

THE TECHNIQUE OF PSYCHOTHERAPY

EXPLORING TRENDS AND PATTERNS

LEWIS R. WOLBERG M.D.

Exploring Trends and Patterns

Lewis R. Wolberg, M.D.

e-Book 2016 International Psychotherapy Institute

From *The Technique of Psychotherapy* Lewis R. Wolberg

Copyright © 1988 by Lewis R. Wolberg

All Rights Reserved

Created in the United States of America

Exploring Trends and Patterns

Once an important trend or pattern is identified, the therapist should attempt its exploration in as elaborate detail as possible. The relationship of the trend to other aspects of the psychic life, and a study of the conflicts it engenders, may be investigated by focusing the patient's attention on and eliciting detailed associations to every trend manifestation. While doing this, the therapist should attempt to circumscribe the subject coverage so as to prevent rambling. If permitted to bounce along from topic to topic, the patient will pursue a course of least opposition, veering away from pockets of anxiety. This, a manifestation of resistance, is partly without conscious design and must be combatted in the interest of making more rapid progress. A certain amount of rambling is, of course, inevitable, but where it goes too far afield from the subject under inquiry, the patient should be brought back to it.

The immediate preoccupation of the patient may cover such diverse areas as disagreeable symptoms, a general state of unhappiness or boredom, daily happenings and events, obligations, hopes, ambitions, important past incidents, experiences with parents and siblings, current interpersonal relationships, fantasies, dreams, attitudes toward therapy, and feelings about the therapist.

Eventually, these areas may be explored in detail; however, immediately, the learning process will be enhanced where every session is organized around an important theme. Thus, we may, during one session, work on the patient's sexual problems, since these seem all embracing. Or, if the patient is preoccupied with a fear of being exploited or hurt in an interpersonal relationship, this may constitute the area of investigation. Actually, all of the patient's difficulties are interrelated. Consideration of one element will, of necessity, eventually involve others. For instance, in dealing with sexual life our discovery of masochistic impulses will bring out attitudes toward males, females, authority figures, compeers, subordinate persons, parents, and children.

Working through the sexual problem will also involve a resolution of interpersonal distortions. Conversely, if we focus on problems with authority, with subordinates, with parents and other persons, the individual's sexual relationships will inevitably come up for inquiry.

Where a number of trends simultaneously occupy the mind of the patient, a more effective use of the session may often be accomplished by a selection of areas according to the priority rating indicated in Chapter 19. "The Conduct of the Psychotherapeutic Interview."

Generally, however, the matter of selection poses no problems for the therapist because important trends or patterns are usually sufficiently intense to announce themselves in no uncertain terms.

Experience will readily confirm the fact that any pattern under exploration has tendrils that permeate many facets of the patient's personality. Constant exploration eventually brings patients to an awareness of the implications and contradictions of their way of life and to a recognition of how they foster the very difficulties of which they are so intolerant. Insight into the fact that their responses to people are not justified by present-day reality is an important step in the process of getting well. As mechanisms of defense are exposed and resistances are resolved, patients may be increasingly motivated toward experimenting with life on new terms and more and more capable of mastering the anxieties that have conditioned their customary reactions. Life no longer is regarded as a mere arena of past happenings. Situations and relationships are better reevaluated in the light of existing reality.

To illustrate, we may consider the case of a married woman of 32 years of age, with two children, 4 and 2 years of age. The reasons for her coming to therapy were spells of excessive tension, attacks of anxiety, obsessional fears of her children dying, and periodic bouts of violent scrubbing of her hands, which had become progressively worse during the past 2 years. During the first phase of therapy the patient readily established a working relationship and accepted without too great resistance the structuring of the therapeutic situation.

A great deal of her concern during the ensuing treatment sessions was with her

marriage. From its very onset she had become aware of great boredom in her role as housewife. A successful buyer in a large department store, she had given up her position as soon as she had become pregnant. Whereas previously she had enjoyed considerable standing as a buyer, she now had very little status as a mother. In addition, her husband's salary did not permit liberties in spending. She was, in fact, forced to conserve in order to budget the family funds. This imposed a great strain on her. Since she had never experienced neurotic symptoms prior to her marriage, she assumed that they were caused by the responsibilities of being a mother, of having no distinction as a wife, and of needing to operate with restricted funds. My comment to these statements was that while hardships undoubtedly had existed, it was likely that she was responding to her situation with certain attitudes and feelings that might bear examination.

Enjoined to observe her reactions to various life happenings, the patient began to make certain connections as illustrated in the following fragment of an interview.

Pt. I had a bad few days last week. Everything got on my nerves. Betty (*the patient's older child*) came down with a bad cold, and I was tied down more than ever. The scrubbing returned, and I was more upset than ever.

Th. I see.

Pt. And on Wednesday I began thinking. (*laughs*) The funniest thing happened. I was working in the kitchen and suddenly I got that awful feeling. It came on me like a squirmy wave. I got scared and tense and the muscles back here (*strokes the muscles in the back of her neck*) got tight and my head filled up as if I had a tight bandage around, and queasy feelings in the pit of my stomach.

Th. Mm hmm.

Pt. And there was something else that happened. I knew something was bothering me and I just didn't know what.

Th. Mm hmm.

Pt. Something bothering me. It's like something I had to do, supposed to do. It was such a frustrating feeling, (*pause*)

Th. A frustrating feeling, as if you just couldn't grasp what was going on?

Pt. Yes, just like that. So out of desperation, I guess, I turned on the radio. The first thing was one of those breakfast Mr. and Mrs. programs. They were bantering back and forth, and I detected a snide attitude toward the woman. This made me boil. And all of a sudden the thing flashed in mind. It came to me that I promised my husband that I'd buy him several pairs of socks a week ago. I've been putting it off, and putting it off, and not thinking of it. When I'd go out, it wouldn't occur to me to get the socks until I'd remember when I got home. *(laughs)*

Th. (smiles) You suspected something was going on inside of you?

Pt. I knew it. As I was listening to the program, it came to me. I suddenly got mad, furious and said, "Damn him, why doesn't he buy socks for himself? Why should I do *his* dirty work?" *(laughs)*

Th. You resented his making this demand on you?

Pt. (laughs) No question about that. My next thought *(laughs)* ... it was, "Damn him, why doesn't he buy socks for *himself*? Why do I have to do *all* the dirty work around here. He wants and expects me to be a slave, just tidy up the place and get nowhere." I thought of him in his nice comfortable office. Then I thought of how wonderful I felt when I was working. At least I felt appreciated and didn't get the constant criticism I get now.

Th. This must really burn you up.

Pt. I suppose marriage is a sacrifice. I do love the children. I don't know what they'd do if I went back to work. But it's the noise, noise, the howling of the kids and the criticism of my husband.

Th. When you were working, you felt you were doing something significant that gave you status.

Pt. You know, doctor, I sometimes feel as if I was absolutely crazy to give up my job. I don't know what I imagined marriage was going to be like.

Th. And it turned out to be something where you have to take care of howling kids and buy socks for your husband.

Pt. You know, as soon as I had these thoughts I got very mad. I screamed out loud, "Why doesn't he buy the socks himself." I had a picture of him *(laughs)* this is silly ... slipping on, *(laughs)* slipping on a banana peel and turning a half somersault in the air, I started laughing. Doctor, do I want him to break his neck? When this all happened I noticed that

I felt better. My headache went away and the stiffness in the neck. [*Apparently, realization and acknowledgment of her hostility removed the necessity for its repression and its conversion into symptoms.*]

Th. Now what do you think this was all about? [*testing her insight*]

Pt. I know you have been hinting to me that there must be reasons for the state I'm in. I get very mad at things all the time. Most of the time I'm on fire in here, (*points to stomach*)

Th. But you haven't been too aware of how angry you've been.

Pt. I just began to realize it because after this happened and I still felt mad, I called my husband and asked him to pick the socks he wanted himself. I told him to get them himself. Just like that, I did.

Th. What did he say?

Pt. (*laughs*) He said O.K.

Th. O.K., nothing more?

Pt. No, he wasn't upset, or mean, or angry.

Th. Did you expect him to be angry?

Pt. Why, of course. You know, doctor, I must be scared to death of my husband to act the way I do.

Th. Maybe you're scared of your own anger too? [*a cautious interpretation*]

Pt. I don't know. I just feel as if this whole thing is mysterious—what happened to me. [*The patient rejects this interpretation temporarily. Later she advances it herself, having accepted its implications.*]

Observation of her responses to varied situations and interpersonal relationships brought the patient to an awareness of attitudes and impulses that mobilized anxiety and generated symptoms. Hostility toward her husband and children had been so repressed that she was only tangentially aware of its manifestations. The recited episode of the radio was an indication that she was attempting to understand and to come to grips with her basic problems. The quarrel

between the radio breakfast couple had apparently exposed her own unexpressed feelings about her husband. Further exploration of her resentment at being asked to do a menial chore for her husband, opened up a channel to her feelings about the role she played as a woman, a wife, and a mother.

In later interviews the patient brought up more fantasies, which included the accidental crushing of her husband by a truck while crossing the street, the untimely death of both of her children with a virulent strain of pneumonia, the winning of a radio prize of \$50,000 with which she purchased a prosperous business, and, upon the demise of her husband, marriage to a gallant, soft-spoken "sweet" man with qualities antithetical to those of her husband. Hitherto she had paid little attention to her fantasies, their connection with deeper conflictual sources being shadowy to her. But appreciating that there were reasons for her fantasies as well as symptoms, she alerted herself to possible meanings.

Although she had been, to some extent, aware of her unhappiness as a housewife, she was not cognizant of how deeply she resented this role. Exploring her resistances to the awareness of her hostility, however, enabled her to focus on her right to experience and to express spontaneous feelings. As expected, this constituted an assault on her repressions and mobilized guilt and some anxiety. The patient recited incidents when she was unable to assert herself. However, she also described situations when she was capable of taking a forceful and even aggressive stand. It became apparent that under circumstances when she was in a subordinate position, she became submissive, passive, afraid, and unable to express aggression. Under other conditions, where she was dominant, "in charge of things," and "on top of the heap," she could be expressive and even cruel. As a buyer in a prominent store, she had enjoyed prestige, the respect of her associates, and a considerable amount of power. She had felt free and had been able to stand up for her rights whenever crossed. Indeed, she had gotten the reputation of being a "strong woman." The obvious delight in her voice as she recalled her exploits as a buyer was in contrast to the hopeless, apathetic manner with which she discussed her present life experiences. When

this fact was brought out, she agreed that the discrepancy was indicative of what she secretly might be wishing—a return to the security she had had as a buyer.

The patient recalled her feelings of defeat in the past when, as a girl, she was barred from games by the boys in her neighborhood. She had always wanted to be a boy and she deeply resented being “hemmed in” as a girl. Toward a younger brother she evinced great envy, and she recalled with guilt having been envious of his possession of a penis. Shamefully, she admitted that she had anticipated as a child being changed into a boy, and in her dreams as an adult, she sometimes pictured herself as a man. While working as a buyer, she remarked, she donned attire of mannish style, which gave her “a wonderful sense of freedom.”

An illustrative dream indicating some of these trends was the following:

“I see myself on a veranda. Everything seems shoddy and strange. I am in the house with my mother. I see an animal like a rat in the kitchen on a mirror. It is small like an embryo. It makes me sick. Then I see a manly woman with a man on the veranda and am frightfully jealous.”

Associations to the dream made it apparent that she conceived of her life with her mother (and perhaps on a transference level her relationship with me) as shoddy and weakening. The rat embryo was a reflection of her debased infantile feminine self. The manly woman who could appropriate and manage a male was the other aspect of herself that she cherished.

Much of the material during this period of treatment concerned itself with her relationships with her parents and her younger brother. Her mother, she felt, was a cold, rejecting person who gave her little love and acceptance. Her father was a detached, harsh, puritanical individual who spent little time with her and with whom she never developed a feeling of closeness. Her brother remained, until recent years, a source of envy and concern. On the one hand, she felt resentment toward him; on the other hand, she felt strongly attracted to him physically. She never believed that she was respected as a person by any member of her family. For instance, she recalled with

bitterness how all efforts to express aggression or to resist the demands of her parents were met with violence. During her entire childhood she was reminded of her stubborn, recalcitrant nature; she was told that she had uncontrollable rages that had to be dealt with severely.

This information was utilized during interviews to facilitate inquiry into the genetic origin of her resentment at being a woman and into the defenses she employed against expressing hostility. To show any hostility when she felt herself to be in a subordinate role threatened her with the same feeling of loss of love and punishment that she had experienced as a child in relation to her parents. To stand up for her rights, and to express aggression, meant that she was “bad,” unloved, and unlovable. She equated this with being a woman. On the other hand, when she was in command of a situation, “on top of things,” and dominant, she identified herself with males; she felt invulnerable and capable of expressing aggression.

Gradually, the patient could see how she extended these feelings into her environment and how she responded to every aspect of her life situation with attitudes rooted in past misinterpretations. For example, some of her dreams reflected a desire to be married to the husband of her best friend. Her associations revealed great envy of her friend for being wedded to a passive man who allowed himself to be domineered by a woman. In her relationship with me, too, she began to express basic patterns. Encouraged to verbalize her feelings, she expostulated attitudes of envy and resentment. On one occasion she remarked angrily, “It makes me furious to come here and see you sit comfortably on your behind all day in a nice soft chair, and collect a nice fat fee. I’ve got to struggle in the kitchen all day and do scut work for nothing. I catch myself thinking, ‘Who does he think he is, telling me, what to do?’ But I know you don’t order me around.” Focusing on our relationship, the patient was able to appreciate her competitiveness with me, which was of a quality similar to that which she had sustained with her father and brother.

Her ability to express hostility toward me without encountering retaliatory punishment

enabled her to bring up more and more undistorted manifestations of her conflict. Murder wishes toward her husband and children, homosexual impulses, desires to repudiate her femininity and to become masculine, prostitution wishes, compulsions to soil, and many other impulses were verbalized and explored.

ILLUSTRATIVE CASE

The process of exploring a trend may be illustrated by a fragment of a session with a patient suffering from a psychophysiological bladder disorder, who, coming late for the session, exhibited strong tension and anxiety. The ramifications of a compulsive need to please others are investigated.

Th. You appear to be greatly upset by coming late. I wonder why.

Pt. It's that I don't like to come late. I have a feeling you will look down on me and find me out to be an unreliable person. As if you would be displeased with me for not coming on time. *[This suggests a trend related to feelings of being rejected by authority as well as doubts about his capacity to "please."]*

Th. What might I do if I were displeased? *[exploring the trend by asking questions]*

Pt. You could show your displeasure by acting, say cold, like father did. Even possibly you might not continue treating me. *[introducing one genetic determinant of his reaction and an association of the therapist with his father]*

Th. I see. *[I could focus on his relationship with his father at this point, but I decide instead to let him associate at random.]*

Pt. And a feeling of good performance comes into it. I want to be an ideal patient *(laughs)* someone who is on time, someone who cooperates and becomes successfully analyzed. *[This may be another aspect of wanting to be a good boy.]*

Th. In other words, you have to please, *[interpreting]*

Pt. Yeah.

Th. Even if it means getting well to please?

Pt. That would be an interesting motive to get well—to please somebody. But I know what you're saying, that I might do it because I have a need to please everybody, *(pause)*

Th. Everybody?

Pt. Yes. You know, when I first started coming here, I didn't know what I was doing, like needing to please every woman that came along, to do things for *them*.

Th. Do you think you still do that?

Pt. (pause) Why ... yes, I find myself doing that automatically, without thinking. It's still a very important thing with me. In that sense I'm getting a satisfaction out of pleasing them. But I find lately that it's more irksome than before. I'm getting a little more selfish than before. I suppose it's good, or isn't it?

Th. You don't sound convinced, *[challenging the patient's conviction that he is doing a good thing]*

Pt. (laughs) Well, you know I don't realize I'm doing something to please someone until I begin to think what I did. Then I get mad. *[The thought comes to me that hostility generated by his constant need to please may be responsible for his psychosomatic symptoms.]*

Th. There must be a reason why you need to please others, *[focusing the patient's attention on the purpose of his trend]*

Pt. I don't know why I have to do it.

Th. Well, suppose you start thinking about why anybody should want constantly to please and not to offend, *[more focusing]*

Pt. I can see that I feel I have no worth as a person, except in pleasing people. I mean that's what it seems to resolve itself down to. *[While this is probably correct, the patient is not yet aware of the implications of what he is saying and of the connections of the trend to please with other important aspects of his personality.]*

Th. And if you have no worth as a person unless you please somebody, what do you think happens when you please somebody?

Pt. I achieve, I get some worth.

Th. And if you do please someone, how would you feel about that person after you please?

Pt. Resentment, I suppose.

Th. Well, how do you feel, I mean what *has* your experience been?

Pt. I've noticed that often I kick myself afterward, feel I'm a "heeler" and have to toe the mark. Then I start not wanting to see the person. This holds true with my wife too. A wall falls in between the two of us. I just feel nothing toward her for days afterward. *[The patient is aware of his detachment, which, an important part of his character structure, seems to be a defense against further encroachment as well as a manifestation of hostility.]*

Th. Mm hmm.

Pt. It's a very complex problem because, after all, people do like you for your qualities. They can't just like you really for nothing, and they can't like you for being a bastard unless they're sadistic, I mean masochistic, really. If these women, for example, like me the way I am, they must like me because I am the way I am. People have liked me. I would say that with most of the people I come in contact with, I'm fairly well-liked. It must be because of the way I am. *[The patient seems to be defending his character traits.]*

Th. Which is what?

Pt. Which is a pleasant guy.

Th. You mean they like you because you please? That you go out of your way to please?

Pt. I guess so.

Th. You mentioned that if you don't please, then you might be a bastard. People couldn't like a bastard. Does it follow that, if you don't supposedly please people, you have to be a bastard? Or that you just reject, repudiate, and act sadistic toward people if you don't please?

Pt. No, except that that's easier to do than to reach the happy medium. I suppose.

Th. Do you feel that you might have impulses to be a bastard and not to please and just be sadistic toward people? *[exploring possible sadistic traits]*

Pt. I don't consciously, but Jesus, I must be trying to cover up something. I'll show my resentments in disguised ways. I can be very brusque in the office. If people come in to see me when I'm busy, and I don't want to see them, instead of saying—being pleasant about it—sorry, but I'm busy today, come back another time, I convey a feeling to them, I

know it, that I don't want to see them. And I wish to hell they'd get out of there. But it's not done in an open way, it's a compromise, I suppose. I can honestly say that consciously I have no destructive feelings at all, to speak of, unless something occurs and my temper might flare up, I used to have ... when I was a kid I threw a hammer at my cousin. But I must have had some display of temper at one time, but it's gone. I actually don't like other people trying to please me. If someone wants to do something for me, a favor of some kind, I don't like it, I don't want them to. Now *why*, I don't know. I never examined *why*. [*The patient is aware of contradictions in his trends.*]

Th. There must be a reason why you don't want people to do favors for you or to do things for you.

Pt. May be it implies that I, I'm not worthy of being done a favor, and that there are strings attached to favors.

Th. What may happen if you accept a favor from a person?

Pt. I feel that I'm putting them out in some way, and I don't want to put them out. "Why are you doing this for me?" I say.

Th. You distrust their motives?

Pt. Well, I know that I never liked to take anything from my father. He used to be pretty generous in a material way, always used to bring me toys when I was young and presents, usually the best that he could get. Then there was money. From the time I was in high school and college I remember feeling uncomfortable when he gave me the money. So I'm not sure whether it's a feeling that I was unworthy of getting the money. Maybe unconsciously my feelings were so destructive that by taking anything from him I compromised, I don't know.

Th. All right, what might other reasons be for not wanting to accept things from people? For example, have instances occurred where you felt uncomfortable or turned down offers of a person wanting to please you or to do things for you?

Pt. Well, for example, my girl wanted to see me yesterday, and I wanted to see her, but it involved her coming in, making a special trip. And there was a chance that I couldn't see her. I felt that it wasn't fair of me to ask her to come in and she didn't insist on it. I felt under those circumstances it would be unfair and hurtful to her.

Th. That you might hurt her? You didn't want to be hurtful to her. You felt it would be ungracious and aggressive of you?

Pt. It would be an unpleasant experience for her, and she would do all this for me and get nothing out of it. I don't like people to take trouble from me.

Th. Have people taken trouble from you at any time in the past?

Pt. I guess when they took trouble, they let me know that they took trouble, *(pause)*

Th. Who?

Pt. My mother, *(pause)*

Th. What did she do?

Pt. Well, she always would say, for example: "Now be a good boy, because you have such a good father. Your father is so good to you, he gets you all these things."

Th. He pleases you; therefore you have to be good to him?

Pt. Yeah.

Th. And under what circumstances would you be angry at father? [*I decide to explore his relationships with his parents to see if the trend we are working on goes back to his childhood.*]

Pt. They'd be damned scarce.

Th. In other words, did she convey to you the idea that because your father did things for you, you'd better not be mad at him? There was no reason why you should be angry at him?

Pt. Well, I don't know if she particularly conveyed to me that there was no reason, but she implied that even if I had a reason, I wasn't justified. He was my father, and he did all these things for me. In fact, she conveyed that *she* did things for me too, and it was trouble for her that she did them for me. She gave the impression that she loved me, but she let me know that she went through a lot of trouble for me. She happens to be a very selfish person, but that was the impression that I had when I was young. So maybe I'm afraid that I don't really want to do anything for anybody, that if they do a favor for me, then I have to do something for them. You have a payment, almost, to make. And paying would be much against what I really feel. And all these years I've been going on pleasing people with, I guess, a very strong resentment against it. But the other extreme of not ever pleasing anybody is just as bad.

Th. Isn't it possible that the problem in your not being able to accept things from people is that there might be strings tied to the acceptance? They'd be pleasing you, but you would also have to please them back. You wouldn't be able to stand up for your rights; you wouldn't be able to fight with them if necessary or feel resentment toward them, if it was justified. It's as if they tried to buy you off and you couldn't maintain your independence. *[This is a tentative interpretation.]*

Pt. If I take a favor, yes. And I don't like to ask people to do anything for me.

Th. Is it also possible then, that your not being able to take things from people means to you the ability to maintain your freedom and to express your feelings of resentment? If that's so, you might also try to keep their resentment at bay by doing things for them. Then they won't be angry at you. Is that possible? *[more interpretation]*

Pt. That's very true. Yeah. Particularly exemplified in these women. I don't like scenes. I don't like resentment shown. I don't like anger shown at me, and if I see them, I see them often so that they won't get nasty and they won't say anything. So it becomes a double-faceted thing, doesn't it. To gain acceptance and also to do away with any resentment or aggressions that they might have. *[The patient shows here a good capacity to make a connection between several important tendencies.]*

Th. What happens when you *are* exposed to aggression or resentment? How do you react then?

Pt. I don't like it at all. It's a feeling that there is no strength inside of me to withstand it. I must be wrong. I guess that's another part of the problem- And, of course, the more significant the people are, the more important it would be to me. I guess with my girl, for example, I don't like it; but I don't get any anxiety feelings. I guess I throw a kind of shield up around myself, separate myself from her when she does get to show resentment. And maybe I feel a little stronger inside, a little more worthwhile now. I feel that she's wrong in many cases. I never felt really, that *anyone* was wrong, as far as I was concerned. I could always see their side of the picture very clearly. One time, just before I went to California, I'd been working for my uncle. Some people in his business quit and he wanted me to come back, and I didn't want to come back. To me the work had ceased to be important, and we had quite a to-do. He was very angry with me and caused me a lot of anxiety. I wanted to go back, but my girl was on the other side. "Don't do it," she said. "Take your vacation." That sort of thing. But I disliked intensely the fact that he was angry at me. I couldn't feel that he was right. I think that I might feel a different way today in such a situation. I'm sure I wouldn't have the reaction I had then, but the reaction I had then was a very, very anxious one. I couldn't be right; I should go back to work; he's mad at me, my uncle, and that sort of thing.

Concomitant with the exploration of his personality patterns the bladder symptoms improved, and, as his adaptations became more assertive, they eventually disappeared.