

The Technique of Unlocking of the Unconscious. Part II: Partial Unlocking of the Unconscious

HABIB DAVANLOO*

McGill University, and Department of Psychiatry, The Montreal General Hospital, Montreal, Quebec, Canada

In this second part of the two-part article the author presents his technique of the unlocking of the unconscious. The technique of partial unlocking is illustrated with the verbatim account of a complete interview.

Partial Unlocking of the Unconscious

In the first part of this two-part article I discussed the *Central Dynamic Sequence* which leads to the unlocking of the unconscious. They can be summarized as follows:

- (a) Clarification of the patient's defenses.
- (b) Challenge directed against the defenses, undermining the patient's identification with his defenses.
- (c) Challenge directed towards the therapeutic alliance, mobilizing the therapeutic alliance against resistance.
- (d) Pressure towards experience of the transference feeling; challenging and thus weakening the resistance to experiencing negative transference feeling; challenge to the resistance against experiencing positive transference feelings.
- (e) Head-on collision with the resistance; weakening the superego resistance.
- (f) Bringing about an intrapsychic crisis.
- (g) Direct experience of extremely complex feelings in the transference which constitute the triggering mechanism which will lead to the unlocking of the unconscious with partial or major de-repression in relation to the current and recent past, (C), and in the distant past (P).

In this technique of unlocking the unconscious the therapist aims to bring aggressive impulses and the patient's most painful feelings to the surface and to enable him to experience them directly. The degree of unlocking

* Please address reprint requests and correspondence to: Dr. H. Davanloo, Department of Psychiatry, Montreal General Hospital, 1650 Cedar Avenue, Montreal, Quebec, H3G 1A4, Canada.

is in proportion to the degree to which there has been direct experience of the highly complex feelings in the transference. If the therapist plans to have a major unlocking of the unconscious it requires that the experience of the highly complex transference feelings be intense with a direct breakthrough of the impulse in the transference which is always followed by intense direct experience of guilt and grief-laden unconscious feelings.

In achieving the major unlocking of the unconscious the therapist's technical intervention must be systematically directed in Phases (3), (4), (5), and (6) of the central dynamic sequence. I have described this in previous articles in this Journal (See Davanloo, 1987a, b), the Case of the Machine-Gun Woman. In the first phase of the interview there was systematic work on the patient's resistance in the "T" and "C" and the activity of the therapist centered on Phases (1) to (4), and finally what followed was a systematic challenge to the resistance in the transference particularly challenge and pressure to the superego resistance. This then was followed by the breakthrough of the impulse in the transference. Then there was again return of the resistance in the transference and the therapist moved to Phase (4) with a major pressure and challenge to the resistance in the transference; challenge to the resistance against experiencing aggressive impulse with concomitant challenge to the resistance against experiencing positive transference feelings. Then the process entered Phase (5), with the intense rise in the complex transference feeling and the direct experience of highly complex feeling in the transference and what emerged was a major unlocking of the unconscious and a very high rise in the unconscious therapeutic alliance and throughout the rest of the interview Phase (6), (7), and (8) there was no trace of resistance.

This technique of the major unlocking of the unconscious is a powerful psychotherapeutic tool and is equally important in teaching and research. However the therapist should take into consideration that with this technique the patient should not be placed on a waiting list and it requires that the patient enter treatment within one to two weeks.

I have developed a third technique which is based on the same central dynamic sequence but aims at bringing about massive de-repression of the unconscious. This will be the subject of another two-part article.

The Technique of Partial Unlocking of the Unconscious

As I indicated earlier the degree of the unlocking of the unconscious is in proportion to the degree to which there has been direct experience of the complex feelings in the transference. If the therapist aims at a partial breakthrough into the unconscious then he must monitor the central dynamic sequence in such a way that the experience of the complex transference feeling, particularly the breakthrough of the impulse in the transference, is partial. Here the unlocking of the unconscious might go to a number of stages. In this technique after having achieved the first unlocking of the unconscious resistance is not over and will almost always return when painful areas are approached but now it can be penetrated much more easily.

The technique of partial breakthrough into the unconscious is a powerful

therapeutic technique. The patient can wait on the waiting list until a therapist is available and is very important in controlled clinical research in psychotherapeutic process and outcome.

In the balance of this article I will describe a technique of partial breakthrough into the unconscious which I have used in controlled psychotherapeutic research. A verbatim account of a complete interview is used for illustration.

The Case of the Corporate Lawyer

The patient was a 37-year-old married woman.

Phase (1) Exploring the Patient's Difficulties, Enquiry in the Area of C, Together with the Beginning of Pressure

In answer to the therapist's opening question the patient spoke as follows, obviously playing down her distress from the outset:

PT: . . . I've been having a little bit of problems with my boss, and I haven't been sleeping for about six months. I've been getting up at two in the morning and just worrying, and sort of eating my heart out over all the little incidents.

TH: You usually wake up at two in the morning or it varies?

PT: Oh no, I've stopped now. As soon as I started talking about it to somebody I realized just how stupid it was.

The therapist begins to exert pressure:

TH: What do you mean by stupid?

It is worth noting here the clear communication in the patient's reply about her defenses, and—as will be seen—the tip of the iceberg that it represents:

PT: Well normally I've never let things bother me. I guess I'm just that type of person that I don't talk too much about things that bother me that much. I just rationalize it.

She said that 18 months ago she had got a new boss, and she and he had disliked each other from the beginning. The therapist now directs her toward what seems to be a significant statement that she had made:

TH: And then you said he dislikes you because you are a woman. What is—?

PT: Okay, we had a Christmas party, and everybody had to buy a surprise present to give to another person, so we all drew names out of a hat. My surprise was a penis.

Phase (2): Pressure toward the Avoided Feelings in the Area of C,
Leading to Resistance

The therapist elucidated what she meant by this, learning that it was in fact a replica of a penis, and that there was very considerable evidence that the anonymous donor was her boss. He now began to exert pressure toward her avoided feelings about this incident, meeting immediate and sustained resistance. In the following passage the various tactical defenses that she used are entered in brackets:

TH: And how did you feel?

PT: Stupid and embarrassed (cover words).

TH: No, stupid is uh—

PT: Stupid is a bad word. Embarrassed, really embarrassed.

TH: What did you think?

PT: I was so humiliated I didn't think at all. (The word "humiliated" is nearer to a feeling but is still a cover word, as can be seen from the fact that it calls for a further question, "What did you feel about being humiliated"?).

TH: Now what came to your mind? I'm trying to see what went to your mind immediately.

PT: Okay, I was humiliated, I went flame red. I blush very easily. When I blush my ears get red, red, red. (Physical manifestation rather than feelings.)

TH: And then what else did you experience?

PT: Embarrassment (stone-walling).

TH: Yes, but in terms of inner feeling, what type of feeling?

PT: Let's see, embarrassment, shame (going round in circles).

Phase (3a): Clarification of Defenses and Continued Pressure in the Area of C

In the following passage the therapist begins the process of clarifying the defenses, bringing in a certain element of challenge as well, and continues sustained pressure toward the avoided feelings:

TH: Embarrassment, shame is a "sentence," words, it doesn't tell us how you felt.

PT: Terrible (a nonspecific, "blanket" word).

TH: "Terrible" is again a word.

PT: Embarrassed, humiliated.

TH: Yeah, but that doesn't tell us how—

PT: I didn't feel sick to my stomach, I didn't feel angry, I just felt very embarrassed (saying what she didn't feel, followed by "negation"—saying something obviously true only to dismiss it).

TH: But, you see, it is not absolutely clear how you felt. You say you did not feel angry, you did not feel sick to your stomach.

PT: I was curious as to who had done it, because at that point I was

very shocked (intellectualization followed by another "blanket" word).

TH: It's not clear how you felt. Do you see we are having difficulty to see how you felt?

PT: I felt, "My God"! (This exclamation still doesn't say how she felt, though it may seem to).

TH: Being humiliated in front of 60 people, you must have a certain feeling at that moment.

PT: Isn't humiliation a feeling?

TH: You are humiliated but it is not clear how you experienced your feelings at that moment (pressure toward the actual experience of feeling).

PT: Oh I got very embarrassed. I put it away and threw it in the garbage. (She smiles.)

Here the patient has used yet another defense, describing actions rather than feelings, while at the same time her smile both serves as a defense and betrays that something inside her has been touched. The therapist draws attention to the incongruity of the smile, and hence its defensive nature, by the word "but":

TH: But still you smile.

PT: Now I'm smiling, but believe you me, then I was not smiling.

TH: What was it then that you experienced? This is what I'm looking at. How did you feel being put in such a position in front of 60 people?

PT: I tried to mask it, I tried to sort of say "oh ho ho" and laugh about it in front of everybody (describing not what she felt, but how she covered up her feelings).

TH: But still you are not saying how you felt. You are humiliated in front of 60 people you work with, but then you have difficulty to tell me how you felt. How do you experience this? How do you feel inside?

PT: You mean, how do I react?

TH: Reaction, internal reaction.

PT: That's a very good question. I never thought about it before (she smiles).

TH: You smile and say—

PT: Oh I definitely wasn't smiling then. I smile now but—

TH: Why are you smiling now?

The patient's response illustrates how her defenses have gradually begun to become somewhat exhausted, because she now introduces a word which admits to one of the most important feelings that she has been trying to avoid:

PT: Probably because it's still an open wound a little bit, like I still—

The above passage demonstrates the phase of systematic clarification and challenge toward the patient's defenses and there is some degree of rise in the patient's transference feelings manifesting itself with the first signals, sighs, which indicates anxiety in the form of tension in the intercostal muscles.

TH: You see, this is very interesting and we should look at it. Here is a situation in which you feel humiliated and your face is red, and then you talk about an open wound. That means you felt wounded then.

PT: Of course I did.

TH: But then what I'm saying is this: how did you feel being wounded?

PT: How did I feel being wounded? I didn't feel sick, I guess maybe it was—

The therapist both clarifies and challenges this defense:

TH: But you are talking about what you didn't feel. I'm talking about what you felt.

PT: You mean psychic?

TH: Inside, yeah.

PT: Well, my stomach was probably in an uproar (the word "probably" waters down even the defensive somatization). I'm sure with humiliation like that my stomach went flip-flop and uh—

TH: What was the way you experienced this flip-flop in your stomach? You smile again.

PT: It's—it's because I can't answer your question. I think that's the reason.

TH: Could we look into this? That you say you were wounded, humiliated, your stomach went flip-flop; and I said, how did you experience this inside?

PT: Oh I'm sure I felt terrible (indirect speech, repeat of a blanket word used before).

Phase (3b): Challenge to the Resistance in the Area of C

The therapist now begins to introduce steadily increasing challenge:

TH: But "I felt terrible" is a sentence, words. It doesn't tell us how you—

PT: Okay, I left very soon afterwards (describing actions instead of feelings).

TH: You see, you are moving away from how you felt at that moment (clarification and implied challenge).

PT: I probably was angry—

TH: Now you say "probably" you were angry (merely pointing out the defense calls it in question).

PT: Well I'm sure I must have been angry. I mean, you know, like—

TH: Now you are moving to the position that you "must have been" angry, as if you're not sure.

PT: Well I was not happy, let's put it that way.

TH: But again—

PT: I was very unhappy at that point, like I—

TH: But, you see, first you say you "must have been" angry, which is not committing yourself (clarification). Were you angry or weren't you angry? (challenge to her indecisiveness)

PT: I probably was.

The therapist now continues the systematic challenge to the patient's resistances as well as reflecting and challenging the nonverbal defenses.

TH: "Probably" again is hanging in the middle of nowhere. You smile now.

PT: You can tell I'm a lawyer. I very seldom will commit myself.

TH: Oh no, just a moment. You say you are a lawyer and you don't commit yourself. You must be precise as a lawyer.

The patient's defenses such as obsessional rumination are challenged. The therapist kept up his pressure and challenge and the patient began to get increasingly anxious, trying to cover it by smiling, which the therapist pointed out, emphasizing the here-and-now and thus leading toward the transference:

PT: . . . I smile a lot, for no reason (generalization followed by denial).

TH: You smile a lot, I'm talking about here, let's not go outside here.

There is a gradual build up of inner anxiety and as is seen she contradicts herself.

PT: Okay. For no reason at all I'm smiling, for the simple reason that—

The therapist challenges this and at the same time again leading toward the transference:

TH: You mean you are smiling here with me for no reason?

Suddenly there is a message from the unconscious therapeutic alliance which indicates that the defenses are beginning to become more exhausted:

PT: Uh yes, there is a reason. For the simple reason that I have identified that maybe there is something behind my actions and that I am going to uncover what has been bothering me.

TH: Now let's see how you felt at that moment.

As the therapist kept up his pressure and challenge, amongst all the re-

sistance there were further glimmerings of communication from the unconscious therapeutic alliance:

PT: When blood surges there must have been some sort of emotional—there must have been a trem—there was an emotional reaction for sure.

TH: Yeah, but “emotional reaction” doesn’t tell us what your reaction was.

PT: Hate if you want to call it but not directed at anyone specifically. Anger, but not specific.

TH: Are you talking in a hypothetical way or are you saying that you were angry?

The patient is still in a state of resistance and the therapist continues clarification and increasing the degree of challenge pointing out to her that she is “totally incapable”; a challenge to the resistance in a woman who so prides herself on her independence and efficiency. The interview continues.

TH: Do you notice that you are totally incapable of telling me that you are put in a situation in front of 60 people that is degrading to you but then you don’t have any reaction?

Suddenly there emerges a crucial communication from the therapeutic alliance, giving evidence of further exhaustion of defenses, and making clear both the presence of resistance in the transference and the form that it takes:

PT: Can I open up? I’ve never opened up.

Phase (4a): Clarification and Challenge to the Transference Resistance

These words of the patient’s also make clear that she is strongly identified with her defense of distancing, i.e., that it is ego-syntonic. The therapist notes this for future reference, but turns his attention first to clarifying and challenging the nonverbal signs that this defense is operating here and now in the transference.

TH: And do you notice also you look somewhere else, you avoid my eyes?

PT: It’s not intentional.

TH: Doesn’t make a difference. Still you do. How do you account for that? A smile again.

The therapist continues his clarification and systematic challenge directed against the resistance as well as challenge to the resistance against closeness in the form of distancing.

PT: Not smiling, maybe it’s because you can see something, or you understand why I don’t express any feeling, and uh—

TH: And still you avoid my eyes.

This brings her ego-syntonic defense completely into the open, with a defiant statement of her resistant position;

PT: I have never in my entire life expressed any feeling to anyone.

TH: Uh hmm.

PT: To myself, to my parents, to my husband.

TH: But you see again you are avoiding my eyes.

Challenge to the resistance against experiencing positive transference feelings.

The therapist returns to the incident at the party.

TH: We have to see how you felt.

PT: Angry prob—

TH: You see again even when you want to use the word angry you have to say “probably,” as if even when you want to use the word “anger” you don’t dare.

The patient returns to her ego-syntonic defense.

PT: Probably because I’ve never expressed my true feeling to anyone about anything and uh—

TH: But still you are maintaining an incapable position.

PT: I’m not doing it intentionally.

TH: That doesn’t solve our problem.

PT: No, it doesn’t solve my problem.

Phase (4b): Head-on Collision with the Transference Resistance, Including that Maintained by the Superego

The therapist now speaks directly to the patient’s therapeutic alliance, mounting an assault on her identification with her own resistance, and pointing out the self-defeating consequences that stem from it.

TH: And our problem here, hmm? Because let’s face it, there are problems that you have, hmm?

PT: Obviously.

TH: Obviously, okay? And then you are searching to get help for them, hmm?

PT: That’s right.

TH: You are not coming on the will of your husband?

PT: It's my will.

TH: Now if you remain here with me helpless and incapable of seeing how you felt, then we wouldn't understand the problem and wouldn't get to the core of your problem, hmm?

PT: Mmm.

TH: So then I would be useless to you, wouldn't I?

PT: In that effect, yes.

TH: You leave me tonight, we say good-bye to each other and then I am no use to you.

PT: I don't know how to answer you.

TH: But again you move to the position, "I don't know how to answer you." That is a helpless position.

Return to Phase (4a): Clarification and Challenge to the Resistance against Allowing Emotional Closeness in the Transference

PT: I have masked my feelings for so long.

Having challenged the patient's identification with her transference resistance, the therapist proceeds to clarify and challenge the specific nature of the resistance, namely her unwillingness to allow him to get emotionally close to her.

TH: Yeah, but that is what I am saying. Right now I have a feeling that in your relationship with me you not only mask your feelings, you are erecting a massive wall between yourself and me.

PT: Not intentionally.

TH: Doesn't make difference. Do you see there is a massive wall here?

PT: No.

TH: That I'm trying to understand you and you are erecting this wall.

PT: You are trying to understand me but I don't understand me completely.

TH: Do you notice that you are trying to put a barrier between yourself and me?

PT: It's not conscious.

TH: First we have to identify, is there a barrier or not? Now you move to the conscious or unconscious . . .

Return to Phase (2): Pressure toward Avoided Feelings in the Area of C

Here the therapist returned to the incident at the office party, again making a sustained attempt at reaching her true feelings. Her resistance was now weakened to the point that she was able to admit more explicitly that she had been angry:

TH: . . . I am trying to understand how you felt being degraded in

that fashion, but then you are incapable of telling me how you felt.

PT: Degraded, embarrassed, angry. Angry is a feeling.

TH: So you felt angry?

PT: Definitely angry.

There has been a progressive rise in the patient's transference feeling and she has finally admitted to the anger in the area of C but still the resistances are in operation.

TH: What was the way you experienced your anger at that moment?

PT: I'm going to get back at them."

TH: But what was the way you were experiencing it internally? Was it like a rage inside you?

PT: I don't think I've ever been in a rage in my life . . . I've never felt anger to a point where I could kill, okay? . . . I suppose there's anger at an inconvenience.

TH: But we are talking about that situation. You felt angry, what was the way you experienced it?

PT: On a scale of one to ten I was probably an eight angry . . .

TH: What was the eight degree of anger like?

TH: So what was the way you experienced the anger?

PT: I kept quiet, I didn't say a word and I walked away . . . My face went like a mask . . .

There has been a steady increase in the patient's transference feeling and she has become increasingly anxious in the interview with frequent sighs and now the therapist moves to the issue of emotional closeness in the transference.

Return to Phase (4a): Challenge to the Resistance against Emotional Closeness in the Transference

TH: What else do you experience here with me besides nervousness? Again your eyes are on the—

PT: I'm thinking. I find it hard to think when I look at you—

TH: Do you see you have difficulty to look at my eyes and talk to me about it? Why?

PT: No reason that I can give you.

TH: But still you are ruminating.

Her defenses were sufficiently weakened for the unconscious therapeutic alliance to offer an important communication about the reason for avoiding eye contact with the therapist: "The eyes are the mirror of the soul." The therapist capitalized on this to bring out, in the teeth of great resistance, that the issue of emotional closeness stood between them: "So then you want to

keep me behind a wall." Here he returned to the head-on collision, this time laying greater emphasis on self-sabotage, i.e., on the resistance of the superego.

Return to Phase (4b): Head-on Collision with the Superego Resistance in the Transference

TH: . . . And as long as you keep me behind a wall—

PT: You can't help me.

TH: Then I would be useless to you.

PT: Mmm.

TH: Now why an intelligent person like you goes to the whole trouble to come but at the same time wants to defeat the purpose of this—

PT: There's no ration—

TH: Why do you want to sabotage this and why do you want to make me useless to yourself?

PT: I don't want to sabotage it.

TH: But obviously it is there. You said that looking to the eyes implies that I would get to know you, hmm? So then you don't want me to get to know you.

PT: I think you would probably be the first person that ever got to know me.

The process in this phase, as I have indicated before is to maintain challenge directed against the resistance and challenge directed toward the therapeutic alliance. The intervention of a head-on collision with transference resistance has a number of characteristics; essentially is addressed to the therapeutic alliance with the aim of mobilizing the therapeutic alliance against the resistance; is largely intended to mobilize the unconscious therapeutic alliance against superego resistance, and there is a special emphasis on the patient's defense against emotional closeness. The aim in this phase is the creation of an intrapsychic crisis and raising the tension between the resistance and the therapeutic alliance.

Phase (5): Direct Experience of Complex Transference Feelings—

The First Partial Unlocking of the Unconscious

By carefully monitoring the patient's reactions, the therapist detects that she is trying to control the breakthrough of her grief. He has to employ a great deal of further pressure and challenge to bring this feeling properly into the open; she has become sad with tears.

TH: And maybe you have a lot of feeling about that—that I would be the first person in your life that gets to know you, hmm?

PT: Yes.

TH: And then do you see your tears are always there?

PT: Yes.

TH: And you are choking with a lot of feeling.

PT: Yes, I probably—

TH: And then you are again avoiding my eyes and trying to push away these feelings. (tearful and sad)

PT: Yes (barely audible)

TH: Why? Why don't you want to see your feelings?

PT: I've never shown my feelings.

TH: But right now you are—

PT: Yes, I said, the tears, the uh . . . oh dear.

The patient is emotionally charged, with tears.

TH: So you have a lot of feeling right now.

PT: Yes.

TH: Could we look at your feeling, because you said that I am the first person in your life—

PT: Yes, I guess.

TH: Because I have a feeling that I want to get to understand you, and you are bouncing back. Any way I want to move, you push me away.

PT: Okay (barely audible).

TH: That is what I refer to as this wall, and I think it is very important to look at this.

PT: Mmm, wall—

The therapist now makes the link with life outside, aiming to make the origin of her grief explicit.

TH: Now you said that in a sense you have never had any close relationship.

The patient provides important information about the limitations in the relationship with her husband and indicates that with her husband she is very independent and has never depended on him financially or otherwise. She further indicates that he is not demonstrative.

PT: I never show my feelings and I think that if I ever did I might be afraid of some of the things that I actually feel which I've never shown. I might tell people what I actually think of them, which I never do.

Further Challenge to the Resistance, Towards Closeness in the Transference:

TH: . . . There is a constant need in you to put a barrier between you and me, which has to do with closeness.

PT: I'm afraid of closeness.

TH: . . . in a sense you have decided not to let anybody close to you.

PT: Okay. In the past, and I'm talking about now, yes that has been very, very true.

TH: That some time in your life you have decided you would not let anybody get close to you.

PT: Probably.

TH: Why do you say "probably"?

PT: Well, it's not probably, it's definitely, yes.

TH: And still the tears come and you are holding onto it. I think underneath there is much more feeling, and you might want to push it aside with your smile.

PT: If all the feeling—

TH: You must have tremendous feeling underneath.

PT: Well . . . (she sighs) . . . there comes I guess a point when—

TH: Let's not go to the talk about it, rather than to see what is your inner experience, because I have a feeling that it is much more than what we see on the surface.

PT: Oh, for sure, for sure, but I never show anything on the surface.

TH: Yeah, but we are here to look, to examine your feelings and to understand them.

PT: Well, I am obviously noncommittal. When that incident happened something was—

Frequent sighing, to which the therapist draws her attention, her non-verbal signals indicating tension in the transference. She makes an important communication of the incident at the office party, which indicates the degree to which the therapeutic alliance has been mobilized.

TH: You see, I am talking about right now, you and me.

PT: Okay, just listen. When that incident happened, it started me, I guess, thinking about how I felt and how I never showed my feelings. You know, how I didn't even know. How I didn't even know.

Phase (6): Analysis of the Transference Resistance

What happens now is an example of the overlapping of the two phases, as Phase (5), the first partial breakthrough continues. The transition to Phase (6) occurs spontaneously; for when the therapist again emphasizes the here-and-now the patient's therapeutic alliance itself links the incident at the office party with the resistance in the transference (the C-T link). Analysis of the transference resistance has many aims, but most important of all aims at handling the unresolved transference resistance which has its origin in the past relationship and not yet touched upon. It also deals with the nontransference resistance arising from the reluctance to face painful feelings. It is particularly essential when the therapist is applying the technique of partial breakthrough into the unconscious. It is essential to emphasize that this whole passage illustrates the importance of analyzing every vestige of transference resistance. In the present case it would be very easy to take the de-repression which indeed is occurring as the final unlocking of the uncon-

scious, which it is not. If the analysis of the residual resistance is not undertaken, the final unlocking will never be achieved.

The patient is emotionally charged. We pick up the interview.

TH: Okay, but I'm looking right at this moment. You are charged with all these feelings and you are trying to divert the situation to that incident to avoid your feelings here and now.

PT: Probably because I'm afraid of, I guess, exposing my feeling because for the first time in my life I would be vulnerable.

The therapist concentrates her attention on this communication.

TH: Could we look into this, vulnerability for the first time in your life?

PT: Okay (she looks away).

TH: You see how often you look to your—

PT: No, it's just a nervous reaction, it's . . . (she frequently sighs). I guess, since I was very, very small I've always been independent, strong, never showed anything, and never been vulnerable.

Phase (5a) The First Unlocking

P-T Link

This leads directly into the past, spoken with deep feelings and leading toward another link with resistance in the transference.

PT: Oh, ever since I was, you know . . . friends and family etc. have always been at the distance I want. And it's always been like that (she is speaking very softly). My parents . . . (pause) . . . there was always my sister to protect . . . I have a sister, 14, 15 months younger than me. Uh, my parents were alcoholics. Uh, I suppose the only thing they've ever cared about was money, material things.

TH: And do you see, when you are talking right now there is a massive amount of feeling moving up? (highly charged emotionally)

PT: Oh yes (she is choked up). That is a subject which I never discuss with anyone, my parents. Never. I feel I guess guilty because I don't love them, and I try to call every week or two, but ultimately I don't think I really care, and I feel very guilty about that, and sometimes I think I feel very guilty because I love my husband very much but I never show it. You know, like, I show it in physical things, I buy him presents.

Throughout this process the patient is highly charged, a tremendous outpouring of deep, painful feelings.

TH: Material things.

PT: But to me that's all there is. I never felt close to him, and sometimes I feel very guilty that I just never get close to anyone and whenever—

TH: So you keep them at a distance.

PT: Oh very much so. I'm very, very reserved. I smile, but it's all on the surface and, uh, I just long to . . . My God, years ago, without even consciously looking at it, I made a decision that I would never show it, and I guess this is it, and whenever anyone breaks down the barrier I feel very vulnerable, and I guess I don't know how to cope with it, and I guess that's it in a nutshell (she is very choked up). I analyzed how I felt the day of the Christmas party, and for a second that day the barrier was down . . .

She indicates she felt angry and vulnerable "When I am vulnerable then the other people can get to me." Once more the therapist links this with the resistance in the transference, a C-T link. The patient becomes resistant, which is systematically challenged and weakened.

Due to lack of space, the process is abbreviated, but otherwise verbatim.

PT: I would feel vulnerable with anyone that could understand me.

TH: Do you notice that you prefer not to refer specifically to me and you?

Return to the Transference

PT: . . . Okay, when I open up—okay when I open up to you, it would be the first time in my life that I've ever sort of allowed myself.

TH: So then you must have a feeling that I am the first person.

PT: Okay, you are the person that will, I guess enable me to understand what's been—

TH: You see, you are talking about if this barrier breaks down—

PT: Not "if," it is breaking down.

TH: You must have a feeling about that, that I am the first person.

TH: But how do you feel toward me being the first person?

PT: I trust you.

TH: But still that doesn't say how you feel toward me.

PT: Okay, I don't say I like you or dislike you. Right now I'm ambivalent.

TH: You mean I'm hanging in the middle of nowhere, hmm?

PT: I trust you. I don't dislike you. I feel more comfortable now than when I walked in.

T-P Link

TH: But what you said is this, there is something in the past of your life—

PT: Oh, yes.

TH: That in a sense you had set up the stage, that you would never in your life let anybody get close to you, hmm? Something has happened at some point in your life that you have put the wall around yourself and told yourself that nobody can pass through that wall. Do you see what I mean?

PT: Yes. I guess my parents never really loved either my sister or I. I guess that's probably the first person I've ever said that to. It's, I guess, in the past year that I've actually realized that the only people they do love are themselves, and the realization, well, I guess, hurts. That if I died tomorrow—nothing. The only thing they care about is money, the material things, and uh yeah, I guess, the realization that that is actually how they felt, and I've always realized it, I guess just came home.

The obvious spontaneity and the whole atmosphere of the interview, the breakthrough of affect-laden, grief, and guilt-laden unconscious feelings indicates that her resistance has been weakened considerably. Taking into consideration that research protocol calls for partial unlocking the therapist moves to the next phase.

Phase 7: Inquiry into the Area of C, Alternating with Phase 6

Analyzing the Residual Transference Resistance: C-T Link

In accordance with the principle of exploring the patient's current life first and postponing the exploration of the past the therapist started by inquiring about the relationship with her boss and followed this with the relationship with her husband. In both cases the therapist used the information that emerged to make interpretation of C-T link relevant to the residual transference resistance and once more focused on the triangle of conflict in the relationship to her boss. In the technique of a partial breakthrough the attempt is to bring once more the repressed impulse closer to the surface. The patient spontaneously compared her boss with her father.

PT: He is very, very much like my father in personality. He is critical authoritarian, degrading—and not only to me but to everyone—and I think more so to himself.

As I have outlined before, the degree of the unlocking of the unconscious is always in proportion to the degree to which the patient has experienced directly the whole complex transference feelings. A major break-

through always requires direct experience of the aggressive impulse in the transference with the experience of a major degree of guilt and grief-laden unconscious feelings. But in a partial breakthrough the proportion of the direct complex transference feelings is much less intense. In this patient the protocol was partial breakthrough, but if the plan was to bring a major unlocking of the unconscious after the first breakthrough and the T-P link then the therapist should return to the triangle of conflict in relation to her boss (C) and systematically challenge the patient's defenses, which means return to Phases (3) and (4). This brings a major crystallization of the transference resistance. Then, like The Case of the Machine-Gun Woman, he should apply pressure and challenge to the patient's resistance with heavy challenge toward the superego resistance which finally brings about a major intrapsychic crisis and typically would follow direct experience of the aggressive impulse in the transference with again direct experience of the guilt and grief-laden unconscious feelings. But in a partial breakthrough, which is the aim of this article, after the first unlocking the process moves to Phase (7), inquiry, and often alternates with Phase (6), which is an analysis of the residual transference resistance.

After the link between her boss and her father, the therapist turned to her relationship with her husband. She has been married for 12 years. There are no children. She admitted that she was sometimes angry with him.

The Relationship with her Husband and the C-T Link over the Issue of Control

PT: . . . He's not a dominant personality, he's very, very easygoing.

TH: But my question was, who controls who?

PT: In a way I guess I control him.

TH: Do you usually feel much more comfortable in a situation where you are in control?

PT: Yes.

TH: And if you are not in control, what happens to you?

PT: I feel very uncomfortable.

TH: Now one question we have is how this issue of who is in charge applies in your relationship with me?

PT: I don't think either of us is in charge. I don't think you're controlling me or I'm controlling you.

TH: But in a sense you are controlling me by putting up the wall.

PT: And you're controlling me by breaking down the wall . . .

TH: So then, do you see what I mean that in a sense you are controlling me by putting a wall between yourself and me?

PT: No. I did in the past, but not now.

The Relationship with her Husband; the C-T Link over Issue of Dependency

What emerged is that she is the one who makes decisions. His indecisive-

ness angers her. They have never opened up to each other. He is not physically demonstrative except during sex. What emerged was that there was hardly any eye contact between them.

TH: . . . You feel more comfortable when you are in control of a situation, hmm?

PT: Okay, it's ambiguous. I want to be in control and I want to make the decisions.

TH: So your husband is dependent on you?

PT: Well, not dependent, dependency requires—

TH: Because I am also getting a feeling that you are almost phobic about the issue of dependency.

PT: I don't like to be dependent on anyone.

TH: That is what I said. You see what I mean by being phobic about dependency, hmm?

PT: I've never been dependent on anyone if I could help it.

TH: So dependency is something you have a conflict about, hmm?

PT: Yes. Not an open conflict. I think you'd be the only one to know besides me, and most people would classify me as independent.

TH: On the outside, on the surface, you put a facade?

PT: Yes, a facade of being very independent.

C-T Link

TH: And now the question for us is how your fear of dependency would apply here with me?

PT: I don't see me being dependent on you or you dependent on me. I would see it being—

TH: What do you mean? If you put a wall between you and me, then if we are going to get to the core of the problem, then we are dependent on breaking the wall, hmm?

PT: That's on the supposition that there is a wall. If two people can speak honestly about feelings, then there is—

TH: Then that wall is not there anymore now?

PT: Not as much as there was.

Phase 7: General Summing up in the Area of C Undertaking Phenomenological Approach and Psychiatric History

The therapist sums up her problems in interpersonal relationships, her problems with her boss, the conflicts in her marriage, her wide range of characterological problems. She suffers from mild episodes of depression, major conflicts with intimacy and closeness, suffers from anxiety—her life orbit is lonely and there is no figure in her life with no barrier, always an element of distancing. "Lives behind a facade."

TH: Have you ever had thoughts that these are problems that you want to do something about?

PT: No. This is the first time I've thought about it and decided that maybe my way isn't completely right. Maybe it's time to look at it another way.

Phase 8: Direct Access to the Unconscious

The therapist now embarked on a long exploration of the past. The family, in addition to the patient and her parents, consisted of a sister 15 months younger and the paternal grandmother who was four feet ten inches tall, and weighed 350 pounds. She described her parents as having been alcoholics throughout the whole of her life, constantly quarrelling. Her earliest memory was of them drunk, screaming at each other. These quarrels were verbal—her father never hit any of the family. She has no pleasant memory of her early years. She said the situation was no different now—five minutes after she enters the house her father is screaming and shouting.

Her parents travelled a great deal, and the patient was in boarding school from the age of ten. They later moved away and she now has not seen them for three or four years.

She described her father as very good-looking but without personality. He is unable to cope with people and just calls them swear words. He has always been critical and degrading—he accuses her mother of being a whore. She has everything she wants materially, but no friends are allowed in the house and she is not allowed to drive a car. If anyone phones her mother, he is on the other extension listening to the conversation.

The Issue of the Resemblance Between the Parents' Marriage and the Patient's Marriage (with Sexes Reversed)

Here the therapist began to prepare the ground for making an interpretation—a long way ahead—of the resemblance between (a) her father's control of her mother, and (b) the patient's control of her husband ("I make the decisions"). The patient unconsciously sensed this and immediately became resistant, trying to avoid looking at the situation between her parents. This was the first example of the return of resistance in Phase (8) because the breakthrough in Phases (5) and (6) had been only partial. The therapist had to employ clarification and challenge and work through the resistance and return to the exploration of the past.

PT: Well he obviously never called me a whore, but in five minutes after I'm in the same room with him there's a tremendous fight. It can be that I didn't eat my dinner. He doesn't like the color of my finger nails. He doesn't like the color of my blouse.

TH: So he puts you down and degrades you, hmm?

PT: Uh hmm, yes. There's nothing good about me or my sister or anybody.

Further questioning revealed that neither her father nor her mother was ever physically demonstrative either to the children or to each other. Her mother was 40 when the patient was born and was quite unable to cope with children. The patient and her sister were brought up by their grandmother in a separate part of the house. She described her father as abusive and when drunk was miserable. When she was 16 he had bought her a car and after six months became explosive and took the car from her. She described her mother as helpless, passive, and ineffective and her father as controlling and demanding. Then the session focuses on which parent she is more similar to.

TH: Are you more similar to your father or your mother? Of course it is disturbing to you to look—

PT: I'm very similar to my father in, uh, I guess, intellect and some of my personality traits.

TH: It is very important to look at it in spite that it must be disturbing.

PT: Not . . . okay, not . . .

TH: Because, you see, you give me a picture that everything has to be your way, hmm?

Her resistance now breaks down and she admits both that she has thought of this herself and that it is disturbing to her. In this case, simple persistence on the therapist's part converts a defensive understatement into one that is much more heartfelt and direct:

PT: I think that's part of the thing that "scares me a little bit," because I know what he was like and I see myself showing the same traits, although I'm not physically abusive, I'm not verbally abusive, and I don't drink.

TH: I know, but there are a lot of things that are similar to your father, hmm?

PT: Yes, and I think that really scares me. It really scares the hell out of me.

TH: But then, if you look at your husband, you describe him mostly like your mother, in a sense. Not exactly, you know, but in many—

PT: There's a lot of similarities, that's why—

TH: Have you ever had thoughts that there is some similarity?

PT: Yes, it's very disturbing, yes.

TH: That you are like your father and he is like your mother? Marrying a man that has many features of your mother—not exactly, but in a certain context?

PT: Well . . . yes . . . I don't think I ever realized it consciously.

TH: You see, one of the things you have to look at is this: either you are going to look at the painful issues and see them as they are, or you are going to push them aside and pretend they are not there.

PT: Exactly, And my reaction with my boss is very similar to my mother's reaction, and I hate her for it, and I wasn't happy with

myself for behaving like that. I mean I was an asshole. If I had been intelligent I would have told him where to get off.

The Grandmother: The Issue of Unresolved Mourning

The therapist was satisfied with the above admission and turned to the situation in her upbringing. Her parents spent much time travelling and were seldom at home. The therapist now opens up what emerges much later as a central issue which further expands the unlocking of the unconscious as the central issue.

TH: So your grandmother then stands more strongly in your life?

PT: Oh yeah, my grandmother was, I think, the only person that I loved.

TH: Uh hmm. Could you tell me about your grandmother?

The first focus was the question of the degree of emotional closeness between the patient and her grandmother. Here the over-all conclusion was that there was a very close relation indeed, but that there was no direct expression of this, either verbal or nonverbal. She said that her grandmother, who was a native of a European country, was illiterate, had little command of English, was never physically affectionate, and never expressed affection directly in words. Nevertheless, the following extracts show the depth of the patient's feelings for her.

When asked for an early memory the patient told of an occasion when she was five and her grandmother started a severe hemorrhage from varicose veins. In describing this memory the patient becomes emotionally charged. The whole atmosphere of the interview has changed. She is very animated and talks with a great deal of feeling, with waves of breakthrough of painful feelings and indicates considerable freeing of feelings, even about long past events. There is emergence of fresh memories *re* the events of the distant past accompanied by a depth of feeling.

De-repression in P

TH: So there is this Granny that does everything for you.

PT: And she needed help.

TH: And there is blood all over the place, and then—

PT: I did what I had to.

TH: I know, but you have a lot of feeling even right now when you talk about it.

PT: Oh yeah. I was scared out of my mind, I'd never been so scared.

TH: I know, but I'm talking about your feelings now, you see.

PT: I loved her very, very much. I think she's probably the only person I really—

TH: You see your eyes are teary, but then you are again back—

PT: I guess she was probably the one person—

TH: Because she must have meant a lot to you.

PT: Oh heavens, yes. When she died, oh, it was terrible. I didn't cry for a year, and the only reason I started crying was that I developed an ulcer. Because it was just too deep, and I really didn't start crying, but I started talking to a priest . . .

TH: . . . Do you notice that when these waves of painful feelings come, you have a tendency to push them aside?

PT: Well it's still very painful. I still miss her.

This passage gave a pointer to the patient's unresolved mourning for her grandmother, which the therapist noted for future reference. Our research data in cases of pathological mourning show that in order to achieve therapeutic effects, the feelings lying beneath unresolved mourning of this kind are usually the first that need to be brought to the surface and experienced.

The patient said that the relation with her grandmother was the one thing in her childhood that was warm, comforting, and secure. The grandmother lived for the two girls, but it was the patient who was her favorite. Early memories included the three of them going for picnics, going fishing, and much laughter. The parents were away most of the time, and when they did return they were constantly drinking and fighting, and the two children would go to their rooms, where the grandmother would protect them. The patient used to pick at the wall of her bedroom with her fingers up to the age of nine, and succeeded in making a hole in it.

The Issue of Death Wishes toward Her Parents

In the technique of a partial breakthrough in exploring the past the therapist would like to get some picture of libidinal cathexis vis-à-vis aggressive cathexis in relation to the early configuration. In this patient she has given all evidence that the negative heavily outbalances the positive. In this particular patient she has given evidence that her parents were like a pain in the neck. The therapist focuses on her unconscious death wishes.

TH: And if they had dropped dead, what would have happened to your life?

PT: I probably would have been happy, I probably would have been.

TH: But, you see, you smile.

The smile is an indication that the therapist was indeed pressing toward a significant area. Then she talked about her early life and said "sometimes I wished that I was dead."

Here the therapist focused on the third corner of the triangle of conflict, the anxiety, bringing in a link with the transference:

TH: One thing that you told me is if you show your anger—

PT: I might say something that I would be really sorry for.

TH: So that makes it clear why you couldn't declare your anger with your father, because he would have become more verbally abusive.

PT: Yes.

TH: Okay? So then this is very important to look at. If you show your anger then you might regret it. What does it mean? That I might react with anger? Hmm?

PT: Yes.

TH: So then wasn't this in relationship with your father?

PT: Yes.

TH: So then that explains why you had the wish that you were dead.

PT: Yes, because it was too complicated to handle.

TH: Then the wish obviously is clear that it was directed at who?

PT: Me.

TH: I know, but who was it really directed towards?

PT: Him.

Relation with the Grandmother

She lived until the patient was 16. The patient was sent to boarding school at the age of ten. She spoke as follows about this, giving evidence about one of the sources of her defensive independence:

PT: Oh, I missed my Granny terribly, but then afterwards I didn't miss her. It sort of became less and less, and I guess I became more dependent on me.

TH: Did you see her during that four years?

PT: Oh yeah, we went home on weekends sometimes and then Granny was there. She did all the washing, took care of us, made supper.

TH: She was looking forward to seeing you?

PT: Oh yes, I mean, that was the biggest thing for her.

The patient went on to say that she used to go and buy dresses for her Granny with money given to her by her mother—money was never a problem. She also used to do her Granny's hair for her.

PT: Talked to me about how she felt when she was growing up, how she didn't like what was happening in the house. She taught me how to sew, she used to sit while I painted her picture.

TH: So there was a tremendous closeness there.

PT: Oh yes, very, very much so.

TH: You know, when you said that there was nobody in your life that you felt very close to . . . you see, in the beginning of the session you told me that nobody ever passed the wall.

TH: I know, but obviously there was a tremendous feeling between you and your Granny.

PT: Yes, but it was an unspoken feeling, like I would never tell her how I felt.

Unresolved Mourning for Grandmother

The following passage illustrates the technique of working through unresolved mourning which consists of a detailed reconstruction of the events surrounding the loved person's death. Changing the pathological mourning to acute grief as if it happened the day before signals the final unlocking of the unconscious in this technique of partial breakthrough. The passage is reproduced with some abbreviation.

The Last Visit to Granny

TH: What happened to her finally?

PT: She died. She decided she wanted to die.

TH: When was that? What do you remember about the last part of her life?

PT: I don't recall that because I was away at school.

TH: You mean you were not there when she died?

PT: No. My parents had put her in a home.

TH: This was how long before she died?

PT: I guess about six months. She starved herself to death. She decided that she didn't want to live anymore and I—

TH: Do you remember the last visit with her before she died?

PT: She didn't know who I was.

TH: I know, but do you remember the last visit with her?

PT: Yes . . . she . . .

TH: Where?

PT: Uh, heavens, I don't remember the nursing home.

TH: I mean, whereabouts?

PT: Uh, all I recall—she didn't know who I was, she didn't know at all.

TH: What did she look like?

PT: A 90 pound skeleton.

TH: From 300 pounds she had gone to a 90 pound skeleton?

PT: Yes.

TH: Could you describe her then? She was in bed?

PT: Oh yes, with tubes.

TH: Tubes where?

PT: In her arms. Cheeks very hollow, white hair. She always had beautiful white hair. It was all over the place.

TH: All over the place. And then her face?

PT: Drawn.

TH: In what way was her face drawn?

PT: Her cheeks, you know, sunken, and wrinkles. She always used to have a beautiful plump face.

TH: Okay, it was wrinkled, and what else? What was the color?

PT: Yellowy.

TH: How about the eyes?

PT: They were closed.

TH: Closed, and then?

PT: When she opened them she looked, but she didn't see. She had beautiful blue eyes, beautiful blue eyes. She couldn't speak English anymore.

TH: What was the way she was in bed? Her position.

PT: Oh, just lying flat, but she didn't know that we were in the room.

TH: You were not alone?

PT: Oh no, we went with my parents, and my father was crying and everything. But then what happened was that he and my mother left, and I had to go back to school. When my grandmother died, they called me at school.

The Last Good-Bye to Granny

TH: When was your last good-bye to her before?

PT: About a month.

TH: Do you remember your last good-bye to her when you left?

PT: Uh, really no (barely audible).

TH: (Ignoring her denial) Did you touch her that day?

PT: Oh yes, I must have. I think I held her hand. She didn't know who I was.

TH: Did you talk to her?

PT: No, my parents and my sister were there.

TH: But did you feel that you wanted to be alone with her? Because at one time you always wanted to be alone with her, but now—

PT: No, at that point, no, because she didn't know who I was.

TH: Doesn't make a difference, it's a matter of your feelings.

PT: No, I don't think I wanted to be alone with her.

TH: Why?

PT: I think she scared me.

TH: You mean, that woman who was so important—?

PT: She scared me. I still loved her.

TH: I know, but there is something there. You see, this is a woman that all through these years and tragic situations, she stood so strongly, hmm?

PT: What I do—

TH: Let's look at it, don't move away. Because she stood so strongly and there was a wonderful relationship with her, hmm? Now she is 90 pounds, skin and bone. You said you held her hand?

PT: Hand, yes.

TH: Did you feel you wanted to move toward her?

PT: Well, with my parents in the room I would not do anything, and I felt tremendous anger at them for what they did to her because really what should have happened was that she should have died at home with—

TH: So you had a lot of feeling.

PT: Oh yes, very negative towards my parents.

TH: That they dumped her into that place?

PT: Exactly, they dumped her and they didn't tell me.

Emergence of Wave of Painful Feeling

There is emergence of waves of physical distress; tearful.

TH: Do you see again your waves of painful feeling that are coming right now, and you are fighting it?

PT: Oh . . . Look, this is, I guess, the most traumatic thing, I mean . . . and I wasn't even 16.

TH: But a smile doesn't—

PT: The smile doesn't indicate happiness, it's just—I mean this was the most traumatic event of my life.

TH: Why are you right now trying to fight these feelings?

PT: Oh—

TH: Why? Why don't you want to be honest with yourself?

PT: I am being honest with myself. It was very painful. It was probably the most traumatic thing that's ever happened to me in my life, but I had to protect my sister. She couldn't cope.

TH: Let's look at you and her.

PT: Okay. With—oh boy—with my grandmother, I was very angry at my parents for putting her in the home. I thought what my father did was inexcusable.

TH: But maybe you wished you had done something for her. Did you wish that?

PT: Yeah.

TH: What was the wish?

PT: That I had done something, that maybe—

TH: I know, but in terms of thoughts and ideas, what was the wish?

PT: I couldn't do anything. I knew I couldn't do anything. Here I was 15, sent to boarding school. I had no way of doing anything.

TH: I know, but in terms of the wish. I mean, reality is one thing but a wish is another.

PT: That I could have made them realize that she should have been at home. That she shouldn't have died that way. They shouldn't have fought, and, I guess, driven her to want to die. Nobody should be put in that position.

TH: So she really died lonely in this world, hmm?

PT: Yes. Well, she is getting on in years too, she was in her eighties.

TH: I know, but what I'm looking at is this. If you look to the Granny—

PT: She had no friends.

TH: She didn't have anybody, but what she really had in life primarily was you.

PT: Yes. And when they sent us away there was—

TH: But she was so important in your life and she really was living for you.

PT: Yes.

TH: What do you think went on in her mind about you?

PT: She was senile.

TH: Doesn't make a difference. What do you think went on in her mind, in terms of thoughts, about you before she died?

PT: Well, I'm sure she loved us.

TH: No, I'm talking in terms of your thoughts. What do you think, if you think about it?

PT: She would have wanted us there.

TH: So she went with nobody there, hmm?

PT: Yes.

TH: So it must be very painful.

Granny was Buried

PT: Yes. She was even buried with nobody there except me. Because my father was—(she is highly choked up)

TH: You mean that nobody was there when she was—?

PT: Nobody buried her because my father was travelling (She is tearful and emotionally charged.)

TH: What month was it that she died?

PT: (Whispering) When was it? Oh dear, September, October. My mother and father were travelling. I didn't know where they were. The people at the nursing home called me at school. I went home and tried to find them, and the company found them and told them that she had died, and they wouldn't come back for the funeral. I did it all by myself. Do you have a kleenex? (She is crying.) . . . Oh boy . . . You're the only person I've ever told that to . . . There was nobody there but me. Oh . . .

TH: What do you remember then?

At the Grave

PT: Oh, sadness. I had to get a priest, and our parish priest wouldn't bury her because he said that she had never been to church, and I had to get a priest from another town, and I think I paid him 100 dollars to come and bury her, and my father's brother came, and the only thing he wanted was a party at the house. When she was in the home he never sent her a card, never called her up, never visited.

TH: So you got another priest, and then what happened?

PT: I don't remember his name or anything. I paid him 100 dollars to come and say prayers at the grave.

Further Wave of Painful Feeling

TH: This is a family grave that you have?

PT: No, we didn't have a family grave. I had to make all the arrangements, get the plot, and get a stone.

TH: So do you remember the burial?

PT: Yes.

TH: You were alone?

PT: Yes, my sister couldn't cope with it. She came to the funeral but she was 14 and she just—

Two Sisters Burying Their Grandmother

TH: So you and your sister, hmm?

PT: And my father's secretary told me that he cried when he heard she'd died, but he didn't come home (she is sniffing and choked up).

TH: Uh hmm.

PT: He couldn't face it. So he left me to face it.

TH: Do you remember the last moment of the burial?

PT: Yes, when they threw the earth on it and then I walked away.

TH: How did you feel then?

She is Crying with Intense Painful Feeling

PT: As if maybe I would die because of a broken heart and—yes, I guess that's it. That every day—I guess probably difficult to cope and to know that she was gone. But I managed. I went back to school and I didn't cry (she is very choked up). Didn't say anything to anybody. In fact you're the only person that knows how much—I guess I was so angry at my parents for, I guess, the ultimate insult to me, to her, and to themselves, that they didn't—my father didn't have the guts to bury his own mother. Terrible thing. I . . . (she sighs) have very little, I guess, feeling or affection, I have no respect, nothing. I feel guilty that maybe I should. There's nothing.

TH: But that is a conflict that you have? That you have constantly to tell yourself that you should love but at the same time the other person in you says otherwise?

TH: You say she is buried in cemetery. What does it say on the stone?

PT: "Anna, born"—I didn't know when she was born. I knew when she had died. I didn't even know her maiden name. I knew her last married name. Oh, what a terrible thing (another wave of emotional distress, crying).

TH: Do you think of her?

PT: Yes.

TH: What way does she come to your mind?

PT: I remember her with affection. I guess she was always the one who told me I could do anything or be anything I wanted to be, and I think in all my endeavors like my studying for my degree, and my marriage, anything, whenever I've had a problem I always think of what she gave me and how she lived . . .

Discussion

Now looking back over the interview with hindsight, we can see the patient's pathology and the therapist's technique clearly in relation to one another.

The patient suffered from moderately severe character pathology, which briefly consisted of the following.

- (a) Compulsive independence and efficiency, which was accompanied by a refusal to acknowledge within herself intense feelings of any kind. This served as a defense against severe psychic pain arising from unresolved mourning for her grandmother; and, certainly behind this, massive grief-laden unconscious feeling for the good parents that she never had.
- (b) Very great difficulty over acknowledging or expressing anger in any situation, with its origin in her feelings about her highly controlling and verbally violent explosive father and her passive and ineffective mother, both of whom seem in addition to have been neglectful and totally uncaring, and with whom she had no memory of any good relation at any time.
- (c) Unconscious repressed murderous impulses in relation to his father and pathological identification with some aspect of character pathology of her father.

Phase (1) Inquiry in the Area of C, with the Beginning of Pressure

At the beginning of the interview, therefore, the therapist immediately comes up against the defenses of watering down and dismissing the emotional significance of anything that has happened—"a little bit of problems with my boss," "sort of eating my heart out all the little incidents," "I realized just how stupid it was." Very soon, also, her unconscious therapeutic alliance together with her resistance, acting in combination, give a very clear communication about the nature of another of her main defenses: "Things don't normally bother me that much. I just rationalize them."

The therapist knows "little bit of problems with my boss" will almost certainly lead into highly significant events in the area of C, the patient's current life, and it is toward this that he will direct her attention: "Now you said you had problems with your boss," "You said he dislikes you because you are a woman." This is the beginning of pressure.

The patient without resistance describes the incident at the Christmas party. This is exactly one of the favorable situations that the therapist is seeking, namely the description of a recent incident laden with unconscious significance, around which the early part of the interview can crystallize.

Here it is worth considering in some depth the significance of this incident for the patient, and the way in which her own pathology probably interacted with that of the boss. As mentioned above, it seems that the patient's compulsive efficiency in part took the form of masculine identification (on two occasions, not included in the excerpts given above, she nearly

used a fascinating neologism, "manfaction" when she meant "manifestation," just managing to stop herself in time). Her efficiency had resulted in her having excellent qualifications as a lawyer, which presumably played on her less well qualified boss's sense of inferiority, and caused him to dislike her from the beginning and to wish to take revenge on her. This he did by causing her to open the present of a "penis" in front of 60 people at the Christmas party, playing in turn on an area about which she felt extremely sensitive.

The therapist cannot know in detail the underlying feelings aroused in the patient by this incident, and there is no need for him to do so. What is quite certain is that it is of extreme emotional significance. As in any interview where the patient describes such an incident, he therefore opens Phase (2) with the question, "And how did you feel?", i.e., exerting pressure toward the avoided feeling.

The fact that the incident is highly significant is immediately revealed by the patient's resistance. She starts with cover words: "stupid," "embarrassed," then "humiliated" (still a cover word); then somatization, "I went flame red"; and then starts going round in circles, "embarrassment," "shame."

Phase (3a) Clarification Combined with Sustained Pressure

Here the therapist senses the amount of pain lying behind her resistance, and he therefore continues with systematic clarification [Phase (3a)] of her defensive position, speaking directly of her therapeutic alliance.

The patient's statement "I didn't feel angry" is followed by clarification and some degree of challenge; "But you see, it is not absolutely clear how you felt. You say you did not feel angry . . . , and he reiterates pressure and clarification again and again: "But still you are not saying how you felt. You are humiliated . . . How do you experience this?"

During this phase the therapist must watch for signs that the patient is responding to this sustained pressure. Here, the patient gives two such indications. In the first, she gives an involuntary smile, which the therapist points out, informing her unconscious that it is betraying itself, and thus heightening the tension. In the second, her unconscious therapeutic alliance suddenly produces the words, "an open wound," which points forward to the true significance of the incident which will be revealed much later. The therapist seizes on this and exerts further pressure: "That means you felt wounded then . . . How did you feel being wounded?"

Phase (3b) Challenge to the Resistance in the Area of C

The result is further resistance, "Oh I'm sure I felt terrible." The therapist now sees that the resistance has crystallized unmistakably and begins his challenge, gradually increasing it from "But 'I felt terrible' is a sentence, words" to "'Probably' is hanging it in the middle of nowhere."

Again, the therapist must watch for signs both that his interventions are beginning to take effect, and that transference feelings are rising to the surface and leading to further resistance.

In this case the patient becomes increasingly anxious, using a series of tactical defenses, interspersed with messages from her unconscious therapeutic alliance indicating some degree of exhaustion of defenses ("... maybe there is something behind my actions and I am going to uncover what has been bothering me").

The therapist now increases his challenge further: "Do you notice that you are totally incapable of telling me how you felt"? Suddenly the unconscious therapeutic alliance responds with a clear communication about the resistance in the transference: "Can I open up?" (obviously implying the words "to you"). "I've never opened up" (implying "to anyone").

Phase (4a): Clarification and Challenge to the Transference Resistance

This communication indicates resistance against allowing emotional closeness. The therapist therefore draws attention to the nonverbal signs of this ("Do you notice that you avoid my eyes"?).

The second inference is that the patient is identified with her resistance against closeness, i.e., that it is ego-syntonic.

Phase (4b): Head-on Collision with the Ego-Syntonic Transference Resistance

The therapist therefore mounts an assault on this, pointing out its self-defeating nature to the patient's therapeutic alliance: "Now if you remain here with me helpless and incapable of seeing how you felt, then we wouldn't get to the core of the problem. So then I would be useless to you."

He continued with further challenge to the resistance against emotional closeness, referring to the "massive wall" that she was erecting against him.

Return to Phase (4a): Challenge to the Resistance against Emotional Closeness in the Transference

He then returned to challenging the verbal and nonverbal signs of distancing in the transference, eventually eliciting the important communication that the reason why she had difficulty in looking at him was that "the eyes are the mirror of the soul."

Return to Phase (4b): Head-on Collision with the Superego Resistance in the Transference

He now used the head-on collision to mount an assault on the self-destructiveness inherent in her resistant position, i.e., on the resistance maintained by the superego: "Why do you want to sabotage this and make me useless to yourself"?

Phase (5): Breakthrough of Complex Feelings, the First Unlocking of the Unconscious

When the therapist employs the head-on collision with the patient's self-destructiveness, the first effect is very often the breakthrough of grief, and the therapist must watch carefully for the signs of this. He then both draws attention to the grief and challenges the resistance against experiencing it and sharing it. This challenge must be much more gentle than the challenge against experiencing anger.

The head-on collision produced an important communication, "You would be the first person that ever got to know me." As she said this, she was obviously experiencing intense inner turmoil. The therapist responded, "You are choked with a lot of feeling, and you are avoiding my eyes and trying to push these feelings away."

After further pressure and challenge to the transference resistance she came out spontaneously with the central issue both in the transference, in the past, and at the office party—the link between the areas of T, P, and C: namely that she was afraid of exposing her feelings to the therapist because it would make her vulnerable for the first time in her life, that her parents were alcoholics and she felt intensely guilty because she didn't love them, that therefore years ago she had made a decision never to show her feelings, and that this was the significance of the incident at the office party, that it had broken down her barriers and made her vulnerable.

Phase (6): Analysis of Residual Transference Resistance, with the Use of the Two Triangles

Although this breakthrough of intense, painful feeling, followed by a major mobilization of the therapeutic alliance, does represent the first partial unlocking of the unconscious, it still leaves much potential resistance beneath the surface. The difference, however, is that now this resistance will respond to interpretation, which in the earlier stages of the interview it would not. The therapist therefore embarks on inquiry, starting with the patient's current life, and aiming to leave the past till phase (7) when it can be explored in the most dynamic way possible. Each time he sees a parallel between an outside relation and the resistance in the transference, he makes an interpretation of this link, thus gradually eroding the last vestiges of resistance. Because some information about the past has often emerged spontaneously, the therapist may be able to include this in his interpretations, thus completing the triangle of person.

In the interview under consideration here, Phase (6) had already begun when the patient herself made the TCP interpretation of her determination never to become vulnerable. The therapist continued the process as follows:

- (a) With her husband she is the one in control, and she admitted that in any relation she felt very uncomfortable if she was not in control.

- The therapist made the CT link with the barrier that she put up against allowing emotional closeness in the transference.
- (b) The therapist brought out that she was very afraid of dependency in relation to her husband, and he made a further CT link with the transference resistance over the issue.
 - (c) Finally he brought out that every relationship had to be on her terms, and—without actually mentioning the transference—he focused in making this defensive pattern ego-dystonic.

Phases (7 & 8) Inquiry and Direct Access to the Unconscious

Now knowing that major resistance has been dissolved with the partial unlocking of the unconscious, the therapist undertakes a systematic inquiry into the past; and each time he meets a significant area he tries to bring unconscious feelings to the surface. Here he will meet minor resistance, but this can usually be swept aside with relative ease, e.g., by simply repeating a question. The patient is then enabled to experience directly the painful feelings responsible for the neurosis.

In the present case the patient was able to describe very clearly the family situation, in which her parents were constantly quarrelling and seemed to care about no one but themselves. It became clear that the one good person in the children's upbringing was the grandmother, who did her best to protect them from the worst of the parents' excesses, and provided them with care and companionship. He then turned his attention to the direct relation with the grandmother, bringing her to reconstruct the events surrounding the grandmother's death, and he thus put her in touch both with her intense and overwhelming grief, and some of the anger with her parents, which had lain dormant for over 20 years. This was the third stage of partial unlocking of the unconscious.

As described above, the degree to which this unlocking is possible depends almost entirely on the degree to which there has been direct experience of complex transference feelings in the earlier stages of the central dynamic sequence. In the Case of the Woman with the Machine Gun, for instance, the patient had experienced the impulse to take the therapist by the lapels and throw him to the floor, together with the conflicting impulse to protect him. The result was a major unlocking of the unconscious, fantasy of extreme violence came to the surface, accompanied by intense guilt and grief, in which she murdered every member of her family with a machine gun (see Davanloo, 1987a, b).

In the present case as the research protocol calls for the partial unlocking of the unconscious the therapist had to monitor the earlier stages of the central dynamic sequences in such a way that the experience of the complex transference feeling in phase (5) was only partial. If the protocol required a major unlocking of the unconscious, similar to the case of the Woman with the Machine Gun, the therapist would have to exert sufficient challenge and pressure to the resistance against the experience of Impulse in phase (3) and (4) which would have resulted in the breakthrough of the impulse in the

transference in Phase (5) and major derepression of her repressed murderous impulses in relation to her parents.

Conclusion

The Patient's Position on the Spectrum of Structural Neurosis

We can now see more clearly where this patient lies on the spectrum of structural neurosis described at the beginning of the first article. It may be remembered that patients become more difficult to treat the more the following conditions apply:

- (a) there is character pathology,
- (b) the character pathology is diffuse,
- (c) there is superego involvement with self-sabotage and self-destructiveness, and
- (d) the character pathology is ego-syntonic.

With this patient the picture was very mixed. She certainly suffered from character pathology, but in a sense this was fairly circumscribed and consisted of a "false self" of efficiency designed to hide her vulnerability, together with great difficulty over expressing anger. Her false self was to a considerable degree ego-syntonic, but it had indeed been very useful to her and had enabled her to become highly successful in her career and to make a reasonably good marriage. Correspondingly, there was no evidence for any serious pattern of self-sabotage throughout her life. On the other hand, her false self had resulted in lack of closeness in all her personal relationships, including that with her husband. All these mixed factors place her somewhere to the right of center on the spectrum, but still very far from the most difficult at the right-hand end.

Summary of Technique of Unlocking of the Unconscious

I outlined three techniques of the unlocking of the unconscious:

- (a) partial unlocking,
- (b) major unlocking,
- (c) massive derepression of the unconscious.

The principles of the technique are exactly the same. The differences are purely quantitative.

In term of the partial unlocking of the unconscious, which was the focus of this article, we may sum up the essence of the technique in terms of what the therapist must do and what he must watch for in each phase of the interview. The principles are exactly the same for even more complicated and difficult patients—the differences again are purely quantitative, in the sense that more time, effort, and power must be devoted to clarification and chal-

lence to the resistance, and particularly to that part of the resistance that is maintained by the superego:

After early inquiry [Phase (1)], the therapist begins to exert pressure toward avoided feelings, watching for signs of resistance [Phase (2)].

When the resistance has clearly crystallized, he first clarifies it [Phase (3a)], and then increasingly challenges it [Phase (3b)], all the time watching for signs that the resistance is involving the transference.

When these signs are clear, he employs pressure, clarification, and challenge to the transference resistance, paying attention where appropriate to resistance both against expressing anger and against allowing emotional closeness [Phase (4a)]. Here he must watch for signs that the resistance is breaking down as the defenses begin to become exhausted. Where superego resistance appears to be a significant factor, he now brings in the head-on collision, pointing out in forceful terms the self-defeating consequences of maintaining the resistance position [Phase (4b)].

When this is timed correctly it usually results in the direct experience of very complex feelings, which include both negative and positive transference feelings, together with guilt and grief-laden unconscious feelings. This is the first stage of unlocking the unconscious [Phase (5)].

The therapist now enters a phase of inquiry, concentrating on the patient's current life, and alternating this with interpretation of residual transference resistance, with the use of the two triangles, particularly the links between the areas of C and T [Phase (6)]. This results in the dissolution of much of the residual resistance and thus represents the second stage of unlocking the unconscious.

When every possible link has been made, the therapist begins an exploration of the past. He watches carefully for significant areas, sweeps aside minor resistance, and brings the underlying painful feelings to the surface; finally both patient and the therapist have a direct view of the multifocal core neurotic structure responsible for the patient's disturbances.

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