



THE TECHNIQUE OF PSYCHOTHERAPY

IDENTIFYING IMPORTANT TRENDS AND PATTERNS

INTRODUCTION

LEWIS R. WOLBERG M.D.

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Lewis R. Wolberg, M.D.

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Identifying Important Trends and Patterns: Introduction

Once the working relationship is consolidated, and patients accept a more active role of working on their problems, we enter the middle stage of treatment. This has as one of its objectives the revelation of what is behind the patients' symptoms and behavior. It embraces a more precise delineation of behavioral excesses and deficits as well as the internal and external reinforcing agencies that enervate them. The extent of such determination will depend on the goals of our therapeutic effort. In supportive therapy we may merely seek to identify and to bring patients to an awareness of discordant elements in their environment that activate their turmoil, so as to help us in their control. Here, an examination of factors that promote the situational entanglement and study of the effects on patients of their disturbance may be all that is attempted. In reeducative therapy there may be an exploration of the patients' more conscious interpersonal reactions, the ensuing difficulties that follow expression of their personality patterns, and the provocative individuals and situations that keep existing distortions alive. These therapeutic tasks are implemented by the conventional interviewing techniques.

In reconstructive approaches, the task is more ambitious since the level of exploration is on unconscious strata of mind. The symbolic extensions of unconscious conflicts are explored through a number of techniques that will presently be described. The contamination of rational behavior with derivatives of the unconscious is investigated and analyzed. There is also an inquiry into the genetic origin of the individual's conflicts, the determining childhood experiences that initiated and produced character distortions and maladaptive mechanisms of defense.

The underlying dynamics as they disclose themselves during the middle phase of therapy will be specific for the individual. While a great deal of variation exists in patterns of defense, it is possible to propose a few general propositions.

In the main, the individual who possesses an emotional problem is suffering from defective conditioning that cripples the capacities for adaptation. Conditioning is a universal process in learning. From birth on, the individual is constantly reacting to primary (unconditioned) stimuli that occur jointly

with secondary (conditioned) stimuli. If this linkage continues for a period, the secondary stimulus, though adventitious and unrelated, is apt to evoke the same response as the primary stimulus. This association tends to become reinforced or to diminish and become extinct according to how consistent the two stimuli appear together. A generalization of the conditioning may occur, the individual responding to parts of the unconditioned stimulus. For instance, in learning any language there is a constant reinforcement of the conditioning of words (written or spoken) to objects and feelings until the word evokes the same responses as the objects and feelings. Attitudes and values likewise evolve from conditioning to rewards and punishments that are presented for specific kinds of behavior. Soon a host of external reinforcing situations, objects, and people accumulate that provoke various reactions. They may serve in this way as realistic sources of stress, promoting symptoms and defenses.

Symptoms and defenses are also the outcome of many conditioned inner reinforcers that affect the person's feelings of security, self-esteem, relationships with people, and capacity to express basic needs and demands. The primary sources of these inwoven mischief mongers are disorganizing life experiences that date back to the very earliest contacts of the child with parents and other important persons in the past. Distortions in values and attitudes engendered by unfortunate conditionings with parental agencies remain even in maturity, and the person usually reacts to life with archaic fears, frustrations, and hostilities, many of which singularly are little modified by adult experiences. It is as if the epoch of childhood creates the paradigms in adult life that reflect the very values and contain the same expectations of injury that the individual had as a child.

The consequence of disturbances in security feelings, self-esteem, and interpersonal relationships caused by unfortunate early conditionings is to make the individual vulnerable to even average deprivations and vicissitudes. This is registered in terms of a failing life adaptation, when inner conflicts exert their pressure and external demands tax the coping capacities of the person. Earliest signs of adaptive disorganization are tension, anxiety, and the psychophysiologic components of anxiety. The latter symptoms, universal phenomena in neuroses, provoke the ego into marshalling all the defensive instrumentalities it has at its disposal to bring the individual to a psychic equilibrium. Anxiety and its attendant physiologic reactions are so destructive to the person that attempts to cope with it are always made.

Many symptoms the individual displays in response to the stimulus of anxiety serve to defend against the effects of this emotion. They defend also against the initiating conflicts themselves. Why different symptoms and syndromes are elaborated in different people to cope with essentially the same kinds of conflicts is a challenging question, the answer to which is not entirely clear.

The knowledge that symptoms arise out of failure of the individual in dynamic dealings with life, has, in recent years, tended to displace the emphasis in treatment from symptomatic relief to reconstructive betterment of relationships with other people. What a therapist hopes to effect in reconstructive therapy is a building of security in the person so that an individual no longer feels menaced by fears of the world. In addition, self-esteem must be enhanced to the point of self-confidence, assertiveness, and creative self-fulfillment. Each individual must gain self-respect without striving for perfectionism or superiority. Relationships with people must become harmonious and shorn of such impulses as dependency, detachment, and aggression. Finally, one must become capable of satisfying inner needs and demands without anxiety and in conformity with the standards of the group. Not every patient is capable of achieving the ideal goal in therapy of major personality rehabilitation; yet the therapist has a responsibility in promoting in each individual as extensive a growth in personality as is reasonably and practically possible.

Personality change is catalyzed by helping the patient in psychotherapy to arrive at an awareness of the operative forces within the self. This process is characterized by progressive stages of self-understanding and steps of adaptive action, which, in the main, may be delineated as follows:

1. Elaboration by the patient of symptoms and complaints
2. Discussion of feelings associated with symptoms
3. Relation of feelings to dissatisfactions with the environment.
4. Recognition of repetitive patterns of behavior and appreciation of their responsibility for disturbed feelings
5. Awareness of dissatisfaction with behavior patterns, but realization of their compulsive persistence
6. Cognizance of the functional nature of behavior patterns

7. Exploration of preponderant patterns and the determination of their origin in early relationships
8. Disclosure of the archaic nature of the patient's disturbing life trends and mechanisms of defense
9. Challenging of early attitudes
10. Serious consideration of rights to a more productive life
11. Intense dissatisfaction with current patterns, insecurities, and devaluated self-esteem
12. Experimentation with new modes of behavior
13. Liberation from old values and types of action
14. Evolution of greater security, assertiveness, self-esteem, and a sense of mastery
15. Development of a different conception of oneself, of more constructive interpersonal relationships, and of greater capacities for the expression of personal needs

These stages of understanding and adaptive action are never pursued by the patient in as rigidly sequential a manner as has been outlined. There is generally a shifting back and forth, and, as one pattern is discovered and explored, new discoveries are made that call for further elaboration.

The principle techniques by which the therapist helps the patient to the acquisition of self-understanding are (1) interview procedures, (2) free association, (3) dream analysis, and (4) the examination of attitudes toward the therapist, including transference.