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Dysfunctional Role Maintenance

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ABSTRACT

Many of the problems that clients bring to clinical sociologists are caused by dysfunctional social roles that they are unable to change. These roles are often fixed in place by dysfunctional variations of the mechanisms that normally stabilize role structures. The cognitive, emotional, volitional, and social components of role scripts that ordinarily keep roles from changing also serve to maintain painful ones. Understanding how they accomplish this is the first step toward facilitating effective personal growth.

Much of the personal distress that impels individuals to seek professional assistance can be attributed to dysfunctional social roles (Fein, 1990). People often find themselves in situations in which their role structures do not meet their private needs, e.g., for love or respect. They then come to clinical sociologists seeking relief. In part, they request help because they find it difficult to achieve change on their own. Indeed, their attempts to improve their situation often backfire; and they wind up trapped in the very behavior patterns that cause them anguish. Such clients almost seem to participate in perpetuating their distress despite their desire to feel better. Their painful social roles seem impervious to correction and may well be described as "dysfunctionally maintained." If such individuals are ever to experience fulfillment, the mechanisms that hold their roles in place have to be confronted and transformed.

Angela

Let us here interpose an example from the author's files. Angela was born out of wedlock. From the beginning, she was wanted by neither her mother nor father, and she was shipped off to her maternal grandparents where she remained until her mother married another man and began having children by him. The mother then reluctantly recalled Angela but treated her like a "Cinderella" whose only job in life was to take care of her younger siblings. Angela naturally felt rejected and craved maternal love; but no matter what she tried, she failed to bring about what she wanted and was left feeling more rejected.

When she attained her majority, Angela still missed being loved. No matter where she went or what relationships she established, others seemed to reject her. Friends dropped her, boyfriends neglected her, employers fired her; even the welfare department gave her a difficult time. Indeed, her mother still rejected her; for whenever Angela was in trouble and needed support, her mother was sure to deny it.

Angela complained bitterly about her situation. She told anyone who would listen how unfairly she was being treated, yet she somehow seemed to stumble from one rejecting relationship to another. Even when she entered a counseling relationship, she complained, but did not change. It was as if she were destined to remain a "rejected daughter" for her entire life. What was worse, she seemed to conspire to keep this role in place. Although she didn't intend to, she always seemed to pick the wrong people to befriend; and because she became desperate when they mistreated her, she clung to them, even as they abused her. Her intense need to be loved by her mother—or someone like her mother—kept her seeking love in the wrong places and guaranteed that her role would not change.

It took years for a change in Angela's self-defeating behavior patterns to evolve. Before she could relinquish her role as rejected daughter and begin to enter relationships based on a different premise, she had to change her image of herself, overcome her terror at losing her mother's love, alter the value she placed on meeting her mother's needs, and extricate herself from all those relationships in which people continued to reject her. In short, she had to free herself from those elements of herself and her social environment that impelled her to recapitulate her unsatisfying role. She had to give up dysfunctionally maintaining it.

Ambiguity

The phrase "dysfunctional role maintenance" is ambiguous. It might refer to "dysfunctional roles" that are maintained or to a "role maintenance process" that

is itself dysfunctional. In the former instance, it would allude to the perpetuation of unsatisfying roles; in the latter, to the misapplication of the mechanisms that perpetuate such roles. The concern here will be primarily with the second possibility; nevertheless, there does exist an unavoidable link between the two. Very often the judgment that a role maintenance process is dysfunctional is itself contingent on the fact that the role being maintained is dysfunctional.

A social role may be considered dysfunctional when it either fails to meet the needs of an individual or fails to meet larger social needs. While this latter social function of roles is an important one and the success or failure of a role may well be judged by the degree to which it serves collective purposes, it is the objectives served for the individual that will be the focus here. It is on this level that the micro-clinical sociologist finds the greatest challenge and the greatest import for clients. And on this personal level, it is roles that do not allow for the achievement of safety, love, or self-respect (Maslow, 1954) that are dysfunctional. Since a central purpose of social roles is to meet needs, when this does not happen, a role has failed in its task. Thus, such roles as "caretaker," "rebel," or "family scapegoat" often interfere with a person's ability to be loved or respected and are often dysfunctional.

Yet, the concept of dysfunctional role maintenance is not tied exclusively to the roles it perpetuates. It can also be identified with the specific mechanisms that hold them in place. These, too, can be dysfunctional. If they are too strong or too weak, they can be a problem in their own right and can make it more likely that a person's roles will be dysfunctional, or that dysfunctional ones will be more difficult to change. By way of example, when a very intense emotion, such as fear, prevents a person from altering a social role, the fear itself can be described as dysfunctional. It can escalate into panic and become so overwhelming that a person devotes his energies to defending against it rather than to changing the patterns of behavior that cause him distress (Barlow, 1988). Role behaviors then become stereotyped and repetitive.

Similarly, emotions can cause dysfunctional role maintenance if they are misdirected. They can point in the wrong direction by initiating internal communications that are in error or by energizing supposedly corrective actions that are, in fact, ineffectual. Instead of being disruptive because they are too powerful, they cause distress by giving a person incorrect messages about the environment or by impelling one to take actions against one's interests. If fear, for instance, indicates that a danger exists where none is in fact to be found, it may inspire a person to protect him or herself in ways that are unnecessary and perhaps harmful. One might, for instance, cling to a dangerous role partner—as Angela did—in the mistaken belief that this will provide safety. And such clinging will help perpetuate the dysfunctional role, just as it did Angela's role of "rejected daughter."

Functional Role Maintenance

The fact that dysfunctional role maintenance is possible is contingent on the prior existence of functional role maintenance. For the most part, the mechanisms of dysfunctional role maintenance are merely distortions of the ones necessary to ensure the continued existence of normal social arrangements. If people are to live together in large groups, their patterns of interaction must be stabilized (Durkheim, 1933). Individuals must be able to coordinate their behaviors and predict one another's actions. Without such abilities, they could not cooperate to achieve common aims. Life would then be far more uncertain than it currently is, and the human species could never have assumed its present level of biological dominance.

For the most part, it is the existence of dependable social roles—that is, of stabilized patterns of interactive behavior—that facilitates social equilibrium. People are expected to behave as mothers and fathers, employees and employers, boxers and bankers (Biddle, 1979). When they do not, when they overstep role boundaries and act in ways that are inconsistent with these expectations, other people become apprehensive. These others then usually demand that rule breakers do as they are "supposed to." If they do not, they will be confronted with substantial sanctions.

The remarkable thing is that most role actors stay within prescribed boundaries without being constantly punished. Although opportunities for innovation and novelty abound, people seem to know what is expected of them and to voluntarily comply (Etzioni, 1962). Despite temptations to do otherwise, they maintain their behaviors within required channels. It would seem, then, that over and above the pressures for conformity that are applied by external agents, people have internal devices for keeping themselves in line. It is this internal apparatus, together with social demands, that forms the basis of role maintenance.

Another way of describing these mechanisms is as the "scripts" that guide actors during their role performances. A script is a tool for giving direction to action and seems the apt term to use when one is discussing the guidance of roles. It rightly extrapolates from the dramaturgical roots of the "role" concept.

Role Scripts

While role scripts may be defined in many ways, we will find it useful to understand them as having four components. These are the (1) cognitive, (2) emotional, (3) volitional, and (4) social mechanisms that steer individual behavior patterns. The first three may be said to comprise a person's internal scripts,

and the fourth, his external ones. What follows is a very brief characterization of these factors—one meant only to sketch their nature.

1. The *cognitive* component of role scripts consists of the understandings persons have about themselves and their social situation. The world is not a given. It must be interpreted before a person can engage in action within it. People must define the situations in which they find themselves if they are to have meaning, and they must subscribe to some form of self-image if they are to know where they fit in such a world. These understandings then act as internal maps that guide actions.

2. The *emotional* element of role scripts is none other than ordinary human feelings. While there are many of these, perhaps the most important for role maintenance are fear, anger, sadness, guilt, shame, and love. Each helps a person to interpret the world and can motivate one to function within it. Thus, emotions both communicate and motivate. Fear, for example, warns of danger while providing the energy for either fight or flight (Cannon, 1929); anger informs us that an important goal has been frustrated while giving us the strength to achieve it.

3. *Volitions* are the necessary complement to cognitions and emotions. They consist of the plans and decisions that people make. It is not enough for individuals to interpret the world or to have feelings about it: these must be translated into specific actions. It is values and normative rules that provide the key to this development. They direct people in choosing the behavior patterns that they believe to be necessary and/or expedient (Sumner, 1960).

4. As has been indicated, the *social* component of role scripts is initiated externally. No one acts in complete isolation. The actual behaviors of an individual result from an interaction of impulses originating from within and demands emanating from role partners (Wentworth, 1980). The demands and expectations of these others influence actions as much as do internal desires (Biddle, 1979). While these are often in balance and provide gratification for both partners, they are often in conflict and must be resolved.

The various elements of role scripts, however, do not spring to life full-blown the moment a particular role is implemented. They may be learned and/or constructed in childhood or when one is an adult (Clausen, 1968; Erikson, 1950; Brim & Wheeler, 1966; Turner, 1962, 1978), and comprise a repertoire that can be drawn upon as needed. The specific configurations of one's cognitions, emotions, volitions, and social environment take shape during interactions with role partners, and these shapes then delimit role behaviors. If these role elements are moderate in their intensity and suitable in their direction, they usually serve to maintain functional roles. But when they are too potent, or are mistaken in their goals, they become dysfunctional. They then implement behaviors that fail to meet needs, yet are difficult to change.

Mechanisms of Dysfunctional Maintenance

Cognitive

When too firmly held, or too dissonant with the facts, the understandings that people have about themselves or their world can militate toward unsatisfying role behaviors. Ellis (Ellis & Grieger, 1977) has called some of these "irrational" ideas. While they may not be literally illogical, they are usually mistaken. Thus, people who believe that in order to be happy they must be loved by everyone are laboring under a misapprehension. Since different human beings subscribe to different values, some people may appreciate who one is, while others will not. Trying simultaneously to please very divergent audiences can only entangle a person in contradictions—it cannot produce the coveted universal love. Despite best intentions, such interpretation of the world makes success impossible; and the more intensely it is held to, the more firmly one will be attached to dysfunctional behaviors (Beck, 1976).

An especially important kind of cognitive mistake is the distorted self-image (Cooley, 1966; Rosenberg, 1979). One who believes oneself too weak to do something is unlikely to attempt it. If this action happens to be vital to such a person's interests, they will perforce remain unsatisfied. Success is usually dependent on an accurate assessment of one's self.

Emotional

Intense misdirected emotional reactions may be the single most important factor in perpetuating dysfunctional roles. When emotions are too strong or are attached to inappropriate objects, they tend to become inflexible. It is in the nature of emotions, especially intense ones, to resist change (Greenberg & Safran, 1987). Thus, a person who is deeply afraid tends to remain afraid; and if fear happens to be aroused by an object that is not, in fact, dangerous, the person may continue to fear it, even after becoming cognitively aware that it presents no danger.

Fear is certainly the emotion most central to role maintenance. In his 1980 study on the socialization of psychiatrists, Donald Light has observed how anxiety is used to fix professional identities in place. This same mechanism, it develops, is even more essential to childhood socialization. Young children who run out into traffic, or who reach for hot stoves, are quite purposively frightened by their parents. These caretakers may not consciously intend to scare the children; but their shouts of distress, and the spankings they inflict, have precisely this effect. If parents do succeed in instilling fear, they can usually rest assured that their children will thereafter avoid busy streets and hot stoves. They need

not worry that tomorrow the children will have overcome their fear or fail to be restrained by it. Fear is not that readily extinguished.

Anger, sadness, love, guilt, and shame all share some critical properties with fear in that when each is intense, it tends to perpetuate itself. Strong emotions are by nature conservative and press for fulfillment until their goals are achieved. Like intense fear, which presses hard for safety and continues to do so until safety is achieved, anger presses insistently to end major frustrations, and sadness presses to recover lost relationships. Should such an emotion be misdirected, this very conservatism makes it likely that it will stay misdirected. Since a misdirected emotion has special difficulty in achieving its underlying goal (e.g., for safety), it will remain unrequited and in perpetual quest of fulfillment. For example, if a child becomes intensely angry at a perceived injustice committed by a parent, that child may remain angry at the parent, or at parent surrogates, for a lifetime. When anger is based on a mistake, such as misinterpreting a parent's hospitalization for desertion (Bowlby, 1969), that mistake is not easily corrected; and the child will be inclined to perpetuate the misguided, and hence unfulfillable, quest in subsequent role relationships.

Volitional

When a person's volitions are too strongly entrenched or misdirected, they too may dysfunctionally maintain roles. If the values one holds, or the social rules they follow, are inflexibly implemented, role behaviors become dysfunctionally stereotyped. The plans made and the decisions taken may get out of synch with goals and the social realities faced.

One example of how action schemas can take an independent and often destructive course is the "perfectionism" frequently encountered in the children of alcoholics (Bratter & Forrest, 1985). Because of the obvious imperfections of their parents, these children often vow to be totally different. They develop a reaction formation which impels them to make *no* mistakes. Yet, mistakes are an inevitable part of living. Without an ability to make mistakes, and to learn from them, complex patterns of living become impossible. Those who are committed to an avoidance of all errors, thus, inadvertently cut themselves off from many satisfactions while simultaneously condemning themselves to unnecessary failures.

Similarly, a too intense will to "win" can make a person his or her own worst enemy. A desire to have one's way no matter what, can blind one to lost causes and seduce one into some very foolish battles. Flexibility in the choice of goals and in the selection of strategies to achieve them, is a *sine qua non* of successful role behavior.

Social

The human environment can be every bit as intransigent and wrong-headed as one's own cognitions, emotions, or volitions. As with these internal script elements, the external demands of an individual's role partners can be inappropriately strong or inappropriately directed. The mandates they impose can adamantly require that a person behave in ways that are detrimental to one's interests. In short, role partners can be coercive, and their insistent demands can prevent a person from making role modifications he or she might otherwise choose to inaugurate.

Alcoholism counselors frequently find that once they have helped a client stop drinking, he may return home to a spouse who encourages him to fall from grace (Bratter & Forrest, 1985). Whether through badgering or enticement, he is manipulated into regressing to a previous life style by the very person who earlier lobbied against it. Whatever a role partner's conscious intentions, old role relationships can seem strangely comfortable. After all, role partners have cognitions, emotions, volitions, and social entanglements of their own that militate toward conservatism in their role structures. The demands they make, e.g., the ones that maintain an alcoholic as an alcoholic, come from role maintenance mechanisms. It should, therefore, not be surprising that role partners are often a serious impediment to role change.

More than this, role problems are usually sociogenic in origin—that is, they have their origin in social interactions. It is typically coercive role demands that are at the foundation of dysfunctional role structures and which induce a person to internalize dysfunctional script elements. People rarely become caretakers or rejected daughters unless they are trying to comply with, or react against, the untoward demands and manipulations of significant others.

Changing Dysfunctional Roles

If dysfunctional roles are to be replaced by more satisfying ones, the mechanisms holding them in place must be addressed and disarmed. Since these mechanisms are tenacious, altering them often takes considerable effort. The clinician who would help his or her client to develop new and happier patterns of living must recognize and understand the vehicles that impeded change, and then help the client to remove them. In essence, a process of resocialization must be implemented. The client must be taught how to relinquish old roles before new ones can be instituted.

First, the clinician must determine which cognitions, emotions, volitions, and social demands are maintaining a client's present status. When their nature

and the way in which they are impeding progress have been assessed, an effort can be made to alter them. Only after they have been removed will a path be cleared for altering the client's dysfunctional roles.

Rather than discuss all the techniques that can be employed to unblock the various elements of role scripts, a brief description of a strategy for disarming fear will be presented. A person in the throes of intense fear can be helped to become less fearful by implementing the following steps:

1. The client must be placed in a safe situation. He has to have a method for protecting himself from the dangers he perceives. Then, and only then, will he be able to relax and begin the process of reducing his fear (Weis, 1985). If a person does not have suitable safe places to which he can retreat, a clinician can help him to develop these.

2. The intensity of the person's fear can be diminished by gradual "desensitization" to it (Wolpe, 1973). He can gradually emerge from his safe place to permit incremental exposure to that which he fears. With time and patience, he will be better able to tolerate his emotion, without automatically springing into action.

3. When the person's fear is no longer experienced as panic, it can be reevaluated to determine what danger it actually represents. If it is discovered that the danger previously apprehended does not currently exist, the person will be able to react differently. With nothing to defend himself against, he can abandon his previous attempts at fight or flight.

4. The person's fear can itself be used to lessen its emotional impact. For example, it can be used to avoid or combat a danger. When fear warns of a real hazard, fight or flight may be in order. In this case, the energy of the fear can help make one's reaction more successful. Properly used, fear can motivate a frightened person to "walk" away from danger without exacerbating his peril.

The Case of Philip

How the mechanisms of dysfunctional role maintenance interfere with salutary personal growth can be seen in the case of Philip. When this client entered his late teens and prepared to leave high school for college, he discovered that his father was adamantly opposed to such a move. His father was engaged in a manual trade and believed that, despite his son's good grades, college would be a waste of time. Instead, he demanded that his son follow in his footsteps.

But Philip wanted to go into business management. He did not want to be like his father and intended to carve out a very different niche for himself. Nevertheless, he found it difficult to resist the pressures brought to bear by his

family. His father was a very forceful and committed person and so, whenever Philip attempted to move toward college, his father threatened to evict him from the family home.

Philip found these threats quite frightening. Unsure that he could survive on his own, he tended to waffle. He usually looked to his mother for support and occasionally she would verbally intercede on his behalf. Yet, when Philip did try to enter a college program, she abandoned him. He discovered that she was more concerned with protecting herself and if he allowed himself to be convinced by her promises, he would find himself forsaken. The result was an emotional "breakdown" with delusions serious enough to require his hospitalization.

When the hospital staff attempted to help him achieve independence from his family, Philip resisted and remained certain that he could not survive on his own. The fears instilled in him by the coercive atmosphere of his family remained as much alive as when he was at home, and he was convinced that his only avenue to safety lay in returning to the bosom of his family. They had socialized him to be both a "dutiful son" and "the crazy one" of the family—and he could let go of neither role.

Philip's resistance to change can be directly attributed to the role scripts he had learned. These constituted a mechanism that induced him to repeat past mistakes and to avoid alternative solutions. In particular, his cognitive scripts informed him that he was too weak to protect himself without his family's help. The emotional reactions that he had acquired in earlier battles with his father left him so intimidated that he was afraid to approach any unfamiliar living situation. Volitionally, his options were so narrowed that he could only plan for a return home, since it was the protective strategy in which he had most confidence. Each of these internal script elements was derived from the stifling social demands made by his parents when he was young, and they endured even when he was hospitalized. But, so did his parent's demands. They constituted an external environment that continued to constrain his options. Together, these factors conspired to prevent him from establishing the successful college identity for which he so longed.

Eventually, Philip did go to college—but only after professional interventions had calmed his fears and reeducated him to his possibilities. Only after he had become physically separated from his parent's demands—that is, after a subsequent referral to a group home—was he truly able to act independently. It took a supportive and accepting social structure to extricate him from his dilemma and to set him on the road to developing new cognitive, emotional, volitional, and social structures.

Conclusion

This paper introduces the notion of dysfunctional role maintenance and begins the process of placing the difficulty of achieving therapeutic success within a social context. Successful clinical interventions depend on an accurate grasp of the impediments to role change. Unless this is understood by change agents, they will be left to wonder why clients resist movement while overtly demanding help in achieving it.

Those familiar with psychoanalysis will recognize echoes of the Freudian concepts of "resistance" and the "repetition compulsion" in the concept of dysfunctional role maintenance (Freud, 1953–1974). This is no accident and reflects the continuities that exist between different intervention strategies. The major advantage of casting therapeutic techniques in role change terms is that it frees clinicians from the tyranny of medical and purely psychological concepts. Once it is understood that clients are trapped in unsatisfying role behaviors by dysfunctional variations of the same mechanisms that normally hold roles in place, it becomes much easier to free them from their torment.

More detailed investigations of the operation of these mechanisms obviously await implementation. But as our knowledge increases, it can be expected that we will develop ever more efficacious change strategies. The more sociologists know about what impedes role modification, the better placed they will be to contribute to its theoretical understanding, and to facilitate it.

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