

The Manipulation as a Type of Impact on Interpersonal Relationships in the Origins of Conflicts

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Abstract

Manipulation is a type of psychological influence that is used to subdue, dominate another person, to control their emotions, thoughts, behavior and activities, to gain benefits.

In interpersonal relationships people also use psychosomatic problems as a manipulation by gaining the benefits of the somatic illness or pains. Thus, as a result of certain actions a person receives overcare, the pursuit of certain dreams, unfulfilled desires or hidden goals through manipulation which can be conscious and subconscious. There also can be aggression and self-aggression during manipulation. Manipulation affects a person's adaptability and causes problems for the person with open regulation of relationships, cooperation, assuming responsibility, rational thinking.

In March-June of 2019, parents have applied to the Psychological Center "Zhesture" whose child had fears, slept in their room, otherwise they could not sleep all night. He had self-aggression (verbal, physical), thoughts of death, stammering, aggression towards their family members (verbal, physical), did not cooperate with parents, did not express himself, lied, was anxious, did not study.

In the present case, the child has learned the forms and behaviors of manipulation from the parents. The solution of the problems for the child is connected with the psychological work with the child and his mother, and the correction of existing problems which was done through the Person-centered Intensive Program Psychotherapy.

Key words: Manipulation, interpersonal relationships, conflict, psychological impact.

Introduction

The purpose of the scientific-psychological study of manipulation is to distinguish it from other types of psychic influence. That is why first of all it must be defined.

The term *manipulation* comes from the Latin word *manipulus*, which has two meanings: handful (from *manus*-hand and *pie*-full) and bunch, pinch, group which basically meant a small squad of Roman army soldiers.

The English word *Manipulation* in the Oxford dictionary metaphorically describes manipulation as the process of influencing or controlling people or things with flexibility, especially as concealed management or processing in a contemptuous context.¹

Manipulation is a type of psychological influence that is used to subdue, dominate another person, to control their emotions, thoughts, behavior and activities, to gain benefits. It can be used in active or passive ways. Active mode allows the manipulator to understand his benefits (there is some psychological pressure). In a passive mode maximum psychological pressure, lying, deception are supposed.²

In interpersonal relationships people also use psychosomatic problems as a manipulation by gaining the benefits of the somatic illness or pains. Thus, as a result of certain actions a person receives overcare, the pursuit of certain dreams, unfulfilled desires or hidden goals through manipulation which can be conscious and subconscious. There also can be aggression and self-aggression during manipulation. Manipulation affects a person's adaptability and causes problems for the person with open regulation of relationships, cooperation, assuming responsibility, rational thinking.

“The little boy’s story”

In March-June of 2019, parents have applied to the Psychological Center "Zhesture" who are married for 10 years, live separately from the adults in an apartment owned by his grandfather. At the mother's initiative, the child was carried to a psychologist. The complaint was that the child had fears, was sleeping in their room, otherwise they could not sleep all night. He had self-aggression (verbal, physical), thoughts of death, aggression towards his family members (verbal, physical), did not cooperate with parents, did not express himself, lied, was anxious, did not study and was stammering. He had bellyache, vomiting. According to the 13th provision of Person-centered intensive program psychotherapy, the child was examined by a pediatrician and no medical instructions were given as no physiological, organic cause was identified.

In the present case, the child has learned the forms and behaviors of manipulation from the parents. The solution of the problems for the child is connected with the psychological work with the child and his mother, and the correction of existing problems which was done through the Person-centered Intensive Program Psychotherapy.

The article presents the psychological work done with the child-client and his family. An anesthetic record in family history shows that his mother has had a *difficult pregnancy with signs of miscarriage. The child was born at the age of 8*

¹ M. Mehrabyan(2014), NASRA lectures, p. 50-51

² Shapar' V.B. (2013). Psihologija manipulirovanija: iz marionetki v kuklovoda: Har'kov, 249 p

months, wrapped in a umbilical cord, didn't cry, had oxygen starvation. The child started talking stammering when he was 2.5 years old (his father was also stammering at a young age). The child has behavioral problems: aggression (physical, verbal), jealousy towards the sister, he is lying, has negativism, and does not cooperating with parents. There are fears of insects, darkness (does not allow family members to sleep at night, sleeps only in the parents' room). There are bellyaches and vomiting which are not medically diagnosed. He is often crying. His mother had a neurosis.

As a result of organized psychological work, it has become clear that the identified psychological problems have a long history and because of the inability to realize and solve, they were deepened, transformed, and expressed during child development. According to the 6th provision of Person-centered intensive program psychotherapy, the child was psychologically diagnosed and the results obtained were discussed only with the parents. The term of psychological work has been appointed 4 months (4th and 8th provision of Person-centered intensive program psychotherapy), highlighting the importance of cooperation and, if necessary, involvement of parents in the process.

The case entitled as “The little boy's family” is presented below. The peculiarity of the case is that the child's complaint revealed the problems of the whole family as a causal link with their own parents and sister. The analysis of the case the characters are titled by Mother-client, Father-client, Sister-client. The whole case analysis is a scenario of a life with different roles, transformed psychological problems /Eric Berne/

“The Little Boy's Family”

Client-8 years old

Gender: male

The total number of meetings is 34, with one year of strengthening of results through regular meetings /Person-centered intensive program psychotherapy, provision/:

Complaint: *Expressed self-aggression (verbal, physical), thoughts of death, aggression toward home members (verbal, physical), did not cooperate with parents, did not express himself, lied, was lazy, did not study, there was stammering, had bellyaches, vomiting.*

Meeting 1- The child and his parents were present at the meeting. Reviewing problems and discussing the work, collaboration, methods in the presence of a child allows to create an easy report, lower aggression, as he understands that past blames turn into problems that can be solved and parents are also involved in that process. The child also has a positive predisposition for work by hearing about the work plan, the importance of the purpose, and the methods.

At the meeting, the mother was anxious, worried, constantly talking about her son's problems, not talking about their role in all of this. In the question what the atmosphere in the family was, she said it was quite good, and the child's father confirmed the woman's words with gestures.

The parents' subjected observation of the problem allowed us to think of a high degree of resistance, which implies the existence of deeper problems than what was stated in the complaint.

After agreeing on the goals, work plan, methods, collaboration, and responsibility principles (Person-centered intensive program psychotherapy, provision 8, provision 11), the first meeting was completed and the first report was made.

Meeting 2- *The purposes of the meetings are:* activation of self-protection instinct, acceptance of help, self-confidence, cooperation, constructive behavior.

The meeting was held with a child-client. Sand therapy with kinetic sand combined with fairytale therapy has been used to strengthen the report. This technique was created by us³ and is called "Me as a castle". The technique is implemented as follows: the child makes a castle that needs to be made strong, powerful and immovable. If he finds it difficult, we offer him help, as soon as he gives his consent, we help him build a small part of his castle, then hand over the construction of his own castle. After construction, the child is offered to tell a tale of a boy or girl living in a castle.

The results of the meeting are: The little boy learned how to work and continue building alone. The boy in his fairy tale had fears that were overcome by aggressive behavior. At the end of the tale, the boy felt protected and strong because he "felt like his castle."

Meeting 3-The purpose of the meeting is to identify the child-client's problem, the relationships with surroundings, and find the solution.

Sand therapy also provides the opportunity to reduce stress, work with the subconscious processes, and identify problems. At the meeting it was used sand therapy and it is prohibited the intervention of a specialist in its area.

The technique is called "Island"⁴: White sand, animals, human figures, stones, shells, etc. are used. The goal is to identify problems, make positive changes to them, rename the island.

The child chose evil characters, first chose a rabbit for himself, then replaced it with a wolf, attacking all the animals. Then he decided to make a change, caring for each other and putting himself in the middle to "look at him."

The results of the meeting are: the technique allowed them to observe the problems and actions that were fixed in the child. They have the following order: fear-aggression-attack-getting rid of aggression-feeling guilty - caring for oneself (egocentric manifestations).

Meetings 4-7: During four meetings, the client overcame the fears that sometimes were observed as lies. There were no aggressive manifestations, tensions were weakening, no stammering, no ballyache, no vomits, he was cooperating with his sister during the game. He performed his duties on his own, sometimes asking his mother for help.

³ According to the 9th provision of the Person-centered intensive program Psychotherapy, any novelty in psychotherapeutic work is developed, discussed, and presented in the form of a scientific article.

⁴ Elena Tararina (2017) Pesoch'naja terapija: prakticheskij start, Moskva, str. 81

They attended the meetings by the family (Mother 28 years old, father 29 years old), parents were eagerly awaiting completion of the work, brief discussions were held and professional instruction were given. Mostly the father was a passive listener, the mother was active and anxious, giving the impression that she was not satisfied with the brief discussion, but avoided separate contact with the psychologist and emphasized the child's problems.

Meeting 8: The meeting was delayed by a week. Prior to the arrangement, the result of the work was to be discussed with the parents. During the discussion there were new complaints from the mother. There had been a change in the child's behavior, one of the reasons the mother considered herself mentioning that she didn't know what she was doing wrong, but she realized that the problem was hers. Changes in a child's behavior were based on the following principle. The mother maintained the intended programmatic approach; the child had a clear response. The mother was not implementing the program; the child's behavior was also changing. It turned out that the child had difficulty internalizing and strengthening psychological work, which was directly dependent on the mother's mood, bad health, enthusiasm, and so on. The client has no fixed fears, but he is being in a hysterical mood - crying, shouting, falling to the floor, blackmail that will hurt himself, self-aggression, bellyache. The parents mentioned that they did not understand what caused such behavior. At the same time, it became clear that the father was treating the child rudely.

The goals of the meeting are: the discussion of the results of 7 meetings.

The results of the meeting are: during the discussion, there was a decrease in parents' resistance, and they were invited to a visit to discuss parenting approaches and to plan further steps. The solution of the problem entered the second stage. An arrangement was made to work with the mother, which the mother accepted with pleasure. The father avoided to work separately.

Meeting 9-15: ***The goals of the meetings are:*** lead the client's mother through deeper understanding of problems, discuss and find solutions to them, learn to manipulate solely for the sake of their own progress and the family's real interests (realizing the real interest without psychosomatic problems), implement an eclectic approach to psychoanalysis, cognitive therapy, gestalt therapy, art therapy, reflexotherapy.

Psychologist.

- What concerns you most about your child's behavior?

Mother-client.

"I want to talk about it. I can no longer restrain myself. It seems to me that my child is mocking me and doesn't respect me. He replicates my behavior. I have such an impression. At the same time, I feel very sorry for him and want to protect him. But loving him often does not satisfy him. Those repetitive bellyaches. I do not understand what these symptoms are that doctors do not diagnose."

Psychologist.

"When do bellyache start?"

The mother-client.

- Mostly in the morning when going to school. I have changed my meals too. Nothing helps. But I have something else to say. I want to kill my son in anger. I even

tried to strangle him until he was 1 year old (the client is tensed, trying to restrain her crying).

Psychologist.

"Before getting angry, what are your thoughts, what are your emotions?"

"I am sad and angry, things do not seem to be preceding. I don't want him to be. Maybe I feel sorry and sober. I don't want to repeat. I do not understand why I have this thought".

"You have mentioned pregnancy problems, can we talk about it in more detail?"

"Of course. I want to feel good, to solve my family problems. During pregnancy I had fainting, which was not the first in my life and it is not the last (silence, crying)".

"What cases do you remember? How long have they been?"

"Can I start from childhood?"

"Of course".

"My father was an alcoholic, my mother couldn't figure out what to do." At a young age, I had to change my place of residence because of their quarrels. There was violence, constant quarrels in our house. During the quarrels I was bent over in a corner and trembled, which I still often feel. It happened that I ran away from home. My father did not pay attention to it, and my mother's acts were limited to moving to another place of residence and then returning to my father. That is, another school again, accustoming again, constant stress. Once when I was in the 3rd grade, my parents argued and I tried to hurt myself in front of them. I don't remember what I thought, I was disgusted. After that, my parents divorced. My father left the country. I missed him. I once heard a woman's voice on the phone. My mother and my uncle's wife seemed to talk that he was married. I had a strong jealousy. Some days later, I had severe stomachaches. I again heard my mother and my uncle's wife talk. "I know one case when a child had such seizures after the parents divorce, the parents had to be together again and the pain went away." This word became my companion. I started to vomit on my own. I went to the hospital and went for inspections, which did not reveal any medical problems. Medical staff diagnosed the problem arised as a result of stress. It was decided that my father should return. My father returned and we lived together again. My problems went away. However, after that, I used painful behaviors or imitations when I had a problem of fulfilling my wishes or getting attention. I was always in the center of attention of my relatives, even my neighbors. My parents' conflicts continued. This time, my mother left, leaving us a message and handed us over to our father's care. After some time, my teeth began to ache and it became so difficult that my jaw was opperated and I was moved to live with my mother. I was tired of getting attention through the pain, of the futile attempts to resolve parenting conflicts. And I made the decision to leave home with my current husband at the age of 17. We got married.

Regularly in case of problems, I was able to feel bad to solve my problems. And it succeeded. I was pregnant. I didn't want to have a child, fears and thoughts were arising and I wanted to drown myself. I was shrinking and trembling as I did at a young age. I held my breath so that I would not cry. At times of tension, I was

unwittingly singing with the words that were not understandable and it frightened me the most. Now my son, when he wants to hurt me, sings like that, and I get upset. During my pregnancy, I had fainting, and using it I left for my father's house, I could not accustom at my husband's father's home. However, shortly afterwards, I realized that in the face of my father-in-law, I had a new father who cared for me that living in my husband's home was a salvation. I went back. Since the birth of the child, I have also used the bad state of health of myself and the child to achieve my goals. Up to now, I use my bad state of health to manage the child, and not only him. I have had many health problems - neuroses, even surgery connected with the nervous system. I SOLD MY HEALTH TO BUY EVERYONE'S ATTENTION AND FULFILL MY WISHES. I do not want anymore. I do not even understand where the true self begins and where the fiction is created.

I would like to mention another important fact that my husband and I have hidden. In fact, my husband doesn't work, he's a gambler. Spends all day on the sofa, if he is not playing, he is lying often, not dealing with home problems. I humiliate him on the eye of my children, and that's why my son treats him badly. My husband's hope is always his father, who takes care of our needs. We have had sexual problems too, horrible for me, which is now largely overcome, normalized. We love each other and I really want both of us to overcome our childhood traumas.

The result of the meetings are: the causal links of problems have been realized, the interests are viewed as a key condition of family progress, and basic complaints are overcome.

Meeting 15-20: In the third stage, the mother of the child revealed that the child imitates her father, does not want to learn, repeats her father's behavior in every area, and uses it as a threat. Repeats mother's behavior: vomiting, fainting imitation, psychological blackmail through bad feeling, and so on.

A joint decision was made with the parents to move on to the third stage of the work. The third stage is to identify the "parental" and "maternal" models of the child's parents and develop more effective parenting approaches.

Psychologist:

- Dear parents, can you describe the behaviors your child adopted from you? Can you mention the behaviors that you have adopted from your parents and used in the upbringing, communication with children and with each other, and solving the problems? What behaviors would you like to adopt that you do not have? Which wouldn't you like?

Father's insight: "I run away from problems, I'm afraid to lose, disappoint and be disappointed myself, I don't have communication skills, I can't imagine what it means to be a father, I lie to fulfill my desires, to escape from responsibility.

Mother's insight: «I am over caring as my mother does as I am accomplishing something by that, otherwise I feel guilty, and the aggression is probably from my father."

- What can you use as a resource?

Father "My patience."

Mother. "My courage, my independence, my love."

New programmatic tactics were developed, which included sharing responsibilities in the family, setting basis for dealing with children, developing a constructive approach in conflict relationships, and practically transmitting the example to children. It is also important for parents to reduce their manipulative behavior towards their children, to switch to the usage of open manipulation, to form cooperations, open and direct relationships.

The work with child-client was implemented with a program of realization of his adopted behavior and real benefit, and change of his behavior. The child discovered that the bellyache and vomiting were caused by fear and a desire to do something. He discovered that when he was thinking of having them soon he had those symptoms. He mentioned that by crying falling on the ground he wished that his parents would love only him and always fulfill his wishes.

The result of the meetings are: regulated relationships between mother and children. The child begins to learn well. He gains independence. The father is in trouble and falls into the chain of gambling. With the help of his wife and father, he comes out of a difficult situation. After that, the father accepts the psychologist's suggestion and decides to visit the psychologist to correct the gambling.

Work with the father-client went on two ways: correcting gambling and implementing parenting programmatic tactics.

Meeting 20-30: In the fourth stage of the psychological work, the third stage of the program continued and the art therapeutic work was carried out with the boy and sister-clients.

The goal of the meetings are: transforming aggressive behavior into cooperation.

The results of the meetings are: the development of communication skills, cooperation, common interests.

Meeting 30-34: Psychological work was done with the whole family through art therapeutic techniques.

The purpose of the **meetings** is to strengthen a strong psychological and emotional connection between all family members, develop mutual support skills, and take responsibility for each of them for the benefit of family progress and health.

As a result of the **meetings**, there are common interests in the family that strengthen the emotional and psychological connection between family members, the ability to help each other, and are more willing to fulfill their responsibilities.

The family visits the center for a year, once a month to discuss the situation in the family and to make a positive strengthening.

Thus, psychosomatic problems, as a form of manipulative impact, have emerged a primary benefit to the mother-client. Strengthening, the primary interest has become secondary and turned into organic problems. Such behavior was copied and adopted by a child-client. Conclusion

Thus, psychosomatic problems can also be used as a form of manipulation, as they are used to subdue, dominate, control, and gain a profit. This parenting behavior can be adopted and used by the child. This creates a closed chain where manipulators act. In such a closed chain, relationships break down and at the same time feed manipulators with a desire for specific competition, victory. The closed chain can be

opened and eliminated by starting psychological work with one circle of the chain and including all other circles in it.

Being an active manipulator, the mother adopted active methods to control people and situations, and, if she couldn't succeed, used her adopted behavior from childhood to arise compassion and achieve goals through psychosomatic symptoms. The father, being a passive manipulator, was happy to lose, leaving his duties to the active manipulator. The child-client, being a competing manipulator, accepted life as a field of competition and was constantly looking for enemies.

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