therapists report that patients start with coercion, then they threaten

and finally they threaten with breaking up the therapeutic relationship, also through self-mutilation. This shows not only the variety of manipulative behaviours but also the significant dynamics of employing them.

A limitation of the current study is that the presented results cannot be generalised to a broad group of patients suffering from neurotic disorders. Examination of the repertoire and tactics of patients with a diagnosis of individual neuroses from F40–48 group would allow for accurate differentiation of tactics taken by patients with personality disorders from the tactics of patients with personality disorders from F60 group. The question whether manipulation tactics are pathognomonic for neurotic or personality disorders, is the matter for further scientific discussion.

Conclusions

1. The manipulation tactics employed by neurotic patients are of pathological nature.
2. The tendency to manipulate correlates with Machiavellianism.

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