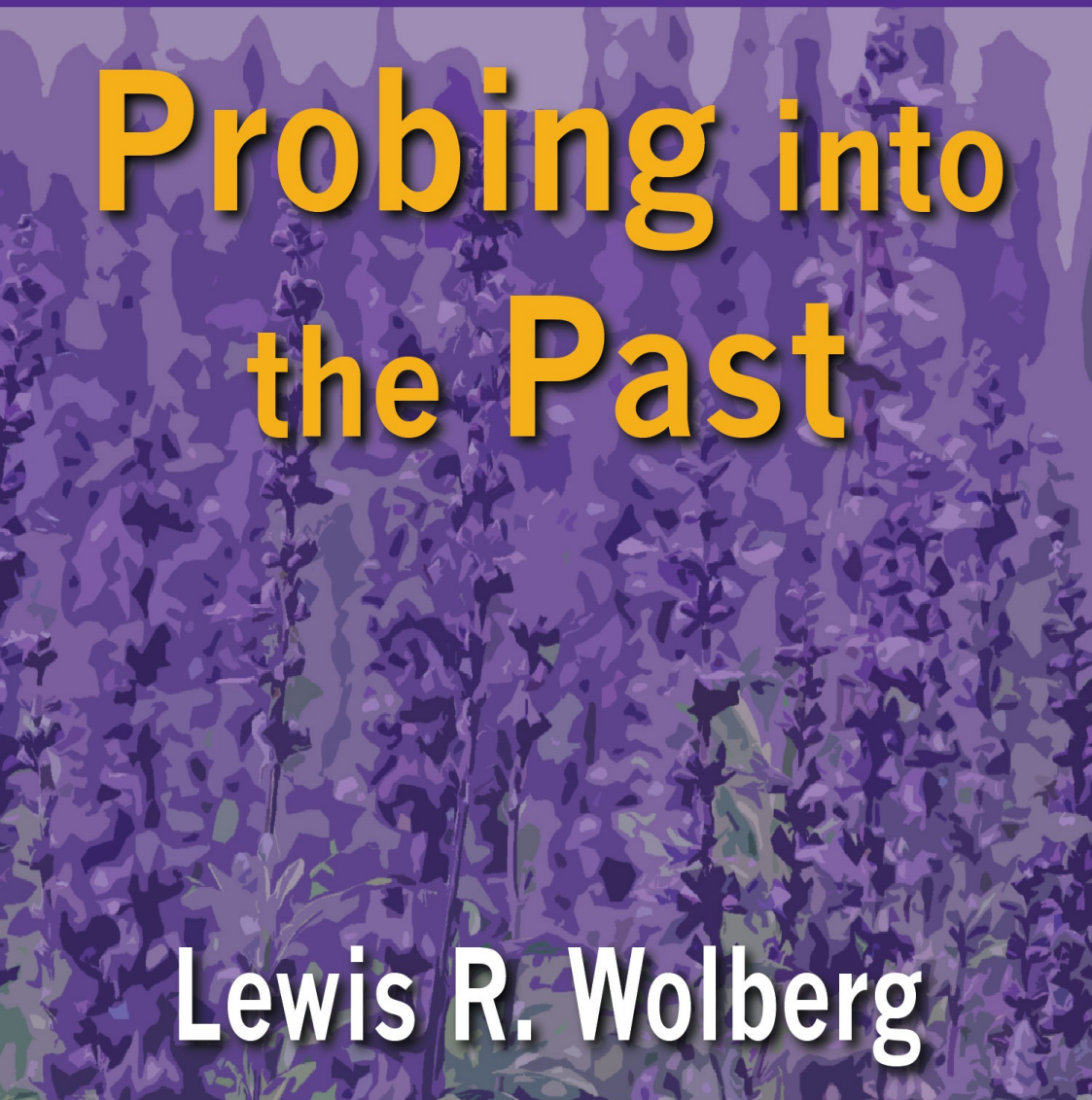
*Handbook of Short-term Psychotherapy*

## Choosing a Dynamic Focus

# Probing into the Past



Lewis R. Wolberg

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## A. Probing into the Past

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# Choosing a Dynamic Focus

## A. Probing into the Past

Little time is available in short-term therapy to explore the past. Much better use can be made of the treatment hour by dealing with pertinent elements in the here and now. However, where the therapist can determine important past events and contingencies that have molded the personality organization, this will facilitate a better understanding of the patient's illness and help select an appropriate dynamic focus. Enough data may be available from taking a good history to make assumptions of how the past has entered into the formation of personality distortions that burden present-day adaptations. More immediate clues may be gained from the transference that serves as a vital link to the kinds of early relationships that existed in actuality or fantasy that have been instrumental in laying down the foundations of the patient's character structure. Because behavior reflects to a greater or lesser degree conditionings set up in the past, it may be difficult to understand it fully without reference to what has gone on before. From a practical point of view in short-term therapy it is not possible to devote much effort in exploring the past beyond providing the patient with some guidelines to pursue on his own after the formal therapy period has ended.

This chapter constitutes a review of development from a psychodynamic perspective. It is included in this volume as an introduction to the more clinically important chapters that follow.

## Transference

Of vital significance to psychotherapists of all persuasions was Freud's crucial perception that to a greater or lesser degree patients tend to project onto authority figures thoughts, wishes, and feelings identical to those formerly harbored toward important past personages (parents, parental substitutes, siblings). Reanimated during therapy are transference reactions, wholly inappropriate for the present, but reactions that recapitulate antecedent emotional situations. It is as if the patient seeks to relive the periods of infancy and childhood, recovering gratifications and resolving fears through the instrumentality of the therapist, who is endowed with power and attributes such as an infant harbors

toward parental agencies. There may be exhibited also toward the therapist in transference a host of aberrant attitudes, such as rebelliousness, hostility, submissiveness, and sexual excitement. Such feelings may also develop outside of the therapeutic situation with any kind of an authority or sibling figure. Transference is diagnostically important, since it is a laboratory revival of much of what went on in the inpidual's childhood. It may explain a good deal of current behavior that on the surface seems illogical and maladaptive. It may also contain the key to why the patient is resisting the therapist and failing to respond to the therapeutic techniques that are being used. The detection and management of transference may, therefore, be crucial and decisive apart from helping to select a pivotal dynamic focus.

## Synthesizing Factors of Personality Development

In order to understand how and why the past survives in the present and the mischief it invokes, it is necessary briefly to summarize some of the current findings on personality development that come from the biological and social fields. Attempts are constantly being made to bring objectivity to the data on development by studying material from a number of different sources. These include observations by trained workers of newborn babies at hospitals, institutions, and day-care centers; experiences of teachers with children at nursery schools, kindergartens, and grade schools; reports of parents describing the behavior of their offspring; studies or recordings of plays, art productions, dreams, fantasies, and spontaneous verbalizations of presumably normal children; psychological tests of children, especially projective tests; investigations by social workers, correctional workers, and psychologists of the socioeconomic environment, family relationships, and other areas of potential conflict among maladjusted, delinquent, and criminal youngsters and adults; scrutiny of case records of children with severe emotional problems who have been hospitalized in mental institutions; observations of psychotherapists treating children in their private practices or in outpatient clinics; exploration of memories, dreams, and transference phenomena that reflect childhood experiences of adult patients receiving psychoanalysis; field studies of anthropologists reporting on the customs, folkways, creative artistic expressions, modes of child rearing, and family structure of various cultural groups; demographic surveys by various social scientists of the incidence and prevalence of emotional problems in different parts of the world; analysis of reactions of inpiduals to psychotropic drugs; accounts by ethologists of animal behavior in a natural setting; and research findings of animal

experimenters who have subjected higher mammals to artifacts in upbringing or to motivational conflicts.

Objective appraisal of this vast data requires a more a less precise application of the scientific method. Unfortunately, investigators in the field of personality research are handicapped by formidable methodological problems in attempting to subject their observations to clinical research. Moreover, current theories of human behavior are so complex, their inherent terms so operationally indefinable, their derivations so diffuse, their implications so global that we are unable to expose them readily to scientific experiment.

In spite of these seemingly insuperable obstacles, it has been possible to scrutinize many of the events associated with the development of personality and to examine and analyze this data, making appropriate connections, discerning combinations, and otherwise synthesizing the material in a constructive way. Out of this synthesis a number of propositions have emerged that may clarify pathological evolvements on which the therapist may wish to focus.

1. The task of human growth is to transform an amorphous creature, the infant, into a civilized adult capable of living adaptively in a complex social framework. Toward this end the child cultivates restraints on his biological impulses, acquires skills in interpersonal relationships, evolves values that are consonant with the society in which he lives, and perfects techniques that allow him to fulfill himself creatively within the bounds of his potentials.

2. Growth is governed by a number of developmental laws—for instance, laws of maturation common to the entire species, laws peculiar to the cultural and subcultural group of which the inpidual is a part, and, finally, laws unique to himself, parcels of his personal experience that will make his development unlike that of any other inpidual.

3. While growth is broadly similar in all human infants and children, there is great difference in inpidual styles and the rate of growth.

4. Development may conveniently be pided into a number of stages of growth corresponding roughly with certain age levels. While there is some variation in timing and rate, the average inpidual appears to follow these stages with surprising sequential regularity.

5. The various stages are characterized by specific needs that must be propitiated, common stresses that must be resolved, and special skills that must be developed. A healthy personality structure develops on the basis of the adequacy with which these needs are

supplied, stresses mastered, and skills learned at progressive age levels.

6. Difficulties may arise at each stage of growth that engender a partial or complete failure in the satisfaction of needs, the solution of current conflicts, and the learning of skills. Such failures handicap the inpidual in adapting to the more elaborate demands and requirements that constitute the succeeding stages of growth.

7. *Where essential personality qualities characteristic of maturity are not evolved, the inpidual will be burdened with residual childhood needs, attitudes, and ways of handling stress.* These anachronisms tend to clash with the demands of a healthy biological and social adjustment. Primitive strivings and conceptions of the world, early fears and guilt feelings, and defenses against these usually survive in their pristine form though they are not always manifest. They tend to contaminate an adult type of integration.

8. Personality, evolving as it does from a blend of heredity and experience, is not merely a repository of special abilities, attitudes, and beliefs. It is a broad fabric that covers every facet of man's internal and external adjustment. Through the medium of personality operations the inpidual satisfies even the most elemental of his needs.

9. Disturbed or neurotic behavior represents a collapse in the inpidual's capacities for adjustment. This collapse is sponsored by a personality structure that cannot sustain the inpidual in the face of his inner conflicts and the external demands. Inherent in every neurosis is an attempt at adaptation that strives to restore the person to some kind of homeostatic balance. Unfortunately, the expediences that are exploited are ultimately destructive to adjustment, crippling the inpidual in his dealings with the world.

10. The first few years of life are the most crucial in personality development, establishing thinking, feeling, and behavioral patterns that will influence the inpidual the remainder of the life. Where experiences with the parent and with the early environment are harmonious, the child is encouraged to evolve a system of security that regards the world as a bountiful place and to develop a self-esteem that promotes assertiveness and self-confidence. The child will be convinced of his capacities to love and to be loved, and this will form the foundation of a healthy personality. On the other hand, where the child has been deprived of proper stimulation and care, or where he has been rejected, overprotected, improperly disciplined, or unduly intimidated, the world will constitute for him a place of menace. A personality organization structured on the bedrock of such unwholesome conditionings is bound to be unsubstantial and shaky. *Incomplete separation-inpiduation, exaggerated dependency, intense resentment, guilt, sadomasochistic impulses, impaired independence, a damaged sense of identity and self-image, detachment, and a host of compensatory mechanisms interfere with a proper adaptation.*

Psychopathology becomes more understandable when viewed against the backdrop of personality development. Developmental studies, as has been indicated above, show that personality strength or weakness is more or less determined by the experiences during childhood. The child will tend to identify with the characteristics of those whom he admires, and to evolve an idealized image of himself (ego ideal) fashioned after the person or persons he venerates. If, in the first few years of life, the inpidual has developed a feeling of security, a sense of reality, a good measure of assertiveness, positive self-esteem, and capacities for self-control, he will probably be able to endure considerable environmental hardships thereafter and still evolve into a healthy adult. On the other hand, early unfavorable development handicaps the child in managing even the usual vicissitudes that are common to growing up. This does not mean that all children with a good personal substructure will inevitably emerge as healthy adults since an overly harsh environment can inhibit development at any phase in the growth process. Nor does it imply that a child with an inadequate personality structure may not in the face of favorable circumstances overcome severe early impediments in growth and mature to satisfactory adulthood. Were we to subscribe to the pessimistic philosophy that all early psychic damage is irreparably permanent, we would blind ourselves to the efficacy of psychotherapy that is predicated on the assumption that it is possible through the emotionally corrective experience provided by treatment to overcome many childhood personality distortions.

Personality traits in adult life, however, are never an exact reduplication of childhood strivings. Early conditionings are tempered by experiences in later life that tend to modify, neutralize, or reinforce them. Moreover, though behavior is influenced by patterns rooted in the past, responses vary widely in different situations in accordance with their symbolic significance and the prevailing social role played by the person at the time. The sundry variations of personality strivings in operation are infinite. Incorporated are attitudes, values, and patterns of behavior that issue out of a defective security system, distorted conceptions of reality, imperfect social control over bodily functions, vitiated sense of assertiveness, stunted independence, impaired self-esteem, inadequate frustration tolerance, improper mastery of sexual and hostile impulses, incomplete identification with members of one's own sex, deficient group identification, faulty integration of prevailing social values, and impaired acceptance of one's social role. Pressure of early unsatisfied needs, anticipation of the same kinds of turmoil that existed in childhood or the actual setting up of conditions that prevailed in one's early life, and survival

of anachronistic defenses, symptoms, and their symbolic extensions, all are incorporated into the personality structure. Compulsive in nature, they permeate every phase of thought, feeling, and action; they govern the random and purposeful activities of the inpidual, forcing him to conform with them in a merciless way.

While the personality structure is tremendously complex and is understandably different in every human being by virtue of distinctive constitutional makeup and unique conditionings, certain common ingredients may be observed in all persons in our culture. Among these are (1) aspects of nuclear conflicts that accrue in the course of personality development, (2) interacting manifestations of unresolved childish promptings, and (3) reverberations of character drives, such as excessive dependency, aggression, compulsive independence, detachment, and manifestations of a devalued self-image. These are rich sources of problems that supply important areas of dynamic focus.

### Possible Assumptions Based on the Past

An understanding of how the past life (see Table 8-1 on personality development) of a patient has influenced the existing psychopathology is thus of inestimable value in dynamic short-term therapy. While little time is available to explore the past, as has been mentioned, certain assumptions may be possible from the symptom picture, a good history, dreams, and particularly transference manifestations. The impact of the past may be summarized under seven headings.

*Unpropitiated early needs constantly obtrude themselves on the inpidual, propelling him toward direct or symbolic actions to satisfy these needs*. A man deprived during infancy of adequate sucking pleasure may constantly be obsessed with a need for mouth stimulation, over-indulging himself with food and alcohol to the point of obesity and alcoholism. A woman, restricted as a child in physical activity and assertive behavior on the basis that she was a girl, may continue to envy men and their possession of the emblem of masculinity, the penis. Accordingly, she will attempt to pattern her life along lines commonly pursued by males, masculinity being equated in her mind with freedom and assertiveness. With dogged persistence she will deny feminine interests, and she may even clothe herself in masculinelike attire, cropping her hair after the style of men.

*Defenses evolved in childhood may carry over into adult life with an astonishing persistence*. A boy, overprotected and sexually overstimulated by a doting mother, may vigorously detach himself from her. When he grows up, he may continue to avoid contact with women; any attempts at sexual play may result in incestuous guilt to a point where he is unable to function. A child rigorously and prematurely toilet trained may regard his bowel activities as disagreeable and filthy. Overcleanliness, overorderliness, overmeticulousness ensue and burden his adult adjustment. A younger sibling may carry over into adult life the conviction that he is small and ineffectual in relation to any person more or less unconsciously identified as his older sibling. This will promote withdrawal tendencies or provoke him to prove himself by fighting and pushing himself beyond his habitual capacities. An older sibling may continue to harbor hatred toward any competitor whom she equates with the preferred and privileged younger child in her family who displaced her as the favorite.

**TABLE 8-1. Personality Development**[1]

See following chart for corresponding numbers

1. Hereditary and constitutional elements are the building blocks of personality. Along with intrauterine influences they determine sensitivity and activity patterns and thus regulate the character of later conditionings. Under the promptings of maturation, needs emerge and skills evolve with surprising regularity. Environmental factors, nevertheless, may modify these prenatal forces and fashion the lines along which the personality structure is organized.

2. Personality evolves out of the conditionings and experiences of the inpidual in his relationships with the world. Basic needs must be gratified and appropriate coping mechanisms evolved, the consummation of which, at any age level, if inadequate will retard and if satisfactory will expedite successive stages of growth. The social milieu, reflected in the disciplines and values sponsored by the family, designs the specific outlets for and modes of expression of the emerging needs.

3. Personality maturation is contingent on execution of vital tasks that must be successfully fulfilled at the different age levels.

4. What inhibits or distorts growth are depriving experiences that block the proper satisfaction of needs. An unwholesome milieu tends to foster destructive patterns that crush security, undermine self-esteem and interfere with the development of essential skills and

values that are consonant with the requirements of adaptation.

5. At any age level collapse in adaptation may be sponsored when basic needs are vitiated, and security and self-esteem are shattered with no hope of immediate reparation. If the reservoir of defenses is sufficiently flexible, considerable conflict may be endured. On the other hand, where the personality underpinnings are unstable, even minimal conflict may tax coping capacities. A combination of symptoms issue from the failure to solve conflicts, and include, in the main, the various manifestations of anxiety, defenses against anxiety, as well as techniques of counteracting or solving the conflictual situation itself. While the elaborated symptoms are unique for every inpidual, being influenced by the specific experiences of the person, and by the singular mechanisms of defense he has found successful in past dealing with stress, definite groupings of symptoms appear with sufficient frequency to constitute familiar syndromes. Symptomatic evidences of a failing adjustment may persist from one age level to the next, accretions of succeeding difficulties being added to or substituting for problems existing at preceding age levels.

6. Residues of defective rearing contaminate adjustment by influencing disorganizing relationships with other inpiduals. Conflict is thus in constant generation. The specific deposits of defect display themselves in luxuriant forms, the cumulative product of pathological accruals from one age level to the next.

7. Awareness of formative experiences and elaborated defenses may be dimmed by repression. Forgetting or repudiating them does not protect the inpidual against their forays into his conscious life in direct or derivative form. Early conflicts may be revived symbolically in dreams, through the use of psychotomimetic drugs, as a result of an overpowering emotional crisis, during an intense relationship with a personage who represents a parental or sibling figure, or by a transference neurosis inspired in the course of psychotherapeutic treatment.

**TABLE 8-1: Building Blocks of Personality**

I. HEREDITARY ELEMENTS (neurophysiological biochemical,)

II. INTRAUTERINE INFLUENCES (Metabolic, postural, infectious)

Sensitivity and Activity Potentials

MATURATIONAL COMPONENTS AND EXPERIENTIAL CONDITIONINGS

| YEAR | (2) NEEDS | (3) TASKS TO ACHIEVE | (4) BASIC TRAUMAS | (5) SYMPTOMS OF ADAPTIVE BREAKDOWN | (6) SURVIVING PERSONALITY DISTORTIONS | (7) REPRESSION |
|---|---|---|---|---|---|---|
| 1 (Infancy) | Intense and urgent demands for oral satisfaction (nutrition and sucking pleasure); sensory stimulation (optic, auditory, tactile, kinesthetic); love and approval. | Feelings of security and trust. Separation of self from nonself. Coordination; ambulation. Symbolization. | Interference with nutrition (acute or chronic illness, gastrointestinal upsets, allergies). Interference with sucking pleasure, sensory stimulation, love and approval (separation from, death of, or rejection by mother). Faulty weaning. | Diffuse anxiety reactions. Psychosomatic disorders: anorexia, vomiting, colic, diarrhea, breathing and circulatory disorders. Rage reactions—screaming, crying. Withdrawal reactions—dullness, apathy stupor. | Insecurity; mistrust; depressiveness. Preoccupation with oral activities. Search for an idealized parental figure or for nirvana. Propensity for addictions. Altered body image; autistic reactions; depersonalization. | 4+ |
| 2-3 (Early Childhood) | Investigative and exploratory needs; genital manipulation. Beginning strivings for independence and mastery; aggressive assertiveness. | Feelings of autonomy; incorporation of disciplines; tolerance of frustration. Social outlets for aggression. Self-confidence. | Habit training (too lax or too severe disciplines, as in relation to toilet training). Interference with independence and mastery (overprotection). Faulty handling of rage and aggression (too severe restrictions or excessive permissiveness). Too great or too little emphasis by parent on rights of other members of family. Interference with investigative and exploratory activities. Interference with genital manipulation. Unconscious encouragement of rebellion by parent, alternating with excessive punishment. | Anxiety, phobic and compulsive-like reactions. Psychophysiological reactions: gastrointestinal disorders—feeding difficulties like anorexia; constipation, diarrhea. speech disorders—stammering. bowel and bladder disorders—soiling, enuresis. Personality disorders: (a) rage reactions, (b) withdrawal reactions, (c) excessive dependency, (d) disturbed identity. | Lack of self-confidence. Stubbornness. Inability to control impulses and emotions. Frustration intolerance. Preoccupation with anal activities. Paranoidal ideas; fear of authority. Compulsiveness. Feelings of shame. | 4+ |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3-5 (Childhood) | Need for extrafamilial group contacts and for cooperative play. Keen interest in sex, genital differences, and birth processes. | Sexual identification. Oedipal resolution. | Problems related to entry into nursery school and kindergarten. Interference with interest in sexuality; masturbatory intimidation. Precocious or excessive sexual stimulation. Seductive parent. Mother too dominant; father too passive or absent. | Psychoneurotic reactions: (a) anxiety states, (b) phobic reactions, (c) psychophysiologic reactions: gastrointestinal disorders, speech disorders, bladder disorders, skin disorders, tics. Personality disorders (as above). Primary behavior disorders. | Persisting oedipal conflicts; inability to identify with persons of own sex. | 2+ to 4+ |
| 5-11 (Late Childhood) | Need for intellectual growth and understanding. Need for further social contacts and for organized team play. Need to belong to a group, club, or gang. | Group identification. | Problems related to entry into grade school (improper school and teachers: fear of relinquishing dependency). Neighborhood stresses. Exposure to racial and religious prejudices. | Psychoneurotic reactions: (a) anxiety states and anxiety reactions, (b) phobic reactions, (c) conversion hysteria, (d) compulsion neurosis, (e) psychosomatic disorders: gastrointestinal, bladder, speech, skin, hearing and visual disorders, tics, muscle spasms, nail-biting. compulsive or absent masturbation. Personality disorders (as above). Primary behavior disorders—learning disabilities. Juvenile schizophrenia. | Inability to accept a proper role. Disturbed relations with others. Problems in competitiveness and cooperation. | 0 to 2+ |
| 11-15 (Early Adolescence) | Intense sexual feelings and interests for which a social outlet is necessary (recreational programs, especially social dancing.) | Socialization of sex drives. Resolution of parental ambivalence. | Conflict between need for and defiance of parents. Conflict in relation to sexual demands and social restrictions; masturbatory conflicts. | as above, plus Schizophrenia | Sexual acting-out. Excessively hostile attitudes toward authority. Problems in identity. Isolation. | 0 to 2+ |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Need to practice skills for successful participation in groups. | | Too lax sexual environment. Poor supervision and discipline. Lack of cohesiveness in home. | | | |
| 15-21 (Late Adolescence) | Gradual emancipation from parents. Need to make a vocational choice. Growing sense of responsibility. Courtship; marriage. | Resolution of dependency. Assumption of heterosexual role. | Conflict between dependence and independence. Continuing sexual conflict. Severe economic problems. | as above | Excessive dependence. Devalued self-image. Confusion regarding social role. Sexual inhibitions. | 0 to 2+ |
| 21-40 (Adulthood) | Good sexual, marital, family, and work adjustment. Community participation. | Productive work role and economic independence. Marriage; parenthood. Community responsibilities. Creative self-fulfillment. | Extraordinary family stresses. Economic hardships. Natural disasters. Illness, and accidents. Racial and religious discriminations. | as above, plus Alcoholism Drug addiction Manic-depressive psychosis | Reinforcement of existent personality disturbances. | 0 to 1 + |
| 40-65 (Middle Age) | Acceptance of a slower life pace, physically and competitively. Need for new interests, hobbies, and community activities. | Mobilization of one's total resources toward achievement of personal happiness, family integration, and social welfare. | Menopausal and climacteric changes. Conflicts in relation to separation from children, unfulfilled ambitions, sexual declination, and, in women, cessation of child bearing. | as above, plus Involutional melancholia | as above | 0 to 1 + |
| 65 on (Old Age) | Acceptance of physical, sexual, and memory recession. Need to engage in social activities, to cultivate new friends, to develop community interests and hobbies. | Continued work, interpersonal and social activities to the limit of one's physical capacities. | Conflicts in relation to loneliness, death of friends and mate, increased leisure time, retirement, failing work, physical and sexual activities. Illness. Fearful anticipation of death. | as above, plus Arteriosclerotic and Senile psychoses | as above | 0 to 2+ |

*Mechanisms developed in early childhood that have insured a gratification of needs will continue to be indulged to a greater or lesser degree in adult life*. Thus a child intimidated by his parents to avoid masturbatory activities responds with great hostility and, in a defiant manner, covertly continues his practice. Later the manifestation of hostility seems to be a condition prerequisite for any kind of sexual expression, sexual sadism being the ultimate outcome. Another youngster may have been enjoined by overscrupulous parents to perform meticulously on all occasions, on the threat of their condemnation or loss of love. Henceforth indulgence of the trait of perfectionism may become an essential factor in his experiencing any degree of positive self-esteem. A pampered child whose temper tantrums compelled his parents and siblings to give in to his whims, persists in self-oriented, selfish demands on the world to supply him with gratifications and satisfactions. Sensitive to the slightest rejection, he construes any casualness toward him as a designed personal injury. This mobilizes rage and releases coercive behavior to force people to yield to his demands.

*The inpidual will repetitively set up and attempt to live through early destructive situations that he has failed to master as a child*. A young woman repetitively involves herself in competitive relationships with older, more attractive, more gifted women in an attempt to subdue them. The feelings she experiences and the situations she creates parallel closely the rivalry experience with her older sister whom she could never vanquish. A child is severely rejected and physically maltreated by an alcoholic father. When she matures, she is passionately attracted to detached, sadistic, and psychopathic men, whose affection she desperately tries to win. A man in psychoanalysis develops paranoidal attitudes and feelings toward the analyst, imagining that the analyst wishes to humiliate and torture him. These are transference manifestations reflective of the same kinds of feelings he had toward his father during the oedipal period.

*The inpidual often unwittingly exhibits the same kind of destructive attitudes and behavior patterns that he bitterly protests were manifested toward him by his parents*. A woman reared by a petulant, argumentative mother may engage in the same kind of behavior with her own children, totally unaware of the compulsive nature of her pattern. A man victimized during his childhood by a hypochondriacal father may himself become obsessionally concerned with physical illness following marriage. Through insidious identification a son may become an alcoholic like his male parent, a daughter the victim of

migraine like her mother; the examples of such identification are endless.

*The inpidual may fail to develop certain mature personality features*. A child severely neglected and rejected during infancy comes into adult life with pathological feelings of impending doom, a conceptualization of himself as inhuman and insignificant, tendencies to depersonalization, and an inability to love or respect others. A boy whose father is passive and detached identifies with a strong aggressive mother, emulating her manner and interests to the point of avoiding masculine attitudes and goals. A youngster who was discriminated against by his agemates because of his race may, from the beginning of his extrafamilial contacts, develop a contempt for his kinfolk and a fear of groups. A girl victimized by "proper" and "gentle" parents who cannot stand scenes is shamed into abandoning any demonstration of anger. She continues to display a bland, forgiving manner despite exploitation and intimidation.

*The inpidual may tend to revive childhood symptoms in the face of stress*. Vomiting, colic, and diarrhea, which were manifestations of stress during one's early infancy, may be mobilized by later episodes of tension to the embarrassment and dismay of the person. Fear of the dark and of animals, which terrorized the inpidual in early childhood, may overwhelm him in adult life when anxiety taxes his existent capacities.

## Nuclear Conflicts

Table 8-2 summarizes the chief conflicts, which we call "nuclear conflicts," imbedded in the psyche of each person, products of the inevitable clash of maturing needs and reality restrictions, the mastery of which constitutes one of the primary tasks of psychosocial development. It must be emphasized that these conflicts are universal qualitatively, though quantitatively differing in all persons as a result of constitutional-conditioning variations and the integrity of the existing defenses.

The earliest nuclear conflicts are organized in relationship to the parents. For instance, the infant's association of the presence of mother with satisfaction of his needs (hunger, thirst, freedom from discomfort and pain, demand for stimulation) results in her becoming affiliated with gratification of these needs, with pleasure and the relief of tension. At the same time the absence of mother becomes

linked to discomfort, distress, and pain. During the last part of the first year the child reacts with what is probably a primordial type of anxiety to separation from the mother, and with rage at her turning away from him toward anybody else, child or adult. This blended gratification- deprivation image of mother is probably the precursor of later ambivalencies, powering sibling rivalry and the rivalries during the oedipal period. It also gives rise to motivations to control, appease, and win favors from mother and mother figures, to vanquish, eliminate, or destroy competitors for her interest and attention, and to punish mother and mother figures for actual or fancied deprivations. The mother symbol becomes symbolically linked to later sources of gratification or deprivation. Moreover, if a disruption of homeostatic equilibrium occurs at any time later on in life or if for any reason anxiety erupts with a shattering of the sense of mastery, the primordial anxiety imprints may be revived, activating separation fears and mother-invoking tendencies along lines pursued by the inpidual as an infant.

**TABLE 8-2. Nuclear Conflicts**[2]

| Ages | Conflictual Elements | Legends | Residual Manifestations (repressed or suppressed) |
|---|---|---|---|
| 0-3 mo. | Constant freedom from distress and pain opposed by realistic environmental restrictions. | "I must be everlastingly happy and comfortable; instead I suffer." | Search for nirvana. Demand for magic. |
| 4 mo.-l yr. | Need for oral, sensory, and affectionate gratification opposed by realistic deprivations. | "I want to be fed, loved, stimulated, and kept free from pain at all times; but mother denies me this gratification." | Ambivalence toward mother figures. Separation anxiety. |
| 1-2 yrs. | Self-actualization opposed by essential restrictive disciplines. | "1 want to do what I want to do when I want to do it, but I will be punished and told I am bad." | Impulsive aggressiveness. Guilt feelings. |
| 3-5 | Power impulses opposed by sense of helplessness. Oedipal desires opposed by retaliatory fears. | "I want to be big and strong, but I know I am weak and little." "I want to possess my mother (father) for myself, but I cannot compete with my father (mother)." | Inferiority feelings. Castration fears. Compulsive strivings for masculinity. |
| 6-11 | Demand for total group acceptance opposed by manifestations of aloofness and unfriendliness. | "1 want everybody to like, admire, and accept me, but there are some people who are against me and reject me." | Fear of rejection by the group. |
| 12-15 | Sexual impulses opposed by guilt and fear of punishment. | ''I feel a need for sexual stimulation, but this is wrong and not acceptable." | Fear of lack of "maleness" in men and "femaleness" in women. |
| 16- | Independence strivings opposed | "I need to be a grown, independent person, but I | Continuing dependency. |

| | | |
|---|---|---|
| 21 | by dependency. | don't want the responsibility. I would like to be a child, but this would make me feel like a nothing." |

The gratification-deprivation, separation- anxiety constellations, laid down during phases of development early in the period of conceptualization, will tend to operate outside the zone of conscious awareness. Whenever habitual coping mechanisms fail the inpidual and he experiences anxiety, he may feel the helplessness and manifest the behavior of an infant, and he may seek out, against all logic, a mother figure or her symbolic substitute (such as food in compulsive eating activities). It is little wonder that mothers, and their later representatives (protectors, authorities), come to possess symbolic reward (pleasure) values along with symbolic abandonment (pain, anxiety) potentials. This conflict, deeply imbedded in the unconscious, acts as compost for the fertilization of a host of derivative attitudes, impulses, and drives that remain with the inpidual throughout his existence. Other conflicts develop in the child's relationships with the world, as noted in Table 8-2, that are superimposed on the conflicts associated with the demand for magic and for the constant presence of the mother figure.

The actual experiences of infants during the first years of life, the degree of need gratifications they achieve, the relative freedom from deprivation, their learning to tolerate some frustration and to accept temporary separation from their mothers provide them with coping devices to control their nuclear conflicts, which, nonetheless, irrespective of how satisfying and wholesome their upbringing may have been, are still operative (albeit successfully repressed), waiting to break out in later life should the psychological homeostasis collapse.

Nuclear conflicts, to repeat, are inherent in the growing-up process irrespective of the character of the environment. This is not to say that a depriving or destructive environment will not exaggerate the effect of conflict or keep it alive beyond the time when it should have subsided; a wholesome environment will tend to keep in check operations of conflict, helping to resolve it satisfactorily. *Nuclear conflicts are in part ordained by biological elements and in part are aspects of the culture. We should expect their appearance in minor or major degree in all persons. Their importance is contained in the fact that they give rise to reaction tendencies that, welded into the personality structure, may later interfere with a proper adaptation.* Of clinical consequence, too, is their tendency to stir from dormancy into open expression when anxiety breaks down the ramparts of the existent defensive fortifications.

The exposure of repressed nuclear conflicts that are creating problems constitutes a task of dynamically oriented therapy, the object being to determine the distortions they produce in the character structure, their affiliation with current conflicts, and the subversive role they play in symptom formation. It may be possible even in short-term therapy—especially in dreams, transference, acting-out behavior, and certain symptoms—to observe how an important nuclear conflict is continuing to disturb the present adjustment of the patient.

The operation of a nuclear conflict is exemplified in a person who habitually relies on alcohol as a means of escaping tension and anxiety. Feelings about deprivations in life are avoided through the tranquilizing effects of alcohol. At the same time the person reassures himself, at least as long as he drinks, that a nurturing agent is available to him that will keep him free of pain.

Another example of a nuclear conflict is evidenced in a teenager who establishes pseudoindependence through invariably doing the opposite of what his parents ask. A request to wear a green shirt immediately establishes in him an intensely felt desire to wear a red shirt. His own fears that he will succumb to his desire to be dependent on his parents drive him to exert his independence, little realizing that he is still not free because he is now imprisoned by his own needs to be oppositional. And much later in life, when a supervisor says "do it this way," he may still be bound up in his need to resist, irrespective of the merits of doing a task one way or another.

The current inability of many persons "to get involved" may be a manifestation of several nuclear conflicts. To remain one step removed from participation in a cause or to be a spectator rather than a player may be skillfully rationalized by saying that one does not have the time, or that the cause does not justify the effort, or that the candidate is all too human, or that the political platform is just so much window dressing. But behind these reasons that sound good, the real reason may be one's sense of helplessness and the subsequent despair about finding magical solutions. Or one may not become involved because of fear of not being totally accepted by any group or party that one joins; so it may be less painful not to expose oneself to such a possible rejection. The nuclear conflict is handled by avoidance.

## Conclusion

Even though time does not permit an extensive probing of the past, an understanding of how the past has entered into and has produced personality vulnerabilities may be important for some patients in short-term therapy. Dreams and transference phenomena often yield data regarding past conditionings and may expose some nuclear conflicts that can serve as a focus in therapy. The object here is to determine the distortions they produce in the character structure, their affiliation with current conflicts, and the subversive role they play in initiating and sustaining symptoms. Having grasped the significance of how the past has entered into promoting adjustment problems in the present, many patients become motivated to explore these connections on their own after formal therapy has terminated. Such homework may facilitate a strengthening of defenses and ultimately act as a means of positively influencing personality growth.

1 From L. R. Wolberg, *Psychotherapy and the Behavioral Sciences* (New York, Grune & Stratton, 1966), pp. 62-63. Reprinted with permission.

2 From L. R. Wolberg, and J. Kildahl, *The Dynamics of Personality* (New York, Grune & Stratton, 1970), p. 56. Reprinted by permission.