Understanding the Origins of Sabotage Programs and Pain of Life Behaviors through the Developmental Stages of Man

by Alice Vieira, Ph.D., Clinical Psychologist, Professional Health Provider

2124 Vista Laredo, Newport Beach, CA 92660, (714) 720-9464

The purpose of this paper is to entend an understanding of the relationship between the positive or negative negiotiation of Erik Erikson's developmental stages of man, the sabotage programs in Bruce Dewe's Professional Health Provider work, and the pain of life behavior and Behavioral Barometer in the Three In One Concepts work of Gordon Stokes and Daniel Whiteside.

In my clinical practice I now work either "in the chair" with a traditional psychodynamic psychotherapy or "on the table" where we do PHP. During my "table work" I adhere to the following procedure:

1. Check for overwhelm, switching, dehydration, clear muscle, polarization and ask if I have permission to work with this client.

2. Balance the client with a basic 14 muscle balance.

3. Determine an issue, goal, or have something or someone "on line". Check if this is a priority.

4. Ask if this body is, on all levels, 100% willing to release the need for the problem, to benefit from positive change, and to implement the goal.

If the client "gets through" to here with positive responses the next question is, "Are there any sabotage programs that need to be cleared at this time?" The next question is, "Are there any pain behaviors that need to be dealth with at this time?" In my experience it has been rare to not "get stuck" in step four. It is also not unusual to have someone ask to work on a particular thing and have it not be a priority. It is to this issue that I want to address this paper. I have found that there may be a pre-priority that needs to be considered. I have, therefore, added a question within the standard PHP procedure:

"Is this a developmental issue that needs to be cleared first?"

I ask this if the issue requested to be worked on is not a priority, if the person is not willing to release the need for the problem, to benefit from positive change or to implement the goal. The other time that I ask this question is when one particular age continually appears during age recessions. The results have been astounding. I offer these thoughts to you for your pursual and consideration. Traumas at any of the developomental stages when trust, automony, initiative, industry, identity, or intimacy is the "task at hand" can result in a life program of mistrust, shame, doubt, guilt, inferiority, role confusion and/or isolation. (ref 3) This is when sabotage programs and/or pain of life behaviors become established.

Jack Rosenberg in his book, *Body, Self, and Soul,* describes a healthy person as one who is a mass of free flowing energy, energy that moves on all leveles, through all layers, in all directions at all times. It is energy that is accessible to a person whenever he/she needs it. A healthy person develops an essential sense of self by being aware of the energy and appreciating that energy flowing freely within his/her essential and ethereal bodies. Dr. Rosenberg describes an unhealthy person as one who has blocked energy in his system and the flow of energy is impeded. The blocking of energy in the early stages of development causes the sense of self to develop poorly in that this sense of self is buried under defensive blocks of energy. "This sense of well-being comes from the free flow of energy in the body, from the natural state of things happening as they are meant to happen." (p.21, ref 6) The developmental progression (table 1) from a basic sense of trust to an increased sense of autonomy to a sense of initiation etc. is the way "things are meant to happen".

	1	2	3	4	5	6	7	8
VIII								INTEGRITY vs. DESPAIR
VII							GENERA-TIVITY vs. STAGNATION	
VI						INTIMACY vs. ISOLATION		
V	Temporal Perspective vs. Time Confusion	Self-Certainty vs. Self-Consciousness	Role Experimentation vs. Role Fixation	Apprenticeship vs. Work Paralysis	IDENTITY vs. IDENTITY CONFUSION	Sexual Polarization vs. Bisexual Confusion	Leader- and Followership vs. Authority Confusion.	Ideological Commitment vs. Confusion of Values.
IV				INDUSTRY vs. INFER-IORITY	Task Identification vs. Sense of Futility			
III			INITIATIVE vs. GUILT		Anticipation of Roles vs. Role Inhibition			
II		AUTONOMY vs. SHAME, DOUBT			Will to Be Oneself vs. Self-Doubt			
I	TRUST vs. MISTRUST				Mutual Recognition vs. Autistic Isolation			

Table 1. Developmental Progression of Sense of Self

The developmental struggle to have a basic sense of trust will serve as an illustration of how, without it, the pain of life behaviors and/or sabotage progams inflict confusion and lack of resolution in one's life.

When a child is born he/she is a mass of neurological responses. His/her emotions will develop soon, in response to his/her body reactions, but his/her language and other intellectual skills follow much later. The child is at NO CHOICE. (Behavioral Barometer in ref. 7). The child becomes aware of pain from the shock of birth, and later from being hungry, cold, wet. The child's pleasure comes from being fed, getting dry and getting warm. The manner in which these tasks are done (more than the fact that the tasks are done) will affect the child for the rest of his/her life. If the child is hungry and cries and is picked up and fed, and this is done on a consistent manner, the child learns to trust that pain will be relieved. The child also learns that someone cares about this pain and will relieve it. (6) The child learns that "It is OK to be here and be fed and touched and taken care of"; "It is OK not to hurry and to take time"; "It is OK to be held, to be touched and to be near someone who cares"; "Needs are OK". (Sabotage programs for BEING, ref. 2).

If, on the other hand, the baby cries because he/she is hungry and no one feeds him/her, and this happens consistently, then the pain is to be feared because the pain will not be relieved by the person responsible for him/her. The child must learn to handle the pain by him/herself. The way a child can do this is to seal off the pain and not feel. The eventual feeding may not get associated with the person doing the feeding because the child does not get a chance to know that the pain is important to another person: the pain is important only to him/her self. Babies who are consistently allowed to cry for long periods tend to give up crying, but in so doing, they have to handle their physical and emotional discomfort by learning not to feel it. (p.19-20, ref. 6).

If a basic sense of trust is not established by a consistent relief of the child's pain then the pain behaviors that lock in at this stage are a preoccupation with pain and an expectation of failure with a pessimistic outlook on life (pain behaviors 1 and 10, ref. 7). If a basic sense of trust had been established then there would be a preoccupation with progress and a willingness to risk success (well behaviors 1 and 10, ref. 7).

Up to this point in a child's development the child does not differentiate from the mother or primary care taker. In the very early months the "I" of the child is no different from the "Not-I" of everything else. This is especially true when loving and consistent care is given. As the child grows, however, there seems to be a sense of inner division and a univeral nostalgia for a paradise lost. The realization that the "I" is indeed different from the "Not-I" is an unpleasant reality. It is against this powerful combination of a sense of having been abandoned, of having been divided, that basic trust must maintain itself throughout life (p. 250, ref. 3). This introduces the child into the second stage of feelings, that of ONENESS/SEPARATION (Behavioral Barometer, ref. 7) and into the next stage of sabotage programs and pain of life behaviors if the stage of development is not positively negiotiated.

In this second subphase of activity (about 9 months) DOING motivates the infant to separate momentarily from his/her mother. (ref. 5) The most important thing that happens in this subphase of establishing trust is that the mother serve as a "mirroring frame of reference" for the child. The child explores and reaches out with his/her eyes and arms and the mother responds to this or that. This selective response gradually alters the child's behavior and what emerges is the child's unique personality and individuality.

The healthy child learns that "It's OK for me to move out in the world, to explore, to feel my senses and to be taken care of"; "It's OK to explore and experiment"; "I can do things and still get support": "I can initiate"; "I can be curious"; "I can get attention and approval and still act the way I really feel" (Sabotage programs for DOING, ref. 2).

When the mother is not comfortable with her mothering skills she may not pay attention. If the mother cannot find the natural balance between giving support and knowing when

to be available to the child or giving the child support on a higher emotional and verbal level while allowing the child to try his/her own wings, or if the mother is unpredicatble, unstable, anxious or depressed, then the child has to do without a reliable frame of reference and the result will be a disturabance in the establishment of the necessary sense of trust.

The child given the reliable frame of reference can be preoccupied with his/her own progress and can feel equal to the challenge (Well behaviors 2 and 11, ref. 7).

The child whose mother is not able to mirror the child, to be consistent in the child's care giving will feel the feelings illustrated in the subheadings on the Behavioral Barometer under ONENESS/SEPARATION: the child will feel deserted rather than at one, morbid instead of fulfilled, melancoly instead of completed, unimportant instead of unified, loveless/unloveable instead of at paeace, unacceptable rather than calm, unloved instead of safe and uncared for rather than quietly progressing.

And so it goes from stage to stage. Either the child is able to accomplish the task of establishing trust or the child is left with mistrust. Until the mistrust is diffused and resolved it will repeat itself in countless ways.

Integrating the needed task of each developmental stage with the possible sabotage programs, pain of life behaviors and the Behavior Barometer has given me a greater understanding of the ways a person gets locked into unhealthy lives. It also allows for a resolution of the issue at a fundamental level and has a greater potential for lasting diffusions.

REFERENCES

1. Bemporad, J.R. (ed), *Childhood Development in Normality and Psychopathology*, Brunner/Mazel, Inc., New York, (1980)

2. Dewe, Bruce, *Sabotage Programmes Handout in PHP III*, (1990 Pre Annual Meeting Workshop).

3. Erikson, E.H., *Childhood and Society*, W. W. Norton & Co. Inc., New York (1963)

4. Erikson, E.H. (1968), *Identity, Youth and Crisis*, W.W. Norton & Co. Inc., New York (1968)

5. Mahler, M.S., *On Human Symbiosis and the Viscissitudes of Individuation: Infantile Psychosis*, New York. International University Press, New York (1968)

6. Rosenberg, Jack., *Body, Self and Soul, Sustaining Integration*, Humanics New Age, Georgia (1989)

7. Stokes, G. and Whiteside, D., *Orchestrating Structural Neurology*, Three In One Concepts Publication, Burbank, CA (1989)